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THE HOMŒOPATHIC RECORDER

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AN OLD TIME AFFAIR.

The Arapahoe Co., Colorado, statistics figure in homœopathic records. They were given out in the year 1884 by Dr. Ambrose S. Everett. The homœopaths had charge of the county hospitals and medical affairs from March 31, 1883, to March, 1884. After this, apparently, "politics" gave the medical control back to the other side. Now we quote Everett:

Third, that during the year, ending March 31st, 1884, the county cared for 180 more patients than during the year ending March 31st, 1883. Fourth, that during the year ending March 31st, 1884, as compared with the year ending March 31st, 1883, the county saved on each patient treated the sum of \$3.09, and that the total saving to the county was \$5,450.76. Fifth, that the deaths in the hospital during the year ending March 31st, 1883, exceeded those during the year ending March 31st, 1884, by the number of 37, and this, too, in the face of the fact that the allopathic school of medicine was boasting that during their year the county was enjoying the services of the combined talent of the Denver Medical College. Sixth, that the management of the year ending March 31st, 1883, did not report their outside deaths. Seventh, that the death rate of the hospital for the year ending March 31st, 1884, as compared with that ending March 31st, 1883, was reduced about $33\frac{1}{3}$ per cent.

These were—are—official county figures. Wonder why the "regulars" who are so altruistic do not take up with Homœopathy? That the figures are true is at least negatively proved by the fact that they are county records. The homœopaths saved lives and the money of the people, but after one year were turned out. Why? The answer seems to be Prejudice, not only on part of the profession, but of the laity as well. We know an intelligent man, a type of very many, who has seen and acknowledges the beneficent action of Homœopathy in his own family. "It is

good for children," he said. "Why not for yourself?" "No, sir!" was his emphatic answer. He and his kind will continue to hinder their health by over-dosing with calomel, quinine, asperin, salts and other things. The facts of Homœopathy, like those quoted in the foregoing, have no more effect on them than water poured on the back of a goose. However—"keep everlastingly at it."

THE QUESTIONNAIRE OF THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

The history of Homœopathy in Illinois during the last three years is a striking verification of the adage that a bird in the hand is worth two in the bush. If our readers will go back to October, 1913, and consult the *Clinique* for November of that year they will read that at the October meeting of the Chicago Homœopathic Medical Society a special committee was appointed by Dr. T. Edward Costain, president of the society, to prepare a questionnaire to be sent out to the homœopathic physicians of Illinois. The committee was composed of the following: Drs. T. Baumeister, J. P. Cobb, J. W. Cornell, T. E. Costain, G. Fitzpatrick, A. H. Gordon, Belle Gurney, Burton Haseltine, Sarah Hobson, Paul Mullhorst, Clifford Mitchell and Elmer E. Vaughan. This committee met with President Costain on Thursday evening, December 4th, and decided upon the terms of the questionnaire to be sent out. These were as follows:

"(1) Do you approve of the examination and grading of the homœopathic medical colleges by the American Medical Association, its councils or committees?"

"(2) Are you in favor of a separate board or homœopathic board of medical examiners in Illinois (as in various other States) for the license to practice medicine?"

The questionnaire was sent out early in 1914 and a large number of replies were received, from practically every homœopathic physician actively engaged in work throughout the State and in Chicago. **About 95 per cent. were opposed to the examination and grading of homœopathic colleges by the American Medical Association.**

Now if the files of the *Clinique* for 1914 be consulted it will

be read with interest, in view of present conditions, that when the report of the vote was discussed at a meeting of the Chicago Homœopathic Medical Society Dr. Burton Haseltine criticised it as "interesting, but of no value" and Dr. W. Henry Wilson speaking officially as Registrar of Hahnemann Medical College of Chicago said that the College "would pay no attention" to the vote of the profession.

Later Dr. C. E. Kahlke published a letter in the *Journal of the American Institute of Homœopathy* in which he stated that "Chicago Hahnemann is in Class A, and is going to stay there."

In view of the confidence in the A. M. A. shown by the officials of Hahnemann in 1914, the article by Dr. H. R. Chislett in the *Clinique* for December, 1916, is well worth considering. In speaking of the grading of colleges by the A. M. A. Dr. Chislett rather mournfully remarks: "Where a university school with but 50 hospital beds is classed 'A' and an independent school with 139 beds classed 'B' for insufficient clinical facilities, it looks as if an injustice could be substantiated." Continuing in the same vein, Dr. Chislett, speaking for the independent colleges, says, "the situation at best is a grave one" and calls upon the alumni of his institution to help him out of his dilemma by deciding which of several rather disagreeable alternatives he may choose.

It sometimes happens that the looker on at a game of chess can see what move ought to be made better than the players of the game. And it would appear that the 95 per cent. of the Illinois homœopathic profession who voted "No" in 1914 were in a better position to know what was going to happen than the five per cent. represented by those who voted "yes."

C. M.

TWO LETTERS AND TWO PAPERS.

Letter No. 1.

Dec. 11, 1916.

Editor of the HOMŒOPATHIC RECORDER.

The inclosed was delivered before the Interstate (Hom.) Medical Society, at Binghamton, N. Y., Nov. 16, 1916, and again in Utica (see inclosed) by request, Dec. 7. In my initial speech I threw myself on the mercy of the society and explained my

embarrassment by telling them of my discovery while *en route*, that a most excellent paper written by me and entitled "Homœopathic Therapeutics, Illustrated by Cases" had been purloined from my grip and the article on Poliomyelitis substituted . . . said action being explained by Dr. Kuss in a letter which I begged that they would allow me to read as an excuse for my predicament. This they generously allowed and also permitted me to read the Symposium, which I followed by the exhortation and appeal for the greater attention and study of our HOMŒOPATHIC MATERIA MEDICA, which was and is the important thing after all.

If you can use it in the RECORDER do so.

With best wishes for the RECORDER, which I read with more real pleasure than any other magazine of our school, I remain

Very truly yours,

J. ARTHUR BULLARD, M. D.

200 S. Franklin St., Wilkes-Barre, Pa.

Letter No. 2.

Binghamton, Nov. 8, 1916.

Dear Dr. Bullard:—Since I gave up practicing, as you know, I have been devoting my time to research work along medical lines, and when you were so kind the other evening as to send me some of your wonderful cures by means of the single remedy and minimum dose and all that "bally rot" I began to realize what a BUG you had become on the subject—but when you told me you were intending to inflict your peculiar heresies on some medical society I got busy and decided to even up an old score by playing a joke on my friend and at the same time afford an opportunity for you to give your Interstate Society the chance of their lives to hear something worth while. I trust I may not be thought too egotistical—by the society—many of whom I know, at least by reputation—when I say that my little symposium is, in all probability, the best paper ever written on the disease called Poliomyelitis.

A disease that has caused the State of New York to spend more than a million dollars and the other States in proportion.

It is my candid, sober thought that if this brief article of mine

could have been printed broadcast in the daily press of America, simultaneously with the publicity given to the disease, all this money, all the annoyance of a needless quarantine, all the pain and anguish of frenzied parents, all the sequestration and detention of poor city children pining for the country outing, the fears and apprehension as well as a very large percentage of the fatalities would have been mercifully avoided.

All this, I say, could have been avoided had this, my article, been so published and read by the masses of thinking, intelligent people.

Your own paper, which you have, with so much pride, as well as labor, contributed to your society, is no doubt most excellent from your own angle of view, but it sinks into nothingness by comparison, and if you must know it lies securely tucked away in a convenient pigeon hole facing me. If you will allow me to speak freely, I do not think your society is longing for papers on old fashioned all wool and a yard wide homœopathy—it's no longer done. Homœopathy, to have any hearing at all, in this day and generation, must, at the very least, have been denaturized.

Not one medical society in ten will listen with interest to a mere recital of cures. What they want is something crude and material—something scientifically tangible, that appeals to what they call "higher thought." Something that they can take home with them to chew on even if it proves but a bone.

Simply to cure the sick! Nonsense, it is to laugh—even quacks claim to do this. You know as well as I, my dear Doctor, no one can do that but nature: people have always died and always will—doctors or no doctors—and many times because of doctors and there's food for thought.

BUT, and this is the milk in the cocoanut. Any medical belief that is more than a year old is obsolete—two years—worthless.

Therefore the duty of the modern doctor is to impress his patients with the idea that he is a *SUPERMAN* (possibly the only one)—to amuse them with generalities—flatter them with compliments. Confuse them with technicalities, frighten them with vague forebodings—humor them in their self-esteem and superstitions, give them enough discomfort to hold them well in hand as invalids, and allow them to recover only when all requirements seem satisfied.

No doubt you were very indignant when you discovered I had substituted my priceless pearls of wisdom for your simple memoranda of alleged cures—but if you are permitted to read my masterpiece and your audience is one of discrimination and discernment, they will rise and call you blessed and the end will, therefore, justify the means.

And if you feel that you had been wronged—console yourself as best you can.

Ever your chuckling friend,

ADAM KUSS.

* * *

**A SCIENTIFIC SYMPOSIUM FROM THE STAND-
POINT OF A MODERN HOMŒOPATH, ON
ACUTE POLIOMYELITIS OR INFAN-
TILE SPINAL PARALYSIS.**

Poliomyelitis is an acute infection attacking children between the ages of early abortion, premature birth and senile decay.

It may occur in epidemics, hypodermics, hysterics or statistics.

In the absence of other medical excitements, when the usual diseases quoted regularly on the exchanges of the State Boards of un-Health may be described as dull, but steady with perhaps a falling tendency, and there is a deep gloom presaging a period of Public Health and a corresponding slump in our bank accounts.

It is during periods like this that poliomyelitis and kindred diseases are most apt to occur and become capable of wide distribution, and in large and abnormally foolish communities these diseases soon become complicated with fearitis and are most infectious.

Epidemics of poliomyelitis, however, are most frequent between January 1 and December 31 of each and every year since Rome burned and Nero fiddled and sporadic cases are encountered constantly.

This information and these statistics are not guaranteed, but have been obtained from sources we believe to be accurate.

This disease may be regarded as one capable of spreading by contact with air, light, heat, cold, noise, electricity and ordinary conversation.

Food, drink and clothing, while costing much more than they used to, should be regarded as especially dangerous carriers of infection and conversation is probably the most dangerous of all, and during the prevalence of an epidemic of this nature it should BE TOTALLY PROHIBITED.

The causative agent in poliomyelitis is said to be a filterable virus more minute than a dose of the hundred thousandth of Lux Luna and is only capable of demonstration by an extreme high potency Hindoo psychologist.

The submersible type of these infinitesimal spores are, unfortunately, constructed without periscopes and are, therefore, more difficult of capture than the aeroplane models. As monkeys are said to be extremely sensitive to poliomyelitis I wish to impress upon each one of you here present who may be the owner or custodian of a monkey the importance of washing it with a sterile solution of double distilled Simian Anthropological Apricot Juice every night before retiring, as well as to *never* monkey with a homœopathic prescription, during an epidemic of poliomyelitis.

The pathology of this disease proves that it is a toxin pervading all the tissues of the body lying between the fissure of Sylvius and the heels of O'Sullivan and in rare cases is said to affect the spinal cord.

The symptoms of poliomyelitis are very debatable for the attacks are ushered in by evidences and manifestations that may point unmistakably to anything from Adenoids to Zymatic Zig-zags not including house-maids knee or Elephantiasis.

These conditions being sometimes attributed by ignorant and non-observant people to a FALL should not impress us as scientists, for one can readily see that it is more of a SUMMER complaint than an Autumnal visitation.

And if you ever find yourselves too deep in the woods to be sure of your bearings, remember a LUMBAR puncture will serve to still further cloud your diagnosis . . . the rule, however, being to puncture when suspicious symptoms are present.

When dealing with intemperate parents who tell you, for instance, that the child's father was totally paralyzed when he went to bed the night before and well when he got up the next morning, an error of diagnosis is allowable, for such cases should not

be confused with the real thing nor should they be published as cases of genuine poliomyelitis.

Occasionally you will meet with a case that has a loss of muscular tone and energy and in one case I remember particularly, that of a little girl aged three who had eaten a bag of peanuts before retiring—there were convulsions followed by profound drowsiness. This being strictly and scientifically speaking a case of polyopeanutmyelitis.

One of the greatest dangers of acute poliomyelitis is a fatal issue, usually resulting in death, which is often superinduced by modern homceopathy plus a scientific treatment not inaptly called laboratory methods alias monkey business.

The period of incubation is apparently any time from the cradle to the grave.

In adult infants of known intemperate habits paralysis usually develops late in the evening and in the majority of cases will show signs of wabby inefficiency in the lower limbs, while the nerves of speech betray an involvement of articulation, and if these dangerous symptoms are not soon relieved the gastro-abdominal muscles as well as those of the diaphragm become spasmodically affected and the patient forcibly ejects the stomach contents and conversation is punctuated with incoherent as well as irrelevant remarks. If the bowels move at all during this attack the stools are apt to contain large or small quantities of liquid-semi-solid or quite concentrated masses of fecal matter having a pronounced odor and with some characteristic brown or yellowish discoloration.

The etiology of poliomyelitis is still to some of us a trifle obscure.

According to the latest bulletins from the Shockafellow Institute, which came to me as I was looking through Ayres' Almanac of physical research, the spores or germinetts of poliomyelitis are now declared to be carried exclusively by dandelion seeds, which you all know are blown noiselessly for incredible distances on the air currents. One seed being estimated by the highest salaried observer as having a cargo of one hundred billion nine million seven hundred and fifty thousand four hundred and sixteen that were entirely mature and four that had been injured in transit and therefore very properly deducted from the

count. Another observer made the count seventeen spores less, which was a mere trifle when one considers the total figures.

The characteristic of the spinal fluid in poliomyelitis so far has been made plain to me contains a large percentage of mucilage of a gooey nature, which seems sticky when you attempt to hold it between your thumb and finger.

As the name of the disease indicates, the fluid of poliomyelitis contains polionuclear cells and this is one of the strongest diagnostic points and well remembering and should also make this disease more homogeneous and easy to treat, but in simple language the tommyrotodion cerebro-cretinismal elements of the clearasmudismial serum conjunction with a Smithsonian luminosity, when mixed with the seismic forces of a three angled microcosm, form a working hypothesis of a gummatous triangle, so why I ask in all sincerity shall we not let it go at that? All of which, as you well know, really makes a sub-station for perfectly good idiotherapeutical nonsense—though much relished by the modern and scientific homœopath who has forgotten most everything he ever knew of his *materia medica*.

Treatment.—Absolute rest and a rational therapy of frequent spinal punctures and blood counts is imperative. If the patient shows a tendency to place the legs in a natural and comfortable position they should at once be moved and anchored to sand bags and heat, cold and electricity be applied.

After the expiration of three or four weeks of this, active treatment with physic and astringents, emetics, counter-irritants and corrective phlebotomy should be started together with such judicious exhibition of sedatives as one happens to have with them when making their daily visits.

If, notwithstanding this course of careful preparedness and watchful waiting, deformities do occur, surgical measures must be employed to correct them before they tend to recover naturally.

Stubborn patients who give evidence that they mean to recover in spite of any and all that science has done for them thus far should at least be made to swallow repeated doses of some promptly absorbable ferruginous tonic and they should be nourished entirely on peptonoids or other predigested foods.

On no account must symptoms of spontaneous improvement be

allowed to go unchecked or, despite of the best efforts of the biological and laboratory prescriber, convalescence may set in and you will lose your patient.

And if you still aspire to be known as a modern and scientific physician BE SURE and avoid all exhibition of the indicated remedy as taught by Sam'l Hahnemann.

Second Paper.

BUT, to go from the SUBLIME to the ridiculous, . . . may we not hope that some time, somehow, somewhere some wise guy discovers HOW to incorporate this intoxicating spectacular clap-trap of modern medicine with our old fashioned homœopathy . . . without eviscerating it. . . . Then will have been accomplished the one thing needful to popularize and perpetuate our wonderful school of healing.

Drug store prescribing. Shotgun prescriptions. Combination tablets. Alternation of remedies. The indiscriminate use of laxatives. The hypodermic needle. The unseemly haste to use a new vacine or serum. The habit of prescribing predigested foods. The readiness with which we resort to electricity and other adjuvants.

All this acts like a simoon of dust and simply beclouds our minds. It not only obscures our medical horizon, but seriously impairs our mental vision so that it is almost impossible to get a clear picture of the case we are supposed to be considering. And not until we can brush away this cloud of spectacular phantoms can we make even a conservatively good homœopathic prescription. Laboratory methods, biological research, skillful surgery, valuable as they all are in their place, will NEVER serve to put a homœopathic physician where he can accomplish the wonderful results achieved by such men as Hahnemann, Hering, Lippe, as well as scores of others long since gone to their reward.

THEREFORE if we truly and earnestly desire to maintain our integrity as a distinct school of medicine, if we wish to put homœopathy back in its old position in the public mind, we can do it in one way only, and that way can be accomplished by the daily study of HOMŒOPATHIC MATERIA MEDICA. If we ourselves become feeble minded about its beautiful cures, or if we are from *any cause whatsoever* led away from the truths

of its scientific teaching; if we find we are incapable of practicing in accordance with its laws; if the tinkling cymbals of the dominant school with its truly wonderful mastery of nothingness overwhelms our reasoning powers . . . why in honesty to ourselves and in justice to our suffering patients do we not so declare, and give humanity a chance to change doctors.

For 44 years I have been a practicing homœopathic physician. During that time I have witnessed many marvelous changes. Science and invention have accomplished much magic and many things thought impossible years ago are now accepted as commonplace.

The medical libraries of that early day are now obsolete. I am aware, in fact, of no medical works that have stood the gruelling of time save those of Hahnemann and his school.

The polychrests or remedies constituting the *Materia Medica* of our first practitioners, however, are the same today as they then were, Unalterable, Reliable and Praiseworthy. The disease symptoms that were originally dissipated by *Aconite* and *Belladonna* and *Veratrum* and *Sulphur*, as well as a hundred other drugs then used and proven clinically one hundred years ago, are as potent today as ever and the *Materia Medica* of Hahnemann stands alone like the Rock of Ages. The PREPAREDNESS of our medical forefathers has made the honest homœopath of today invulnerable in his warfare with disease. Never more do we have to grope amid the darkness of drug uncertainty.

We have our medical storehouse filled to overflowing with priceless gems of healing, ours for the taking, and each possessing its individual powers of cure, and when, owing to our ignorant, faulty care of the house beautiful the human machinery refused to functionate normally and we are ill, the means for restoration are ours, as Homœopaths IF we have the key to the house mentioned. And the KEY of my doctors is called MATERIA MEDICA. And in order to use this key and be sure that it is right side up so as to insert it properly, and to insure its turning so that each ward and chamber of a somewhat complicated lock shall give us entrance to our chosen remedy, we must study it daily so long as we do live, for this lock is a time lock after all and only by study can one learn the combination. And the study each day of this good old fashioned MATERIA MEDICA is the

ONLY KEY that can open the strong box that contains the rich treasure of real scientific medical knowledge that will enable us to give our patients what they most desire when sick, a sure, SAFE return to such health as they and we may reasonably expect and are entitled to at our hands in return for their willing or otherwi sedollars.

TETANUS, ITS HOMŒOPATHIC CURE.

By Bert. Johnson, M. D., Eureka, Kan.

It is not the purpose of this paper to present a treatise on the disease per se so much as it is to set forth the best known treatment and cure of the infection.

Tetanus will be found classed by some authorities under acute infectious diseases and by some under general and functional cerebral diseases. Ordinarily, I would think it best to assign it to the class of acute infections, but being asked by the Bureau of Nervous Diseases to write a paper and just having brought a case of tetanus through to recovery, I felt better qualified on that subject than any other nervous disorder, and found it more convenient to class it as such. For a nervous disease tetanus surely is. Its origin may be due to toxins produced by the tetanus bacillus, but the effect of those toxins are undoubtedly upon the nerve centers of the medulla and cord, afflicting the motor neurons chiefly. In the traumatic form of tetanus (which is the only form we are here considering) there is usually an ascending neuritis starting from the wound.

The incubation period is generally from ten to fifteen days following date of injury, but may be several months, and the first symptoms develop after wound has been healed for some time. Usually the longer the interval between the date of injury and the manifestation of the first symptoms, the milder the course of the disease and the better the chance of recovery. The mortality is high in any event, being given as ranging from eighty to ninety per cent.

The symptoms of tetanus being familiar to all physicians, not much will be said concerning them, and we will enter at once into the treatment, which in this day and age must needs be prophylactic first and curative after.

It is important to treat every wound from a mere scratch or puncture to a deep, extensive laceration in an extremely cleanly and antiseptic manner and, where there has been the least contamination with soil, to enlarge small and deep wounds, and keep well open with loose gauze packing saturated with either the hypochlorite solution of Dr. Carrel or the sodium citrate solution of Dr. Wright. These solutions promote drainage and render wound sterile in a few days far better than the ordinary antiseptics such as bichloride of mercury or carbolic acid, etc. Bichloride of mercury, by the way, is fast being discarded as a general antiseptic on account of the albumen, which is always present in the blood and tissues, rendering it inert.

In first cleansing a contaminated wound, if greasy, gasoline is a handy and efficient chemical to use and then follow up with hydrogen peroxide, potassium permanganate or other oxidizing agents, after which proceed to dress with gauze as before stated.

These gauze dressings must be renewed frequently for several days or until certain wound is sterile. But while doing all this, don't forget the indicated homœopathic remedy. You will generally find it among the following: *Ledum*, *Hypericum*, *Cicuta*, *Staphisagria*, *Arnica* or *Calendula*.

I really place more stress upon the indicated homœopathic remedy than upon all other treatment, the injection of anti-tetanic serum included. That there is some virtue in the serum we must admit, but that it excels or even approximates the indicated remedy in every instance, never. It may be the best combative means the Regular School have, but not the Homœopathic School, and a combination of the two is poor practice. If the homœopathic remedy is of no avail, then neither is the antitoxine. In desperate cases try any means within your power. "A drowning man grasps at a straw." "It is not lack of faith, but lack of knowledge, that makes a man forsake the law in time of danger."

You will find *Hypericum* most frequently indicated in these cases. "Injury to parts rich in sentient nerves,—fingers, toes, matrices of nails, palms, soles,—where the intolerable pain shows nerves are severely involved. Injuries from treading on nails, needles, tacks, pins, splinters; from rat bites; prevents lockjaw." "Punctured, incised or lacerated wounds; sore and painful beyond appearances." It is especially indicated in injuries evolving spinal cord and nerve.

Ledum comes next in frequency of indications and is somewhat like *Hypericum* in that it is of use in injuries resulting from sharp instruments, awl, nails, rat bites, etc. The pains, however, are more sticking, tearing, throbbing and rheumatic; worse from warmth and better from cold and wounded parts are especially cold to touch.

Cicuta Virosa is more especially to be thought of in injuries from splinters in which spasms or trismus shortly result. It is more into the treatment than the prophylaxis that it enters.

Staphisagria is to be thought of in "mechanical injuries from sharp-cutting instruments, post surgical operations; the pains are stinging and smarting, like the cutting of a knife."

Arnica would be given following traumatism in which the tissues have been contused as well as lacerated and *Calendula* in uncontused lacerated wounds. In injuries where suppuration is likely, *Hepar sulphur*, low, will often prevent such suppuration or, where it has already taken place, a high potency of *Hepar sulphur* or perhaps *Silicea* will hasten recovery and alleviate the suffering.

All this has to do with prophylaxis, but now suppose that, in spite of this, trismus or lockjaw develops or you are not called to the case at all until such symptoms are manifested, what then?

Well, first of all, keep cool. Don't show the least anxiety or excitement for your patients is always very susceptible. Often the least touch, jar or noise, or even a draft of air, throws him into a spasm. The diagnosis is plain. If not, quietly get at the history of the case. As Dr. John B. Murphy has said, "The history often makes its own diagnosis." The cardinal symptoms are an injury, even the slight, received ten or fifteen days previously, tonic or clonic spasms of the muscles of neck and face, rigidity of muscles of back and lower extremities and abdomen, with little or no rigidity of arms. The temperature is usually normal or under 100. There is often a good appetite, but marked constipation. Usually, one look at the countenance tells the tale—that wrinkled brow and sardonic grin! It is the first to appear in tetanus and the last in *Strychnine* poisoning. In both consciousness prevails throughout.

Now as to the treatment when tetanus is fully developed. Time is precious, delays disastrous. The patient should be put

to sleep and the site of infection widely excised, pure carbolic acid applied followed with alcohol and alcohol compresses or dressings kept applied for several days. Have patient in a darkened, quiet, well ventilated room and attended by only one person the whole time. The diet should be liquid and, if trismus is marked, rectal feeding should be employed or feeding by a gastric tube through the nose. Action of bowels are best produced by high enema of normal saline.

Start giving the Homœopathic remedy at once and keep it up at frequent intervals until improvement begins, then lengthen intervals of administration. Here, again *Hypericum*, *Cicuta*, *Ledum* come into use. Occasionally, *Physostigma* is indicated—"spasms brought on by the slightest breath of air from a person passing."

Magnesia phosphorica is another remedy highly useful and may be given along with another medicine without interference. To ease the painful spasms, I know of nothing better. Give it in the thirtieth or higher in hot water every five or ten minutes in severe and frequent spasms. At all times keep your patient as quiet and comfortable as possible. Allow no visitors. If called upon to administer anti-tetanic serum, and there seems no way out of it—do so and don't be stingy with it. Often, public opinion is brought to bear upon you and the friends or relatives demand that antitoxine be used, so that if you don't use it they will get some one who will, even though the case may be improving and doing as well as possible. People get impatient and want results quicker than is best or possible many times. They demand that you have consultation, and how often is it that we Homœopaths in small towns can find another Homœopath to call in? Very seldom, for usually there are none within reach and so it happens that the Regular man comes in. All he knows is serum. Well if you are forced to use it, do so under protest, but stick to your patient nevertheless. "God never loves a quitter." Give the antitetanic serum and give it a plenty at frequent intervals. Begin with 5,000 units at a dose. Inject subcutaneously into the abdominal tissues and near the site of infection. A better way, it is said, is to carefully inject without fear 20 cc. of the antitoxine directly into the ventricle of the brain, or do a lumbar puncture.

In injecting into the ventricle, anæsthetize patient, shave scalp and, by means of a Doyen, burr an opening over the posterior end of second frontal convolution (Kocker's point), pass needle and inject the 20 cc. In giving it subcutaneously, repeat at intervals of six or eight hours until decided improvement occurs, then double time between injection and gradually stop altogether. The serum always causes a decided reaction—a rise in temperature, drowsiness or restlessness. As high as 250,000 units have been given without any bad results.

To decrease spasms, the Regular School inject a 25 per cent. solution of *Magnesia sulphate* with good results, but *Magnesia phos.* by mouth, to my notion, is to be preferred.

If improvement ensues, the patient shows it in a relaxation of muscles from above downward,—jaw and facial muscles first, lower extremities last.

The writer has just successfully treated a case of tetanus in a poorly nourished, weakly looking boy of eight years of age. The history of the case is as follows:

On December 27th the patient ran a splinter from dirty kitchen floor in under nail of right index finger. It caused suppuration in a few days, and much pain, but under simple home treatment got well in about eight or nine days except for the nail being loose. However, at just this time, nine days after injury to finger, the boy, who, up to that time, except for pain in finger, had been feeling all right, now began complaining of his back and neck. Pain, stiffness of muscles of back and neck kept increasing until finally on the evening of January 10th, fourteen days following injury to finger, I was called in.

The boy was a perfect stranger to me and just my entrance into room threw him into a tetanic spasm. His jaw set, brow wrinkled and corners of mouth were drawn into a set grin. He was fully conscious, but only able to talk through his teeth. He seemed in great misery. His temperature was 100. There hardly was a relaxed muscle in his whole body except in his forearms.

Hypericum 500 in water was given him every two hours for five doses then only *Sac. lac.* for a day.* On the third day

*Although injury to finger was at this time painless and healed, the nail was removed, matrix scraped and surface treated with pure carbolic acid, followed by alcohol compresses for several days.

the *Hypericum* was repeated. There was just a slight improvement. On the fifth day of treatment *Cicuta* 6x (the highest potency I had) was given every hour and improvement was more rapid. Aside from constant backache, the only pain the boy suffered was when tetanic spasms would set in, which, for the first few days, were frequent until I found that *Magnesia phos.* 30th, in hot water, at ten and fifteen minute intervals, soon allayed them and the convulsions came less often. Between such spasms his jaw and neck muscles relaxed and he could open mouth normally and eat all the family could get him. His appetite never failed. Anything unpleasant to taste, however, threw him into a convulsion.

Now comes "the rub." With all this improvement, in the face of almost fatal odds—a disease of extremely high mortality, amidst noisy, crowded, filthy surroundings—the parents of the boy, urged on by neighbors and friends, were dissatisfied and insisted that I call in consultation. This I did on the seventh day and my diagnosis was confirmed, but, of course, nothing except anti-tetanic serum was of much account. This has been so exploited by serum manufacturers and regular profession in general that the laity have come to believe it the only treatment just as, with diphtheria, they can think of nothing but antitoxine, when Homœopaths have been curing it for the past one hundred years with a mortality of only eight per cent.

In this case I protested my best, but finally, left it to the parents to decide and they decided in favor of the serum manufacturers, especially since the local boards of Associated Charities agreed to pay for the serum. My first impulse was to give up the case right then and there. After a night's restless consideration, however, I decided to stay by the case in conjunction with the "Regular," but it was several days before I relinquished my *Cicuta*.

On the evening of the seventh day of treatment 3,000 units of anti-tetanic serum were administered subcutaneously into abdomen, followed every twelve hours with 5,000 units until 25,000 units had been given. For a few days after injection the boy seemed worse. Another "Regular" called in to see the case at this time, wisely shook his head and said, "The boy won't live." He had had three cases in past ten years and lost them all in spite of the early administration of anti-tetanic serum.

A few days later decided improvement began. Gradually relaxation took place in the natural order of from above downward, and after he had received the 25,000 units, 24 hours was allowed between injections, of which he only received two more, making a total of 35,000 units. He made an uneventful recovery and was up and around on the 21st day following commencement of first treatment and 25th day following onset of the first symptoms.

In conclusion, I wish to state that I am firmly convinced that the Homœopathic remedy alone would have cured this case, though I must, in this instance, give some credit to anti-tetanic serum.

STAPHISAGRIA.

By Dr. J. C. Fahnestock, Sea Breeze Ave., Palm Beach, Florida.

Staphisagria has quite a wide sphere of action among acute as well as chronic sickness.

In a few words I shall call your attention to just a few of the prominent conditions of this most valuable remedy. *Staphisagria* is rich in mental symptoms and it is all important that they are well understood. I say important—for it is the mental symptoms or the impressions that are made upon the mind that in turn are reflected to different parts of the body that gives us the proper knowledge for a definite selection of *Staphisagria*. You will read in the mental symptoms, "Great indignation about things done by others or by himself." "*Grieves about consequences.*"

You will see by this expression that *Staph.* is suitable to cases brought on by pent up anger, or grief, and often a silent "grouch" runs through the case.

Patients requiring *Staph.* are very irritable, excitable, at the same time not boisterous, at least it is rarely shown, and with this irritability, fatigue, which is due to his pent up emotions.

A slight insult causes a regular breakdown, goes all to pieces, they will tell you of troubles, silent troubles, which has unfit them for business, can't sleep, trembles all over, brain fag, exceedingly nervous, prostration and headache. Just think how often you

have found such cases in sexual perverts, those that constantly dwell on sexual subjects and how greatly improved by *Staph.*

Staph. is sometimes called the "newly wed remedy." Some women suffer severely after the first coition, not only bodily, but mentally, with a constant urging to urinate.

Last summer a newly married widow (young) came to my office and complained bitterly of a constant desire to urinate. "Why, I am obliged to urinate every ten or fifteen minutes day and night—for the last two weeks." Any pain? "No, just have to go all the time." *Staph.* 30 promptly cured.

(*Burning in the urethra when not urinating often points to Staph.*)

In young women the suffering is bodily and mentally and quite often by questioning closely you will find the external genitals have always been sensitive and especially when sitting.

External parts are so sensitive can scarcely wear napkin during the menses. It does not stop here, but there may be inflammation of the ovaries with stinging, burning, and a pressing down sensation.

Often found in those that masturbate, and they constantly dwell upon sexual subjects. In just such subjects *Staph.* is golden.

In babies a mental condition that is not pent up is frequently found, the baby gets angry, which is followed with screaming, ugly, pot-bellied children, and especially when they suffer with their teeth, which turns black, gums swollen, tender to the touch, *Staph.* is a Godsend to these little unfortunates. (They generally have a history.)

There is a nervousness that runs through all the complaints that requires *Staph.*; the nervous system is in a constant fret.

Don't forget the state *fret*. Troubles that are brought on by supposed wrath or insult and is followed by a constant *fret*.

After anger or insult often comes on a colic or diarrhœa, which I have seen promptly stopped with *Staph.*

When symptoms agree you will find *Staph.* frequently required for the after effect of sexual excesses, self abuse, etc.

There is often found hardenings of certain tissues, styes, which leaves hard nodosities (chalazion), hardening of ovaries, testicles, prostatic glands, of tonsils. Arthritic nodosities.

Just take an hour off each day for a week and read what wonderful things *Staph.* can do.

A DEFINITE SYSTEM OF THERAPEUTICS.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

A professor in a medical college, in teaching materia medica, speaks of a remedy from his own viewpoint, or that of the school of medicine with which he is *identified*. In other words, he tells only a *part* and oftentimes a *very* small part, of what a remedy will *really* do for the sick. From this it will be seen that to *know* materia medica is to know *all* about what a remedy will *do* for sick people we must study the materia medica of all schools of medicine. Then we know the *true* indication of *each* remedy and just what we can *do* with it in our battle with disease. The very *first* thing that I try to *impress* upon the minds of my students is the importance of *ridding* their minds of *all prejudice* against any school of medicine, but have an open mind, ready to seek the *truth*, no matter where the quest may lead them. I often use this illustration in teaching materia medica, "Now suppose that I should take you out in a beautiful garden, and show you all the beautiful trees, plants and flowers gathered from every nation, would you be satisfied to pluck the *first* pretty flower that came to your notice? It seems to me it would be more natural that you should gather a bouquet of *all* the most *beautiful* flowers in the garden." "I take you out in the garden of medical knowledge, I show you all the most *useful* remedies, I teach you the *true* indications for *each* remedy, and *how* and *when* to use them in healing the sick." That, dear reader, is what I mean by *teaching materia medica*. In all my writings I have been *careful* and *conscientious* about the statements I make about a remedy, unless it had been *tried out* by myself by actual *clinical* experience, and *not* by "hearsay evidence."

Many of these remedies have been tested upon myself in *health* to find out *definitely* what they would do in *disease* conditions. In this way I have built up a materia medica of *tried* remedies, and when I tell a brother physician that a remedy will *do* a certain thing, he has learned to *depend* upon what I say. I *absolutely believe* in the remedial power of remedies to heal the sick just as much as I *believe* in an over-ruling Providence. My *belief* in my remedies is a *part* of my *religion*. Any physician who

has no *faith* in the *remedial* power of drugs to heal the sick has no business in the profession. - If he holds himself out to the public as a physician, he is "*obtaining money under false pretenses!*" To stem the tide of medical nihilism and Drugless Healing in this country we must *show* the people that we have *absolute faith* in our remedies to heal the sick. That we are *fitted* to treat *successfully* the diseases *common* to our country. The *early* fathers of the new school taught their students *absolute* confidence in their remedies. They went out from the medical college with a *fixed* belief in their remedies. They had perfect *confidence* in *themselves*, because they had been *taught* a *definite* treatment for the diseases they would meet in *every* day practice. As a result of such teachings they *grew* and *prospered*. Their *success* in healing the sick is today a matter of medical history. Their colleges sprang up all over our country and students flocked to them from all parts of the U. S. The new school was *then* at the "flood-tide" of their prosperity. Then there came a time when they began to *retrograde*. Many of the diseases that their fathers *cured* they *failed* to *cure*. They were *not* having as *good success* in treating the sick as the early fathers did. This condition was soon manifest in the colleges of the Eclectic, as well as the Physio-Medical and Homœopathic schools of medicine. Thus we find that instead of being able to *master* the diseases common to our country, in 60 per cent. of the diseases common to our country the *mortality was increasing*. In our *failure* to *cure* the diseases common to our country the drugless healers have *grown by leaps and bounds!* What is the *remedy?* It is simply this, we must *revise* our system of teaching in the medical colleges of all schools. We send out students loaded down with *technical* knowledge of their profession, but they *lack* the most *important* thing of *all*. They are *not* fitted to heal the sick. They *cannot* *cure* the diseases *common* to our country. There are 20,000,000 of our people suffering from some form of chronic disease. Our medical student turned out from a medical college cannot *cure* them for the simple reason that he has not been taught *how* to cure them. There are 225,000 people in the U. S. suffering from cancer and 75,000 victims of cancer die each year in this country. The medical students turned out from our medical colleges *ought* to know *how* to treat this dis-

ease, but they don't, for the professors can't teach students what they *don't know themselves!*

A professor, when he signs a student's diploma, *certifies* to the fact that he *believes* that the student is *qualified* to practice medicine, BUT IS HE? That is a *serious* question for our medical colleges to answer. If the student *can't* cure the diseases *common* to our country, can you *honestly* say that you "think he is *qualified* to practice medicine?" Remember that it is the *business* of the physician to heal the sick and it is his *duty*, as a physician, to fit himself for the business of treating sick people. *Copying* your lectures out of a medical book and *reading* from the manuscript to the medical students is not *lecturing*. It is not *teaching* medicine. Any person with *ordinary* intelligence could do *all* that. A professor in a medical college should be *able* to stand up before a class of students and *tell* them what he *knows* about the subject by *actual clinical* experience in *everyday practice*. In teaching my students I never use manuscript or notes. I want to look the student right in the eyes. I want to *talk* to the *man* himself and when I get through he will *remember* what I *tell* him. The system of teaching medical students will *have* to be *revised* in *all* our medical colleges if we *really* mean to turn out students *fitted* to heal the sick.

I have a *better* opportunity for *knowing* the *weak* points of the doctors of *all* schools of medicine :

First. Because I have in my lifetime met physicians of different schools of medicine in consultation in forty States of the Union.

Second. I have written articles for our health journals. I know the *needs* of the people. I know *what* the doctors are *not* doing for the public.

Third. I have been teaching physicians how to heal the sick for twenty-five years.

Fourth. My correspondence for many years with physicians of *all* schools of medicine from *all* parts of the U. S. has given me a *very clear understanding* of what our physicians are *NOT* doing for the sick.

While I *live* and God gives me *strength* to do it, I shall do what I *can* to *help* our doctors to do *more* for the sick than they *are* doing. To be *better* physicians. When my work is *done*, may

some man be raised up to do this work for the profession and do it much *better* than I have done. Meanwhile the men whom I have *helped* to be better physicians will not *forget* the man who has not only been a teacher, but *more* than that, a *father* to them. May God bless you and help you to *do your whole duty* by your patients. Every *cure* that you make *binds* the people more *closely* to you, every *cure* that you make is a standing *advertisement* of your *success* in healing the sick. Remember that "What man *has* done, man may do." When a therapeutic fact is in your *head*, it is *YOURS*, but if it is in the books it is *not!* The *other* man has *made* his reputation (be it good or bad), but you have got *YOURS* to make, and it *must* be made upon the *cures* that you *make*, not upon your failures. The undertaker reaps the *reward* of your *failures!*

God *helps* the man who helps *himself*, when we give what we *believe* to be the *indicated* remedy. The remedy we *honestly* believe is *needed* for our patient, then we can with perfect *faith* in the Great Physician ask His *blessing* on the remedies we prescribe for our patient, and we *will* get good results from our treatment. Napoleon used to say, "That the Almighty was on the side of the *heaviest* artillery." We *have* the heavies artillery *when* we give the remedy that is *indicated* in that particular case.

What I have written is a "heart to heart" talk with my readers, founded on an experience and observation of forty-seven years in the medical profession. It is an *honest* opinion of one who *loves* his profession and from one who *loves* his fellowmen. From a man so *broad* minded and *big* hearted, that he can recognize *all* physicians as brothers and extends to them the right hand of fellowship. For *me* there is no "line of demarcation," no walls of mystery, but I see a grand profession *united* in *one* great body of *noble* men, with *one* object in view, to find the *best*, the most *definite* means of healing the sick.

Several years ago I had an invitation to deliver an address before the "National Association of Suggestive Therapeutics," at Nevada Missouri. Very many of the "bright lights" of the literary world were to be present. All my expenses were to be paid on the trip. The *social* feature of the meeting appealed to me very *strongly*, but I could not see the sense of my delivering an address on medicine before a body of men and women who had no *faith* in medicine.

During the past year I was offered the appointment of Consulting Physician to a large Chiropractic Hospital in New Jersey, but I declined the appointment, for I felt that I could not identify myself with a system of therapeutics that *discarded drugs* in their treatment of the sick. I never argue with these drugless healers. I tell them that "*they* have as much right to their opinion as I have to mine." Every form of healing, whether with drugs or without, must be *tried out* before the public. *They* sit as a jury, and they will sift the evidence, and when they *do* render a verdict, you can depend upon it that it will be a *righteous* one. May God help the medical profession in this country when that verdict is *returned*. For they will see the handwriting on the wall, "*Thou hast been weighed in the balance and found wanting.*"

BURNS—HOW TO ESCAPE SKIN GRAFTING IN BURNS, EXTENSIVE OR OTHERWISE, WHAT TO USE AND HOW TO USE IT.

By Dr. E. B. Fanning, Colorado City, Colo.

Sunday, August 16, 1914, I was called to attend Clarence ———, four years, who had set his shirt afire while playing with matches in alley at rear of his home. His father heard him crying and went to the door to investigate and saw the boy running towards him with clothing ablaze; the child fell to the ground before reaching his father, who picked him up soon as he got to him and knocked off the charred and burning shirt and carried him in the house, placed him on bed and 'phoned for me. I told him to go at once to drug store and get a quart of linseed oil and I would be right up. Half a dozen neighbor women had arrived ahead of me and four or five were busy scraping white potatoes and spreading it over the chest. I found that the skin of the whole chest was almost completely burned off and some places roasted and charred. The right axilla and inner side of muscles of right arm were partly roasted away. The left side and arm not so extensively. Both sides of chest were completely denuded of skin. The child was in a semi-conscious state. The father arrived shortly after I got there with the oil. At intervals the child would rally and give a screech and then lapse off again.

I raised him several times and gave *Kali phos.* and *Cantharis* alternately and with the oil we made poultices, using flour, and applied them directly to the burnt portions and had them renewed as often as they would get dry. This treatment was continued for thirty or thirty-six hours, I forget which, but until I was satisfied the fire was all out. I had used this treatment before and knew what it would do. Then I began to use *Asepsin*. I dissolved 1 grain in one-half pint distilled water (any good water will answer just as well), but I happened to have it on hand in quantity. Of this mixture I added a tablespoonful to three or four ounces of lukewarm water and sprayed the whole chest, neck and arms, where the fire touched. His face escaped except for a few small blisters on right cheek. The throat and under the jaw both sides got seared, caused by holding his head back to escape flame coming in his face, which may also have caused him to stumble and fall. Where the scraped potatoes had been placed on center of chest, it dried and formed a hard, black, leathery crust about $3\frac{1}{2}$ inches long and easily $2\frac{1}{2}$ wide. After spraying gently with the *Asepsin* solution we applied muslin cloths, soaked in olive oil. This treatment was kept up twice a day, from August 16th until December 1st. I discharged him on the 15th of December, 1914, cured.

Except the olive oil was stopped and sweet oil substituted because the cloths would get dry and hard, latter proved very little better, causing bleeding when removed and pain to the patient. Someone suggested *Unguentine* and by spreading it on muslin, and applying it proved just the thing and all went well so far as local treatment was concerned. From three to five days after beginning the application of *Asepsin* little white spots or dots appeared here and there on the denuded surface: those were grafts they sloughed away, but reappeared and held where not injured by removing the dressing which had to be done very gently. We also noticed new skin forming around the periphery of burned surface. Six weeks after beginning treatment the breastplate of dried potatoes and burnt skin came loose and I lifted it off, leaving a surface covered by considerable pus and bleeding points. This was thoroughly sprayed and dressed, first, with *Zinc cerate* on bleeding points, then with greased cloths. All went well until one day upon removing dressing I found

a number of ulcers. I looked at child's tongue and found it coated—previously it had been clean, bowels regular and appetite, etc., good. His diet had consisted entirely of oatmeal, soft eggs, bread and butter and milk; he had thrived on this and gained flesh; of course, the medicine had been continued, as soon slight kidney trouble had developed. I found, on questioning, that the good neighbors had been treating the boy to nice cakes, puddings, etc. Hence the ulcers. This was stopped and the ulcers soon disappeared. All this time the new skin was encroaching from the periphery and spots shooting towards center from many places. New skin started from lower end of sternum and run upwards almost like magic. The patient continued to improve. About the middle of October a new nurse came on the scene through the city physician. One morning after she had been on the case about a week I was informed before removing the dressing that there were several black spots on the chest the evening before. When the dressing was finally removed I beheld, to my horror, a dozen or more black blisters, some as large as half dollars, some much smaller. My first words were: What in the d——I caused this, has he had any more cakes? No, nothing but what you ordered. Well, I said, there is something wrong somewhere. The child's eyes looked bad, he was not himself while I was examining his kidneys, etc., as best I could. The father spoke up and said, Doctor, do you suppose orangeade would cause it? I said, who's been giving him that trash? He said the nurse gives him all he wants. Where is she, I asked. Out on an errand. Well I was angry. It was bad enough to have the father in the house and it placarded back and front with small-pox cards when it was only chicken-pox without sending me a nurse who didn't know enough to feed a sick kitten. Well, she got her's and then got out and the mother and I did the nursing and feeding.

I opened the blisters and let out contents, which were as black as ink. By this time new skin was forming in splotches in a number of places, but I had more ulcers to contend with and more of the powder was applied and freely. The left side was pretty well skinned over, but the right side and arm being roasted and axilla almost completely obliterated proved very stubborn and the side would bleed more or less every time it was dressed.

After the father got well, which was several days, the mother took sick, which lasted three days, when she was up and around; her's came out on back, the father's came principally on face. Then the older girl had seven pocks come, all on face, but was not sick in the least; next, the baby, she had three, two on body and one on cheek; next, and lastly, the patient on his back in crib. I had not reported the cases for I knew they were not small-pox and the doctors were not reporting chicken-pox. Well, the little fellow had them to perfection, from top of his head to soles of feet, and then I got mine in shape of a warrant and that was what I was expecting. The child, at this time, was in good shape, had fleshed up and was able to stand a hard knock, but he was not made ill in the least; all he desired was water and he got plenty; they all dried up and disappeared, he never had a pock mark on him. At the trial we proved it was nothing but chicken-pox. I was fined twenty dollars and costs of six fifty. Six months later we compromised. I paid \$3.00 and city paid my witness fees. The boy was put on *Arsenicum* 200th for his blood condition and orange juice discarded, the usual diet continued. Eventually the whole left side and chest was healed, the right side mended slow, but skin formed in axilla. I cut it loose four times and tore it loose twice after. During operation and dressing it I would place a pad up against the axilla and bind it as snug as I dared over the shoulder and around his neck; this finally solved the problem and today he has rather a badly scarred arm, but fully as good use of it as he has of the left one; and when meeting me he used to take pleasure in showing me how well he could use it by pushing both hands above his head as high as he could extend them.

I have four cases in all to report, two of them minor cases, one being a horse, but with same treatment and results. The next will be the case of a little girl, four years, whose clothes caught from a bonfire and burned the skin completely from her buttocks, the posterior of one thigh and calf. The little boy had to lay on his back nearly five months, but the little girl had to lay on her stomach only two months. This was due partly to the fact that her burns were not so deep in places and to better sanitary conditions and environments. The treatment was the same. And will also say something more about *Asepsin* and its uses, etc.

I never heard of its being used for burns until I used it myself. I procured my first bottle from Lloyd Bros., Cincinnati, O. It is an Eclectic preparation. My last bottle was procured through a Denver house.

AN AWFUL DREAM.

By **G. E. Dienst, M. D., Aurora, Ill.**

Less than a century ago, I visited a meeting—convention—of doctors. They seemed to belong to one and the same school of practice. There were present the old “wheel horses” who had paved the way for future generations, who established colleges, built hospitals, edited journals, wrote books and practiced medicine day and night in order to keep soul and body together.

There were also present many of their students, graduates from colleges, where these men taught; men who seemed to be treading the foot-steps of their preceptors.

There was also the more recent graduate, vigorous, energetic, loquacious, and with a vocabulary of monstrous words which he used unstintedly when occasion permitted.

The papers presented were well written, some were fairly well read, many contained excellent thoughts, all of which were exhaustively discussed by the younger element in particular, whose wisdom seemed above par.

As I listened to the papers and discussions, saw the varied facial expressions of those present, I was impressed with the apparent disappointment of the veterans as point after point was argued. It readily seemed that the majority of the participants were seeking to magnify a word or phrase the real meaning of which they either misunderstood or refused to understand. The thought forced itself upon my mind that the more recent members of the convention were endeavoring with all the power of their gray matter to see how far they could miss the mark and yet shoot in one common direction.

My soul grew weary at all this and began to feel as my stomach would when eating soup without salt. In this disturbed state of mind I went to my room, retired, and fell asleep. Soon I was as in the midst of a most horrible dream.

I was in a convention of Baptist preachers. There were present

the aged fathers who had paved the way for present and future generations, who founded colleges, built churches, edited church papers, traveled over unbeaten woodlands and prairies to organize parishes and save precious souls from sin. These aged fathers have put the Baptist church in its present prosperous condition, as any one may see by a cursory glance at the religious world of today.

There were present, also, some of their converts, men who, because of the teachings and examples of these veterans, have chosen the ministry as their life's vocation. Here were also some recent licentiates, fresh from the Seminary, full of life and vigor—possibly of piety. Of course, one would suppose that the doctrines and customs of the Baptist Church would receive the first and most unanimous indorsement in a place like this. Such was, indeed, the case when the older men, whose studies and experience had confirmed the truth of their preaching and practice, spoke. But I was amazed at the remarks of some of the professors and editors of church literature, also at statements by the more recent graduate who spoke fluently of the Baptist Church as a Church, but rather insidiously repudiated the most cardinal doctrines of the church as antiquated, some even admitting, though graduated from a Baptist Seminary and officiating under a Baptist license, that they had never read the Bible.

Some went so far as to advocate Baptism in salt water rather than fresh, as had always been the custom. To this the younger element gladly consented. Much time was assumed in discussing the proportion of salt necessary to cleanse a soul from sin. Others who call themselves the more advanced and more modern element in the church advocated, rather vociferously, the use of salt and sulphur as a necessary combination in water used for Baptism, else the convert—the sin sick—would not be perfectly saved.

Others still, while believing in the efficacy of salt and sulphur water as the only means of salvation, taught that these should be alternated and not combined, but could not determine which should be administered first, nor how frequently they should be alternated to be effective. Others, again, argued strenuously that in order to be modern and meet the demands of the times there should be placed in the Baptismal tank a liberal quantity of Colorado clay or Indiana mud. Some of those present almost fainted

at this when suddenly, away over in the *amen* corner, there arose a dyspeptic professor who exclaimed—"Brethren, man is but an animal, and in my experience I have found the use of animal plasms in the Baptismal water of remarkable saving efficiency.

I became alarmed for the mental condition of the brethren, when I was shocked by the voice of a prominent city pastor who said—"True, man is an animal, but in many things, particularly in structure and function of some of his organs, he differs from animals and my experience teaches that blood taken from the sinners' veins and used in the water prepared for his individual Baptism is most effective." This created great confusion. During the entire discussion the real truths which gave birth to the Baptist Church and its prosperity, which gave spiritual birth, nutrition and vocation to many of the members of this convention, was seldom mentioned except by the true and tried, who were alluded to by the debaters as belonging to the fossiliferous age. The veterans witnessed all this in sadness, and when permitted to speak referred to the folly of modern perversion of truth and tried to maintain the essence of a true baptism in pure unadulterated water.

The debate became acrimonious when some one moved an appeal to the laity which was carried. Great crowds of Baptists from all over the world assembled. The debate was repeated, clergy from other churches were present to hear this discussion, and when the vote was taken, with one accord, visiting clergy included, the laity cried aloud,—“Pure cold water, pure unadulterated water, and a single baptism for us, now and forever. *We know what it is.* It saved us. It will save others,, no adulterations, no mixtures, no combinations, no alternations, no hypocrisy in Baptism for us. And the hosts of heaven shouted—“Amen; Amen.” At this I awoke and, behold, what a dream.

CHRONICLES OF THE FARM.

By Dr. Blanke.

One day there assembled, by chance, in the shade of the barn, Capt. Olde Horse, Mr. A. Donkey, Judge Turkey, Professor Graye Goose, Doctor Mallard Ducke, Mrs. Plymouth Rocke, Mr. Bantam Rooster, and several other unimportant personages. Of

course, like all respectable citizens they talked very much. Among other things, they talked fighting. Mrs. Plymouth Rocke (much to Mr. P.'s satisfaction) was strongly opposed to fighting. In fact, as Bantam once said, she was ready to fight for peace. Belonging, as she did, to the better class mothers of the Plantation her word carried great weight. Among other things on this occasion she said: "Our civilization has advanced to its present level not because of, but in spite of fighting." The others, at this, glanced a bit nervously at grim Game Cocke, who was standing not far off, but his attention at the moment was centered elsewhere, the reason being apparent when a finely appareled rooster, a stranger, flew to the top of the fence. As the others edged away to places of safety, while Game Cocke defied the stranger in such terms that Mrs. Plymouth Rocke indignantly exclaimed: "Such language is scandalous."

After an exchange of *pour parlors* the stranger came down into the yard and the battle was on. Bantam remarked afterwards it was "fierce." "But," he said approvingly, "old Gamy finally landed his left spur square on the other's neck and he could not, nor never can, rise to the count. It was great!"

The next day in discussing the cause of such combats the Professor expressed the opinion it was "atavism, lingering traits remaining from the days when we were two-legged and featherless."

The Doctor thought it was due to liver and spleen troubles which could be prevented "by proper medical supervision of the young."

The Judge dogmatically declared the cause was "lack of proper respect for the law."

Bantam said such "scrap" came about because "every fellow wants to be the boss."

"Yes," chimed in Mrs. Plymouth Rocke, "if our sex were what you vulgarly term 'the boss' there would be no more war."

"Try it the other way about," came from Mr. Barnyarde Fowle, "you hens always have bossed things."

"Barnyarde, I'm ashamed of you!" snapped Mrs. B. F.

After much and noisy discussion nearly resulting in a fight the Captain asked Mr. Donkey what is the cause of war?

"I don't know," was the reply.

"An honest citizen," commented the Captain.

OBITUARY.**J. D. Buck.**

Dr. J. D. Buck, aged 78, one of the best known physicians of Cincinnati, died at his residence, 628 Oak street, last night after an illness extending over a period of more than a year.

Conspicuous always among the practitioners of a large community, he devoted a liberal portion of his time to lecturing upon the various sciences and arts and topics important and of general discussion. He was a pioneer locally among those who gave earnest attention to research in science and in the progressive study of the numerous and newly arisen isms.

He was something more than a student, making practical and scientific investigations of the various theories and dogmas current and of large acceptance.

Dr. Buck was a writer as well as a student, and in ripe scholarship and out of his vast experience wrote many books of distinguished value upon numerous and various subjects, beliefs and theories.

He was born in Fredonia, N. Y., November 20, 1838. The early death of his father made it necessary for him to quit school before his education was completed, but while he was working and aiding in the support of his mother, he began his studies along those fundamental scientific lines which later served to distinguish his work as original, in medicine as well as in the field of general literature.

At the age of 23 he entered at the first call for Civil War veterans, in Merrill's Horse, Company H, a regiment recruited at Battle Creek, Mich. He began the study of medicine with Dr. Smith Rogers, at Battle Creek, later attending Hahnemann College, at Chicago, and graduated in 1864 from the Cleveland Medical College.

In 1865 he was married to Melissa Clough, of Fredonia, N. Y. In 1866 he was made Instructor in Physiology and Histology in his Alma Mater, at Cleveland.

In August, 1870, he came to Cincinnati. In 1872 he called the meeting of physicians at Dr. Pulte's office in Cincinnati, which resulted in the foundation of the Pulte Medical College, of which he

was Registrar and Professor of Physiology from the time of its organization until 1880. He then was made Dean and Professor of the Theory and Practice of Medicine, which position he held almost up to the time the Pulte College was absorbed by the Ohio State University. He was one of the best known Masons in the country and had attained the thirty-third degree in the Scottish Rite.

Dr. Buck was operated upon a year ago last November and never regained his normal health. He had been confined to his home for two months and to his bed for the past three weeks. He was conscious until Wednesday morning, when he lapsed into a coma.

He is survived by his sister, Mrs. G. B. Robertson, wife of Judge Robertson; three sons, Edgar C. Buck, President of the Quick Repair Fire Company; Charles R. Buck, physician and surgeon; Robert J. Buck, general manager of the Richmond (Ind.) Adding Machine Company, and three daughters, Miss Cora Buck, Mrs. Dr. Thomas M. Stewart and Mrs. R. Gano Koehler.

“HOMŒOPATHIC REMEDIES.”

Editor of the HOMŒOPATHIC RECORDER.

May I suggest something for you to criticise? The remedies homœopaths use, whether in potencies or tincture, are all called “homœopathic” remedies. Now we, as homœopaths, know full well that many a time a homœopathic physician does not give a homœopathic remedy. It may be a remedy which is not brought forth by a homœopath or it may be a remedy not given homœopathically to the case. Thus it is by no means a homœopathic remedy even though it may be 30th or c.m. potency. Many of the remedies we use are used by allopaths and eclectics and were first used by them. Our distinction should be by calling our preparations “potentized” or “dynamized” remedies. Our pharmacies should use those terms instead of homœopathic remedies, as they are as misleading to the “outsiders” as “Specific Medicine” of the Eclectic School. Calling our preparations “potentized remedies” would indicate just what we do to the drug which is distinctive of our school only. If we use tincture of

any remedy call it just plain tincture instead of "homœopathic" tincture. We have often been accused of "mongrelism," "quackery" and what not because we use certain remedies called homœopathic remedies, which are thought to be "specifics" for a certain disease. The same accusation has been applied to the selectics because they use the title "Specific Medicine" to every one of their remedies.

JOSEPH S. LEE.

924 Stocton St., San Francisco, Calif.

* * * *

It seems to us that Dr. Lee has done the criticising; but while there is truth in what he writes yet it seems to us that the term "homœopathic remedies" will and ought to continue in use. A prescription by a homœopathic physician in the tincture, 30th or D. MM., potencies may not be homœopathic to the patient for whom it is prescribed because the doctor has not read the case right. From the pharmaceutical point of view homœopathic remedies are very distinct from allopathic or eclectic remedies, which in turn are very distinct from each other, as can be seen in the pharmacopœias of the three schools. In consequence of this it would seem wise to have distinctive prefixes to the remedies and those in use are as good as any. "Homœopathic remedy" means one made according to the homœopathic pharmacopœia.—Editor of the HOMŒOPATHIC RECORDER.

ADVISING THE DOCTORS.

Editor of the HOMŒOPATHIC RECORDER.

Though only a layman I take the liberty of writing to your journal on which I work as a compositor, or linotype man. The most of the copy you send is good, in our sense, capable of being read without a "consultation," as doctors say. Then comes "takes" that try the souls of men—I mean, of compositors. Here is one, type-written on a ribbon as dry as Kansas and with type on the tramp order, by which I mean they have never been cleaned and most of them even if cleaned are still bums. Another is written with a hard lead pencil, a pale gray paper covered with pale gray and faint lines supposed to be words! Yet we must put this in good type and are blamed if we make an error

in guessing at what a hieroglyphic stands for. Another is written on soft, old paper like blotting paper, written on both sides, interlined, deleted and corrected until parts of it look like—well. I set up much about the care of school children's eyes and all that and it seemed to me that a hint like this to the man giving advice to us laymen might make them easier on the old comp.

Yours,

TYPO.

AGAIN THE PROSTATE.

Editor of the HOMŒOPATHIC RECORDER.

The patient was a man of fifty-four years of age. His health had always been good, until he quite suddenly lost the ability to urinate. He was difficult to catheterize, and the operation of passing the catheter made him so sore that he dreaded it more than the major operation of prostatectomy. Rectal examination had revealed a large prostate, much larger than is usually found in one of fifty-four.

The operation was done suprapubicly, the patient being on the table seventeen minutes. He healed rapidly, and left the hospital on the eighteenth day, with the urinary function normal. Several weeks afterwards he developed an epididymitis of unusual virulence. This resulted in multiple abscesses, involving the testicle to such an extent that it seemed wise, in order to conserve his strength, to amputate the testicle. Little was left of it, two weeks after the primary involvement, but a much-perforated mass. His recovery has been rapid since.

This man had had no gonorrhœa for many years. Yet he developed a gonorrhœal epididymitis. All these years the gonococci had lain dormant, and became active only when they were rudely disturbed by the prostatectomy, and when the vitality of the patient was reduced by his operation. Simply massaging the prostate, when one has had an old-time gonorrhœal infection, will often result in epididymitis, owing to the setting free of latent toxæmias. As one can never tell just what his patient's past history has been one can never know just what is going to be stirred up by a prostatic examination.

FRANK WIELAND.

Chicago, Ill.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Blackwood on the Heart.—At a meeting of the South Side Homœopathic Medical Society, of Chicago, recently, Dr. A. L. Blackwood spoke on the physiology of the heart, illustrating his remarks with a diagram. The modern view of cardiac function comprises six considerations:—stimulus production, stimulus reception, stimulus conduction, contractility, tonicity, and coördination of function. He showed in his diagram the sino-auricular-node, aptly named the pacemaker of the heart, and explained fully the various modern terms as heart block, auricular fibrillation, pulsus alternans, extra-systole, and cardiac syncope. His diagram also made plain the function of the bundle of His. Dr. Blackwood emphasized the importance of a search for *indican* in the urine in cases of extra-systole and stated that it was his firm belief that *indicanuria* was a condition in which eventually extra-systole might result.

The Allen Treatment for Diabetes.—In response to many requests we print the Allen dietary as used by us in the treatment of the cases described in previous issues of the RECORDER.

The patient is fasted until sugar disappears from the urine, brandy being administered in small doses if acetone bodies are present and in severe cases of acetonuria 300 cc. of clear soup per 24 hours being allowed. In the mild cases water is the only thing taken, until the sugar disappears, which usually happens in a day or two. In the case described in the RECORDER for November the sugar disappeared in two days. After the sugar has disappeared, the patient begins to take six to ten ounces of the five per cent. vegetables daily, increasing by three to four ounces daily, until from 16 to 20 ounces are eaten per 24 hours. If sugar appears the patient must be fasted again, and the amount, taken afterwards, lessened so that no sugar may be found in the urine. After the quantity of vegetables taken amounts to sixteen to twenty ounces daily, without sugar being found in the urine, then

three ounces more of the five per cent. vegetables, or one and a half ounces daily of the ten per cent., or one ounce daily of the fifteen per cent., or one-half ounce daily of the twenty per cent. vegetables may be added. Or instead a like quantity of the five or ten per cent. fruits. The quantity is thus increased until the patient gets one ounce carbohydrate per twenty pounds weight. The amount of carbohydrate must be reckoned from the weight of the vegetables or fruits taken, but the available carbohydrate from the fruits or vegetables is somewhat less than the figures five, ten, etc., indicate. The list of the vegetables, etc., may be found in the *American Journal of Medical Sciences* for Oct., 1915.

When on a vegetable diet, as above, there is no sugar found in the urine at the end of the second-day, then allow the patient two or three eggs daily or a little meat, increasing by two eggs daily or by two ounces of meat daily, until he gets two-thirds of an ounce of meat for every ten pounds of his weight. A day or two after the meat has been given, allow also one-half to one ounce of fat in the form of butter or bacon, remembering that four ounces of bacon yield one ounce of fat. Increase the fat, carefully testing the urine for sugar daily until patient gets two-thirds of an ounce of fat for every ten pounds of weight.

The patient mentioned in the *RECORDER* for November, as having an infected toe, writes us (December third) that his toe has healed completely and that he is wearing his shoes. We still keep him on the diet so as to allow full time for repair to take place. The urine has been sugar free since last August after we fasted him for two days.

Non-Parasitic Chyluria.—We celebrated the Grand Chapter meeting of Phi Alpha Gamma in Chicago by demonstrating in our clinic at Hahnemann Medical College the first case of non-parasitic chyluria we have ever seen in this city. The urine, when shaken with ether, cleared up owing to the removal of the milky suspended material by the ether which, on evaporation, left a little smear of fat on a dish. The urine being centrifuged deposited an extremely white sediment which, when examined under the microscope, showed numerous fat globules which were not stained by the writer's urine sediment stain. The sediment in chyluria is likely to be mistaken for pus and the belief may be

strengthened by finding in the urine positive albumin tests. In our case, however, the cold nitric acid test by contact, even when most carefully made, failed to yield a ring, the only thing noticed being a different haze showing that serum albumin was absent.

On the other hand, the Esbach test liquid showed one-fortieth of one per cent. of protein. The urine in chyluria is milky in appearance and sometimes is positive to the copper tests for sugar, hence chyluria may be mistaken for diabetes mellitus with lipuria. In chyluria, however, the fat is intermittently present in the urine, while in lipuric diabetes it is more steadily present. In the case seen by the writer the fat was present only in the daytime.

In diabetes with lipuria the specific gravity is still high owing to the sugar, while in chyluria the specific gravity is low. In the case seen by the writer, even though there was no polyuria, the specific gravity was low.

Failure of Tonsillectomy in Nephritis.—We regret to be obliged to report the complete failure of tonsillectomy in one of our cases of nephritis in a boy of fourteen. Inasmuch as no history of infection could be obtained and as the tonsils were pronounced diseased by eminent "tonsil takers," we advised tonsillectomy, which, while it did no harm, apparently, to the patient, failed utterly to remove albumin and casts from the urine which, on December first, are now greater in amount than at any time since we first saw the case. The tonsil operation was performed in the spring.

Failure of Dental Treatment in Nephritis.—We also regret to be obliged to report the complete failure of treatment for pyorrhea to affect the general condition in a case of chronic nephritis occurring in a patient about sixty years of age. Although his dentist found pyorrhea and treated it with claimed success the general condition grew worse instead of better and the patient went elsewhere for treatment.

Success in a Case of Chronic Nephritis.—To offset these cases in which we depended on the "other fellow" to help us out of our difficulty we can report most satisfactory results from our own treatment in the case of a patient with chronic interstitial nephritis and albuminuric retinitis. Neither teeth, nor tonsils were treated in this case, but the patient was carefully dieted as re-

gards salt and titration acidity. At the end of nearly a year his condition is such that he seldom regards it necessary to seek medical aid. His eyesight, at first, was so poor that he could barely see to walk and now he can read large print. Dizzy spells have disappeared, and systolic blood pressure has fallen to 160 from 200 or over.

Peculiar Urine in Pregnancy.—The condition of the urine in pregnancy is about the same in all cases, polyuria being the rule, with low specific gravity, and low per cent. of solids, the clinical points of interest being the ratio of urea to ammonia and the ratio of acidity to ammonia. In a case seen recently, however, the quantity of urine on one day of the eighth month was 1420 cc. in 24 hours, the specific gravity 1020, the amount of urea 24 grammes, and the quantity of ammonia 1.42 grammes, the ratio of urea to ammonia being 11 to 1. No explanation of this peculiarly high nitrogen percentage and total amount has as yet been found. The acidity was high, 45 degrees, but the patient denies eating meat in more than the usual amount.

Fallacy in Total Solid Estimations.—The most useless thing in urine analysis is, in the writer's opinion, the estimation of total solids in cases of polyuria. Thus in a case recently seen, the patient passed 1740 cc. of urine in 24 hours, of a specific gravity of 1017. Now by the coefficient of Haeser the total solids in this case were calculated to be 70 grammes. But chemical analysis of the individual solids revealed only 12 grammes of urea and 17 of sodium chloride, the latter due to a salty dietary. Allowing liberally ten grammes more for phosphates, etc., there would be less than 40 grammes of solids in this urine while the arithmetical calculation shows 70 grammes, evidently a fallacious figure.

The total solid estimation, when sugar or albumin in considerable amount is present in the urine, is also fallacious; hence the writer uses this calculation sparingly and only in the case of urines free from abnormal constituents, when the volume per 24 hours is less than 1500 cc. In the case of healthy young men the total solid estimation usually corresponds to the theoretical for their weight. But the total solid estimation in pregnancy polyuria is probably entirely useless.

THE PREVENTION OF GALL STONES.

From the *British Medical Journal*.

When a sufferer from the agonizing attacks of gall stones asks his medical adviser what he can do to prevent other attacks, he usually receives the conventional answer that he must diet himself, take active exercise, and a course of alterative medicine, such as *Sodium phosphate*. I believe these methods are quite useless. Stone in the gall bladder is, like stone in the urinary bladder, caused by the bladder not being completely emptied each day, and the unexpelled residue decomposes and precipitates the solid matter of which the stone is composed.

It is common knowledge that the best way to prevent urinary stone is to make sure that the bladder is completely emptied daily, and, if necessary, the patient must use a catheter for that purpose. To prevent gall stones from forming it is just as essential to empty the gall bladder completely each day. The method is to make pressure over the gall bladder in the early morning, before breakfast, with the round end of a dumb-bell weighing 12 lbs. The gall bladder is usually full in the early morning, and, with gentle pressure at first, the contents can be heard escaping with a characteristic gurgle, and by increasing pressure and a sort of rolling movement from the fundus towards the neck, the whole of the contents are pressed out. It is as well to keep to the right of the abdominal middle line and to avoid pressing on the aorta, as such pressure constantly repeated might do harm.

I feel almost inclined to rename the gall bladder the "castor oil gland," for the expression of the gall bladder mucus is always followed within half an hour by an action as grateful as would be produced by half an ounce of the oil. At the commencement of this method there may be in the gall bladder lumps of thickened mucus or concretions, and there would then be some discomfort as they passed along the duct, but in a few days, when this debris has been cleared out, the patient, who may have long suffered from agonizing attacks of gall stones for years, will begin to experience peace in his epigastrium.

THOS. A. WATSON, M. B., C. M.

Sunderland.

BOOK REVIEWS.

HOW TO LIVE.—Rules for Healthful Living Based on Modern Science. Authorized by and Prepared in Collâboration with the Hygiene Reference Board of the Life Extension Institute, Inc. By Irving Fisher and Eugene Lyman Fiske. 345 pages. Cloth, \$1.00. Funk & Wagnals Company. New York and London. 1916.

After reading this interesting book one vaguely wonders if one has to obey all the rules and suggestions given in it. Also, Could any one obey the rules and have any time left for other things? Also, Could any one without a good lot of money follow the instructions? The book contains much good advice though not all of it is new, and, also, much that is at least open to question. Indeed we are told that the rules of Cornario so far as they go are "almost identical with those given in this book." There is, however, this difference: this book forbids wines, liquors, beer, ale, tea and coffee from those who would live well, while Cornario, if we remember aright, allowed himself one bottle of wine a day. That Italian gentleman was a rich, young fellow, who went the pace until he was about 35 years of age, then he went out to an estate to die, but he lived to be over a hundred. He was the first temperance man, or, at least, the first one who wrote on the subject—possibly there were others, but his book lives. The difference between him and the men who wrote "How to Live" is, that he blamed himself, and reformed, became a temperate man, while they blame the things man may use, or abuse. If the men who wrote the book under review (ex-President Taft is one of them, at least his picture is the frontispiece of the book) would make a distinction between use and abuse, their book would be truer, though probably not so popular. Take the great ones of the world, good and bad, from Noah down, and how many of them were total abstainers? It may be replied that they would have been greater if they had been. Perhaps, who knows? Perhaps, also, they might have been greater if they had been vegetarians, or Christian scientists, or Doweites or any other thing.

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EDITORIAL NOTES AND COMMENTS.

Drugless Healers.—A news item informs the world that the Washington Medical Association is out in opposition to a “drugless healers Bill.” What puzzles the average citizen is how to reconcile this opposition to drugless healing with the great “regular’s” opposition to all drugs. The despised “drugless healers” are but following what is taught in all of the great allopathic colleges.

The Mighty Problem.—By the editorial route comes the following from the *Journal A. M. A.* It touches the very heart of medicine: “If it were possible to analyze and explain the essential features of the process of growth, a tremendous advance would have been made.” Very, very true. As a beginning towards solving the problem let the following be taken, to which all agree. When anything is alive it grows, when it dies growth ceases. Consequently to solve the problem of growth one must first discover what life is. Without any exception life is the most important thing in this world for without it all returns to chaos. We know much about its processes but who knows what it is!

Pure Science.—Pure science looks facts squarely in the face, indulges in no special pleading, evades nothing nor resorts to sophistry. The country hears much of the gratifying fact that our soldiers on the Mexican border have been free from typhoid and this is always contrasted with wretched condition in this respect that prevailed with them during the Spanish war. Then

we are told that this is due to typhoid vaccination. Will any of the men who say this also say that these troops of today could have gone through the sanitary conditions that prevailed during that war and been free from disease? If they were scientists without guile they would tell the people that the British army in the Boer war was, to a large extent, vaccinated against typhoid, but suffered so greatly from the disease that the practice was abandoned.

The Modern Prerequisite.—Remarks the *North American Journal of Homœopathy*, editorially: "Service during at least one year as interne in a well conducted hospital is being more and more required as a prerequisite to the employment of physicians by health boards and public services, and by State boards of medical examiners." This, no doubt, is true, for our most esteemed friend, Dr. E. H. Porter, ought to know, he having been at the head of the health department of the great Empire State for many years, and conducted it well, very well, but the RE-CORDER still holds the opinion (very old fashioned) that a year under a country doctor is worth a cycle in Cathay.

A Question in Ethics.—The following is instigated by an old review of a book, or article, by Edward Meryon, M. D., F. R. C. P., entitled *Homœopathy in Allopathic Journals*. The author's first objection to Homœopathy is that the dogma, *Similia Similibus Curantur*, "lacks the charm of novelty," for "it was enunciated in the very words above quoted by Gregory the Great in the sixth century." We cannot dispute that, but the fact remains, one of very many, that the dogma, "thou shalt not steal," lacks the charm of novelty, yet it is quite true, even though it be not novel, as it was from the beginning of mundane affairs. If scientific men could disassociate their minds from the very curious idea that truth and "novelty" are not synonyms they would be very much nearer science than they are.

A Legal Point, in Paying the Doctor.—A man was injured and his employers sent an admittedly competent physician to attend to him. After a time the man—Pisarczyk, by name—refused the services of his employers' doctor and called in one of his own

choice. In time the last doctor sent in a bill for \$54. The employers refused to pay it. As there was no dispute as to facts the case was submitted to the Supreme Court of New York. The decision was that the employer (General Electric Co.) did not have to pay the bill.

The Disease of Men of Sense.—Dr. Jos. H. Pratt, Boston, in a paper on gout (*N. Y. S. Med. Jour.*, Nov.), quotes Haberdén's "Commentaries," 1782, as follows:

"The gout affords a striking proof of the long experience and wary attention necessary to find out the nature of diseases and their remedies. For though this distemper be older than any medical records, and in all ages so common; and besides, according to Sydenham, chiefly attacks men of sense and reflection, who would be able, as well as willing, to improve every hint which reason or accident might throw in their way; yet we are still greatly in the dark about its causes and effects, and the right method in which it should be treated."

To this Dr. Pratt dryly adds that what Haberdén wrote holds true today, none know much about gout. Sydenham's comment, it seems to us, is contrary to the fundamentals of the W. C. T. U.

A Grave Problem.—Our most esteemed and always welcomed, contemporary, with a too long name, *The Pacific Coast Journal of Homœopathy*, editorially and, it is to be feared, biliously, remarks: "The verbosity of contemporary medical literature and the deficit of real value in the material offered, often leads one to wonder if medical journalism is not overdone." Nay, brother quill driver, in a multitude of counsellors there is at least a grain of wisdom, if you can find it. And then medical journalism, or some of it, but follows the medical sachems. Hit them and not your poor brothers of the gray goose quill.

The Allopathic Way of Testing Drugs.—Dr. Mundy, editor of the *Eclectic Quarterly*, mildly comments on a scientific article in the *Jour. A. M. A.* Seems to us that the title of the said paper is the best comment to make on it. "The action of Various 'Female Remedies' on the Excised Uterus of the Guinea Pig."

A Pointer.—This is quoted from *Dental Cosmos*: “The editor of the *Journal of the American Medical Association* closes his comment in the results shown by Levy and Rowntree by saying that ‘The products supplied as emetin hydrochlorid are variable in composition and in toxicity to a degree which constitutes a serious danger,’ and that ‘it therefore behooves physicians (and dentists) to insist on some declaration from the firm supplying emetin hydrochlorid as to its purity and as to the standard employed.’” So it seems that others suffer from the goods supplied by pharmacists who are rather after money than true pharmacy. This is no knock at “cut prices,” if they be fair, but at those who cut prices and in doing so also cut the quality of that which they supply, which, at bottom, is the stock in trade of all the “cheap” men, whether they be tailors, shoe makers, drug men, or any other dealers in commodities which men deal in. Good goods are worth their price.

After Surgery Has Done Its Work.—The following is isolated from a paper in the *British Medical Journal*, now so full of surgical cases, as are all the European medical journals. “The pain in the missing hand or foot, so frequently felt after amputation.” To this might be added, “pain in the stump.” Is not *Hypericum* the remedy for this after surgical condition? This question is asked in the hope that some of our readers may know of a remedy for this condition that is afflicting so many poor fellows in Europe today, for which the medical corps seem to have no remedy. Let the RECORDER have it if you know of one.

Theories.—A somewhat, sometimes, peppery-capsicum-exchange, *The Bulletin of the Sons of the Academy*, remarks: “When the problem before you cannot be solved within seven days by any known theory, invent one. Any fool theory is better than none.” But, sons, why not be honest and say “I don’t know.” Theories as thick as Falstaff’s blackberries have been put forth concerning the cause of infantile paralysis, but who knows the cause? So why invent another to the confusion of the muddled world?

Teeth.—*Health News* tells us that “Out of 330,179 school children examined in the city of New York in 1914, 194,207, or 58.8 per cent., suffered from defective teeth. This exceeded the sum total of all the other defects noted by nearly 80,000.” To remedy this the Public Health Service “recommends that a good tooth brush be included in the list of Christmas presents for every American child and that its use be made a part of the daily training. If this recommendation is carried out the United States will have more healthy children this year than last and their chances of growing up into useful, healthy men and women will be increased.” Tooth brushes and dentists can do much towards arresting the loss of teeth, but they do not remove the cause, which Hensel claims is due to lack of mineral elements in the food.

The Curious Phases of Disease.—According to *Public Health Reports*, Talladega, Ala., suffered from typhoid until the water supply was drawn from an artesian well and then it practically ceased. But in time, on Oct. 20th, diarrhœa broke out to the extent of fifty new cases a day. One-fourth of the population was affected though none died. Whence or why the disease no one knows. Camden, N. J., across the Delaware river from Philadelphia, has a water supply that chemists say is almost chemically pure. Yet that water will eat out brass, copper, and solder as though it were an acid. Is it possible that there is a limit to purity that humans cannot safely pass?

Some Conundrum!—There seems to be a bit of friction between surgeons and physicians in England if we may judge by a letter from Mr. G. W. Thomas in the *British Medical Journal*. Writes Mr. Thomas, who is a “F. R. C. S., Eng. :”

SIR:—Dr. Mercier’s remark that a surgeon is the servant of the physician and exists to carry out the latter’s behests shows something more than a mere bias, and will not, of course, be taken seriously. It is regrettable, I think, to talk of physicians as “the higher branch of the profession.”

Also :

With his other remarks I fully agree. The disproportion between surgeons’ and physicians’ fees is ridiculous. When one considers that a sur-

geon, for perhaps half an hour's work, often receives what a physician would receive for fifty consultations (each taking anything up to an hour) the utter unfairness of the remuneration is apparent. If the surgeon's fee is fair, then the physician's is hopelessly inadequate.

Well, there is the conundrum. In its solution one must always bear in mind the vulgar saying, "You cannot squeeze blood out of a turnip," and that very many people are financial turnips.

Common Sense Returning.—The following editorial from the Philadelphia *Inquirer* seems to show that the health boards have nearly reached the limit of public tolerance:

Last week the deaths from infantile paralysis in Philadelphia numbered 27. During the same period 45 children died from diarrhœa. And yet paralysis has been termed a "plague" and our medical friends have kept the country in a state of alarm over it, while other diseases claiming every week more victims have been taken as a matter of course. How many children have been frightened to death will never be known.

But at last common sense seems to be returning. The schools will be opened on Monday. There has never been any good reason why they should not have opened on regular schedule. Doubtless the children would have been better off in school than on the streets. Besides, where does the logic come in when children are forbidden to assemble in schools, but are permitted to assemble elsewhere at will?

The summer just closed has been made an exceedingly difficult one for parents, who have systematically been driven into nervous conditions the like of which we never hope to witness again.

It parents would call in homœopathic physicians when medical treatment is needed it would be better for them and their children. Medical hysteria would vanish.

PERSONAL.

"He recovered from the disease, but was too weak to come back. Leaves a wife and four children."

The good mother wrote the school teacher: "Please excuse Johnny's bellyache, for he had green apples."

The automobile will always displace the horse if it hits him.

Husbands want "a boy," but the boy wants a girl.

Dr. Rice, Frisco, says some speeches have difficulty "in finding proper terminal facilities." R. has hit a mighty fact.

Pride goes before a fall and is hurt after one.

A man may be "full"—of wisdom, food, or the "joyful."

Mary disputes, "There is nothing new under the sun." Says she has a new hat.

Marriage isn't a failure, but some married persons are.

We hear much of the "rest cure." Why does not some genius get up a work cure? It's more needed.

When *Life's* Tiger told the Monkey that his two-pair beat Mr. Monk's straight-flush M. agreed quickly.

"Honesty wins," so we are told, but no one dissects what it wins.

"The meaning and use of blood corpuscles we understand, or think we do."—*Halliburton*.

Avoid law-suits, stick to wool.

Funny language! Workingman, workmen, working for a man and working a man all differ.

Goethe's "roaring loom of Time" is sure roaring now-a-days.

Among new things is "A Leg-Stretching Machine." It hails from Chicago.

J. A. M. A. quotes this: "Why Go Elsewhere and Be Humbugged: Come In Here." Not personal this quotation.

"To get rid of fat," said the Doctor, "sell it to the soap man." He lost a patient, by being funny.

"Dying is the last thing that will happen to *you*," confidently remarked Dr. Wise Guy.

"Does your mother know you're out?" said the nurse to the twilight baby.

As many men suffer from "chronic insufficiency" of cash as from heat.

Many a man keeps his promise because no one will accept them.

Prescription for the drowning. *Rx. Swim.*

A good allopathic prescription for somnambulism is insomnia. Quite regular, too. Opposites!

The orthodox say many men suffer from heat after the doctor has "given the case up," and also the undertaker.

THE HOMŒOPATHIC RECORDER

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THE LATEST OBITUARY OF HOMŒOPATHY.

This one was delivered by Dr. P. A. Zaring, of Brownstown, Ind. It takes fifteen pages of the December number of our excellent exchange, the *Pacific Medical Journal*. Dr. Zaring heads his obituary "Medical Heresies," which covers Homœopathy and everything else that is not sanctioned by the "Regular Physician"—to quote himself and his capitalization. The first thing in the paper is this: "There seems to be an innate instinct in the human mind that there is a specific somewhere for every disease." To this he replies: "This fallacy is corrected in the minds of the Regular Physician only." That the Regular Physicians have no specifics for anything is well known. But that there is no "Balm in Gilead" is open to question, for, otherwise, life would be a rather hopeless affair. Fortunately for it the world is, in multitudes, getting out of the fogs of the Regular Physician into something nearer the external sun-light.

There is much in Dr. Zaring's paper that is open to comment. Just a specimen. He writes: "Since the success of quackery depends chiefly, if not solely, on hysteria" and so on. Was there ever a greater display of hysteria than was shown by the Regular Physicians over infantile paralysis last summer? The hysterical of the laity were infected, but any one who read many journals easily saw that the sane objected to the Regular Physician's hysteria even though forced to submit to the nonsense by burly policemen. But we must do Dr. Zaring credit by quoting the following: "Many persons who are not themselves hysterical are more or less under the influence of those who are, and so the domination of this sad weakness is all-pervading; and it is driving everything into specialties." That is true, but

who is doing it but the Regular Physician? Homœopaths, whose obituary Dr. Zaring is writing, say the patient should be viewed as a totality, but the Regular Physician is pruning medical things down to specialties as can be seen, better than we can show it, in Dr. Harvey King's biting little brochure, *Medical Union No. 6*. But let us get on. Later, Dr. Zaring writes:

"All that is known about health and disease is known by the Regular Physicians. Theirs is not a 'school.' It is the whole thing. I have tried to do the dissenters justice; but I have failed to find one important discovery to their credit."

This last statement, however, is contradicted by the essayist when, further on, he writes, "Homœopathy was at one time the necessary contradiction of Allopathy. But since Allopathy is no more, Homœopathy might be said to have accomplished its mission." To say that allopathy "is no more" is an error. Allopathy changes its garb every year, but it is today in essence just the same as it was when it bled every patient and gave calomel. It is the rule of "anti," while Homœopathy is that of "similar." Allopathy today consists of antipyretics, antitoxins, and anti everything else; indeed, a late dictionary contains about 300 medical terms beginning with the prefix "anti." It is today the same old principle, only more so. It "fights" disease, not knowing that disease is but a condition of the patient. On the other hand, Homœopathy treats the patient—and generally *cures* him—yes, brother allopath, *cures*, even though to you the word is taboo.

Our essayist, writing of Hahnemann, admits that "his theory of small doses possessed some merit." It curbed "the Regulars." But the idea that the small dose is a theory is an error, the theory (or, truer, fact) is the principle on which a medicine is administered, with which the size of the dose has nothing to do. In this respect, also, the ancient figures showing how much water it would take to potentize a grain to the 30th are brought in. These are mathematically true, but it is also equally true that if the calculation of the *power* it would require so this were, it would be enough, bulked in the same way, to shatter the earth to atoms. Incidentally, actual science has demonstrated the presence of certain drugs in the 30th and higher, while clinical experience has demonstrated its power beyond any doubt, except

to those who will not see. But Dr. Zaring is one of them apparently though, probably his affliction is due more to lack of information than to willfulness. On this point he writes: "It is difficult then to credit any Homœopathist with sincerity who believes thus, or even implies such belief by posing as a Homœopathist. And it stultifies common sense that a considerable number of people credit such an absurdity, and give it their preference in practice. Sixteen years ago they were patronized enough to keep twenty-two colleges grinding out that type of physicians. * * * At the present time they are maintaining ten colleges, less than half their number sixteen years ago."

But, dear sir, the allopathic, or, if you prefer it, the Regular colleges have also gone down and out at an almost equal ratio, thanks to the work of the would-be medical czars of the American Medical Association. The number of medical graduates, allopathic, eclectic and homœopathic, have decreased over 50 per cent., but the osteopaths, chiropractics, and all of that class have more than replaced them in numbers and are increasing every year. This is the work of the A. M. A. and, to the RECORDER, at least, it is not one to be proud of, for it has landed the ultra modern Regulars among the drugless healers, while the people are going over to the irregular drugless healers because they are very much cheaper in the matter of fees and probably as effective. However, our, dare we say, friend, Dr. Zaring, apparently sees all this and we will close by letting him have the last word, picturing the Regular Physician without comment:

"In a town of half a dozen physicians everything is quiet; health is good; the physicians meet one another on the streets and exchange such remarks as, 'Nothing doing,' 'Nobody sick,' 'It is distressingly healthy.' The itinerant comes to town, 'one day only,' and dozens and scores of patients besiege his door all day long. And when they get into his private room they have just time to get a hearty handshake, a divine smile, a placebo, and a word of encouragement, and to give him more money than they have paid their family physician in half a dozen years, and rush out to give room for the next. From that same community a large volume of business which the physicians did not know of, will go to the spectacular specialist in the next town. And he performs a dozen appendectomies where one is indicated;

and perhaps a hundred tonsillectomies as often as he should do one; and he expunges adenoids by the gallons, and if you should offer a hundred dollars apiece for genuine adenoids, he could not supply a penny's worth. Instead of regulating the digestion, instructing the patient in hygiene, dietetics, prophylaxis and sending him back to his usual occupation, he operates for—for—that is—he operates, and sends the victim to the grave. Last year this great attraction was a country doctor running behind expenses. This year he is a 'specialist' in a little city or town, and getting rich."

HERITAGE VS. HOMŒOPATHY.

By Dr. S. M. Guild-Leggett, Syracuse, N. Y.

Known J. C. S. as a patient since 1910, was married Nov., 1910, was 22 years of age, tall, dark eyes and hair, rather ungainly build, pretty, English descent.

History, family,—physical.—Father, drunkard, two sisters epileptic, the younger of the two having since died, with increasing imbecility until death. The elder, fearful temper, ugly fits, conscienceless, resembling what is now defined as Moron.

Patient.—Leucorrhœa as long as she could remember; profuse, offensive, chafing in hot weather; perspiration profuse, axilla, genital region, and on feet; menses scant, stains difficult to wash out; constipation; hard, dark, painful stools.

Carbo animalis relieved all symptoms, but constipation, which was marked, and she added one of *physometra*. She received one dose of *Sepia* 1,000, which continued good work until Jan., 1911, when she received a dose of *Psorinum* 42m. F.

Very occasional prescriptions until she came to me on May 19, '15, stating that she was pregnant since Dec., 1914, and wanted my care for herself and prospective child, and advice as to whom she should go for delivery. She had no nausea, but the profuse leucorrhœa had returned, bland and not offensive. She suffered much from shifting pains in the legs; pains in the hip-joints, worse in the act of sitting; most comfortable in lying upon the right; much chafing of the inner thighs, which extended to the groin, between labia and thighs; the flesh was red, swollen, moist, worse by the clothing or covering, better when

free; once the entire genital organs had been inflamed. She received one dose of *Pulsatilla* cm.

On June 9. She again reported. No pains in legs since last visit until this morning, after a long walk; patches of fine varicose veins, with occasional ecchymoses; chafing, which she believes due to perspiration and has twice been "terrible;" no leucorrhœa since two days after the first powder.

July 16. Some backache when fatigued or on waking, but better when moving about, induced me to give another dose of *Pulsatilla* cm.

July 28. The increased leucorrhœa, which streamed from her when rising in the morning, first milky white, but staining napkins fairly brown; chafing; sexual organs swollen and puffy in the morning; as if would break on first motion, but all right when has risen and moved about; end of spine sore when sitting; led to a re-study and was found to be covered by *Graphites*.

Graphites 35m. F. cleared up the condition entirely and on Sept. 13, 1915, she was delivered of a 9¼ pound boy. She had a perfectly uneventful labor and not a single dose of medicine. The medical attendant circumcised the boy before its leaving the hospital, being somewhat of a crank on the subject, but he never gave a dose of medicine to mother or child. The only thing of moment that has happened to the mother or child was the former had diminished quantity of milk, so added modified cow's milk; and the boy had patches of tinea capitis on each cheek and scalp, which did not yield entirely until he had received a dose of *Graphites*, which was the mother's curative before he was born.

All this time, he is now several months old, he has slept the nights through, without feeding, from 8 P. M. The mother, of late, objected to waking so early, so I said to her I could only recommend that she give him a feeding later in the evening. She said repeatedly, "I did not know there was such a thing as so good a baby."

The indications for the prescription of *Graphites* for mother were:

"Excoriation between the thighs."

"Swollen genitals."

“Gushing leucorrhœa.”

For the boy were the “sticky,” “viscid” exudations, when the scabs were disturbed.

A case of atavism? Where from? There was surely enough evil to be counteracted, antidoted or eliminated, and we know how much the properly fitted remedy can accomplish in these cases.

WARTS. ENLARGED PROSTATES.

By **F. H. Lutze**, 403 Jefferson Ave., Brooklyn, N. Y.

WARTS.

Case 1. Mr. C. S., a farmer, whom I was visiting, showed me his hands, the back of each covered with large, rough, so-called seed warts, asking me if I could anything for them. He had been my patient for a number of years, with firm faith in Homœopathy, for I had cured him of what old school doctors had called consumption with only six months of life before him. He was now 45 years of age.

He could give me no symptoms, but the warts were such striking pictures of the *Causticum* wart that I told him: Yes, I could cure them, and gave him three powders of *Causticum* 50m, all I had with me, telling him to take one now, the 2d one a week hence, and the third one two weeks later after the second one; in the meantime to observe and try to get symptoms and write me in five or six weeks.

I heard nothing of him until I visited him a year later, when one day he suddenly showed me his hands, saying: “Look at them now.” Not a vestige of the warts could be seen.

I asked him how long it was ere they began to disappear? He could not tell me; for while taking the powders he saw no change in them. After that, being very busy, he forgot about them until the moment before he showed them to me, and looked, finding not a trace of them, and he had taken no other medicine in the meantime.

Case 2. Mr. Fred. G., his hired man, hearing of this, asked me to cure his warts; they looked very much like those on the hands of Mr. C. S., except that some of them, covering the back of his fingers, were small and smooth, but I attributed this to

the fact that these had perhaps not yet fully matured. He said he had never been sick, never had a doctor. I gave him a few powders of *Causticum* 50m. It produced no change, and lower potencies of *Causticum* brought no results. Then he said: He had scraped the large ones on the dorsal surface of the hands with a knife and a file, trying to remove them in this way, which had caused their roughened appearance. Next I gave him *Thuja* 30 and 200, but without result.

Then he told me he had taken at times quinine for a cold, but not much, 5 or 10 grains at a dose, feels worse in the morning and in damp weather, better out of doors, has also some smooth warts on the body. Now I gave him *Natrum sulph.* 200 then 30th, which removed the warts in two weeks.

Case 3. Miss A. T., æt. 20 years. The back of both hands are covered with warts, large and small, but smooth. She has tried to remove them in several ways, using also muriatic acid, but they grew rather worse than better, but can give no symptoms.

June 17, 1916. *Thuja* 200. June 22. Headache relieved closing the eyes; eyes felt dry all day; craves salt, drinks much and often she is very irritable and cross, and always in a hurry, likes to walk fast, lips chapped and peel in winter. *Natrum mur.* 45m.

June 28. Eyes very dry all day and have a yellow, thick discharge in the morning on waking. Cross and irritable and headache toward evening from being tired and hungry; the headache is relieved by closing the eyes, is a dull ache. She feels better when walking fast, and in motion. Lips chapped and peel in winter. *Sulphur* 55m., one powder.

July 2d. Less thirst, craves acids, vinegar. Always in a hurry and on the run. *Sepia* 1m.

July 30. Anxiety and worry. Headache in back of eyes relieved by eating and sleep. Great thirst again, drinks much and often; always in a hurry. Better in the open air and in motion and in the rain. Worse in the wind. The warts itch very much. *Natrum mur.* cm., two powders, and *Sac. lac.*

July 30. The warts are less, the small ones come off, while drying the hands with the towel.

August 10. Warts are all gone, the hands and lips perfectly smooth.

Case 4. Miss G. S., æt. 22 years. May 5, 1912. Has severe cramps in the stomach while eating and feels as if she had eaten too much, soon after beginning to eat, then becomes so cross and irritable, especially with her own family; that she has to leave the table and go out in the street, walking. This and the cool, open air relieve her. Had several old school doctors for the past year and more, without getting any relief whatever. *Nux vom.* 200.

May 10th. She is rather worse than better, especially at dinner, at noon, feels much better when walking out in the open air. *Puls.* 200, in aqua, two teaspoonfuls every two hours.

May 16. Still no improvement. Is more cross than ever, more so with her own family, though she don't want to be, and in order to avoid this, she leaves the table at once, when she feels the pain and irritability coming on and walks about in the cool, open air, which relieves all. The tongue is dry, with a thick white coating and red streaks here and there, especially in the centre. *Antimonium tart.* 200, in aqua, two teaspoonfuls every 2 to 3 hours.

May 22d. Improvement began at once, while taking the first powder, and is now almost free from pain and the bad temper. *Anti. tart.* 45m, a powder every 3d day, two powders and *Sac. lac.* completed the cure.

ENLARGED PROSTATE.

Mr. L. F., æt. 74 years, had been attended for enlarged prostate for two months by a homœopathic surgeon, who instructed him in the use of the catheter and prescribed, first, *Belladonna*, and the *Pulsatilla*, and told him to use the catheter twice daily, without improving his condition, and then sent him to me after two months of this treatment. As he could give no symptoms, I continued to give him *Pulsatilla* in various potencies.

He improved in his general condition, but the catheter had still to be used twice daily.

April 5th, 1912. I gave him four powders of *Sulphur* 30, to take one every other day at bedtime.

April 11th he returned, giving me these symptoms: He felt a great urging to stool, but on reaching the toilet, nothing but gas passed, relieving the urging. *Aloe* 30, a powder at once and then every morning, and *Sac. lac.*

He urinated freely in the natural way the following day and has continued so ever since, except when he takes any acids, as sour fruit, vinegar and especially tomatoes this seems to enlarge the prostate enough to make micturition somewhat difficult and painful, but a few doses of *Aloe* or *Baryta carb.* will quickly overcome the trouble and micturition will again be normal.

PALM BEACH.

By Dr. J. C. Fahnestock.

You will pardon me, but I cannot refrain from telling you about this most beautiful spot, Palm Beach, in winter time in summerland. After my day's work I am sitting in our home by the sea with doors and windows open and you in the North shoveling coal or snow and possibly both.

Our home is just 1,200 feet from the Royal Poinciana Hotel, one of the largest hotels in the world, and royal, indeed, in respect both of its entirely unique surroundings and its magnificent appointments. Fronting the beautiful lake north and commanding also the ocean view, it has the peculiar advantage of a lordly grove of cocoanut palms and the finest environments of tropical gardening. The winter climate is the greatest in the world, it is very greatly influenced and tempered both in winter and summer by the gulf stream, which passes close to the shore at this point.

The normal winter temperature is about 72 to 76 degrees.

Tropical plants and trees from all points of the world are gathered here. Walks shaded by groves of cocoanut palms are laid out in geometrical patterns, bordered with concrete curbs, and with lawns protected by curved sea walks of concrete and coquina on the lake front.

Oleanders, hibiscus and passion flowers are in bloom; mangoes, guavas, limes, lemons, oranges, figs, sapodillas, date palms, bananas, pineapples, and early vegetables are common in all the gardens.

Rubber trees, royal poinciana, paradise, coffee and many curious trees in the gardens.

The hotels, stately mansions, and cottages accommodate thou-

sands of people and naturally I am getting business and among those that truly know and appreciate homœopathy.

As I go about I see flowers in bloom everywhere, even the cocoanut trees bloom every month and on these blooms I see bees busy at work.

What a wonderful medicine the bee furnishes us with.

It must be unusually useful, as the bee is found all over the world. A queen bee is the most jealous thing in nature; if she does not leave the hive with a colony of bees when new queens are hatched she immediately kills them (jealousy), if there is the least bit of disturbance about the hive there are signs of fright, and if it continues, rage, and if the hive be destroyed you will see them quietly settling down in a mass with a slowed buzzing, grief.

It is not strange to find *Apis*, the curative medicine, when symptoms agree, in cases resulting from jealousy, fright, rage or vexation or grief.

You well know of its use in mental shock, bad news and suppressed eruptions.

A number of years ago I was called in consultation to see a lady who had been treated by allopathic physicians and only growing worse, and had just come into the care of a good homœopathic physician. And we noted the following state of affairs:

She had been unable to lie down for weeks, general dropsy, legs fearfully swollen, arms swollen, face swollen, itching and burning of limbs, urine very scanty, almost nil, wanted the doors and windows open, no thirst, very short of breath, pulse so feeble could scarcely count it, fear of death, and a peculiar symptom, she complained of a feeling as if her heart would turn over at intervals.

Only one remedy could be selected for such a condition and that was *Apis*.

The only preparation the doctor had was *Apis* 200, which was given.

My advice was, "Don't change the remedy and give it plenty of time, as in many cases *Apis* is rather slow in its action."

Within twenty-four hours improvement began and no other medicine was given.

This woman is well today, to my great surprise, as she was so bloated we could not get the exact condition of heart nor had we any knowledge of any kidney or liver lesions at our command at that time, nevertheless this was an *Apis* sickness and *Apis* promptly cured.

In the study of *Apis* I find it affects the coverings and I fix the sick making properties in my mind by observing its action on the coverings of the different organs of the body.

Inflammations of the coverings of the brain with effusions.

Inflammation of the covering of the heart with effusion. The covering of the bowels with effusions. The covering of the testicles or genitals in both sexes with effusions (or œdema).

And last the covering of the entire body, the skin, with inflammation and effusions or œdema.

A marked degree of inflammation, stinging, burning, œdema, fever, *without thirst*, worse in the afternoon, worse on right side, better from cold or cool applications are the red lines that run all through the workings of *Apis*.

I remember an unusually severe case of erysipelas in gentleman that was so beautifully and promptly cured with *Apis*. A gentleman past middle life was taken sick with a severe shooting pain in his head and in a few hours there was a redness over the nose, skin became rough and swollen, very high fever, no thirst, did not rest at all during the night, had used various local applications, but none relieved like cool cloths. I was called the following morning and found this man in a state of delirium, eyes swollen shut, the swelling and redness had extended over his entire bald head, ears swollen and standing straight out from his head, ears so nearly swollen shut he could scarcely hear, urine suppressed and that striking condition, high fever without thirst. *Apis* promptly cured the case.

After I make a good review of *Apis*, its generals, its particulars, etc., then I take up *Nat. mur.* for a good finisher, as *Nat. mur* is the chronic of *Apis*.

Sea Breeze Ave., Palm Beach, Fla.

MY SOUTHERN TRIP.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

The middle of November found me and my better half in East Chattanooga, Tenn. This is historical ground. Some of the important battles of the Civil War took place in and around this city. I have seen the sun rise on the Atlantic ocean off the coast of Maine, I have seen the sun set on the golden sands of the Pacific in California, "where the sunset turns the ocean blue to gold," but the grandest sight I ever saw was the sunset on Lookout Mountain, Tenn., 7,000 feet above the level of Chattanooga. I stood on the spot where the "battle above the clouds" was fought. I looked down into the seven States and on four battlefields of the Civil War.

During my stay in Chattanooga I met a dozen physicians of all schools and was treated with great kindness and courtesy by them. Dr. Curtis is the only Homœopath in that city; he has been located there for 47 years. His regular brethren speak of him as "a fine man and a skillful physician." I examined and prescribed for very many patients, difficult, obscure and chronic diseases. Upon my return home I stopped over at Berea, Kentucky, nestled down in the foot hills of the Cumberland Mountains. It is the seat of Berea College. I had the pleasure of meeting Prof. Wm. G. Frost, the president of the college; he is a *man* among men, and is doing a *grand* work in educating the young men and women of the Cumberland Mountains. To make them *good* men and women, as well as useful citizens. I was the guest of Prof. James W. Raine, Professor of English Literature in the college. They have some fine college buildings and 1,400 students. During my stay in Berea the physicians of that town tendered me a reception. It gave an opportunity to present to them some *solid* facts, that gave them something to *think* about. My remarks were very *well received*. In this town I examined and prescribed for several sick persons. While on my trip south I prescribed for some 60 or more patients and left them on the road to recovery. My way of reading the eye, pulse, and tongue was a *revelation* to the doctors. They could not *understand* it. In meeting such a great *variety* of diseases

it was a pretty *severe* test of my ability to heal the sick. I had to see some patients in Baltimore, Md. Then we took an automobile ride to Frederick, Md., sixty miles away, over a splendid road-bed. Frederick, Md., is a town of great historical interest. Here is the grave and monument of Francis Scott Keys, the author of "The Star Spangled Banner." It also has "Washington's Headquarters." Here is the home of Barbara Fritchie, made famous in history by the Poet Whittier:

"Up from the meadows rich with corn,
Clear in the cool September morn;
The clustered spires of Frederick stand,
Green walled by the hills of Maryland."

The beautiful mountains and valleys, the rich farming land, the nice farming houses and big barns, make the country round about Frederick seem like a veritable "Garden of Eden." My visit to the south land will be one of the pleasant memories of my life.

Dr. C. G. Austin, of Nantucket, Mass., had an attack of lumbago; he tried the usual homœopathic remedies indicated in this disease, but they did not help him, so he tried *my* remedy and it *cured* him.

For the benefit of the *new* readers of the RECORDER I will mention it once more:

℞. Tr. Bryonia.
Tr. Cimicifuga.
Tr. Gelsemiumaa ʒss.
Mix. Sig. Ten drops in a tablespoonful of hot water, once in half an hour, until relieved.

Dr. John Fox, Sydney, Australia, writes of his *splendid success* in healing the sick from the teaching in my books. He is *delighted* with the RECORDER.

It is hard for most doctors to spare the time away from their practice to take a post-graduate course of instruction. When it is possible to get away from my business I will visit physicians at their homes, and drill them in the *true* indications of remedies, teach them the *definite* treatment of the diseases *common* to our country, and show them how to treat their *difficul* cases.

Every case that I help them cure adds just so *much* to their reputation as a physician. I am prepared to give considerable time to *this* work this winter and I hope that our doctors will *appreciate* the *value* of it. Babies are often troubled with constipation and it is a good thing to know *how* to treat *such* a condition:

R. Podophyllin, 2x grs.	xxx
Brown Sugar	̄ii.
Aqua fl.	̄iv.
Mix. Sig. Teaspoonful, four times a day.	

I had a lady patient with the following symptoms: She "wakes up in the morning feeling pretty well; as soon as she begins to move round she starts flowing, the blood is *black*, like *tar*. Between the monthly periods she has a *yellowish*, fetid leucorrhœa." This is a case of chronic metritis, and *Aurum mur., nat.* 3x (double chlorid gold and sodium) is *the* remedy, three tablets one hour after each meal. One of our valuable remedies that should not be forgotten is *Tr. Tela Araneae* (cobweb). It is especially indicated in masked periodical diseases, hectic, broken down patients. The symptoms come on *suddenly* with cool, *clammy* skin. There is *numbness* of the hands and legs when the body is at rest. A long *continued chilliness* is the *keynote* for this remedy, *Tr. Tela Araneae*, 10 drops in a little water, once an hour in urgent cases, or a dose three times a day.

In reading a patient's pulse I found an *intermission* about every third or fourth beat, showing functional *weakness*. From this I suspected an enlargement of some *internal* organ. Upon an examination of the liver I found it very much *enlarged*, *Tr. Chelidonium* was the remedy indicated in that case, 10 drops, three times a day. In ten days I read the pulse again and found the intermissions of the pulse further apart. This showed me that the remedy was having its curative effect and the *enlargement* of the liver becoming smaller. If our doctors would only stop *counting* the pulse and try to learn what it *will tell you*, they could learn a whole *lot* about the patient's condition from the *pulse*. In reading the pulse of an old lady of 80 years, the pulse of the left arm seemed quite strong and regular for a woman of her age. The average physician would have jumped

to the conclusion that the pulse was the normal pulse of an old lady, but when I put my fingers on the pulse of the *right* wrist, the pulse was *entirely* different. The blood did not flow *freely* through the artery, it was *irregular*, now and then an *intermission*, now and then a *well marked* interval between the pulsations. It gave me the *impression* of a person who might have had one attack of apoplexy and would soon have another. I found, by investigation, that the lady had an attack of apoplexy *nine years* ago, yet it showed *that* condition in her pulse. In reading the pulse of another lady, at first the pulse seemed quite regular, then it began to feel *irritable* and *quiver* some. I said to her, "You have palpitation of the heart, sometimes faint spells." She said, "Yes." Now for this condition *Tr. Cratægus* is *the* remedy to *calm* the nerves of the heart and *steady* its action. Ten drops, once in three hours. In a few days I read her pulse again; the pulsations were normal, full, strong and regular. I believe that *Cratægus* is an *organ* remedy for the heart, and it is a *safe* remedy to give in many diseases of the heart.

In conversation with Dr. Frank Love, of this city, he remarked to me, "I have found very many good things in the RECORDER and in your books." He is a man of pleasing personality, a prominent regular physician and has the largest general practice of any doctor in Buffalo. I had a report from an old student of mine, Dr. Albert L. Kiraly, Latrobe, Penna. He tells me of his success with a case of cancer in the mouth. The doctor is a "live wire," a member of the "Academy of Medicine" and consulting physician to the City Hospital.

Dr. G. S. Farquhar, Thornville, Ohio, writes me of his *success* with a case of cystic sarcoma on the side of a man's face. A doctor who can cure a case of *that* kind *ought* to have a bright crown in the "sweet by and by." I have often asked my friends the real difference between a pipe and a segar? The segar is like a young lady, it interests, amuses, exhilarates us, but the pipe, dear reader, is like an old maid. It comforts us, consoles us, clings to us, and we can't shake it!

"By the blazing fire sits the grey-haired sire,
And infant's arms are round him,
He smiles on all in that quaint old hall,
While the smoke wreaths curl around him."

EXPERIENCE VS. THEORY.

Under the heading, "Why Diversity of Opinion," Dr. Geo. L. Servoss, of Reno, Nev., editor of the *Western Medical World*, contributes a paper to the *Medical Summary*. After mentioning a number of drugs, like *Cactus* and *Echinacea*, said by the laboratory to be inert, he adds:

"I do not want you to get the idea that I consider the laboratory an absolutely useless adjunct, as such does not enter my mind for a single instant. The laboratory is a necessary thing, both in primary and other work in connection with things therapeutic, but that it is a final and supreme court of last resort, I refuse to admit. We, who have turned over Wassermann and other tests to laboratories, know the numerous times in which seeming discrepancies are in evidence. We have seen one laboratory give one result, another a contrary one, and both supposed to be in the hands of expert workers. If this is true of those institutions handling pathological work, why then are the laboratories giving their attention to therapeutic agents invariably infallible? The chemical end of the question may settle things to a finality in some instances, but I do not believe that such is the truth invariably. Until we recognize this fact and combine and study both laboratory and clinical findings, giving each its true due, this diversity of opinion is bound to exist and with the continued blundering along in the dark of the physician. Until we are fair and square in our dealings with drugs and other remedial agents, we are bound to remain chaotic and to fail in our endeavors. We must cease listening to one man, or coterie of men, and give heed to the masses of the profession and the findings of the whole, rather than of the few. Then we must study those things which are necessary in the treatment of the sick humans and come to our conclusions upon the basis, in part, of our own clinical observations. No matter if a drug is taboo, if it gives you results, and you know that such is the case, it is your business to continue its use, regardless of what others may say about it. Such action on your part will be just as scientific as will be the action of those who might find fault with you. Perhaps more so. It is the lack of the "get together" of the medical profession and the listening, to too great an extent to so-called authorities, that is to be very largely blamed for our present diversity of opinion."

LOOK FIRST AND REASON.

More is lost by not looking than by not knowing. Something like this opens Bartlett's *Diagnosis*. We have heard of a case of "tuberculosis" that was "cured" by some one finding a bristle of a tooth-brush lodged in the throat. Have heard of an awful rectal case cleared up by removal of a piece of lodged tooth-pick. Have heard of a "running sore" healed by the removal of a splinter of wood. Have known of "conjunctivitis" cured by the removal of a foreign body by the man who "looked." Remember, you good homeopaths, what Hahnemann said in the *Organon* about searching for removable causes and then remember, or read, what Bartlett says about the cases coming to grief, from the practitioner's point of view, *i. e.*, his failure to "look."

No one who knows the RECORDER will accuse it of being lukewarm in the cause of Homœopathy, but, just the same, there is a possibility of being too strongly a pure repertory, or symptom, man. That "running sore"—or give it any other technical name—may refuse to heal under *Silicea* or *Hepar*, or any other well indicated remedy simply because the symptomatologist has not "looked" and found the splinter of wood, or iron, that is the cause. They have *not* followed the teaching of the *Organon* while believing that they have been following it to the letter.

Strictly speaking, "removable causes" are not diseases, but—what shall we say—accidents? Always look for them. If the patient had a real disease Homœopathy is his only hope of cure, and his symptoms are the only guide to his remedy. But even here, where there may be no removable cause, there are conditions that our lawyer friends are prone to take up in a losing case, *i. e.*, "exceptions." Sometimes there is nothing found to be removed, and symptomatology is helpless to cure. That is a case in which one should seek for the original cause. We heard of an illustrative case the other day. The patient had been the rounds—hospitals and practitioners, and not a few of them. Finally he came up against a man who, after hearing the details, asked him how his trouble started. The man grumbled around a bit but finally it came out that several years before he had been knocked, head over heels, senseless. Had never been well since, etc., etc.

He was given *Arnica* 3x. Next day he came back ready to assault the prescriber, but the latter was cool and said: "Good sign! Aggravation! You are on the road to a cure." Then he gave him *Arnica* 1000. That cured the man, and every Christmas he insists on sending that prescriber a very neat present which shows that he was an unusual patient in two senses.

From all this which, incidentally, is neither new nor original, it may be seen that the man who sticks to pure symptomatology, while he may, and does, make brilliant cures, still is not strictly following the teachings of the grand old *Organon*, which it but an exposition of common sense.

THE "SIBBOLETH" OF REFORM.

The following is quoted from the *Buffalo Medical Journal*. It is worth reading:

PROPOSED ABOLITION OF HEROIN.—The Committee on Drug Addiction of the National Committee on Prisons, has developed the concensus of opinion that heroin is more used by juvenile criminals than other preparations of morphine and, since heroin is not absolutely indispensable, but can be replaced with ordinary morphine salts or even Galenicals of opium, Federal legislation is proposed to prohibit its importation, manufacture and sale. Perfectly simple and logical. If people eat too much meat, and beef is found—as is highly probable—to be the most used of any, prohibit the raising of cattle. To check automobile accidents, count the cars, and close the factory that turns out the plurality—though it is claimed that it is now a majority. Instead of prohibition or restraint of alcoholic indulgence as such, pass a law that the most popular beverage shall be no longer made, etc., etc., etc.

We hold no brief for "heroin," which, we understand, is a German trade-marked proprietary drug, which, no doubt, the world is better without, but the principle in the foregoing quotation is one worthy of approval by all rational men. Because some human derelicts show their character *via* "heroin" the modern "sibboleth" reformers shout, "Prohibit it!" Because others show up by the cocaine rout the cry goes up, "Prohibit it," and so on down an endless line, even to gasoline. "Prohibit" is the cry. The child burns its fingers in the fire, is angry at the fire, and, later in life, joins the increasing multitude that calls for the prohibition of that which hurts them, or others, forgetting (or, more likely,

not knowing), that fire is a useful servant, and that because the fire burned the ignorant child's hand is no reason for the prohibition of fire. Shall a useful thing be prohibited because there are ignorant, weakling or defective, human beings in the world?

These comparisons, like those of the *Buffalo Medical Journal*, may seem to be unjust to some persons but cold reason demonstrates that the cause of human depravity is not a natural or a manufactured substance. If it is, and the reformers are right, then Christianity is a mere superstition and the Word of God of non-effect.

The same idea that rules the "sibboleth" (see *Judges* xii, verse 6) dominates medicine to-day; everything from a toothache to "the plague" comes to man from without, "the germ" comes to him and it is the cause of all of his physical woes, while his manner of life, or his heredity, has nothing to do with his ill-faring—the cause is always a "germ." The cry of Adam goes down the ages, as much now in these scientific times as ever: "The woman whom thou gavest to be with me, she gave me of the tree and I did eat." (*Genesis* iii, verse 12).

Always, through all the ages, Adam, *i. e.*, "man," or "mankind," or still more ancient, "red earth," seeks to shoulder off his own faults on to something else, to some "germ" of which he is the innocent victim. He may, to be sure, have the innocence of ignorance, but as the civil law, based on the eternal law, does not excuse ignorance of the law, neither does the eternal law—for if one takes hold of hot iron he will surely suffer, be he scientist or innocent babe.

If the men of this age would devote less time to "making laws," and would pay more attention to learning the immutable laws that always have ruled, and always will rule, they would be nearer to wisdom than though they had discovered a brand new bacillus.

Sad, but very true!

OVERDOING IT.

It is all right to protect the public but, judging from the following clipping from the *Sun*, sent in by a New York physician, the people prefer physicians who will attend to their ills when called and let them alone, professionally, at other times. Here is the clipping—condensed:

"I have been very much interested in the letters regarding Christian Science published in your correspondence columns. I am not a Christian Scientist, but am fast becoming converted to it, for I am so very weary of the constant nagging of the medical profession, through sermons, lectures, editorials, news columns, placards, banners, pictures, welfare associations, movies and laws. All the time and everywhere trying to convince us that we are not so well as we think we are, and that there is something awful the matter with us. Why, I am beginning to feel like Jerome K. Jerome's 'Three Men in a Boat,' who, after they had finished reading an almanac, imagined they had every disease under the sun but housemaid's knee.

"As to hysteria, let any man talk to me of hysterical women hereafter! I will 'point with pride' to our Board of Health and say, 'Can we women ever hope to compete with them? Never!' If there had only been a Christian Scientist or two among them New York would never have suffered such a severe attack of nervous prostration as it has just passed through. We need Christian Scientists among us—and many of them, to give us ballast."

GRINDELIA ROBUSTA IN MEASLES.

Editor of the HOMŒOPATHIC RECORDER.

In answer to the editor's request for some simple, everyday cases, the following is sent in the hope that some men of greater skill and experience may be led to favor us with many practical items:

My son, Lorenzo, 17 years of age, was attacked with measles; this being his third attack. This was on Dec. 26, 1916. The rash came out plentifully. But the boy was sleepless, thirsty, constipated, the tongue red, the left tonsil swollen; wanted hot drinks (water, lemonade, etc.); lays quiet. At 9 A. M. nose-bleed, which in Ide's times of aggravations indicates *Bryonia*. There was cough, too. He received *Bryonia* 30, upon which he began to sweat copiously, especially on the face; he coughs nearly all the time, the expectoration being tenacious, sticky, and very annoying; the nose keeps bleeding; the stomach and abdomen full of wind; some appetite, but very soon satisfied; still sleepless and constipated. Received *Lycopodium* 30.

Afterwards less wind, less cough, but still the same tenacious expectoration; slept some, but awoke with hoarseness, bordering to aphonia, with pain in the tonsils. The boy was no worse, but he was not getting well, and I very much desired to ward off the disagreeable, oft dangerous sequels of measles left to nature's healing efforts.

Now by kind Providence I was led to study up *Grindelia robusta*, which I had never used. In looking up Boericke's *Materia Medica* I noticed the "profuse, tenacious expectoration" in connection with asthma, and a rash like roseola, with severe burning and itching." I looked up all my other books of materia medica (homœopathic), but Boericke's was the only one which contained anything on *Grindelia rob.* I did not have the drug; found at Dr. White's a vial which had contained some, but had dried up. Nevertheless, I decided to try it. Dr. White put some alcohol on the remnants, shook it, gave me a few drops, which I diluted up to the 30th, and I administered a dose to my son, at night.

The next morning the change was remarkable; there was very little cough, with very little expectoration; he received another dose, that day, and another the next, and the cough, which was so annoying and so steady, was gone in less than three days, which, I have noticed, is the time in which a true cure is generally made; this is speaking of acute diseases.

In looking up a German book of homœopathic practice (Dr. Bruckner's), Dr. Adolph Lippe is quoted as recommending *Kali bi.* for the very troublesome feature of measles.

Now what is needed to teach Homœopathy is not so much how to use the repertory, which is all right in the hands of an advanced homœopath, but rather what are the remedies to meet such feature of measles, for instance, or some other feature, for instance, threatening rheumatism following an acute exanthem, indicated by painful itching of the wrist and of the toes, which together with the fever was removed by a few doses of *Agaricus*. An experienced practitioner could write, on pathology, a book like Nash's *Leaders*, indicating the different complications or unusual features met with in all diseases, and what remedies can be employed to meet these features. This is as much desirable as

the repertory, aye, more so, if you would gain intelligent converts to Homœopathy.

A. AD. RAMSEYER.

Salt Lake City, Utah.

A CALL FOR HELP.

Editor of the HOMŒOPATHIC RECORDER.

Six weeks ago to-day I burned off my face, with an electric needle, a little suspicious looking growth which bleed easily, and the next day developed a case of eczema on the affected spot, and I have it ever since. Normally, I am a pale-faced man (48 years old), but this has made my face as red as the red part of a postage stamp. It has extended gradually over my entire face and neck and is now below my collar-bone.

The affected surface burns and itches and smarts very much. I feel better in the open air, also when hot fomentations are applied, or from the application of dry heat, as by holding the parts over a gas fire (hot air draft). My eyes have swollen shut at different times. At times the disease seems almost conquered but again becomes even worse. During the first two weeks, or part of that time, after the affection reached by lips, they became almost blood red and seemed very salty (*Sulphur*).

At times, especially after hot applications (moist), my forehead looks as though I had the measles. Lately I began to take a hot bath before going to bed and have been resting better since—I lie in hot water an hour or more.

At times my face feels like a board, and a dose or two of *Gelsemium* gets rid of the symptom. *Sulphur* seems to aggravate the case. I took a dose of the cm. (500,000). I have taken *Pulsatilla* rather steadily—3x, 20 drops in half glass of water—a teaspoonful at two-hour intervals. At first I tried *Skookum chuck*, but changed to *Pulsatilla*, owing to conditions mentioned.

Urine has been exceedingly light but normal as to quantity. In previous attacks I have noted this. Last attack fifteen months ago—did not last so long. Each attack since the first, fifteen years ago, covers a larger area and is harder to get rid of. Any irritation of the face—like a harsh towel—may bring on an attack.

I shall be pleased to hear from any of my professional brothers as to what should be done in this case. I have not given up my office practice yet, but do no outside work. I take work very moderately, as I have always tried to do under the same circumstances. I suffer many tortures.

I hope that you will publish this and that I may hear from some full-blooded homœopaths very quickly. I have tried to fast but this cold weather was too much for me, although I did improve. Fasting is one of my favorite adjuvants.

C. M. SWINGLE, M. D.

3203 Wade Park Ave., Cleveland, O.

**“RESPIRATION CEASES ON FALLING
TO SLEEP.”**

Editor of the HOMŒOPATHIC RECORDER.

In Dr. Vandenburg's description on page 553, of the breathing phenomena of the old gentleman, he arouses recollections of some alarming symptoms noted by me about twelve years ago when I was freely using in obstetric cases certain tablets of Morphin $1/4$ and Scopolamin hydrobromide $1/100$ (long since dubbed “twilight sleep” tablets). The patient—after two tablets given hypodermically—would usually sink off to sleep and cease breathing for one or even two minutes, unless sharply shaken, and would then start, as from a sense of impending suffocation, and breathe naturally for a while, only to repeat the startling performance. My practice was a country practice with no assistance handy, and when very busy at times I neglected to shake up the patient until, in more than one instance, it seemed hardly possible to start respiration. Once, in a tedious effort to adjust forceps, this become especially alarming; quite rough spanking of the semi-conscious lady being necessary to restore breathing. About this time I read of a death from this pain-obtunding agent, death from *apnoea*. I then ceased using scopolamin and substituted a tablet made by Squibb & Sons, and styled “Hubbard's Bromides.” It was—and is still—made of Morph. Sulph. $1/4$ and Hyoscine Hydrobromide $1/100$. I have found this tablet very reliable in such cases, and have not at any time had reason to feel very

anxious as to its effects. Still, a strong tendency to precisely the same sort of arrest of respiration is undoubtedly produced by this drug; but it is not so alarming and is easier to control, and the suffering saved is well worth such anxiety as does result. In these cases a very little chloroform can be used to advantage as the climax approaches. Very little is sufficient. The arrest of respiration I attribute to the Hyoscine, the same as to the Scopolamin previously used; as the two are chemically and physiologically almost identical; the former being chemically *purer* as obtainable here.

I should expect either of these hydrobromides, in the 30th potency, to promptly remedy such respiratory symptoms arising in the course of disease, just as I very confidently believe that potentized wood alcohol should and will cure non-syphilitic optic neuritis and atrophy.

I write this observation simply in response to Dr. Vandenburg's request on page 554.

Truly your friend,

JOHN F. KEENAN, M. D.

Brentwood, Maryland.

Editor of the HOMŒOPATHIC RECORDER.

In answer to Dr. Vandenburg's request for other remedies that have "Respiration ceases on falling to sleep," I append the following resumé:

Ammonium carbonicum: Hering, Vol. I., p. 239—Loss of breath at moment when falling asleep; wakens to get breath.

Antimonium tartaricum: Allen, Encyclopædia, symptom 571—In sleep, breathing often irregular and interrupted.

Arum triphyllum: Hering, Vol. II., p. 170—On falling asleep feels as if he would smother; starts as if frightened.

Badiaga: Encyclopædia, symptom 66—At the moment of becoming unconscious by sleep, severe, oppressive, suffocative attacks from suspended respiration.

Baptisia: Encyclopædia, symptom 233—Afraid to go to sleep from a feeling of certainty that he would immediately have nightmare and suffocation. Compare also symptoms 232, 337 and 340.

Bryonia: Encyclopædia, symptom 1774—When he tries to sleep he loses his breath.

Calcarea carbonica: Hahnemann Chronic Diseases, symptom 1558—Anxious waking after midnight with heavy breathing.

Carbo animalis: Encyclopædia, symptom 445—Fear of suffocation in evening in bed, before going to sleep; lying with closed eyes; this only disappeared after sitting up and opening eyes; it prevented sleep the whole night, etc. Also 690—Frequent starting up on falling to sleep in the evening.

Carbo vegetabilis: Encyclopædia, symptom 740—Respiration stopped entirely on falling to sleep, with increased vertigo.

Cenchrus contortrix: Kent, Transactions International Hahnemannian Association, 1890, p. 203—Stops breathing on falling to sleep.

Digitalis: Hering, Vol. V., p. 110—When she goes to sleep the breath fades away and seems to be gone; then she wakes up with a gasp to catch it.

Graphites: Hering, Vol. V., p. 460—Suffocative paroxysm at night awakes her out of sleep.

Grindelia: Hering, Vol. V., p. 486—Fear of going to sleep on account of loss of breath, which awakens him. Also on falling asleep respiratory movement ceases, etc.

Kali carbonicum: Hahnemann, Chronic Diseases, 1013—Obstruction of the breath wakes him from sleep at night.

Lac caninum: Swan, Materia Medica, symptom 935, p. 100—Woke up just before daylight, feeling almost suffocated, etc. Also 933—Has to jump up, etc., etc. The latter is clinical.

Lachesis: Jahr, Symptom Codex (German edition), p. 598—Oppression of chest; during sleep. Also Hering, Vol. VI., p. 599 and 600—Oppression of chest during sleep. Suddenly something runs from neck to larynx and interrupts breathing completely. Awakes at night, can not sleep; as soon as he falls asleep breathing is immediately interrupted, etc., etc.

Mercurius precipitatus rubrum: Hahnemann Materia Medica Pura, p. 194—Attacks of suffocation when lying at night, whilst going to sleep; she must leap up suddenly, etc.

Opium: Encyclopædia, symptom 2132—Awakened about midnight by oppression of the chest. Also 1323—Attacks of suffocation during sleep.

Sepia: Hahnemann, Chronic Diseases, symptom 1051—Oppressed and very tight in the chest; he awakes at night; he had to breathe with difficulty and deeply for an hour, etc.

Spongia: Encyclopædia, symptom 384—Towards morning, starting out of sleep from a shock experienced in the direction of the trachea upwards, as if she would be suffocated, passing on sitting up in bed.

Sulfur: Encyclopædia, symptom 2319—She had scarcely fallen asleep at night, when her breath left her; threatened to suffocate, etc.

Cadmium, sulfat, Curare, Gelsemium, Hydrocyanic acid and *Ranunculus bulbosus* have been credited with this symptom also, but the evidence in support of their claims is not so conclusive. This enumeration bears out the experience of the everyday homœopath who usually gives *Lachesis* the first place, with *Grindelia robusta* a close second, according to circumstances. Personally, the snake venom has served me exceedingly well in the presence of toxæmias, diphtheritic stenosis and metastases to the heart, especially of rheumatic origin. *Grindelia robusta* usually requires the presence of some catarrhal process as a precedent, and when this results in putting too great a load against the heart, it is doubly indicated and does fine work.

C. M. BOGER.

Parkersburg, W. Va.

Editor of the HOMŒOPATHIC RECORDER.

Continuing Dr. Vandenburg's discussion of the symptom, "Breathing stops when falling asleep," page 553, December, 1916, HOMŒOPATHIC RECORDER, permit me to state: F. W. Lutze's "Repertory of the Symptoms of the Diseases of the Respiratory Organs" gives under "Breath lost on falling asleep till wakened by suffocation," *Carbo veg.* and *Lachesis*. Also, under "Breathing interrupted so soon as he begins to doze, prevents sleep or he must be aroused," *Grindelia, Lachesis* and *Opium*. Nash in his "*Leaders in Respiratory Organs*," says, under "Respiration difficult," page 170, "Must be awakened to avoid suffocation," *Opium*; and "Difficult respiration when falling asleep," *Grindelia, Lachesis, Opium, Digitalis* and *Spongia*. Shedd in his *Clinic Repertory*, gives, page 225, "suffocative attacks on falling to sleep," *Ammonium carbonicum*.

Pierce in his "*Plain Talks on Materia Medica with Comparisons*," says page 24: "Dyspnœa on falling asleep," *Antimonium*

tartaricum; "threatening paralysis of respiration, the breath stops on falling asleep," *Curare*; "fear of going to sleep on account of loss of breath, which wakens him," Hale, *Grindelia squarrosa*. Pierce quotes Hale that *Lachesis* has been used, also *Arsenicum*, *Nux vomica*, *Ignatia*, but *Strychnia* 6th is better than all.

Respectfully yours,

KARL GREINER, M. D.

Sparta, Mich.

**UNAUTHORIZED USE OF DR. H. C. ALLEN'S
NAME AS A TRADEMARK.**

Philadelphia, Penna.

Editor of the HOMŒOPATHIC RECORDER.

Dear Sir:

May I ask you to publish the following in which I desire to correct any false impressions that may have been conveyed to the medical profession by the unauthorized publication of a picture of my father, the late Dr. H. C. Allen, and the use of his name in E—— & K——'s "List of High Potencies:"

On page 8 of this publication they show a picture of him, beneath which they advertise "ALLEN'S FLUCTION CENTESIMAL POTENCIES." Then follows the statement that "Dr. Allen originally conceived the idea of making these potencies by tubular method." On page 9 they give a list of remedies followed by ("Allen").

This matter first came to my attention late in October, and I immediately wrote Messrs. E. & K. telling them that all they had published was without any authority whatever; that I believed their statements and use of his name was misleading to say the least; that their references to him were not at all agreeable to my mother, sister or me; that we were positive it would not have been to him, and asked them to repudiate what they had done, suggesting ways in which they might do it.

Since that time I have had conferences and correspondence with them. I understand they are now sending out this price list with an advertisement pasted over father's picture and with the (Allen) on page 9 scratched out. This still leaves the "Allen Fluction Centesimal Potencies," and reference to him below, as I have already stated. And that is all they have done.

My desire in writing this letter is to correct any wrong impressions that may have been conveyed to the medical profession. It is not impossible that some physicians might think that E. & K. have had father's remedies or grafts of them when, as a matter of fact, they have not, and never have had them, nor have they had access to them. I also wish to emphatically deny that father "conceived the idea of making potencies by tubular method," and that he ever had any such tube in his office at his home, as claimed by Mr. E., or anywhere else. None of my family ever saw one or heard of one, and we certainly would have if he had had one; nor have any of the doctors who were close to him with whom I have consulted. Mr. E—— claims that father showed the tube to him, but I cannot credit this. And, furthermore, I am unable to conceive of father using any remedies made in this manner.

Before issuing their price list it would have been at least the courteous thing to do to have obtained permission to use his name and picture from either mother or me, but this he did not do, although he has said he called at my office with that intention but found I was ill and did not follow the matter further.

Yours very truly,

FRANKLIN L. ALLEN.

175 W. Jackson Boulevard, Chicago, Ill.

Jan. 16, 1917.

PERSONAL EXPERIENCES.

Editor of the HOMŒOPATHIC RECORDER.

It is readily observed that most of our medical journals are filled with scientific treatises on the etiology, diagnosis and prognosis of diseases, but very little space is given to their treatment. We must all agree that etiology and diagnosis is one of the chief factors in medicine. But a great many writers become so scientific that they entirely lose sight of the great things in medicine, viz., the prevention and cure of disease.

A great deal is being said to-day on the prevention of disease. Articles are ever appearing in medical magazines on germ diseases, on organic diseases, etc. But when all is said and done, what is the great basis of preventing disease? Nothing more nor less than keeping the cells of our body up to a perfect resist-

ing condition, or, in other words, to keep up our opsonic index. When our patients are taught that by proper eating, right living and plenty of out-of-doors exercise they will be healthy and resist disease then will we be on the right road to preventing disease. Then will we be able to swim in germs and not contract disease.

But when we have not done the above and disease has got its hold in the system then we must help nature or our system's fight; and one of our great recourses is the indicated remedy.

My main object in writing this letter is not to show my ability as a prescriber, but to help show some one who has become discouraged in finding the remedy for the case that, if proper study is done on the case, you can either alleviate or cure.

Mrs. B., aged 44, always well except for the past year has had a great deal of aching across the lumbar spine. Previous to the last three months of my first seeing her, has had to stay in bed a great deal as her legs gave out. Examination showed great tenderness over the lumbar spine, all the muscles of the right leg very sore, knee-jerk of right leg absent, left very weak, great tenderness over lumbar and abdominal muscles. Bowels would not move except with strong cathartic or enema. Great distress from accumulation of gas in stomach and abdomen. Apparently well selected remedies were prescribed and two consultations were held with one of the best consultants in Boston but to no avail. Condition grew worse for three months till the patient could not get out of bed and suffered continual pain. Finally, in going over the case very thoroughly I said, "I have the remedy!" It was *Cinchona* 3x. The next day her husband met me with a smile saying, "You have hit the case this time; she slept last night; pain is less and her bowels have moved." In one month she was working about the house. I was pleased, as it was my first year of practice, and my consultant had looked upon it as a hopeless case.

About eight months ago Dr. Conrad Wesselhœft gave me a paper on his experiments with *Bell.*, *Atrop.*, etc., at the contagious department of the Mass. Homœopathic Hospital. I will not go into the contents of his paper, but it left the impression that according to his experience there was very little good in the use of homœopathic remedies in scarlet fever and diphtheria. My ex-

perience has been different in an epidemic where I attended over 100 cases.

My experience was that in the above number I did not see *Bell.* or *Atrop.* indicated once. Most of the cases called for *Acon.*, *Ars.*, *Rhus tox.*, or *Merc.* in some form, or *Lachesis* or *Muriatic ac.* I will cite two cases:

Mildred E., age 5, always healthy, but had very large tonsils and adenoids. When I was called to see her she had been sick ten days. Condition, in bed, had a profuse desquamation, lips covered with scabs, tongue and throat covered with a thick, leathery coating, nose plugged with hard mass. Child had not swallowed for two days except a little water; temp., 104°; pulse, 130. She was very weak and emaciated. The first remedy I gave her had no effect, but on the second day I prescribed *Muriatic acid*. From that day improvement continued. Four or five cases called for this remedy and got well on it.

Mary D., aged 6, had never been a strong child and was under size; did not talk plain, partly on account of very large tonsils and adenoids. Was very sick for about ten days with the ordinary course of scarlet fever, but gradually her throat began to get very much swollen and was covered with a grayish membrane. Conditions went from bad to worse until one day I was called in a hurry and found a large piece of membrane hanging out of the child's mouth. On examination found it to be one of her tonsils. This condition continued till the other tonsil and adenoids came out cleaner than I have seen any of our throat men operate them. But it did not stop there; six holes, enough to put a yellow-eyed bean through, appeared in the palate. The child grew weaker and weaker. The thought dawned upon me that *Merc. cyanide* was the only remedy that would save the patient. It took three days to get the 6x to me; by that time the child was very low. She had not taken two doses when her mother saw a change. The holes in the throat healed, and the child to-day is better than she was before the disease.

Rev. Mrs. B., age 60, had fair health up to about eight months before I saw her. Had been in the South all winter working hard and was very tired. In coming North on the train got a severe cold by the wind blowing upon her while in her berth, and was left with a severe abdominal neuralgia. Had been attended

all summer or the last six months by two old school doctors. Outside of tonics had been given an opiate every night. Being a woman with a strong mind, finally got tired of opiates, and as I was a newcomer in town called on me. Her symptoms were about thus: Pain nearly continuous in the region over the stomach; coming on worse at night; could only get relief by pressing on hard over the painful region or by bending up double. It was clearly a case for *Coloc.* It was given, and what the woman had suffered with for six months under old school treatment she was relieved of in three days with Homœopathy.

I have many times heard it stated by physicians of both schools that there was no cure or real help for persons really afflicted with tuberculosis, only rest and food would cure.

I have a number of cases which would upset that theory. I will state two: Mr. Albert P., age 44, had been section hand on B. and M. for a number of years; had a cough for over a year; for three months had not worked, but laid around and roamed in the woods. Had been going to his old family doctor, an allopath, but he had not examined his lungs.

His condition, as I found him, was weight, 150 pounds; had lost over 30 pounds in last six weeks. Temperature, 103.5°; pulse, 120; respiration, rapid, severe night sweats, coughing and raising all night so he could not sleep; sputum at times blood streaked. Examination of lungs showed dullness over a greater part of the left lung; coarse mucous rales throughout the same. Examination of sputum showed very many and large tubercle bacilli. I asked him to go to a State Sanatorium. "No," he would die first, and I thought he would anyway. I gave him *Phos.* 6x; he came back in three days improved in every way. In three months he weighed 194 pounds, his cough was practically gone. That was three years ago, and to-day he is working hard and calls himself well. The greatest proof that this remedy did the work was that the man did not change his mode of living at all from what it was before I began treating him.

Mrs. Frank S., 38 years old, had always been fat, was troubled with salpingitis for two years. Began with a cough six months ago; hard and racking, but raised nothing. Temperature ran from 100° to 102° in evening; cough was very bad when lying down; sweating a great deal nights; losing flesh fast; dullness in

both apices of lungs; respiratory murmurs were very faint in the apices; was not able to get sputum. I tried a number of remedies but they failed to help. At last selected *Calc. carb.* 3x. Improvement begun at once, and in one month lungs were clear and patient has been well for four years.

I might go on mentioning case after case of bad or hopeless cases that have responded to the indicated remedy. I have tried to select my cases from those that were or would be considered incurable, just to show the great strength of the little homœopathic remedy.

I tell you, gentlemen, what we need is more men to put their shoulder to the wheel and study their cases and the remedy to cure that case. Then there would be less of the wandering and groping in the dark after vaccines, antitoxines and physiological compounds.

ROBERT L. EMERY, M. D.

54 Broadway, Rockport, Mass., Dec. 15, 1916.

BOOK REVIEWS.

CLINICAL GYNÆCOLOGY. By James C. Wood, A. M., M. D., F. A. C. S. 236 pages, 8vo. Cloth, \$2.00, net. Philadelphia: Boericke & Tafel. 1917.

Here is a fine book and, in a sense, an unusual one. It treats of the surgical, therapeutic and general clinical care of the conditions covered by the fifteen chapters into which it is divided. An idea of the scope of the book may be seen by the following, which is the headings of the chapters: First, comes an illuminating "foreword" of about twenty pages, which treats chiefly of the place and principles of Homœopathy in the great world of medicine. It is well worth a careful study. The following chapters cover the complete treatment of "Dysuria," "Dysmenorrhœa," "Uterine Hæmorrhage," "Vaginal Discharges—Leucorrhœa," "Cancer," "Myofibroma of the Uterus," "Gastric (Peptic) and Duodenal Ulcer," "Gastro-Intestinal Auto-Intoxication and Mucous Enterocolitis," "Exophthalmic Goitre," "Reflex and Toxic Epilepsy," "Specific Inflammation of the Female Pelvic Organs," "Referred Pain," "Post-Operative Factors," considering "Homœopathic Prescriptions," "Post-Operative Treatment," and,

finally, a most excellent and complete Index, covering nearly fifteen pages. In this summary you have a birdseye view of a useful and helpful book.

Two things strike this particular reviewer in the work. First, the care and fullness with which the homœopathic remedies have been given, nothing perfunctory, but evidently from experience, and a hearty belief that will be of immense value to any man not familiar with this form of medication. And, second, the cases reported where a good prescriber might have given the *Similimum* until doomsday with no hope of a cure because the conditions were purely surgical.

The author is by no means a routine prescriber, but confesses to a strong leaning to certain drugs in certain diseases, as, for instance, *Gelsemium* in dysmenorrhœa. "I believe I have cured a larger number of cases of dysmenorrhœa with it than I have with any other single drug." Next to this comes *Cimicifuga*. In ovarian dysmenorrhœa *Apis* is the remedy in the author's experience.

Finally, reader, if your practice includes women you will find this to be an exceedingly helpful book, telling what to do and also warning you away from certain rocks that might damage your reputation if through ignorance you ran on them.

As for the author of this book, he needs no introduction to the homœopathic medical profession, being known to them from Maine to California, not only by the active part he has taken in national affairs in the American Institute of Homœopathy, but by his work *Gynæcology*, which is one of our text-books. To others it need but be stated that he is one of the earliest members of the American College of Surgeons.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

BY CLIFFORD MITCHELL, M. D.

RENAL VASCULAR DISEASES.

(Paper read before the Chicago Homœopathic Medical Society at the December meeting.)

Before discussing the question of diseases of the kidney blood vessels allow me, by way of preamble, to narrate briefly the particulars of a few kidney cases of my own which seem to have a direct clinical bearing on certain modern theories of renal therapeutics. Let me also direct your attention to the fact that, clinically speaking, real kidney cases are rare, and that many cases diagnosticated as such are merely those suffering from disturbances of the renal circulation.

Case I. Patient, a large, strong boy of fourteen, of previous good health without recent history of any acute infection that could be discovered, happened, as a result of passing cloudy urine, to have it examined by me with the result that I found in it albumin, granular casts, red cells and leucocytes. Since there was no history of acute infection a series of thorough tests of his urine, and blood were made, also X-ray examination of the kidneys and bladder undertaken. His nose and throat were also investigated. The only abnormality or focus of infection discovered by many experts was in the tonsils, which were, therefore, removed on the advice of an eminent internist.

This case was apparently an ideal one upon which to demonstrate the claim that removal of the tonsils when diseased may be followed by the disappearance of albumin and casts from the urine and of other signs and symptoms of kidney disease.

Accordingly the urine has been repeatedly examined since last spring when the tonsils were removed, and six months after the operation there is more albumin in the urine and more casts can be found than were present in the urine before the operation.

Hence the removal of the tonsils has failed utterly to affect the kidney condition favorably.

Case 2. The patient, a man of about sixty years of age, came to me in August, 1915, feeling wretchedly, with a high blood pressure, an enlarged heart, and an accented second sound. His urine showed one-twentieth of one per cent. of albumin, by weight, and there were numerous tube casts in it, the latter large coarsely granulated and waxy, as if from the straight collecting tubules. Examination of the patient showed a focus of infection in the teeth which were found by a competent dentist to be carious in some instances, moreover presence of pyorrhea was also demonstrated. The dentist made a favorable prognosis and so far as could be determined the dental condition was remedied or much improved. In spite of this he returned to me three months after the dentist had finished his work and I then found rather more albumin and more tube casts than before the teeth were attended to. The patient was much discouraged by the failure of the dental treatment to affect his nephritis favorably and left my care. I have not seen nor heard from him since. In this case, as in the preceding one, removal of the only focus of infection which could be discovered failed utterly to influence the kidney condition favorably.

Case 3. The patient, in this instance, was a man about sixty years of age, who had been given up by several "good men of medicine" as hopelessly ill from chronic nephritis and likely to die within a short time. His family sent him to me not really expecting any improvement. He had albuminuric retinitis and but little use of his eyes. In his urine I found three-tenths of one per cent., by weight, of albumin, but not many casts which were mostly hyaline and fatty. The patient had a high blood pressure and was seriously incapacitated for work on account of semi-blindness and dizzy spells.

I made him no promises, but, in view of the absence of those large casts from the straight collecting tubules, did not (like some of my predecessors in the case) give an immediately gloomy prognosis. The patient was directed to abstain from salt in his diet and to take hot tub baths every other night. In two weeks he returned measurably benefited and has kept on improving ever since during a period of almost one year. The

albumin in his urine is now less than one-tenth of one per cent., he has no dizzy spells, can read large print and goes to his business every day.

These three cases illustrate, it seems to me, the difficulty of applying modern theories successfully to the practice of medicine so far as renal diseases are concerned. Not all kidney cases are plainly due to infection; if there is an infection causing the kidney condition, much differentiation may have to be gone through with in order to find the focus; even if a focus is apparently found removal of that focus may not favorably influence the kidney condition. Again it is apparently possible by disregarding the matter of focus and merely adopting simple measures of diet and hygiene to influence favorably an apparently desperate case. If these conclusions are not reached, then we must infer that certain kidney cases pursue their course uninfluenced by medical or surgical treatment.

In case 3 we should, according to modern ideas of treatment, have saturated the patient with alkalies and sodium chloride in order to overcome the "acidosis" which is supposed in some obscure cases to be the cause of the difficulty. But no such method of treatment was adopted by me, inasmuch as others had tried it unsuccessfully and given it up long before the patient consulted me.

It was noticed in case 2 that all attempts to influence the condition favorably were in vain. This is my invariable experience with patients in whose urine we discover the large dark granular and waxy casts from the straight collecting tubules. The whole kidney tubular system is involved and kidney function too seriously interfered with to permit of improvement. These patients never recover nor improve measurably. On the other hand, patients whose urine fails to show such casts may have periods of remission surprising to the medical attendant.

Case 3, which showed such a surprising improvement, directs our attention to the consideration of renal vascular disease. In spite of the dictum of clinicians who insist that it is not possible to differentiate between arterio-sclerotic kidney and chronic interstitial nephritis I have ventured the opinion many times that such differentiation is entirely possible and, as regards prognosis, desirable. For in arterio-sclerosis it is the condition of

the **heart** which determines the immediate prognosis while in chronic interstitial nephritis it is the **kidney function** which absorbs our clinical attention. In arterio-sclerosis, if the heart is well cared for, the kidney often may take care of itself, but in chronic interstitial nephritis such is by no means the case for attacks of uremic convulsions or fatal coma may subvene any time perhaps without warning. Cases of true chronic interstitial nephritis are rare, and it is, of course, possible that clinicians who hold to the "monist" idea may never have really seen a case. In my own experience the number of cases in which I am positive of the presence of a primary chronic interstitial nephritis is but few, not more than one or two being seen in a year, usually, while the number of patients who appear to have arterio-sclerosis of the kidney is fairly large.

In the *American Text Book of Pathology* arterio-sclerotic nephritis is differentiated from primary chronic interstitial nephritis as follows: "In arterio-sclerotic nephritis the interference with the blood supply to the kidneys manifests itself in some cases by hyaline degeneration of the Malpighian tufts. The kidney cortex and medulla are both narrowed, the kidney vessels become prominent, their walls wide and, in advanced cases, the arteries are extremely stiff. There is increase in the connective tissue of the kidneys and this proliferation is most noticed in the vicinity of the blood vessels. **It is only in the late stage that the glomeruli and tubules become wholly obliterated.** The kidney is harder and usually smaller than normal rarely enlarged. The cut section has a beefy appearance, while the arteries project and gape like small stiff tubes."

Contrast these findings of gross pathology with those of chronic interstitial nephritis in which we notice more even distribution of the pathological changes, more frequent presence of cysts in the kidney, the extreme hardness of the kidney substance in some cases so great that the knife creaks in cutting it, the tendency to mottling in the appearance of the cut section, the yellowish patches alternating with reddish striæ or dots, and the more or less uniform proliferation of connective tissue, resulting in some cases in a kidney so small by shrinkage as to be but one-third normal. Histologically we observe in true chronic

interstitial nephritis a marked increase in connective tissue **between the tubules** as well as about the glomeruli and tubules. While it is true we may, on the one hand, find arterio-sclerosis of the capillaries in chronic interstitial nephritis, on the other hand, **the condition in the large vessels is not arterio-sclerosis at all, but merely an hypertrophy**, that is, an increase in all the normal tissues of the walls of the vessels, while in the capillaries only there is new tissue formation. The cut arteries do not gape as widely nor are they as hard as in arterio-sclerosis of the kidney.

Is it, at least, not fairly reasonable to suppose that when the observant eye of the gross pathologist may discover such notable differences in the kidneys of the two conditions that the equally observant eye of the clinician should be able to discover difference in the course of the two conditions during life, on the one hand, arterio-sclerotic kidney, a condition of "fits and starts" so to speak, but on the other chronic interstitial nephritis one of steady downward progress?

For many years I was apparently alone in my contention of the different clinical character of the arterio-sclerotic kidney from that of chronic interstitial nephritis, but of late my view has received notable support from Dr. B. G. R. Williams who says in *Diagnostic Archives* the following: "It may be possible in many cases to discriminate very accurately between interstitial and vascular nephritis." He says furthermore that we should not base our decision upon blood pressure readings, but upon a series of urine analyses checked by the symptomatology.

Williams explains the remarkable rallying power from uremic attacks shown by the patient with arterio-sclerotic kidney as follows: "In arterio-sclerosis of the kidney the proliferation of connective tissue is chiefly about the glomeruli hence every now and then a number of the glomerular tufts is simultaneously destroyed by degeneration from pressure, at which time the patient has a so-called uremic attack with more or less scanty urine containing much albumin and many casts. After a few days of rest and careful treatment by diet, etc., the functions of the destroyed tufts are assumed by other tufts, the urine increases in amount, and the patient's serious symptoms disappear; but later after a variable period another attack supervenes. During the

intervals between the attacks the urine is deceptive, being but slightly if at all abnormal."

This explanation of Williams is to me extremely satisfactory, as it accounts for the course of a number of cases we see. On the other hand, in true chronic interstitial nephritis, there is likely to be persistent thirst, persistent polyuria, and persistent albuminuria, even though there be few or no casts at times. The amount of albumin may be small in chronic interstitial nephritis, but a trace is likely to be persistent even though it be but a trace.

The progress of chronic interstitial nephritis is prone to be steadily downward and not marked by remissions of considerable length. The progress of arterio-sclerotic kidney, on the other hand, is marked by exacerbations and remissions: as Williams truthfully remarks, "Renal vascular disease is one of many syndromes, variable and confusing urinary findings, and a prognosis which damns the prognostician."

That is to say, just as the patient appears to the attending physician to be *in articulo mortis* with much albumin and many casts in the urine, possibly even comatose, an amelioration sets in and he is out of danger for the present. Not so in true chronic interstitial nephritis in which condition acute uremic attacks are much to be dreaded.

In conclusion let me advise you not to be too anxious for some short cut in the treatment of your kidney cases to such extent as to overlook the cardinal, out-standing and never to be forgotten principles which physiological common sense dictates for the relief of the struggling organs, namely, the protection of the surface of the body against chilling by the wearing of woollens, etc., the promotion of elimination by the skin, bowels, kidneys, etc., the prohibition of excesses whether in eating or in drinking, the guarding against mental and physical over-exertion, or over-stimulation, the watchful care of the liver as well as of the bowels and kidneys, the use between meals of a *mild* (not strong) alkaline water, and the limitation of salt in the dietary to such extent as not to find more than five grammes per 24 hours in the urine as a routine quantity, or less even if need be.

It is not wise to advise either tonsillectomy or treatment for

pyorrhea with the understanding that these measures will surely remove the "kidney trouble," but to undertake such operations with view to the general health and to prevent possibly recrudescences of the kidney trouble, due to foci of suppuration. Finally, let me reiterate my conviction that the immediate prognosis depends largely upon our ability to distinguish an arteriosclerotic nephritis from a chronic interstitial one.

THE DISCUSSION.

DR. GORDON: The salt free dietary is a good thing in the treatment of renal vascular disease. As a remedy I use *Merc. cor.* I do not believe in vigorous measures for the relief of high blood pressure. As a remedy for this condition I prefer *Arsenicum iod.*, as suited to conditions in which there are degenerated arteries.

DR. HOOD: Chronic interstitial nephritis is the terminal stage of all chronic kidney lesions. The diagnosis of chronic lesions depends upon high blood pressure plus albumin plus casts.

DR. TOREN: There is a tendency sometimes to assume something and to try to make cases observed fit to the theory or assumption. Thus Haig gave us a uric acid theory based upon a chemical determination of uric acid in the urine which has since been rejected by chemists. The treatment of hyperchlorhydria by proteins and alkalis is another instance of too much theory in practice.

The theory that renal diseases are the result of cardio-vascular ones appears to be based upon the fact that experiments upon animals show that removal of a large portion of the healthy kidney substance is not followed by cardio-vascules in the animal. But such cardio-vascular diseases as is present in humans has never been experimentally produced in animals consequently the animal experiments are not convincing.

DR. TENNEY: The basis of a nephritis is sometimes in the large intestine and may be due to an amine, as, for example, histamine. Focal infections may be the cause of recrudescence in a chronic nephritis. Effort should be made in chronic interstitial nephritis to produce a physiological balance for the renal function, *i. e.*, a physiological margin of safety. Limit the protein, use a salt free dietary, give barley-water to lessen irritation of the renal epithelium.

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EDITORIAL NOTES AND COMMENTS.

An Old Legend.—A writer in *The Fra*, Arthur Bennington, tells us that according to the English Chronicles the origin of the Hawthorne, the *Cratægus oxyacantha*, was that Joseph of Aramathæa took the Lord's body down from the cross and laid it in his own tomb. Years afterwards he was sent to England to carry the Gospel. He and his company ascended a long hill, at the top of which he drove his staff into the ground exclaiming, "I am weary." The staff took root and sent forth sweet blossoms. That was the origin of the *Cratægus oxyacantha præcox*—the "precious" Hawthorne. Afterwards the Glanstonbury Abbey was built near it. The tree continued to bloom for centuries, every year at its appointed time, until the Reformation, when a zealous reformer cut it down as a relic of Superstition that should be destroyed. But from the original staff of Joseph seedlings, or cuttings, had spread over England, Scotland and Ireland, so the tree still lived. The Holy Grail, King Arthur, Launcelot and Sir Gallahad, all come in the later developments of the legend of the origin of *Cratægus*. Very likely the reformer was right in terming it a "superstition," but sometimes a fanciful belief is pleasanter than a reformer and more useful.

Why?—Things seem to be, at least, moderately pointing to Julius Hensel's way if one may judge from the following excerpt from a letter by Williamson, of the R. A. M. C. (Royal Army Medical Corps), of Great Britain, to the *British Medical Journal*:

The great frequency of severe varicose veins of the feet as well as leg and thigh in some districts, and their infrequency in others, would be noted, and provoke consideration as to cause.

In some boards large numbers of cases of enlarged thyroids have been found. The occurrence of hernia in certain counties where work is **not** of a peculiarly heavy nature is a problem awaiting solution. The frequency of appendicitis, retained testicles, retinitis pigmentosa, and severe psoriasis would be easily recorded. All of this could be secured with a minimum amount of trouble. And it is likely that very small additional particulars suggested by an expert on medical statistics might greatly enhance the value of such a research,—I am, etc.

Hensel pointed out how in certain districts certain ills prevailed and at the same time noted that those regions were deficient in certain "mineral elements." Schuessler had also the same idea in his therapy, but approached it in a different way.

On a Certain Class of Jokes.—You will find "jokes" on doctors, or, if you are a purist, on physicians or "practitioners," in all journals, from the great *Journal of the American Medical Association* down to the country weekly. That the *J. A. M. A.* should indulge in them has always puzzled us for, while we believe that the men of the *A. M. A.* really try to cure their patients to the best of their ability, we could never see why their efforts should be made the subject of a joke.

German Medical Losses.—The Berlin Letter of the *Journal A. M. A.*, dated Oct. 10, says that "according to the first six hundred casualty lists" the losses in the German army and navy medical corps—died of disease, killed, wounded and missing—foots up, rather curiously, exactly 1,500 physicians.

Forests.—Here is a quotation from the Annual Report of the U. S. Secretary of Agriculture that every good citizen should read and, to the best of his ability, act upon:

"Millions of dollars appropriated by Congress for the improvement, development and consolidation of the forest holdings have gone into the properties. Only on the assumption that the forests are to be permanent would expenditures of this character be justifiable. Abandonment of the work after it has been carried to its present point would be a stultifying course. Nevertheless, repeated efforts in this direction still are made. Measures of vari-

ous kinds, which, if adopted, seriously would injure or even render ineffective the whole national-forest enterprise, are urged."

Certainly the privilege of cutting the U. S. forests would be "juicy picking" for some favored one, but we should remember that, in a large sense, the world is like an animal who needs his fur, which the forests are.

Wonder Why?—Looking through a homœopathic journal recently we noticed three quotations from homœopathic journals and twenty-one from allopathic journals. The homœopathic quotations had nothing to do with Homœopathy, nor had those from the allopathic journals. Neither had the original matter.

Doctors and Their Money.—The following is from Dr. Taylor's *Medical World*, answering a subscriber's query as to the value of some stock he had bought from a travelling promoter:

"Here is just what I have often told you. Doctors are expected to pay their money for stock, and then become selling agents for the product, whatever it is, and create a market for it. The doctor has the power to cause his patients to buy products in which he is financially interested, but it is not honest to do it—*unless* his financial interest in the product is known to the patient."

The best thing a professional man can do when he has accumulated some money, and doesn't care for real estate, is to buy first class stocks or bonds. Taylor puts the thing right concerning pharmaceutical and similar investments. The promoters get the lion's share and then if the stockholders can prescribe enough of the product he may, or may not, as has happened, get a little return. Such concerns generally, if successful, depend on one man, and when he goes the business goes.

Drugs—Medicines.—Ever and anon appears in print a column, or several pages, giving the opinions of eminent physicians as to the uselessness of medicine—drugs. There can be no doubt that these views are honest, and, also, truthful, for medicine prescribed wholesale and with no guiding law is useless, and worse, and the public is beginning to know it. On the other hand, every homœopathic physician knows that drugs prescribed according to the law of similars will cure the great majority of physical ills, even some pronounced to be incurable. The great number of

jibes, jeers and even threats, hurled at physicians to-day in the daily, weekly and monthly press, seem to show that it is the part of worldly wisdom (if for none other) to brush the dust from your materia medica and buckle down to plain old Homœopathy, for none of this hurtful stuff is directed against it, the very worst being mild pleasantry. A surprisingly large number of good allopaths realize all this and are turning to Homœopathy by which they can do a vast amount of good and hold their patients.

Tuberculosis.—Among other printed matter comes the *Bulletin of the National Association for the Study and Prevention of Tuberculosis*, published at 105 E. 22nd St., New York City. After looking through its pages one cannot help thinking of the young man in the Scriptures who had one thing lacking, in this instance, the cure of the disease. The *Bulletin* tells us much about the disease but practically nothing about its cure. By the way, does any one, from Johns Hopkins, or the Rockefeller Institute, down to rank and file of the physicians, know what the disease is? To say that the presence of the tubercle bacilli is proof of the disease is akin to saying, when you see the smoke and flames of a burning building, "that house is afire." What is tuberculosis? Has any man ever answered the question? We have descriptions of the disease as it manifests itself in various parts of the body, but nothing more. Vast sums of money are spent every year mostly in prevention and other ways. The prevention of something, the origin of which the most learned are ignorant, is a difficult task.

Dr. Samuel Hahnemann said, in effect, that all that can be known of a disease is what you can see and what the sufferer can tell you. All that you can do, after noting if there be any removable cause, is to be guided by the great law of *Similia*. He wrote this over a centry ago, but it is worth far more to-day than all the knowledge gained by the expenditure of many millions of dollars in "fighting" tuberculosis concerning which the U. S. Public Health Service recently asked, "Do you know that a full pay envelope is the greatest enemy of tuberculosis?"

What has a goodly "wad" to do with the tubercle bacilli, which is said to be the cause of the disease?

Salvarsan.—Under the editor's heading, "Tonicity of Salvarsan," Dr. Claude L. Shields, of Salt Lake City, writes a letter to the *Journal of the A. M. A.* (1, 6, 17). Among other things Dr. Shields says:

"Out of the last twenty-three injections of neo-salvarsan we have had four cases of severe poisoning and one death.

"In the first case, a woman, aged 21, was given 0.6 gm. neo-salvarsan; during the injection she suffered intense pain in the extremities and a sensation of choking; two hours later she had repeated convulsions, vomited blood, and had a bowel movement every half hour; the abdominal pain was intense; the pulse, 150; temperature, 104; this continued for forty-eight hours, after which she gradually recovered.

"Since this case, we have had three similar, though less severe than the first.

"In the last case, Mrs. I., aged 43, suffering from syphilitic gumma, was given 0.6 gm. of neo-salvarsan with no marked reaction; eight days later I injected 0.9 gm. of neo-salvarsan. An hour later, there came a choking sensation, followed by a chill; three hours later, severe vomiting ensued; then involuntary bowel movements, and agonizing pain in the stomach; the body became extremely livid; this lasted three days uninfluenced by treatment; on the third day, the body became purple, the pulse imperceptible, and eight hours later the patient died."

This is quoted partly to show the effect of the drug and partly to point a moral. Perhaps it is more a moral, but it is this: That every issue the great *J. A. M. A.* devotes from two to four pages to showing up the iniquity of American patent, or trade-marked, "remedies," which kill no one—else there would be the coroner and the prosecuting attorney called in—but never has a word to say against the foreign trade-marked "remedies" that are foisted on the American public at fabulous prices, and do what Dr. Shields reports. Wonder why this is?

Snake Bite.—The *Calcutta Journal of Medicine* (Sept., 1916) prints an item from *The Lancet* April, 1916) that escaped us, namely, a case of venomous snake bite cured by plantain juice. If we remember aright Dr. Humphrey, once a professor in Hahnemann Medical College, of Philadelphia, 1871 (afterwards "Humphrey's Specifics"), mentioned this use of *Plantago* in a pamphlet published in 1871. The story, briefly, is that a man had a lot of rattlesnakes in Philadelphia that he handed rather carelessly. Asked if he had a cure if bitten, he replied, "Yes." On

the offer of a sum of money he let the snakes bite him several times, was not affected by the bites. The remedy was *Plantago*.

"Murdering Therapeutics."—Under this heading *Ellingswood's Therapist* discusses a paper in *Medical Council*. The keynote of the paper is this: "How foolish, indeed, for a few professors who are temperamentally, and, by training, wholly unfitted to meet ordinary medical situations, to attempt to kill the Therapeutics of twenty centuries." From it Ellingswood quotes and comments. Among other things he writes: If the reader "had attended the session of the court where the Patten 'Wine of Carduii' case was tried; where the very best Therapeutists of the Old School were congregated, this last Spring, and gave learned testimony as to the action of drugs, he would have been overwhelmed to think such ignorance as these men exhibited of drug action, could possibly exist in these later days of the world in so learned a profession. Learned and impracticable and ultra-scientific, but extremely ignorant, grossly ignorant, in practical Therapeutic details."

A Sharp Question.—The *Charlotte Medical Journal* asks it: "Why can't doctors be gentlemen?" This is put in the form sometimes used by the old logicians of stating a proposition by asking a question. The best way to answer is by countering with another question, in this instance, "Aren't doctors gentlemen?" To be sure there is always the exception to the rule, or, in the old, but little understood saying, "the exception proves the rule?" How? Why when we meet a doctor who is not a gentleman we are a bit shocked, which proves that, as a rule, doctors are gentlemen. However, in fairness to our gentlemanly contemporary it should be here stated that its remarks are applied to the conduct of many during a debate, or, rather, to their remarks. But even here (at the risk of being rude) some find a bit of acid in discussion a relief from the oft repeated "I have never heard a paper that impressed me more profoundly," or some other stereotyped phrase, by which "discussion" is usually opened.

An Echo From the Past.—Nearly forty years ago Dr. P. P. Wells criticised a brother doctor as follows:

“Our author, as others like him have often done before, having dishonored a law he acknowledges to be ‘God-given and God-established,’ by endeavors to incorporate into clinical duties elements wholly foreign to its requirements, and having thus, as could not have been otherwise, often met clinical disappointments, they turn for defence before their consciousness of failure to abuse of our *Materia Medica*, and in the enjoyment of this luxury they seem to find much food for their self-complacency. To abuse a great work; why, of course, he who does this must in his own eyes be greater, and this must be a comfort to him; and we know of no other excuse for this paltry work. We have heard much of this in our day, and chiefly from those who really knew very little of that which they have so freely disparaged.”

Those old journals are interesting reading.

Sea Water.—The *British Homœopathic Journal* for August is, with the exception of a few notices, etc., made up entirely of Dr. J. R. Day’s article on “Sea-water Treatment.” It seems to cure everything from constipation to tubercular conditions. The sea water must be made isotonic with either spring, or distilled, water, *i. e.*, three parts distilled to two parts of sea-water. In the “discussion” one gentleman seemed to voice the general sentiment when he quoted Wynne Thomas, “When other treatment fails try sea water.” It was also said that the water was valuable in foul smelling discharges. This reminds us that several years ago a writer in *The Lancet* told of curing a case of exceedingly foul smelling syphilis with injections of distilled water, something easily obtainable. Perhaps it will do all the sea water will do.

Cholera.—Notwithstanding all that is said about the advances in medicine the facts seem to show that, aside from sanitation, good nursing and care, actual disease is more fatal than formerly. In Austria-Hungary it is officially reported that from December 27 to September 18, there were 27,591 cases of cholera and of these 15,270 died. A fearful death rate. The figures are given in the *Bulletin* of the International Office.

PERSONAL.

Nay, Mary, chin music from a double chin is no finer than from a single one.

Not even Dr. Moffat's book has a remedy for the "I's" of an egotist.

"Stagnation," broadly, means "not running." Those who do not run do not get out of breath.

Man may be a Bachelor of Arts or an Artful Bachelor.

Not infrequently Information Bureaus run out of stock.

Some men sleep like a log being operated on in a saw-mill.

"Brutes! To march me through the rain," said the spy. "Worse for us, we have to march back," replied the soldiers.

The difference between a king and a President of the U. S. is that the former has a fairly steady job.

"A charming landscape," said the visitor. "You flatter me," said the artist. "No, I've seen it."

A "bird-like appetite," Mary, depends on whether the bird is an ostrich.

"Lowest prices, best service, satisfaction guaranteed."—Undertaker.

A "free translation," Mary, doesn't mean that it costs nothing.

The most difficult patients to cure are those who have no ills.

"Climate!" exclaimed an honest man. "No climate would dare disagree with my wife."

A chance for inventors: Whiskey with the smell of roses, onions smelling of violets, tobacco like ozone, etc.

Some lose half the dinner by not smoking; some the whole of it by smoking.

The language of medicine. Yellow liver. Green gangrene. Black, a hasty fist, and so on.

Claude says that the "mystic circle" is too much class reunion good cheer.

A religious *ex.*, we have 'em, writes of "Arch-natural manhood." What is the base?

"Since the so-called Reformation."—*Ex.* Which one?

"Woman's great mission."—*Ex.* Well, what is her "mission?" And, what is man's?

Bernard Shaw, truthfully, for once, said you cannot kill a nation.

The man who blows out his brains kills himself without disturbance to the brain.

"Citizen soldiers?" Isn't a soldier a citizen?

A Connecticut law maker wants to "license journalists." Gee, brother, they have enough now!

The Pocket-book is convalescent but still a little weak from its Christmas orgie.

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“THE BURNING BUSH.”

Do not balk, reader, for even though this opens with verses 2 and 3, Chap. iii, of *Exodus*, yet it is not religious. Here are the verses:

2. And the Angel of the Lord appeared unto him in a flame of fire out of the midst of the bush: and he looked, and, behold, the bush burned with fire, and the bush was not consumed.

3. And Moses said, I will now turn aside, and see this great sight, why the bush is not burned.

Now, in this connection read the following from a recent issue of the *Scientific American*:

“One of the most remarkable plants in the world is certainly the so-called Burning Bush, *Dictamnus fraxinella*. This species is native to Western Asia, though nowadays commonly to be found in gardens in temperate regions. A great many people who grow the plant are quite unaware of its strange habits. As a matter of fact the *Dictamnus* secretes a fragrant essential oil in great abundance. This is produced in especially large quantities by the flower stems, in warm weather volatilizing so that the air surrounding the plant is impregnated. Further, this vapor is highly inflammable, and, if a naked flame is brought near to the plant, the fumes at once take fire with a most singular result. The whole plant is surrounded with crackling shooting flames, reddish in color, and leaving a highly aromatic odor behind them. The Burning Bush is not injured in any way by the fire; for the flames do not actually come into contact with the plant itself.

“Several conditions are needful if the experiment with the Burning Bush is to be a success. Thus it is essential that the

air should be very dry and warm, also that there should be practically no wind. The best effects are secured only just after the opening of the flowers. It will be realized that these conditions cannot always be relied upon. A plan has recently been devised by means of which the inflammable nature of the vapors given out by the Dictamnus may be shown with startling effect.

"A strong plant of the Burning Bush is raised in a pot. At the time when the flowers are just reaching perfection the plant is placed in a glass jar or a shade. This is closely covered for some hours before the time of the experiment. On removing the cover a light is held over the plant when there is at once a tremendous outburst of flame. So great is the rush of fire that it is wise to keep one's face away from the top of the jar; a nasty burn is not by any means out of the question. After an interval of an hour or so with the jar or case closed up the experiment may be repeated with similar results.

"In connection with the Dictamnus it is rather remarkable that the species is common where the incident of Moses and the Burning Bush is said to have occurred."

Being interested in this we made inquiry of Boericke & Tafel's man who has charge of the medicine rooms, wherein are to be found many curious drugs, unproved and many of them practically unknown as regards their use that have been accumulating during over half a century, as, for instance, Dead Sea Water.

The medicine man called attention to a work published in 1862, *Synopsis Plantarium Diaphoricarum Systematische Ubersicht der Heilkuntz Giftphlanzen aller Länder*. By David August Rosenthal, a Breslau physician.

The title, literally translated, means *A Systematic View of the Useful and Poisonous Plants of all Countries*.

Rosenthal bears out, in effect, what the *Scientific American* says of the "Burning Bush," namely, that it gives out a faint, pleasing, aromatic, citron-like odor, and has a bitter taste. Also that in the early centuries it was highly esteemed as an antidote for poisons, and as a remedy for weak heart. Later it was used to correct the menstrual flow, leucorrhœa, weak digestion, melancholia, hysteria and epilepsy. Also that it will flash into flame if fire is applied to it—not the bush, which is not consumed, but the emanations from it blaze up while the bush apparently is not harmed.

Surely a curious plant and drug and a very old one. But it is not in commercial supply. The 6x is about the lowest available strength at present. Probably all this is of no practical value to physicians, but to us it seemed to be unusually interesting. The man of medicine (in the pharmacy) told us that once there was quite a demand for it. Perhaps some reader can give more light on the subject. What lends especial interest to the subject is the reference to it by Moses, an interest shared, not only by the man who believes in the book on which our civilization (for better or worse) is founded, but, also, for the scientist who will believe only that which he can, or thinks he can, scientifically demonstrate. A century or two ago the scientific man would believe nothing but what was the scientific view of his day. For instance, he would not believe in the circulation of the blood. The arteries were, as the Greek shows, "air tubes." But to-day he will swallow anything that is not an "ancient superstition." The scientific man is a queer but useful bird, who has largely been employed in all the ages in dynamiting the science of his predecessors, and thus advancing humanity.

THE TRUE HOMŒOPATHIC SPIRIT

It is difficult to write an editorial or anything else upon a subject which is most prominent by its absence from the view, hence one on the true homœopathic spirit has its limitations in these days when almost every homœopath has at least one eye, and often both, on what the older school is doing. But there is such a thing as homœopathic spirit which is worth while and which we can recommend to the notice of our readers as entirely compatible with dignity, truth, and science. For what is science but exact knowledge, hence if homœopathy has exact knowledge, it is just as good science as astronomy or other recognized branch of learning.

What we insist upon is that homœopathy shall prove its claims or drop them. Philosophical or speculative doctrines have no place in modern medicine. If homœopathy cannot prove by instruments of precision that its curative claims are valid, no amount of "talk" will prevent it from achieving the waste basket.

Dr. Conrad Wesselhœft, of Boston, in a letter to us hits the

nail on the head when he says: "We can either leave homœopathy as a religious sect to die the death of the martyr, or we can allow it to be dragged in the mud, degenerated with combination tablets, and besmeared with hypocrisy, to die, a recluse from scientific medicine, an inglorious death. The most crying need of homœopathy today is a revised edition of Hughes' 'Principles and Practice of Homœopathy' with a due consideration of the problems in the light of the Ehrlich theory and modern pharmacological investigators."

The apathy of our own men in regard to proving what homœopathy is or may be has been a stumbling block in our path. But homœopathic research work is just as practicable a field as any pharmacological one. As Dr. J. A. Toren says: "Why not inoculate animals with germs and see what the homœopathic remedy can do for them?" Stray criminals might be hired for the purpose of such experiments upon humans. But in work upon the humans control must be exercised much greater than what we usually find in the case of drug provers.

In conclusion, is it not more dignified to enroll ourselves in a little army, which is doing really scientific work with precise methods and instruments than to spend evenings asserting that we are already the "whole thing" and that it is needless to deny it?

Wake up, homœopaths, and join "Gideon's band." Otherwise in the future your children may suffer from the stigma of a parentage which shall be a matter of derision rather than a source of pride.

C. M.

THE MILLION DOLLAR RESEARCH LABORATORIES

It seems to be the thing now days for men over-burdened with money to lighten their load by establishing million dollar research laboratories with the idea, bred in their bone, that money will do anything and everything even to discovery of sure cures for disease. No doubt money is of much assistance in tracing the mysterious causes of human ills and especially in finding means by which these ills may be fought to a finish, but the

one thing which the million givers seem to ignore is the psychology of incentive. Million dollar laboratories hire their help, but the incentive of any salaried man is never as great as that of the man who works for "number one." Human nature is the same the world over, and we think it not unreasonable to expect that, in the future, as in the past, progress in medicine will depend largely upon the man who is ambitious to "get there" rather than on the man who is waiting for the clock to strike the hour when his work is over.

We agree with Dr. Conrad Wesselhœft, of Boston, who, in a private letter to us recently received, says: "Men like Robert Koch, Sir James McKenzie and others did clinical research work in the course of their private practice, which has done more to advance medicine than all the million dollar research laboratories in the country."

Then, again, the salary proposition will always be a matter in which "pull" will exert an influence. While the million dollar laboratory will always profess to command "the best that money can find," inside workings will always result in a certain amount of favoritism which cannot be avoided. Sectarian religious influences will especially hurt the million dollar laboratory. It is unlikely that the staff of a given laboratory would deliberately offend the donor of any considerable part of the laboratory endowment, and that donor is, if human, subject to the pulling and hauling of friends, relatives, and the like. So that on every faculty of a million dollar laboratory will be found incompetent favorites who will retard the work and whose presence there will be resented, more or less, by the real men who are trying to do their duty to the laboratory.

A witty friend of ours once said: "It is a mistaken policy which sends tramps to the public library instead of to the workhouse," similarly it is a mistaken policy which credulous millionaires adopt when they provide snug salaried berths in research laboratories for men who cannot earn their living anywhere else.

The real man of medical action will never accept a salaried position pertaining to medicine. Conversely it is fair to assume that any man on a medical salary is not the man on whom medicine can depend for advancing medicine.

THE PHYSICIAN A PUBLIC MAN

Probably in no vocation can it be more truly said that a man cannot serve two masters than in that of the Practice of Medicine. The requirements of actual practice and the rapid advance of medical science demand a concentration of thought and study that almost preclude taking any active part in the other matters of public interest. With this as a reason, or, perhaps, an excuse, too many physicians, especially of the homœopathic school, are not found among the active citizens of our country. Many being too busy to even vote! That this attitude is at once inimical to the best interests of both the country and the physician goes without saying. Our old school brethren are more awake to this fact than are the good Musselmans of the homœopathic school, hence the plums of public service (to appeal to your cupidity) are gathered up by our friends the enemy, the advancements in science of preventive medicine and the honors of municipal medical service have not been gathered in by the homœopaths. To the busy practitioner this may seem a matter of little import. And in a sense he is right. But if we stop to realize our civic responsibility the matter presents a different phase. Being one of the *learned professions* the practitioner of medicine is essentially a teacher. It is not enough to relieve men of their ills, they must be taught how to avoid them. To cater to disease only makes the physician a parasite waxing fat on the distress of his fellow-men—to relieve their suffering and at the same time teach them to avoid future misfortune is to render an inestimable service to humanity.

To be sure such a course seems, in a measure, suicidal, since it is likened unto killing the goose that laid the golden egg. But this is not only a selfish, but also a shortsighted view of the subject. As mankind learns of the rule of law in his physical being he naturally turns to those who can teach him the law and how to obey, and the truly learned physician will ever have his clientele, for man's ignorance is only equaled by his disobedience.

Aside from a few sporadic efforts, usually limited to individuals and unco-ordinated, the homœopathic school has done nothing in the line of public instruction, and has added little if anything to the healing art since the days of its illustrious founder. The

“scientific” men of our school have been the students of our brethren of the dominant school, oft times their almost too ardent followers: while the “true homœopaths” have too often, like old men, lived contentedly in the glorious past.

To be sure, drug action and symptomatology were most perfectly studied by our fraters of old with an intensity of effort of which we are seldom guilty, but instruments of precision and scientific experiment have added facilities of which they never dreamed, and, had we their spirit, we could explain things to them explainable only by vague hypotheses and correlate actions and symptoms which to them stood isolated and unrelated. But the *motif* of this paper lies not here.

About us surges the current of progress and we face the question whether we will advance with its foremost billows or be contentedly caught in the eddies. The spirit of civic efficiency is in the air, the bringing of every vocation to the most intensive point of productiveness for the commonweal. And we are face to face with the question whether we will be among those who set the high standards or delay action till we find ourselves in “Class B” of the schedule set by men more fully alive to opportunity and duty.

Every physician is inherently one of the leading men in his community—if not he has fallen short in his privilege and duty as a citizen. Among the builders of the nation are many of our profession; signers of the declaration of independence; soldiers on its battlefields; statesmen in its legislative halls. We today are less worthy than they if we delegate our civic duties to the professional politician.

In the matter of public instruction, the lay press, the community center, and the public schools need the physician and are open to his service. The columns of the press should not be relegated to the professional journalist or lay theorist, the physician should there assume his duty as public instructor. The platform of the community center will welcome his health talks, while the departments of physiology and hygiene in the public schools are his not only by the privilege of his calling, but by the duty he owes to the community. Shall we awake, or sleep on?

W. E. Boynton, M. D.

Chicago.

MATERIA MEDICA AND CLINICAL THERAPEUTICS VS. SERUM THERAPY.*

By **W. J. Hawkes, M. D., Los Angeles, Cal.**

In discussing this subject I do not wish to be understood as condemning serum therapy unreservedly. Practically I know too little about it to warrant my taking such a position.

Admit "in principle," as the rulers of nations say, that the theory of serum therapy is sound, and that it runs parallel with *similia similibus curentur*, as it seems to do. I contend, however, that the practice is less safe and no more effective curatively, or as a prophylactic, than our practice of oral therapeutics.

It is less safe because thereby is injected directly into the blood a foreign substance of possible impurity. By this process nature's protective agencies—the germicidal secretions of the alimentary tract—are evaded. Nature is thus deprived of her only safeguard. The same substances taken by the mouth would be rendered practically harmless. Many examples might be cited of substances which are fatal when introduced directly into the blood, but which are comparatively harmless when swallowed.

Even though vaccines be prepared with the utmost care and cleanliness, there is still a probable element of danger from their administration hypodermically. But their preparation and distribution is a commercial proposition, and hired help of many hands must be employed in the process. The immense quantity manufactured and sold and used, renders it a physical impossibility for a few scientific men to do the work. Individuals who work for wages and who have no conception of, nor interest in the vital necessity of their being minutely careful and scrupulously clean in their work are not to be relied upon. Hence the danger of impurity. Why take the risk when we have means of exhibiting measures at least as effective for good and at the same time absolutely safe?

The absurd claim formerly made that the substances injected as germicides did their work by bodily attacking the disease-producing germs and physically destroying them is now practically abandoned. The ground now taken is that the good work is per-

*Read before the Southern Cal. Hom. Med. Society.

formed by raising the opsonic index and increasing antibodies in the blood, which attack and destroy the inimical germs. This may be true and a valid claim. But in plain language that is simply saying that they thereby restore the blood and body of the patient to as nearly as possible a normal state of health. Perfect health is the best safeguard against bad germs or disease-causing conditions of whatever character. Any procedure which deranges the normal proportion and relationship of the varied constituents of the blood or other fluids or tissues of the body is inimical to the health of that body. Hence, even if the opsonic index could be raised above the normal, or if the number of antibodies could be increased above their normal proportion in the blood, the health of the body would be to that degree impaired. We cannot be either above or below normal in any of the constituents of the body and be perfectly healthy.

I contend, therefore, that whatever measures most easily, thoroughly and safely restore the body to perfect health and prevent departure therefrom is the best weapon at the command of the physician against sickness. This being true, I ask is there any better combination known for the accomplishment of this most to be desired end than perfect and comprehensive hygiene and our "science of therapeutics?" Do you know of any such? I surely do not.

The function of medicine is to attack and remove the constitutional inherent defect which in us all impairs our natural powers of resistance against disease producing influences, and the function of hygienic measures is to obviate external exciting causes. These allies are unbeatable.

Vaccines are now being extensively employed in an ever-increasing number of diseases as prophylactic and curative measures, and extravagant claims are being made as to their efficacy in the cure and prevention of disease. Small-pox is the disease having the questionable honor of seniority in this list, and is the one having the greatest number of adherents having implicit faith in its efficacy as a prophylactic against variola. But the only evidence offered in support of this claim is the fact that small-pox has diminished greatly in frequency and severity since vaccination has been in vogue. But to me this evidence is far from conclusive or convincing, because the same evidence can, with as

much logic, be urged in support of the claim that vaccination has been the cause of a like reduction in the frequency and severity of intermittent fever, yellow fever, cholera, the plague, etc. For all these diseases have been in the same period even more thoroughly eradicated than has small-pox.

Now I want it to be distinctly understood that I am not questioning or denying the efficacy of vaccination by scarification as a modifier or preventive of small-pox. What I do claim is, that it is a dangerous proceeding, and that we have a method which is as effective, and which is at the same time absolutely safe. I have personally convincing and accumulated evidence of the dire results often following vaccination by scarification, so that I have not for years vaccinated in that way, nor will I ever again do so.

The lamentable fact that responsibility cannot be placed when palpable injury results from vaccination with impure virus prevents publicity and punishment, and more than any other cause prevents exposure and investigation. As it is on no one concerned can responsibility for damage be placed, and the injured one is helpless and those responsible go unpunished. In any other case of malpractice, though having less evil consequences, punishment would follow.

Experiments by homœopathic professors in Iowa University convinced them that taking variolinum per orem was effective in producing the reaction characteristic of vaccine, and the results sought for by vaccination, and that absolutely without risk. Acting on this conviction they adopted that method of vaccinating school children, giving certificates that such children had been successfully vaccinated. Furthermore, these certificates were judged legal and satisfactory by the court in Iowa City, Council Bluffs and Chicago.

Probably the disease next most vaccinated against is typhoid fever. This is carried to such an extent in the army and navy that recruits are court martialed and punished by imprisonment and otherwise for refusing, when conscientiously opposed to it, to submit to vaccination. From "The Land of the Free and the Home of the Brave" viewpoint, this is a very serious matter. Furthermore, it is dangerous in another way beside the direct danger of the inoculation.

There is probably no other disease the direct cause of which is so easily and unmistakably traced and fixed as typhoid fever, and consequently so easily destroyed or avoided. With uncontaminated food and drink there need be no typhoid fever in any community. Again, hygiene—cleanliness—is the remedy and the only remedy needed as a prophylactic. Hence, the second source of danger is faith in the theory and practice of vaccination as all-sufficient protection against typhoid fever. If the people and health officials of communities are convinced that the only thing needed to guarantee them protection against typhoid fever, the need and importance of hygienic precaution against it will be neglected or lost sight of altogether. We all know how indifferent, through ignorance, probably, a majority of the dear people are to the ordinary rules of hygiene; and this knowledge tells us that, even when facing an epidemic, how little attention they will give to these rules if they are assured by their medical authorities that they need have no fear if only they are vaccinated!

In the Russo-Japanese war vaccination against contagious diseases was not practiced. Only intelligent, extensive and most thorough hygienic measures were employed. Yet their record of freedom from typhoid fever was the wonder of the world. In the making of this record the authorities were strongly reinforced by the ambition of the soldiers themselves.

The Japanese soldier who dies in battle for his country, or who is crippled and discharged because of wounds, is a hero in the eyes of his family and friends. But if he dies or is discharged because of sickness, he is held in contempt, so he uses every intelligent effort to avoid sickness, while he braves death with a fearlessness that is almost fanatical.

They are intimately and thoroughly instructed as to all hygienic means of preventing all causes of disease, and cleanliness in its broadest sense is the keynote. Nor is this confined to themselves and their camp; the surrounding country and villages are thoroughly policed and cleansed. Especial attention is given to sources of water supplies. Boiling the water is the plan universally adopted. Apparatus for boiling water is attached to all commands.

Their ration of food is simple and not excessive, and consists chiefly of rice, and occasionally a little barley. But little

meat is used, and is always prepared before being issued to the soldiers. Meat on the hoof is practically unknown in camp. All food is scrupulously protected against contamination, especially is it protected against flies.

Excreta is buried or otherwise effectually disposed of.

The dead soldiers are cremated. The bodies are placed in ditches and covered with kerosene and burned. The use of internal antiseptic drugs was in intestinal affections tried and discarded as useless or even harmful. In short, all measures used and approved of aimed at *cleanliness*—the one great prophylactic against *all* disease.

Results, as compared with those of the Chinese-Japanese war, when these measures were not observed, are significant. In the former war the proportion was 1 wounded to 6.93 sick. One died of wounds to 12.09 from sickness. In the Russo-Japanese war the ratio of sickness was 1 to 1.07, and deaths 1 to 0.47 from sickness.

In the Russo-Japanese war the number of soldiers incapacitated by sickness was one Japanese to six Russians. The Russians made hygiene a negligible matter.

These records (official) speak for themselves and for hygienic thoroughness as the best means of preventing disease.

Following is a quotation from the report of the government survey anent typhoid fever:

STAMPING OUT INFECTIOUS DISEASES.

“Through their surveys they had practically eliminated typhoid fever from the town of North Yakima, Washington, although prior to the time of their survey in 1911 the deaths from typhoid in that little city had averaged between twenty-five and thirty a year. They had driven typhoid fever out of the rural districts of Yakima county, which, in 1910, had lost twenty-five lives through death by typhoid. In 1911, the year of their survey, the death rate fell to eleven; in 1912, to three, and in 1913, deaths from typhoid disappeared from the county. Their survey had in Orange county, North Carolina, cut the death rate from typhoid in half. In Berkeley county, West Virginia, their survey, made in 1914, reduced the number of cases of typhoid in the county from two hundred and fifty-nine in 1913 to twenty in 1915, with no deaths at all in the latter year. In Dorchester county, Maryland,

these gentlemen had seen their work reduce the number of cases in one year from one hundred and fifteen to twenty, and the number of deaths from fifty-one to three. Lawrence county, Indiana, a county which received one of their educational surveys in 1914, rejoiced in the fact that the number of cases had fallen from ninety-seven in 1913 to thirty in 1915, and the number of deaths from fourteen to five; while in Wilson county, Kansas, their survey had cut the typhoid rate exactly in two."

In view of the foregoing, I ask, is there a competent physician who will assume the grave responsibility of advising his clientele that it is safe or prudent to rely on vaccination as a safeguard against typhoid fever, while not religiously guarding the possibility of eating or drinking food or liquid contaminated with excreta from those ill of that disease? This, in effect, is what he would be guilty of doing were he to assure them that vaccination with anti-typhoid serum surely would prevent their contracting that disease.

Will any physician, deserving of that honorable title, claim that an individual may with impunity take into his body typhoid germs because he has been vaccinated with anti-typhoid serum?

Since writing the foregoing I have had under my care a case which has a significant bearing on the matter under discussion.

The patient abraded his finger while doing minor surgical work. The affected arm became slightly swollen and inflamed. A swelling appeared on the inner and anterior surface of the upper arm, which was slightly inflamed and more or less painful, but was not in any degree distressing.

The surgeon in charge examined the blood and urged an operation. He also gave two intravenous injections in the abdomen. The patient's wife tried in vain to avoid operation, but the surgeon assured her emphatically that it was imperative.

What the serum was, or what the operation was expected to accomplish, I do not know. A physician friend of the patient who was present through the operation said he saw no object to be gained by the operation, and that there was no pus nor any other discharge from the wound except blood. The wound made was about three inches long, and to the bone. The surgeon bored with his fingers up into the axilla. No enlarged glands were found. In short, no indications that any good could be accom-

plished by operation. For my part, I cannot for the life of me imagine what the operation was expected to get rid of. No abscess, no pus and no enlarged or infected glands. The operation was on Tuesday. The serum was injected on the following Thursday, and erysipelas set in on Friday.

I saw him first on Sunday, August 27th, two days later. All information of the case I had previous to this, my first visit, was given me by the friend, physician mentioned, and the wife of the patient.

When erysipelas set in the patient, who is a staunch homœopath, and knowing a good deal about drugs and medicines, insisted on my being sent for and being given full charge of the case in all matters except what was strictly surgical. This was agreed to by the surgeon and myself. The situation was not at all to my liking, and I had suggested that it would please me if a surgeon of my own school were called. The surgeon was very nice about it, and expressed perfect willingness that this should be done, but surgeon and patient were friends and the surgeon had operated in the family before, so it was agreed that he should continue to dress the wound, while I took charge of the medical and dietetic treatment.

The erysipelas had begun on the shoulder of the affected arm. The absurd method of drawing a scar line to prevent spread of the skin inflammation had been resorted to without apparent effect. The flush extended so that it covered practically the entire surface of the body from the hair line of the scalp to the feet.

I have never in all my experience seen a case act as this one has during the six weeks of my attendance. The patient would apparently respond to the action of each remedy administered, and then, without apparent cause, would relapse and become a little worse than before. The erysipelitic flush would almost disappear and again return, to again disappear and again return. The temperature would rise to 103°, and in twelve hours or less recede to normal, and even to a degree below normal. The pulse was at all times out of proportion to the temperature, running as high as 148. To-day (October 10, 1916) the temperature is normal, while the pulse is 140. Mild delirium set in about two weeks ago. At first the delirium was characterized by the baptisia symptom; his legs were out of place and he was distressed lest they get away

from him. *Baptisia* in twelve hours corrected all that, and at the same time the temperature dropped from 102° to normal. Later, the character of delirium changed to fear, causing the patient to want to get away; at the same time there was profuse warm sweat over the upper part of body, and the eyes had a frightened look. *Belladonna* acted as promptly as had *Baptisia*.

The diet was confined to fruit juices, with a portion of lamb broth with a little well cooked rice in it, according to appearance of tongue and desire of patient. He was very thirsty during the first three weeks, and had all the boiled water he would take.

Retention of urine began about a week ago, with occasional involuntary dribbling. About the same time slight involuntary stools began. The bowels had given but little trouble. It is now necessary to catheterize.

The patient is in a critical condition, and the prognosis is doubtful. Dr. Shepherd saw the case with me about a week ago.

Now I am convinced in my own mind that the vaccine injection was the chief cause of the trouble. Also I am sure that the operation was a mistake. The wound is perfectly healed.

I am glad I have not to bear the responsibility of those injections of (anti-what?) serum on my conscience. I can say the same of a number of other such injections.

PALLIATION.

By Daniel E. S. Coleman, M. D., New York.

Prof. of Materia Medica at the New York Homœopathic Medical College and Flower Hospital. Visiting Physician at Metropolitan Hospital, Blackwell's Island, N. Y.

What can be done to alleviate the suffering of those afflicted with incurable diseases is of vast importance to the conscientious physician.

It is a grave mistake, born of inexperience, that palliative medicine lies largely outside the scope of Homœopathy.

My internship at the Metropolitan Hospital and my subsequent position as visiting physician has brought me in contact with a large number of chronic and incurable cases which this vast institution harbors. My conclusions drawn from experience there as well as from private practice is *that in Homœopathy we have a*

method of palliating the majority of incurable cases in a manner unapproached by any other treatment.

It is paramountly important that the physician, especially one engaged in teaching, should be able to differentiate mechanical from dynamic conditions. Failure to do so has too often placed Homœopathy in a false light, shaken the confidence of those under instruction and caused undue suffering to unfortunate patients.

A few cases may be of interest to illustrate: 1st. What can Homœopathy do to mitigate the distress of cancer sufferers? My answer is: Homœopathy can control many cases of cancer in a way impossible by any other means, it can diminish pain and prolong life. If greater care in the selection of remedies applicable to the individual were exercised, less necessity for the administration of morphine would be required.

CASE 1.—Male. Far advanced carcinoma. Morphine no longer controlled the intense burning pain and the patient was brought to the hospital for relief. I prescribed *Arsenicum album* in repeated doses on the indication, *burning pain relieved by heat*. The pain was stopped and the patient had a night's rest, the first in a long time. Next day I was reproached by his family for giving "such a powerful drug." *Arsenicum* perfectly palliated his suffering until the end.

CASE 2.—On September 21, 1910, a lady, 72 years of age, suffering from an inoperable carcinoma of the breast, of six years' duration, applied to me for treatment. She had been under the care of a most excellent homœopathic prescriber who regrettedly gave up practice in this part of the world. I stopped the sharp shooting pains with *Conium* 3d. Later, hæmorrhages appeared, some very profuse. *Millifolium* θ , gtt. x, in half a glass of water, $\bar{5}$ i every five minutes, afforded complete control. After the first dose the blood would drop and it always ceased after the second. Finally, the odor became very offensive and external deodorants (used by her family) proved valueless. I prescribed *Kreosotum* 6th, later 3x, on these indications, *ulceration with thin putrid discharge and bluish color of the parts*.

This remedy not only stopped the extensive ulceration, but entirely removed the odor as well. After receiving the indicated remedy her general health always improved. This winter she caught cold and the cough caused unusually severe hæmorrhages.

Millefolium served as usual, and *China* removed the weakness resulting from the loss of blood.

This lady will be 77 years of age on June 7th, and a cancer patient for nearly thirteen years. She has no cachexia, her cheeks are full of color, in all respects, for her age, she is an extraordinarily well-preserved woman mentally and physically. One would never suspect the presence of cancer. What other treatment could have accomplished the same results?

CASE 3.—Some years ago I was called to treat a lady suffering from carcinoma of the liver. She was declining rapidly under "old school" treatment. I prescribed *Natrum mur.* 30th on the indications, great weakness, emaciation, hunger, thirst, constipation, etc. She gained much weight and improved to such an extent that her family thought she would recover. This continued for several months. She then began to decline and lose weight. Her son, an allopathic physician, wished her to see some prominent allopathic surgeons. No operation was performed and she finally died while under their treatment. Homœopathy alone was capable of improving and holding for a time such a hopelessly incurable patient.

Other illustrations could be given, but time goes fast.

The power of the indicated homœopathic remedy to diminish sugar and prolong the lives of diabetic patients is familiar to members of *our school*, as I have repeatedly verified. This case may be of interest to show the value of the indicated remedy in the final stage of diabetes.

Male, æt. 24. Two years' treatment by three eminent "old school" physicians. He was given less than a week to live when I was called.

Symptoms: Great weakness, can hardly stand, emaciation, intense hunger and thirst, eats every two hours, constipation with no desire for stool, cold hands and feet, cold clammy sweat, passage of large quantities of light-colored urine; gets up at night to urinate, acid eructations and nausea. *Natrum mur.* 200, one dose. Three days later, improved; stomach less acid, little nausea, first time in three weeks that he did not get up to urinate; thirst and appetite normal; very much stronger. Improvement ceased after a time, and I gave him *Natrum mur.* 30, four times daily. He seemed to do better on repeated doses. After the first month of

treatment he had gained so much in strength that he (without my knowledge or consent) carried a trunk up stairs. I discontinued the remedy when improvement was evident, and resumed it when improvement ceased. Later, when symptoms peculiar to *Natrum mur.* disappeared, other remedies were prescribed, but none helped to the same extent. Following are the urinary analyses:

Aug. 15, 1906, quantity, 6,060 c. c. Appearance very pale. Odor, sweet. Reaction, acid. Sp. gr., 1.027. Urea, 1 per cent. Total excretion in 24 hours, 60 grams. Chloride, low. Phosphates, enormously increased. Albumin, trace. *Sugar, 5 per cent. Acetone, large amount. Diacetic acid, large amount.*

Aug. 17th, quantity in 24 hours, 5,180 c. c. Color, pale. Reaction, acid. Sp. gr., 1.028. Urea, 0.8 per cent. Total in 24 hours, 40 grams. Chloride, low. Phosphates, excessive. Albumin, less. *Sugar, 5 per cent. Acetone, same. Diacetic acid about one-fourth less.*

September 2d. Quantity, 3,480 c. c. Color, pale. Odor, normal. Sp. gr., 1.026. Urea, 1 per cent. Total excretion in 24 hours, 38 grams. Chloride, normal. Phosphates, markedly increased. Albumin, trace. *Sugar, 2.6 per cent. Acetone, a little less. Diacetic acid three-fourths less than original.*

September 15th. Quantity in 24 hours, 5,580 c. c. Sp. gr., 1.030. Urea, 1.4 per cent. Total in 24 hours, 78 grams. Chloride, low. Phosphates, excessive. Albumin, strong trace. *Sugar, 3.3 per cent. Acetone and diacetic acid higher than last analysis.*

September 27th. Quantity in 24 hours, 5,280 c. c. Appearance, pale. Odor, normal, Sp gr., 1.017. Urea, 1.1 per cent. Total in 24 hours, 58 grams. Indican, increased. Chlorides, nearly normal. Phosphates, excessive. Albumin, very slight trace. *Sugar, 2 per cent. Acetone, same. Diacetic acid, very little.*

October 29th. Quantity in 24 hours, 4,380 c. c. Appearance, pale. Urea, 1.05 per cent. Total in 24 hours, 47 grams. Chlorides, low. Phosphates, a trifle high. Albumin, negative. *Sugar, 2.08 per cent. Acetone and diacetic acid, lowest yet.*

November 8th. Quantity in 24 hours, 4,440 c. c. Color, pale but darker than before. Urea, 0.4 per cent. Total in 24 hours, 17.7 grams. Indican, a trifle high. Chlorides, very low. Sulphates, low. Phosphates, somewhat high. Alubmin, one-fourth

of 1 per cent. by weight. *Sugar, 2.51 per cent. Acetone and diacetic acid, rather high.*

Although this patient improved greatly for a time, pathological changes had advanced too far and the indicated remedy finally ceased to act. He died three months from the time I began treatment.

I made no change in diet from that which he was receiving under his former physician. The connection between the indications for *Natrum mur.* and diminished chlorides in the urine is of interest.

I have often reflected what Homœopathy could have accomplished for this young man if it had been employed at the beginning.

The opportunities to study heart conditions offered by the Metropolitan Hospital are second to none in the world. Hundreds and hundreds of patients are at our disposal, and dull indeed must be the man who cannot become efficient after such clinical service. The application of the indicated homœopathic remedy is too often neglected, and purely mechanical medication resorted to in cases where such a measure does not apply. It is of the utmost importance in these cardiac conditions that we have a clear conception of the difference between patients requiring mechanical therapeutics and those in which the indicated homœopathic remedy should be used. It is only when *dilatation with broken compensation* exists that mechanical measures are necessary. The heart must be contracted and compensation restored, and woe to him who does not recognize the true condition of affairs.

Remedies, such as *Cactus grand.*, *Arsenicum*, *Apocynum*, *Kalmia*, *Spigelia*, *Digitalis*, *Iberis*, *Laurocerasus*, etc., etc., prescribed on homœopathic indications, can do more for incurable heart conditions *where compensation is not broken* than any known methods of medicinal therapeutics.

Space does not afford any extensive presentation of the many cases which have come under my care in hospital and private practice. A few illustrations must suffice.

Female, æt. 60. Superficial area of cardiac dulness increased. Urinary analysis showed the presence of chronic parenchymatous nephritis. Pulse, 140 and weak. Rapidity of the pulse led to the selection of *Iberis* θ , gtt. x, in half glass of water, $\bar{5}$ ii, q. l. b.

Dyspnoea and other symptoms of cardiac distress were also present. In a few days the pulse was reduced to 96, and she was decidedly improved in every way. The rapid pulse has often been my "keynote" to cases requiring *Iberis*. I remember a little girl of mine presenting a systolic murmur at apex transmitted under the left scapula. Pulse, 104. A few days' administration of *Iberis* brought it to 88, and she seemed in perfect health when discharged.

Girl, age 9. Symptoms: Fainting spells almost daily, screaming with sharp pain in the heart, great weakness; systolic murmur heard at the apex and transmitted under left scapula; diastolic murmur at second right intercostal space transmitted to neck; pulse, 126, very weak and irregular. \mathcal{R} . *Iberis* θ , gtt. x, in half glass of water, \mathfrak{v} ii half hour before meals and at bed time. Eighteen days later general condition much improved; only one fainting spell; pulse, 120, and much stronger. \mathcal{R} . *Iberis* continued. About seven weeks later marked improvement. No fainting spells for over six weeks. Had two in three days following last visit, probably due to the exertion of coming to my office from out of town. Is active, cheerful, has gained five pounds. Pulse, 100, and very much stronger. Continues well. Six months later. No fainting spells in about six months. *Iberis* palliated her symptoms perfectly.

The medical profession owes to Dr. Rubini a great debt of gratitude for his excellent proving of *Cactus grand*. Many times have I relieved the pain of those suffering from angina pectoris and other cardiac conditions where the well-marked indications appeared, "*sensation of constriction in the heart, as if iron band prevented its normal movements,*" "numbness of left arm," "palpitation < lying on left side," etc.

Female, $\text{aet. } 30$. Conscious, heavy, constricted feeling about the heart, convulsive action, numbness of the hands, surging over body, sometimes feels as if dying, great exhaustion, pulse 91 and weak, can hardly attend business. Examination revealed an aortic stenosis and mitral regurgitation. Under *Cactus* θ , gtt. x, in half a glass of water, \mathfrak{v} ii four times daily, she improved rapidly, and *all* her subjective symptoms disappeared. She writes now, some years later, that she is absolutely free from disagreeable sensations. The valvular murmurs still remain, of course.

Many years ago a brother physician and a fine homœopathic prescriber was thought to be near death from his valvular lesion. *Cactus grand.*, prescribed by himself, palliated his condition perfectly (he always carries it in his pocket), and he is alive to-day attending to an active practice.

Valvular heart disease and chronic parenchymatous nephritis in a man about fifty years of age. Double murmur heard at apex, systolic murmur transmitted to the left; double murmur heard at second right intercostal space, systolic murmur transmitted to the neck. Urine contained albumen, pus corpuscles, epithelia from the convoluted tubules containing fat and granular casts. Passed less than twenty ounces a day. Clinical symptoms: Stupid and drowsy, dyspnœa, excessive œdema, no thirst. He grew worse under the administration of infusion of *Digitalis* and *Citrate of caffein*, finally ending in marked stupor, showing every sign of fast approaching death. I suggested *Apis mellifica* as his remedy. Eight drops of the tincture were dissolved in a glass of water, and a teaspoonful given every hour. In the next twenty-four hours the man passed one hundred and ten ounces of urine and showed very marked improvement. For about a week the average was one hundred ounces daily. By that time he was out of bed, the œdema had disappeared and he presented no subjective symptoms. Unless you listened to his heart and examined his urine, you could not tell he were ill.

Cratægus has done excellent work for me, but its imperfect proving prevents us from understanding its exact relationship. I have a fondness for this remedy because it relieved the dyspnœa and distress of one of the finest men I have ever met, and a very dear friend, in his last illness. I refer to Dr. W. I. Pierce.

What can the indicated homœopathic remedy do in cases of renal and gall stone colic? These conditions can often be relieved by the indicated remedy, but they are purely *mechanical* and the remedy cannot always bring the desired relief. *Berberis*, *Calcarea carb.*, *Aconite*, *Belladonna*, etc., have served me in such cases, but no one is justified in waiting long for the action of a dynamicaly acting remedy. Prompt relief must be given. After fifteen or twenty minutes without amelioration, anæsthetics should be resorted to. When the suffering is excruciating we cannot wait so long. Dr. Walter Sands Mills was a sufferer from renal colic.

Observing in Allen's "Handbook" the use of *Calcarea carb.* for gall stone colic, he decided to try it for his own complaint. He met with success, and has often used it in practice. I also have obtained results from its use. I repeat, however, that *renal and gall stone colic are really mechanical conditions*, and will not always respond to the dynamically indicated remedy. This is no argument against the efficiency of Homœopathy, but against those who do not understand its true philosophy and its proper place in medicine.

No one would think of excluding an anæsthetic during a surgical operation, of sitting a patient on a bee hive and administering *Apis* for stinging pains, or of expecting to quiet a nervous man while his mother-in-law remained in the house.

Hahnemann directed to remove the cause and treat the disease.

To properly separate *mechanical* from *dynamic* conditions is necessary to us as individuals and as a school.

I have not mentioned non-mechanical palliatives, as heat, cold, vibration, manipulation, etc. These should be utilized.

NEW YORK CITY NOTES.

Among the interesting news items in the hospital world is the appointment of Oliver H. Bartine as superintendent of the Flower Hospital, New York City. For the past twelve years he has filled a similar position at the Hospital for the Relief of the Ruptured and Crippled, and we feel that Flower Hospital is to be congratulated upon the change.

The efficiency of Mr. Bartine's work during the twelve years that he held office at the Ruptured and Crippled is well known; and the hospital's excellent standing as well as the effectiveness of its organization bear testimony to his power and ability as an executive.

It was in 1895 that Mr. Bartine began his hospital career under the late James R. Lathrop and Charles B. Grimshaw at the Roosevelt. In 1902 he was appointed Deputy Superintendent of the New York City Children's Hospital and Schools. This position he held successfully until 1905, when he was called to the Hospital of the New York Society for the Relief of the Ruptured and Crippled to become its superintendent.

There he made one of the most remarkable records of any superintendent in the country. Hospital efficiency is his constant aim, and it is along the line of finance that he has made some of his most noteworthy success. Under his direction the endowment fund at the Ruptured and Crippled has been greatly increased, while the per capita operating cost is considerably less than that of any other institution doing a similar work.

It is not alone in hospital management that Mr. Bartine is an authority. Construction with its many perplexing and generally little understood problems has likewise claimed his attention, and in this as well he has achieved an enviable reputation. His many monographs and magazine articles upon various phases of hospital building and equipment have been generally accepted throughout the country as the last word in the development of the modern hospital where efficiency of service and low cost of operation are the important considerations.

Among his many pamphlets that are being used by hospital authorities and architects are:

The Building of the Hospital.

Artificial Illumination.

Organization and Method.

Construction.

Departments and Rooms.

Among his other activities Mr. Bartine is Vice-Chairman of the New York Committee on After Care of Infantile Paralysis Cases. He has devoted much of his valuable time and knowledge to the great work the committee is doing toward the relief of the poor victims of last summer's epidemic.

The Dietetians of New York City have at last organized. For some months they have been meeting informally at some of the larger hospitals. The field and influence of the dietetians is growing, however, and realizing the increasing need of some central organization which will assist in standardizing their work they have formed this association of dietetians.

The moving spirits back of the enterprise are Miss George, of Mount Sinai Hospital, and Miss Speas, of Flower Hospital. At the meeting, which will be held on February 12th, the permanent organization will be effected.

The breadth and scope of this association are refreshing. Not

only are all things pertaining to diet and diet schedules presented to the members in the most approved fashion, but matters of general hospital interest are discussed.

At the last meeting Oliver H. Bartine, Superintendent of Flower Hospital, outlined the remarkable work done by the hospital in the care of the victims of infantile paralysis during the recent epidemic. Thanks to the generosity of the Board of Trustees, the hospital early in the scourge threw open its doors to the little sufferers and assured them of every care that science could provide. The resultant low death rate and the remarkable high percentage of complete recoveries among the little patients admitted to the hospital will always stand as a shining testimonial to the unflagging care and unselfish attention given to them by the medical men in charge.

Mr. Bartine gave a brief history of the epidemic, and particularly mentioned the work being done by the New York Committee upon the After Care of Infantile Paralysis.

Dr. J. T. Simonson, head of the Chair of Pediatrics at the New York Homœopathic Medical College and Flower Hospital, outlined some rules for infant feeding. As one of the foremost specialists in children's diseases, Dr. Simonson's suggestions carried real weight. This phase of the work is one of the most important that the modern dietitian has to face, especially in view of the fact that so many of the newer hospitals are being equipped with large maternity and children's wards.

It is planned to have some one or more important and well known persons address each meeting. Some of the speakers at the earlier meetings have been Miss Jane Delano, the Head of the National Red Cross, and Professor Mary Rose, of Teachers' College.

The outcome of this organization is being watched throughout the country not only by medical men and the heads of hospitals, but by the various schools of Domestic Economy and Household Science, who are interested in solving the problems that will be presented to this association.

FERRUM PICRATE AND HERNIA.

Editor of the HOMŒOPATHIC RECORDER.

I am impelled to write you of a peculiar and quite pleasing experience. I have under treatment Mr. L. O. E., now 82 years old, who had for years been troubled with a chronic diarrhœa, a relic of the Civil War. Ten years ago he consulted an osteopath who, after a number of treatments, cured (?) the diarrhœa. But at no time since have the bowels been regular in their action, there seeming to be a state of inertia rather than constipation; stools were natural in form and consistency. I have found it quite a task to keep him from using purgatives to excess. One year ago he developed quite a rheumatic arthritis, also considerable enlargement of the prostate gland. He suffered no pain but had great inconvenience in the frequent efforts to void the urine, being compelled to get up about every two hours at night. On account of age and a tendency to dribbling of urine and some other symptoms indicating *Thuja occ.*, I gave him that remedy for several weeks in varying potencies, with slight relief. In looking up his symptoms I found in "A Dictionary of Practical Materia Medica," by Clarke, referred to *Ferrum picrate*, which seemed to promise some help in this case. I procured the B. & T. tablets 3x, of which I gave him two tablets, morning and evening with marvelously quick relief to the prostate trouble. He had also been troubled with an extremely large femoral hernia on the right side, and a scrotal hernia on the left side, for which he had been unable to get a truss to hold. To my surprise he told me the last remedy had helped his rupture, and upon examination the right side hernia was almost gone. I then triturated the remedy to the 6x, and have had him taking it twice a day. Now, four months, the hernia has to all appearances entirely disappeared, but cannot see that he has been benefited as to the scrotal hernia. On account of his age and apparently hopeless physical condition I did not deem it worth while to keep a clinical record, and am now giving you this account from memory. I do not feel this to be a matter of much importance unless the influence of *Ferrum picrate* in hernia may be verified.

CHAS. E. JOHNSON, M. D.

208½ N. Travis St., Sherman, Texas.

A CLINICAL PROVING OF METHYLENE BLUE.

Editor of the HOMŒOPATHIC RECORDER.

A patient of mine, on the advice of Dr. C——, took, as an intestinal and urinary antiseptic three (3) grains of methylene blue daily for several months. The following symptoms occurred at various times during the hot weather: Sudden severely cold chills running up and down the spine, with imperative desire to urinate. Chills gradually subside after urination. On stopping the methylene no more chills appeared. Several months later, one grain was taken to be followed within a short time by a return of the same symptoms. This time the drug was definitely abandoned. I think this case was a good proving.

S. S. JACQUELIN, M. D.

1019 Beacon St., Los Angeles, Calif.

A LETTER AND A PAPER.

Editor of the HOMŒOPATHIC RECORDER.

The RECORDER came this morning and the article on "Staphisagria" "set my heart a-goin' like the tickin' of a clock."

Enclosed find results. I have always noticed that when the sexual organs of either male or female act in perfect accord with the laws of God and nature that there is buoyancy and pleasure instead of despair and defeat, hence the following deduction on *Staphisagria*.

You might just omit my name from inclosed.

Enclosed find subscription and don't omit my name there. I am just closing treatment on a case of conjunctivitis of thirty-five years' standing with fine results.

Yours,

— . — . ————— .

STAPHISAGRIA.

Nov. 6, 1916, I received a letter from a lady in western Kansas in regard to her husband's health. "J. W. just sits around and mopes and sighs, says he wants to get out of the way; he is a failure; can't sleep, can't eat, can't fix his mind on anything but his troubles; has no faith in these allo's here; thinks they are a joke as physicians, you know, and I want to tell you he has

had serious business reverses and lost heavily during the past season. Send what he needs right away."

I did. I sent four oz. *Staphisagria*, 10 drops t. i. d., and after three weeks five days t. i. d. until gone. I told him to cheer up, for about Dec. 15 his nightmare of doubt and defeat would be replaced by the golden dreams of youth again.

The last of Dec. I heard from him again, as follows: "Well, true to your prophecy, J. W. is much better; still taking the remedy; seems in so much better heart and spirits; if he needs anything more send it on."

I wrote back, "continue treatment." In the above case there was severe backache and pain over the loins, some cough and stomach trouble; also he had quit "tobacco and whiskey," and he needed something to give him "pep." *Staphisagria* put him on the road to success again, and it will do the same for others.

I have failed only when I gave up and discontinued the remedy too soon.

A couple of years ago I treated a son in this family for the following symptoms: "Catches cold all the time; sores looking like 'Cuban itch' on his hand, arms or anywhere else he gets the slightest bruise; he is 6 ft. 3 in. tall, and only weighs 120 lbs.; 19 years old. Send something to *build him up*. We are afraid of consumption; he has such a cough and night sweats."

I sent it by return mail. *Thyroid*, 2 gr. tablets, three a day at first, and after the first hundred were taken the subsequent two hundred twice a day. I wrote them that they would soon be asking me for something to reduce his weight, and what they had better do to take the "ginger" out of him. At the end of six months his mother wrote, "Just think, H. weighs 180 lbs., has no cough; no sores; can eat anything and do any kind of hard work. Shall I have him take the rest of the tablets?"

I stopped the remedy, as I felt the results were fine. So altogether he took 2½ oz. of the *Thyroid* and no other remedy.

He has not been sick since and continues in strength and keeps in good flesh.

There are others, but I am afraid to weary the "typo."

Staphisagria is a wonderful remedy for chronic "blepharitis" and "styes" which harden almost like wood and bleed.

THE INDICATED REMEDY.

By Eli G. Jones, 1404 Main St., Buffalo, N. Y.

In examining a patient we naturally look for the *indicated* remedy. It may be found in reading the pulse, or the tongue, or eye. Again, the patient may complain of some *special* symptom that gives us the *keynote* for the *indicated* remedy. A man has sallow, dirty looking complexion, the base of tongue has a thin white coating. He complains of the sensation of a "*stick of wood in his right side.*" The symptom points to one remedy, *Chionanthus*. I examined his liver and found it *enlarged*. I prescribed *Tr. Chionanthus*, 10 drops, once in three hours. It reduced the size of the liver.

A student from one of our colleges presented himself for examination. In reading his pulse it was *weak, rapid, intermittent*, the pulse indicating *Kali phos*. It would seem from a hurried examination of the patient that the above remedy was all that he needed, but when I read the tongue, it told another story. The *yellowish-white* coating on the *back* of the tongue indicated *Nux vomica*, 3d x, three tablets, once in three hours, in alternation with *Kali phos*. 3d x, three tablets, once in three hours.

The young man had been a hard student burning the midnight oil, and had taken very little nourishing food. He had drawn upon the *Kali phos*. in the grey matter of the brain until the *brain* was *tired* out. His stomach was almost digesting itself. A complete change in his hours of study was ordered and proper food at regular intervals to nourish the brain and body.

A lady is subject to sick headache. She has *burning* in the stomach, a *bitter* taste in her mouth, a *burning* pain in the *right* temple as if a *screw* were driven into it. *Natrum sulph.*, 6th x, three tablets once in two hours, was the remedy needed, and it cured her.

Ferrum is often prescribed in anæmia "without rhyme or reason." If it does *not* increase the *desire* for *food*, and the ability to *digest* it then *Ferrum* is *not* the remedy your patient *needs*.

A doctor wants to know what is "good for the itch." I presume he means scabies. The following local application will *cure* the disease every time:

R. Oil Tar	ʒj.
Tr. Veratrum Vir.	ʒj.
Lanolin	ʒxvi.

Mix.—Sublimated sulphur sufficient to make the mass the consistency of an ointment.

Sig.—Apply three nights in succession then take a bath, skip three nights, then apply it three nights more.

In an itching skin disease when it feels *good* to scratch but *burns* afterwards, and is made *worse* by application of *water*, *Sulphur* is the internal remedy. If the scratching makes the parts feel *raw* and *sore*, *Causticum* is the remedy. When we have very *dry* skin, itching worse at *night* in the warmth of the bed, feels *better* from *washing*, *Graphites* is the remedy.

Dr. D. H. Brien, Seoul, Korea, Asia, writes me that "*Ferrum phos.* is a *definite cure* for chilblains; will cure 99 cases out of 100; will cure when *Agaricus* will *not* touch the case." He does not mention the potency, but presume he means the 3d x, three tablets, once in two hours.

The doctor informs me that it is a good climate for asthmatics if they have the *price* to get there. It is no place for poor people; laboring men get 20 cents a day, working from daylight until dark.

A young lady was telling her father what *kind* of a husband she wanted. "He must not drink liquor, use tobacco or swear, and must be *strictly* virtuous." The father replied, "Daughter, you are a stranger here. Heaven is your home!"

In headaches due to *exhaustion*, those wasting diseases when phosphates are found abundantly in the urine, with *pain* in the *back* of the head and neck, *Tr. Coca* is the remedy. *Tr. Coca* ʒj in four ounces of water, teaspoonful every hour.

A lady is very nervous, is *fearful* of *impending danger*, looks on the *dark* side of life, has fits of *weeping*, walks unsteadily, dark circles round the eyes; she has pain on *top* of her head, she needs *Tr. Pulsatilla*, 15 gtt, in four ounces of water, one teaspoonful once an hour. *Pulsatilla* is a *Woman's* remedy.

"The women weep and whisper still,
Give us the darling *Pulsatill.*"

Spongia is a good remedy for croup *when* it is indicated. If there is a *harsh*, barking croupy cough, with *sawing* respiration, the child feels *suffocated*, is *frightened*, has to *sit up to breathe*, give:

R. Tr. *Spongia*gtts. xv.
Aquafl. ℥iv.

Mix—Sig.—Teaspoonful every fifteen minutes until *relieved*.

You have met with men who are *irritable*, “cranky,” with no desire to talk except to *find fault* with those about them. They are “out of sorts” with everything, nothing suits them, a chronic “grumbler.” If you try to cheer them up they resent it. Such people *need Sulphur*.

A very common complaint in summer is an *itching* round the ankles. *Natrum phos.* is the remedy indicated.

For a case of diabetes with *weakness* of nervous system, it is a “safe and sane” treatment to give the patient *Natrum sulph.* 6th x, and *Magnesia phos.* 6th x every two hours in alternation. You may expect *good* results from the above remedies in a **week**. Try it!

In chorea with *constipation* *Natrum sulph.* should *always* be given, whatever other remedy may be indicated.

In appendicitis when there is *dull* pain in *right* ileo-cæcal region, shifting flatus, *tenderness* on pressure, vomiting *persistent*, *Natrum sulph.* 3d x is *the* remedy, 3 tablets once an hour in a little hot water.

You will often be asked to prescribe for pruritus of the vagina, especially in old ladies. The *itching* nearly drives them *frantic!* But you will have a remedy that you can *depend* upon every time. Have the patient wash the parts first with Castile soap and warm water, then apply the following:

R. Powd. Borax℥iv.
F. E. Hydrastisfl. ℥ii.
Aquafl. ℥iv.

Mix.—Sig.—Bathe the parts three times a day.

That particular form of colic that always *begins* in the *right groin* needs *Natrum sulph.* 3d x.

In chronic catarrh, colds in the head, sneezing and *sore* nostrils with *albuminous* discharge from the nose, it is good practice to

begin the treatment of such patients with *Calcarea phos.*. This remedy has a decided *tonic* action, and has a healing influence upon the inflamed membranes. I have seen women that suffered from *icy coldness* over the *whole* body during menstruation. They needed *Silicea*.

A patient complains of *coldness* in the stomach, wants plenty of condiments and *sour* things, something to *warm* up the stomach and start digestion. Digestion is slow, stomach feels *full* when only a little has been eaten. They have *distension* of the abdomen, *bitter* eructations, *belching up gas don't relieve*. *China* is the remedy indicated.

I had a letter from Dr. Lester Gibbons, 5th Rifle Brigade, Munster, Isle of Shepley, England. In this letter he speaks of the medical treatment of cancer. He was at one time a student under Dr. J. T. Kent in this country, and the words of Dr. Kent ring in his ears, "That all that Homœopathy could do for cancer was to prolong the life of the patient for a period of three years when once the disease has gained a foothold."

I am much *surprised* at such a statement from Dr. Kent! I always regarded the late Dr. J. T. Kent as one of the great teachers of materia medica, and *any* homœopathic physician who *knows* his materia medica has *no* earthly reason for saying (as some of them do) that "there is no cure for cancer" when the materia medica of *that* school of medicine is *rich* in remedies that *do* have a *curative* effect in *cancer*. After all is said and done the *fact* remains that cancer (both external and internal) is *being* cured in *every* State of the Union by *medicine*.

Dr. M. E. O. Schroeder, Nanuet, Rockland Co., N. Y., is one of our *very bright* readers of the RECORDER. She writes me about a case she has. "A lady 64 years old; tongue clean; pulse intermits something like this: 9, 9, 4, 4, 3, 2, 9, 6; a mixed pulse, not rapid, rather slow. The figures she gives show how far *apart* the intermissions of the pulse are. In reading a pulse of the above kind, I first think of functional *weakness*, then I get the impression of an enlargement or disease—of the liver or spleen. I advised her to make a thorough examination of her patient, first the liver then the spleen and uterus. I think she will find the cause of the trouble in one of these organs. Dr. Schroeder shows *more* than ordinary skill in reading the patient's pulse. It is the

best reading of the pulse that I have had from any physician for a long time.

When a man has been out with the boys all night or entertaining a "friend from the West," the morning after he has a "dark brown taste" in his mouth, a *frontal* headache with *dizziness*, he wants to have his head bound up *tightly* or press it against something *hard*. It feels sometimes as if it was "*split open with an axe!*" *Tr. Nux vomica*, 1st x, is the remedy, ten drops in half a glass of water, one teaspoonful once an hour until relieved. A man said he "did not drink whiskey because he liked it but for the *glorious operation!*"

SUGGESTS RADIUM BROM. FOR BURNS.

Editor of the HOMŒOPATHIC RECORDER.

In answer of Dr. C. M. Swingle, of Cleveland, O., I would suggest in analogy of another case of local actual Burning the Skin—*Radium brom.* 12x, one grain, three times a day.

If 12x should not answer promptly I would try 30x, *once a day*.

Radium brom. (and also X-Ray, in potency) must, by personal experience, be considered—nearly specific for skin burns.

The aggravation by *Sulphur* (high), the amelioration by a hot bath, the general benefit from *Pulsatilla*, speak most emphatically for *Radium brom.* Compare H. C. Allen on X-Ray, T. H. Clarke on Radium and my clinical experience with Radium in HOMŒOPATHIC RECORDER, Vol. XXV., No. 12.

Very truly,

ERIC VONDERGOLTZ.

205 E. 205th St., New York.

A CASE FOR SKILLED REPERTORY MEN OR THE SURGEON?

Editor of the HOMŒOPATHIC RECORDER.

I am enclosing herewith a summary of a case that has baffled all my efforts to establish a cure. In fact the case seems to be growing worse. I am anxious to find, if possible, the indicated remedy for this case. I have exhausted all by resources and still apparently have accomplished nothing. Can you, or any of the

readers of the RECORDER help me out on this case. I leave it to your discretion as to whether you shall publish the case in the RECORDER or not. Hoping that you may not consider that I have in any way imposed upon your good will, I am,

Yours truly,

S. O. PITTS, M. D.

Alda, Neb.

THE CASE IN DETAIL.

Mrs. F. Age 28. Housewife.

Form. medium slender with long waist. Complexion, medium light. Eyes, brown.

Height, 5 ft. 4 in. Weight, 130. Married. No children.

Fathers age, 53; strong and healthy. Mother, 54, strong and robust.

Father's parents still living, always been strong, past 80.

Mother's father killed in accident, age 52.

Mother's mother, ruptured vericose vein on leg, died of hemorrhage therefrom at age of 60.

Ancestry healthful so far back as known.

Patient had pneumonia seven years ago. Troubled with a condition resembling asthma for a number of months following. When spells would come on had to go to open window for air. Fresh air relieved somewhat. Spells always came in the night. Has not been bothered in this respect for four or five years.

Apparently well up until 18 months ago.

Tonsils always chronically enlarged and follicles filled with a yellow cheesy mass often twice the size of a grain of wheat. Tonsils removed last July. Recovery from operation apparently complete.

Patient somewhat dictatorial in disposition with a tendency to fault-finding. Slightly hysterical and oversensitive. Obstinate and easily offended: peevish and inclined to scold when angry. Gets angry in a minute and throws things about, or ends up with a crying spell. Likes to work when feeling well.

Patient's present trouble commenced about 18 months ago with a condition resembling indigestion, followed later with a pain in left side about one inch above and two inches to the outside of umbilicus. There is now more or less general weakness with an all gone feeling at times as of the body trembling. No external evidence of this trembling.

HEAD.—Slight dizziness at times. May come when at work or when lying down. Never to the extent of vertigo. Fatigue of head at times; generally in the back. Bursting sensation in the head aggravated from motion. At times a pulsation of head with a sensation of weariness, worse from exertion or moving or turning the eyes, from leaning over, stooping or from vexation. Headache often accompanied by a swelling or puffiness of the eyes. Feels that she must lie down. Scalp sometimes painful from touch.

EYES.—Aching in and back of with a sensation of enlargement of eyes. Eyes feel fatigued and drowsy. Lachrymation in open air. Eyes somewhat prominent. At times swelling of the lids.

EARS.—Normal in every way.

NOSE.—Smell very sensitive.

FACE.—Comedones very numerous. At times slight swelling under eyes. Blue circles around eyes (not marked). Rather a muddy complexion with cracking of skin of lips at times with skin peeling off. Some acne on cheeks and chin at times, but not sonstant. Slight yellowish color of face around eyes and mouth. Skin has a general yellowish tinge.

THROAT.—Choking sensation in throat at times. At times a dull pain in the region of the thyroid. No enlargement of the thyroid. Expectoration of considerable mucus by hawking and spitting in the morning.

STOMACH AND BOWELS.—Desire for fruits. Faintness in stomach at times. If meals are delayed for an hour or more faintness in stomach greatly aggravated, and will also bring on headache. Piles trouble at times when there will be itching in the anus. Bowels somewhat irregular. May be normal for several days and then constipated for a few days.

Urine slow in passing. Aching sensation at times following urination. Urinalysis shows no abnormal condition.

Emissions of wind from vagina at times. Yellowish leucorrhœa. Menses too early by three to five days. Absence of enjoyment during coition.

Slight catarrhal condition of nose and throat with a sense of dryness in the throat.

Respiration varies about twenty per minute most of the time. Much quickened on ascending stairs or exertion.

Fluttering of heart at times. Heart action increased at all

times. Heart runs from 80 to 90 per minute, increases to over 100 on slight exertion or excitement. Heart somewhat irregular in action. No intermission. No valvular lesion. Pulsations can sometimes be felt all over body, especially in and back of eyes. Heart condition always aggravated after exertion or excitement.

At times sleepless at night. Feels nervous and restless. Seems as cannot hold eyes closed. Heart and general condition always worse at times when restless spells come.

Temperature normal.

Condition aggravated from anger or excitement or exertion. Aggravated from exertion of mind or work requiring close application, or from fright. Inclined to lie down. Better when lying down. Worse before menses. Feels tired with an inclination to rest.

At times there is a trembling feeling all over the body. Feels as if the body were quivering. No quivering noticed on inspection. Feels weak and debilitated most of the time.

Appetite fairly good though small amount of food seems to fill up.

Editor of the HOMŒOPATHIC RECORDER.

I have just now completed reading the able scientific and excellent article in the January number, on page 6, "Poliomyelitis." The doctor stopped writing before he told us how to cure the disease and so if he will excuse me I will add a few words on that department. As soon as I suspect that I am dealing with a case of poliomyelitis I put one teaspoonful of the tincture of *Aconite* on the spinal column and rub it in well and repeat this when needed. And give internally four drops of tincture of *Aconite* in half a glass of water and give it in alternation with *Gelsemium* tincture, twenty drops in another glass with the same quantity of water. These may be given as often as the physician deems advisable.

In addition to the above I would use a five thousand candle power lamp held over the spine from fifteen minutes to a half hour, as seems best for the patient, and repeat it as often as seems necessary. In the forty years that I have been dispensing homœopathy I have not learned of a better treatment.

CHAS. C. CURTIS, M. D.

1204 Pacific Ave., San Pedro, Calif.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

In this number we publish an article by Dr. G. M. McBean, F. A. C. S., a Chicago specialist in the eye and ear, and also one by Dr. L. F. Ingersoll, of Englewood, Chicago, whose special interest is in obstetrics.

INFANTILE PARALYSIS AND THE EAR.

GEORGE M. McBEAN, M. D.

I would like to confine my remarks strictly to the subject assigned me, but a somewhat exhaustive survey of the recent literature of poliomyelitis, and also personal communications from several physicians who have had considerable experience with the disease, lead me to think that poliomyelitis has *no* ear complications or sequelæ. Ear infections may exist coincidentally with poliomyelitis, but from independent causes and not as a sequence.

Naturally in an epidemic such as the one of last year, there are many cases classed as poliomyelitis (commonly called infantile paralysis) that are really due to quite different causes. The misconception concerning the disease is phenomenal, both among physicians and the laity. For instance, I have several times heard and read the terms epidemic infantile paralysis (poliomyelitis) and epidemic cerebro-spinal meningitis used interchangeably. Possibly a few differential points in these two diseases would not come amiss.

	<i>Epidemic Meningitis.</i>	<i>Poliomyelitis.</i>
Paralysis.	Rare in early stages.	Common.
Temperature.	Always high.	High at onset, but drops before paralysis.
Pulse.	Compression pulse slow and arrhythmic.	High at onset. Drops after paralysis.
Delirium.	Stupor, may go on to coma.	Lessens as case progresses.
Rigid spine.	Marked.	Patient can turn head.
Kernig.	Both legs alike.	One leg more marked.
		(Frauenthal and Manning.)

It is true that poliomyelitis cases of the encephalic type suffer from a meningitis, but a number of autopsies show that the meningitis is always of the serous form. Lumbar puncture in these cases shows a fluid that is clear or slightly opalescent (Wickman). In suppurative meningitis or epidemic meningitis the fluid would be under greater pressure, would be turbid and probably contain micro-organisms of the disease and pus cells.

It is to be remembered that suppurative ear disease is the cause of suppurative meningitis in a large proportion of the cases. It should also be remembered that ear infections complicating influenza may result in meningitis. This would give a disease complex which might easily be mistaken for the early stage of poliomyelitis.

On the other hand poliomyelitis is a disease of the summer months and, according to one report of 279 cases, there was a complete absence of acute catarrhal troubles in the respiratory tract and eyes.

Theoretically, it is possible to get a change in the hearing function from the paralysis (common in this epidemic) of the facial nerve which controls the stapedius muscle in the middle ear. The function of this muscle is to antagonize the tensor tympani and prevent concussion of the labyrinth from explosions and loud noises in general.

However this is pure speculation, for no such cases have been reported. Otherwise the ear complications and sequelæ are conspicuous by their absence.

THE NEWER OBSTETRICAL METHODS.

L. F. INGERSOLL, M. D., CHICAGO.

What are the newer methods? Really the question is a difficult one to answer for it does not seem as if the profession is making as rapid strides toward improvement in obstetrical methods as are other branches of medicine and surgery.

Twenty or more years ago when the writer began his obstetrical career the cry was for better forceps. I myself wanted the best to be had, but, being at that time impecunious, had to put up with what I could get, namely, an heirloom from my preceptor in the shape of an instrument which he had discarded. Later in my career I was able to buy the best the dealers could give me,

but found it not worth a fig in comparison with the old instrument which, on one memorable occasion, got me, an unborn child, and a mother out of a very embarrassing predicament. I am still using "Old Reliable" regardless of the faces made by the nurses to whom I hand it out for sterilization. When I retire I shall bequeath it to some good young man, if I can find one broad-minded enough to get away from his bookishness and to appreciate a really good thing.

The deduction to be drawn from all this appears to be that no improvement worthy of note has been made in obstetrical forceps in the last two or three decades or even longer.

Then again there was the obstetrical chair. This instrument of torture, which should never have seen the light of day, has been relegated to the garret, and what have we in its place? Cæsarean section? But this procedure was known long before the chair was inflicted upon us.

As a matter of fact we are stumbling and plunging along over the rough obstetrical road in the same old way, merely simplifying our methods somewhat, and taking care not to kill a woman just because we are delivering her.

O, Obstetrics! What crimes have been committed in thy name! But it must be admitted we no longer do craniotomy, and that the obstetrical laparotomist—God bless him—has brought his particular branch of the art to a high degree of perfection. Yet at best his field of usefulness is limited by circumstances, more than could be wished. Although, personally, I have never been forced to call upon him for aid—for which some may deem me of the devil—yet I take off my hat to him and call him my friend.

But the subject of my discourse was originally the forceps, and let us not drift too far away from this theme. Let me say right here that the O. F. will ever be the instrument of obstetrical emergencies, and that the laparotomist can never become of the every day practical aid (because of reasons stated before) that the forceps is to us.

Hence it becomes of importance to consider what improvements, if any, have been made in the manufacture and use of the forceps since the days of Sheldon Leavitt. In my own student days every lying-in woman received the benefit of the use of forceps except in cases where she would not wait, and the use of the

forceps became a routine measure characterized by a great degree of sameness. In those days there were but few internships offered us hence we had to learn by personal experience how to use the forceps, and, as we merely understood the theory of the thing, when we began, accidents would occur to the child which nobody knew about, and which we ourselves, perhaps, never really understood the meaning of. It used to be supposed that a diploma in medicine and surgery carried with it a complete knowledge of the obstetrical art, but we now realize that unless we possess a material amount of surgical deftness, we can not become an obstetrician regardless of what opportunities for observation or of what experience we may have.

If a person has not the natural ability required, no Class A college or any other training can make an obstetrician out of him. It is much easier to talk about obstetrics in a medical society meeting than to get yourself, the unborn babe, and the mother out of an obstetrical emergency in the lying-in room. The obstetrician, like the poet, is born not made. In no branch of medicine or surgery is natural adaptability more necessary than in obstetrics. Some of the rawest mistakes which have come under my observation have been made by those whose opportunities for perfection have been greatest. **No matter how many millions are donated by credulous millionaires for the building up of mammoth educational plants, it will ultimately be found that money does not make the obstetrical man.** Every now and then we may meet persons who will admit they have no business with the forceps but they are few and far between and, in my own experience, I have met but two of them.

It must be remembered that the lying-in woman is in the great majority of cases not sick but merely doing what, as a rule, she is well qualified and fitted for doing. As a rule, that is, but exceptions occur, and, it is in the case of the exception that the obstetrician comes in to ensure the safe passage of the infant through the birth canal and the safe delivery of it without rupture of the peritoneum. Normal cases may be seen through with safety by a midwife, if she knows enough to attend with surgically clean hands, to support the perineum, and to flex the head at the proper time.

Uterine inertia is an interesting problem to the obstetrician. It is a mistake to suppose that a woman can "bear down" if she

only will. In all cases uterine inertia requires skilled attention from the attending physician. Formerly in such cases it was my custom to dilate the cervix and to go after the foetus with the O. F., and this procedure has been uniformly successful in my experience, but there is a large chance that pituitrin properly administered may do the work without the necessity for instrumentation. I use 1 c. c. of this drug, repeated if necessary in 20 or 30 minutes, and have had good results from it. The question comes up as to whether the administration of pituitrin is attended with any uncertainties. In answer to this allow me to emphasize the importance of proper dilatation of the cervix. A lazy uterus is not unlike, in some cases, a lazy man, that is, very effective when once started, hence an oncoming foetus under the stimulus of ten to twenty c. c. of pituitrin is liable to create embarrassment for an undilated cervix. Laceration, both of the cervix, and of the perineum, may occur, if dilatation is not brought about as it should be.

I have had most gratifying results from pituitrin in cases in which there is extraordinary pendulousness of the abdomen and uterus, bringing about delivery in some of them in as short a time as 45 minutes. In buttocks cases with complete lack of expulsive pains it has also served me well. Pains sufficiently expulsive are caused by it, and the child born in time to be resuscitated. The pituitrin procedure appears to me to be a natural one, and by all means the best thing we have hit upon in obstetrical practice since I have been in the field.

CLINICAL URINOLOGY AND RENAL THERAPEUTICS.

CLIFFORD MITCHELL, M. D.

Things Which May Deceive Us.—Being consulted by a man of 37 recently as to whether he had better apply for life insurance. I examined the freshly voided urine and found it entirely free from albumin by the Heller test with cold nitric acid by contact, and the sediment free from casts. But the specific gravity of the specimen being only 1008, I declined to advise him to apply until I had seen a specimen of higher gravity. He went without drinking any fluids for several hours, then returned to me and voided a specimen which was of specific gravity 1015. This specimen showed a perfectly plain white ring with the nitric acid and.

under the microscope, the sediment was found to contain several granular casts. This experience should warn us not to be sure of the absence of albumin and casts in cases in which we examine specimens of only low specific gravity. It is fashionable nowadays to "flush out the kidneys," which procedure is not to be condemned in the abstract by any means but from the viewpoint of the analyst it is a nuisance pure and simple, for patients bring specimens for examination which are mostly water without solid matters of significance. Too much water in urine will entirely dissolve red cells, a few of which may be the only clinical evidence of tuberculosis or calculus of the urinary tract, and a few tube casts originally present may be washed to pieces by a large amount of water. Thus not long ago I failed to find any casts in the 24 hours' urine of a woman who passed three quarts, but found them without much trouble when she passed only two quarts. In general, it may be said that absence of albumin or of casts in urine of specific gravity below 1015 is not conclusive. This is recognized by life insurance companies, many of which require a specific gravity above 1015.

The practical difficulty we encounter is in explaining to patients that while the drinking of much water may be a good thing in the abstract, concretely, when they are collecting urine for examination they should restrict the amount of fluid ingested so as not to interfere with the work of the analyst.

Another nuisance to the analyst is the taking of certain drugs by the patient, when the latter is collecting his urine for examination. Sodium bicarbonate is now a fashionable drug and plays the mischief with the analyst, as it raises the specific gravity, being apparently excreted in relatively large amount in the urine. A patient by taking sodium bicarbonate may make his urine appear to be of normal specific gravity when really it is below 1015. Moreover the effervescence on adding acid may obscure a trace of albumin, and the alkaline condition of the urine may dissolve casts and other important elements. It is very easy for the analyst to discover whether the patient is taking bicarb. soda or not, for, if so, on adding acid to the heated urine bubbles will rise for several minutes or even longer. (Just as in stale urine the bubbles from ammonium carbonate rise for a long time after adding acids.) The original titration acidity of the urine is masked by sodium bicarbonate.

Still another nuisance is the taking of phenolphthalein in laxatives or in other ways as by injection of the phenolsulphonephthalein for determination of the renal function so-called. Urines containing phenolphthalein are puzzling to the analyst because of simulating the diazo reaction, the ammonia causing a red tint much like that obtained in the diazo test for typhoid fever. Then, again, when there is already phenolphthalein in urine it interferes with the titration acidity procedure, too much of the phenolphthalein perhaps being present. Hence in pregnancy cases the ammonia determinations by the formol method may be affected.

The various coal tar preparations may lead to assumption that diacetic acid is present because of a red color with ferric chloride. Aspirin being a popular drug there is no telling how many urines are reported positive for diacetic acid when really it they are cases of aspirinuria.

The Cause of High Titration Acidity.—There are different types of cases, clinically, in which high tritration acidity is found in the urine. Some of them appear to be merely chemical, that is, yield readily to the administration of alkaline mineral waters, such as French Vichy or to small doses of sodium citrate, and do not tend to recur after cure, but there are others in which the titration acidity is obstinate and does not yield readily to alkalis, moreover strong alkalis may have to be avoided as the urine may be more acid than ever after discontinuing them. The cause of this obstinate acidity is important, as the microscope may show presence of mucin threads and cylindroids concomitant with the acidity, the same disappearing when the acidity is lowered, as if indicating that the urine is really irritating to the urinary tract.

Dr. A. C. Tenney, of Chicago, states as his experience that these obstinate cases of high totration acidity may be found in some sort of relation to bodily infection as, for example, from the teeth, as in pyorrhea, or the tonsils. Tenney thinks that the infection is the thing to treat when the usual measures for reducing a high acidity fail. Another objection to strong alkalis is, of course, the effect upon the digestion. While diabetics appear to be indifferent to alkalis, all others are not so, by any means, and may not be able to take anything but the mild alkaline waters, like Vichy, which again may not be potent enough to overcome the acidity.

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EDITORIAL NOTES AND COMMENTS.

The Allopathic Belief.—One cannot but admire the robust faith of the “regular physician” in his sum of medical knowledge. He has repeatedly said that he has all that is known in medicine of any value, consequently the “sects,” as he dubs the rest of the medical world, are useless. His attitude reminds one of the Caliph Omar when he captured Alexandria, Egypt. He was asked to spare the famous library, then the finest in the world. The Caliph replied that if the library contained matter opposed to the *Koran* it merited destruction, while if it was the same as the *Koran* it was superfluous, as all true believers had the *Koran*. So the library went up in smoke.

No Law?—Dr. D. L. Field, of Jeffersonville, Ind., in a letter to the *Medical Summary*, writes: “There is no law of therapeutics.” And again, “No universal law of therapeutics has ever been discovered.” Every one knows that there is a law, or what seems to be very near akin to one, governing the action of arsenic, strychnine and other poisons on the human body; that law governs the motion of the planets, and all matter down to the dust of the earth, so is it not unreasonable to deny that law governs the action of drugs in disease? The fact that many learned men do not know this law is not a valid reason for denying its existence. Elsewhere in the same journal Dr. Field writes:

Many causes of diseases, exert only a temporary effect. The “*vis medicatrix naturæ*.” The power of nature to shake off disease, is well known. If it were not for this fact, “C. S. Healers,” “Faith healers,” and I am tempted to say, “Homeos,” would be in a sorry plight.

If this be reasoned to a conclusion it will land its writer in a curious dilemma, for homœopathic treatment during the past century has invariably shown a much lower mortality, especially in dangerous epidemics, than the "regular" treatment. If Homœopathy is nothing but "vis medicatrix naturæ," what was the cause of the increased mortality under Regular Medicine?

Does Man Live After Death?—The query raised by the London *Lancet's* review of a recent book by Sir Oliver Lodge, not long ago, President of the British Scientific Association. Sir Oliver says "Yes" to the question. The *Lancet* politely intimates "No." No one can prove it? Nothing can be proved to a man who does not want to believe, and nothing can budge a man's faith if it be inrooted in him. If a man believes that disease is caused by small animals, no reasoning will change his faith. If others believe it is a visitation of God, or the effect of violated law, or is caused by devils, or by any other means, you nor no one else will change the belief. Scientific gentlemen laugh at faith even while they are as much in its grip as is the most superstitious peasant. A whole faculty of scientists could not change the belief of some that it is unwise to have 13 at a table, and per contra, a thousand remarkable cures by Homœopathy will not change an allopath set in his belief that Homœopathy is a delusion.

Effect of Shell-shock.—This is taken from the London Letter of the *Therapeutic Gazette*, January. An English officer of fine physique had suffered from shell-shock, by which, presumably, is meant the effect of the concussion of the high explosive, but no actual hurt. He had been a golfer. After leaving the hospital he tried the game. "He could get to the green in the regulation number of strokes, but although having been a very fine putter previously, he had entirely lost his touch, and confessed that when he struck the ball his direction was always good, but he had no notion whether the ball was going 5 feet or 15 yards." According to experience published in the *Homœopathic World Hypericum* is the remedy for shock.

"Expert Advertising."—The professors of it are not averse to proclaiming their wizard powers. In a very respectable medical journal a very respectable food is advertised. The heading

"catches the eye." It is, "we explode the food cells." The food is "sealed in huge guns" and gets "an hour of fearful heat." Afterwards, "when the guns are hot over 100 million steam explosions occur in every kernel." One must especially admire the ability of the man who can count "over 100 million steam explosions" in a small kernel. Why these explosives in guns are better than mother's cooking the expert does not make clear. But, at any rate, this is expert advertising.

Just Some Queries.—Brother Andrews, of the *Medical Summary*, has stumbled into advice giving. His advice is very good if you can follow it. He writes under the heading, "The Best Antidote to Worry:"

The best antidote for worry is a change of mental occupation, a getting away from the scenes which provoke worry, exercise in the open air, a good book, a pleasant recreation, or a temporary change of occupation. As a matter of mental health every sufferer from this unfortunate condition owes it to himself to discover some simple means of getting away from this habit which is destructive to health and peace of mind alike.

That is excellent advice for plutocrats, bankers and medical editors, but what of Jim who handles a big trolley car, or Claude who "clerks," or Percy who drudges over a "set of books," all with a wife, baby, rent, coal bills and such like things?

Giving It a Name.—The following is clipped from a paper on cancer by Crile in the *International Journal of Surgery*, Jan., 1917:

To determine the accuracy of diagnosis based on microscopic examinations in borderline cases, Bloodgood submitted specimens from fifty known cases of adeno-carcinoma to expert pathologists in New York, Philadelphia, St. Louis and Detroit. After receiving their reports he was "compelled to conclude as they did, that we cannot depend on the microscopic interpretations. In each one of these cases the pathologists were divided into two groups, one in favor of a diagnosis of cancer, the other of a benign lesion. *There was not unanimous agreement in a single case.*"

Looks as if the only hope for a cure is to be found in those who ignore the name and treat the patient, paying especial attention to the mentality and idiosyncrasies, and do not hunt for "cancer remedies," because any remedy may be a "cancer remedy" if indicated.

Prescribe But Also Look.—Dr. C. S. Cope (*Clinical Medicine*) writes a paper that is a mixture of medicine, philosophy and religion. Very briefly, it may be said that Cope's argument is, that "sin" is the result of physical defects. Incidentally, that religion is the outgrowth of medicine. To prove his point several instances are given. A prisoner was not insane but devilish, would smash every rule and everything he could; finally an abnormal lump was noticed on his abdomen, a small operation straightened things out (hernia), and the man became decent and orderly. In three other persons, boys, who were abnormal, the whole trouble was cleared away by attending to the adhesions, etc., on the prepuce. Look as well as prescribe.

Protecting the Public.—Our dignified contemporary, the *Jour. A. M. A.*, gets into a Podsnappian state of cholor whenever it thinks of Bink's Liver Regulator, Hink's Rheumatism Rub, or Jink's Female Regulator, but it blandly endorses in, Lydia Pinkham's style, "*Corpus Luteum of the Sow*" for nervous women.

"A Health Hint."—The world is deluged with them, and this one comes down on the flood like all the others. It is: "Do you know that slouchy postures are a menace to health?" Would it not be quite as much an evidence of wisdom to ask the world if it did not know "that a cancer is a menace to health?" Yes, quite as much—but too much of a give-away, too apparent to even the dullards. Does not the real physician, or doctor, instead of reproaching the victim for being a slouchy, sallow, and lacklustre creature, rather seek for the cause, and a remedy? Homœopaths do, and the others would be wise to follow their footsteps.

As One Sees Us.—The following is taken from a free-lance, little publication, known as *The Houghton Line*. Soft words are pleasanter but it is more useful to know the hard ones said about yourself:

I am free to state that of all the sects I believe the homœopath to be the least sincere, without desiring to be understood as holding his methods of cure to be proportionately defective.

Having battled through all sorts of adversity and withstood all sorts of persecution before he could obtain legislative recognition, the Homœopath is now doing his damndest to prevent any other method of healing

being recognized. Strange to say, he is working hand in hand to that end with his former enemy, the "old school regular."

Also:

Homœopathy; first promulgated by Hahnemann in 1810. While this sect is quite active and has many colleges, homœopaths of today, almost completely ignore the original theories of Hahnemann and do not hesitate to prescribe contrary to the original Hahnemannian theories. That, by the way, is a tribute to their broad-mindedness and intelligence. It would be only a step to a higher plane if they would openly acknowledge Hahnemann as having been in error when he denied that Nature would heal and claimed that chronic diseases were due to the itch, that the infinitesimal, potentized doses owed merits largely to their minimization of drug treatment and aided psycho-therapeutic healing.

The most obvious thing in this gentle whoop is the *Line* doesn't know what it is writing about, though, indeed, there is a certain sting in the first quotation.

Germicides.—The London *Lancet* (Jan. 8) editorially remarks: "The search for an efficient germicide within the body has gone on for half a century with undiminished enthusiasm, although the number has latterly increased of cautious people who contend that the search must be a hopeless one, because any agent that destroyed the living bacterial protoplasm would also be potent to harm the living tissue cells." But the editor goes on to say that ever and anon the drooping hopes are revived by something new, the latest being "flavine," "an acridine derivative of complicated formula" evolved by Ehrlich.

The fact that the leaders of what is known as modern, or scientific, medicine have discarded the use of drugs is the inevitable result of the failure to find a germicide. This school of medicine is based on the theory that each disease is a living creature which must be killed, hence the quest for a germicide which is, translated, "germ killer." Modern medicine rests on that, and must stand or fall on its truth or falsity. Is it true or is it false? Is smoke the cause of fire because smoke is found in at every fire? Because "little rods" accompany tuberculosis is that scientific proof that they are the cause? Coughs also are always present. You cannot cure a man by killing his germs. Indeed, a certain genial New York doctor, a very scientific one, tells us that man is nothing but germs. From this angle germicides are really homicides.

PERSONAL.

Man is a few days and full of trouble, to say nothing of the trouble he makes.

Among recent "rules of health" is this one, "Keep serene." Wonder if joyous "rule" makers understand what they write.

Another bit by another joyous one is, "Let us Smile." You cannot in some States.

"Will you have your stamp licked or unlicked?" asked the polite drug clerk of the lady.

Olecranarthritis, otherwise, an inflamed elbow-joint.

Any one who suffers from scoracrata is humiliated.

Queer custom—flowers to weddings and flowers to funerals.

"Miss Jones forever," shouted an enthusiastic suff. voter, but she slightly frowned.

Fast man—one travelling "the pace." Fast man—one tied to the stake.

Remarks Binks: "Say nothin', chop wood, pick up the chips and **you** will be as happy as a poker player can be."

If it were not for the fool and his money, where would you rich readers be?

The aeroplane, like oratory, comes back to earth when the gas supply fails.

The effect of seeing ourselves as others see us depends on who the other one is whose eyes we use.

Juryman asked to be excused on the ground of stupidity. "You are what the law requires," wearily replied the Judge.

Knowing is better than learning, for knowing is the basic, while learning is the ornamental gingerbread.

There is one thing some men can take and welcome, namely, their departure.

When the druggist mixes up the prescription with the doctor's signature there is, sometimes, a case for the coroner.

Learned men must decide whether a "pull" is better than push in success.

Is absent treatment successful if the patient moves and fails to notify the healer?

Old time slang sounds queer today. For example, "He walked out on his ear."

As a rule, the physician can collect his thoughts easier than his bills.

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“CLIMATE AND TUBERCULOSIS.”

Dr. John W. Trask's very able paper on this subject brings up a view of it that the RECORDER has harped on several times in the past. Twenty or twenty-five years ago Dr. Herring, of London, England, contributed a number of papers to this journal, partly philosophical and partly medical observations. Among the latter was one on his own person. After being graduated in medicine he was sent on a sea voyage because he had tuberculosis. He went to the Pacific by way of Panama, before the French had started work on the canal. In crossing the Isthmus nearly all the party came down with the Panama, or Chagres malarial fever, except himself, who not only escaped but was cured of his tuberculosis. He also mentioned the fact that an Italian physician of the 17th century had made the same observation on the curative effects of a malarial climate on the disease. A California physician recently said that he had investigated many of the tuberculous who go to that State for the climate, and asserted that nearly all of them had taken much quinine for malaria in the past.

There seems to be a peculiar connection between the two diseases. When Dr. Bowen was conducting his experiments with decaying swamp vegetation, which resulted in that curious drug *Malaria off.*, he hired a number of persons to inhale the awful fumes that arose. They mostly got chills and fever, malaria, and one of them, a woman with tuberculosis, not only contracted the disease, but was cured of her tuberculosis. Bowen thought that his drug might be useful in the treatment of consumption in about the 3x attenuation or higher.

All of this seems to point the way for investigation, that is to

say, of the connection between the two diseases. Looks as if malaria on top of tuberculosis has a curative effect and the reverse a bad one.

Malaria officinalis might be termed the vegetable *Pyrogenium*. Neither are very pleasant in the making. *Malaria off.* is made by taking certain swamp vegetation putting it in a jar with water and then let it decay or ferment in a warm place. The fumes are something frightful, and it was these that Bowen hired certain ones to inhale and thus prove. In Dr. Rabe's paper, published in this issue of the RECORDER (a paper he gave us last summer, but unfortunately got mixed up with a lot of old paper, and was overlooked), is a very interesting report of the use of this little known drug, which seems to vie with *Natrum mur.* in old malarial cases.

Pyrogenium is a great remedy for typhoid, which disease is believed to originate—or it was once so believed—from decaying flesh or excrement. *Malaria off.* is the remedy for the ills originating in decaying vegetation. Whether the last named would be of use in the treatment of tuberculosis is somewhat of an open question. From the foregoing facts it looks as if the remedy might be of use and, at worst, could harm no patient in the 3d, 6th or 30th potency.

The fact as related to us years ago by an old physician in the Pension Bureau at Washington that when (if we remember aright) the cable roads were laid in that city much malaria followed its lines, even in mid-winter; and, as told by a Pennsylvania physician, that the same disease followed the lines of canals when dug in that State, and the well known fact that the disease greatly prevails wherever new ground is broken up as was the case among the early settlers of Ohio, Indiana and Illinois, all goes to prove that Bowen was right when he said his provers contracted chills and fever, the scourge of pioneers, even as too often tuberculosis is of their descendants. Perhaps latent malaria may be at the bottom of some of the tuberculosis, and in this connection and with this train of thought, just re-read the history of the patient treated by Dr. Rabe.

HOMŒOPATHY.

By Dr. H. G. Glover, Jackson, Mich.

Mr. President, Ladies and Gentlemen:

This paper, as you will soon discover, is rather discursive. At least, it may seem so; but after all, every great subject or question is more or less intimately connected with many other subjects. "One touch of Nature makes the whole world kin." I like to have men speak or write out of their own experience. So, if you will pardon me, I shall speak out of mine. Talking about oneself is not just the same thing.

Things that have fixed themselves in our consciousness as Truths have almost invariably come through the triple alembic of Heart Mind and Soul. It frequently happens that we for a long time "See through a glass darkly," and then, suddenly something clears the "wind-shield," and things look different.

We stumble along through life feeling quite sure in our hearts oftentimes that we have taken the right by-path, and that eventually we shall arrive—and finally we do. Then we suddenly become conscious of the fact that the route over which we have traveled was far more circuitous than we had planned, or even dreamed that it would be. And so, by "indirection," as Polonius said, "we find direction out."

I began the study of medicine and Homœopathy when I was about eighteen. As "De Habitant," in Drummond's beautiful poem says, "Dat's a long tam ago." We shall not be *too* particular in stating just *how* long.

At that time I did not even know the meaning of the word Homœopathy. It just so happened—if anything ever does "happen"—that a dear friend of mine, a man much older than I, took me to his family physician, old Doctor Botsford, of Grand Rapids, as I was at that time living there.

From the friend and from the good old doctor I got my first glimmerings of the homœopathic *method*, but not of the Great Central Truth of Homœopathy. After a time—long time it seems to me—I went to college—"Old Hahnemann," of Chicago. What a brilliant lot of men made up that faculty! I say that advisedly, after years of observation of the medical profession. Among

them were Hoyne and Hawkes, true homœopaths, and so-called "high potency" men. From these men I learned something of the Law of Similars, and of how to select the "indicated" remedy in accordance with that law. In the Skin and Venereal Clinic of Hoyne, and the General Medical Clinic of Hawkes, I saw what could be done with the single remedy and the minimum dose. Soon it was useless to tell me, it was "bottled moonshine." Later on, after my graduation, I was fortunate enough to "win out" in a competitive examination and was appointed house surgeon for Hahnemann Hospital. Four of the eight departments in the hospital were under my supervision. Among these were the two mentioned above. I had ample opportunity to become acquainted with the hospital pharmacy and the various potencies kept in stock there, as all of the remedies prescribed for my departments were put up by me. So you see, if the one M. was prescribed, I knew positively that the patient got that potency. Frequently in the departments of Hoyne and Hawkes I had to give the higher potencies. I had a fine chance to watch their effect. Hoyne had a way of prescribing for, say, a case of eczema—infantile eczema. Bad cases they were, too, that came to that clinic. *Graphites*, perhaps, would be the remedy. It would be given first in the sixth trituration—never lower. No improvement. Then the twelfth. No improvement. This would sometimes—quite frequently—go on until the one M. or two M. potency was reached. Then the next time the baby was brought in a murmur of surprise at the great improvement would go all over the class.

The same method was often pursued in the Medical Clinic. It often worked the same, too. There is an old, old saying, "Seeing is believing." These things made me say to myself, "There must be something in this theory of the *dynamic* power in drugs." When I got out into general practice I did not forget what I had seen in the clinics. In the chronic cases particularly I used the higher potencies whenever opportunity presented itself. Frequently I made very satisfactory hits. I recall one case of twenty years ago in which *Causticum* 200 cleaned up an obstinate case of enuresis. This was one of the very first cases in which I used, on my own responsibility, the higher potency.

Now don't misunderstand me. I am not an exclusionist in regard to the potencies or anything else. Exclusivism, particularly in our method of practice, is a sort of mental dry gangrene. The man who prescribes the first dilution or even the tincture in accordance with the Law is just as good a homœopath as the fellow who might for the same case give the C.M. potency. But the chances are that the man who uses *either* the high or the low *exclusively* will, in the long run, be "distanced" as a prescriber by the fellow who intelligently and carefully uses *both*. The man who understands the use of *all* of the tools in his kit is much more likely to be an all-around good workman than the fellow who understands the use of only a few.

But why should we quibble amongst ourselves over the question of the efficacy of the higher potencies when the so-called dominant school is daily proving in the laboratory not only the *Law of Similars* but the efficacy of the high attenuation as well? Myer Solis-Cohen, A. B., M. D., of Philadelphia, has put himself on record in the *Interstate Medical Journal*, March, 1914, as to "The apparent toxicity of the infinitesimal doses of *Tuberculin*." I quote him. "Accustomed as most of us are to think of *Tuberculin* in terms of thousandths, hundredths and tenths of a milligram, and even in milligrams, it seems incredible that clinical results can be obtained from doses so small as one-billionth and one hundredth of a billionth of a milligram." When you get home sit down and figure that out, please—I can't. I can only call your attention incidentally to the fact that one milligram is approximately, etc., etc., $15/1000$ of a grain. Imagine, if you can, *one billionth* of this quantity—and then, if your imagination is still in working order, imagine *one hundredth* of a billionth of $15/1000$ th of a grain. Talk about "bottled moonshine" and star dust and ether vibrations and potentized emanations from the magnet! Why, at this rate, we fellows who occasionally give the 30th or 200th potency will be soon wallowing in a sea of materialism, and Hahnemann's theory of the spiritual dynamis of drugs will sound coarse and crude.

As I was writing this paper a representative for P. D. & Co. called on me. The pamphlet I hold in my hand was among those he put on my desk. It is dated March 23, 1916, the day I received it. I want to read a few extracts from it.

W. B. Cannon, George Higginson Professor of Physiology in Harvard, in his valuable book of last year on the "Bodily Changes in Pain, Hunger, Fear and Rage" describes a very delicate laboratory experiment in which he demonstrated that contraction of the longitudinal muscles of the intestine could be inhibited—"noticeably inhibited"—"by Adrenin, one part in 200 millions!" A pretty heavy "cannon shot" that for the "Old School" bulwarks. As we used to say when I was a boy, "How is that for high." Do any of you recall the alleged "joke" of years ago about putting a grain of a drug in Lake Superior and taking a homœopathic dose out of Lake Erie?

And "now is the winter of our discontent made glorious summer" by Serums, Vaccines, Bacterines and Phylacogens. Apropos of this I quote from Cabot, of Harvard, Case Histories in Medicine, p. 276: "The homœopathic principle, 'Similia Similibus Curantur' and the minute doses still used by a *minority* of homœopathic practitioners, are paralleled closely by the vaccine therapy (especially tuberculin therapy) which has come into vogue in the past decade. It is agreed, as it seems to me, by most of those who have considered the facts, that the homœopathic dogma is *sometimes* true. On the other hand, most honest homœopaths admit that since in many instances they can find no way to apply their principle, they must often fall back on the use of ordinary drugs in the ordinary doses used as the rest of us use them—independent of any dogma." "A Daniel come to judgment!" It is quite evident that the excellent and intentionally fair-minded doctor still has something to learn—about Homœopathy.

Sometimes when I think of our friends, the enemy, in the old days, and of the scorn and derision and contumely with which the homœopath was regarded, and then think on the change of attitude of the present time, and of the very evident desire to get us all well herded in the fold of the A. M. A., I am reminded of those old lines of Pope:

"Vice is a monster of such horrid mien
As to be hated needs but to be seen;
Yet seen too oft,—familiar with her face,
We first endure, then pity, then embrace."

Or of Goldsmith's line, "And those who came to scoff, remained to pray."

And then on further thought I am glad to acknowledge that Tennyson was right, and that "The thoughts of men are widened with the process of the suns."

To return for a few minutes to vaccines. Has it ever occurred to you, ladies and gentlemen, that there is *one* thing that can never be *exactly* figured out in the laboratory, and that is, *the personal equation in every case of disease.*

We, as homoeopaths, have been taught to believe that the *individuality of the patient governs and controls the symptom complex or disease expression.* Is this a *fact?* Or is it *not?* If it is *not* a fact, then all of the brilliant prescribers since Hahnemann's time, as well as the very humblest workers in our ranks have been following an ignis fatuus—there is no such thing as "differentiation"—the *name* of a disease and not the *patient* can be prescribed for—the Old School is right, and we are wrong—there is no such thing as a *Phos.*, a *Sulph.*, a *Nux.*, a *Bry.* or a *Puls.* type of patient—rheumatism is rheumatism—scarlet fever is scarlet fever—pneumonia is pneumonia, regardless of the *person* afflicted. "Then is our preaching vain and our faith is also vain," and everything from acne to vulvitis can be cured with some one or more of the vaccines from number one to number forty-eight. Good prescribers in our school who daily use a wide range of remedies, and a wide range of potencies, too, have hard enough work to find the exact *similimum.* What then can be hoped in the way of scientific accuracy from the vaccine shotgun method?

I grant you that if even a poor marksman keeps continuously shooting he will be quite sure to occasionally bring down some game, perchance a fine quarry. But what of the poor unfortunates he has only "winged" or crippled? What becomes of them? Have they been in *any* way advanced on the road to health? Or have they only been pushed a little further towards the human "discard?"

Are we to have a conscience in this business—one that does not "make cowards of us all"—or are we going to take the "easiest way"—move in the line of least resistance—listen to Iago's whisper, "Put money in thy purse!"—and become mere grabbers after dollars? Well might one say in the slightly paraphrased words of Brutus—"I had rather be a dog and bay

the moon, than such a homœopath!" Dr. Chas. Mayo, known the world over as a surgeon, recently said in the Clinical Congress of Surgeons at Boston—all honor to him for his candor and honesty in saying it—"We (the Old School, mind you) are proving the correctness of the law, Similia Similibus Curantur, as enunciated by Hahnemann." He said a number of other complimentary things, but the above is quite sufficient.

Shall *we* then barter our birthright for a mess of pottage—and a bad mess at that?

Shall *we* then "sell the mighty space of our large honors for so much trash" as may be found in so many c. c.'s of number 36 or number 47—or 4-11-44—as you choose?

How many members of this society have, within the past decade, read that wonderful defense of Homœopathy written many years ago by that valiant defender of the faith whose sturdy frame was for so many years seen on the streets and in the hall of learning of this beautiful little city—Dr. Samuel A. Jones?

No matter how many times you may have read it, I urge you, when you go home, to read again "The Grounds of a Homœopath's Faith," and go from the reading to your work strengthened, uplifted, fortified. I am well aware that I am now about to tread on dangerous ground. Nevertheless I am here to say what I think—and it seems to me that in the medical world of this country—which, of course, means the dominant school—all the signs of the times point to the fact that a well organized movement is on foot—fathered and guided and controlled by scheming, conniving—I had almost said unscrupulous—seekers after place and power to suppress and, in a measure, subsidize the medical liberty of the public at large, and establish a system of medical surveillance and monopoly essentially akin to the spirit of militarism which has resulted in making Europe at this moment a hell of horrors. I may be wrong in this. I sincerely hope I am. But if I am *not* wrong, and the A. M. A. keeps on absorbing the members of our school, and that movement ultimately *succeeds*, where will the homœopath come in? The A. M. A. will then be the gigantic pussy who has eaten the canary—and we'll be the canary, or, more appropriately, the "jay"—in the most derisive acceptance of the term. It seems to me that never so much as now

did our own welfare as a school of medicine and the welfare of humanity at large demand that we "stand by our guns."

In this audience I see a good many who are strangers to me—some with whom I am slightly acquainted—a few whom I have known long and well. Before I leave the floor I want to if possible put myself on terms of closer intimacy with you all. I want to know the present day homœopaths better—those in this State particularly. In order to do this I shall have to give you a few glimpses of the kind of fellow I delude myself into thinking I am. Was it Talleyrand or Rochefoucauld who said that "language was given us to conceal our thoughts?" No matter. I do not *fully* agree with either or both of these very clever men. Doubtless *some* of our thoughts were better concealed. However, I much doubt the possibility of concealing them through the non-use or the use of speech. "As a man thinketh in his heart *so is he.*" And "thoughts" though they be given no tongue, will, like murder, "Speak with most miraculous organ." This may give you *one* glimpse of me.

I believe in the great avatars, whoever they may be, who are constantly in the vanguard of progress, and who are leading the races of men to mental, moral, physical and *spiritual* light, for these things are really *one*.

I believe with the great bard Tennyson that "Men may rise on stepping-stones of their dead selves to higher things." I believe with Cowper that "God made the country, and man made the town," and you can judge for yourselves which is the better. I believe with Bliss Carman, who, in my opinion, writes the best verse of any living English-speaking poet, that aside from the moilers and toilers in the great cities—

"There be others,—happier few,
The vagabondish sons of God
Who know the by-ways and the flowers
And care not how the world may plod.

"They idle through the traffic lands
And loitre through the woods with Spring,—
To them the glory of the earth
Is but to hear a blue-bird sing."

I believe that—

"We build the ladder by which we rise
From the lowly earth to the vaulted skies,
And we mount to its summit round by round."

I believe, and often say, in the beautiful language of Burns that we should—

"Gently scan our brother man
Still gentlier sister woman;
For though they gang a kennan wrang,
To step aside is human.
One point must still be greatly dark—
The reason *why* they do it;
And just as lamely can ye mark
How far perhaps they rue it."

And last, but by no means least, I believe, profoundly believe, that every minutest detail of this wonderful world and more wonderful universe in which we live and move and have our being is governed by *law*. Many of these laws we have *dis*-covered or *un*-covered and formulated. Not the least of them was shown to us by the immortal Hahnemann in the formula "*Similia similibus curantur.*"

I believe in the law and the formula as thoroughly and profoundly as it is possible for me to believe in anything. I believe in it through having personally tested it during an active practice covering a long period of years.

I believe in it as operative through the Mother Tincture or the D. M. M. potency. I have used both in my practice.

I believe in the *men* who make up the great army of practitioners who *use* that law. The constant use of a good thing reflects good on the *user*. This may be one of the reasons why homœopathic doctors are almost invariably *good fellows*. All doctors are pretty good fellows I grow more and more to believe, but homœops. are *damned* good fellows. If you don't think so *look around you!*

You see I am patting myself on the back a little. Now that I have stated some of my "believes" I leave it to you to judge whether they are "bad believes" or "good believes."

And finally, Mr. President and members of this society, when at the end the summons comes for me to join the innumerable

caravan that moves to the pale realms of shade, I want to go down into that valley of the shadow declaring to the last my allegiance to that storm-beaten but still triumphant banner upon whose folds are written in letters of living light these immortal words—*Similia similibus curantur.*

A PLEA FOR A MORE SCIENTIFIC PRESENTATION OF CASE REPORTS, AS AN AID IN THE ADVANCEMENT OF THE INTERESTS OF HOMŒOPATHY, WITH AN ILLUSTRATIVE CASE IN DEMONSTRATION.

By R. F. Rabe, M. D., 616 Madison Ave., N. Y.

For many years Homœopathy gained adherents, both lay and professional, through the numerous case reports of the frequently remarkable cures it is capable of making. The many failures of old school therapy were cited and the brilliant successes of the law of similars extolled in medical journals and by word of mouth in medical gatherings far and wide. Although it is true that the majority of these reports were convincing to the initiated, it must be conceded that many could not bear the light of modern scientific investigation and analysis.

To-day men of science seek facts and build up theories afterwards, and where theories do not harmonize with the facts, so much the worse for the theories. To such men it matters not at all whether the law of Homœopathy be involved in a therapeutic measure or whether the latter is based upon some other law, or none at all, provided that such measure is in accord with facts proved to be true and is logical in character.

In the homœopathic school of medicine case reports commonly take on one or two forms, either they assume the character of dogmatic assertion unsupported by convincing proof, or they lay stress, intentionally or not, upon symptom verifications. Where the latter is emphasized, such reports are not only interesting, but of great value to those who may listen to them, since they confirm the experience of others with the remedies employed and strengthen confidence and faith in their use. Under such circumstances, the question of diagnosis of the conditions reported

cured is of secondary importance, since to the Hahnemannian the main point is not which particular disease entity was cured, but the fact that a patient was cured in whom certain symptoms, the counterpart of those known to be produced by a certain drug, were caused to disappear.

This attitude is good as far as it goes, but is of little value to men who are trying to place Homœopathy upon a sound scientific basis. Dr. A., for example, may report a most interesting and valuable verification of *Arsenicum album*, say, in a case of septicæmia, but unless he can give scientific evidence as proof of his asserted diagnosis, such as the identification of the particular micro-organisms responsible for the infection, his cure will not be accepted at its rightful value and Homœopathy has to this extent at least, been deprived of an opportunity to advance its claims.

Again, Dr. B. may report an instructive case of aneurism of the thoracic aorta, apparently cured by *Baryta carbonica*. He may, in his presentation of the case, detail good *Baryta carbonica* symptoms which no one can dispute, but if his diagnostic ability is such as to fail to command the confidence of others no one will place any credence in his statements, or any value upon the supposed cure.

Yet these asserted demonstrations of the alleged superiority of homœopathic therapy have cluttered our literature for years and in reality have absolutely no value as scientific evidence. One swallow does not make a summer, and similarly, one case proves nothing. Patients get well without medicines, or often in spite of it. Medicine is far from being an exact science, although Homœopathy in its rightful sphere, approaches more nearly this condition, than any other therapeutic method. If we are to advance, nay, more, if we are to survive, we must depart from time-worn methods and among the numerous things which we must do is the necessity for scientific demonstration of Homœopathy in our clinical reports, and these, furthermore, must be presented in series of hundreds and not as isolated, scattered examples here and there.

This means that, for the most part at least, the work must be done by our homœopathic hospitals, especially by those in the large medical centers, such as New York, Boston, Philadelphia,

Chicago, etc., where trained men, clinical facilities and laboratories of diagnosis, pathology, bacteriology, radiology, chemistry, etc., are available.

If we can do this, it is certain that within a few years we shall have gone a long way toward compelling the universal acceptance, on the part of scientific men, of our fundamental principles. Such men are already acknowledging the truth of our philosophy and are reaching out for confirmation; it is for us to meet them more than half way and convince them of the truth and justice of our claims.

As an example of the kind of case reports the essayist has in mind, the following is in all modesty presented, although not by any means urged as a finished model

On November 23, 1915, the writer was called to see a nineteen year old college student from Ithaca who, as a result of failing health, had been compelled to give up his studies and enter the college infirmary. While under the treatment of one of the infirmary or college physicians, a diagnosis of "intestinal toxæmia" and "decided chronic colitis" was made. After each meal a small pasty stool was reported, and the patient's temperature ranged from 96° to 98°, but never became normal. The opinion was expressed by the physician, in a letter to the boy's foster mother, this letter being now in the essayist's possession, that it would be some two weeks before the boy could be cleared of intestinal toxins, and that it would "take quite a month for the patient to get at all in reasonably good condition, with care."

So far as can be learned the treatment was supportive, together with the use of intestinal antiseptics; but the boy not only failed to improve, but became actually worse. It was then that he was sent home and came under the writer's care. A careful physical examination showed the area of cardiac dullness to extend to the left mamillary line with the cardiac impulse in the same line and fifth intercostal space. No adventitious sounds were present. The pulse was weak and rapid, varying considerably on any slight physical effort. The lungs were apparently normal, and there was no enlargement of either the liver or the spleen. No swelling of any of the lymphatic glands could be detected. The pupils were dilated, but reacted to light and ac-

commodation. The patellar reflexes were exaggerated. The early history of the patient was negative, except for malarial fever some four years ago, controlled by quinine, and one or two recurrences of this, again checked by the same drug. The boy's mother was reported to have died of nephritis following an attack of typhoid fever. The symptoms elicited were the following: Feels very weak, is very forgetful, mind seems hazy, mental concentration difficult so that he studies with great difficulty. Dull pain in the forehead, especially on the left side. Vertigo after sitting in one position, or after reading, and then directing his gaze at some other object. Dull pain in the abdomen, more on the right side, coming on about thirty minutes after eating and lasting about an hour. Good appetite; bowels moving two or three times a day, but has been taking sodium phosphate. Temperature, by mouth, constantly and persistently subnormal; has been as low as 95° , but is never above 98° . Sweats from the least exertion on hands, feet and in the axillæ. The sweat feels cold. He feels cold constantly, particularly his hands and feet; has to wear a heavy woolen sweater in the house. Is losing strength, and has lost twenty pounds in weight in about three weeks. Is short of breath from the least exertion, and when surprised by anything unexpected. Even while sitting still his breathing is labored. Stools were constipated before using the laxative and contained mucus. Has not felt well since the latter part of August, 1915.

An examination of the blood was now made and the report, dated November 24, 1915, among other things, showed a color index of 0.80; hæmoglobin, 78 per cent.; number of red cells, 4,428,000; number of white cells, 8,200. In the differential leucocyte count, the polynuclears showed 70.5 per cent.; small mononuclears, 23.8 per cent.; large mononuclears, 4.1 per cent.; eosinophiles, 1.6 per cent. The Widal reaction for typhoid was negative. A small number of plasmodia malarix was found.

An analysis of the urine showed nothing but a high specific gravity, 1030, and a moderate number of calcium oxalate crystals.

The examination of the fæces showed a large amount of indol, a gas volume of 105 per cent., a small amount of skatol, a trace of phenol, no ova or parasites and a moderately high unnumber of colon bacilli.

The diagnosis was secondary **anæmia**, due to chronic malarial poisoning.

With the symptoms detailed above, no one of our well-proved remedies seemed to agree, so that by a process of exclusion, rather than by direct choice on symptomatic grounds, *Malaria officinalis*, a product of decaying vegetable matter in water, was given in the 200th potency, four times each day, and continued for three days. An immediate improvement was **manifested**. At the end of eight days, the **morning** temperature being 97.2° , one dose only of *Malaria officinalis* in the 6000th potency was given. Five days later decided improvement was noted, with a temperature mostly normal, but never lower than 98° . Strength and vigor were rapidly returning. Two weeks later the patient presented practically no symptoms. One dose of the same remedy in the 50,000th potency was given, and was the last that was required.

On January 19, 1916, less than two months after the previous examination of the blood, another was made and showed a general improvement in its condition. The color index had improved from 0.80 to 0.86; the hæmoglobin from 78 per cent. to 84 per cent.; the number of red cells from 4,428,000 to 4,586,000; the number of white cells had decreased from 8,200 to 7,252. In the differential count the polynuclears had improved from 70.5 per cent. to 73.2 per cent., and, furthermore, no malarial plasmodia were to be found. Moreover, the patient looked well and felt well, complaining of nothing, was able to return to college, and has remained well since.

Surely this interesting case is of value as a concrete demonstration of the truth of the law of similars and the curative power of the high and highest potencies. The evidence, it seems to the writer, is conclusive and cannot be disputed or cast aside. The remedy used, *Malaria officinalis*, is, to be sure, not a polychrest, and needs reproving, development and further verification. So far as its evident power to cause the disappearance of the plasmodium of malaria is concerned, the same power undoubtedly belongs to any remedy which is homœopathic to the symptoms presented by any other malarial case. In the writer's own experience *Natrum muriaticum* has done the same thing when chosen according to the law of similars. Certainly these

facts have an important place in any demonstration of the really scientific nature of Homœopathy and must be of aid in its advancement.

THE "NATRUMS."*

By Elmer Schwartz, M. D., Chicago, Ill.

NATRUM ARSENICUM.

The group of remedies we shall discuss will be *Natrum arsenicum*, *Natrum carbonicum*, *Natrum muriaticum*, *Natrum phosphoricum*, and *Natrum sulphuricum*. The first three somewhat resemble each other in their generalities, which we will notice later.

The first one we shall discuss will be *Natrum arsenicum*, which from its combination of elements, should be of great value in our materia medica. We all know that its general characteristics will resemble in a measure the nature of the elements in combination.

We all know the nervousness, the excitability and sensitiveness of *Sodium*, and we also know of the extreme restlessness, anxiety and fear of *Arsenicum*, but in this remedy we shall have to differentiate quite closely to be able to bring out the characteristic generalities, which will enable us to prescribe it.

These patients are extremely sensitive to cold and the cold open air, yet the warm open air gives relief, even to the mental distress. They have a tendency to take cold and are affected by the cold wet weather.

A strong feature is the anæmia and weakness associated with dropsy of the extremities; therefore, they are distressed on ascending stairs or from exertion.

Eating causes an aggravation generally, and such things eaten as butter, cold foods, fats, fruits, milk and pork make them feel worse.

As we find in the *Natrum* there is marked physical irritability and weakness, there is a desire to lie down, although this often makes the patient feel worse, still, on the other hand, some symptoms are made worse from motion. With this desire to lie down there seems to be a strong aversion to motion.

*Read before the Regular Homœopathic Medical Society.

The *Nat. arsenicum* patient is over-sensitive, both internally and externally, being sensitive as, for instance, from a thunder storm; has electric shocks going through the body.

The mental distress is relieved while walking in the open air, but the physical conditions are made worse; thus, for this reason we see that he wants to either sit or lie down, for his aversion to motion is no doubt due to him being made worse on motion.

Patients whose symptoms call for this remedy have their good dispositions so disturbed that they anger at trifling things, and become furious when contradicted, and it is after these fits of anger that he becomes worse.

As was said before his concentration of mind is better in the open air and more difficult while in the house. He is so disturbed mentally that he is over-conscientious about trifles; becomes discontented and discouraged, and at times way down in the depths of despair. Although there is dullness of mind and mental exertion makes him feel worse he is very easily excited.

There is a great deal of fear entering into the symptoms of this remedy, such as fear in the evening on going to bed, or when in a crowd; he has a fear of some impending disease, or of some evil that may happen to him. As we see the *Natrum ars.* individual is easily frightened and is constantly in a hurried anxious state.

At times with women the mind is very active and ideas abundant, but more frequently there is irritability, impatience and indifference. An aversion to most everything in life with loathing of life.

She becomes quarrelsome, is restless, especially nights, tossing with anxious restlessness.

As to the other *Natrums* there is sensitiveness to noise, being easily startled.

Natrum ars. is a very deep acting remedy, but it also is a very difficult remedy to study, as it seems to affect every tissue in the body, and in many forms. To understand it is to prescribe it when indicated.

NATRUM CARBONICUM.

The *Natrum carbonicum* patient is unable to resist either the cold or the heat; he is sensitive to the cold and heat, is chilly and aggravated by the least draft, and requires much clothing when the

weather is cold; yet in the heat of summer and when exposed to the sun's rays he is nearly prostrated, becomes weak and languid.

They are aggravated by weather changes causing their digestive, rheumatic and gouty troubles to become accentuated.

Like its sister remedies *Nat. ars.* and *Nat. mur.*, it shows a nervous tendency even to extremes, nervous excitement, palpitation and trembling associated with great prostration and nervous weakness. *Nat. carb.* is so sensitive to noise that the slamming of a door or rattling of paper causes palpitation and other nervous disturbances, such as melancholia and irritability.

Nat. carb. often becomes estranged from family and friends, showing a very quarrelsome nature, even having an aversion to his own family, friends and acquaintances.

There is such a degree of sensitiveness that music causes weeping, melancholia, and sometimes thoughts of suicide. This is true in a measure with the *Natrum* family.

Another feature quite prominent with the *Nat. carb.* patient is his capacity for generating gas, and we find in those who are old dyspeptics frequent belching and a sour stomach.

Nervous exhaustion, physical exhaustion and weakness of mind and body are strong characteristics of the *Nat. carb.* individual.

A point well to remember is that this patient is better after eating, even becomes warm after eating as well as being relieved from his pains. His *all gone feeling* in the stomach, which causes hunger, comes on about an hour before meal times.

I have tried to steer clear of enumerating classified diseases, but mention the nervous tendencies, the eruptive characteristics which manifest themselves as vesicles or herpes on the skin and mucous membranes, notably on the lips, hands, feet, fingers and toes.

NATRUM MURIATICUM.

Our next member of the *Natrum* family is *Natrum muriaticum*. Our texts picture this remedy as one whose skin is shiny, pale, waxy and looks as if greased, but my experience does not always verify this, for as we all know it is the strange, rare and peculiar symptoms relating to the whole patient that give the indications for the remedy. *Nat. mur.* patients are more or less emaciated,

weak, nervous, prostrated and having a nervous irritability or a weeping mood.

Hysteria is a strong feature among women, weeping and laughing, even to prolonged spasmodic laughter, which is usually followed by tearfulness and sadness.

A *Natrum mur.* individual easily takes on grief and will even grieve over nothing. They love to recall unpleasant occurrences to grieve over them, and usually if consoled in their grief become angered.

Frequently headaches come with this melancholia, and at times walk the floors raging and cursing.

We think of *Ignatia* for the girl with unrequited love, but *Nat. mur.* has this characteristic and is the chronic of *Ign.* in cases of this kind.

The *Nat. mur.* patient is also an excitable individual and is disturbed by excitement and is extremely emotional; her whole nervous economy is in a state of uneasiness and irritability, noise, thunder, the slamming of a door and sometimes music disturb her very much.

It must be remembered that the *Natrum mur.* patient is greatly disturbed by excitement and is extremely emotional. Like its sister remedy, *Nat. carb.*, noise, the slamming of doors, or sudden noises, and sometimes music, cause distress of this highly sensitive organism. As for pains they are stitching, convulsive, jerking, twitching and shooting, entirely harmonizing with this over-sensitive, excitable, emotional and intense organism.

A strong characteristic is that complaints are worse while indoors, especially if the room is warm; the open air is the thing that gives relief. It is to be observed that *Natrum carb.* and *Nat. mur.* both have a general nervous tension, but one is a chilly patient and the other usually a warm blooded individual, but it must be remembered that both are much disturbed by being in a room filled with people.

The skin of the *Natrum mur.* patient usually looks waxy and dropsical; usually there is much emaciation; often the infant looks prematurely old. It is to be remembered that the emaciation of *Nat. mur.* takes place from above downward (*Lyc.*).

As to the discharge from the mucous membranes it is watery or thick and white; the skin throws out its vesicular and scaly eruptions.

When it comes to the tissues involved in a *Nat. mur.* case it should be remembered that all structures may be involved.

The pace of *Nat. mur.*, which is slow, should be kept in mind, especially when dealing with chronic complaints, as these complaints usually are a long time manifesting themselves.

Some good points that are well to keep in mind when considering *Nat. carb.* and *Nat. mur.* in chronic complaints are the extreme sensitiveness of both remedies to the extremes of temperature, both heat and cold; the extreme weakness that comes in both *Nat. carb.* and *Nat. mur.* from the heat of summer, great susceptibility to the rays of the sun. The relief from eating in *Nat. carb.* usually associated with a great deal of gas and an aggravation from cold damp weather, should be kept in mind. If I remember correctly *Nat. mur.* is not disturbed by dampness.

NATRUM PHOSPHORICUM.

Natrum phosphoricum brought out by Schuessler—"It is a remedy suitable in those individuals whose nerves are all upset from excessive mental exertion and sexual excesses. There is *marked anæmia* and *an aversion to the open air*, being agg. when in the open air, which is a strange thing; of course, there would be an aggravation from a draft of air and from cold, while there is a tendency to the frequent taking of a cold."

Weather changes disturb him and he really has an aversion to bathing. These patients have many symptoms coming on after coition, he may have been a sexual debauchee. Like *Nat. carb.* there is a general amelioration after eating.

The muscles are flabby and there is loss of flesh, therefore, physical exertion naturally makes him feel worse. While he is generally better after eating such things as butter, cold drinks, cold food, fats and sour things disturb him.

This individual at the beginning of his trouble has great physical irritability, but later there is a marked lack of reaction.

When the weather is hot he feels a lassitude in the morning, a constant desire to lie down, sometimes a prolonged weakness from loss of fluids.

Single parts become numb; there are orgasms of blood and stitching, tearing pains which are agg. during a thunder storm. Pulsation takes place all over the body accompanied with a sensation as though a shot was forced through the arteries.

There is a general sensitiveness also to pain, As with *Nat. carb.* and *Nat. mur.* there is a general aggravation during a thunder storm, he trembles during a thunder storm.

Remember the nervous and paralytic weakness that is worse in the morning and after exertion.

Nat. phos. individuals anger over trifles, and, like *Staph.*, have complaints from vexation; they are anxious at night while in bed and have a fear when having fever about the future and about his health.

Company he does not like because his concentration is weak and he becomes confused.

In his delusions, which are frightful, he thinks he sees the dead or hears footsteps.

Generally he is discontented, discouraged and easily distracted when he attempts to read he finds his mind is not up to par, and this mental exertion brings on many complaints.

We think of him as a very excitable fellow, who is afraid at night of different things that he imagines are going to happen to him. He fears bad news, is very easily frightened and heedless.

Always in a hurry, no one walks fast enough to suit him. Sometimes his ideas are abundant and at other times deficient and sluggish.

As his condition progresses he becomes indifferent to everybody, until he has a dread of either mental or physical work.

We look upon this poor individual as one with great prostration of mind; yet extremely sensitive to noise, music and to his surroundings.

He finally has spells of stupefaction, which creep over him; he does not want to talk for his thoughts wander; he is growing timid and bashful and weeps and seems to be approaching imbecility.

With what you have of these two elements, *Sodium* and *Phosphorus*, you may realize that it affects all tissues of the body and in various ways. The general characteristics are all that can be brought out that will enable the prescriber to select the remedy judiciously.

NATRUM SULPHURICUM.

It is left to *Natrum sulph.* to so disturb the mind and fill it with direful impulses to self-destruction, hatred and revenge so that the individual is unable to reason out his affections. He

must reason with himself whether he is to allow himself to die, or to live. This condition so disturbs him that he spends sleepless nights because all through the day he has been fighting hard to resist the temptation to destroy himself; he thinks he wants to die, and yet he doesn't want to die.

As in all the *Natrums* every noise even the slightest, causes distress, such as the crumpling of paper or even the piano causes great uneasiness.

A heated room causes much distress, but if out in the cool air his unnatural impulses pass away. There is such sensitiveness that minor strains of music or mellow lights cause sadness as in *Nat. carb.*, *Nat. mur.*

The *Nat. sulph.* is generally worse in the morning with the heat; there is troublesome palpitation as in all the *Natrums*; all are worse lying on the left side.

Being a nervous remedy there are violent pains in the back of the neck and down the spine as in the sacrum.

Nat. sulph. should be remembered as one of the most prominent of the anti-sycotics, especially for inherited sycosis.

A strong feature of the remedy is its susceptibility to wet weather, therefore, it is useful (when indicated) for those patients who live near bodies of water and have been subjected to malarial influences. A remedy that belongs to the neuropathic and bilious constitution.

There is great sensitiveness to the night air (*Dulc.*), there being a universal catarrh generally with discharges. There is also sensitiveness to touch and pressure and an over-sensitiveness mentally and physically, being very sensitive to pain. The pains are very numerous, which are all better from motion, sometimes associated with a bruised feeling all over.

The *Nat. sulph.* individual has a strong desire for the open air, and is relieved while walking in the air; he is sensitive to a warm room, although there are some *Nat. sulph.* patients who are sensitive to cold and must be clothed warmly.

Spring seems to be a time of a general aggravation; also warm weather makes him feel worse.

With this nervous patient there is a general physical restlessness and anxiety often associated with marked weakness and trembling with pulsations and a rapid heart.

Nat. sulph. should be thought of in those patients who have

received injuries to the head or spine; convulsions may result from injuries to the head.

Anxiety, which passes off after eating breakfast or at night, while in bed, or an anxiety and loathing of life with suicidal impulses are strong mental symptoms.

The *Natrum sulph.* individual is sad and irritable in the morning. There are many kinds of complaints and numerous pains associated with the *Nat. sulph.* constitution, for these we do not prescribe, but endeavor to grasp the totality of the characteristic symptoms regardless of classified diseases. There are many other symptoms that might be brought out in these five remedies mentioned, but we feel that the main characteristics are all that may be retained by us to-night.

SOME INTERESTING FACTS.

By Eli G. Jones, M. D., 879 W. Ferry St., Buffalo, N. Y.

Dr. W. A. Franklin, Magnolia, Ill., a prominent regular physician of that State, writes me of a good joke his little daughter got on him. She said: "Papa, you have practiced medicine a good while, *when* are you *going to be a doctor?*" This dear little girl has given us *all* something serious to *think* about. It will apply to a large proportion of the doctors in this country. The literal meaning of the word doctor is a "learned man," a man *learned* in his profession, one who is *fitted to heal the sick*. Dear reader, *you* have practiced medicine several years, *when* are *you going to be a doctor?*

Dr. H. R. Edwards, formerly of Bethlehem, Pa., one of our bright men, and an *excellent* prescriber, is now a member of the Army Medical Corps Training Depot, No. 4 Montreal, Canada.

Dr. A. O. Reppeto, Banks, Oregon, an old "War Horse" of the Eclectic School of Medicine, writes of a case of anæmia he had. A lady who suffered with anæmia and palpitation of the heart for **twenty** years. The doctor prescribed my treatment for this condition, *Ferrum 3x*, three tablets once in three hours, in alternation with *Digitalin 3x*, three tablets once in three hours. In three weeks the lady was entirely free from all her symptoms.

When we give the remedy that is *indicated* we *expect* results from the start, and we generally get them. How much better this is than the old "shot gun" practice, that never *hits* anything. How often it happens in the practice of a physician when he has a critical case, he *worries* about his patient, he can't rest nights. When he goes to visit his patient his mind is full of doubts and fears. He *dreads* to approach the house, for fear that he will see "crape on the door." Some of you *know* how it is yourselves. How different is the experience of the doctor who *knows* the *true* indications of remedies. There is no guesswork or uncertainty, but the practice of medicine is to him a *constant source of pleasure*.

A physician in this city called me into his private office and introduced me to a lady patient. He said: "Doctor, I want you to read this lady's pulse and tell me what you think about her. I read her pulse and I noticed that there was an intermission of the pulsations about every tenth beat of the artery. I said: "She has an enlargement of some internal organ, probably the liver." The doctor said: "I have been treating her liver for a month." "Well," I said, "the pulse shows me that she is getting the *curative* effects of your remedy, for the intermissions of the pulse are *fainter* and *further apart*."

This lady complained of redness of right ear, it *burns* after she gets in bed. That indicated indigestion and *Natrum phos.* 3x is *the* remedy for it.

A case of syphilis is presented to me for treatment. The doctor has prescribed a vegetable compound to cure the disease. In reading the tongue, I noticed a *fissure* (perpendicular), *beginning* at *back* part of *tongue*, and extending *half way* down the tongue. I said: "The tongue shows that the patient has been *loaded up* with *Mercury*. The first thing you have to do is to neutralize the effects of the *Mercury* with *Iodide potash*, five grains, three times a day. After a few days on this remedy, I would give him:

R. F. E. Berberis Aqui	℥.ʒj.
Tr. Corydalis	℥.ʒss.
Alcohol	ʒss.
Aqua	q. s. oj.

Mix. Sig. Tablespoonful four times a day.

This is the remedy he *needs* to *cure* the syphilis. It improves the appetite, removes the cutaneous eruptions. Relieves the soreness of the throat. It makes the patient *feel* better *every* way. He will feel so *much better* in a month that it will be hard to get him to continue the treatment, for he will *think* that he is cured. It is *best* to continue the remedy until *all* the symptoms of the disease have *disappeared*.

Lac caninum is sometimes indicated in sore throat, diphtheria and quinsy. When both pain and membrane *shift* from side to side, there is *stiffness* of the neck and tongue, *profuse saliva*, aching in *limbs*, the *throat* feels as if it was *burned raw*, it may be prescribed in 30x. I had a patient that complained of *soreness* through the *chest*, with a severe dry cough. This cough seemed as if she would cough *her insides out*. Worse in the *morning*. *Tr. Penthorum* 3x is the remedy, ten drops once in two hours. A patient complains of a *teasing cough*, with much *wheezing*, *Kali mur.* 3x was the remedy *indicated*. three tablets once in two hours.

In nasal polypus, accompanied with a *putrid* smell in the *nose*, or a loss of all sense of smell, and a putrid *taste* in the mouth, early in the morning, a dropping down of mucus in the *back* of the throat, *Tr. Lemna minor* 3x is the remedy, five drops once in three hours.

A "regular" physician visited me a few years ago from Grand Rapids, Michigan. He sat in my office for two hours and told me of the *very* many splendid *cures* he had made from the remedies mentioned in my writings. I call to mind one case he mentioned: The patient has been the rounds of the doctors. There was *weakness* of *hands*, everything *falling* from the hands. He gave *Tr. Bovista* 3x, twenty drops in half a glass of water, teaspoonful every half hour.

A young lady is irregular in her menstruation, she often goes two or three months without her monthly period. The Eclectics depend upon *Senecio* (life root) in such cases and they call it the "female regulator," and they give in ten drop doses of the tincture, once in three hours. Among the "Tissue Remedies" *Kali phos.* is the remedy for *irregularity* of the monthly periods.

I had in the above case prescribed the two remedies in alternation and they did the work, for she "came round" regularly each month.

A lady has rheumatic pain in one of her knees, it is *not swelled* and there is not *discoloration* of the skin, *Kali mur.* 3x is the remedy she *needs*, three tablets, once in two hours.

I have had some Homœopathic physicians write to me about their *own* case, and they asked me to prescribe for them. I studied over their case and outlined a plan of treatment for them, but because the remedies were *not* prescribed according to the law of Hahnemann, they would *not* take the *remedies*. Ye gods! if I was doubled up with the colic and a doctor prescribed a remedy for me that would cure me I *wouldn't* care a rap whether it was prescribed according to the law of Hahnemann, Brown or Smith. I would say to him, "*Get busy and cure this pain.*" I want the remedy that will *cure* my patient, I don't care a rap *where* it comes from or *who* has used it. In this *progressive* age of the world's history, *no* physician can *afford* to plead *ignorance* of the most *common* remedies of *our* school of medicine.

I thank God that I am a *free* man, and not *tied down* to any man's dogma, or *any* man's system of therapeutics. I have the *whole* field of medical science to browse round in.

"I know my power for I have learned from many teachers." It looks so *silly* to me to see doctors of different schools of medicine looking cross-eyed at each other. Life is so short, and the length of time between the cradle and the grave seems only a little time, why should we quarrel among ourselves and abuse each other? We are *all* trying to do the *best* we can for the sick, according to the *light* we have, judging from the *results* of the treatment of *some* of our doctors. Their lamps *smoke*, they need trimming. When we can help a brother physician to be a *better* physician, when we are helping him to do *more* for the sick than he *has* been doing, we are doing *God's* work! It means the *lessening* of mortality, the *saving* of human life. The *best* years of my life have been given to the work of bringing about a more kindly feeling between the doctors of the different schools of medicine. I feel confident that my work *has not been in vain*.

Mark Twain was spending the summer down on the coast of Maine. He asked an old fisherman "if they had any Osteopaths in that harbor?"

The old man scratched his head and replied, "I have been fishing on this coast nigh on to forty years, but I never heard of any such a fish as that." In the evening he was telling his wife about it. She said, "You old fool, don't you know that an Osteopath ain't a fish, it's a bird!"

SINGLE SYMPTOM.*

By Jas. B. Bell, M. D., Augusta, Me., 1865.

The value of single symptoms as characteristics has, until recently, been but little appreciated, except by some of the great artists of our school.

With the revival of pure homœopathic art, which is now evident among us, more attention is given to things wholly insignificant to the "progressive" homœopathist.

Clinical experience is the chief test of the comparative value of symptoms, showing which are characteristic or individual, and which only generic.

Bœnninghausen suggests another, which may prove of much value, viz.: Those symptoms which, in proving, appear latest, after the last dose of the medicine. He credits the original suggestion to the "genial C. Hering."

A few cases bringing out characteristics by clinical observations are offered.

Fred. C., aged eighteen months, strong, active, well developed, blonde, has severe pneumonia. *Acon*, 200 in water, during two days, and *Bry*. 200, during two days more, seem to do little more than to palliate, and perhaps shorten the first stage, leaving the case at the end of four days as follows: Right lung wholly hepaticized, except the summit, as shown by entire dulness on percussion; loud bronchial breathing; no vesicular murmur; distressing short, dry cough, in frequent paroxysms; breathing much oppressed; skin cool; tongue white; but little thirst; slept with eyes partially closed; moaned much in sleep, and rolled his head much from side to side—more when coughing. Intelligence not disturbed. *Sulph*. 200, in water, during twenty-four hours, pro-

*Reprinted by request. Copy supplied by Dr. S. C. Guild-Legget.

duced no change and no signs of resolution. The case was getting serious; the child was sinking. Giving up the pathological idea of Wurmb upon which *Sulphur* was given, I sought for the characteristics of the case, and a corresponding remedy. I fell upon Williamson's "rolling of the head during difficult dentition," under *Podophyllum*, which also has "moaning in the sleep with eyelids half closed." Trusting to this fail'thread, it was given, *Pod.* 30, in water, every three hours. Before the third dose was taken, resolution was complete in the whole lung; the welcome crackling was everywhere to be heard, and the symptom was gone. The recovery was rapid.

S., boy, age three years, phlegmatic, fat. Mother called and said the boy had a high fever; was restless, thirsty, had some dry cough. Sent *Acon.* 200, and would call in twelve hours. Found the child much worse. Lay propped up in bed, seemingly half asleep, with eyelids half closed, and occasionally moaning. On waking, he began to cough, rolling his head from side to side. Cough was dry, skin hot, face flushed, sensorium clear. The child had been much exposed to the sharp winter air, and it was so obvious a case of pneumonia in the first stage, that no auscultation was made.

Leaving crude pathology alone this time, and trusting to the peculiar and characteristic symptoms, I gave at once *Pod.* 200, in water, every three hours. Calling in twenty-four hours I found the boy convalescent. The symptoms were removed, and with them the whole disease process.

I have since verified these symptoms of *Podophyllum*, in many cases, otherwise totally unlike the above, as regards the organs implicated.

The *rolling of the head* must exist with the *moaning in the sleep* with the *eyelids half closed*.

When either symptom occurs alone, other remedies are indicated.

Another is in the *rolling of the head* and the *biting of the night dress*, or other objects, sometimes seen in cases of infantile diarrhœa.

These cases confirm the teaching that the art of curing has nothing to do with the names of the diseases, or with the names of the organs diseased. And that therapeutics and diagnostics (in non-surgical diseases) are distinct sciences.

The organism has "strange characteristics and peculiar" expressions in every disease state, over and above the general expressions or symptoms.

Thereby Hahnemann's own directions are to guide us in the selection of the one remedy, from a group having the generic symptoms.

The characteristics, then, of the different remedies, when surely verified, become exceedingly precious.

They are most valuable gifts to impart one to another.

By means of Dr. Lippe's verified symptom of *Kali bichr.*, "Sharp stitches in the left ear," etc., I have quickly cured three cases of diphtheria.

Dr. Guernsey's symptoms of *Magn. mur.*, "Stool crumbling as soon as it comes to the verge of the anus;" of *Sepia*, "Bearing down, causing her to cross her legs to keep the organs in;" of *Conium*, "the urine flows, stops and flows again;" "Leucorrhœa flowing after micturition," and others, have been of great service in many chronic cases.

In the hope that others will do likewise, a few carefully verified characteristics are contributed.

Senega: Sensation of trembling, with no visible trembling. Soreness of the walls of the chest on moving the arms, particularly the left. Burning pain about the heart.

Lobelia inf.: Nausea, worse at night, and after sleeping; relieved by a little food or drink.

Gelsemium nit.: Fever without thirst. Wants to lie still and rest, particularly with inflamed tonsils, beginning on the right side.

Lachesis: Thinks she is dead (in typhoid), and that preparations are making for the funeral, or that she is nearly dead, and wishes someone would help her off.

Magn. carb.: Stools like scum of a frog pond; green and frothy.

Baptisia tinct.: She cannot go to sleep (in typhoid) because she cannot get herself together. Her head feels as though scattered about, and she tosses about the bed to get the pieces together. (*Hahnemannian Monthly*, Vol. I., 1866.)

SHALL WE DISCARD THE FORCEPS?

EDITOR OF THE HOMŒOPATHIC RECORDER.

I have been reading an article this morning from the pen of a physician away out West, in another medical publication, on the bad results from the use of the forceps. He says: "If this paper accomplishes nothing but the awakening of the family physician to a realization of the dreadful trauma he usually inflicts on the brain of the unborn child when he applies the forceps, the time will have been well spent. Certainly he will never again put on the forceps to economize time. The cases of epilepsy, defects and insanity due to forceps are almost beyond calculation. From a careful study of a large number of brains traumatized by the use of forceps, I am persuaded that a Cæsarean section in preference to a high forceps delivery is conservative surgery."

I believe that is the most remarkable and unreasonable statement I have ever heard of. Farther on he states: "The senior members here can remember that in after years these cases developed fits, developed mental aberrations that get them into trouble with society. The fact is the child has a scar on its brain due to trauma." To my way of thinking after almost twenty-four years of experience, the forceps when properly used, and if proper forceps, are a God-send to humanity. If used promptly and carefully and forceps of a proper pattern, the dire results he mentions will be extremely rare, if ever.

I believe danger from a Cæsarean section to both mother and child at time of delivery and future weakening of the mother's constitution outweighs the proper use of forceps thousands of times.

I believe forceps are often blamed for injuries they are not responsible for. Years ago I adopted a rule that where the labor was at a standstill for two hours forceps should be used. The longer I follow this little rule of my own the better satisfied I am with it. I cannot say how many cases of confinement I have attended in the last twenty-four years. It certainly runs into the hundreds, but I have never had the death of a mother, either at the time, or as a result of the confinement. There have

been exactly four babies in that length of time which I have not been able to get to breathe, and every one of them were breech presentations. In addition to the four, I did a craneotomy on a dead child more than twenty years ago, where I was called in by a brother physician after a midwife had given up the case after a two days' vigil. Possibly I have used the forceps well on to a hundred times. Had I done a Cæsarean section in each of these cases could I show as good results? Regarding the craneotomy I mention: Although the mother recovered, I believe now with my riper experience that if I had it to do again, I would probably do a Cæsarean section. I know a physician who seldom has less than four still-born babies in any year. His rule is to use forceps if labor is at a standstill for *twenty-four hours*. That, in my opinion, is too long a time to delay. I believe more harm is done to both mother and child, even though the child lives, by the prolonged pressure on the head, than by the pressure of the forceps for a few minutes. If the forceps are used promptly the head is soft and pliable and gives readily. The maternal parts give readily, and there are many times less danger of a laceration. My experience is that the longer you delay the use of the forceps after two hours' waiting the surer you are of maternal lacerations. One of the first purchases I made after my graduation away back in 1893 was a pair of Hodge forceps. Nothing could have persuaded me to buy anything else than Hodge forceps. A dearly loved professor, although not a teacher of obstetrics, never lost an opportunity to digress from his lecture to laud the Hodge forceps. For eight years I used those cruel, cruel instruments. That is I used them when I could not get out of it. When I heard other physicians talk about a forceps delivery and mention that they did not have the slightest laceration I branded them as liars. Did I not have Hodge forceps? Were they not the best in the world? Was I not careful? I always had a bad laceration, how could such a thing be avoided? It looked to be impossible to me.

Sixteen years ago a friend made me a present of a nice new obstetric bag. I was very proud of it. Alas! it was too short for my beloved Hodge forceps. I wrote to the instrument maker for a pair of Elliot forceps, giving the length of the new bag, and saying to not send them unless they would go into a bag

that size. They took the liberty to send me a pair of Simpson forceps, saying that the Elliot forceps were too long for my bag, and to return the Simpson forceps if I did not like them. I was too busy that day to return them, and early next morning was called to a case. I had in the meantime sold my Hodge forceps and took the new Simpson forceps with me to the case. It was a bad one, and I had to use the forceps. I felt sure that I would have a bad laceration, and told the husband so. What was my surprise to not have the slightest sign of a laceration. I kept those forceps and a laceration is indeed a rare occurrence in my practice. Undoubtedly it was the Hodge forceps which caused my lacerations. Now I am not afraid to use forceps. Of course, there may be, and undoubtedly are, physicians who are base enough to use forceps to save time. I have never done that and have no respect for one who will. When necessary I consider the judicious use of forceps a far less danger to both mother and child than the delayed use of them. As far as permanent injury to the child from use of forceps in delivery is concerned, I have never known of such a case or heard of an authentic instance of it.

My advice is: Have a pair of good, safe forceps. I prefer Simpsons, but there may be others just as good. Do not be afraid to use them when necessary, and use them promptly and carefully. Never use them so that you can get away. That is criminal.

E. P. CUTHBERT, M. D.

Evans City, Pa.

FERRUM PICRATE IN HERNIA.

Editor of the HOMŒOPATHIC RECORDER.

I wrote you several weeks ago [see March RECORDER, page 12] of my virgin experience with *Ferrum picrate* in the case of an aged patient, Mr. L. A. Edmiston, of this city. I have just come in from seeing him. He says the right sided hernia is cured. As the remedy had no apparent effect on that on the left side I some days ago gave him *Picrotoxine* 3x. This A. M. he says the left side is wonderfully improved, but that he has vertigo so bad that he fears to stand on his feet without a firm support.

I gave him *Sac. lac.*, and hope to get a good report soon. His daughter says he is doing fine.

CHAS. E. JOHNSON, M. D.

Sherman, Texas, 208½ N. Travis St.

A NOTE FROM OLD KENTUCKY.

Editor of the HOMŒOPATHIC RECORDER.

I feel constrained to say a few words for your journal. I have been a reader of it for several years and find that it deals with matters and facts that the busy doctor needs. We need something practical and that will give us aid and help out in our prescribing. I *dropped* into Homœopathy over twenty-five years ago, and the longer I live and prescribe remedies the more I am convinced of its merits. When I get right down to close taking of a case, and dig out the indicated remedies, I never fail to get good results and that quickly.

I wish to refer to a man whom I have the pleasure of knowing quite well, and he is a jewel when it comes to prescribing; his manner of reading the pulse and the tongue is simply little short of marvelous. I trust you will keep him busy with his correspondence, as I am sure that he is a Moses when it comes to leading us to the indicated remedy. I refer to Dr. Eli G. Jones, of Buffalo, N. Y. I hope to have him with me this summer; he has the experience that every doctor needs, and I hope to have some good reports to make after his visit.

I wish to relate a case in hand that gave me still more confidence in our remedies in cases of emergencies: A child 6 years of age, girl, daughter of prominent attorney, fell into a tub of hot water, scalding her left arm from shoulder to wrist, her left side and back, both buttocks and left leg to knee, the skin slipping off entirely from these surfaces. I saw the case within twenty minutes after the accident. Her mother had removed the clothing and with it the skin. The child was very nervous and suffering intensely. I gave her at once *Cantharis* 6x and then adjusted the parts with sterate of zinc. The shock was almost nil, and the pain has never been a factor since she took the first dose of *Cantharis*. Being of a very nervous disposition

she suffered with electric shocks at night, and would dream of falling into water. For this I gave *Belladonna* 30x.

Again, I repeat, keep Dr. Jones "on the job," and I will promise you some good homœopathic cures this summer.

M. DILLS, M. D.

Carlisle, Ky.

CYANIDE OF MERCURY.

Editor of the HOMEOPATHIC RECORDER.

The following account of the effects of *Cyanide of mercury* is abridged from the *Real Lexicon*, published by the disciples of Hahnemann in Leipzig in 1837. It was discovered by Scheele. It acts as a violent irritant upon the animal economy; in large doses destructively. Its action is especially apparent in the glandular, lymphatic and nervous systems at the same time. Ittner saw two grains cause restlessness, nausea and trembling in a dog. Oliver d'Angers gave a small dog seven grains. In five minutes she retched, fell upon her side with alternate jerkings and flaccidity, rapid breathing and heart action, succeeded by very slow thoracic and circulatory movements. Three grains injected in the cellular tissues of the thigh of a dog in three minutes caused violent retching and violent convulsive jerks. This condition alternately interrupted by great relaxation, lasted three-fourths of an hour. Half a grain injected into the jugular vein of a young dog acted with so sudden a violence that the animal gave a loud cry and fell upon its side, when light jerkings began. Respiration was deep and very slow, the heart beat only 32 per minute; this slowness grew until death followed. Post mortem showed bloodless crepitant lung tissues and the heart flaccid.

According to Kapeler a man took 23½ grains with suicidal intent. Profuse bloody vomiting, copious diarrhœa and violent abdominal colic quickly ensued. After four days Kapeler found him lying upon his side with a serious facial expression, staring eyes and reddened conjunctiva. The scrotum and priapismic penis were dark blue. He had violent headache and a strong, vigorous heart beat. The pulse was somewhat slow but full and hard; some cough. The lips, tongue and *inner cheeks* were *strewn with numerous small ulcers covered by a whitish gray*

mass; with much thirst, swelling of the salivary glands, profuse flow of saliva from the mouth, difficult deglutition, nausea, constant retching and *vomiting after every drink*; continuous urging to stool with tenesmus but infrequent stools only, which, however, were mixed with blood; retained urine. After eight days general weakness, frequent faints, jerking limbs, stupefaction, pulse weak, urine still suppressed, finally hiccough and death.

Post mortem after twenty hours. Limbs stiff and contracted, little blood in heart. Clotted blood in rear. Jaws tightly closed. *Inner checks and gums covered with grayish ulcers, tongue enlarged, the edges ulcerated and covered with an adherent grayish, thick rough coating.* In the œsophagus was a red spot the size of a dollar, etc.

It is more than likely that this, as probably the earliest summarized account of its action, was what led to the use of *Cyanide of mercury* in the celebrated case of Dr. Villears and its consequent introduction into the homœopathic treatment of diphtheria. Some years ago I cured a case of croupous enteritis with this drug.

It is also worthy of note that these victims were prone to lie upon the side, and that the symptoms showed alternate spasm and relaxation. The significant symptoms are italicized.

C. M. BOGER, M. D.

Parkersburg, W. Va.

MORPHINE AND OPIUM HABIT.

Editor of the HOMŒOPATHIC RECORDER.

Having read in the RECORDER, also three or four months ago in the *Journal of the American Association of Progressive Medicine*, of the use of *Tr. Avena sativa* in the morphine habit, it may not be out of place to say that I discovered the usefulness of *Avena sativa* in curing all cases of this dreadful habit way back in 1875-6. In brief, I had my patients reduce the quantity of morphine daily one-half. My first patient, seven years in this worst slavery, took twelve grains of morphine daily. She was commanded to take only six grains the first day of treatment, the next day three grains, the next one-half grain, the following

day three-fourth grain, the next three-eighth grain, and so on. She took from ten to thirty drops of *Avena sativa* in hot water, the quantity and frequency of dose according to nervous disturbance; in cold water during the night, as required. In hot water it acts more rapidly. I have also found *Avena* very helpful in the drinking habit. And to quiet the nervous state in all female diseases I found nothing better, after which the indicated remedy could and would cure each case, where, without the *Avena*, the same medicine would be useless.

E. H. M. SELLS, M. D.

137 W. 94th St., New York City.

BIOCHEMISTRY FOR DR. PITTS' PATIENT.

Editor of the HOMŒOPATHIC RECORDER.

From the point of the *Biochemist* (according to the late Dr. Schuessler) the first remedy to be selected in the presented case of Dr. S. O. Pitts, Alda, Neb., must be *Kali sulf.* 6x for the following reasons:

- (1) Heaviness, weariness, vertigo.
- (2) Catarrhalic condition of yellow secret.
- (3) Yellow color of skin and face.
- (4) Indigestion.

The next remedy to *Kali sulf.* eventually to be given will be *Nat. mur.* 6x.

The final step will be after *Kali sulf.* and eventually *Nat. mur.* have been exhausted—to choose either *Calc. phos.* or *Kali phos.* (both 6x also).

Of the remedies the patient should take about 5-10 grs. three times a day.

Very truly,

E. VONDERGOLTZ.

205 E. 72nd St., New York.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THERAPEUTIC NOTES.

Cardiovascular Stimulants.—Dr. Fritz C. Askenstedt, of Louisville, in an article in the *Kentucky Medical Journal*, for July 1st, 1916, summarizes his experience as follows:

“Recent clinical research, with its more accurate means for observation, leads us to the inevitable conclusion that among the digitalis allies are to be found the most effective cardiac remedies. Among these, **digitalis** stands out as a therapeutic giant—a powerful friend when rightly used, and a most dangerous enemy when its powers are misused. Its virtue does not seem to lie alone in vagus stimulation for here aconite excels it; nor in myocardial excitation, in which the action of helleborein is almost wholly spent; but probably in a peculiar dynamic effect exerted directly upon the muscle fibres of the heart.

Of the heterogeneous group not belonging to the digitalis series few drugs have proven themselves actually worthy of the designation cardiovascular stimulants. The stimulating effect of **atropine** is transient and uncertain, and as for the rest, **the nitrites excepted**, positive results are proving the exception rather than the rule. It must be admitted, however, that many beneficial results may escape the physical tests employed, and that the occasional effects observed should teach us a more careful individualization of cases before treatment is begun, and a closer scrutiny of results thereafter.

Regulation of rest and diet, increasing the blood-pressure by an irritant upon the skin, or lowering it by spinal concussion, flushing of the capillaries by dilatation of the rectal sphincters, resuscitation by stimulation of the olfactories, intelligent use of heat and cold, these are some of the measures in many cases more prompt and effective in cardiac emergency than the ‘will-o’-the-wisp’ action of some of the reputed heart stimulants.”

Frequency of Urination in Women.—A subject we are all interested in because of the obscure etiology is frequency of urination in women. Not seldom the writer is obliged to report no abnormal findings in the urine of a woman who is urgently seeking relief from a most annoying frequency. Among the urinary causes are, of course, extreme variations in acidity and alkalinity, but when these are absent and other urinary findings nil the cause must be sought for elsewhere. Every one should read an excellent summary of the etiology of frequency in women, by Dr. W. A. Newman Dorland, author of the familiar *Dorland's Medical Dictionary*. In the *Urologic and Cutaneous Review*, Volume XX., Number 11, 1916. Dr. Dorland, after a careful study, holds the following causes in order of frequency responsible for the trouble:

I. Pregnancy. (Pressure.) II. Pericyclic conditions. (Edema bullosum.) III. Hyperemia of the bladder. (Drugs, foods, congestions, masturbation, uterine diseases.) IV. Cystitis. (Colon Bacillus.) V. Relaxation of the vaginal sphincter. (Multiparæ.) VI. Tuberculosis of the bladder. (Blood.) VII. Neurotic conditions. (Hysteria, etc.) VIII. Urethritis. (Gonorrhæa.) IX. Urethral tumors. (Caruncle, etc.) X. Stone in the bladder.

The above is a good "working" list for the general practitioner. In cases not of pregnancy the pericyclic conditions are most often overlooked by the doctor. Frequency of urination in women is likely to be due to pressure upon the bladder by exudates, peritoneal or parametric, to pus tubes, large pelvic hematoceles, small cervical or larger uterine myomata, tumors of the adnexa, or the cervix of a retroflexed uterus. The results of pressure on the bladder wall may be an edema of the mucosa, the so-called edema bullosum of Kolischer.

Weak Spermatozoa.—From a reprint sent us by Dr. Lespinasse, of Chicago, we cull the following conclusions. (Extract from paper read at Detroit meeting of the A. M. A.):

"Many cases of sterility attributed to the woman are due to weak spermatozoa.

"This type of case can be diagnosed by careful examination of the semen.

"The cause of sterility is as often in the male as in the female, if not oftener.

"Treatment depends entirely on the cause.

"Obstructive cases, male or female, are operative.

"Weak sperm cases would indicate direct uterine insemination and glandular therapy, diet, modes of life, etc.

"Secretion cases necessitate appropriate therapy to check or modify the destructive secretions.

"Nonproduction of the essential elements, namely, spermatozoa or ova, would indicate glandular therapy."

When Not to Operate on the Prostate.—In the *Lancet-Clinic* for March 11th, 1916, we read an excellent article by Dr. Barnett advising against prostatic operation under the following circumstances: I. When the specific gravity of the urine is below 1016; II. when the renal functional test is low; III. when the urine is highly acid or alkaline; IV. when residual urine has just been withdrawn; V. when the bowels are distended with gas; VI. after suprapubic cystotomy for retention.

The advice not to operate when the specific gravity of the urine is below 1016 does not, of course, contemplate such cases as we have frequently complained about in these pages where the patient makes a "tank" of himself in order to "flush out the kidneys." The analyst of urine is not a fireman and has no need for large volumes of water, but, rather, the contrary. **Urine for examination should be small in 24 hours' volume.** If the patient not drinking more than is necessary for the quenching of ordinary thirst passes urine habitually of specific gravity below 1016 then the advice of Barnett is conservative. But in these days of kidney flushing the passing of a gallon or so of urine in 24 hours of specific gravity below 1016 is not of significance, since it simply means that the patient does not know any better than to furnish water for analysis instead of urine.

The fact that it may be a good thing for the patient to flush the kidneys is no reason why he should drink a gallon of water when collecting his 24 hours' urine for analysis.

"Acidosis" in Nose, Throat, and Chest Affections.—We are helping cases which our good friends, the nose and throat men, send us by looking after the titration acidity of the urine, and for the presence of small amounts of sugar not recognized by so-called

"rough testing." In a case recently seen where **chronic cough** had troubled a young woman for several years, we found a high titration acidity and cured the cough with French Vichy water and bicarbonate of soda in thirty grain doses, several times daily. We are pleased to notice that Kekoff who, by the way, is not a foot ball star, as his name might suggest, but a brainy medical man, is helping hay fever sufferers right and left with soda bicarb. It will pay those who treat hay fever to read his article in the *New York Medical Journal*. He gives the drug in 60 grain doses three times daily.

In estimating the titration acidity of urine some regard must be had to the specific gravity. We naturally find a high acidity in many cases in which the specific gravity is well above 1020. But it is in the cases where the acidity is above 20 degrees in urines of specific gravity not much above 1020 and especially in those of specific gravity below it, where the soda comes in. Also, of course, in cases in which the specific gravity being high the acidity is above fifty degrees. We saw a case recently in which the acidity was 150 degrees with specific gravity 1035. Such cases urgently call for alkali.

Another matter sometimes puzzling to nose and throat men is the **extreme dryness of the throat** complained of by certain patients. In such cases by a specially careful sugar test we may find reduction after thorough boiling of the test liquid and the urine. We help such patients speedily by curtailing their supply of sweets. The starches, as a rule, need not be diminished below the ordinary amount used as food, when only a slight reduction is noticed.

An Unusual Specimen of Urine.—Through the kindness of Dr. B. A. McBurney, of Chicago, we were favored with the examination of a most unusual specimen of urine. The patient was a married woman whose 24 hours' urine measured only 280 c.c., of specific gravity 1035, cloudy from deposited urates. **The acidity was 150 degrees**, that is ten c.c. of the urine required fifteen c.c. of decinormal soda solution to neutralize it. Urea and ammonia were fairly high in percentage, but the unusual feature of all was the per cent. of phosphoric anhydride, the latter being 0.66 per cent., or 1.84 gramme per 24 hours. The occurrence of nearly two grammes of phosphoric anhydride in only 280 c.c. of

urine is, in the writer's experience, unique. Repeated titrations agreed, the indicator used being ferrocyanide, and the solution uranium nitrate, Merck's guaranteed reagent. The condition was apparently acute renal hyperemia, albumin and casts being found in the urine.

America's Special Problem in Eugenics.—That spicy writer, Dr. G. Frank Lydston, of Chicago, "has very little use" for miscegenation. In a reprint recently received from him he advocates sterilizing both parties, black and white, who have sex relations with one another. He declares that the sexual relation of blacks and whites threatens the country with degeneration and decay.

Treatment of Sciatica.—An interesting article on the obscure causes of sciatica is to be found in a recent number of the *Pacific Coast Journal of Homœopathy*. The writer contends that citrus fruits are the cause of much sciatica on the Coast. Speaking of treatment of sciatica we observe that hypodermic injections of quinine and urea hydrochloride are being used. An article by Gartner in the *Atlantic Journal-Record* may be read with interest in connection with this new form of treatment.

Permanganate in Uremia.—In suppression of urine with convulsions potassium permanganate hypodermically has been used with claimed success. One c.c. of one per cent. solution is used by Davidson, described in the *London Lancet*.

OLD VERIFICATIONS.

Berberis vulgaris: Soreness and tenderness of the renal region, < by the least jar or pressure; tearing pains in the back, extending down ureters and shooting into hips.

Magnesia phosph.: Choreic patient: talking to herself almost constantly, or sitting still in moody silence, or carrying things from one place to another and then back again.

Aloes: Chronic stomatitis ulcerosa and chronic diarrhœa; no appetite, poor digestion, emaciation, ten to twenty stools daily for a year; when desire comes she cannot wait; usually < in the latter part of night and early morning, of a jelly-like mucus and always with a great amount of flatus.

Acetic acid: Great thirst, profuse urine and marked debility.

Cundurango: Cracks in the corners of the mouth.

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EDITORIAL NOTES AND COMMENTS.

A New Journal.—There comes to hand the first issue of *Tijdschrift van Vereeniging van homœopathische, Geneesheeren in Nederland*. The address is Oudenriijn, Holland. Editors, Dr. D. K. Munting, of Amsterdam, and Dr. J. N. Voorhoeve, of Oudenriijn. We sincerely hope that this journalistic venture will be successful, that our exchange copy will not be sent to the bottom of the sea, and that the *Tijdschrift* will not meet with the fate that overtook the *Journal Belge de Homœopathie*.

Stramonium the Remedy for Infantile Paralysis.—Dr. M. M. Fleagle, of Hanover, Pa., read a paper on this remedy before the Penna. State Society (*Hahnemannian Monthly*, Feb.) In it he stated: "I fully believe that if *Stramonium* were prescribed instead of routine *Belladonna* or *Gelsemium*, we would save many more lives." He contended that *Stramonium* is a deep acting drug, and infantile paralysis is really a constitutional trouble. It will be well to bear this hint in mind.

Swat Not.—From Kansas, the land of grasshoppers and reformers, the land of corn, where everyone gets rich, yet where you have to smuggle in the spirit of the corn, came the slogan, "Swat the Fly." But now comes Dr. Herman Hornig, addressing the Philadelphia Charity, who says that when you swat the fly you merely smear his germs over the landscape. He says, cage the fly and starve him. Some think the fly is a minute buzzard, and it is known that no carrion no buzzard.

A Calculation.—The conclusion is that man doesn't want truth, he wants only something to back up his own ideas. We ran into a bunch of allopathic laymen the other day. The row started by the recitation of their own and their families' ills. The treatment was enough to make a good homœopath shed tears. It was, to use the favorite word of young misses, awful. One incident. A friend of one had gangrene and an amputation, followed by successive amputations until both legs were off nearly to the hips, and death ended the matter. We said that a physician who understood Homœopathy could have stopped it in the beginning. Then the storm broke. They denied that Homœopathy could have done anything of the kind! Were not their physicians the real thing! Didn't they know more than all the outsiders! What right have *you* to question their treatment! Into the storm we finally succeeded in fluttering the statement that but a few years ago these allopathic forebears strenuously argued that a doctor who would not bleed his patient was guilty of passive murder. This was swept away in a hurricane of words. Finally, all shook hands and we gave them the parting shot, that no one would believe anything he didn't want to believe, and they'd rather have their legs cut off than—but here they all bolted.

The Examining Board Problem.—That disrespectful *Houghton line* considers the troubles of the A. M. A. in the matter of Examining Boards. It insists that the A. M. A. is seeking to be a Trust, in fact, is one, though not firmly fixed, to which end is the scheme for a National Board of Medical Examiners. "This National Board" it says, "is what we might call the 'holding company.'" By this central power "all clumsy and inefficient scattering of energies" could be eliminated. This is to be done by requiring each candidate to go through the kindergarten and common schools, presumably, then, certainly, four years of high school, two years of college, six years of medical college, topped off by one year internship in a hospital. All of these institutions must be "acceptable" to the Board and, as it will be *A. M. A. Line*, thinks you have a "trust" that will beat the Standard Oil and be much harder for the trust busters to bust, for they did crack the Standard.

Legal Decisions.—It is difficult for the ordinary man to know the actual results of a court's decision beyond its general tenor. The reason for this statement is a newspaper report of an alleged illegal practitioner in Vermont who was caused to be arrested by the allopathic powers on the ground that he was illegal. The lower court apparently freed him. After this it seems that the doctors said things about the judge of that court. He came down and sued them for libel. The Supreme Court seems to have backed him up. Looks as if the capable, the real physician, did not have to resort to the courts to protect his "business." That word "business" somehow grates on the nerves when used in connection with the healing profession. Certainly it is not a good one to let loose on the public who in sore straits calls in a physician and it may be from the superstitions of the past looks up to him as a savior rather than as a business man. The point is a bit tenuous. The old doctors had a truer idea when they insisted that what they received was a "honorarium." Perhaps this is not practical but it makes for dignity.

New England Medical Gazette.—Dr. DeWitt G. Wilcox has resigned the chief editorial chair of the *Gazette* and is succeeded by Dr. Sanford B. Hooker. Sorry Wilcox has retired for he was an interesting writer something that covers a multitude of sins—not that he had any. His patients wouldn't give him time for editorial work. Hope and believe Dr. Hooker will make a brilliant success of the fine old journal. In its review of homœopathic periodicals for January the *RECORDER* is given a little dig. After commenting favorably on several of the papers it says concerning one, "The article reads like an advertisement for the proprietary article which was used in the case reported." Proprietary names are so scientific that this one got past the censor. The writer of the paper very indignantly denies any intention of advertising. So let it rest.

Medicine and the Law.—In Doctor Luther Emerick's presidential address before the Ulster County, N. Y., Medical (allopathic) Society occurs the following, anent the "Harrison law:" "Its burdensome requirements are not only a serious interference with us in the pursuit of our calling, but are direct insults

to us, charging, by inference, that we are not to be trusted, but must be supervised and regulated." After centuries of struggle it **has** come to pass that doctors of divinity can hand out any sort of dope for the cure of the soul and the law never peeps. It was not so once, but now doctors of divinity (after much tribulations) are willing to permit man to go to hell, or heaven, by whatever road he **pleases**, and in return the aforesaid doctors are allowed to thunder forth whatever they **please**. Mankind has the liberty to choose his doctor of divinity or do without one even as the doctor has the full right to preach what he pleases. But after the D. D.'s had learned wisdom (or had it forced upon them) the allopathic M. D.'s joyously stepped into their discarded shoes and are trying to tread the old path of compulsion, with the difference that they apply the same arguments to the salvation of man's body that the elder doctors did to his soul. It is the same thing over again.

A New Definition of a Quack.—Dr. John M. Swan, of Rochester, N. Y., contributes a paper to the *New York Journal of Medicine*, headed, "Is Medicine a Business?" The paper concludes with a quotation from Professor Joseph McFarland. The last period in the quotation is the following: "It is in taking too much money for too little service that makes a man a quack." Well! humph! What are you getting off, McFarland?

The Pot Says the Kettle May Be Black.—This from *Practical Medicine*, of India, reads almost like a bit of irony: "The opening of the Panama Canal was welcomed by the world as shortening the route to the East, but evidently it has placed India within sight of a new danger. This danger is the introduction of yellow fever into the Port of Calcutta through the medium of *Stegomyia* mosquitoes. The Bengal Government, it is understood, has done well to appoint a committee to recommend necessary precautions to secure the port from this new danger."

Conservatism.—The tonsils are ill—cut 'em out. The appendix is bothering—cut it out. The female organs are at fault—cut 'em out. The gall bladder sends out painful things—cut it out. A nerve gets rampagious—cut it out. A foot gets started in gan-

grene—cut it off. The breast starts a lump—cut it off. The head aches—cut—no, we must be conservative.

Asking Too Much?—At the last meeting of the Congress of Medical Education, Public Health and Medical Licensure, Dr. John M. Baldy, President of the Pennsylvania Bureau of Medical Education and Licensure, spoke of the necessity for the standardization of hospitals that has arisen from the demand of the profession for the interne year. To quote from the *J. A. M. A.*, Dr. Baldy said:

If the medical student should have an interne year, it follows, as a matter of course, that hospitals must be taken in hand as well as medical schools so that the time of the interne will not be wasted. This year of time should be of value to him and of ultimate value to the community. There are certain hospitals that have anticipated the needs of the time and are perfecting their plants, but they are few and far between. The hospitals are governed by boards of managers; they have superintendents in charge, many of them trained nurses; we have not pointed out to the boards of managers wherein these institutions are deficient. We have not pointed out to them that certain things are absolutely essential for the successful management and running of these institutions. Boards of managers are business men and have not received very kindly the suggestions from doctors, the progressive men on hospital staffs, on account perhaps of lack of funds. The advice and suggestions of such men would enable them to bring up the efficiency of the various departments in these hospitals and see that they are manned by competent men. If the interne year is to be one worth while, then hospitals should be standardized with reference to equipment and facilities for making the interne year worth while.

No doubt some reader would like to have a new coat, but because he does not have the money for it is he to be standardized out of his profession as were the small medical colleges because they did not have sufficient money to follow the pace of the rich colleges? Dr. Baldy's reasoning appears to be like arguing that a man has no right to be ill unless he has enough money to pay for all the ultra kinks of modern medicine. Was the hospital created for the interne or the interne for the hospital?

Then and Now.—Bless you, how the mighty have fallen—or the lowly become the mighty! This is brought out by a paper (*Iredell Medical Record*, 1897) read before the American Health

Association. The burden of his Address was "heredity"—the offspring of those with a "consumptive taint." To-day it is spit. "But we have advanced since then." Sure! But, perhaps, seventeen years hence you may be as much a back number (?) as Iredell. Medical "science" seems to be a matter of chronology—here to-day and gone to-morrow. Father Hahnemann came nearer to medical science than any of you.

A Hint to Young Men.—The following is quoted from the *International Journal of Surgery*:

Comparatively few physicians seem, as yet, to realize the significance of pyorrhea alveolaris and alveolar abscess in the causation of serious infections in distant parts of the body, such as diseases of the heart, bloodvessels and kidneys and various forms of arthritis. This is not difficult to understand for the medical practitioner has been accustomed to consider dental diseases as outside his own province, and the dentist, as a rule, has but a limited knowledge of general pathology.

This abbreviated quotation (though nothing is left out that is essential) seems to show that the broad man, the General Practitioner (as Dr. R. T. Morris said), is the coming specialist of specialists. Looks as if, in the medical millennium, the broad man would tell the skilled specialist—in teeth, nose, throat, eyes, or anything else—what he was to do. This is but a very gentle hint to the young men who, according to H. V. H., are all going in for "specialties," without knowing their specialty as the quotation from the *International Journal of Surgery* demonstrates. In other words, it seems to bring into strong light the *real* truth of what that great medical philosopher, Dr. Samuel Hahnemann, taught when he emphasized the, sometimes laughed at, "totality of the symptoms." Every real advance made by modern medical science but accents the truth of Hahnemann's apothegm. To point this. We heard of a rich man who had twenty-one big physicians look him over and fail. A miserable little osteopath located the trouble and relieved the man. The trouble was a small dislocation that obstructed a main highway and resulted in paralysis. It was not a case for the drug "totality" but one for "removable cause." These two, the drug "totality" and the "removable cause," are twins in true medicine. The specialist of specialists must be a big man.

PERSONAL.

A problem play is generally unmailable stuff dressed up as a problem.
A running account is your wife's and daughter's dressmaker's bills.
Talk is not cheap over the long distance.

A Kathleen Mavourneen loan is one that may be for years or it may be forever.

A dyspeptic is a grouch with a pathological reason,

Problem for Scientists: Can a man really fall down stairs on a moving stairway?

Brown said his house "burnt up." Smith remarked that Brown's house "burnt down." Jones said it "burnt out."

"Every man has his price." Some, "no offer refused."

There are many balls—cannon ball, base ball, Charity Ball, Waiter's Ball, the balled up, the kid's bawl, etc.

Good clothes giveth man self-confidence, so much that sometimes he standeth up ye tailor.

Conscientious. The nurse who awakens a patient to give him his sleeping potion.

"Mother's advice!" exclaimed the young rooster, "my mother was a coal oil stove and gave me none."

Most men don't have to ask their wives for advice.

"I'll be appreciated when dead," said the author. "Yes. You'll be silent."

"Women talk more," writes Mary, "because men are such simpletons."

Profit sharing is often but shearing.

Wonder if health culturists can make one as beautiful as they are in their advertising picture.

The biggest red-tape factory in the U. S. is located on Dearborn St., Chicago, the city of big things.

"He that uttereth slander—is a fool."—*Solomon.*

"It is a sport to a fool to do mischief."—*Solomon.*

"A scorner seeketh wisdom and findeth it not."—*Solomon.*

Ye modern ornithologist looketh for fine specimens on gentle woman's toggery.

An origin of caloric is often your cold fact laid before a friend.

A learned doctor writes of "The Causes of Ageing." There's only one, brother—too many birthdays.

Binks remarked the day, "When I was turned loose from college I knew so much more than I do today!"

You can no more convince a man by verbal argument than you can a piece of putty.

The shortest street in the world is Easy Street.

When you go to an insane asylum be sure to have identficaton else you may have trouble in getting out.

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VACCINATION.

Still the same old hot question! *Journal A. M. A.* (3-31) prints a report by Dr. C. W. Garrison, State health officer, Little Rock, Arkansas, in which he tells how twenty-five patients in the State Hospital for Nervous Diseases, at Little Rock, by the courtesy of the superintendent, were experimented on. "Twenty-five persons were selected who showed no evidence of previous successful vaccination." These were given *Vaccinum*, one tablet a day, for seven days. On the eighth day they were vaccinated, *secundum artem*, and twenty developed "positive" reactions to the virus put into their arms or legs. This leads Dr. Garrison, who conducted the experiments on the patients, to remark: "Consequently, this proves conclusively the inefficiency of the former method of vaccination."

This short report by Dr. Garrison is dignified by an editorial by the editor of the *Journal of the A. M. A.* in the same issue, headed, "The Fallacy of Internal Vaccination Against Small-pox." On the whole subject the editor remarks: "This was a foregone conclusion because medical science and experience know of no other successful and practical way of inducing the changes in protection against infection than by introducing the vaccine material directly into the tissues or the blood. This is true of all forms of protective inoculation—inoculation against typhoid, against cholera, against plague, etc., as well as against small-pox." So says the official organ of the American Medical Association of Allopathy of Modern, or, of Scientific Medicine—you can take your choice of titles. Here it is distinctly stated that the allopathic or scientific vaccines, etc., from small-pox up, or

down, change the blood or tissue. Nature, or God (as you please), created man and his blood, so the *Journal of the A. M. A.* seems to be in the position of the clay that says to the potter, "What formest thou?"

It may be that *Vaccinimum* did not prevent the cruder vaccine from poisoning the flesh into which it was inserted, but does this fact scientifically prove anything beyond the fact that *Vaccinimum* will not render innocuous the virus of vaccine? The *Journal* thinks that the only way to protect against disease is to change the blood or tissue of human beings by putting the vaccine poison into them. It concludes: "Ignorance and prejudice die hard." To which we reply, Amen!

In this same issue of the *Journal* among its foreign news items is an abstract of a speech delivered by Deputy Hoffman in the Reichstag on March 22, in which he stated that there are 30,000 cases of small-pox in Germany, and the disease is rapidly spreading.

For years Germany has been held up as a model in the matter of vaccination, every one there being thoroughly vaccinated, and in consequence small-pox did not nor could not visit that country, yet here it is with a big and increasing epidemic of the disease sweeping it. *Vaccinimum*, or *Variolinum*, which latter is used much more than the first named, may not protect against small-pox but neither does the orthodox vaccination, as Germany's experience is rather positively demonstrating. Also, from this, it is fair to assume that typhoid and the many vaccinations that have sprung up lately are equally ineffective. Why are they so persistently advocated and forced on an unwilling people? Because, apparently, as the *Journal* truly says, "Ignorance and prejudice die hard."

The next meeting of the American Institute of Homœopathy will be held at Rochester, N. Y., from June 17 to June 23. Headquarters will be Hotel Powers. Local chairman, Dr. John M. Lee, 179 Lake Ave., Rochester.

You might as well take it in, reader, for it is well to mix with your brethren once a year and mutually rub off the rust.

KNOW THE HOMŒOPATHIC REMEDY.

By **L. E. Rauterburg, M. D., "The Farragut,"**
Washington, D. C.

There are moments in the practice of each of us when we long desperately for one reassuring word from one who has been up against a similar experience; when the mind wavers between two remedies; when the longer we waver the more muddled we grow; when we realize that there is no time to be lost; at such moments the quiet testimony of a brother physician who has won out under like conditions is a bracer that steadies our nerves and perhaps our allegiance to Homœopathy. It has, therefore, occurred to me that instead of a theoretical discussion of any single point I should present to you some pages from actual practice; my own experience being that a single case conscientiously recorded is of more vital assistance than tons of brilliant discourse. With riper years it is more and more borne in upon me that while we have the whole maze of materia medica from which to choose, there stand out, for each of us, a few beacon lights which have most often served our need. These tried and tested friends are kept ranged in the front of the brain on the "First-Aid-to-the-Injured" shelf. To bear witness of these who have served me best after a testing time of forty-four years is one of the greatest pleasures of my work.

Our one great business is to know the homœopathic remedy; to have it at the finger's ends; at the tip of the tongue; on the hair trigger. The further I travel along the road, the stronger becomes my conviction that however alluring and delightful side lines may be, they are sounding brass and tinkling cymbals if we have not the steady, solid, central knowledge of the Similia definitely established in the mind. Salves and sprays, blood counts and blood pressures and the like are interesting to the practitioner and impressive to the patient, but their value in removing the *cause* of disease is but frippery if we have not also the right homœopathic remedy to send, like the ethereal ferret, down among the disturbed electrons of the diseased cells, and there to remove the cause. To employ grosser agencies in attempting to eradicate a condition as subtle and infinitesimal as the cause of disease is, as

some one has wittily expressed it, like trying to feed a gnat with a teaspoon. To *despair* of eradicating disease simply because the ponderous appliances of science fail to elicit response is like the man who threw away his watch because it did no better after being filled with axle grease. It is the great glory of the homœopath that he has saved so many of these poor wrecked human watches from the scrap pile and melting pot.

Of all the remedies instrumental in snatching patients from the operating table, I think I should award first prize to *Arnica* and *Conium*. The marvelous power of penetration and the wide scope of these remedies is an ever-increasing source of wonder to me. If taken in time *Conium* stands at the very head of her class in dissolving, dissipating and eliminating tumors of the breast. In all my experience I have known but few cases where it failed, if taken in time, and if patiently persisted in. I recall two cases of this sort that rejoiced my heart. One was a lady of about 40, who came reluctantly to me upon the solicitation of friends. The tumor was about the size of an egg, firm and hard, painful to touch and causing severe pain at every motion of her arm. The growth had been gradual but had increased rapidly of late. Her general health seemed good and her menstruation normal. She stated that upon the advice of a surgeon she had already decided to have an operation, the date being set for a day or two later, and only upon the persistent urging of friends had she come to have my opinion as to the necessity for operation. The surgeon had assured her that there was only one thing to do, cut to cut quickly. I frankly told her that it was impossible to predict the outcome of treatment with certainty, but that I had been successful in a number of such cases, and, in my opinion, a few weeks would determine the result of treatment. She seemed disappointed, having already resigned herself to the ordeal of operation, but finally decided to give Homœopathy a trial. I prescribed *Conium* 30x, at intervals, from February 24th to May 25th. From the very first the stabbing pains lessened, and then, to my satisfaction, the tumor grew smaller and smaller until at the end of three months it had entirely disappeared. It has now been ten months since, and there has been no sign of reappearance of the trouble.

I recall another case where the breast was a mass of hard

lumps feeling like a bag full of cracked ice, the lumps grinding against each other when moved. This case also had been pronounced doomed, but *Conium* 30x entirely dissolved it, and a perfectly healthy state continued for fifteen years. A few months ago this lady returned to Washington in great distress, the trouble having developed again, but this time in the other breast, and instead of many lumps, it was a single huge hard tumor which had refused to yield to the treatment of her physician in Boston where she now lived. I began at once with *Conium*, but this time elicited but slight response. Then reflecting that she was a black haired, swarthy type, and, that having twice appeared, this must be a deep-rooted constitutional tendency, I turned to *Iodine*, which acted like magic. *Conium*, you will recall, has especial affinity for fair, light haired persons, and *Iodine* for the dark, and I am convinced that if given faithfully, persistently, energetically, they will dispel a large number of the so-called cancers of the breast.

Of the other Blue Ribboner, *Arnica*, I could write volumes of grateful recognition. The more intimate my understanding of this glorious remedy, the wider its scope is seen to be. In pregnancy its action is wonderful. I have had three cases recently where, in the later months, the patients' legs were not only swollen and varicosed beyond recognition, but black as ink. In each case *Arnica* completely relieved the abnormal conditions. In these cases it is well to use *Bellis perennis* in connection with *Arnica*, changing off to *Bellis* after a week or so. *Bellis*, you know, was Burnett's great pet for traumatic conditions, especially in women. It is most closely allied to *Arnica*. In both the steps of action are traumatic, varicosity of the veins, ecchymosis and suppuration. In confinement cases *Arnica* 30x is the greatest boon after delivery, and should be included in every outfit.

Just here, while speaking of birth, I want to add my tribute of gratitude to another old friend who has never failed me, and one that I regret to learn is not generally known—*Lactuca virosa*. When the milk fails to appear or is not sufficient, this blessed little remedy will turn the tide in the direction intended by nature. Yet good old Jahr and Wm. Boericke are the only ones who mention it, as far as I know. A little millionaire baby was born

into the world a short while ago and found everything awaiting him that money could buy—except nature's food. The condition of the infant was such that it was deemed imperative that he should have breast milk, and the mother greatly desired to nurse him herself, yet all efforts failed to induce a drop to flow. Finally the grandmother, whom I had treated for the same trouble in days of old, sent a telegram to me to know what it was I gave to make her milk come. I replied "*Lactuca virosa*" x, and a short while after received a letter saying that it had caused "rivers of milk to come." I have had a number of cases where the mother had borne many children without being able to nurse one of them, but, when given, *Lactuca*, she fulfilled the duties of a mother with perfect ease. It is interesting to note that *Lactuca* is made from acrid lettuce, and you know that when lettuce has gone to seed it is full of a pure white thick milk that flows over your fingers when you break the stem. So plainly has Nature written out her secrets if we have but the eyes to read them!

And now to return to *Arnica*, from which I have wandered. So complete is my reverence for the limitless powers of *Arnica* that I would never omit it in any case where the cause can be traced even remotely to mechanical injury, strain, bruise, pressure, concussion, or effusion; no matter how many years ago the injury occurred. As long as the effect of the injury remains, just so long is *Arnica* needed. Nor would I despair if I saw no immediate results. When once we have set in motion that mystic force and sent it on its errand down through the hidden labyrinth of the body, we need not worry about what it is doing; whether we can see it or not, we can rest assured that it is busily unravelling and absorbing, and that it shall not return to us void.

To illustrate its use I give the following case: Captain J. came to my office and related that in his effort to restrain intoxicated passengers on his steamer, he was struck by one of them with a black-jack across the forehead, felling him unconscious. In the Marine Hospital, to which he was taken, it was found that beside a broken nose, his right eye had been rendered sightless. Though its exterior gave no evidence of injury, he was absolutely blind in the eye. After some treatment there, he was placed under the

care of one of our noted specialists, who, after one year's unsuccessful treatment, advised that further efforts would be waste of time and money, and that the case was a hopeless one. When he came to me for advice I advised Captain J. that his case was entirely beyond my scope and suggested that he consult another specialist, but he replied that the prognosis of his oculist had already been confirmed by the leading specialist—the Oracle of Wash., and he *begged* that I would try to help him. Thoroughly discouraged and determined not to accept the case, I noticed the man frequently wiped the tears from his right eye upon his handkerchief, saying that "he must have had, at one time, a load of gunpowder put into his head," and pointed out some black granular masses that collected on his handkerchief with the tear flow. Upon examination, I found these spots to consist of clotted blood. I remembered the action of *Arnica* upon the blood vessels, it dilates the capillaries, making extravasation of blood possible; it weakens their walls producing venous stasis, and hence its indication in ecchymosis, concussion and compression of the brain, depression of the cranial bones, and even extravasation of blood into the cavity. I then concluded that cerebral hæmorrhage had followed the blow, and that a blood clot had formed creating a pressure upon the nerve structure, causing the loss of vision and violent neuralgic pains, with which he had suffered since the receipt of injury. I prescribed *Arnica* 30x, and continued it for one week and then discontinued all medicine for one week. A general improvement followed this course, a lessening of the pain, marked decrease of the blood clots in the lachrymal flow, and best of all, he was able to distinguish darkness from light with the affected eye. I now prescribed *Hypericum* 6x, the "par excellence" for wounded or injured nerves, contusion of brain, local congestion, with or without hæmorrhage. Some weeks later the man entered my office and without previous comment, seized my morning paper from my desk, and, with his good eye closed, read clearly all the headlines and large type on the page. You may imagine his joy and my own upon this manifestation of the efficacy of our doctrines and remedies. There remained some paroxysms of neuralgic pains which yielded to a few doses of *Spigelia*. The sight continued to improve to such an extent that

he was able to find employment, though the vision is still imperfect. But to be able to read even large type after a year of blindness meant much to him, and the dear old fellow's gratitude has been one of the richest rewards of my life. When the happiness of restoring sight, hearing and speech comes to us, our reverence for the Hahnemannian law becomes profound.

A lady came to me being almost totally deaf. It was with difficulty that she could understand, even though her friends yelled at the top of their lungs. The two favorite remedies that I keep in mind as first aid in such cases would be *Conium* and *Cicuta*. In this case *Cicuta* was best indicated. It was given in the 30x, and at the end of a month she entered my office happy and smiling, and able to hear my voice at its ordinary pitch. She told me she had been to church and had been able to follow the sermon for the first time in years, and as she sat before me she pointed to the clock across the room, saying, "Would you believe it, doctor, I can hear that clock tick!"

One more illustration of what the remedy will do when chosen according to the Hahnemannian rule. An elderly man came in one day and silently laid a slip of paper before me on which was written "Paralysis of the vocal cords. Try to help him," and signed by a brother physician. The man was absolutely mute. He could not have uttered a sound if you had stuck a knife into him. I thought it over and gave *Selenium*, afterward *Causticum*, and about two weeks later he returned to give thanks, and nearly talked me to death, though there still remained a slight impediment. The treatment was continued, and in a short while all trace of his affliction had disappeared.

I have been asked to give my opinion of the use of *Syphillinum* and *Tuberculinum* before closing. As this is a big subject in itself I can do little more than allude to it. As it requires a life time of experience on the part of the physician and the loss of many a patient before one can handle these great remedies successfully, it is but right that we old veterans should faithfully record our findings, so that those who follow after may run where we have walked with toiling feet. And in order that experience should be of any real value, we must present our lamentable failures as frankly as our successes. My experience with *Syph.* may be

summed up in one sentence: Though I have given it and given it, over and over, most faithfully and conscientiously, high, low and medium, frequently and infrequently, I have never yet obtained the least result in cases of syphilis. After patient work of months, the report of the blood test has invariably been "Positive" or "Double Positive." If any one has had better results I should certainly be glad to hear it. It is probably of value in cases where the taint is inherited and not acquired, but I seriously doubt if at present we can improve upon our mercuries, iodides and aurum. Of *Tuberculinum*, I can say, after twelve years' industrious employment of it, that in advanced cases of tuberculosis it has apparently caused, first, a temporary improvement, quickly followed by a complete collapse, the lung going with startling rapidity. My only comfort in these sad cases has been that they were doomed anyhow, for they were in the last stage when treatment was begun. However, I am very happy to say that in the very first stage, or in the stage of suspicion, *Tuberculinum* is a glorious remedy. Also in conjunction with our anti-psorics it accomplishes wonders with those ailing ones born of tuberculous parents, who, though not definitely tuberculous themselves, are never well, *emaciated* and prone to glandular and catarrhal troubles. To these it is a real boon that undoubtedly saves them from the parent's fate.

I had one lady who had spent her life fighting tuberculosis; the taint had appeared in every form from glandular troubles to meningitis, from catarrhs to uterine polypi. She was a mere bag of bones. After a course of *Tuberculinum* she gained forty pounds in three months and was benefited in every way. Another born of similar taint, who had never known a well day in her life and was emaciated in the extreme, was given *Tuberculinum*, and in about six months she tipped the scales at 180 pounds, and has remained around that figure for a number of years with a corresponding lessening of her old troubles. I had one whole family whose lives were probably saved by *Tuberculinum*. One of the daughters died of tuberculosis just as she was ripening into womanhood. I was called when she was in the latter stages, and I could not save her. In the next one the disease attacked the hip bone; great splinters and fragments of bone were removed

by operation, and much was discharged with the pus. *Tuber.* and *Silicea* cured her, though, of course, she will always walk with an uneven gait. Next the little one of 17 began with a hacking cough, night sweats and dullness under the clavicle. *Tuberculinum* and *Phos.* cured her. Next the mother and the son followed, and all, I am happy to say, were reclaimed by *Tuber.* given in time. My method of giving it is to use the 1000th. I have given one dose every week until four doses are taken unless before that time has elapsed, symptoms of aggravation develop. These symptoms are usually feverishness, swelling of glands, sometimes nausea. As soon as these appear I stop the *Tub.* immediately, and have rarely found it necessary to repeat the dose.

THE EARLY DIAGNOSIS OF TUBERCULOSIS.

By L. C. McElwee, M. D., St. Louis, Mo.

This caption is chosen to especially pave the way for the following statements:

- 1st. Tuberculosis of the lungs is most amenable to treatment.
- 2d. But early diagnosis, *i. e.*, very early diagnosis, is absolutely essential to success.

PRAYER.

O Lord, grant that we may not be willfully misunderstood by any reader of this paper. Amen.

When one considers the fact that in more than 90 per cent. of post mortems made on persons dead of other diseases healed tubercular lesions in the lungs are found, one will cease to wonder at my statement that "tuberculosis of the lungs is most amenable to treatment."

The dead room, then, has laid bare a great clinical fact of which therapists have been all too slow to take advantage. If 90 per cent. of all people who die of other causes have at some previous time spontaneously recovered from pulmonary tuberculosis, and that, too, without so much as ever knowing that they were so affected (and, therefore, without any kind of treatment), then the strain on the reader's imagination at our opening statement is greatly relieved.

The writer respectfully refers the reader to the transactions of any world's tuberculosis congress, but more especially that of Paris in 1905 for verification of the above-mentioned figures.

EARLY DIAGNOSIS.

But most of those healed lesions were small and show that the involvement had not been extensive. This admonishes us that to cure this disease we must be able to diagnose it when in its *very earliest* incipency.

And here is the rub. For many there are who will not assent to a positive diagnosis until tubercular bacilli are found in the sputa. While we nor anyone else would dispute a diagnosis made on such (microscopic) finding, yet we must insist that a positive diagnosis *can* and *must* be made *some time* before tubercular bacilli can be found in the sputa if we are to expect frequent cures from our treatment. To him who insists on the presence of tubercular bacilli as an absolute necessity to a positive diagnosis we would argue, first, from the 90 per cent. of spontaneously cured cases, and second, from that much smaller but more familiar class of cases which, in the beginning, have no sputa and even only a slight, if any, cough, but which, when allowed to run on without appropriate treatment, later develop a full fledged case of tuberculosis, and in spite of everything said or done for them, progress from bad to worse, and finally die with the usual facies of consumption, tubercular bacilli and all.

It is generally agreed, we believe, that the bacillus of Koch, discovered in 1881-'82, is the ultimate cause of tuberculosis, but what are we to do with the annoying fact that all persons are infected with the bacillus, in some degree, before the age of two years? Yet, strange to say, less than 2 per cent. of people so infected ever develop the active form of the disease! It merely means that we must abandon the stiff-necked attitude of no diagnosis without the presence of tubercular bacilli. It also means that something *more than germs* is necessary to constitute disease; but that is another story too long to dwell upon here.

Well, then, what are we to look for to make up our diagnosis if not tubercular bacilli? Brother reader, we have a plenty. You have seen it all, time and again, but mayhap have not correlated your observations. During a period of observation covering more

than thirty years of an extensive city practice and with twenty of these years a large dispensary practice, we have found that in St. Louis, at least, the usual manner of onset of this disease is in one of three general forms:

(a) Spitting blood; (b) a "nasty cough," and (c) chills simulating tertian ague.

HEMOPTYSIS.

(a) The frankest and most outspoken form is where one has a more or less profuse hæmoptysis. We have seen all varieties from a slightly blood-streaked sputum to an immediately fatal hæmorrhage. But even in this form of onset there are usually precursory symptoms prior to the hæmorrhage, but mostly *no sputum* at any time of the day and often no cough. (The precursory symptoms are peculiar to all forms of onset and will be given after the consideration of the various forms of the onset.)

Hæmoptysis must be considered pathognomonic of tuberculosis in the absence of heart disease, epistaxis, bleeding gums or actinosycosis.

A "NASTY COUGH."

(b) Who has not been consulted for a "nasty cough?" A cough which remained too long with the patient after an attack of measles, whooping cough, pneumonia, pleurisy, grippe, typhoid fever, puerperal fever, or other exhausting disease or ordeal which has reduced the vital energy of the patient to a point below normal. These patients will disclose all of the precursory symptoms and will tell you that they have been to this and that doctor, and likely have as many diagnoses to relate as there were doctors consulted. None, however, suspected the truth, and what is worse, made *no proper effort to ascertain it*. It has been said that the first and most important requisite in the diagnosis of phthisis is "*to know enough to suspect it*." One has learned a lot when he knows enough not to loll in his chair and idly listen to the narrative of a patient, but to get up and make a painstaking quest for anything that might be lurking in concealment about his or her chest when consulted on account of a "nasty cough." *Always examine.*

TERTIAN AGUE.

(c) The most deceptive manner of onset (to us) have been those cases which began with a chill, fever and sweat, similar in all respects to malarial ague. The chill usually comes at 10 to 11 A. M. or 2 to 3 P. M., is tertian in type, and is not suppressed or altered by quinine in any quantity except possibly in changing the time from morning to afternoon, or vice versa, and conforms accurately to *Natr. mur.* and *Apis*, but which has always failed to cure for the writer.

PRECURSORY SYMPTOMS.

Those precursory symptoms peculiar to all forms of onset are: Poor blood (anæmia), rapid pulse, more or less afternoon rise of temperature, loss of strength, noticed mostly as shortness of breath on ordinary exertion, and (more or less constantly) abnormal sweaty axilla. The rise of temperature is very insidious, will be found mostly from 2 to 4 P. M., and varies from $\frac{1}{2}$ to 1 degree Fahr., and is rarely, if ever, suspected by the patient. A blood count, of course, will disclose accurately the deficiency of red corpuscles, but a fairly good idea may be gained of their relative abundance by an inspection of the conjunctiva lining the lower eyelid. A pulse above 90 per minute with the patient in a recumbent position for fifteen minutes should be sufficient cause for suspicion of apical tubercular involvement. Of course, this feature, to become really significant, should be associated with one or more of the others above mentioned. Great caution must be exercised in interpreting the meaning of loss of strength since it is so frequently a sign of so many other conditions, particularly anæmias. And abnormal axillary sweat may be equally misleading, for many persons are greatly annoyed by it who are not in the least tubercular; but given the group of symptoms (often found) of a "nasty cough," loss of weight and strength, with marked increased frequency of the pulse, afternoon rise of temperature, and mayhap recently developed sweaty axillæ, and one is most excusable if he does not investigate what St. Chauvet has called the "alarm area."

"This spot lies midway on a line drawn from the seventh intervertebral space to the tubercle on the spine of the scapula at about the junction of its inner and middle thirds." (Riviere.)

But the art of the early diagnosis of pulmonary phthisis may not be described in a medical paper but may be learned from some of the several extensive works on the subject, *e. g.*, Riviere. It is merely forecast here. Certain it is, however, that a positive diagnosis is practical *without the presence* of the tubercular bacilli.

THE REMEDY.

The diagnosis having been reached, what are we to do about it? Well, brother, I am writing this paper chiefly to persuade you to believe that you can *cure* the great majority of patients whom you find in this condition. I am free to admit that in those cases called "incipient" by the text-books, and even where the tubercular bacilli are just beginning to appear, a cure is very difficult and may only be expected in a limited number of the most favorable cases, and even then it comes about slowly, and that in those advanced cases where the classical facies are distinct there is no more hope for cure now than there ever was. They will move on in the same direction at much the same rate and terminate at the same place in the same way, but their course can be made much more comfortable and their end a tranquil dream instead of a harrowing nightmare. They may be so treated that they cross the River Styx without fully realizing that their feet have trod its shore or that its waves have lapped their feet. All, or most all, of the horribleness of the last weeks or months of the average case may be abated. The night sweats, the diarrhoea, the frequent painful and nerve-racking hectic rigors may be abated by the same treatment which will cure the curable case, *viz.*, *Tuberculin*.

TUBERCULINE.

Now *Tuberculine* was proposed as a remedy for pulmonary phthisis in Rolling's Pharmacopœe, p. 235, published in Leipsic in 1836. In 1886, Samuel Swan published his work on Morbific products, which described the action and application of *Tuberculinum*. Dr. Burnett, of England, published his cures of tuberculosis by *Bacillinum* (same as *Tuberculinum* or *Tuberculine*) in 1885, and in 1890 Koch arrived with *Tuberculine*. And although Dr. Koch was never able to show a single case cured by his remedy and dosage, so far as we know, the secular press

lauded him to the skies for his wonderful discovery. But because of his awful dosage his precious remedy fell into deserved disuse. Deserved because harmful *as used*. For it must be realized that *Tuberculine* is as dangerous to a tubercular patient as *Nuxvomica* to dogs. One can kill a tuberculous patient by overdosing with *Tuberculine* as certainly (and with the very best of intentions) as he could kill a baby with opium when equally carelessly given. Finally, some one seemed to take the hint from Burnett's published cures, and began giving *Tuberculine* in doses so small (one ten-millionth milligram) as to excite the risibles of even the "Hahnemanniac." And lo! Richard was himself again; *Tuberculine* had come into her own, and in coming brought along her faithful handmaiden—humane dosage.

Now the action of large doses of *Tuberculine* is to induce what is known as a reaction, *i. e.*, a sharp chilly rise of temperature with chilly sensations, aching, and "grippy" feeling for several hours, which is the beginning of the "negative phase" with, mayhap, both local and focal reactions, and a much lowered vitality for from one to several days. During the negative phase, antibodies are developed by the conflict in the system between the *Tuberculine* and the *vis medicatrix*, then the negative phase is succeeded by the positive phase which lasts an uncertain time. It was at first thought that this period would be positively determined by the "opsonic index." But experience did not realize on the expectation. In febrile cases it is often found that the cycle is complete in ten days. This is shown by the subsidence of the reactionary rise of temperature after a given dose of *Tuberculine* to a certain level, as shown by the clinical thermometer, which remains at that degree for some time and then gradually begins to rise each day until it has almost or quite reached the point where it was at the time of the administration of the dose which provoked the hyperpyrexia. The dose *must not be repeated* until the cycle is complete. Since the cycle is usually complete in eight to ten days in cases with hyperthermery it seems to work out very well in practice to repeat the dose in afebrile cases once a week or ten days. It may be that some patients might be able to stand more but it is risky. Some physicians advise 0.000001 mg. as the initial dose, but we have not, after considerable experience,

found any harm arising from 0.001 mg. as the initial dose, increasing about 30 per cent. per week until the point of immunity is reached. A practical scale is that used by Von Behring, viz.: No. 1, 0.001 mg., No. 2, 0.0013 mg.; No. 3, 0.0017 mg.; No. 4, 0.0022 mg.; No. 5, 0.0028 mg.; No. 6, 0.0036 mg.; No. 7, 0.0047 mg.; No. 8, 0.0061 mg.; No. 9, 0.0079 mg.; No. 10, 0.01 mg.; No. 11, 0.13 mg.; No. 12, 0.017 mg., and so on until no reaction occurs after any sized dose. During the course of administration of *Tuberculine*, according to this scale, should the operator discover a reaction in the patient just after any given dose, he must realize that he had given too large a dose, and must repeat it *even in that quantity* short of ten days, and it were better to wait two weeks. And then he should drop down the scale at least five doses and come up again, when he will most likely find that he can pass the point at which he got the aggravation, *i. e.*, reaction without noting any disturbance. This fact admonishes us the absolute necessity of the patient's taking their own temperature. This should be done at 8 A. M., 12 M. and 4 and 8 P. M., and accurately recorded along with the pulse rate in a small vest pocket memorandum book which is brought to the doctor at each visit to his office or when he visits the patient. The weight is recorded at the bottom of the page for each week thus giving at a single glance the progress of the case for any single week—a most satisfactory record in a review of the case later on. The patient is then immunized or cured and will be found to be in ordinary health and will remain so indefinitely in any climate unless again the subject of the same kind of an attack which brought on the one which developed the case in point—and he may even pass that in safety.

ADMINISTRATION.

The doses are administered hypodermically under aseptic precautions, and usually in the triceps muscle of the left arm because of its convenience. The left arm is bared as far as possible, paint the site to be punctured with *Tinct. iodine* (U. S. P.), remove with alcohol; make skin tense by drawing it sideways, at right angles to humerus, with thumb and fingers of left hand and with a sharp hammer, stroke motion with the hypodermic needle in the right hand between thumb and fore-fingers, plunge

needle up to hilt. The patient will be surprised to feel no pain. And the harder the hammer stroke the less liability of pain. Shove the plunger slowly home and withdraw needle. Then draw into syringe 5 or 10 drops of alcohol, discharge *ad lib.*, return to case and you're ready for next case, and your needle will never rust closed. Now do not fall into *the error of putting all your dependence on the Tuberculine*. While we believe it to be the *sovereign remedy*, we are sure it can be materially assisted, and also that it is *not often alone* sufficient. The first auxiliary remedy (food) demanding attention is organic iron in teabspoonful doses. Its need will be readily seen in most cases, but whether seen or not, it is needed and should be given, *secundum artem*, in all cases. The association of arsenic and nucleine with it is of distinct advantage. *Kali c.*, *Phosphorus*, *Calc. c.* or *Baryta carb.* will be of signal advantage in doses of 0.000000001 mg. twice a day when prescribed by any one *who knows or will learn* how to use them. Occasionally one will find a case where the "human" *Tuberculine* does not help at all. We have often thought that the "bovine" strain would be efficient in such case, but never could get it in proper dilution. This is merely a hint to some one who may wish to try it out.

ENFORCED REST.

And whereas we formerly allowed all our patients to pursue their usual occupations during treatment (if not too strenuous), we are now certain that it is better for them, when at all possible, to stop work and remain in bed for at least a month. It may require longer, but be that as it may, they should cease from physical exertion as much as possible. This period of inaction should be spent in a place which is practically the open air.

A SANATORIUM AT HOME.

A model sanatorium can be had almost anywhere at an insignificant cost. The back yard, back porch, or back room may easily be converted into an open air habitation for any patient. A tent and awning to shield from the sun, rain or snow, screens to protect from air pests, a comfortable single iron bed, and one has all the essentials. The open air treatment is most beneficial in winter but requires much added work by the nurse or family.

CHANGE OF CLIMATE NOT NECESSARY.

Just here let me advise. Do not send your patients to a change of climate unless they can be accompanied by one or more of their immediate families. Because the pangs of homesickness and loneliness drive them almost to despair—more especially when not liberally supplied with money. Money will provide some diversion and obtain some friends and a certain sort of welcome for a “lunger” who is nowadays mostly *persona non grata* in all those locations supposedly favorable to pulmonary tuberculosis. But the patient of limited means will fare much best at home amid home influences, friends, family and sympathy. For a patient may recover in the climate of home as well as any other. Especially is this the case in the matter and

IMPORTANCE OF FEEDING

which is so tremendously important. For if a patient is to recover satisfactorily he is to do so via a liberal and appetizing diet of everything “good to eat.” And that taken at the times when most beneficial. And who will interest themselves in fixing dainties for the sick so much as mother, wife or sister? In general, their diet should be highly nutritious, easily digested and appetizing. The attending physician and family will do well to confer frequently and extensively over the subject of diet. Bathing is also of importance, but we’d like to hint to the physician to be careful about having any patient bathed according to set rules. Consult the patient’s *personal* comfort always in the matter of general baths. Their temperature and frequency of repetition will depend on their effect on the patients as disclosed by the clinical thermometer and variation of bodily weight.

Finally, we wish to say this (that we may hearten some pessimist, cheer up some discouraged practitioner):

State a positive diagnosis in early incipency gently, but immediately; follow the statement *instantly* with an assurance of cure, said assurance, of course, to be modified by conditions present. Ask and *you’ll get* the hearty co-operation of the patient and family. Then confidently expect many brilliant results and much personal gratification. Tubercular lesions in other parts of the body yield to *Tuberculine* more readily than pulmon-

ary involvement—laryngeal lesions being the deplorable exception.

1221 N. Grand Ave., St. Louis.

EXCERPT UNINTENTIONAL PROVINGS OF ARSENIC.

By **W. Franklin Baker, A. M., M. D., Philadelphia, Pa.**

Of late much has been said of the verification of the drug pathogenesis of the homœopathic action of drugs found in chemical workers and the industries associated with manufacturing.

It was supposed, and is now generally believed, that these drug effects are essentially toxic, and of economic importance only, but if one will but take the time to investigate and had sufficient funds at his disposal to further examine and verify his findings he will find a complete symptomatology, from the grosser pathological to the finer mental, so completely outlined as to correspond almost to an entirety with the known symptoms verified by direct provings.

These effects have been called "Unintentional Provings," and their value to the homœopath remains to be studied. They differ from the direct provings in that they unconsciously are allowed to progress to a finality of action which one is not permitted to observe in the direct proving of drugs.

They are further of value because their pathology is known and studied under "Industrial Diseases," and has been subjected to the repeated observations of many skilled operators in verification.

Lastly they show clearly the effect of definite chemical compounds on healthy organisms (a thought that our recent committee on drug proving has insisted upon).

Examination of workers in arsenic was conducted in:

Four paper mills.

Two chemical shops.

Three foundaries.

Three wool scourers.

Sixty workers were examined in all.

The distribution of the action of the arsenic seemed to be primarily on the blood, resembling a secondary anæmia, giving rise to change in:

- (a) Blood and circulation.
- (b) Color of skin.
- (c) Weakness in muscular system.
- (d) Nervous system.
- (e) Digestion.
- (f) Respiration.
- (g) Genito-urinary systems.

Heart changes observed:

- (1) Apical soft blowing murmur.
- (2) Arterial murmur, synchronous with pulse.
- (3) Venous murmurs, soft blowing in veins.

Blood changes:

- (1) Reduced specific gravity.
- (2) Reduced red cells.
- (3) Reduced fibrinous material.
- (4) Increase in watery elements.

The following characteristics were noticeable:

- (a) Extreme restlessness and fear.
- (b) Burning.
- (c) Weakness and depression of spirits.
- (d) Thirst, small quantities.
- (e) Aggravation during night.

A CASE OF SPLENOMYELOGENOUS LEUKÆMIA.

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Miss M. F., æt. 35, a seamstress, suffered from an attack of grippe in December of 1914, and she had never felt well since. When I saw her the following March she was suffering from throbbing pains in the right eyeball, and was unable to read or write because it made her "nervous," and she would not be considered a nervous type of patient. In addition to this pain in the eyes she suffered from what she called a "thumping pain," located, especially, in the right posterior part of the head, but involving the entire right side of the head and neck. In a few days the pain seemed to leave the other parts of the head to a greater or less extent and to locate in the right occipital region, and frequently extending to the parietal area, but for months it did not affect

the left side. When these pains were most severe the scalp would be elevated in what she called a "ridge or bump," and as the pain became less the swelling, which was distinctly perceptible, receded. These pains in her head were always worse during her menstrual epoch, and these occasions were very irregular, varying from three to six weeks, but they never entirely ceased. The occipital swelling during one of her severe attacks was as large as a hickory nut.

During April and May she was bothered very much with numbness and tingling in her hands and feet. These attacks began in the fingers, hands and feet and at first they felt as if they were asleep, then they became red, and, later, turned almost purple in color and were accompanied by severe pain of a drawing nature, and was worse at the ends of the fingers.

In May she had an attack similar to those from which she had suffered since she was a child. These attacks began with severe pain above the pubes, and the first pain was coincident with urination. The abdomen was bloated causing shortness of breath. The attacks usually followed getting wet. About this time her heart gave her some trouble, there was a sensation as if a cord were drawn about the heart and then pulled toward the left arm. The pain extended down the left arm.

During the fall she was somewhat better but was never entirely free from suffering. In November her troubles began again. The pain in the right occipital region increased so that it felt as if someone were grasping a handful of the scalp and were trying to pull it off. The numbness and tingling of the hands returned, and on about the 25th of the month she suffered from intense dull pain in the left chest at about the 10th rib, this area was two or three inches broad and extended horizontally from about the axillary line to the xyphoid cartilage with occasionally pains extending to the liver and down into the abdomen. This was accompanied by frequent urination. The pain was somewhat controlled by opiates, but returned more severely than at first as the effect of the opiates wore off. At this time the affected area was swollen and the abdomen became distended and tympanic. During this severe attack her temperature was frequently subnormal and never showed much fever. The pulse ranged from 80 to 90.

The patient was very constipated, and there were many points which simulated obstruction, however a blood smear quickly decided the question by showing a field literally covered with leukocytes, and the physical findings showed conclusively that it was not the lymphatic form of the disease but was splenomyelogenous. Following this severe attack she was troubled more or less for a month with nausea, which occasionally went to the extent of vomiting. During this month the spleen enlarged rapidly and attained its largest size about Christmas, when it extended about one and one-half inches to the right of the umbilicus and downward almost to the anterior superior spine of the ilium. The following month or two the spleen varied in size, and, as it would get smaller the occipital pain would increase, and as the spleen would get larger the pain would subside.

Quite an array of remedies were used in the year and a half that she has been under treatment. In the early stages *Gels. θ*, 1x and 2x, seemed to exert a good influence over the tingling and numb conditions. *Mag. phos.* 30x relieved the cramps at the menstrual time. The area over the occipital nerves was frozen with ethyl chlorine spray, but did not seem to be of much value. When she was in bed massaging her back and neck seemed to be grateful and give temporary relief. When the spleen enlarged so rapidly and to such an immense size she was given *Sodium cacodylate* 3 gr., hypodermically, daily for three days, then every other day for about two weeks, and then every third day. Beneficial results seemed to be obtained at first, but I have doubts as to its real efficacy. When she was so badly constipated *Plumb. met.* 200 started up peristalsis. The *Sodium cacod.* was followed by *Ceanothus* 1x, gtt. v, t. i. d. This remedy for a time seemed to be of value, and I believe it did do really good work, but the remedies which finally started her on the road to recovery were *Benzol* in conjunction with *China ars.* 2x and the X-ray. Cobb, in the *Clinique* of August, 1914, says regarding *Benzol*: "It is worthy of note that there are several different compounds on the market which may be confounded, and that *Benzol* is *Benzene* C_6H_6 , which is a product of coal tar distillation, while *Benzine* is a product, not of coal tar, but of crude petroleum, with high toxic capability." He also recommends that a blood

count be taken frequently, and that the urine be examined to guard against a too sudden drop of the white cells in the first case and against albumin in the latter. Miss F. was given *Benzol* m. v. in an equal amount of olive oil, t. i. d. The amount was increased on an average of one drop a week. The greatest amount taken daily was 33 minims. She averaged an X-ray treatment of about 15 to 20 minutes' duration every five days. Lately the first half of the treatment was given to the abdomen and the last half to the back. The *Chin. ars.* 2x was given two tablets q. i. d., but the hours were not allowed to conflict with the time at which the *Benzol* was taken. The leukocytes began to diminish in quantity as soon as this line of treatment was instituted.

The following table shows the number of leukocytes per c. m. and the daily consumption of *Benzol*:

Feb. 26, 1915.....	202400	Benzol not yet begun.
March 20, ".....	357300	Benzol not yet begun.
April 8, ".....	577400	Benzol m. 15 daily.
April 30, ".....	336200	Benzol m. 19 daily.
May 14, ".....	433000	Benzol m. 22 daily.
May 26, ".....	271300	Benzol m. 25 daily.
June 6, ".....	506200	Benzol m. 26 daily.
June 21, ".....	264000	Benzol m. 28 daily.
July 7, ".....	148000	Benzol m. 33 daily.
Aug. 4, ".....	96000	Benzol m. 15 daily.
Sept. 1, ".....	48000	Benzol m. 15 daily.
Sept. 30, ".....	32000	Benzol m. 15 daily.

Her normal waist measure was 26 inches but increased to 31 when the spleen was largest, and it is now back to 27 inches. Her appetite is good and bowels regular. She is feeling much stronger, and her face is becoming rosy instead of remaining sallow as it has been. She can breathe with comfort, and has begun to work a little at her former occupation. She feels better than she has for many months, and seems to be on the road to recovery.

TWO CASES OF ACUTE MASTOIDITIS.

By **W. E. Boynton, M. D., F. A. C. S.**

The following two cases are cited since they occurred simultaneously and illustrated the perplexities confronting the aural surgeon:

CASE 1.—Female, *æt.* 33. Recovering from an attack of “la grippe” developed acute otitis with the usual symptoms. Tympanic membrane slightly bulging, mastoid almost negative. Free incision of tympanic membrane was followed by a discharge of bloody serum for first twenty-four hours when discharge stopped and incision healed and ear symptoms subsided. About a week later pain in ear returned and examination developed a furunculosis of the membranous portion of the canal on posterior wall. This condition subsided rapidly on free incision and ear symptoms disappeared. Five days later complained of pain in head on the affected side with some discomfort in ear, though not marked. Mastoid was found negative as was the canal and tympanic membrane, but the patient did not look well. She had been up and around and thought she had overdone. She was sent into hospital and tympanic membrane incised freely under general anæsthetic with idea that there might be a slight retention. Conditions were found negative. Second day following patient developed well-defined swelling under mastoid process and sensitiveness over jugular. The mastoid cells were opened and found to be necrotic with exposure of the sinus and perforation of the tip, with pus surrounding sinus and burrowing in tissues of the neck. Patient made an uneventful recovery. In this case there was extensive destruction in the mastoid process, and extension into the cerebral cavity and into the neck, and yet the mastoid had been negative up to the last few hours, and there had been practically no discharge from the middle ear at any stage of the attack.

CASE 2.—Female, *æt.* 26. Had suffered from severe attack of purulent otitis media for past six weeks, which had resisted best homœopathic medication. The discharge was profuse, thick, purulent, returning as fast as wiped away, and had been so from beginning of attack. When sent by author there was every symp-

tom of an active mastoiditis: the posterior superior wall of the canal was markedly bulging, the mastoid process was very sensitive to deep pressure, especially over antrum and tip, the tissues of the neck were swollen and tense, and the head held well to the affected side; the patient complained of constant pain in mastoid area and inability to sleep not due to the pain. In fact, a most serious condition was apparently present in the mastoid cells with probable perforation of the tip and involvement of the tissues of the neck. Immediate operation was advised and promptly refused. Feeling that this was the only advisable treatment the author refused further responsibility in the case. In spite of the unfavorable prognosis the case proceeded to uneventful recovery under the care of her physician. This patient was three months pregnant which may or may not, have factored.

Both cases were under the care of first class homœopathic physicians before the author was called in consultation. One had none of the cardinal symptoms of mastoid involvement until the last twelve hours, and yet had a very serious condition present in the mastoid. The other had all the picture of an extensive mastoiditis with involvement of the adjacent tissues, and yet made a recovery not to be expected in such cases. It is such cases as these that make the surgeon wish he had stuck to the plow.

22 E. Washington St., Chicago, Ill.

ON THE FIRING LINE.

By **Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.**

In March I had a call to Colfax, Jasper Co., Iowa, to give a *personal* course of instruction to Dr. Frank W. Stewart and help him with some difficult cases. Colfax is a town of 3,000 population, twenty-three miles east of Des Moines, and about 150 miles from Omaha. The town has eight sanitariums in it, each one has a mineral spring of its own. This mineral water has quite a reputation for the cure of rheumatism. The largest sanitarium is two miles out of town, the Colfax Hotel. It is a fine large building with 200 rooms in it, and beautiful grounds adjoining the building. When Dr. Stewart and I visited the

hotel we were treated with great kindness and courtesy by the proprietor, Col. Donahue. We were his guests, and after a nice supper we were conducted all over the hotel. It is a first class hotel, where sick people come to get well. Dr. Stewart had "rounded up" some eighty patients for me to examine and prescribe for; many of them were old "chronics" that had been the "rounds of the doctors." I have never seen so many *interesting* cases as I saw in Colfax. My method of examination was a little different from the usual plan. When a patient was brought into the private office Dr. Stewart would tell me the principal symptoms the patient had, then I read the eyes, pulse and tongue and wrote out, on a prescription pad, the remedies the patient needed, and *how* and when to take them. The doctor would then proceed to prepare the medicine for them. In each case I called his attention to certain points about the case that I wanted him to *know*, for it was a *part* of his instruction. In this way it helped to *fix* certain *facts* in his mind. The course of instruction was not only *clinical* but eminently *practical*. When a student *sees* the appearance of the eye and tongue and learns what it *means*, when he reads the *pulse* of the patient *with* me, and learns the *meaning* of the different variations of it, it is an object lesson to him, and one that he will *not soon forget*.

I was in that town about nine days, and some of the patients I saw before I left for home, and they had already begun to respond to the action of the remedies, and were on the road to recovery. Dr. Stewart has a large practice; he is a *careful, skillful, conscientious* physician, one who has the respect and confidence of the community in which he resides.

On my way home I stopped off at Chicago and attended the "Society of Medical Research." This is a *non-sectarian* medical society with about 200 members from *all* schools of medicine. It is affiliated with the "American Association of Progressive Medicine" of which Dr. L. D. Rogers is president. I had the pleasure of meeting the doctor at the above meeting. He is a fine physician, a man of pleasing personality. Under his administration the association is growing in membership very fast. I also met my old friend, Dr. Charles Woodward, author of "Intra-Uterine Medication." In his specialty of gynæcology he has no

rival. It was my good fortune to meet with Dr. Finley Ellingswood, author of the *best* work on eclectic materia medica, and editor of "Ellingwood's Therapeutist." He has the "pen of a ready writer," and his books are *well known* by physicians of all schools of medicine.

Dr. W. E. Bremser, St. Louis, Mo., *one* of "my best boys," reports three very interesting cases. He had a case of vicarious menstruation in a young girl. She bled only from the *left* nostril, and bled *worse* after a *sleep*. *Lachesis* cleaned up the case and caused her to menstruate regularly. A case of myelitis. The woman had arms cold as *death* to the elbow, without motion, hyperæsthesia, *dripping* sweat from hands and feet, could *not* bend her knees. He painted her spine with *Tr. iodine* night and morning, and gave her *Kali phos.* and *Tr. Avena sativa*. In two weeks she could lay on her back, her extremities were warm, skin *not* super-sensitive and she could straighten out her knees. Another patient, colored man, had "cancer of the scrotum; is progressing nicely under *Aurum arsenici* and *Spongia*." The reports that I am getting every day from the "firing line" do my heart *good*. I say, "thank God, another life saved."

I am in close *touch* with physicians of *all* schools of medicine in all parts of our country, Canada, Cuba and across the Atlantic and Pacific that are *DOING THINGS* in their profession. When I think of how *very* many *precious lives* are being *saved* every year by their treatment I *thank God* that He has let me live to see this day.

Dr. John Fox, Sydney, Australia, reports a case of cancer of the breast treated successfully with *Phytolacca*. He dug up the root of the plant and made an extract of it, and gave it internally. By this treatment he dissolved away a cancer in the breast that measured *twenty-three inches* in circumference; the breast had *four* nipples instead of one. I am quite sure that our profession do not realize the *curative* value of *Phytolacca* in cancer. Among the seventy-five remedies taken from all schools of medicine that are *curative* in cancer *Phytolacca* stands at the *head* of the list. I find our physicians fail to recognize one fact, that in women, *wornout*, nervous, *weak* pulse but with some tension to it, it is always best to examine the *spine* for *tender* spots. If the

patient has *pain*, beginning at *back* of head and going over to frontal region, *heat* in palms of hands, cold knees, *quivering* of the toes in bed at night, then you *know* that you have a case of spinal irritation, and you can cure these patients very *soon* if you go the *right* way about it you will get *results* from your treatment from the very *start*. First, paint a strip as wide as your two fingers with *Tr. iodine* the whole length of the spine, do this night and morning until spine feels pretty *sore*, then leave it off. We know that *Belladonna* in toxic doses spends its force upon the brain and spinal cord. Therefore, in an *injury* to the spine, *congestion* or *irritation*, *Belladonna* is the remedy. I give *Tr. Belladonna*, 1st x, 5 drops once in three hours, also 2 grs. *Quinine* before breakfast and dialysed iron 15 drops after dinner and supper. This plan of treating spinal irritations has stood the *test* of forty-seven years' practice and it can be *depended* on. Reports from my medical friends all over the country tell of cures of this condition with above treatment. Try it.

Dr. M. S. Lane, of this city, reported to me a cure he made of a case of diarrhœa. The discharges from bowels were almost constant, and the patient had *fainting* spells from the great *prostration!* *Arsenicum* 200 cured the diarrhœa.

Several years ago I was called to Bainbridge, Georgia, in consultation with two regular physicians. When we went into a room to consult about the patient, the oldest doctor remarked to me, "I don't believe in specific medication." I replied, "Neither do I. Now," I said, "you have told me of something you *don't* believe in, now *I will* tell *you* something that I *do* believe in with *all my heart and soul*, that there are certain remedies that *do* have a *definite* remedial action upon certain *abnormal* conditions." The word specific should *never* be used in medicine, for there is *no* such a thing as a SPECIFIC for *any* disease on earth. There can't be, the thing is *impossible*. A specific is a remedy for a *particular* disease, therefore to *be* a *specific* it must naturally cover *all* the symptoms of that disease, which *any* first year medical student knows is utter *foolishness*. To *claim* to have a *specific* for *any* disease is the *very worst form of quackery!* The teaching of our medical students that this or that remedy is a *specific* for a certain disease, has *driven very many good men out* of our

profession to join the vast army of drugless healers and medical nihilists. These "specifics" and "proprietary" remedies are like "ready made clothing," they may fit and they may not, oftentimes they are "misfits." Some of us know by experience that proprietary remedies are like boarding house hash, they *are* the "substance of things hoped for, the evidence of things not seen." There is one word more that I object to the use of in our medical literature, that is the word "*incurable*." You can't find it in any of my writings, I don't *talk* about it to my students or medical friends. It has been a "bugbear" to the profession for "lo, these many years." Just tell a doctor that a "case is incurable" and he gets *weak* in the knees and gets *cold feet*. How do we *know* that any case is incurable until we go at it with a *fixed* determination to *conquer* it? Really I feel like *apologizing* to the reader for mentioning such a word in this article.

A young doctor remarked to me, "The fathers of our school have said that this disease is incurable." "Yes," I said, "but the fathers are *dead*. The king is dead, long live the king, but don't forget that *He* is *dead*, and that the world *moves*, it don't stand *still*. We are *to-day* curing diseases our fathers in medicine *could not cure*." The man who writes books on materia medica *forty* years from now will have *very* much to learn about remedies he never *heard* of!

"Live while we live ;
The sacred preacher cries ;
And give to God each
Moment as it flies."

OBSTETRICS.

Editor of the HOMŒOPATHIC RECORDER.

I was interested in Dr. Ingersol's article in the March RECORDER and can agree with him that obstetricians are born not made.

Patience must be a leading quality, but combined with it must be good judgment as to when nature should receive assistance.

As to forceps I happened to get a satisfactory pair when I commenced my practice for five years ago.

I was not fortunate enough to have had any clinical experience with forceps when I ran up against my first forceps case.

I had been taught that the blades having been slipped into place should lock without any further adjustment. But when I had slipped them into place they refused to lock. After repeated trials without success, not wishing to injure my patient by unskillful manipulations I sent for an old experienced doctor, who, after examining the patient, said: "I should advise using forceps." I asked him if he would be kind enough to operate, which he readily consented to do. I watched him as a cat would watch a mouse, and I have never had any trouble in applying forceps since.

I have always carried, besides my standard forceps, a short light pair, for low operations. These latter seem indispensable to me, if one is to consider the comfort of his patient.

In many cases of long, tedious labors, when the patient has become thoroughly tired out, nothing is needed to bring the labor to a successful conclusion but a little more expulsive effort than the woman is able to give, and unless she receives assistance the case will drag on for hours.

It is then that the light forceps are a godsend to the woman and if they are skillfully used I do not believe there is any liability of laceration of the perineum than there would be if after hours of suffering the woman was able to conclude the process without such assistance. I make this statement confidently, on the basis of an experience which has not been small.

Pituitrin I have never used because I cannot feel safe in introducing into the system of my patients any drug which I cannot control after it gets to work.

We are advised not to use it until the parts are ready for the labor to proceed and when such is the case I can see no advantage that Pituitrin possesses over the forceps, while the forceps have the manifest advantage that one can control the amount of force applied as also its periodicity and direction; in each of these points showing their superiority over Pituitrin.

As to raw mistakes by those who have had special opportunities, I was once called to see an infant, two days old, that had its right arm broken at the upper third of the humerus.

It was a forceps delivery by a college professor, who was called from a neighboring city, and left without realizing what he had done.

In closing I wish to express my high appreciation of the RECORDER.

JOHN J. SHAW, M. D.

Plymouth, Mass.

HOMŒOPATHIC REMEDIES IN WOUNDS.

Messrs. Boericke & Tafel,
1011 Arch Street,
Philadelphia.

Dear Sirs:—I enclose copy of letter I sent to the *British Medical Journal* so as to gain time. If you think it right please forward it to the HOMŒOPATHIC RECORDER.

Yours truly,

ANTONIO L. DOS SANTOS.

(Here follows the letter in question.—Ed. H. R.):

The Editor *British Medical Journal*,
429 Strand, London, W. C.

Sir:—In the HOMŒOPATHIC RECORDER, 15th Jan., 1917, page 45, published at Lancaster, Pa., U. S. A., I find the following passage: "The following is isolated from a paper in the *British Medical Journal*, now so full of surgical cases, as are all the European medical journals.—'The pain in the missing hand or foot, so frequently felt after amputation.' To this might be added, 'pain in the stump.' Is not *Hypericum* the remedy for this after surgical condition?"

On page 60 of the 2d edition of J. T. Kent's "Lectures on Homœopathic Materia Medica," I find the following: "*Allium cepa*. Another affection over which this remedy has marvellous power is traumatic neuritis, often met with in a stump after amputation. The pains are often unbearable, rapidly exhausting the strength of the patient."

In view of the great number of sufferers from amputation at the present moment in England, I venture to address these lines to you, thinking they may prove of interest.

I am, sir,

Yours faithfully,

ANTONIO L. DOS SANTOS.

P. O. Box 1014, Rio de Janeiro, Brazil.

SURGICAL DRESSINGS, THE KIND NOT TO USE.

Editor of the HOMŒOPATHIC RECORDER.

Enclosed you will find an article by one of our leading Toronto surgeons who has recently returned from the war zone. I think it is a valuable article, as it shows the dangers of suppression by interfering in any way with the forces of nature throwing off disease from within out.

Yours sincerely,

W. A. McFALL, M. D.

919 College St., Toronto, Ont., Canada.

(Here is the article referred to by Dr. McFall.—Ed. H. R.):

THE PHYSICS OF A SURGICAL DRESSING,

WITH SPECIAL REFERENCE TO THE HARMFUL EFFECT OF USING
IMPERMEABLE MATERIAL OVER SEPTIC WOUNDS.

BY

LIEUT.-COLONEL A. PRIMROSE, M. B., C. M. EDIN., M. R. C. S.,
ENG.

CANADIAN GENERAL HOSPITAL.

A number of most interesting papers by Sir Almroth Wright have recently appeared in the *British Medical Journal*, in which he demonstrates by a most complete series of ingenious laboratory experiments a method of securing the drainage of septic wounds received in war. He further gives an account of the practical value of these methods as employed in the treatment of men wounded in France during the present war. In his last communication, Part III. of his lecture on "Wound Infections and Their Treatment,"¹ he gives his scheme for the practical treatment of wound infections "from the first aid post back through the whole system of hospitals." In the field ambulance he applies a wet dressing of 5 per cent. solution of sodium chloride and 0.5 per cent. sodium citrate, and he states, "over the top of all ought to come a layer of *impervious protective tissue*" (the italics are mine). I wish to suggest that as a scheme for "drainage," the effectiveness of the dressing is entirely upset by the "impermeable protective." It should be noted, too, that in the same paragraph he definitely states that his object is "the procuring of drainage."

My attention was first called to the harmful use of impermeable material such as protective, oil-silk, rubber adhesive, etc., by a paper on the physics of a surgical dressing published about ten or fifteen years ago in the *Annales de l'Institut Pasteur*. Since reading it I have had many opportunities of observing clinically, in my hospital wards in Toronto, the deleterious effects of impermeable dressings.

The experiments, so far as I can recall them, were of the following character: An animal was prepared by shaving a portion of the skin surface and then an area was excoriated sufficiently to draw blood. This area was covered with powdered strychnine and a piece of oil-silk was secured over it, so that evaporation from the surface was prevented. The animal died of strychnine poisoning. Another similar experiment was done, save that the oil-silk was replaced by an absorbent dressing, allowing of evaporation from the surface and absorption of secretions into the dressing. These animals showed no symptoms of poisoning. Similar experiments were done with some virulent bacteria, with similar results: under impermeable oil-silk septic absorption occurred, and under a simple absorbent dressing no sepsis resulted. There were, too, a series of laboratory experiments conducted to show the value of absorption into the dressings and the method of securing it by free evaporation from the surface. A flask was filled to half its capacity with water, and a wick of absorbent gauze saturated with water was placed so that one end of the wick lay in the water and the other projected beyond the mouth of the flask so as to form a tuft. A fragment of some aniline dye was placed in the gauze level with the neck of the flask, and very soon the gauze tuft projecting beyond the mouth of the flask was stained with the dye. A similar experiment was carried out with, however, the addition of a bell jar placed over the flask to prevent evaporation; the addition of the bell jar not only prevented the aniline dye from rising into the projecting tuft, but the dye actually descended to some extent towards the water in the flask. I would not vouch for the accuracy of detail, but I attempted to repeat one of these experiments in the laboratory tent in our hospital here. I took two small flasks, each about one-third filled with water; I saturated wicks of gauze in water, and immersing one end of the wick in the water in the flask, the other

end was allowed to project as a tuft beyond the mouth of each flask. I inserted a fragment of crystal violet in the gauze at the level of the neck of the flask; I then tied a piece of oil-silk as a cap over the top of one of the flasks, allowing the gauze tuft to project within this protective cap. After some hours the dye had risen into the tuft of gauze projecting from the unprotected flask; on the other hand, in the flask covered by oil-silk the dye had failed to rise in the tuft, and had descended somewhat in the wick. This last flask was left over night, and next morning the oil-silk was removed. Within an hour the dye mounted to the top of the tuft.

I have made many clinical observations as to the effect of impermeable dressings. I may cite one example: A woman was desperately ill with subphrenic abscess. I succeeded in establishing drainage, and her condition improved. Some ten days afterwards I was disappointed to find her temperature rising; the frequency of the pulse increased, and there was every evidence of a recrudescence of serious symptoms. I had not seen the dressing for a few days, and I found that the nurse had placed a large piece of oil-silk over my dressing in order to protect the bedclothes from getting soiled. I at once suspected the impermeable covering as responsible for the trouble, and therefore continued to apply the same type of dressing, with, however, the omission of the oil-silk. The patient improved promptly, and all symptoms of absorption disappeared. The sister in charge of the case, on my explaining what had occurred, made a somewhat shrewd observation. The sister told me that she had observed, when a moist piece of alembroth gauze (charged with aniline dye) was applied under the oil-silk to the unbroken skin, the dye stained the skin deeply so that it could not be removed by washing; on the other hand, moist alembroth gauze without oil-silk never produced staining. This, indeed, is a good demonstration of the effect of impermeable coverings over the dressing.

The hospital with which I am at present connected has only been in operation some six weeks, and hardly a day passes but patients are admitted with impermeable coverings over septic wounds. In one a septic thumb had been opened two days previously, and when the patient came to me a piece of oil-silk formed a cap over the entire thumb; outside that was some wool and a

bandage. Another man had a septic wound of the leg dressed with moist gauze held in place by a patch of adhesive plaster, which overlapped the gauze in all directions. We have already seen dozens of similar cases in our short experience here of the employment of impermeable coverings over moist dressings. We have been able to note, too, the prompt improvement on the omission of that covering in our dressings; frost-bites with broken skin, shrapnel and bullet wounds—I am within the mark when I say that by far the majority of all septic wounds admitted have had an impermeable covering. The custom is unquestionably widespread.

What has tempted me most to write this note is the fact that so high an authority as Sir Almroth Wright advocates the use of impermeable protective over his dressing. This covering, I fancy, is added for some specific purpose, but its object is not stated, and there has been nothing of similar character used in his laboratory experiments. It is true it increases the penetrating power of an antiseptic, but Sir Almroth Wright's avowed object is drainage, and beyond all doubt it is infinitely better to depend upon drainage into the dressing than attempt to render a wound aseptic by confining the discharges and driving the antiseptic in.

Impermeable coverings used for the purpose of preventing evaporation are, indeed, sometimes useful. Thus, in a healing ulcer one finds the healing process will proceed well under a moist piece of lint entirely covered by protective; so, too, one uses it in skin grafting. Such dressings are removed easily, they do not stick, and the delicate epithelium is not disturbed on taking off the dressing. The impermeable covering is often a favorite dressing, too, for the very reason that "it does not stick," and particularly in children one is tempted to use it because the dressing can be changed without pain. The cases, however, in which its use is justifiable are only those which are either aseptic or have a very small degree of infection—cases, in fact, comparable to those Sir Almroth Wright speaks of as capable of being closed by secondary suture. Even in these cases, however, we sometimes fail to secure success, and when employed we should carefully watch the results.

In my opinion the best dressing for septic wounds is a moist dressing, and we found the hypochlorous acid solution wonder-

fully effective. The moist dressing is applied directly to the wound, and over this dry gauze. Everything should be done to favor free evaporation from the surface and absorption into the dressing, which should be frequently changed. I am convinced it would be greatly to the advantage of the wounded if impermeable protective and oil-silk were entirely removed from the surgical armamentarium of the army. Their use in surgery is very restricted, and as they are employed in military surgery at present they do far more harm than good.

REFERENCE.

¹*British Medical Journal*, November 13th, 1915, p. 717.

BOOK REVIEWS.

DE QUEL COTE SE TROVE LA VERITE EN MEDECINE? Par le Docteur Ch. Flasschœn. Paris. Bailliere et Fils. 19 Rue Hautefeuille. 1916.

This is a 70 page book, stitched in paper, as are nearly all European books. The work is a scholarly discussion of Allopathy and Homœopathy, showing on which side the truth is to be found and, needless for us to add, the author finds it on the side of Homœopathy. The allopaths have always dealt in hypotheses, speculation and the morbid phenomena of disease as something apart from the patient. Their therapeutics are "heterogeneous, born of empiricism, of the syllogism or of speculative ideas." On page 15 is a paragraph in running about this way: "One can treat disease without knowing the law of similars, or Homœopathy, but one can never cure without its aid." In other words, if a cure by medicine when made by an allopath, eclectic or anyone it is made by a medicine that acts according to the universal law governing drug action in disease. There are also some striking sentiments, quoted from allopathic authorities. Among them is this from Devergie: "Homœopathy is the pivot around which revolves all the dominant principles of medicine."

We do not know the price of the book or whether it is obtainable in this country.

THE SPECIALISTS' DEPARTMENT.

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THERAPEUTIC NOTES.

THE RELATION OF URINARY COLORING MATTER TO THE DIAZO REACTION.

One of the most interesting reactions in the urine is that obtained in various infections and known as the diazo reaction. It has come into practical use in the diagnosis of typhoid fever principally, although it merits more extended usage in the prognosis of tuberculosis, in the last stages of which it is frequently found.

The diazo reaction is obtained by mixing urine with a solution of sulphanilic acid in hydrochloric acid to which a little sodium nitrite solution is added and the whole alkalinized after mixing with urine by means of addition of ammonia. The technique of the test is not difficult, and is described in all books dealing with urinology.

Formerly it was not known just what caused the reaction, and for a time it was supposed to be pathognomonic of typhoid, but like many other "sure shots" it "lost out" when more careful study showed that it is positive in the urine of many infections.

In later years the reaction has been attributed to alloxyproteic acid, and study has shown that this acid contains at least four different substances, at times, one of which is the antecedent of the normal urinary coloring matter, and is known as urochromogen. This urochromogen when extracted from urine gives the diazo reaction. It is claimed that other substances besides urochromogen give the reaction as leucin, tyrosin, and such substances as contain the imidazol nuclei, as, for example, histidin.

The Question of Acidosis.—The definition of acidosis is difficult as, etymologically, it implies a saturation with acids, whereas as a matter of fact the blood holds on to its alkalinity under all cir-

cumstances. To define acidosis as a condition in which the alkalinity of the blood is diminished is an improvement, but does not altogether satisfy us as to the actual pathology present. Diminished alkalescence of the tissues, in general, is the idea we should convey by use of the term.

Acidosis is a condition in which acid metabolites accumulate, Acidosis may be shown, for example, according to Fischer, in the cells of the kidney, by an accumulation of acid substances there.

In our opinion the term acidosis does not necessarily apply to an increase in the titration acidity only of the urine. Increase in urinary acidity, however, always demands investigation as to cause, and for this purpose we use the tests for the acetone bodies (diacetic acid, beta-oxybutyric acid), and also employ the determination of ammonia.

Diacetic acid is readily found in urine by use of the ferric chloride test, but the determination of beta-oxybutyric acid is extremely difficult, hence we use as a more easy method the determination of the ammonia, excretion of which, as a rule, corresponds to the degree of acidosis.

Acidosis is seen in severe liver affections, where we find great ammonia increase, and in fevers. For the determination of the degree of acidosis in fevers the comparison of the excretion of urea with that of ammonia is an easy method. Such acidosis is common in streptococcus infections and in diphtheria.

Therapeutically, the determination of the ratio of urea to ammonia is helpful, as it enables us to decide whether or not the acidosis is of such degree as to warrant the administration of alkalies. In giving alkalies, however, two things must be considered: First, we are not by so doing necessarily treating the cause of the disease, and second, if we use too much alkali, after we stop it, the urine may react more acid than ever. For this reason the writer is opposed to massive doses of alkalies, except in pregnancy and in diabetes, where, when diacetic acid is present, enough sodium bicarbonate must be given to make the urine at least amphoteric in reaction.

As Umber truthfully observes "in the acidosis of diabetes of years' standing coma may be prevented by the daily use of large amounts of alkalies (sodium bicarbonate)."

That this use of alkali is merely palliative is shown by the fact that when once the victim goes into coma no amount of alkali can be depended upon to bring him out of it. Not even the much vaunted use of sodium carbonate, intravenously, can be relied upon.

The books say, "decomposition of fat produces acetone bodies." But what causes the decomposition of the fat? Some toxic agency with which we are as yet not any too familiar, hence we should concern ourselves with the study in the urine of substances other than the acetones if we are to delve into the search for the original cause of the acidosis. For we can not cure without removing cause.

In the pernicious vomiting of pregnancy, however, alkalies, as sodium bicarbonate, may apparently affect a real cure of the condition. At any rate when the pregnant woman has been for days vomiting everything, even water, when the urine contains acetones, and shows a ratio of urea to ammonia below 10 to 1, administration of large doses of bicarbonate of soda, first, by rectum and later by mouth, brings about, in some cases, most remarkable improvement. It is interesting in such cases to see the ratio of urea to ammonia slowly rise as the patient gradually begins to eat again. The acetone bodies and creatinine in increased amount may persist for some little time, but gradually they disappear and the urine becomes practically normal again.

The prevalent itch for inspecting, regulating, licensing, and so on, every thing under the sun has finally struck the medical profession. From a news item it seems that the city fathers of Birmingham, Alabama, have levied a license tax on all physicians, a tax graded according to their income, and the physicians are justly protesting.

If men who heal the sick are to be taxed, and "regulated," so should be the mothers who bear children.

Let the A. M. A. ponder this abstruse problem for they are the men who have created this Frankenstein.

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EDITORIAL NOTES AND COMMENTS.

Our Next President.—The coming meeting of the American Institute of Homœopathy, to be held at Rochester, N. Y., in June, will be a noteworthy one, for then will be presented, or discussed, the plans for a reorganization, or federation, looking to a closer union of all homœopathic interests, something much to be desired. An energetic man will be needed to head this movement. In this connection comes a circular letter, from Dr. Sprague Carleton, signed by 42 well known homœopathic physicians, scattered from the Atlantic Coast to San Francisco and Seattle, which is about as far west as you can go, the letter advocating the election of Dr. Frederick M. Dearborn to the office of President of the Institute for ensuing term. From a personal acquaintance with Dr. Dearborn of many years we know that he possesses those qualities essential to a successful administration of the office which seeks him, namely, energy (he is in the language of the day a "live wire"), is widely and favorably known not only among homœopaths but by men of affairs in the world, and, as was his father, Dr. Henry M. Dearborn before him, is a loyal homœopath, and not in the least apologetic for the fact. The RECORDER doesn't mix up in politics, consequently in the foregoing is not saying a word against any other candidate, but merely that it knows that Dearborn is well fitted for the office in the stirring times that seem to loom up in the future in the world, in our beloved country and in Homœopathy.

Damage Suits.—The California medical scientists ought to hunt for the bacilli of damage suits, for there seems to be an epidemic of them in the Golden State, for Dr. Anderson's *Pacific Medical Journal*, April, devotes 46 pages of small type to them. We figured up the amounts for which the doctors were sued and find it amounts to \$1,753,000, divided up among 71 claimants, and are not sure, but that several got away from us. Several morals might be drawn from the reason of these nearly one and three-quarter millions of dollars asked for as physical damages, but let the fact speak for itself. No doubt some are blackmail, but others, as the case where the wrong woman was cut open, seem to have some ground in justice. No homeopaths figure in the list.

A Baptisia Case.—It was reported by Dr. D. P. Maddux, of Chester, Pa. (*Pena. Transactions, Hahnemannian Monthly*, Feb.). It was a surgical case, Dr. Maddux doing chiefly that work. Scene, Crozier Hospital. The surgical part was very successful, but the patient became delirious and wild so that it took two men to hold him. No drugs, not even *Morphine*, would do good. Finally, in a sane moment Maddux asked him:

"Walter, why is it, when people are trying so hard to be good and kind to you that you make so much fuss and trouble?"

"He replied, in a quiet and composed voice, 'Well, Doctor, if people were trying to take your arms and legs apart, wouldn't you make a fuss?' 'Does it feel like anyone was trying to do that?' I replied. 'Feel? H——l,' he answered in excited tones, 'if they put your arms on the bureau and your legs on the wardrobe, you would make a fuss and a racket, wouldn't you?' 'Do you really think anyone is trying to do that?' I said to him. 'Think!' he said in indignant tone and an outburst of explosive profanity. 'I know they are. Guess I am the one that suffers. There would not be any *think* about it, with you if they were taking your arms and legs apart, would it?'"

He was given *Baptisia tinctoria* and that at once cleared up the trouble.

Something New.—It comes from Chicago, in *The Clinique*, which is a month and two days late—is our fast city getting

like our old Philadelphia? However, the new something is two women who wanted babies, the more credit to them, for it is generally the other way about. Dr. B. A. McBurney had charge. An examination showed the cause of barrenness. A slight operation removed it. The two women, married, of course, were soon blessed with children. Good for McBurney! Hope he will be over-worked, for, indeed, with hell raging today the world needs more babies—and needs them at all times according to our gallant Colonel T. R.

More "Uplift."—Surely with a sigh the Editor of the *Long Island Medical Journal*, wrote: "First came the Boylan Law, then the Harrison Law, and now Mr. Charles B. Towns has appeared before Congress with a pamphlet urging still further restrictions. Mr. Towns, in his latest contribution to the subject of drug abuse, acknowledges that he perpetrated the Boylan Law." But he wants more. The more restrictive legislation is passed the more is demanded by the insatiable men and women who would have humanity forced into their pattern. If this sort of thing keeps piling up we of the herd to be "reformed" will have to fight for a new Bill of Rights.

"Needling."—Our restless allopathic friends, whose motto is "Excelsior!" whose policy might be rendered "Darn the direction so long as we are moving somewhere," and who seem to think that "something new" is a synonym of "science," have discovered something new, among the Chinese, whose doctors have practiced it for centuries, for time out of mind. It is "needling." An esteemed and learned exchange devotes two editorial pages to the treatment. It consists of pricking a needle into the liver, or other organs or parts, where it can be done with safety. Naturally it works wonders, as do all new things at first, for even the seton was a curative wonder worker at one time. No doubt "needling" is an advance over the hypodermic syringe. If no great damage is done by the needle, nature will easily repair the harm, while the syringe is followed by stuff that no emetic, purge, diuretic, or sudorific can clear away if wrong or lethal, one of which it generally is.

Man and Malaria.—The *Buffalo Medical Journal* summarizes Metzmain (U. S. P. H. S.) on the subject of malaria, as follows: "The general conclusion is that man and not the anopheles is the winter carrier—and hence, more broadly, the specific carrier of malaria." Curious what a hold the modern superstition that disease is an animal has on an otherwise bright set of men. The old common sense belief that disease is inherited or is the result of the violation of the laws of health, or of surroundings or occupation, does not agree with the modern theory, consequently common sense is excluded.

Independent Journals.—The *Journal* of the A. M. A. devotes nine of its spacious columns to printing Dr. E. L. Register's Address before the last meeting of the American Medical Association. Dr. Register is editor of the *Charlotte (N C.) Medical Journal*. After this the A. M. A.'s covers six editorial columns in showing up the badness of the Independents. So far as we can see it all hinges on the advertising pages. The Independents will print advertisements of pharmaceuticals which the inner circle of the A. M. A. condemn. Wherein the nostrums advertised by the A. M. A.'s organ differ from those found in the pages of the Independent press is not clear. If that inner circle can control all medical advertising they will have as snug a monopoly as any one could desire. There seems to be but one way for them to get it and that is after the pattern of the Randall bill. If they can get a bill through Congress excluding from the mails all journals of which the A. M. A. disapproves, the trick is done.

Alcohol.—In that interesting book, *The Knowledge of the Physician*, the author, the late Dr. Richard Hughes, says: "Alcohol therefore is certainly a nerve producing food; and many instances are on record of life being sustained almost wholly upon it for months and even years."

But he is of the opinion that it is best to use it sparingly or not at all by the young. This fits in with a saying in Scotland that a man is a fool to use whiskey before he is forty and a fool not to use it after that age. Alcohol is something that ought to be wisely regulated by law, but total prohibition is neither

desirable nor possible, because wherever there are fruit juices there will be alcohol by the natural process of fermentation.

Laboratory Therapeutics.—The *Homœopathic World* abstracts Boas' (Copenhagen) comments on the recurrence of syphilis after it has been cured according to laboratory science. The patients had syphilis. They were given *Salvarsan* according to art, and many mercurial inunctions. They were cured, apparently. For two years they stood "Wassermann's." Then syphilis broke out on tonsils, trunk, genitals and in ulcers. Boas says it is "discouraging." So it is. The only way out is to abandon laboratory science and go back—or forward—to real medical science, namely, Homœopathy. All else is but vanity and vexation of spirit.

Words, Words, Words!—These are picked out of a single issue of a very respectable allopathic medical journal, they are supposed to be human diseases or something akin: "Familial icterus," "Endothelioma of the bronchi," "Conjugal phthisis," "Diphtheroids," "Aleukocythemio leukemia," "Intracanalicular papilloma," "Polycystid gregarines from arthropoda," "Cytolichus peurosei," "Agglutination of bacteria by means of dried and dosed serums with special application to diseases of children," "Colomba of iris," "Acanthokeratodermia precornfufaciens," "Dwarfism from Achondroplasia," and many others. All of this must be learned, if we may judge from the names, but one may be pardoned for wondering if the writers of the papers, whose headings are quoted, knew what they were writing about. Possibly, understand we say "possibly," if Aristotle were awake, might he not rub his eyes and wonder what the words meant?

A Diagnostic Point.—An account of the death of Emperor Francis Joseph of Austria concludes as follows: "During the day he was slightly delirious. His last words were. 'I am tired.'" Perhaps this should have been headed, "A suggested diagnostic point," for it may not be universal, but we have known of several cases where the patient was of middle age or, like the Emperor, well on in years, who complained of feeling "so tired." Death soon followed in every instance. It is, however,

a rather gruesome thing to write or talk about, as, if true, it is a portent of the end.

"Certified Causes of Death."—This is a 75 page pamphlet, the report of a committee on vital statistics, and issued by the Government. Comment is invited the publication. The main list includes 189 legitimate causes of death, but these are subdivided. Take, for instance, "cancer:"

"2. Under (A) the following terms should be retained as acceptable inclusions: *Adenocarcinoma, alveolar cancer, alveolar sarcoma, angiosarcoma, cancer, carcinoma, carcinoma myxomatodes, chondrosarcoma, colloid carcinoma, columnar-celled carcinoma, cystosarcoma, endothelioma, epithelioma, fibrosarcoma, giant-celled sarcoma, hemendothelioma, hypernephroma, lymphendothelioma, lymphosarcoma, malignant tumor, melanosarcoma, metastatic cancer, myeloid sarcoma, myxosarcoma, osteosarcoma, papilliferous carcinoma, plexiform sarcoma, sarcoma, sarcoma, scirrhus sarcoma.*"

This is a specimen from three pages of cancer containing possibly 200 names. Would it not be better to simplify rather than to elaborate? Very likely any of the names quoted could be subdivided to brain-fag of the student.

Science?—No doubt every reader has seen pictures of the correct posture of the human being—the bolt upright—and has read of the disreputable slouching posture. To add to their sum of science, as she is taught, we quote the following from a paper by Dr. Franklin A. Turner, of Rockford, Ill.: "The chief predisposing cause of hæmorrhoids is the upright position of man," with several subsidiary causes needless to mention. After reading several hundred scientific medical papers, one cannot but conclude that etiology is chaos and treatment nebulosity among the scientific. We use the term "scientific" because that is what these respected gentlemen have adopted to distinguish themselves from the sects and so on, but the earnest seeker after medical science will search in vain among the hundreds of papers for agreed upon medical science, save the proposition that the writers are all scientific. Beyond that one principle the earnest seeker will find a confusion of tongues only. Sad, but fact.

Treatment.—It seems sort o' queer to an old homœopath that one of "the" physicians cannot treat a sick person until he has discovered, *via* the laboratory, what microbe he has. It makes one suspect that ultra medical science is a hopeless cripple, the more so, as, after the microbe has been spotted by a man who never saw the patient, the doctor who has seen him is just as much in the dark as ever, save for an experimental injection of a serum or vaccine supposed to be evolved from that microbe. Really, you know, that is not science.

Frauds.—The *Journal of the A. M. A.* (4-24) contains a fairly full report of the Sargol case. Sargol is a tablet made up of Saw Palmetto, several hypophosphates, lecithin and nux vomica. It was advertised to increase the weight. After a thirteen week trial the jury brought in a verdict of "guilty" and the company was fined \$30,000, which was paid, a thing made possible, probably, because the tablets cost the company about seventy cents per 1,000, and were sold to the public at about \$25.00 per 1,000. In the same issue of the *Journal* is a peculiar letter from a Kansas physician asking the editor to come out to Western Kansas, where they cut out the tonsils "daily" for the cure of arthritis, nephritis, endocarditis, otitis media and other ear diseases, tonsillitis, diphtheria and many other ills not enumerated in the letter, for a possible average cost of \$25.00 per head.

Next to Homœopathy.—Next to Homœopathy comes surgery. If the two fail the case is hopeless. This is suggested by a pamphlet by Dr. Wm. Seaman Bainbridge, who has many learned letters after his name. It is a pamphlet on human plumbing, title, "Chronic Intestinal Stasis," commonly known as "constipation" or "all bound up." Ten clinical cases are related where the human plumbing was tangled, or had grown together, where neither allopathic purges nor the homœopathically indicated remedy could have brought relief. The point is that where Homœopathy fails surgery is indicated, with the extension of the point, that surgery sadly needs Homœopathy to help it out after the cutting is done.

A Point of Ethics.—The RECORDER tries to give the post-office address of all who contribute to its pages. Judging from the numerous re-prints received this is considered by many to be unethical for nearly all of them give, say, Dr. John Smith, of so and so city. If the city is given why not the street number so as to save labor to post-office clerks and also to others, in hunting up the writer's address?

Yes, Very Obvious.—From a two page editorial in the *Jour. A. M. A.* (4-14) on "The Bacteriology of Poliomyelitis" comes the following from the summing up:

"It appears, then, on the one hand, that the workers of the Rockefeller Institute are unwilling to grant that the coccus recently isolated from poliomyelitis by the workers mentioned bears relationship to poliomyelitis in man; they insist that it is merely a streptococcus and produces lesions which may be produced by streptococci in general. On the other hand, Rosenow and Towne claim that these streptococci under proper cultural conditions so modify their characteristics as to simulate the globoid bodies described by Flexner, Noguchi and Amoss, which the latter insist is the true causative organism of poliomyelitis. Obviously, the subject demands further investigation and confirmation."

A Hint to Surgeons.—The RECORDER is not a surgical journal, but we ran across the following in the *Illinois Medical Journal*, by Ochnesner, and thought it worth while passing it on:

There is an old rule in surgery, so old that I have not been able to trace its origin, which says, "Ubi pus, ibi evacuo,"—or in English, "Where there is pus, there evacuate." This rule, with certain modifications, is still a good one, but in recent times it has too often been exceeded. Many surgeons seem to have construed it to read: "Before there is pus, evacuate," which, of course, is an absurdity.

PERSONAL.

It took 19 policemen to handle a New York pacifist convention.

A smart Alec said he could tell how much water ran over Niagara to a quart. The answer was "two pints."

When a man takes his life he loses it.

The man who sings the praises of poverty gets out of it in a hurry, if he can.

"He is in the public eye!" "Let the public hasten to an oculist," replied Binks.

"Perfect" is perfect, so what is "more perfect?"

Among the elevating things is the mule.

The Society for the Suppression of Cruelty ought to suppress books on "How to be a Fluent After Dinner Speaker."

Nix, Mary, pugilists do not keep scrap-books.

He who layeth not up for ye rainy day cribbeth his neighbor's umbrella.

Once every nation had its legal, Examining Board for religion that you must pass not to be an outlaw.

Binks.—"Why the worry?" Jones.—"Trying to be honest and obey the tax laws."

Bait your hook with something for nothing, and the fish will bite.

That a rolling stone gathers no moss is true, while it rolls, but it does at the bottom where it lies forever.

Man may not be able to find trouble, but he can pick up a fight any day if he wants one.

Some men mistake their own ill-natured remarks for frankness.

You can carve on granite the fact that the late lamented "lies," but would not have dared say it to his face.

Wonder if the Allies and Teutons continue fighting after a shell has sent them over the Great Divide?

When a man tells you "there's no such word as fail" you can put him among the cheerful.

"Throw down the god of money and trample him in the dust," said the preacher. Then they passed the contribution plate.

A French soldier, from the trenches, told us, "We call the scream of a shell the 'Death Whistle.'"

An esteemed has an article on the "Need of Greater Appreciation of Foods." Broiled steak for us!

1st London Cabby.—"Ye guv me a narsty look." 2d.—"Ye 'ave a narsty, but I didn't guv it ye."—*Ancient*.

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“THE HAHNEMANNIAN DOCTRINE OF ATTENUATION.”

The above is the heading of an article in the *Physico-Clinical Medicine*, a new journal published at San Francisco. As a preliminary, it can be said, possibly from lack of understanding, that “Physico” medicine seems to out-Herod even our extreme fluxion potencies. Here is a quotation:

“It is practically impossible to conceive the limit of the subdivision of matter. An idea of the smallness of an electric charge in matter was referred to by Prof. Millikan, in a recent lecture here at the University of California. It was he who first isolated and weighed electrons. He said that if the two and a half million people who live in Chicago were to begin to count, and count as fast as they could, day and night, without stopping to eat or sleep or die, for 20,000 years, then, if the amount all had counted were added up, the total would be the number of electrons passing through an ordinary light filament in one second!”

The article does not have much to say of Hahnemann or Homœopathy, the gist of what is said is contained in the following quotation:

“It is assumed that Hahnemann conceived disease as a perversion of the spiritual vital powers and anything spiritual not being combatable by material remedies he turned to a spiritual power bound up in plants and liberated by dilution. The corollary of the latter conception was, ‘the efficiency of medicinal substances reduced to a wonderful degree of minuteness or dilution.’ Hahnemann lived at a time when the now exploded theory of vitalism dominated medical thought and he no doubt employed

it as a vehicle for emphasizing this doctrine. The historic development of therapeutics is identified with this theocratic philosophy."

Is the theory of vitalism "exploded?" Briefly vitalism is, "the theory that all animal functions are dependent upon a special form of energy or force, the vital force, distinct from any other of the physical force," so says the dictionary. Just here let us quote from the article to show what the *Physico-Medicine* stands for:

"Pharmacodynamics is identified with homovibrations and not if I am permitted to neologize by heterovibrations. *We are standing on the threshold of a new pharmacognosy in which radio-therapy will be employed with relation to the polarity and vibratory rate of disease.* I have designated the former as *polaritherapy*, and the latter I shall neologize as *oscillatotherapy*."

This outlines what is substituted for the old vitalism and, frankly, we do not hesitate a moment to hold on to vitalism on which, in one sense, Homœopathy is based.

Man is made up of body and soul, or of body, *i. e.*, matter, only. Under the old idea, if a man lost his leg he knew his body had been mutilated, but he, *himself*, was unchanged, and would be so when he lost his whole body. In other words, his vital part, or soul, was immortal. The idea prevailing to-day among scientists, or some of them, is that all of man is matter going from coarse to radio-energy, consequently when man dies he returns to the vast mass of matter and that is the end of him. The old vitalism is more logical, more in accord with reason and consequently more truly scientific.

More and more the marvelous discoveries of science are confirming the truth of Homœopathy on its physical side, but that same science halts at duality of man, body and soul, the one absolutely natural, the other absolutely immaterial yet acting on the material and influencing it to do as the soul desires. It is the recognition of the dual nature of man that gives Homœopathy its vitality. Our materia medica is full of mental symptoms and man is one complex of emotions. Can the laboratory isolate an emotion? The materialists stand on one side, the Christian Scientists on the other. The one all matter, the other all mind and both one legged. The follower of Homœopathy stands on two legs, hence his success.

THE LACK OF HOMŒOPATHIC PUBLICITY IN ILLINOIS.

The sum total of homœopathic activities in Illinois is very great, but these activities remind us somewhat of the industry of moles, which conceal their efficiency from the public eye. This is an age of publicity and nothing can grow without it. In Illinois we have local homœopathic societies whose programmes are both interesting and instructive, and in Chicago we have several homœopathic societies at which first-class papers and discussions are to be heard. Yet all this work finds no printed expression except in the short news items of the *Journal of the American Institute*.

As a remedy for this condition we suggest the publication of Bulletins. For example, there would be a Fall Bulletin, published jointly by the local homœopathic societies in Illinois, and a Spring Bulletin also.

In Chicago there should be a monthly Bulletin published by the Chicago Homœopathic Medical Society.

The Society for Clinical Research publishes a Bulletin and is getting members as a result.

Why should not we avail ourselves of this simple expedient for obtaining publicity?

C. M.

MEDICAL TREATMENT OF POLIOMYELITIS.

By **W. J. Hawkes, M. D.**, 357 S. Hill St., Los Angeles, Cal.

When I accepted the invitation of the chairman of the bureau to prepare a paper on this subject I did not fully realize the paucity of my knowledge, or the knowledge of anybody else, for that matter, on the medicinal treatment of infantile paralysis.

This lack of positive knowledge on the subject may not be an unmitigated evil, however, as it will necessarily make the paper a brief one.

In order to enlarge my meagre knowledge of this dreadful and much dreaded disease, I wrote to ten or twelve of the more prominent physicians of our school in New York City, asking

for information in regard to symptoms and treatment, especially for symptoms of the onset and first few days of attack. But I was disappointed, as responses to my inquiries were not at all enlightening nor instructive. Evidently but little, if anything, more of practical value is known there than is known here. But very few, if any, of the cases received in Flower Hospital were treated homœopathically. Everyone in authority seemed to be in panic, and all seemed obsessed to adopt "heroic" treatment. So Homœopathy got no opportunity to show what it could do. "'Tis true, pity 'tis 'tis true."

Dr. Daniel E. S. Coleman writes:

"Although I have seen about 200 cases, my personal patients have been almost entirely free. The Metropolitan Hospital has a ward devoted entirely to this disease, but it does not come under my service. (I am visiting on the female medical, all adults.)

"I was asked if I would like to prescribe for some of the cases in the poliomyelitis ward. I answered, 'Yes, give me some of the cases they say are going to die.' This was refused, however, and I prescribed for some of the less severe. One case had the right side of the face and external rectus muscle paralyzed. I gave *Causticum* 6th. Another had the left side paralyzed. I gave *Lachesis* 30. For another case on which I was called in consultation I suggested *Cicuta*, because of the characteristic convulsions and rotation of the eyeballs upward. The case was taken to the hospital and received the serum treatment, however.

"I firmly believe that Homœopathy could demonstrate its power, but the complete control of a large number of cases should be in the hands of an expert prescriber assisted by men having the interests in homœopathic therapeutics at heart.

"I believe the Flower Hospital is to have a ward, in which event some verifications can be looked for.

"You, of course, know that there is no one remedy for this disease. As in all other troubles, it must be the *indicated* one. The two earliest positive diagnostic signs are the absence of the patella reflex and Kernig's sign. They develop very early and are characteristic."

Professor R. F. Rabe, M. D., writes:

"On the 24th our New York County Homœopathic Medical

Society held a special meeting to consider the infantile paralysis situation. The attendance was good, there being sixty-one members and visitors present. But nine or ten spoke, and of these, but four had had any actual experience. Dr. Samuel B. Moore, one of the attending physicians of the Metropolitan Hospital on Blackwell's Island, told of the work being done over there, and stated that 408 cases were then under treatment. The latter is routine, consisting almost entirely in the administration of adrenalin chloride. No homœopathic remedies had been applied, except in a few instances, and these had been unsatisfactory. The reason given is the alleged fact that no remedy, homœopathic or otherwise, is ever carried to the spinal canal, unless put there by a lumbar puncture syringe and needle. Dr. Hill, of Flower Hospital, supported this view, and spoke of 30 cases under the care of Dr. Simonson and himself. These cases had been admitted within the past few days only, some were moribund, some suffering with respiratory paralysis, on admission. Homœopathic remedies had mostly failed and other things, such as adrenalin, quinine and immune serum, had been employed. Autotherapy was extolled by Dr. Duncan, but no real experience given in support. From the standpoint of Homœopathy the meeting was an absolute failure and Homœopathy has lost its great chance to demonstrate what it can really do. The pathological idea has dominated all treatment, hence symptomatology has been relegated to the background."

One of the pamphlets sent me by my correspondents in New York is an address of twenty pages on "Infantile Paralysis," by Simon Flexner, M. D., head of the Rockefeller Institute for Research, delivered before the New York Academy of Medicine, July 13th last. In all the twenty pages of the address there is nothing positive, new or encouraging. The only paragraph that approximates positive findings is the one treating of experiments on monkeys, and these are far from being conclusive or convincing. Quoting them here would be unprofitable. I will, therefore, quote only two brief paragraphs on the treatment, one of which, it seems to me, contradicts the other. He says:

"There exists at present no safe method of preventive inoculation or vaccination, and no practicable method of specific treat-

ment. *The prevention of the disease must be accomplished through general sanitary means.*"

And, further, "Recovery from the disease is a spontaneous process *which can be greatly assisted by proper medical and surgical care.*" (The italics are mine.)

In the August number of *Health News*, the monthly bulletin New York State Department of Health, is an article over the signature of Robert W. Lovett, M. D., Professor of Orthopedic Surgery, Harvard University, and surgeon to the Children's Hospital, Boston. I quote:

"For purposes of treatment the disease may be divided into three stages: (a) The *acute stage* beginning with the acute attack and ending with the disappearance of the tenderness (a matter generally of from four weeks to three months); (b) the *convalescent stage* from the disappearance of the tenderness until the disease has become practically stationary (a matter of about two years); (c) the *chronic stage* which begins about two years from the onset.

"ACUTE STAGE.

"From the pathology it may be seen that the physiological requirement of this stage is rest, in order that nature may be given a chance to repair the damage so far as possible by absorption. It is not reasonable during this time to excite the peripheral ends of hæmorrhagic and anæmic nerve centers by massage, electricity and attempted movements. The tenderness must be accepted as evidence of an active process still going on in the cord and so long as it exists the patient should be *let alone*. Massage at this time may cause great increase of pain and tenderness and may seriously delay recovery, and there is no evidence whatever to show that the use of electricity at this stage is of any value.

"During this stage the patient should be kept quiet. Joints will not ankylose, hopeless muscular atrophy will not occur, and by this proceeding the damaged cord will have the best chance to repair, and repair to the highest degree is desirable. *One of our chief gains of late has been the avoidance of meddling and useless therapeutic measures.*

"THE CONVALESCENT PHASE.

"With the disappearance of the tenderness the acute process in the cord may be assumed to have reached a stage when therapeutic measures may be begun, but probably *in no case should they be undertaken in less than four to six weeks from the onset.* Of late much has been said as to the advisability of keeping such convalescents in bed for an indefinite time, and there is no question that most cases of this disease are allowed to overdo to their own detriment. But prolonged recumbency for children is unnatural and undesirable, physiologically and mentally. Moreover, it has been too much the custom to allow such children to sit and lie around until they have acquired flexion deformities of the hips, knees and ankles, and the best practice at present consists in getting these children into the upright position early in the convalescent stage.

"The upright position is desirable not only because it antagonizes the evils of the permanent sitting position, but because the effort to balance on the feet instructively excites to effort a large number of muscles not otherwise to be reached, and is a valuable form of muscle training.

"*Fatigue* is always detrimental and a source of danger at this stage. Muscles are more often weakened than totally paralyzed in this disease (in the proportion of about nine partial to one total paralysis in the Vermont figures), and danger of overusing such partly paralyzed muscles, even by mild activity, is very great and retards recovery and if persisted in does permanent damage. The worst advice that can be given to a patient in the light of our modern knowledge is to use his muscles as much as he can. Patients in the convalescent stage should be most carefully guarded in the matter of too much walking.

"*Electricity.* The use of Faradic electricity gives a mild form of muscular exercise which will cause muscles to contract which will not do so voluntarily, and apparently does nothing more, and galvanic electricity and the newer currents are supposed in some mysterious way to do good, but in experience of many years with and without electricity used in all forms and under many conditions of control the writer has never been able to satisfy himself that it was of any use whatever in any given

case. There is no possible objection to its use if strong currents are not used, provided the other measures of proved usefulness are also employed. But electricity has done an indefinite amount of harm in this disease because it has deluded the parents, and often the physician, into thinking that the patient was being adequately treated by that alone, while serious deformities were developing and valuable time being lost.

"The financial standing of the various families affected would indicate that the disease is falling heaviest upon those of poor and moderate circumstances. Nine families among well-to-do people are affected. The sanitary conditions of the homes where these cases have occurred would indicate that the disease exists independently of the living conditions. These conditions are reported bad in 35 instances, fair in 30, good in 30, and excellent in 24.

"The previous health of the victims as reported on the special report blank indicates that for the most part the children were in excellent physical condition for the month prior to the onset of the illness. *There have been but few instances of more than one case in a family.*

"Sixty-one patients had a high fever, 42 moderate fever, headache was severe in 17 instances, moderate in 17, and in 78 not noticed, constipation was present in 63 instances, and diarrhoea in 15, vomiting was present in 51 instances, pain in the affected limbs in 65 cases, retraction of the head in 42, restlessness in 66 cases, and drowsiness in an equal number.

"The reports indicate that paralysis appeared in most instances during the first five days of the illness, 29 are reported on the first day, 20 on the second, 17 on the third, 18 on the fourth, and 7 on the fifth. One case is reported on the twenty-first day. No paralysis was reported in 19 instances."

Here we have the "last word" for treatment of poliomyelitis from the pens of acknowledged highest authorities in the old school. Professor Lovett says: "One of our chief gains of late has been avoidance of meddling and useless early therapeutic measures," and, "In no case should therapeutic measures be undertaken in less than from four to six weeks from the onset!" And Professor Flexner says: "There is no practicable method of specific treatment."

The only statement of real value (because it is absolutely true) is that "The prevention of the disease must be accomplished through general sanitary means." *And, as I have contended for years, it is equally true of all diseases.* All disease originates in uncleanness of some kind.

From the viewpoint of the old school with its crude drug haphazard methods, the advice of these authorities against the use of drugs in treatment of poliomyelitis is good and should be followed to the letter; but what a commentary on their "scientific" therapeutic methods! Here we have therapeutic nihilism with a vengeance! No medical treatment for a sufferer from this dread disease of our children during the first four to six weeks of the attack! Were it not serious and pathetic, would it not be ridiculous in the extreme?

How different with homœopathic practice with its harmless curative medicines! It strikingly illustrates the truth of my favorite saying to my patients, that "drugs make ill; medicines make well." With us there is no fatal waiting four, or six, or any number of weeks, or days, or hours! With us the earlier we can begin medicating the sick little ones, the better the chances for curative results. No waiting for fear of making the patient worse. No wasting of valuable time in fear (or conviction) that our medicines will injure instead of help the sufferer.

Homœopathic physicians need not be in the least discouraged by the hopeless pessimism of these iconoclastic teachers of high degree and authority in the old school! I see no reason why our remedies, accurately selected and applied according to our method of symptom-similarity, should not be as effective for good in the treatment of the disease under discussion as in any other. There is no occasion for us to become panic stricken on being brought face to face with a visitation of poliomyelitis, if we only know the indications for our remedies and apply them courageously and calmly, without panic. Knowledge begets confidence, and confidence prevents panic and the inevitable inefficiency of the panic stricken.

It is unfortunate that these symptoms were not compiled by homœopathic authority. As it is, they are too general to be of much use in determining selection of probable remedies.

The 61 having "high fever" would suggest *Aconite*, *Belladonna*, *Magnesia phos.*, *Veratrum viride* and *Gelsemium*. The 42 with "moderate fever" would suggest *Bryonia*, *Gelsemium* and *Rhus tox.* The 17 with "severe headache" would suggest *Aconite*, *Belladonna*, *Bryonia*, *Gelsemium* and *Hellebore*. The 17 with "moderate headache" the same remedies. The 63 having constipation would suggest *Bryonia*, *Nux vomica*, *Opium* and *Phosphorus*. The 15 having diarrhœa would suggest *Arsenicum*, *Cuprum*, *Veratrum album*, *Ipecac* and *Phosphorus*. The 51 having vomiting would suggest *Arsenicum*, *Tartar emetic*, *Ipecac* and *Veratrum album*. The 65 having "pain in the affected limbs" would suggest *Rhus tox.*, *Bryonia*, *Gelsemium*, *Agaricus muscarius* and *Ledum*. The 42 having "retraction of the head" would suggest *Gelsemium*, *Bryonia*, *Hellebore* and *Nux vomica*. The 66 having "restlessness" would suggest *Arsenicum*, *Rhus tox.*, *Belladonna*, *Hyoscyamus* and *Stramonium*. The 66 having "drowsiness" would suggest *Opium*, *Gelsemium*, *Baptisia* and *Phosphorus*.

I use the term "suggest" instead of "indicate" because the general character of the symptoms given warrants no more than suggestion. Homœopathic physicians would have observed and noted particulars, and their notes would have had much more value for physicians.

To my mind, with the meagre experience and knowledge on the subject I possess, the remedies which hold out the most promise are *Aconite*, *Agaricus*, *Belladonna*, *Bryonia*, *Gelsemium*, *Rhus tox.*, *Magnesia phos.*, *Veratrum album* and *Veratrum viride*, also *Hellebore*, *Hyoscyamus*, *Arsenicum* and *Stramonium*. But any one of a score or more not mentioned might be as useful as either. Here, as always, we must note carefully, and be guided thereby, the characteristic and peculiar symptoms of each individual patient. Only thus can best results be obtained.

I know of no disease which offers so great an opportunity of showing the superiority of the symptom-similarity method of homœopathic prescribing for the sick over all other methods. It is not at all improbable that we may have a visitation of the malady in Los Angeles in the not very distant future, and practitioners of our school will be in grievous error if they are mis-

led by their fears to abandon the true homœopathic method and follow after uncertain and strange gods.

In the treatment and prevention of poliomyelitis, as in every other disease, hygienic measures in the broadest extent must be strictly observed. This is especially true of direct sunlight. According to highest authority, the germs causing this disease cannot live if exposed to the direct rays of the sun. I believe this to be true of all inimical germs. Sunlight is the life of the world—animal and vegetable. If all animal excreta and all dead animal and vegetable matter were deposited and left as nature intended, there would be no epidemics of germ-caused diseases. The sun and wind would see to their being made innocuous. But, alas! civilization must have its graves, privys, cesspools, sewers and other means of collecting and storing them away from where nature's disinfectants can reach them, and thus the many physical ills which humanity is NOT "heir to" are propagated and perpetuated. There would be no disease were nature's laws not foolishly and criminally broken or disregarded.

(Read before the Southern California Homœopathic Medical Society.)

HOMŒOPATHY VERSUS SERUM AND VACCINE TREATMENT.

By F. H. Lutze, M. D., Brooklyn, N. Y.

Homœopathy is that science of medicine which learns the effect of medicines on the human organism by testing them singly on persons in normal health. It is the only method by which this knowledge can be obtained, for if the medicines are given to the sick the effect of the medicines are mixed with the effect of the disease in such a way as to make it impossible to tell, which are drug and which are disease symptoms, hence nothing can be learned, and if tested on animals we can make no deductions from this result to that which it might have on human beings, for drugs act widely different on animals and intelligent human beings. Drugs that the brute animal can feed on are often very poisonous to man, as *Belladonna*, for instance; they act even different on different persons wherefor each remedy is tested on a number of persons.

These symptoms and signs, produced on healthy persons by the single remedy, are carefully observed and written down and this forms our *materia medica*, our law and guide in healing the sick. It enables us before hand to know the effect of a remedy on the sick patient.

When the symptoms of a patient are very similar to the symptoms a certain remedy has produced on healthy persons, then this remedy will cure the patient quickly, safely and permanently. if the patient is at all curable; it is infallible and has been proved for the past hundred years or more, is proved now daily by all good and strict Homœopaths, and it will, at the same time, extinguish pain by freeing the patient of the disease, the cause of pain. Homœopathic treatment can never do any harm, the remedies are too mild for that, but cures all curable patients, for the graver the disease the less medicine is required, the susceptibility of the patient is then very much greater. An intelligent layman, who has had some instructions from a good Homœopath, can cure patients which any other ever so highly educated physician would fail to cure. Such a layman, a stair-builder, cured me of trachoma after several highly educated oculists consulted by me for several years previous had utterly failed to even benefit in the least.

The observation that patients at times recover from their illness without any treatment led to the belief that in such cases the organism produced within itself an antitoxine to bring about this result. But this is not true. Wherever a spontaneous cure results, it does so, because the patient has inherent strength and vitality enough to throw off the disease *by means of a diarrhœa, by urination, expectoration or perspiration* and such cases are always accompanied with much loss of strength and tissue.

In the manufacture of serums and vaccines the diseased matter, bacilli, germs, or pus, is taken from the sick and injected into an animal (often an old worn out cheap horse) subcutaneously (the animal may be unhealthy as well), causing the animal to become sick. When this sickness subsides, a second injection is made and so forth, till the animal does not show the effect any more, then he is supposed to be immune.

The horse is then bled, the blood allowed to coagulate, the serum is then separated from the clot and *the serum being an*

animal substance, removed from the living body being subject to putrefaction, carbolic acid or perhaps some other preservative is added to prevent this and preserve it for future use. I have no doubt that much care is taken in the laboratory to insure safety, but the power for good or evil in any substance can not be seen in the laboratory with a microscope or even with a spectroscope nor by any chemical process, but it shows itself very readily when these preparations and serums are injected into the human body. This, then, is the serum injected subcutaneously into the sick to cure their disease.

There can be no doubt that such a serum, injected directly among the nerve-filaments, the blood and lymph circulation of the human organism, placed where the snake in biting deposits its venom, where the human system is unprovided to defend and protect itself against harm, must be very injurious, contaminated as it is with the injected germs of disease, the chemical preservative and any disease the animal may have suffered from before the injection was made.

What wonder, then, that it causes death not only, but long suffering as well, by producing cancer and other slowly fatal ills.

To inject such foul mixtures under the skin, in among the nerve filaments and blood and lymph circulation, just where the snake deposits its venom with its bite, where the organism has nothing to defend and protect itself against harm, is a harmful and really unscientific practice.

It is the height of folly to think that any serum or vaccine, produced in this artificial manner, can even in the slightest degree approach the effect of any substance nature may produce in the living, though diseased human organism for its own protection or cure.

If this method of treatment has any claim to being scientific, it must obey an universal law, must be applicable to all forms of disease, or disturbances of the health; this it is not, nor never can be. Where is the serum, or vaccine, for epilepsy, chorea, scarlet fever, measles, nephritis, hæmorrhoids, fistula, warts, burns, or other mechanical injuries?

Furthermore the serums cannot be uniform for they are taken from various animals and pass through various laboratory processes.

The law of homœopathy is ever the same and can be applied with equal certainty of success to all forms of diseases and derangements of mankind, and its remedies are derived always from the same source, plants, minerals or animal poisons which are always uniform and can be employed with the greatest success in all forms of illness, from the slightest to the most grave disease, for it is a law of nature.

Again, the serums and vaccines are injected into the sick for the name of their disease: Antitoxin for diphtheria, antityphoid serum for typhoid fever or even its prevention and, whereas, in reality no two cases of disease can be exactly alike, can certainly not be cured by the same remedy. It is like giving suits of clothing all exactly alike in size, shape and style to every person by the name of Smith and expect them to be perfect fitting, an evident absurdity, and this despite the fact that the disease cannot be cured nor treated, it is the patient who is to be treated and cured. Disease is not an entity, does not exist by itself. It is simply a derangement of a person's healthy functions and we all know that no two individuals are exactly alike nor even similar in all respects; that which will nourish one may make another sick, what will cure one may kill another.

SEQUELÆ OF THE SERUM AND VACCINE TREATMENT.

Advocates of this foolish treatment admit themselves: That heart-murmurs, paralysis, nervous symptoms, etc., have been seen by themselves to follow it often and quickly. I myself have had children patients with trachoma, with nervous restlessness, loss of appetite, cessation of growth and development, follow quickly, undoubtedly due to vaccination. There certainly must be later effects, dullness and confusion of the mind and grave diseases which are connected immediately with such maltreatment, but might be easily traced back to it.

And yet the treatment is persisted in because it is easy, requires no time for study, any medical novice can give it and if he did not know how, the manufacturers will tell him in a few words and he can ever after inject antitoxine for diphtheria, etc., etc. It does not even require any common sense, good judgment or sound reasoning. It is continued because the public, untrained in matters medical and not given to think much on such matters,

believe in it, the press lauds and advertises it freely with the same lack of knowledge, believing that each disease is a fixed entity, always the same, according to its name, hence can always be treated successfully with one and the same remedy.

All efforts in the laboratories are bent to finding the germ, the supposed cause of the disease, making a diagnosis accordingly and then to mankind a serum from these same germs, the presumed cause of the disease, to cure it. But diagnosis helps very little in healing the sick, which should be the chief aim of the physician and of medical science. The knowledge that the patient is suffering from diphtheria, pneumonia, scarlet fever, measles, small-pox, does not aid one iota in finding the curative remedy for each case, for the remedy which cures one patient of diphtheria may kill others for no two patients are affected alike by the same malady. Preventive medication is impossible for we do not know in what way or by which disorder a person may be attacked. If anyone is given a remedy, for example, for scarlet fever because one of the family is suffering with it and the one so treated does not suffer from this same scarlet fever, it is no proof whatever that the remedy prevented it, for he might never have been taken with the disease though he had received no preventive whatever. The folly of prophylaxis is easily seen if it is only considered that each disease or each patient would require a prophylactic and then think what would become of a person treated with all of them at once to protect him from all diseases. The only protection against disease must be found in proper modes of living and sanitation. Not at all in medication.

STATISTICS.

Statistics have been cited to prove the good results of the serum and vaccine treatment. But what are statistics? A few correct and truthful statements perhaps, but largely mixed with errors and self-deceptions in failing to take into account all the features of the cases, nor all the attending conditions and circumstances, as I shall show in a few examples and positive fabrications and willful lies, uttered and published for the sake of money or renown.

I can furnish proof of two cases of diphtheria, treated with antitoxine and pronounced cured because their throat cleared.

Both died within three days later from paralysis of the heart. Statistics are silent on this fact.

A hospital patient was treated with serum and became much worse. Another case, seemingly identical with the first, was to be treated with the same serum, but no more being on hand he received no treatment and this patient improved without any treatment. The next day a physician of the visiting staff called at the hospital and was informed by an interne that the improvement was due to an injection of serum. The honest nurse, however, told the visiting physician the truth that no serum had been used, could not have been used, as none was on hand in the hospital even then. The equally honest physician remarked that serums were a failure, even harmful.

During the Spanish-American war typhoid fever carried off many of the soldiers in the camps on account of unsanitary conditions, impure drinking water, embalmed beef, etc. Some time later a so-called antityphoid serum was made and this was injected in all soldiers and men of the navy, such as were unwilling to submit to this treatment were locked up till they submitted (this is a sample of the much vaunted American freedom). Statistics furnished by the Surgeon General of the Army state, thirteen years later, that the antityphoid serum injections had been so effective and beneficent that in the camps around San Antonio, Texas, not one per cent. of all the soldiers had died from typhoid fever. Nothing was said of the fact that these camps were established in the most up-to-date and sanitary manner possible, supplied with plenty of good water and food and in time of peace. That the health of the men so treated is not as robust as before, that they are more nervous and take cold much easier from which they recover but slowly even under good homœopathic treatment and blunted intellectually, of the facts no mention is made. The disastrous results of this treatment often following years later are not followed up, not observed.

A lady, 38 years of age, single, had always enjoyed the best of health till attacked with diphtheria. Her tonsils and palate were covered with a white glistening membrane, which began on the left side and attacked the right side of the throat; on swallowing the pain extended to the ears. I have cured any number of such patients in five days completely. But here a throat

specialist was called who injected a serum in both arms. The next day the throat was clearing up, but this was no cure, the disease was only driven to more vital parts, the nerve centers, all her limbs were numb and paralyzed. When the specialist was asked if this could be the result of the treatment he stoutly denied it. But had the patient been properly treated and cured this could not have happened. But worse was to follow still; a few days later she became violently insane, suffering from a monomania. I attended this lady myself after this.

Another lady, 35 years of age, single, an artist, took cold after coming out of a Turkish bath, was treated by injections of serums, till all the glands of the body enlarged. Seeing this was no warning to the attending physician he continued the injections until she died suddenly. I have personal knowledge of this case.

An officer of the U. S. Navy, like all naval men, had to submit to the treatment with antityphoid serum. Before this he he was always strong and healthy, rarely ever had a cold and if he did got well without any treatment and quickly. He takes cold very easily now and does not recover as heretofore, it requires much time now for his recovery even with good, careful treatment, and is very nervous ever since.

Bacteriologists in the Rockefeller Institute claimed to have found the germs of infantile paralysis and prepared from this a serum for its cure. It caused six deaths in Cincinnati, Ohio. This was announced in an old school journal, but the discoverers of the germ and the serum stoutly denied the serum to be the cause of the deaths. Naturally not.

A man kissed his little daughter before going to business in the morning. Two hours later, learning that the child had diphtheria, he called at his physician's office to have antitoxin injected in himself as a prophylactic. The injection was given and he died in the doctor's office a few minutes later.

Such examples could be multiplied, but this paper is already too long.

And this absurd method of treatment, which attempts to cure disease (a thing that has no existence by itself outside of the patient, according to its name, but entirely ignores the patient, the very and only one to be cured), is thoughtlessly en-

dorsed by physicians high in government offices, who are blinded by the glitter of so-called scientific laboratory proceedings and its ease of application and enforced upon a liberty loving people against their will and without their consent in violation of the Constitution of the United States, which guarantees personal as well as religious liberty to every law abiding citizen.

Yellow fever, which years ago devastated Havana, Cuba, was extinguished when a great sanitary engineer, Colonel Waring, was sent there by the U. S. Government. He caused sewers to be built, enforced cleanliness, collection of all waste, garbage and refuse and its destruction. Who ever heard of an anti-yellow-fever serum or vaccine?

It was sanitation alone which prevented the return of yellow fever there.

CLINICAL CASES FROM WASHINGTON.

By Dr. A. A. Pompe, Vancouver, Wash.

January 1, 1917, was called to White Salmon, 60 miles up the Columbia river, to see a girl of 11 years old, who was taken down violently with inflammatory rheumatism. She could neither lie still nor move on account of excruciating pains. Both feet were drawn inwards. Pains were shifting, worse from heat. Urine scanty and dark. Pains in all the joints. Gave one dose of *Apis mellifica* in the form of medicated pellets, No. 5. She stopped her screaming inside of two minutes and all the time, while I was there, some five hours, she remained quiet, could lie still and move herself more or less before I departed. I left a couple of extra powders and plenty of placebo, the powders to be given whenever improvement stopped. These were given during the first week, at the end of which time she was able to sit up and improvement continued so that she was entirely cured in two weeks' time from first day of illness and able to go to school again.

Last summer, in June, noticed a pale slender woman of dark complexion talking to a friend of mine and observed in the middle of left cheek two long horny, sharp, spindling warts hanging down. Immediately I put up one small powder of *Causticum* m., put it into a small envelope with direction: "Take at once,

dry, on the tongue, with the compliments of Dr. Pompe." This I gave later to my friend, requesting him to hand it to this woman and told him it was a dose of medicine to cure the warts on her face.

Only one month ago did I learn the result when my friend's wife came in for a prescription. On inquiry she told me that one wart came out, root and all, the third day, and the second one the fourth day. She was a much surprised woman, had never thanked me or let me know the warts were gone. She used to cut them off every now and then, which always caused profuse bleeding.

A girl of 17 consulted me about numerous small, round, pinkish, isolated warts all over her forearms. Selected *Calcarea ostrearum* m., after which no more warts appeared, but none disappeared. After six weeks gave a dose in the c. m. potency, but this also failed to remove any of them. The next prescription was *Silicea* m., because the girl always felt chilly. This removed every one of the warts, but do not know what time it took.

A boy of 16 had numerous rough, large warts on both hands. Always had more come during cold rainy weather. Prescribed *Dulcamara* c. c., which removed only part of them. *Dulcamara* m. did not remove any more. Gave *Thuja occidentalis* m., which had no effect. Next *Rhus toxicodendron* m., which removed the rest of them. Remedies were given in single doses, of course.

A mare had one large wart, size of a fist, on her ribs and one of same size on the groin close to mammary gland, which, in locomotion, caused bleeding and suppuration from the friction. Three small powders of *Thuja occidentalis* m., regular baby powders in size and quantity, with instructions to give one whenever improvement stopped, removed both warts in a few weeks. They simply got smaller and smaller until they disappeared entirely.

Four or five years ago a woman came with three suppurating warts on her face, expecting me to cut them out. One dose of *Thuja occidentalis* m. removed all three in one week.

A woman at Vancouver, B. C., had warts come on ends of fingers, close to nails, and very painful. Their allopathic phy-

sician had to cut away part of thumbnail to relieve pressure, for the pains extended clear up to her shoulder. He applied some corn salve to deaden skin. Her brother-in-law advised writing to me for internal remedy to which patient agreed. One dose of *Causticum* m. cured permanently in two to four weeks.

In 1906 a man in the fifties or sixties came with a large, round, smooth, flat, flesh-colored growth larger than a 25 cent piece. in the middle of his forehead, asking if I could do anything for that. He was employed as a horse inspector by the U. S. Government, at the military post here and the army surgeon had wanted to burn it with the X-ray. This growth would enlarge every time during cold wet weather. Selected for him *Dulcamara* c. c., three powders, with instructions to take one two weeks apart. After one week's time he came to see me and I saw that the outer edge had turned black. I then directed him to not take any other powders as long as he noticed improvement. The next day I departed to take a post-graduate course at the Hering and do not know if this man took any of the other powders, but my wife wrote me six weeks later that Mr. B. requested to know what his bill was for the growth had entirely disappeared.

Could give many more similar cures of warts.

In my practice have found *Mercurius solubilis* in higher potencies more frequently indicated in toothaches than any other remedy and have seen all pain stop more than once in one-half a minute; of course, like any other remedy, it must be indicated.

Many chronic and serious skin diseases or more properly stated "manifestations of disease thrown out to the surface," have I seen disappear like snow before the sun after one single dose of medicine in a high potency, but it takes more after several. To apply any local treatment, as is so often recommended, even by teachers in homœopathic colleges, is assuredly wrong and contrary to homœopathic principles.

It is better to strive to find the correct remedy for each patient, even if we fail in some cases and lose prestige, money and perhaps practice than to resort to nostrums, which do not cure, but suppress nature's efforts to relieve the internal man. Besides it is deceiving the patient and degrades us in our own estimation and earns us the contempt of every Homœopathist who understands Homœopathy.

Let those Homœopathsists who only use the lower potencies reflect on the meaning of the word "Potency." They can never succeed to cure deep-seated chronic ailments unless they learn to use and prescribe our remedies in the "Greater Powers."

GASTRIC AFFECTIONS.

By Dr. G. L. Barber, Chicago, Ill.

Pains: Pressure, periodical, increasing, violent, always worse after a meal; violent, burning, worse touch, better motion, night. Abate on sixth day. *Arsen.*, one dose, repeated in three months, relieved these chronic symptoms.

Pains: Violent vertigo, balancing to and fro, fullness, pressing forwards, burning heat, sore pain, face bloated, hot, red, sand-pressure in eyes, eyelids swollen, headache, bloating, tension, stiffness, tearing drawing, worse slightest pressure, stool suppressed ten days, menses suppressed. *Bryonia*, one dose cured.

Pains: Flatulence excessive, rumbling, distension, pinching, excessive heat, fullness, bursting sensation, oppressed respiration, risings of air, food excites the pains, chilliness, torpor, obstruction, nosebleed, worse stooping, worse pressing at stool. *Carbo veg.* cured with one dose.

Pains: Vertigo, vision obstructed on motion, chest feels tight, unable to breathe freely, pressure, scraping, burning in stomach, repletion, pressure on eating, pinching, rumbling, grunting, thin frequent stool, involuntary urine, half-sleep, cold, chilly internally. *Cicuta* 9th, one dose, cured these chronic symptoms in an old man.

Pains: Gnawing in stomach after eating, pressure as from stone rolling, cramp-like drawing, pains start in pit of stomach, go to upper abdomen, back, kidneys, burning, gnawing, tingling, sticking, pinching, develop rapidly, with stools of yellow, greenish water, or frothy, green water, no pain, frequent, gush out with force. *Gratiola* gives, in a few days, more relief to hypochondriacs with abdominal sufferings than any other remedies.

Pain: Distension of stomach, burning pressure, aching, spasmodic drawing, cutting, rumbling, tension, tenesmus, scraping

in throat, heartburn, rising of air, pressure, tension in forehead, drawing, pressure in occiput, drawing in arms, bloatedness, gurgling, sensation of rope tied around body, worse stooping, bending back, inclining to right side, worse breathing, walking, afternoon. *Nux vomica*, two doses.

Pain: Frequent drawing in hypochondria, body stiff, distension scrobiculous cordis, and stomach, pressure, throat distended, chest oppressed, trembling, on inspiration cannot get breath into chest. *Calcarea carb.* cured.

Pains: Intense, aching, umbilical region, distension, pressure, stomach, burning, breathing oppressed, chronic. *Nux vom.*, one ten thousandth, one dose.

Pain: Violent stitches, right side, forenoon, ribs, side curved by contraction, hard nodosity, short oppressed breathing, face hot, red, right side, violent stitches in right temple, tenesmus, violent pressure on bladder, violent burning in urethra, bloody drops of urine. *Nux vom.* 6th, one dose, cured these gastric symptoms.

Pains: Vertigo, vanishing of senses, roaring in ears, anxiousness, trembling, pressure in stomach, flatulence, distension, menses eight days early with weakness, asthmatic constriction of chest. *Nux vom.* 18th, one dose, cured these symptoms.

Pains: Violent, cutting, whirling in umbilical region, alive, turning sensation, sore in abdomen, periodical, better at night, increasing to a swoon on stooping. *Nux vom.* 12th, one dose, cured.

Pains: Slight pinching, rumbling in abdomen, tension, slight pressure, stitching headache, contractive sensation in stomach, in morning, menses early, scanty, weeping. *Nux vom.* 30th, one dose, cured.

Pains: Constant headache, periodical stitches in temples, vertigo on stooping, roaring, distention, repletion, uneasiness, flatulence, stool hard, pressure from above down, oppressed breathing, shocks arising from pit of stomach, constant pressure on sternum, exhausting morning sweat, all symptoms worse morning, exercise, open air. *Nux vom.* 30th, two doses, cured.

Pains: In loins during motion, weakness in hips and left thigh, constant feeling of heaviness in abdomen, pit of stomach

and abdomen distended, blue margins around eyes, weight of head, melancholy. *Nux vom.* 30th, three doses, cured.

Pain: In head as from subcutaneous ulceration, vertigo, straining pain in nape, to top of head, humming and roaring, ringing of bells, tingling, tearing in right ear, tearing and drawing in both rows of teeth, pressure in pit of stomach, excessive anguish, worse night, pinching, cutting in abdomen, pressure in bladder, shortness of breath, pressure in pit of neck, single stitches below sternum, violent on pressure, violent stitches in back, neck, chest, every four weeks, violent beating of heart, at night, anxious, vehement, quarrelsome. *Nux vom.* 30th, one dose, cured these complicated symptoms.

Pains: Boring, drawing, back, thighs, from suppressed herpes. *Sulphur* 30th, restored eruption.

Pain: In pit of stomach, as if two stones were being rubbed against one another, sensation of a heavy lump in abdomen, chronic pain in the left hypochondrium and back. *Sulphur* 30th cured.

Insanity, long standing, imagines she has syphilis, and says to the doctor: You remind me of an old grey-headed multimillionaire, etc. *Sulphur* 3 millionth, Finke, three No. 5 pellets, B. & T., with placebo, cured in two weeks. An eruption of brown, thick scabs was thrown out on the face when sanity appeared and remained.

I cite this case to prove Hahnemann's doctrine: "You can scarcely get the dose too small."

SOME FACTS FOR THE READER TO THINK ABOUT.

By Eli G. Jones, M. D., 879 West Ferry Street,
Buffalo, N. Y.

I have had agents for medical books call to see me (mostly of the regular school). They always say, "Now this is the last word on this subject, written by a man at the head of the profession," etc. After I have listened patiently to their talk, I ask them "to show me one disease in the book where there is a definite treatment given that will cure the disease, or give a *definite* indication

for the remedies prescribed for *any* particular disease." That kind of talk makes them very *tired* and they soon "fade away." When they want to damn a man they call him a "*Homœopath*." They will often say, "You are a Homœopath, I should think, and don't care to enter into any argument with you." You can be very sure that they don't want to argue with ME, for I *know too much* about old school remedies. I practiced that system as long as my *conscience* would let me, and know *too much* of the *inside* history of *that* school of medicine.

I hear, now and then, of a woman having her uterus and ovaries *cut out*. After a woman has been *mutilated, unsexed, degraded*, she is *not* a woman! WHAT IS SHE? Cystic tumors of the ovaries, enlargement of uterus and ovaries, fibroid tumors of the uterus, ulceration of os uteri, and cancer of the uterus *can be cured by medicine*. There is no *earthly excuse* for a surgical operation in such cases. It is *mutilating God's image!*

Surgery in such cases is the last resort of an *incompetent* physician, he proceeds to *cut out* what he *can't cure by medicine*. Any man who would *mutilate* a woman in that way should be *prosecuted for mal practice!*

In April I was invited to attend the Eastern Ohio Homœopathic Medical Society, at Akron, Ohio, and give them a "practical talk on prescribing for the sick." On the evening of April 17th, Dr. E. J. Cauffield, president of "The Summit County Clinical Society (Homœo.)," gave a banquet to the members of that society, at the University Club. Covers were placed for eighteen guests and the writer was the guest of honor. He was also elected honorary member of the society. As this is the *first* Homœopathic Medical Society he has ever been a member of he *feels highly honored!*

The above society was founded by Dr. Childs, formerly resident of Akron, and one of the early fathers of Homœopathy in Ohio. On April 18th. The Eastern Ohio Homœopathic Medical Society and The Summit County Medical Society (regular) met in joint session at "The Peoples Hospital." The Summit County Medical Society had placed at their disposal the "Assembly Rooms" for the meeting. The above society showed a spirit of liberality and courtesy that other medical societies would do well to emulate.

“Tis well at times,
To break the lines of rigid separation,
To wander from the beaten paths,
By way of social meetings.”

I fully *appreciate* the kindness and brotherly love of the physicians of Akron, Ohio.

Dr. Charles A. Dixon kindly placed his automobile at my disposal. I also saw some cases in consultation with him and Dr. Kneale. A part of the time I was the guest of Dr. W. E. Kneale. The doctor and his wife were as *kind* to me as if I had been their *father*. He has a *lovely* wife and three *beautiful* children. I was not very well a part of the time so the doctor was *especially* kind and sympathetic; he accompanied me as far as Cleveland, on my return home, to see that I did not get sidetracked or fall by the way. The doctor is a “Brother Mason, good and true.”

“All brother Masons, brothers kind and true,
When you are in trouble they will stand by you,
Across the seas, where'er you go, or in your native land,
Where'er you find a Mason, you will find a helping hand.”

The average doctor goes to an obstetrical case with visions of turning abnormal presentations, convulsions, flooding, instrumental delivery, etc. He expects trouble and he generally gets it. If I would put a gun in my pocket and go down street looking for trouble, I would get it before I had gone a block! One thing he seems to forget, that childbirth is a *natural process* of nature and that meddling midwifery is bad, and in *most* cases entirely uncalled for. The young doctor is impatient, he is in a *hurry*, he can't wait on nature, but he must “butt in” and make a “play to the grand stand.” He tells the husband all kinds of ghost stories of what may happen if he *don't* use the instruments, and, incidentally, to collect an *extra fee!* He is prone to inject some kind of “dope” into her so she won't feel the pain. The pains are not *strong* enough to suit his notions so he gives *Ergot*. That remedy produces *powerful contractions* of the uterus, and has *killed thousands of babies!* The use of instruments at confinement is the cause of 60,000 women in America having *cancer of the uterus!*

In all the years of my practice I never had a pair of obstetric forceps in my possession or had occasion to *use* them in my confinement cases. One of my teachers on obstetrics had the largest obstetric practice of any physician in Philadelphia and in thirty years' practice never used the obstetric forceps.

Another of my teachers of midwifery in thirty years' practice never used the forceps in confinement.

During the years I attended confinement cases I never lost a woman *in*, or *after* childbirth, and I had over 300 cases.

Our medical colleges should teach their students *how* to *prepare* a *pregnant* woman for her "hour of trial" and thus *avoid* floodings, convulsions, etc. They should be taught how to influence the *child* through the mother *during pregnancy*, and thus have children that are mentally and physically *well born*. What our medical colleges *don't teach* and what they ought to teach their students would fill a *large sized book!*

I have had letters from professional nurses and women in several of our towns and cities, asking me for a "*reliable* treatment for child bed convulsions." They wrote me that "the physicians could not cure such cases, that the women died from the fits." In those towns and cities are physicians of all schools of medicine. I would suggest to those physicians that they should diligently and prayerfully study their *materia medica*, and get "more light!" *Don't* let the undertakers *thrive* on *your* failures to CURE your patients.

Once upon a time in the city of Buffalo, N. Y., they had an epidemic of la grippe. A reporter of one of the newspapers was talking with an undertaker. The latter made the remark that he had "not had to bury any cases of la grippe from a Homœopathic physician." The reporter investigated the matter and he found that not an undertaker in the city had a death certificate from a Homœopathic physician from la grippe. Our Homœopathic friends may now proceed to throw bouquets at themselves!

A regular medical society met in Philadelphia, not long ago, and they decided that there was "no cure for la grippe and that the best thing that a sufferer from that disease could do was to get out in the cold air." Those of you who have had a dose of the la grippe, can tell how it *feels* when the *cold* air goes up in *your nose*; you will be ready to *damn* any man who suggests *cold* air as a *cure* for la grippe.

A surgeon in the Canadian army going over seas, to take part in the great war, writes me that he wants a treatment for gonorrhœa, "The surgeons can't cure it in less than forty-one days." The surgeons treat the men about the same as in our Civil War, fifty-four years ago, Calomel, Quinine and Digitalis. If a man is sick he must, first of all, be *scoured* out with Calomel. If he has a diarrhœa Laudanum is the remedy. The doctor says that they "are only allowed thirty pounds of baggage," so he picked out two medical books to take with him, "Blackwood's Materia Medica," and "Definite Medication" (Jones). During the Civil War the Surgeon General of the army made the statement that "Calomel killed more soldiers than the enemies' bullets." Now we can see from the above treatment of the soldiers how much progress has been *made by the old school in fifty-five years!*

"Oh, wad some power the giftie gie us,
To see ourselves as ithers see us."

SIXTY-FIFTH ANNUAL MEETING OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Reported by Dr. ———

The Sixty-Fifth Annual Meeting of the Homœopathic Medical Society of the State of New York was held in New York City on April 10th and 11th. The opening business session, as well as the scientific session, consisting of an oration in medicine by Dr. W. H. Watters, of Boston, and an oration in surgery, by Dr. H. L. Northrop, of Philadelphia, and a propagandistic session contributed by Drs. W. A. Dewey and C. E. Sawyer, was held in the Convention Room of the Hotel McAlpin on Tuesday afternoon.

Hahnemann's birthday, April 10th, was appropriately celebrated by a banquet, held in the ball room of the Hotel McAlpin, at 7 P. M. Two hundred and thirty-three diners enjoyed, to the full extent, the remarks of the President, Dr. G. R. Critchlow, and the speakers, Drs. W. W. Van Baun, W. A. Dewey, R. S. Copeland and E. C. Sawyer. It has been seldom the privilege of medical men to listen to toasts all responded to by their own brethren, and all so eloquently.

The second day, Wednesday, April 11th, was spent at the Metropolitan Hospital, where twelve clinics, embracing medicine, surgery and the various specialties, were conducted by out-of-town physicians. Lunch was served at the Nurses' Home of the Metropolitan Hospital by the Medical Board of that Institution. At this luncheon, the Deputy Commissioner of Charities, Mr. Wright, spoke appropriately and Dr. Rankin, President of the Medical Board, welcomed the guests.

The details of the meeting were arranged by a Local Committee of sixteen, of which Drs. F. M. Dearborn was chairman, B. B. Clark, secretary, and J. H. Fobes, treasurer.

This meeting probably stands as the most successful the New York State Society has ever had, nearly four hundred different physicians being in attendance at one session or another. A gathering of two hundred and fifty witnessed the clinics at the Metropolitan Hospital, and, as a result of the efforts of the Institute officials present, a resolution suggested by Dr. Sawyer making federation between the American Institute of Homœopathy and the New York State Society immediately effective was unanimously passed.

Drs. F. M. Dearborn, New York; W. A. Dewey, Ann Arbor, and E. C. Sawyer, Marion, Ohio, attended the May meetings of the State Societies of Ohio, Michigan and Illinois. They must have done some hustling to get around, but they are hustlers. They report enthusiastic meetings and all for "federation." Good thing, that federation.

ANOTHER ATLANTIC CITY MEETING.

The New Jersey State Homœopathic Society met this year in Atlantic City, May 24-26, at the Chalfont, of course. The RE-CORDER's scribe took a day off on the 25th and went down there to say "howdy" to old friends and new and to pick up anything that came handy—in the way of items and papers for the journal, of course.

The impression left by this day with the good men and true of Jersey was The American Flag and Aggressive Homœopathy, both marching on.

This meeting was one of "features" or "attractions." Dewey was there on Thursday with his picture show, but had departed for California before the scribe arrived. In the morning of Friday came Dr. E. C. Sawyer, of Marion, Ohio (and proud of his town), and in the afternoon good looking and genial President, Dr. C. F. Hadley, of Camden, N. J., caught Major Gordon, better known as "Ralph Connor," the writer of novels, who gave us an interesting talk on the war.

On Saturday the attraction was to be the man that every one thinks is our coming President of the Institute, Dr. Frederick M. Dearborn, of little old New York. He seems to have a host of friends. We heard him mentioned by men there by his full and formal name and title, also as "F. M.," "Fred," "Freddy" and "Fritsie."

Well, Sawyer gave us a rattling and inspiring address, with never a note or bit of manuscript or halting for the proper word. Indeed, it struck us that the speaker could get a job as a "spell-binder" from any of our political parties if he wanted one.

As for Sawyer's address we can but quote from memory a few points that stick there. This was the 21st State Society addressed since the speaker, with Dewey and Dearborn, started out on the great campaign for Homœopathy. Every society had promptly swung into line with the work. (New Jersey also did so as soon as a vote could be taken.) He emphasized the fact that Homœopathy is a power in the land and can become very influential if we all loyally and heartily fall into line. A year ago we had \$38,000,000 in actual institutions and, during the past year, a full \$2,000,000 had been added. Homœopaths are among our busiest and most popular physicians, but they should take time to do their duty to the public, the national, State and local societies. Money, he said, is one of the easiest things to get in this country if the cause is righteous, but what is wanted is whole-souled men to work, men enthusiastic and aggressive. We must *demand* our rights and we will get them if we go after them collectively. When the business headquarters of the Institute were opened in Chicago there were found over 700 delinquent members; they started after them and over half are back in the fold and the others are coming fast. Also, at Rochester, he believed

there would be 500 new names offered for membership. Told an instance of the necessity even from purely selfish motives of being in good standing in your State society and in the national body. A certain man thought he had outgrown Homœopathy; he applied for membership in a certain rather exclusive body, but one that takes in homœopathic surgeons as well as others. The first inquiry always is as to the candidate's standing in his State and national societies. This man hadn't any, simply because he had dropped out; he came back, got his standing established and then was taken in. This was only one of several instances related, showing the power of organization and the helplessness of the man who stands alone. Homœopathic writers also got a swipe from the speaker, those writers who fill their papers with quotations from old school men. Why, he said, we have thousands of men who are the peers and the superiors of the old school men, so why be always going outside for your authorities? We now have a new order of things. We are not promising to do things if we can, *we are going to do them*. All told, it was worth a trip to Atlantic to hear this stirring, aggressive and Homœopathic address. The whole of it might be summed up in: Get Together and be Homœopathic Physicians.

Of a totally different nature was the short talk given by Major Gordon, otherwise "Ralph Connor." He had been with the Canadian troops at the front, and we all know that these troops were where things were hottest. His principal topic was the doctors and their real heroism. At one place, a "receiving station," we believe he called it, just back of the firing line, there were over 2,300 shot-up men brought in in one action, and these doctors worked without rest or sleep for 48 hours, two days and nights. Also many other instances. He concluded with a few statements that had a very sobering effect on all of us. He said that the Americans must not get the idea that their part in this war will be an easy one and Germany a power that you can whip "with one hand tied behind your back. It will require all your power—men, money, provisions and munitions." Also do not deceive yourselves with the notion that there are dissensions among the Germans, for never was there a nation so knit together back of their leader. But, so are the allies and so must be the Americans.

What Major Gordon said about the need of doctors—he did say it though we have not mentioned it—reminds us of something Sawyer said to the same effect when urging the need of physicians offering their services to aid their country. He said the country is actually “hard-up for doctors,” owing to the increasing burdens put on medical students, so that a medical graduate can hardly expect to become self supporting before the age of 33. That, as you know, has been one of this journal’s hobbies. As our “C. M.” showed some months ago the country’s answer to this fearful grind on medical students is a host of chiropractors and others.

The Society adopted a resolution to the effect that the members pledged themselves to take care of a brother physician’s practice who had been called to service in the army, and to turn over to him what was collected from his patients on his return, or the net profits. Also another resolution offering the services of the members of the Society to the Government.

One ticket for officers for the ensuing year was presented by the Nominating Committee. It was headed by Dr. J. H. Bryan, of Asbury Park, for President. Dr. Bailey, of Atlantic City, cast the single ballot—and there was no contested election.

When Dr. Cornell, of Trenton, made his report on legislation, to the effect that no medical legislation had been enacted during the past year, Dr. J. H. Bryan related an incident that may be of interest. He brought suit for a bill, but was non-suited because he did not produce his diploma, or his license, which he had received 24 years before. Seems to us that this is a legal point worth looking into by our legislative committees.

From one of the few discussions heard the scribe relates the following by, we believe, Dr. H. L. Maps, of Passaic. In brief, he said that in feeding a typhoid patient he would rather give them corn beef and cabbage than milk, which latter diet he thought was the worst diet that could be given, because while it entered the mouth as a liquid it became solidified when in the stomach. He even went so far as to express the belief that the majority of cases of typhoid perforation were caused by a milk diet.

Well, gentle reader, as this may seem like a rather long non-official report of a single day we will chop it off right here.

THE CAUSE OF POLIOMYELITIS.

Eleven of the broad, big pages of the *British Medical Journal* are taken up by a recent article on the cause of cerebro-spinal fever, Drs. Gordon and Flack being the writers. In this paper it is taken by the writers as a fact that the meningococcus is the cause of the disease, and healthy persons are responsible for the spread of the cause. At least they open their long paper as follows:

In the present as in past outbreaks of cerebro-spinal fever, where bacteriological investigations have been made, convincing evidence has been found that the main factor in the spread of this disease is the healthy carrier who harbors the meningococcus in his nasopharynx, whence it is liable to become detached when he sneezes, coughs, or possibly when he articulates loudly.

Dr. Stedman, in his Dictionary, learnedly informs the inquirer that a "meningococcus" is a "*diplococcus intra-cellularis meningitidis*." If you ask what that is you are learnedly told that it is a "meningococcus." The learned gentleman have not yet succeeded in getting out of this tail chasing circle, no matter how fast they chase it.

If a plain man asks a learned man "*what is a meningococcus?*" the learned man will, probably, by a shrug of his shoulders, politely convey the opinion that you are a boob who ought to study modern medical science. But, really he doesn't know himself. He has discovered that it is never—well, hardly ever—absent from the disease, and, therefore, gravely assumes that he has laid hold of the tail of the cause of the disease and proudly holds up his game by its tail to an admiring world, and then asks that all sorts of things be done to protect the public from the dragon he has smoked out and that he be given the job of doing the protecting.

Being an honest, if enthusiastic, man, he soon finds his "cause" of cerebro-spinal fever, and of all other diseases, scattered helter-skelter throughout healthy humanity. This is a staggerer, but, like the world renowned Dr. Sangrado, he clings to his great discovery and invents the "healthy carrier," an invention that offers more openings for tyranny than did the much talked of "inquisition," for, as a matter of fact, there is hardly a human being

from the bacteriologist down to the tramp on whom the man with the microscope cannot find "germs," therefore he is a "menace," therefore he should be "restrained."

To be sure not much of this sort of thing has been done as yet, but immense possibilities are involved in it. Let the big medical journals work it up and the big newspapers follow it up as a sensation, any man can be branded so as to be avoided as "carrier," or, in other words, a modern leper. But is disease spread by "carriers," not in their clothing, but, as Drs. Gordon and Flack say, by a "carrier?" No, it is not, for disease is the result of violated Law and not a created thing.

Good Lord, the world needs cool headed, sane and rational Homœopathy as never before!

CANCER NEEDS A CONSTITUTIONAL REMEDY.

The following is from a paper, "The Real Cancer Problem," by Dr. L. Duncan Bulkley, of New York (*Medical Record*). It is, in the main, sound doctrine. And what can reach that deep "systemic change" but the homœopathic remedy? Seek the patient's symptoms, peculiar symptoms, and do not be afraid to give the remedy indicated even though never dreamed of as "a cancer remedy:"

"What then is the real problem of cancer? Surely it is not to increase the surgical activity, which has resulted only in a steadily ascending scale of mortality, which in reality is greater than that observed in any other malady! For the increase in the death rate from cancer throughout the United States from 1900 to the present time has been coincident with the greatest activity both in laboratory research and in the advanced surgery of the disease. I repeat, is it not time for us to stop and consider whether our laboratory work with the microscope on morbid tissue, and our experimentation on rats and mice, are truly serving to solve the real problem of cancer? Or whether we had not better turn our attention to human beings, and by careful clinical study of our patients discover where the fundamental error lies, which first induces the formation of an aberrant cell mass, which we call cancer, and then continually feeds

it by the same deranged blood stream, so that it becomes utterly uncontrollable and invades and destroys other tissues; while at the same time the anæmia, pernicious and progressive in character, gradually saps the life of the patient, to a lethal end. For repeated and most careful laboratory studies have demonstrated great and significant changes in the blood in cancer. I hope to satisfy you that the mass which is excised is only the *product* of a far deeper systemic change, which has probably already produced other, more or less similar, masses or deposits elsewhere, in the bones and internal organs or lymphatics. So that surgical removal of the one often stimulates the development of others."

The *Journal of the A. M. A.*, commenting on H. G. Wells' *Tono-Bungay* or the history of a patent medicine, says: "It has been conservatively estimated that each year the United States spends \$150,000,000 for nostrums. This is called 'waste futile yet monstrous; waste of money, waste of efficiency, waste of health, yes, waste of life itself are the indictments that stand fairly and squarely against the great majority of patent medicines.'" Where the "waste of efficiency" comes in is not clear, but, probably, *Jama* knows, or thinks he does, which is sufficient for an editor.

About twenty-five years ago a book was published giving the prescriptions in all of the big allopathic hospitals for the various diseases. As we remember it the prescriptions of each hospital differed from all the others and in this multitudinous wisdom you could duplicate every nostrum ever put on the market. This says nothing of the private prescriptions which not improbably took on the same Dolly Varden characteristics. So in order to be accurate, financially, as to the waste it would be necessary to ascertain how much money was spent for these prescriptions, which, in composition, run the gamut of the pharmacopœia and often include the patent medicines in their make-up. This sort of thing, "patent" or "regular," is but therapeutic chaos.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Skin Cancer Cured by Grubbé.—It is comforting to read the statistics of Dr. Emil Grubbé, of Chicago, the pioneer of the X-ray in that city. In a reprint sent us he describes 139 cases of skin cancer cured by him, as follows:

- “2 have remained free from recurrence fourteen years.
- 2 have remained free from recurrence thirteen years.
- 3 have remained free from recurrence twelve years.
- 2 have remained free from recurrence eleven years.
- 3 have remained free from recurrence ten years.
- 4 have remained free from recurrence nine years.
- 3 have remained free from recurrence eight years.
- 6 have remained free from recurrence seven years.
- 8 have remained free from recurrence six years.
- 14 have remained free from recurrence five years.
- 20 have remained free from recurrence four years.
- 20 have remained free from recurrence three years.
- 25 have remained free from recurrence two years.
- 27 have remained free from recurrence one year.

A total of 139 cases have remained free from recurrence for more than one year.”

The X-ray was responsible for the cure in all these cases. Read his article in the *Journal of the American Institute of Homœopathy* for May, 1917.

How About Allouez Water?—We are called up by 'phone every now and then and asked what has become of Allouez water. Many may be able to remember when, in 1894, the writer had the good fortune “to cure” (apparently) a case of diabetes with this water, as a result of which he was kept busy for some years explaining why he could not cure others with it. Of late we seem to hear little or nothing about this water, which, taken hot before meals, apparently exercises a beneficial effect upon both thirst and digestion in diabetes. What has become of Allouez?

Sugar in the Urine of Pregnancy.—Since using Benedict's test for sugar in urine the writer has been struck by the frequency with which he finds a small amount of sugar in the urine of pregnant women. In some cases there is enough so that fermentation with the Einhorn instrument shows a fraction of one per cent. of sugar fermentable by yeast and, therefore, not lactose, which sometimes occurs in the urine when the patient is lactating. This sugar, whatever it is, disappears after confinement, any sugar then present being lactose and not fermenting with yeast.

Significance of Uric Acid.—Since the high price of meat has been in evidence the writer has noticed a most signal decrease in the amount of uric acid found by his analyses of urine, which tends to show that at least half or more of the uric acid we used to find was due to meat-eating. Nowadays a ratio of urea to uric acid 30 or lower is rare, and should be of clinical significance, if the patient is not eating much meat, as few now are.

The writer has noticed that in tumors of the sexual organs in women uric acid may be relatively high in the urine, while in pregnancy it is low.

A Simple Test for Renal Function.—There has been quite a little revival of late of the old Albarran polyuria test for renal function and some of the writers insist that it gives surprisingly satisfactory results. It can be recommended, therefore, to those who are not as handy with the hypodermic needle as our friends, the surgeons, who usually prefer the dye tests. The patient is instructed to drink little or no water at the evening meal and also none after it. He urinates before going to bed, as usual. On rising in the morning he urinates and saves the urine voided. Then he immediately drinks as fast as possible one pint of cold water, about 500 c.c. He eats and drinks nothing for two hours after drinking this water and by that time should have voided most of the water drunk, care being taken that he keep quiet and not exercise or work at anything. If he voids 80 per cent. of the 500 c.c. in two hours, he is doing well, so far as the work of the kidneys on time is concerned, and, if the urine voided on rising in the morning has a specific gravity noticeably higher than the urine voided after drinking the water, kidney function

is good. Poor kidney function is shown by delay in voiding the urine after the water drinking and by low specific gravity of the urine voided on rising. In cases of nephritis the specific gravity of the urine voided on rising is often noticed to be low, whereas in the case of young and vigorous men the specific gravity of the urine may be as high as 1030 or upward, on rising, when no fluids have been drunk during the evening.

The Ferric Chloride Reaction in Urine.—If twenty grammes of iron chloride, Fe_2Cl_6 , are dissolved in 80 c.c. of distilled water a solution is obtained which, whatever its chemical constitution, is clinically valuable in that it yields color reactions with certain constituents of urine. This reagent, for example, strikes a wine red color with diacetic acid, when the latter is present in urine, hence is a simple means by which acidosis may be detected whether in the pernicious vomiting of pregnancy, or in diabetes mellitus. In typhoid also the reaction may sometimes be obtained, also in cyclic vomiting after a time.

The ferric chloride solution, as above, is little used by physicians on account of the difficulty of obtaining the iron chloride, which is not handled, as a rule, by apothecaries except in the solution known as tincture of iron or occasionally in the solution known as liquor ferri chloridi. Iron chloride occurs in reddish brown lumps and is readily obtained in the large cities from such firms as Daigger & Co. or other dealers in chemicals. A pound of it will last the doctor a long time and every physician should procure a pound bottle of this substance, which has not been advanced in price to such extent as many of the other chemicals. If the doctor has no scales he can get his pharmacist to make a twenty per cent. solution for him. This solution turns darker with age, but in the writer's experience this does not alter its properties of reacting with urine constituents.

The test for diacetic acid in urine, as advised originally by Gerhardt, is as follows: To a few c.c. of urine add the solution of ferric chloride drop by drop until the precipitate of phosphates ceases, which may be ascertained by letting the precipitate settle after each addition of a few drops, which settling requires about ten minutes' time. When the phosphates no longer precipitate, filter the urine and to the filtrate add more ferric chloride. If

now a wine red color is seen, boil another sample of the original urine and repeat the test. If no color is obtained with the second sample, then diacetic acid was the cause of the red reaction in the first sample. The test may be confirmed by taking a third sample of the original urine, adding sulphuric acid to it, shaking up with ether, drawing off the ether with a pipette and testing the ethereal solution with ferric chloride as above.

The wine red color obtained with the ferric chloride and diacetic acid disappears on standing 24 to 48 hours or fades out very noticeably.

There are several objections to this so-called standard test of Gerhardt. In the first place diacetic acid in severe cases of diabetes may be present in such large amount as to withstand boiling, unless the latter be continued longer than most physicians would have patience to attempt. Then, again, the waiting for the phosphates to settle is tedious, and the waiting for the color to fade is out of the question for most doctors. The trouble is that diacetic acid is not the only substance which in urine may yield a wine red color with ferric chloride solution. The wine red color may be seen whenever ferric chloride is added to the urine of those who have taken certain drugs: salicylic acid and compounds of it, coal tar products, as antipyrin, phenacetin, thallin. In large amounts the salicylates give a purplish-red with ferric chloride which an experienced person learns to recognize, but in small amounts various drug products simulate the wine-red of diacetic acid most confusingly. Alkaline urine gives a reddish precipitate with ferric chloride, due to formation of ferric hydrate.

A ready clinical method of differentiating diacetic acid from aspirin, so commonly used by patients, and other drugs is much needed. The writer has greatly shortened Gerhardt's test by adding three drops of the ferric chloride solution to ten c.c. of urine and holding the test tube above the head against a strong light by which the wine-red color may be noticed at the bottom of the tube without waiting for the phosphates to settle, etc. Normal urine gives a gold-yellow color due to dilution of the ferric chloride with the urine. But drug products give a wine-red color in some cases exactly like the diacetic acid.

The writer has lately made the observation that the wine-red color formed may be changed to a yellow by the addition of a drop or two of a one per cent solution of citric or tartaric acids. But this change of color does not serve to distinguish diacetic acid from drugs.

About the easiest rapid method of differentiating diacetic acid from drugs is to shake the tube after the ferric chloride has been added and to notice the color of the phosphates mixed with the red. In the case of diacetic acid the color, after shaking, appears a brick-red, but, in the case of such drug products as the writer has thus far observed, the color is other than brick-red. However, absolute reliance must not be placed upon this method of differentiation, inasmuch as the writer has not had opportunity to examine a sufficient number of specimens to be sure that no drugs produce a brick-red. The best way to be sure of the reaction is to prevent the patient from taking crude drugs while the tests are being made. Owing to the deceitfulness of diabetics and to their cunning in small matters of concealment this can not always be done. The writer has known a diabetic who was taking acetanilid every two hours for neuritis to deny that he was taking any medicines at all.

On account of the untrustworthiness of diabetics it is important that we experiment with ferric chloride and obtain some short ready clinical method for distinguishing drugs in the urine from diacetic acid. The writer has made a start by observing the interesting action of one per cent. citric acid. Who will go a step further?

In the pernicious vomiting of pregnancy no trouble is experienced as regards drugs since the patient vomits "everything." Hence in the urine of a pregnant woman who is "vomiting everything" the diagnosis of acidosis is readily made by noticing the color at the bottom of the tube when to ten c.c. of urine are added three or more drops of the twenty per cent. ferric chloride, a wine red indicating diacetic acid.

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EDITORIAL NOTES AND COMMENTS.

Ann Arbor's Good Work.—According to its Annual Report the Homœopathic Hospital, at Ann Arbor, Mich., cared for, in 1916, 5,168 patients with a mortality of 2.8. It must be a very popular institution for it was taxed to the limit the entire year. Real "Homœopathy is the winning horse in the medical Derby," as Burnett once said.

How We Get Tuberculosis From Milk.—Our always interesting contemporary, the *Illinois Health News*, issues a number devoted to the milk supply. Concerning the "Diseases Spread Through Milk" it says, anent Tuberculosis:

"2. Indirectly; from cows having tuberculosis of the lungs. The germs are coughed up into the mouth, swallowed by the cow, passed into the feces and thus indirectly get into the milk."

This information is, indeed, startling and ought to engage the attention of cow anatomists, or is it physiologists? It also says that "every dairy shall be provided with a sanitary water-closet or privy."

A Chicago Breeze.—Dr. Frank Wieland, of Chicago, who occasionally has appeared in Mitchell's bureau in the RECORDER contributes a right good piece to Dr. Hobson's *Jour. A. I. H.* Some years ago he perpetrated a book and Montgomery, Ward & Co. bought 4,000 copies of it for their employees—how we envy Wieland! Well, the result was that the same big firm employed him as their medical chief. At first they spent \$3,000

per year on their medical department, now it runs about \$125,000 a year, a complete *homœopathic* corps from prescribers and surgery to nurses and dentists, and the firm and its people are well satisfied. Score another for Homœopathy. Just one quotation from the paper. Wieland had been listening to a brilliant paper:

As I listened to this young physician, who was doing *real* things, there came to my mind the weary years of medical meeting to which I had dragged my weary limbs—I think it is the custom in writing papers, to drag one's limbs, instead of one's legs. I could repeat the beginning of every discussion of every paper ever read. It was always thus: "I have enjoyed Dr. Brown's paper very much, indeed. He seems to have struck a keynote," etc., until it seemed to me that I should go mad and end my days in a padded cell if anyone ever said the words again. I thought how glorious it would be if some day some really honest man in discussing a paper would tell the truth and say, "I have listened to Dr. Brown's paper attentively. It is an insult to our intelligence. It is taken bodily from the *Journal of the A. M. A.* He does not even pronounce correctly the names of the authorities from which he so generously quotes. He never should write a paper, because he never has anything to say." If someone, some time, would only thus speak I know I should say: "Now, Lord, lettest thou thy servant depart in peace, for I have achieved the kingdom."

"Adulteration of Chestnuts."—By this it is not meant the adulteration of ancient jokes, and there are no others, but the "adulteration" of the nuts of the chestnut tree. The "adulteration" was discovered by the United States Department of Agriculture in 23 bags of chestnuts shipped to New York from Virginia. These bags contained an unspecified number of wormy and moldy nuts, or to quote from the official paper: "Adulteration of the article was alleged in the libel for the reason that it consisted in particular [part] of a particular filthy, decomposed, and putrid vegetable substance, to wit, wormy and moldy chestnuts." The 23 bags of nuts were destroyed. If every bag of nuts, barrel of apples, box of oranges or anything else boxed, bagged or barreled is to be destroyed because all of it is not sound we might as well make up our minds to face a still higher cost of living. Sometimes it seems to us that this "pure food" racket, which is all right when rationally conducted, is develop-

ing into pure tyranny or undesirable hysteria, neither of which is desirable nor useful.

Somewhat Metaphysical.—Dean, of the British army medical corps, reports in the *Lancet* of May 5 25 cases of tetanus coming under his observation all of which had probably “received prophylactic injections in France,” after the battle of the Somme. This brings up the very metaphysical problem, namely: If what is had not been what would have been? If these men had not received the injections of a serum infected with the alleged germs of tetanus would they have contracted the disease, or if they had not received them would they have contracted the disease? Or, in other words, would they have been better off without the serum than with it? Or, again, in other words: We know that a man with a broken bone is better off because of the ministrations of a surgeon, but are we equally certain that he is better off because of the injection of what is termed an anti-toxin? Again another query. Dean notes that in 21 of these 25 cases the presence of a foreign body was noted; evidently the serum will not prevent the tetanus if the cause, a foreign body, is present. And that leads up to the question, would the disease develop without the cause? Dean notes the “dead tissue providing a focus for the multiplication of tetanus bacillus * * * with little or no capacity for growth in living tissue.” Does this not mean that the dead tissue is primary? If Dean be right of what avail is it to make a round-about extract of the effect of dead tissue to scientifically cure dead tissue in a living body?

What is Sauce for the Goose is NOT Sauce for the Gander.—The *Journal of the A. M. A.* prints an account of how the makers of a certain remedy were haled into court by the Government for alleging that it would cure syphilis and attending blood poisoning. The claim was declared “to be knowingly and wantonly false and fraudulent.”

The Bureau of Chemistry declared the remedy a combination of potassium iodid with a little mercury. When the allopaths give these drugs, and they are about all that they do

give. are the allopaths equally guilty with the proprietary medicine man? It would be interesting to have the court decide this point.

Something New About Vaccine Virus.—*Public Health Reports* says that vaccine virus should be kept on ice. "The virus is a living thing, suspended in a medium without food for multiplication, and like most living things which do not enter the spore state, death rapidly takes place unless the life processes are retarded by refrigeration." Perhaps some day men may inquire whether these living things are good things to turn loose in the human body.

Just a Bit Confusing.—The *Jour. A. M. A.*, after several pages devoted to condemning allopathic prescriptions put up as proprietary remedies, prints a communication, headed "Shortage of Salvarsan an Intolerable Burden," and then an inquiry concerning the same drug producing optic atrophy. The editor replies: "It is asserted by some observers that Salvarsan occasionally produces optic atrophy." Also, others deny this, but it "is well to warn the patient of this fact, and that his vision is liable to become impaired after treatment with Salvarsan." This refers to the treatment of tabes. Yea, there may be "death in the pot," but—it is a fine foreign proprietary pot, for money.

Tuberculosis.—From a long editorial in the London *Lancet*, headed "Tuberculosis and the War," it looks as if our friends are beginning dimly to see the light. Here are a few points:

"Taking first the tuberculous soldier, it is evident, we think, that camp and trench life has not been productive of more breakdowns than would have occurred in civilian employment."

The breakdown in industrial life of the tuberculous "would give a vastly higher total" than is shown in the trenches.

"Light also is dawning on the general question of the treatment in civil life," for "it is becoming clear that sanatorium treatment in the strict sense is not even necessarily the best treatment.

Also, "scientifically directed tuberculosis treatment may be

materially modified and reduced in most early cases in favor of a carefully conducted supervision of home conditions."

Finally, the use of a little more "common sense in the handling of the tuberculous" is urged.

When one considers these points he is almost driven to the conclusion that our friends are about ready for another of their many revolutions, one that will scrap their current notions which have cost the world very many millions of dollars, all spent on untenable theories that posed as medical science. The big medical shop of Allopathy seems to be like a live department store that must present a new line of goods every year to live. Our lamentation is that they claim "Science" as their "leader" when they do not carry it in stock.

The Difference.—Dr. Geo. Draper's (New York) paper, on "Acute Poliomyelitis," in the *Jour. A. M. A.* contains two statements that seem to show the gulf that divides Allopathy from Homœopathy. The first is: "So far as we know, paralysis is the only undesirable result of acute poliomyelitis." The second is: "No treatment, save that to make a febrile patient comfortable, is needed, therefore, in many cases." As an addenda to this may be quoted from the paper the statement "that paralysis is an accidental and incidental occurrence in the latter part of an acute systemic infection." This reasoning seems to result in the conclusions that the worst of disease is the undesirable results, that nothing can be done save to make the patient comfortable, and, finally, the evil results are but accidental or incidental.

Compulsory Health Insurance.—In a letter to the *Jour. A. M. A.*, Dr. Ralph S. Cone, of Westwood, N. J., advances fifteen reasons in opposition to this latest "fad," as he terms it. Among them, summarized, are: Because it would be mere lodge or contract work, unsatisfactory to all. That it does not reduce mortality, but rather the contrary. That no one wants it save the interested few. That it would enslave, burden and belittle all parties "and ring the death knell of medicine as a humanitarian calling." That "it would be a nightmare with no awaken-

ing." Dr. Cone might have added: Because it creates a monopoly and so seems to be contrary to the Sherman Act.

John Marshall.—The first Chief Justice of the United States studied law for six months and was then admitted to the bar. After an adventurous life in army and courts he was appointed to the position he held for thirty-five years. His reports fill thirty volumes and are still sound law. The point of this is that the ability does not need endless college tutoring, nor will such cramming confer it where none exists.

New Organs for Old.—Dr. G. Frank Lydston, needless to add, of Chicago, sends us a pamphlet on "Sex Gland Implantation." In brief, one case will illustrate. A man's testes had gone wrong. Those taken from a boy of 14, who had been killed in an accident, were implanted. The man became normal in his functions and gained in his general health. Several other cases of implantation are given. Some old fellows had it done to renew virility. One obstacle to this queer operation must be the difficulty in procuring planting material.

Antitetanic Serum.—A paper in the London *Lancet*, by MacConkey & Homes opens with the following statement: "The occurrence of cases of tetanus even though a prophylactic injection of serum had been given draws attention to the comparatively short duration of the complete passive immunity conferred by a dose of antitoxin." Inasmuch as those receiving the serum sometimes contract tetanus, and, inasmuch as many who are injured, who do not receive the prophylactic dose, do not contract tetanus, one wonders whence comes the apparently blind faith in the protective virtue of this theoretical serum.

A Possible Legal Danger.—In the *Journal A. M. A.* (4-28) Drs. Force and Stevens have a paper on the "severity of vaccinia," that exonerates the vaccine makers and throws the responsibility for "accidents" on the vaccinator, as witness the following, from their paper:

"The experiments described above show that the duration and severity of vaccinia are not influenced to any marked degree by

variations in the methods of preparing the vaccine or by treatment of the vaccinia vesicle. We are forced, then, to conclude that the vaccinia of long duration and marked severity is a result of improper vaccination technic."

This is a grave assertion for it means that when tetanus, the loss of an arm or leg, long continuing illness, or death follows vaccination in any of its now numerous forms the vaccinating doctor is responsible, a rather heavy responsibility in these days of "liability" for everything under the sun, and especially for a doctor who has accumulated a little money. But so it is!

"Vaccination Shock."—The following is from the Paris letter of the *Jour. A. M. A.*:

"Under the name of 'choc vaccinal,' Mery and Halle have described a syndrome which is sometimes produced by antityphoid and antiparatyphoid vaccination. The onset of this condition is sudden and severe, consisting of a distinct chill, marked prostration and a considerable elevation of temperature. The symptoms may be divided into two distinct groups, occurring in periods. The first group of symptoms embraces the gastro-intestinal manifestations (vomiting, sometimes intractable, diarrhoea, often severe, and particularly fetid and watery) and always extreme asthenia with circulatory collapse (cyanosis, deafening of the heart sounds, fetal rhythm, weak radial pulse, sometimes imperceptible, hypotension, and mental torpor not unlike the meningeal state), to which are frequently added renal symptoms (anuria, scanty urine, and urine highly colored, rich in solids and even containing albumin) and sometimes incontinence of bowel and bladder. In exceptional cases there are symptoms of involvement of the liver and spleen. The symptoms of the second period often are not clear and may be inconstant, if treatment of the case is instituted early. They consist of hypothermia, a persistence of the circulatory collapse phenomena and sometimes renal symptoms, especially anuria."

The point of all this lies in the question: Why submit men to the possibility of this physical wrecking, for a disease that sanitation absolutely prevents? The "typhoid vaccination" is the top notch of scientific medicine—but our question still remains.

Is the Fool-killer Asleep?—According to the *Pacific Medical Journal* some one has offered a new medical law to the Legislature of California. It proposes that every prescription must be written in English, contain the name of the patient and his disease. Must be in triplicate, one for druggist, one for patient and one to be kept in the physician's office, and open to public inspection to anyone demanding it. A \$300 fine, or imprisonment, is the teeth in this bray.

Theory vs. Facts.—Our esteemed allopathic friends find it a difficult task to make fact gee with their theories. Dr. C. V. Craster, health officer of Newark, N. J., contributes eleven columns to the *Jour. A. M. A.* on poliomyelitis." Newark, you know, had the disease bad. This article is helped out by several diagrams and tables, but the "summary" is what interests. Primarily the disease is assumed to be "infectious," but "no nationality or condition of social life was exempt from infection;" food or sanitary condition did not have "any bearing in the disease incidence;" "no definite focus of the disease was traced to schools;" "there was no case of contact infection in hospitals:" 83.8 per cent were under 5 years of age; infection by contact, though possible, is not probable; "the predisposing causes of the disease seem to be age (under 5 years) and season (high temperature and low rainfall)." This is a fair abstract of a paper by a man who was where the disease was at its worst. The assumption, which is purely theoretical, that the disease is contagious, is not borne out by the statements quoted above. It seems to depend on weather and age, and on something else—God knows what! In view of this, why the hysterical quarantine?

And the Fad Goes Marching On.—The fad is vaccine therapy. Reasoning from the known fact that all preceding allopathic therapies have been scrapped it is a sound deduction that this one will, in time, go the way of the others. At present it is an epidemic. It has even reached anal itching in which ill injections in doses of the bacterium are recommended running in size from eight hundred and fifty millions to one thousand three hundred millions of the critters. Does any cool headed man think this sort of thing can last?

PERSONAL.

"I will replace your dog," said the motorist, who killed the pup. "So sudden!" murmured the lady.

Nay, Mary, the art of self-defence availeth not a man when a woman comes after him.

The descendants of most men are Bills.

"I'm dry," said a man in a Berlin beer hall. The waiter brought him three beers. A cryptic.

According to *Life* an editor cannot express his opinions at home and the boss bottles him in his sanctum.

Sad! When a man falls in love with a movie actress.

"I don't bother my studies and so my studies don't bother me," said the college youth in his salad days.

A small boy thought suffering for righteousness sake was going to church.

Don't kick, let mules do it.

Don't hit a fellow huskier than yourself.

Even a wild man jaws over a tough steak.

Cussin' is but showin' you'r feelin', says Si.

Sure, Mary, there are Long Island ducks in Brooklyn, also dears, birdies, chickens, hens, geese, goats and the like.

Among the knockers in the world is old Opportunity, but they say he only knocks once and that settles you.

When a man says "It's a queer world," where does he get his comparison?

Man breathes the air, puts on airs, is up in the air, has an air and sometimes is aired in the newspapers.

Wanted.—In weather bureau, a man with foresight.

Why so many "tests" and no cures?

There are two kinds of Science, one is exact knowledge, the other isn't.

Cheer up! Fly time is coming.

Bills? Lots—Bill Bryan, dollar bills, doctor's and other bills, bird's bills, bill of divorce, Congress bills, billing and cooing, and oh, lots!

Papa, was grandpa a monkey? asked the young evolutionist.

A gentleman farmer is generally a man who got his pile before his farm.

Nay, Mary, auto men are not stuck on driving rains.

The young man asked pa for his daughter's hand and the old man said letter take all of her.

It is easier to get a bow returned than that money you loaned.

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THE A. I. H. AT ROCHESTER.

Notes, Comments and Gossip.

The American Institute of Homœopathy met this year, 1917, under the presidency of Dr. Wm. W. Van Baun, of Philadelphia. The meeting was a shining success.

The first impression of Rochester is of a big elevated road, the N. Y. Central, and a city that seems to be, on a small scale, of course, a sort of mixture of New York and Chicago. To add to this impression was the presence of many familiar faces of both of these towns. Also, Rochester seemed to this visitor to be boiling over for The Flag, the Red Cross and everything else dear to the American heart in the present great crisis.

While on the subject we might as well say that the Hotel Powers is one of the best arranged places for the meeting of the Institute that has been visited for many years—ample corridors, very ample, commodious rooms for the meetings, and extra high ceilings everywhere.

We had the pleasure of intercepting our rival (shall we say?), Dr. S. M. Hobson, editor of the *Journal of the American Institute of Homœopathy*, and humbly confessed that the RECORDER man was not present to be a rival to the *Journal's* report, but merely to write a letter to our subscribers giving one observer's impressions. Now, as has been said before, many a time, if anyone wants to know what was really and officially done and said at the meeting he ought to send in his application for membership to the A. I. H. and receive the *Journal* gratis, as a sort of premium for the good deed of becoming a member of this great national body. And if the new member does not

like the article of Homœopathy dished up, let him get up on the floor and say so. A national body is for that purpose—to ventilate the truth of things. Just here it may be added that the rulings of a national body in our Democratic government are not final, for unless that decision is in accord with the truth—a mighty word—both majority and minority will, sooner or later, go down, for while very trite it is also very potent, that “Truth is Mighty and will prevail.”

In apposition to this—and apropos of nothing, unless it be that one gentleman jokingly referred to the RECORDER as a preacher—let us here relate a remark overheard in the corridors of the “Powers” made by a lady of the Emerald Isle: “I tink she has but wan father and one mither.”

At the Institute meetings, if you are a “regular” (in the good sense) attendant, you meet many men you recognize, but do not remember their names. So, in consequence, men meet, cordially shake hands, and then mutually peer at each others names recorded on the badges, to find out who is the man whose hand has been cordially shaken.

A Chicagoian told us of a man of his acquaintance who made a fortune by not playing music in his establishment. Chicago, you know, is a great place for original ideas, some of which are true.

At the memorial services there were the names of 45 of the members reported who have gone over to the other side, but per contra, Dr. W. E. Reilly, of Fulton, Mo., who, for many years, has been of the censor staff, reported that never before had so many new men applied. He didn't know how many, but thought it would be around, or over, 500, which seems to indicate that the Institute is a very live proposition. In this connection we might mention that Dr. C. E. Sawyer, of Marion, O., who has been a big factor in helping to line up 30 or more State Societies in the great homœopathic federation, in a rattling speech, advised making the condition for membership more exacting, in other words, make it an honor to be a member and then they will seek membership instead of having to be solicited, struck the scribe that Sawyer is something of a psychologist, and also came the thought that it may be possible to have things in the Institute as they are in that new surgical so-

ciety membership in which is so eagerly sought. As we understand it the surgical society requires that its members prove their qualifications. If the Institute can do the same men will seek membership and furthermore will see to it that they do not let their dues fall into arrears as is now the case, but will keep them up-to-date. It was, so to speak, a keen psychological suggestion, but to carry it out will require a tighter rein.

It seems that the Government, or, rather, those in charge of the medical end of things, are rather cool towards calling homœopathic physicians. We all know why, of course. If we get into a real war and we get past the stage of uniforms and officers, the assistance of the homœopaths will be gladly accepted, because, owing to the interminable requirements of "higher education" the output of physicians is growing smaller by degrees and beautifully less. Our great and very efficient President, Dr. Wm. W. Van Baun, of Philadelphia, dwelt rather strongly on the pre-medical requirements of many examining boards. He said, among other things: "We should go to our Legislatures and demand that they compel these autocratic boards to open their doors to all men and women who are morally and physically fit, and are able to pass their examinations." This applying to the requirement that the candidate must hail from certain schools.

The Institute passed resolutions looking to the raising of money for 500 bed hospital units and offering them to the Government, seems to us that if this is done and refused on the foolish allopathic prattle of "sectarianism" the allopaths will soon find themselves in very hot water. The caring for human ills is too wide a field to be occupied by one body only.

Dr. T. H. Carmichael, of Philadelphia, introduced a resolution to prohibit the sale of alcoholic drinks during the war. Just here the scribe might mention the fact that this Maine and Kansas idea was proposed in the warring European nations, but none of them adopted it except Russia, and the Czar is now a statesman out of a job, as Senator Pomeroy once said, and with no immediate prospect of getting one. It isn't wise to try to introduce politics in mighty times like these.

Dr. C. A. Burrett, the Dean of the Homœopathic College connected with the Ohio University at Columbus, told us that

the women of Ohio were raising a fund to help homœopathic medical students. Well, all you married men know that when women really go after anything they get it.

This was the biggest session the Institute ever held. Frequently, at the morning business session, every chair was taken in the big hall and numbers were standing, something unusual in the scribe's 20 years' experience.

Our good friend and a favorite contributor with our readers, Dr. D. E. S. Coleman, of New York City, introduced a resolution condemning white bread. He said chickens fed on it would die sooner than those fed on nothing. All right, but the scribe has lived, more years than he cares to print, on white bread and detests the bran variety. So please do not prohibit the white. Let the diet sinners indulge their depraved appetites without having to surreptitiously resort to white bread speak-easies.

Dr. F. M. Dearborn, New York, thought that the Homœopaths ought to have their share in the Red Cross—Rochester is boiling with Red Cross work—and so does every one who thinks aright. There is too much old school sectarianism abroad for these epoch making times.

Had a pleasant interview with Dr. Hobson, editor of the official journal, who seemed to be suspicious of our erratic co-worker, "T. W." Told our brother editor that "T. W." was a composite personage, but the reply was a lot of learned talk about "internal evidence," so, being a good homœopath, we did not dispute our superior officer, knowing "T. W." to be the thing he is, and harmless.

Met Dr. George Royal, the veteran of Iowa, where all men, if not rich, are about the same thing, for they want for nothing. Asked about his son whom we had the pleasure of meeting at other sessions, and was sorry to hear that both he and his charming wife had met with a misfortune—physical—but to their credit. In brief two children, very young, were in danger from a backing auto truck and the doctor and his wife rescued them, but both of the rescuers were rather seriously injured in doing so. Let us hope they will be out and about before the next meeting of the A. I. H.—the oldest medical body in the United States and, dare we say it, the wisest, notwithstanding

an occasional break, which is but human. No man, or body of men, knows it all, but the A. I. H., collectively, know more than the other fellows who, really, do not know much about "cure," which, in truth, is a word they condemn. This fact is commendable for their honesty—we always knew they were honest—but is proof that they should come to Homœopathy and learn how to cure, that is to say, the fundamental principle of the real reason for the existence of doctors. Of what avail is it to be able to tell what ails a man and do no work? (This is a rather far flung paragraph beginning with Royal's injury and ending with sound advice to the allqpaths.)

On Tuesday the Rochester *Post-Express* printed the half-tones of Ex-President Dr. H. C. Aldrich, of Minneapolis, and of Dr. George Royal, of Des Moines, Iowa. Aldrich was Aldrich, but Royal looked like an aggressive young man. Well, we have a friend who insists that age is but a superstition. Can you imagine Helen of Troy as a woman who "looks her age?" Go to!

Dr. J. C. Guernsey, son of Dr. H. N. Guernsey, author of *Obstetrics*, a book that will not die, made the assertion, in his paper, that recoveries from disease under homœopathic treatment, are not accidental, but real, which is, of course, but a statement of fact.

Dr. E. M. Howard, of Camden, N. J., in his paper, made the very true remark that medicine is an art and not a science. But, then, what becomes of scientific medicine, which is artful if not an art?

The *Union and Advertiser*, on Tuesday, came out with half-tone of Dr. C. W. Perkins and also of the Boston war horse of the Institute, Dr. John P. Sutherland. The *Evening Times*, of same date, was adorned with the pictures of Dr. Horace Packard, the cancer specialist of Boston, and of Dr. Frank Wieland, needless to add, a citizen of that enterprising town you may have heard of, named Chicago. You may remember that the RECORDER had something to say lately of Wieland, who is the chief of the big Montgomery Ward Co.'s medical department that is becoming the talk of the country for its good work in handling a big corps of employees—the medical department, of course, also, of course, M. W. & Co. have made this possible by a generous and brainy use of money.

Dr. W. B. Gifford, of Attica, N. Y., related two incidents of the late Dr. Talcott, of the big Middletown, N. Y., Asylum, that may be of interest and, indeed, one of them, at least, of value. A New York banker had to give up business on account of his physical condition. He consulted many specialists and practitioners in the U. S. and Europe, but none of them could relieve him. One day he met his friend, Talcott, and said he believed he would go up to Middletown. Was told to come along. He went and among the questions asked was: "Did you ever receive a severe blow?" Reply: "No." Remedy given did no good. But soon after the banker said that he had received a blow, but had forgotten it, a brick from a building had crushed in his hat and and the blow had dazed him for a moment, but as he did not seem to be injured he paid no attention to it. The next question was: "Were those awful headaches experienced before the brick hit you?" "No." He was given *Arnica* in a fairly high potency. That night he had the worst headache he ever experienced. In a few days he was given another dose of the same remedy and again suffered acutely, but that was his last attack, the awful pain left and never returned. This, we think, is a verification of the great Homœopathic Law, too little understood to-day.

The other anecdote was of a different nature. Talcott was a handsome man. One lady patient always wanted to kiss him. He told her finally that when she was cured he would kiss her good-bye. "But when I am cured I won't want to kiss you," was the feminine reply.

This reminds us that one day we saw the ladies of the Institute gathered like a flock of birds of paradise in front of "The Powers." They were bent on an auto trip, presumably. Now it would be impossible to say which was the handsomest, because other men might write letters and thus start a controversy, a thing the old RECORDER avoids.

On the pre-election day two men who are always present were discussing the election, which bid fair to be a hot one. It was remarked that these elections ought to be by mail so that every member could have his say. But as this is a question for the Fathers of the Institute to decide, or, rather, to bring up for decision, the reporter will say no more about it beyond stating

that, on the other hand, if a member does not attend he has no right to kick about the majority vote of those who do attend. This question has been up before and defeated.

Met Dr. G. De Witt Wilcox, ex-president of the Institute (at Denver), and ex-editor of the *New England Medical Gazette*, which he quit because of the demands on his time by his practice—surgery. We both hoped that that old journal would grow and prosper. The reporter would like to see more homœopathic journals and colleges, many more, as in the days when he was a freshman in the quill-driving fraternity. The men of the Institute, and others, ought to loosen up and support their journals, which “the dear above” (to quote a very old expression), knows are not on a bed of financial roses. Dr. T. A. McCann, of Dayton, Ohio, one of the workers put it in a nutshell when he remarked to a group in effect, homœopathic doctors ought to stop fighting each other and if they must scrap do it with the other fellows. It was not said in these words, but that was the substance. Journals, colleges and doctors ought to stop knifing each other and pull together. There is room for all, and then some.

Talking to a physician, pretty well known, but incog here, we remarked that we had some friends who went to his region every year on account of hay fever. He made the rather unexpected reply that there were many residents there who suffered from that ill, just as did residents of other regions. This sort of thing adds new complications for medical scientists, or psychologists, to solve. Perhaps our friends are like the lady who always went to the doctor who ordered her to Europe or Florida. Who knows?

Met the “ile doctor” as an Irish patient dubbed him, again, namely, “The General,” otherwise Dr. M. O. Terry, who has retired and is now living at Fort Meyers, Florida. He got his military title from his position in the New York National Guard and his title of “ile” doctor from his insistence that olive oil, properly administered, will cure nearly every case of appendicitis. He gave it by mouth, but thoroughly cleaned out the lower bowel by injections. And here is a point, gathered from the talk, worthy of note in reference to injection. If you poke a man vigorously he will recoil, but if you gently apply the same

force he will not. This, it seems to us, is a pointer "worth the price of a year's subscription." It applies to all medical procedures equally, be they hypodermics, rectal or manipulations. Osteopaths ought to profit by this hint.

On Wednesday, the *Union and Advertiser* printed half-tones of Dr. W. C. R. Voight and of Dr. C. E. Sawyer. The *Democrat and Chronicle* had a half-tone of Sawyer (which his best friend would not have recognized) and a group made up of Drs. H. A. Whitmarsh, Sprague Carleton, Gilbert Fitzpatrick, T. E. Costain and H. R. Wright, all so well known that we need not mention their cities.

Dr. Scott Parsons, the Institute's press agent, ought to have his salary increased—if he gets one—for he is an expert. Incidentally a press agent, according to the late Elbert Hubbard, is the man really responsible for history. What would "The Charge of the Light Brigade" have amounted to without its press agent, Tennyson? Towards the end half-tones came so thick and fast that we gave up noting them, but will not delete what is already noted.

Dr. W. E. Reilly, of Fulton, the long, thin censor, speaking to scribe apropos of what had gone before, said that stiff hats, pressing the forehead and back of head as they do, are a fruitful cause of baldness. He gave this as a "Therapeutic Byway."

On Thursday morning President Van Baun announced the election returns: "Dr. John M. Lee received 204 votes. Dr. Frederick M. Dearborn received 204 votes. No election." As the intense reporters would put it: "A tense silence followed." It was broken by Dearborn coming forward and after a few appropriate remarks, moving that the election of his rival, Lee, be "made unanimous." The cheers and applause that followed this graceful act reminded one of the way things are done at the Presidential nominating conventions. Dearborn certainly made himself solid, and on all sides remarks were heard by the scribe to the effect that he is the man for next year, namely, Dearborn, of course.

The other officers elected were: Recording Secretary, Dr. Sarah M. Hobson, of Chicago; Registrar, Dr. William O. Forbes, of Hot Springs, Ark.; Trustees, Dr. J. P. Cobb, of Chicago; Dr. D. P. Maddux, of Chester, Pa., and Dr. Charles E. Sawyer,

of Marion, Ohio; Censor, Dr. Dudley A. Williams, and Dr. Florence N. Ward, First Vice-President, and Dr. E. H. Walcott, of Rochester, Second Vice-President. (This list is copied from a Rochester newspaper.) Several of the newly-elected or re-elected made short speeches, the shortest being that of brother Sarah M. Hobson—who is also editor of the *A. I. H. Journal*. She said she could work, but not talk, at which a doctor at our elbow whispered, "She is different from other women."

Here is an abstract of a talk with Dr. L. G. Wilberton, of Winona, Minn., a town 100 miles south of St. Paul, on the Mississippi river, on flat prairie land. He had 34 cases of infantile paralysis. When the days were hot and the nights cool the cases increased. When day and night were both hot there were no new ones. State health officials told the people there were no remedies for the disease. His remedies were: *Aconite*, *Belladonna*, *Gelsemium* and *Echinacea*. Did not lose a case. Health Board officials visited the cases and told him nine of them would be paralyzed. All got well and then the same officials acknowledged that they "were wrong in their diagnosis," which acknowledgment reminds one of Gil Blas' famous preceptor. In one case of opisthotonos he was uncertain and did not report, was arrested and twenty allopathic physicians testified against him. Had the suit held over, when trial came the boy was put in evidence and he was as active as any normal boy. Jury's verdict: "Not guilty." Had two cases coming to him after the paralysis; both are, to-day, nearly, or quite, normal. The remedies he used in these two cases were: *Echinacea* and *Lathyrus sativa*, the two in alternation at first, and *Lathyrus* continued after *Echinacea* was stopped. In these two cases the parents took the health board at its word, that there were no remedies, and did not call in a doctor until paralysis struck the children. Wilberton thinks that *Echinacea* plays a part in all stages of this disease though it alone will not do the work. *Lathyrus* comes in the paralytic stage.

Met Dr. W. F. Baker, of Philadelphia. He read a paper we did not hear, but it seems he has "a built up protein," which, when injected into cows, they will not react to the tuberculin "test." This is but a scintillation of what is involved in this principle, too much for a reporter. Baker ought to boil the

whole thing down and let it be known through the RECORDER, which has a cosmopolitan circulation. If his ideas are what he thinks they are, and they really *are* he contends, *he* will revolutionize things and reduce the cost of living, something that interests us all.

Had a bit of lunch at which were Drs. Otis M. Wiley, of Syracuse, N. Y.; C. M. Schwartz, late of Yokohama, Japan; R. F. Rabe, of New York; M. R. French, of Chicago—the Illinois Chicago—G. H. Tafel, of Philadelphia, and others. The “germ theory” raged around the table. Wiley and Rabe thought—knew—that the cause of disease is germs, and scientifically proved it—to their own satisfaction. The others thought that the cause of disease lies deeper, or back of the scientific cause, even if it is scientific. And so after an ocean of words had billowed the disputants shook hands and parted, each just where he was before, the end of all controversy.

In his business address President Van Baun made a number of recommendations. One was to “pledge our individual and united support to our National Government” in the present war. There were twelve other recommendations of which we have space for but one, *i. e.*, “Following the suggestions of Drs. Conrad Wesselhoeft and Weston D. Bayley, I would advise that some definite steps be taken to harmonize homœopathic literature with the nomenclature and phraseology of modern medicine, and to undertake the publication of a complete revision along these lines of Hughes’ ‘Principles and Practice of Homœopathy.’” That is a fine, scholarly and interesting work and probably Hughes has gone to the source of homœopathic literature more thoroughly than any other writer, but there is an undertone to his writings that almost unconsciously jars on the enthusiastic homœopath, as, for instance, in this book he writes that “the thing with which we shall have to do is a *method*—not a doctrine or a system.” (The italics are Hughes’.) Also this: “Suffice it now to say that in it” the *Organon*, “Hahnemann leaves no point untouched which conduces to the working of the machine he has invented.” This sort o’ jars one who regards Homœopathy as one of the profoundest of natural laws. However, in a revision of the book the views dampening enthusiasm can be deleted.

Well, we will have to stop, even thought not a tithe of the men and things seen and heard have been touched on. Imagine a big, square, central room, lounges and chairs in its center; around it are cigar, news and other stands; doctors with red senior badges and others with blue membership badges, doctors lounging, reading, talking, smoking, strolling or hastening as though going on an emergency call; passage ways leading to the streets, to dining rooms, to committee rooms, to exhibit rooms and to "the buffet," or down to the many subterranean resorts, Dutch kitchens, etc., all this in the first or ground floor. Go up the marble stairway, or take the elevator, to the floor above. There you enter spacious corridors, wide, roomy and high, filled with exhibits, exhibitors, and doctors; around these corridors are big and little halls and parlors—the main meeting hall, the "Meissen" filled with ladies, "headquarters" for this and that, sectional rooms with some one reading a paper or discussing one, special exhibit rooms, full of electric sparks, lights or noises, closed rooms, passages leading off to unknown regions—picture all this and you have a mental vision of the American Institute of Homœopathy at Rochester.

E. P. A.

THE TREATMENT OF SKIN CANCER.*

By Dr. H. L. Baker, Lebanon, Ind.

Cancer has previously been regarded largely and almost wholly from its histological and surgical aspects. But relatively little attention has been paid to the dietetic and medical aspects of this most threatening malady, although voices have been raised, from time to time, with more or less force, claiming that the disease is constitutional, and that it depends largely on diet and mode of life.

Because this paper is supposed to deal solely with the treatment of cancer I trust you will pardon me if we digress for a moment and take up the cause of this fearsome disease.

Cancer is undoubtedly a diseased action of originally normal tissue cells, due largely to perverted metabolism, and this per-

*Read before Indiana Institute of Homœopathy, at Terre Haute, Ind.

verted metabolism is brought about by a bad blood stream. I desire, first, to call your attention to intestinal stasis as the incentive of auto-toxæmia and then to point out the intimate relation between auto-intoxication and cancer, and not only cancer, but also those diseases that have been described as being due to the presence of uric acid in the blood. Cancer is only a product depending upon intestinal stasis (constipation) for its existence, especially when that is associated with a highly nitrogenous diet, the fermentation of which in the colon produces toxins of the most virulent description, which, also, invariably tend to promote constipation. Now it is impossible to have toxæmia persisting for any length of time without the metabolism of every cell of the body becoming prejudicially affected, and consequently the thyroid and other blood glands are rendered incapable of exerting their salutary influence upon the blood stream.

An equally important prejudicial effect is that upon the intestinal canal itself, the muscular fiber of which becomes enfeebled and peristalsis, as a consequence, ceases to be efficient, with the inevitable result that intestinal stasis supervenes with its increasingly disastrous result upon the character of the blood and, through it, upon every tissue.

(There are three organs of the body—the heart, lungs and intestines—which must be kept in involuntary, yet constant movement if health is to be maintained.)

In direct consequence the physiological control over cell-life ceases, this being replaced by a condition of things which is not only antagonistic to healthy metabolism, but has succeeded in extinguishing that vitalizing influence which hitherto had been so characteristic of healthy cell life.

Is it to be wondered, then, seeing a suitable soil for an unhealthy development and growth of any perverted cell having been provided and maintained, that morbid conditions supplant those of the normal?

Cancer is a disease consequent upon the toxic condition of the blood, which has existed with little or no intermission during a prolonged period, the consequence being normal metabolism has become so seriously interfered with that in any part which has been weakened by an injury or persistent irritation

this has been supplanted altogether and been replaced by cell metamorphosis, the cells in that region thereby being converted from enfeebled normal cells into a malignant neoplasm completely disassociated from physiological control. Such being the case, the new growth has ceased to exist as a portion of the human body, and therefore has been established itself as a foreign body which has taken root upon the subjacent tissue. Now this could not possibly have been accomplished had its environment been possessed of the normal resisting power of the disease which every cell possesses when it is being nourished by a healthy blood stream.

It must be conceded, then, that before cancer is able to manifest its presence a suitable soil has been provided for its reception and subsequent growth and that the rational method of inhibiting its development and effecting its destruction is to render the soil unsuitable to its existence.

TREATMENT OF CANCER.

We will now take up the treatment of cancer. To me there is no other study in the practice of medicine so pleasing or gratifying as the treatment of cancer with medicine and diet, for in the treatment of such a disease you are put on your metal, because it is the worst disease that afflicts humanity and one which demands the very best that is in you. I know that there is a great deal of discussion as to the real causation of cancer, and the question never may be settled beyond the point where a difference of opinion will not obtain. Skin cancer, epithelioma, is but one form of cancer, and in speaking of skin cancer it is as well to include all cancers as just one form, and the treatment of epithelioma must necessarily, of course, apply largely to the treatment of all cancers.

There is such a consensus of opinion as to the advisability of early removal of the neoplasm that a discussion of the subject would seem useless. So then, in the first place, let us remove the tumor, and thoroughly. But after we have done so, after we have taken it out by the very roots, is this sufficient? No. We must then adopt the means to prevent a second development. We must change the diathesis; we must seek to modify the patient's constitution so that it no longer will be prone to reproduce the disease.

When nature, by her own efforts, effects a cure of cancer—which we know occasionally takes place—this is not accomplished by any local application, but by the disease-resisting power of the cells of the body becoming re-established, and this can only be effected by the blood stream becoming, by its improved condition, competent to supply invigorating pabulum to the various tissues which have been handicapped previously by being compelled to rely upon a vitiated substitute for this.

The food that we eat, and our mode of living, make us for good or bad, that no one can deny, and therefore in the fight against disease, especially such a disease as cancer, we must correct errors of diet and living looking towards the making of a more perfect working organism. It is useless to give medicines or to use surgery, or any local treatment, without due consideration is given the diet, mode of living, and the general condition of the patient.

When a case of cancer presents itself remember that you are going to contend with a patient who is afflicted with cancer—in other words, treat the patient and, at the same time, but secondly, get the disease. Get all the facts in the case, not missing a single detail; read the pulse, eye and tongue; examine the urine for excessive acidity or alkalinity; observe if the patient is well nourished; inquire as to skin disease, vaccination, syphilis or gonorrhœa. In treating a case of cancer you must expect to cover the entire field of disease, for it touches all phases of abnormality that afflicts the race.

The pulse of a cancer patient is weak, often a discouraged feeling to it, and it is quicker than normal. Does the heart beat regular, or does it intermit? The tongue under its yellowish, white color shows, in advanced cancer, a dark, red color; in the last stage, we have the "beef steak" tongue. The white of the eye has a pearly tint, with greenish yellow spots, showing a drain upon the system, toxic matter in the blood and decomposition of albumen. The eyes will tell you if the glands are acting normally or not. The tongue shows you whether the patient is digesting his food or not; if he does not digest his food, he cannot make good blood. The pulse tells you whether the vital forces are strong or weak.

The most powerful antiseptic in the pharmacopœia will not

prevent bacteria establishing themselves in a wound, and it is only the independent action of the vital energy of the cellular tissue which prevents infection and promotes healing. Man is engaged in a perpetual struggle with the germs of disease, these finding access to his body by various channels, and it is only the healthy vitality of the cells opposed to these which enables him to withstand infection. Now, this healthy vitality can only be assured by supplying the cellular tissues freely with pabulum, derived from vital elements contained in the products of the vegetable kingdom, to which may be added milk, eggs and cheese. This wonderful vitalizing agent is essentially nuclein and it has recently been demonstrated by actual experiment that all fruits, and seeds also, contain radio-active elements when in an uncooked condition. Thus we perceive that the products of the vegetable kingdom, when ripe—which means they are sufficiently cooked by the sun—should constitute our main food supply, seeing these, and these only, satisfy all our physiological necessities, and moreover are in complete harmony with the functional arrangements of our digestive apparatus. Why, then, do we systematically overload the stomach with an amount of DEAD matter which it was never intended to receive and which it is impossible for it to utilize with advantage and, moreover, from which the most important constituent has been removed?

Fruit juices undoubtedly are possessed of medicinal as well as nutritive properties. Who is not acquainted with the digestive properties of the juice of grape fruit, pineapple and pawpaw; the laxative effects of figs and prunes, and the anti-rheumatic effects of apples and celery. Uncooked fruits have the advantage over those which have been cooked, in that their abundant salts, such as iron, potash and calcium, which are there in organic combination are thus fully appropriated by the blood and have a marvellously beneficent effect upon the quality of this fluid. They supply to the blood just those elements necessary to neutralize the acid contents of the tissue cells, which, unless so acted upon, would destroy these cells. Now this alkali is supplied in the most acceptable form by the salts of fruit when partaken of in their natural condition. Such, however, is not

the case when the fruit is cooked. Dried fruits are also excellent articles of diet, but these should always be thoroughly washed before being brought to the table, for sanitary reasons. These are not only nutritious, but laxative in their nature, and hence are of considerable help where there is a tendency to constipation. They, however, do not contain any of the important acids which are present in their fresh state, and undergo, in the process of digestion, a transformation into alkaline carbonates, which keep the blood alkaline, stimulate the liver cells, regulate the bowels, tending also to keep them aseptic, and entering the blood stream, bathe and refresh every cell of the body in a cleansing, vitalizing fluid of the best and purest description.

You cannot have a hair, a nail, or the enamel on a tooth without silica, and this salt comes largely from the hulls of cereals; a bone cell without the phosphate of lime, or a drop of blood without the phosphate of iron. The inorganic salts are the vital elements of the body, the builders, the workers and, when deficiency occurs in any one of them, the perfect chemistry of the living organism is disturbed. Nature supplies these mineral salts in abundance for all our needs, but the manufacturer, either through his greed for profit, ignorance, or an appeal to our vanity, robs many articles of our daily food of nearly all these mineral salts. For instance, the grain of wheat contains about 5 per cent. of these necessary and vital mineral salts, but the best refined flour contains less than $\frac{1}{2}$ of 1 per cent.; the unpolished grain of rice, I have read, contains between 6 and 7 per cent. of mineral salts, while the polished rice, which we buy at all the groceries, contains less than 1 per cent.; brown sugar, nearly 4 per cent.; the refined granulated sugar, less than 1 per cent. Many other foods subjected to bleaching and refining processes are likewise robbed of vital elements needed in the body chemistry.

Internally, I give *Phytolacca*, because it contains, I have read, more of the natural mineral phosphates in a form that is readily assimilated than any other plant that has yet been analyzed. *Phytolacca* is also the greatest glandular alterative known, and many neoplasms originate in a gland. When a certain salt is needed or indicated, I give it in the form known as "Tissue

Remedies." Thyroid gland, also, has given me some results. Double Sulphide, as prepared by Burgess, is an excellent remedy to furnish calcium to the system and to act as an antiseptic. Nucalcide, a preparation made by Aulde, of Philadelphia, composed of nuclein and calcium sulphide, is, indeed, a most pleasing therapeutic agent because of furnishing nuclein and calcium salts at the same time. Strychnia sulphide, 1/30 grain, before meals and on retiring, is needed if the pulse is discouraged and weak.

The local treatment will depend on where the epithelioma is located, for a skin cancer located inside the mouth would have to be treated with a medicine in one form, and a cancer of the face, not treated with a medicine in one form, and a cancer of the face, not located near the eye, or on the hand, would have to be treated with another medicine.

I have tried all the medicines suggested or thought of in the local treatment of epitheliomas, and have found many of them to be valueless, and others to be positively harmful. A remedy must be selected that when applied directly to the epithelioma will create sufficient inflammation to destroy the cancer cells, and while inflaming the surrounding healthy tissue, will not cause their destruction. By inflaming the healthy tissues surrounding the cancer the blood and lymph vessels are effectually closed against the migration of any cancer cells or fungi.

I have tried arsenic in all its forms and prepared in many ways, but have discarded it because of the danger of absorption and consequently kidney involvement, and because it is far too painful for the depth of tissue it will destroy. Chloride of chromium is too superficial in action to be of any service in any but the very smallest skin cancers.

A remedy that I have used for years, and have come to depend upon most, is saturated solution of chloride of zinc because it is less painful than any other escharotic, and yet it destroys cancer tissue to quite a depth. I have used this drug in solution, and also made the paste, and always with the best of results. In cancer inside the mouth I inject a solution of zinc chloride with tincture of thuja directly into the cancer, using a few drops at each injection. The method can also be used in epitheliomas of the cervix.

Gentlemen, it has been my endeavor, in my feeble manner, to set forth my belief as to the causation of cancer and its most successful method of treatment, hoping that I may be able to arouse in your minds a train of thought that will open up the way whereby a more feasible solution of the cancer problem may be brought about, and thus be the means of saving many valuable lives. My paper is incomplete, for to go in and give in detail each step of the treatment would take up too much time, and then perhaps not be lucid, but knowing you as careful, thoughtful men, it has been my endeavor to give you the thought, the suggestion, knowing full well that you can elaborate and work out the idea to its successful fruition. I thank you.

ANOTHER KALI GROUP.*

**Kali Bichromicum, Kali Carbonicum and
Kali Hydriodicum.**

By Wallace McGeorge, M. D., of Camden.

In the paper read before this Society two years ago I gave some indications for the use of *Kali muriaticum*, *Kali phosphoricum* and *Kali sulphuricum*, three of the tissue remedies. Today, by request, I call your attention to three other of the potash remedies, *Kali bichromicum*, *Kali carbonicum* and *Kali hydriodicum*.

KALI BICHROMICUM was introduced into our Materia Medica in 1845, but the first proving of it was published by Dr. Arneth in 1847. Dr. Drysdale issued another proving in 1852, but in the first number of the *Hahnemannian Monthly*, published in August, 1865, Dr. Ad. Lippe gave the best and fullest account of this drug, accessible at that time, and calls attention to many of the symptoms peculiar to this remedy.

When shall we use *Kali bichromicum*? The principal use of this remedy is in diseases of the mucous membranes. In catarrhal affections of the nose and throat; in ozæna, with or without the green clinkers, or plugs, it is par excellence. It is

*Read before the New Jersey State Homœopathic Medical Society, at Atlantic City, May 26, 1917.

good in certain forms of indigestion, particularly in those cases where the patient feels worse from twenty to thirty minutes after eating.

In bronchial coughs, when the most pain is at the bifurcation of the bronchia, or when a cough is brought on by pressure at this spot, *Kali bichromicum* gives prompt relief. One characteristic symptom of this remedy is that discharges from the nose, mouth, larynx or vagina are ropy and stringy, sometimes the expectoration is pulled out in strings, reaching down nearly to the feet.

In proctitis, especially in painful cases, *Kali bichromicum* works finely. Sometimes in these cases there is a sensation of a plug in the anus, similar to *Lachesis*. In blennorrhœa from the rectum, *Kali bichromicum* gave considerable relief.

This was in the case of one of our noted authors who died in 1884. He was an elderly man, gentle, refined, a widower, who lived alone after his children had married and gone to homes of their own. For some time he had one peculiar, disagreeable symptom. After he went to bed and fell asleep he would wake up, feeling a gush of water from his rectum, but there was no pain, nor distress, accompanying this flow. For his own comfort he usually placed a napkin or handkerchief to catch this discharge. When it dried no odor or stain or mark of any kind was left to indicate the nature of the flow. When one of these napkins was given to me for examination I could hardly believe my own eyes, or nose, or touch, so perfectly had the flow dried up and vanished from the saturated cloth of the preceding night. *Kali bichromicum*, which had been given him for his other symptoms, covered this one, too, for in a few days this rectal flow entirely ceased.

In coccydynia or neuralgia of the coccygeal region, when the coccyx is pushed backward, or continues in a relaxed condition too long; when the patient cannot sit down comfortably because the backbone is too long, as she expresses it, *Kali bichromicum* 30th or 200th gives great relief.

In stinking ulcers of nose and throat; in cases where the nasal bones are eaten away in syphilis, *Kali bichromicum* will oftentimes stay this bothersome disease and restore the patient to

comparative health. In pharyngeal ulcers, which are deep-seated; in naso-pharyngeal troubles, where the septum is partially eaten away, *Kali bichromicum* will avert the destructive process and partially heal the diseased parts. To get the best results in these desperate cases, always use high potencies.

In the epidemic of influenza among the horses in 1872, called the epizooty, *Kali bichromicum* worked wonders. We were advised to use the first decimal trituration and that was the form we used and with gratifying success. If I had used a higher potency, the poor, sick horses would have recovered sooner, for in my after experience in veterinary work among my patients I found the high potencies cured them quicker.

KALI CARBONICUM is the oldest of the potash group in our Materia Medica, having been proved by Hahnemann, Gersdorff, Goullon, Hartlaub and Rummel. Hahnemann classes it among the anti-psorics, and in his Chronic Diseases, Volume IV., devotes fifty-five pages to its elucidation.

In my experience *Kali carbonicum* is good, very good, for stitches. In fact, it is the *stitch* remedy. Stitches run through nearly every part of the body. In stitches of the eyes and ears it comforts many suffering people. Stitches in region of the liver, sharp stitches and clawing stitches; stitches under the clavicle and stitches under the last rib. Stitches in the mammæ, in region of the heart, in both kidneys, in the rectum, and transversely through the pudendum.

This does not cover all the stitches under this drug. It has a stitch from apex of left scapula to pit of stomach; stitches in the arm and forearm, in the wrist joints and fingers; stitches in the tibia, in the foot, in the dorsum of foot, in tendons of right foot, and stitches in feet after a walk.

Stitches are characteristic of *Kali carbonicum*. There are stitches in the joints and tendons; stitches in right or left side at night; violent stitches in left side of chest, in the region of the heart, sometimes extending to the back. These stitches are so severe they almost hinder breathing. We find them in either side of the chest, also during expiration of the breath. It has pulsative stitches in left side of the chest and pressure in region of both kidneys.

Kali carbonicum is particularly useful in kidney and uterine affections. My first experience with *Kali carb.* was in November, 1867. That was my last year in college and Professor Guernsey had sent me up to Norristown to attend to the practice of Doctor Preston, while he was away on his wedding tour. I saw more patients in that ten days than I ever expected to see again in the same length of time. One case he left in my care was an Irish woman, who had aborted and was in a deplorable condition. The doctor said he hated to leave me with so bad a case. I hated it, too. She lived in a stone house and it was hard to keep her bed-room warm. She was flowing a nasty, offensive lochia, and she had so much pain she would scream out in her suffering. As she was so bad, I continued faithfully to carry out Doctor P.'s directions, and did not change her medicine. On my third visit I found her much worse, her neighbors sitting around to see her die. Then I got a move on.

Professor Guernsey had been giving us his keynotes and I remembered what he taught about *Kali carbonicum*: "Distressing, cutting, shooting, darting and stitching pains all over the abdomen; the more completely the stitching pains seem to predominate the more certainly will *Kali carbonicum* be the remedy." After a careful examination I decided *Kali carb.* was her remedy. Fortunately I had some of Fincke's 4000th potency with me and I gave it to her in water every hour she was awake. When I called next day I was relieved to find no crape on the door. I went in and found her sleeping. The woman who sat up with her said she began to get easy after the fourth dose and had slept well the latter part of the night. I continued the remedy. From that time she improved rapidly, and she was grateful to me because my medicine had taken away her pain. Before Dr. P. returned she was well enough to sit up. When he came back the first question he asked me was what day Mrs. ——— died? When I told him of her improvement, he scarcely believed me, so I insisted on his seeing her before I gave up the case. After he saw her he wanted some of my *Kali carb.* 4000. I had gotten mine from Dr. Guernsey and told him where to go if he wanted the same preparation.

Singularly enough, four years later, when one of the founders

of this society had Bright's disease so badly that he gave up practice for a time, some of Fincke's *Kali carb.*, 4000th potency, put him on his feet, and he lived to practice his profession seventeen years longer. In his case the bagginess of the eyebrows, the aggravation at 3 A. M. and the frequent calls to urinate at night led me to prescribe *Kali carbonicum*. Do you wonder that I have had a good feeling for this remedy ever since?

In looking over my patients, if I see a swelling over one or both eyes, it invariably suggests *Kali carb.* It is generally described as a swelling between the eyebrows and eyelids, that fills up when coughing, or making any unusual effort. I have found this symptom present oftener in nephritic troubles than any other. Whenever I see that symptom I always examine the kidneys. When with the "little bag over the eyes" I feel a puffiness or swelling around the ankles, I know that both the heart and kidneys are affected and the first remedy I study up is *Kali carbonicum*. If with these two objective symptoms present I find the patient has to rise often at night to urinate, I seek no further, for *Kali carbonicum* will relieve promptly the urinary difficulty; in a little longer time it will tone up the heart and later on the puffiness or swelling around the ankles will disappear.

In cerebral troubles, when the patient wakes up every morning at 3 o'clock, *Kali carbonicum* is helpful.

In typhoid fever, when the patient's abdomen becomes hard or tympanitic, with or without the stitching pains, *Kali carb.* will often relieve this distressing and dangerous condition and lead the way to complete recovery.

KALI HYDRIODICUM is a very useful remedy when indicated, but, unfortunately, it is empirically used by many physicians in massive doses and fearfully abused by scores of practitioners, who give it any old way for almost everything. If a syphilitic taint is suspected, K. I. is given on general principles. It is surprising how many patients need K. I. among the specialists. While listening to this paper don't think of *Kali hydriodicum* as K. I. given in five or ten grain doses, but as the properly selected remedy, administered in the 12th, 30th, 200th or 40,000th potency. As a rule, the higher it is given, the longer good effects will follow its exhibition.

Kali hydriodicum will relieve excruciating pains in the head from gummata, but will not cure this horrid disease. Yet Farrington in his lectures said "when gummatus tumors involve the nervous tissues, *Iodide of Potassium* is your only hope." No wonder these distressing cases are hopeless.

The characteristic color of the discharge of *Kali hydriodicum* is green. Kent says there is "green discharge of muco-pus from the nose, from the eyes, from the ears, thick copious green expectoration; thick, greenish leucorrhœa; green discharge from ulcers." These thick green or yellowish green discharges are sometimes very fetid. In gonorrhœa or urethritis the discharge is thick and green, or greenish yellow, without pain.

In catarrhal laryngitis or bronchitis the expectoration is greenish. In phthisis pituitosa, the expectoration is greenish and purulent. In œdema pulmonum, the expectoration is like green soapsuds. As a rule, the expectoration of *Kali hydriodicum* is nauseous to the taste and offensive to the smell of the afflicted patient.

In syphilitic cases, when the patient has been mercurialized, or improperly treated, and when the disease has run a rapid course, eating away the bones of the nose, *Kali hydriodicum* will sometimes check this bony destruction. In severe sore throat, with intense headache—not a specific type, *Kali hydriodicum* works wonders, when given in the higher potencies.

Kali hydriodicum and *Mercurius solubilis* are two of our best glandular remedies and they have many symptoms in common. The indentation of the teeth on the edges of the tongue is just as marked under *Kali hydriodicum* as in *Mercurius*. Either remedy follows well after the other. Both are wonderful alteratives, and both remedies have long lasting action on nearly all the glands of the body.

In patients who have been mercurialized to excess, *Hepar sulphur*, and *Kali hydriodicum* will help to right them. If the patient is shivering, chilly and wants to be near the stove, give *Hepar*. But if he is too warm and wants to throw the covers off, if he must keep moving about, and is very tired when keeping still, *Kali hydriodicum* is his remedy.

In diseases of the kidneys, such as chronic nephritis and

chronic diffuse nephritis, in lardaceous kidney, in phosphaturia and in tuberculosis of the kidneys, it is useful. It is said to cure enuresis in children, but I have no records of cures from its use in this disease.

In pneumonia, with hepatization, it works well. In carditis and pericarditis it has done much good.

One more condition to remember, *Kali hydriodicum* will cure as many cases of flatulence, or wind colic, as *Lycopodium* or *Carbo veg.*

FACTS GLEANED FROM EVERYDAY PRACTICE.

By Eli G. Jones, M. D., 879 West Ferry St., Buffalo, N. Y

It is just fifty years since I began the *study* of medicine, and I have been studying medicine ever since that time. Some of our old physicians seem to think that they are "too old to learn new things." I am of the opinion that a doctor is never too old to learn if he really *wants* to.

I try to learn something *new* every day to add, at least, *one* therapeutic fact to my store of medical knowledge. I have done the *best* work of my life since I was sixty years old. I am a *better* physician than I was a year ago, and a *great deal* better doctor than I was ten years ago. We cannot *afford* to stand still. We must study and keep up with the profession or else be among those who "also ran."

An old Eclectic physician, who has grown gray in the profession, writes me, "I want to tell you how an old man with mentality impaired by age and sickness now goes about the work of healing the sick with *confidence*, when in his prime, *before* he had studied your writings, he went among the sick with fear and trembling!"

Dr. W. H. Betteys, Plymouth, Michigan, reads the RECORDER. He writes me, "One of my friends once told me 'that the *best* man that ever came into the world was a physician.' What a *beautiful* thought that is. The man 'who went about doing good. The man who was *everybody's* friend.'"

Dr. G. F. Lee, Sumter, S. C., is one of the Grand Brotherhood of RECORDER readers. He writes me of his "splendid

success in the treatment of cancer from the treatment in my 'Cancer Book.'” He is “*doing things*” in the Palmetto State.

When in a case of dyspepsia or indigestion a patient complains of a *pressure* as of a *load*, and *fullness* in the stomach, yellow, *slimy* coating on tongue, *water* gathers in the mouth, *Kali sulph.* is the remedy indicated, 6x, three tablets once in two hours.

Physicians often write to me for advice about some difficult case they have. I do the best I can for them from the meager facts that they send me. I could do so *much better* if I could *see* the patients and examine them in my *own* way by reading the *eye*, *pulse*, and *tongue*.

A lady has “*coldness* and *numbness* in her arms and hands: she says her arms feel as if they had a *tight* bandage round them. When she wakes up in the morning she has to *rub* them some time to get rid of the feeling as if they were *asleep*.” I gave her *Tr. Rhus tox.* 3x, ten drops, once in two hours, and *Causticum* 6x, three tablets once in three hours. This treatment began to help her from the start and in a week she was *very* much better.

When I was down in Tennessee I was asked to prescribe for a lady with an eruption on her hands and much *itching*. It looked to me like the effects of poison ivy. I gave her *Tr. Rhus tox* 3x, fifteen drops in half a glass of water, teaspoonful every hour; apply *Tr. Sanguinaria*, full strength, to the hands three times a day. They began to get better as soon as she applied the remedy. It will stop the *itching* from poison ivy.

A doctor writing me that he has enlargement of prostate gland, just the *kind* of cases that they usually *operate* on. I advised him to take *Tr. Hydrangea*, six drops, three times a day and *Calcarea fluorica* 6x, three tablets, once in three hours.

I am often asked the question by physicians, “What do you think of this or that ‘new fad’ or ‘serum’ for healing the sick?” My answer to all such enquiries is, “A physician who *KNOWS* *materia medica* need have no *fear* of competition with any ‘fad’ or ‘serum’ treatment, or *ANY* form of drugless healing, for he *can beat them every time!*”

I am sorry to say that some of our doctors are too *lazy* to

study, or they make the excuse that they "haven't the *time* to study." They are looking for some *easy* way to practice medicine that don't require any *study* or brain work. These men are "easy marks" for the man who has made a wonderful discovery, where *all* diseases can be cured by his fad or serum!

Remember that there is no royal road to success. It means *study*, and *lots* of it. It means *hard* brain work and years of patient study. I have known, in my lifetime, what it *was* to feel the sting of poverty. Yet *knowing* all *this* and also how it *feels* to a doctor to have *money* at his command I would not surrender what I *know* about healing the sick for *all* the *money* in *Wall Street*! I have often tried to make our doctors understand that KNOWLEDGE IS POWER! It gives a man *confidence*, it gives him more *self-respect*, it is *the* thing that *commands* the *respect* of those around you. It is *the* thing that *lifts* you up *above* your companions. It is *the* thing that helps a doctor to "*do things*" in his profession.

I have a gargle for sore throat, tonsillitis and diphtheria that I have used since I first began the practice of medicine:

R. Chlorate Potash ʒi.
 Sulph. Zinc. grs. x.
 Mix. Divide into two powders.
 Sig. Put one powder in a goblet of warm water.

Gargle the throat once an hour. Some of our doctors have them made up in tablet form. This makes it more convenient for the office prescribing. As a gargle for sore throat the above formula *can't be excelled*. For little children the mother makes a swab and swabs the throat out every hour.

Dr. P. C. Majumdar, *Indian Homœopathic Review*, reports two cases of gangrenous wounds, one in the finger and another on the leg. They were both treated allopathically but grew worse until amputation was said to be the only hope of saving the patients' lives. *Lachesis* 30th and 200th cured both of these men.

THE NEXT MEETING OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

We have received the following from Secretary Frank A. Swartwout, whose address is "12 Iowa Circle, N. W., Washington, D. C.," if you want more information.

* * *

The Southern Homœopathic Medical Association, Bureau Chairmen have been appointed as follows:

Materia Medica—Dr. Eldridge C. Price, 1012 Madison Avenue, Baltimore, Md.

Surgery—Dr. W. A. Boies, Knoxville, Tennessee.

Obstetrics—Dr. Garnette W. Johnson, Danville, Virginia.

Ophthalmology, Laryngology and Otology—Dr. Burton Haseltine, 122 South Michigan Boulevard, Chicago, Ill.

Pedology—Dr. Martha C. Burritt, 1855 Calvert Street, Washington, D. C.

Homœopathy and Propagandism—Dr. J. L. Jennings, Danville, Virginia.

Local Committees.

Reports from Bureau Chairmen indicate much interest concerning the Annual Meeting, which will be held in Washington, D. C., October 24, 25, 26, 1917. A number of papers illustrated by lantern slides or demonstrated otherwise have been promised. Some important matters related to the medical profession and of great moment to the country at this juncture will be discussed by men experienced in those affairs. Arrangements are being made for clinics to be held before the Society.

Washington is usually an attractive place for gathering conventional bodies, but Washington in war time is more than ever interesting. A record attendance is expected at this meeting and a special effort is being made to bring out a full quota of Southern physicians.

The great need for an increased number of homœopathic physicians in the South will receive especial attention at this meeting. The Executive Committee is gathering data concerning this need and formulating a plan whereby continued and increasing effort may be made to bring more Southern men to

homœopathic colleges for their education, expecting, thereby, to increase the number who will practice Homœopathy South of Mason and Dixon's line. As a part of this plan, it is desired by active members of the Association to hold the Annual Meeting of 1918 in the heart of the South. It is hoped to have available at the next meeting, invitations from several Southern cities.

FRANK A. SWARTWOUT, M. D.,
Secretary Southern Homœopathic Med. Asso.

SHALL WE USE ANTI-TOXINE IN PREFERENCE TO THE INDICATED HOMŒOPATHIC REMEDY.

Editor of the HOMŒOPATHIC RECORDER.

I have been graduated twenty-four years and have practiced Homœopathy twenty-three years, or since my graduation in Homœopathy. (I graduated at an Allopathic school first.) I have never had a death from diphtheria or any other kind of a sore throat and I have never used anti-toxine and I never will if I can get out of it. If any of the users of anti-toxine can show as good a record for as many years' practice, let them step out front and speak out? Naturally in that many years I have had some pretty bad cases of diphtheria, and I have had some pretty bad looking sore throats to treat, which were not diphtheria, but which some doctors would have diagnosed as such, squirted in the juice, regardless of bad after effects, collected the extra fee and told all over town of the bad case of diphtheria they had cured.

I will acknowledge that I did see anti-toxine used once, just once; I had been called in consultation on a bad case of laryngeal diphtheria, fifteen years ago, which had been diagnosed by a young doctor as tonsilitis and treated as such for several days, the child steadily growing worse. When I saw her I told him the patient could not live longer than two o'clock in the morning, it being almost midnight then. The child's father expressed a wish that anti-toxine should be used. We got it and the doctor injected it. The child collapsed immediately and he resorted to artificial respiration or she would have died then.

However, twenty minutes after the administration of the anti-toxine she was dead. I do not think she would have lived more than an hour longer if she had not received the injection. In that case the anti-toxine did some good, for I believe that it shortened her sufferings.

I had never passed a State Examining Board and a few years ago, December, 1910, I believe, I was visiting in another State and it happened that the State Board was in session. I thought I might at some time wish to move from Pennsylvania and it would be nice to have a State Board certificate, so I took the examination. Having been graduated some years, they gave me an oral, by a committee of three, two Allopaths and one poor little Homœopath. The examination was practical and not difficult to pass for one who was fight in the harness. The chairman, among other things, asked me: "Doctor, what dose of anti-toxine would you use?" A few days before I had read somewhere that the dose was six thousand units. So I told him that and he said: "Yes," and began to ask me the next question. I interrupted him: "But I have not answered your question." He said: "Yes, your answer was correct." I replied: "No, you asked me what dose *I* would use. I would not use any, I would depend on my homœopathic remedies." He looked disgusted and said: "Now look here, you're not a Homœopath, are you?" I assured him that I was, most certainly. Then he asked the Homœopath on the committee if he used anti-toxine and he acknowledged that he did. He was small enough to begin with, but that made him look a little smaller in my eyes than he had looked before. I turned to him and said: "Isn't that a nice way to practice Homœopathy?" He cringed, but could not offer an answer. We had a general discussion of the subject then, but none of them could combat my argument that I must be right, as I had never had a death from diphtheria or any other sore throat.

I supposed they would try to flunk me for it, but they passed me all right.

The remedies I usually use and rely most on in treating diphtheria are: *Belladonna* 3x, *Merc. jod. rub.* 2x or 3x, and *Phytolacca* 1x. Other remedies as indicated. If we will in-

dividualize our cases, not only diphtheria, but every other disease, and treat that particular patient and not the disease in general, we will get better and quicker results and make more friends for ourselves and Homœopathy than by giving some crude drug, or an anti-toxine which has been recommended for that disease in general.

The curse of Homœopathy at the present moment and what I believe is doing more to kill it than anything else is the teaching in some of our so-called homœopathic colleges. It is an actual fact that some time ago I received a reprint of an address delivered before a Homœopathic Medical Society, in Boston, I think, by the professor of medicine in one of our homœopathic colleges, on the merits of *Phenol* in some disease, typhoid fever, I think. With all the grand array of homœopathic remedies suitable to curing typhoid fever why does any man want to fool with a crude drug? No wonder the college he is connected with is having a hard fight for existence. Either he should be put out of the faculty or the homœopathic profession of the country should put that school out of the business by refusing to send them students or to aid them in any way whatever.

For my part, I guarantee that I will not throw anything their way as long as that man teaches in their school.

E. P. C.

TREATMENT WANTED FOR THE ANTI-TOXIN DISEASE.

Editor of the HOMŒOPATHIC RECORDER.

I have quite an interesting case on hand and would be glad to hear from others as to their treatment of similar cases and the final results.

Mrs. M., æt. 43, hard nodular lump appeared in right breast at right of nipple after an injection of "antitoxin" in the breast.

The swelling and pain became unbearable and patient was relieved of \$200.00 worth by a cancer specialist by the torture method of plasters. Since then the lump has returned and is now about the size of a duck egg. Nipple retracted. Under applications *Wine of Phytolacca* it seems to be decreasing in size and swelling is leaving the rest of the breast.

I am giving *Conium* internally.

The three daughters got an injection in their breasts at the same time and each has a lump at the site of operation.

The youngest is nine years of age and has suffered from chronic tonsillitis and swelling of the glands of the neck which have the same nodular form as that of the breast.

If any of the brethren have been able to completely eradicate the results of such antitoxin administration I should be very glad to know of their line of remedies.

H. G. COLBY BOND, M. D.

Dewey, Okla., June 7, 1917.

PLANTATION MEDICINE.

By Dr. Blanke.

One hot day, in the shade of the old barn, Dr. Mallard Ducke and the eminent Professor Graye Goose were discussing the problem of the prevention of disease and, for a wonder, that smart Alec, Bantam Rooster, attentively listened. Very learnedly Dr. Mallard Ducke explained the science of the prophylaxis. When he had concluded the Professor remarked, and, it must be admitted, in an irritatingly superior tone, "I see, my dear doctor, that your science has got within sight of true science. You give a disease to prevent the same disease that you give. Real scientists have known this for centuries, namely, that 'the lightning never strikes twice in the same place,' to quote one of our well established maxims."

At this the Doctor got hot and retorted, "We demonstrate the truth of some of your too often idle theories!"

"Yes," calmly replied the Professor, "you people merely confirm our science and then you strut about as discoverers. *Discoverers!*"

"Sir!" bristled the Doctor.

"I have said it," came back the Professor.

Just here, before a scrap eventuated Bantam called out from above, on the old wagon-tongue, where he was perched, "Say, youse guys! You can't make the lightning strike nor youse can't dodge it when it does. Neither do youse know why it strikes, so, Doc, what's the use of makin' artificial lightnin' to

hit a feller to stop the real thing, seein' as you and the Prof. don't know nuttin about the whole thing?"

At this the two scientists wrathfully looked at Bantam, but as he was mostly feathers and could ascend to the top of the barn, while they were so portly they could not get up to the wagon-tongue, or catch him by any means, they merely glared for a moment at the fresh one. Then said the Doctor, "We cannot discuss scientific subjects with the riff-raff."

"No," replied the Professor, "let us pass by in silent contempt," which they did.

A STALWART ICONOCLAST ON TUBERCULOSIS.

It was written by Dr. W. R. D. Blackwood, 852 N. 23d St., Philadelphia, Pa., for the *Southern Clinic*, Richmond, Va.:

"My good friend, Bryce, has asked my opinion concerning the communicability of tuberculosis, and here it is: With an experience of almost sixty years in army, hospital, and private practice in this and other lands, including that of two great hospitals, I should know something about the matter, and I think I do. Of course, I have taken all proper precautions against spreading the malady, such as isolation, disinfection, antiseptics, and other precautions against transfer. But patients will not, always, act as we tell them to do, even for their personal benefit, hence I have had plenty of chance to know the ins and outs of this question. I have had many cases where the other members of the family slept or roomed with the patient, such as boarding-school children, wives and husbands, nurses and caretakers, physicians and undertakers, and other combinations which gave people excellent chances to catch the trouble, but up till the time of commencing this paper I have not seen a solitary instance of one taking tubercular disease from some one else. In view of all these conditions I do not believe that tuberculosis is infectious, contagious, or portagious; in other words, it cannot be transferred by looking or talking to a consumptive, getting into close contact with one, or carrying the malady from place to place, as is the case in scarlatina or small-pox.

"The whole explanation of the craze as to *Tuberculin* as a

preventive is precisely that of the farrago of antitoxins, serums, and the other frauds. Producers who have millions invested in factories sending out these humbugs must get their money back with usurious profits from such dupes as they can influence through lying advertisements, reports from subsidized doctors, druggists, and preachers (who will, in company with congressmen, certify to anything), and through such boosting the credulous and ignorant public is stung.

"The whole business is based on superstition, quackery and robbery.

"Dr. Bryce has said that I speak out plainly without caring what others think about my lucubrations, and he is right. The probability is that many or all my readers may not agree with these views, but I can't help that. What do you think about it, my eminent friend Bryce?"

BOOK REVIEWS.

BOTANIC DRUGS. Their Materia Medica, Pharmacology and Therapeutics. By Thomas S. Blair, M. D., Editor Medical Council; Author of "Public Hygiene," "A Practitioner's Handbook of Materia Medica and Therapeutics," and "Pocket Therapeutics;" formerly Neurologist to Harrisburg (Pa.) Hospital. Large type, fully indexed, 394 pages. Price, \$2.00. Cincinnati. Therapeutic Digest Pub. Co. 1917. (Also on sale homœopathic pharmacies.)

This is a brave attempt to turn the profession away from the products of the chemical factories, the biologic products of the laboratories, and to lead it back to the old time drugs from the work-shop of Nature—back to *Abies* and *Zingiber*, quoting the first drug named on page 63 and the last one on page 352, with possibly 200 between. Here is a quotation from the Preface:

"As between the empiricism of much which passes muster as 'clinical experience,' and the dogmatism of the more militant school of laboratory pharmacologists, much untilled ground lies in the field of botanic remedial agents. This book will make an effort to till that ground, as far as one book may."

It seems to the reviewer that the author does not comprehend the work of Hahnemann for he writes: "In fact, from Ægineta and the medieval European writers Hahnemann took the greater part of his remedies, accepting their nomenclature and much of their data. In fact, outside of the botanic field, oyster shells, graphite, lachesis, sepia, burnt sponge and other 'peculiar' remedies of sectarian medicine were also described in ancient and medieval books." That may be so, with the possible exception of *Lachesis*, but Dr. Blair forgets that the effects of these, and the botanic drugs, were tested on healthy human beings and it is this fact that constitutes the great value of Hahnemann's work and causes it to stand very distinctly apart and above all other in this field, *i. e.*, materia medica apart from the great therapeutic law, which only makes materia medica of any real value.

One very commendable feature of this book is the insistence on the fresh, or green, plant tincture. "Fermentative changes ruin some plant structures, and microorganisms proliferate very rapidly in others." "I know of no form of the drug," *Cactus*, "which retains its integrity except that made from recent material placed in strong alcohol and kept strongly alcoholic as a finished product."

In short, without saying so, the author advocates the Hahnemannian fresh plant tinctures. Here is a striking comment: "Cheap fluid extracts are the real basis for a lot of therapeutic nihilism." He also remarks that "there are many uncertain alkaloids and other proximates, even as there are certain crude botanic drugs." So it seems (and this is from a "Regular") that the fresh plant tincture from the true plant is that only which the physician should administer.

The drugs are handled, taking *Abies* as a model, by first giving their source and what is known of their various preparations if there is more than one, followed by their pharmacology, therapeutics and, finally, administration. You will find the book a useful addition to your works of reference, as it gives the allopathic view and use of very many of our drugs.

Dr. W. H. Haerchette, Sioux City, Ia., remarks that *Sulphur* and *Calcarea carb.* are peculiarly valuable for mouth breathing children.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

We are pleased to insert an article in this issue from Dr. H. O. Skinner, pediatricist, of St. Paul, Minn., and to excerpt a paper by Dr. H. P. Skiles, of Chicago, on Insanity. Dr. Skinner writes on the feeding of babies in a practical way, which should be of great help to those interested in the care of children.

INFANT FEEDING SIMPLIFIED.

DR. H. O. SKINNER.

The artificial feeding of infants, usually considered so complicated, may be made very simple and the following schema, varied slightly to meet individual requirements, has been my mainstay for a number of years.

The requirements are a knowledge of quantity and composition.

Quantity of food required is determined thus: the number of feedings (5 to 7, one each at 6, 9, 12 A. M., 3, 6 P. M., and one or two at night) is multiplied by the amount given at each feeding (1 to 2 oz. more than the age of the baby in months).

Composition considers the nutritive principles of milk and sugar with water or barley water enough to make up the total amount required.

Milk, whole, 1 to 2 ozs. daily for each pound of the baby's weight.

Note: begin with only $1/4$ to $1/3$ milk and more or less slowly increase to the amount required by the above schedule.

The best milk is Holstein, the poorest, Jersey or Guernsey. Herd milk is better than one cow milk. Cream is not well tolerated. Too much is evidenced by sourness, vomiting, curdy appearance of stools and usually constipation. Remedy, skim the milk.

Sugar, roughly, as much as can be tolerated, beginning with $\frac{1}{2}$ oz. and working gradually up to 2 ozs. daily.

Malt sugar (dextri-maltose) is usually best tolerated, but will not agree with vomiting babies for whom milk sugar is best. Cane sugar is the sweetest, but worst tolerated. Intolerance is shown by gas, chafing and diarrhoea.

Diluent.—Plain water is good, barley water (2 to 4 teaspoonfuls barley flour, in 1 pint water, boiled fifteen minutes, replacing water of evaporation) is better. Oatmeal water (made by substituting tablespoonful of oat meal for teaspoonful of barley flour) is said to be somewhat laxative, but in my experience is no better than barley water.

Lime water (1 part to 15 or 20 of formula) in case of normal babies or milk of magnesia (1 to 4 teaspoonfuls daily) for constipated babies, added to the day's milk mixture seems to make it more digestible.

If necessary to boil milk, do so after adding the water, but before adding the sugar or alkali.

On occasion of changing the strength of formula, decrease very rapidly, but increase very slowly and cautiously.

Weigh baby every week, as weight is the only criterion for growth and is necessary in fitting the baby's food to its needs.

The baby should be wakened if asleep at feeding time and fed nothing between times but water.

The baby should receive normally about 40 calories per pound per day. The value of any mixture can be figured from the following food values: 1 oz. milk, 20 calories; 1 oz. sugar, any kind, 120 calories; 1 oz. barley water (2 teaspoonfuls of the flour), 2 calories.

THE PHYSICAL CAUSES OF INSANITY.

DR. H. P. SKILES.

(The following is an excerpt from a paper read by Dr. Skiles before the Chicago Homœopathic Medical Society, in April, 1917):

The idea that insanity is a mental disease, and primarily from the brain, would naturally follow Brokaw's announcement in 1861, that the brain is the center of the nervous system; and he had discovered the area where words were kept.

Some light has been thrown on this subject during the past twenty-five years. There is scarcely any difference of opinion at present in regard to mental diseases which are primarily located in the brain, and which are manifested by a number of dementias.

These are trauma of the skull which produces pressure on the brain, blood clots, tumors of the brain, and paresis which is produced by syphilis. These, as we understand it, cover all the causes of dementias directly from the brain. The percentage of insanity from these is small in comparison to the remaining mass of insane as exist at the present time.

I presume that it is known not only to all medical men, but also to many of the laity, that an infection occurring anywhere on the body, or in the body, may produce a condition so serious that it may cause delusions, delirium and death; and yet an autopsy in the great majority of these cases will show no pathology in the brain, more than we would have in a typhoid or pneumonia case. It is common for abnormal mental phenomena to be observed in many of the acute diseases, but, as a rule, normal mentality returns as soon as convalescence is complete. The beginning of some rare cases of insanity has been traced back to one or more of the acute diseases.

* * * * *

Among a number of cases cured by the practical application of his theory of physical causes of insanity Dr. Skiles cites the following:

"One case, a Miss S., nineteen years of age, high school graduate, daughter of a well to do farmer, who had been working during the summer of 1909 as an assistant to the county recorder in the county in which she lived, suddenly lost consciousness of herself and her surroundings. She was kept at home for several weeks and was then brought to the Garfield Park Sanitarium about the middle of September. She could not tell anything about herself, not even her name or home. She was kept under surveillance, and closely observed. At the end of two weeks she was placed under an anæsthetic and examined as to her physical condition. We found an erosion of the entire cervix uteri, strawberry in color, with a cervicitis. The entire cervix was treated with silver nitrate, the cervix was dilated and

nitrate of silver applied internally to the endometrium. The rectum was also examined, the hood of the clitoris was pushed back and cleaned of small particles of smegma after which the treatment was applied to the cervix for several weeks or until the parts assumed a normal complexion. By the end of November she had improved so that she could be taken out to walk short distances and by the middle of December she was able to walk three or four miles without fatigue. Since her discharge in January, 1910, she has had no relapse."

CLINICAL URINOLOGY AND RENAL DISEASES.

CLIFFORD MITCHELL, M. D.

An Interesting Case.—There are so many causes of albuminuria and the condition is often so extremely obscure that an attempt at a diagnosis should not be made without the most serious consideration of every case. The following is instructive, as it illustrates the desirability of not jumping at conclusions:

Patient, 43, of good family history, applied for life insurance early in 1917, when it was discovered that he had albumin and tube casts in his urine. He went about from one laboratory to another receiving stereotyped reports of per cent. of albumin and kind of casts without suggestion as to the meaning or cause of same until finally he was referred to the writer for an investigation as to the pathology. I found that in 1907 he had what was called acute nephritis, though no œdema was present. His principal symptom at that time was weakness, chiefly felt in the knees. He was dieted and treated for nephritis for two months, at the end of which time albumin had disappeared from his urine and analyses made every six months afterwards for some years failed to show any return of the albuminuria.

He presented no history of syphilis, had had no tonsillitis or sore throat, there had been no skin troubles, no hæmorrhoids, no hernia, no disturbances of hearing or of sight. His blood pressure was 128-90, his pulse and temperature normal. There was no afternoon temperature nor acceleration of the pulse. Patient was a married man of good habits. He had never had œdema nor any swelling anywhere in the body.

The condition of the heart appeared good, the only abnor-

mality detected being a slight accentuation of the aortic second sound. He felt well and had no complaints.

The writer caused him to collect the urine for 24 hours in three periods of eight hours each, kept in a cool place. He was also given directions for making the test for kidney function described in the recent issues of the *RECORDER*, namely, by drinking (after fasting) one pint of cold water, etc. His kidney function was found to be practically perfect, as he voided all the water, according to the Albarran test, in less than two hours after drinking it. Careful tests for albumin in his urine failed to discover the presence of any albumin at all.

A natural conclusion in a case like this would be that either there was a flaw somewhere in the work of previous attending physicians or else that he might be one of those peculiar individuals who manifest cyclic albuminuria.

The ordinary examination for tube casts in this case was negative, but our instinct was that tube casts should be found.

Accordingly we "got after" the urine with re-centrifugation, until the scanty sediment began to increase in amount. After several re-centrifugations we were able to demonstrate two typical casts of the hyaline variety and as one of them contained fat droplets we felt repaid for our work.

It has been argued that too much centrifugation will destroy casts, but, on the contrary, the only way we are able to find casts in those difficult urines which deposit practically no sediment in three to five minutes is to re-centrifuge until sufficient sediment is collected to be visible to the naked eye.

Hence in the case above described we concluded that the patient was suffering from slight chronic parenchymatous nephritis with slight acute exacerbations, one of which occurred about the time he applied for life insurance.

Such a patient might easily pass for life insurance between exacerbations.

The Danger of Water-Drinking.—There is danger in drinking water even when the water is perfectly pure. This statement, however, can not be used as comforting by the "wets." The danger in drinking water is that you may fool your analyst. The following will illustrate: On the 25th of April a specimen

of urine was sent to the writer for analysis. It was without information regarding time when voided, etc., but being of light color and low specific gravity the writer was suspicious of it in spite of the fact that **albumin tests were absolutely negative.** The routine microscopic examination failed to find tube casts, but our instinct was that casts should be found, so after some little trouble we managed to find a few hyaline ones. The next step was to persuade the patient to collect the urine according to the writer's card of directions, which was accomplished finally after some weeks.

The 24 hours' urine collected in three periods of eight hours each showed a frothy liquid in which albumin in quantity easily determined by the Esbach tube was present in all specimens and the most hurried examination for casts found them without trouble!

The rage for water drinking to flush out the kidneys has been animadverted upon in this department several times. Not that water drinking is a bad thing in the abstract, but it is sometimes possible to drink water enough before voiding urine to conceal what the analyst wants to find.

As we are writing this article we can hardly help wondering how many years will elapse before the laity finds out "what is what" in urine analysis.

How to Collect Urine for Analysis.—Inasmuch as no one is writing much about the urine, while at the same time there is the most crying need for instruction both of the profession and of the public in regard to the importance of collecting and preserving the urine **properly** before an analysis is undertaken, we feel it incumbent upon ourselves to print our latest instructions as to the collection and preservation of urine. That these instructions are practical we do not claim, for experience shows they are **most unpractical.** No one in these days will, as a rule, take the trouble to find out whether he is getting his money's worth or not, hence any one whose mission it is to save both money and life for others is likely not to enjoy the vocation. However, for the benefit of the few who really like to make a "good job" even of collecting urine we submit the following:

Provide three *clean* bottles each of a pint or more in capacity. Divide the 24 hours into three periods, as follows:

1. Noon to bed-time.
2. During night and on rising.
3. Breakfast to noon.

Collect and furnish the *entire* urine of each period in a bottle by itself, tightly corked and *kept on ice*, or in a *cool place*.

When for any reason the whole 24 hours' urine cannot be supplied, furnish *at least a pint* with full information.

Begin the collection on an empty bladder; take *no drugs*, and *drink no more than necessary* to quench the thirst.

If the urine is sent from out of town, add to each bottle a fragment of gum camphor about the size of a bean.

Label the specimens and ship without delay the entire amount of urine collected in 24 hours. *Do not* send from out of town so as to arrive late Saturday, or on Sunday or on a holiday.

Advise whether parcel post or express is used for shipping, and if express, by what company shipped.

Our Diabetic Clinic.—During the winter of 1916-1917 we treated in our clinic quite a number of cases of diabetes mellitus with results which serve to strengthen our belief in the importance of the bowel function in diabetes. When we began our service in this clinic nearly all the patients complained bitterly of aches and pains, which they attributed to many causes of no bearing so far as we could see. When we completed our service in the spring of 1917 practically all of the patients were symptomatically well, the reason being that we pay as much attention to the constipation of diabetics as to the diet or anything else. It is useless to prescribe a dietary for diabetics when the bowels are not functioning properly. While the sugar may be diminished by careful diet, if the urine shows indican the patient will be depressed and full of complaints. If you are to win the gratitude of the diabetic patient, you must get his bowels open. This seems elementary advice but judging from the constipated condition of the ambulatory cases seen in clinics the bowel attention given them previously can not have been sufficient. Occasional doses of salts or the taking of pills whenever patients can remember it or afford to procure the articles, coupled with the insane idea that diet in diabetes means meat plus gluten bread, leads to a pitiable condition of indicanuria and

toxemia, which in time is likely to terminate in an incurable and frightful neuritis. Some of the most agonizing cases of neuritis ever seen by the writer have been in old cases of diabetes. Such neuritis should be a warning to all to keep down the indican in the urine of diabetics by a vegetable diet principally and by careful and regular daily attention to the bowel function.

Dr. G. W. McBean, Chicago (*Jour. A. I. H.*) finds *Agaricus* ix the remedy for muscular inco-ordination, twitching or nictation of the eyelids, and also for excessive stuttering of children. *Thuja* θ for warts and papilloma. *Phytolacca* θ 10 drop doses every two hours for acute tonsillitis and pharyngitis.

COLLINSONIA.

Collinshonia is an old remedy, but one that does not receive enough attention from the average practitioner. Hæmorrhoids, chronic laryngitis and atonic heart are leading indications for it, and here it receives attention from the average practitioner. Many neglect to remember it in rectal pain unless due to obvious hæmorrhoids. Its action here is sometimes instantaneous. The writer has more than once had occasion to bless the action of this remedy in his own case. A country practice in the long-ago enabled him to accumulate a combination of rectal pockets and hæmorrhoids which were finally properly treated and cured, but a rectal neurosis has remained, which is aroused by sitting on a cold, damp seat, and when such exposure is committed the following night is liable to afford a disagreeable surprise in the way of sudden excruciating pain, which wakes the sleeper out of a sound slumber, and may be likened to the piercing of the rectum with a sharp knife.

We have been schooled and sleep with a bottle of *Collinshonia* on the dresser at the head of the bed, and one or two applications of the full strength of the tincture medicine to the tongue, made by turning the bottle upside down on the dorsum, banishes every unpleasant feature, and within ten minutes sweet oblivion is again on, and no more trouble for a month or two, or until another indiscretion provokes another attack.—*Eclectic Medical Journal*.

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EDITORIAL NOTES AND COMMENTS

A Problem.—The *Journal of the A. M. A.* heads an editorial "Urgent Need for Young Men for the Medical Corps." No dispute as to the need, but how can it be satisfied? Has not the A. M. A., by its ever increasing requirements, made it impossible for any one to become a physician until he reaches middle age? Sometimes one almost inclines to the belief that the wisdom of the A. M. A. will not pass the acid test of common sense.

Onward.—Concerning the proposition to establish "a chair of Old School Therapeutics at the Boston University School of Medicine," "A. H. R." comments editorially, as follows, in the *N. E. Med. Gazette*:

"It would seem to the writer that the time has come when the name homœopath should be dropped, as being inadequate to typify the physician who uses everything which the modern physician holds good. No physician worthy of the name limits himself to-day to the dictates of the *Organon*, much as he may reverence it as a long stride in advance of its time. It was a stimulus, but many stimuli have since appeared. Should we not also embrace these? Most of us do. Then why not say so frankly?"

Didn't know the "Old School" had any therapeutics outside of the manufacturing pharmacists' catalogues. Haven't the big guns booted that chair out and didn't a certain "eminent" recently say, in effect, that the man who prescribed medicine was

either a grafter or a medical weakling? The *Organon* may have been left behind, but those who have done so have accomplished the fact by marching backward. As for dropping the name "homœopath," that is, it seems to us, up to the individual rather than to societies. And this recalls a recent letter received here from a wealthy lady in a hustling little city. The writer lamented the death of their old homœopathic physician "who cured us, while all the scientific doctors we now have can do is to perform operations. We miss that good old homœopath."

Beans.—Our grandfather, a gentleman of the old order, once remarked to us, then a small boy, "the Romans conquered the world on a diet of beans." That they did conquer the world and held it down for many centuries is history, that they did it on a diet of beans modern medical science seems to deny, for, according to Professors McCollum, Simmonds and Pitz, of the Wisconsin University, rats do not thrive on the white bean and, therefore, man cannot. To be sure an ignoramus might put up the clack that man cannot thrive on a rat's diet, but, of course, that would be merely a display of the ignorance of the ignoramus. Our learned contemporary, the *Journal of the A. M. A.*, devotes over a page of its exceedingly valuable editorial space to this Wisconsin Report, which, it says, is an important contribution "to the biologic value of white beans," etc. Also "experiments on rats, the best guide as to what may be expected in respect to the nutrient possibilities of a ration," etc. Also, that there was a high mortality among the rats when fed on beans. In view of this science we may probably be confronted before long with a bean prohibition society. Apparently in the lexicon of biologic science a rat is the measure of a man. In honesty to our contemporary it should be stated that it remarks that until more information is forthcoming caution is advisable. Also, that the bean "may act as a very desirable source of water-soluble vitamin." What a "vitamin" is, well, not even *Jama* knows. But on the other hand, to quote our learned contemporary, beans in the digestive tract are "accompanied by the liberation of a great deal of gas."

Time Works Wonders—With Some.—Here is a quotation from a recent article in a homœopathic journal: “It must be remembered, however, that Hahnemann was a physician of the early part of the last century, and that medical thought and progress are at a different stage to-day.” If this be true why, then, old Homœopathy should be thrown on the allopathic scrap-heap? But, also, science has advanced since Newton announced the law of gravitation.

Obituary.—It is with real regret that we read in his own journal, *The Pacific Medical Journal*, of San Francisco, the death of its editor, Dr. Winslow Anderson. While he and his journal were on the other side of the fence, nevertheless the RECORDER was always glad to hear from it—the journal. Let us hope that a worthy and equally scholarly man may be found to carry on the old *Journal*.

How to Prevent Typhoid.—Our most esteemed contemporary, *Health News*, issued by the United States Public Health Service, in its issue of March 21, tells us:

“Typhoid fever is found only in man. It is caused by a short rod-shaped microscopic vegetable, which enters the body through the mouth and leaves it in human discharges to enter another human mouth to which it is carried by fingers, flies, fluids and food. It is essentially a disease of young adult life. Older people are less apt to have it probably because they have suffered from an attack of the disease in their youth.”

If this be true then the only way to stop typhoid is to prevent people from taking into themselves the excreta of other persons who are afflicted with that rod-shaped vegetable. This being a simple proposition one wonders why our officials insist on typhoid vaccination to do the work of the sanitarian.

Contagious?—*Public Health Reports* gives the names of 70 cities of over 10,000 population in which one or more cases of cerebro-spinal meningitis had occurred in the five weeks ending May 26. These are scattered from the Atlantic to the Pacific and from the lakes to the gulf. The smallest number reported

in any city was 1, and the largest 133. Seems as if one must have a robust imagination to class so widely and thinly scattered a disease as "contagious." Looks more as if the old etiological factor "visitation" was more in accord with the facts than is the current theory of contagion. Why a visitation? Why a cyclone?

A "Guarantee."—According to its *Monthly Bulletin* the Connecticut State Board of Health guarantees to save one life for every \$500 the Legislature will give it. On the same sort of guarantee still more lives could be saved if the therapeutics of every State institution and health boards were given over to homœopathic physicians, or homœopathic treatment. There would be no extra money required, but the State would save money as well as lives. At least that was the experience of Arapahoe Co., Colorado, some years ago.

"Epidemic" Meningitis.—The *Journal of the A. M. A.* opens an editorial as follows: "Of the acute infectious diseases none is feared more than epidemic meningitis, and justly, because of the frightful death rate, to say nothing of the suffering and disability. Even under the most favorable circumstances, which means the prompt intraspinal use of potent antiserum, it has not been possible to reduce the death rate much below 30 per cent." From far off memories of our Civil War there comes no recollection of meningitis, but, of course, as all old timers know, in those days they did not inject "antiserum" into the spine. Perhaps, if you gentlemen will not adopt the rational homœopathic treatment for meningitis, the "expectant" treatment will show better results than that shown by "prompt intraspinal use of potent antisera." Couldn't be much worse at any rate.

What Shall We Do To Be Saved?—The following is from a paper by an eminent U. S. medical official: "A dusty atmosphere is objectionable and unpleasant. It irritates the nose and throat. Smoke may be considered as a combination of the gases of combustion and of dust in the shape of carbon particles. The air is sufficiently free from impurities, such as dust and smoke, practically everywhere except in manufacturing cities and in arid

regions during windy periods." Looks as if the only thing that can save us is for the health boards to order all mills, factories, railroads and houses producing smoke to stop it and to plow up all roads and streets and sow them with grass. Sometimes one wonders if some of our eminent medical officials are playing to the grandstands, and, also, wonders if the leg of the mighty PRESS is ever elongated by the "eminent," some of whom dearly love a sensation.

"Epidemiology of Poliomyelitis."—This is the title of a paper by Dr. J. A. Conway, of Hornell, N. Y., in the *N. Y. State Journal*. It is plain that Dr. Conway is not a very firm believer in the theory that the disease is contagious. When it appeared in Ithaca all children under 16 were prohibited from attending anything and kept at home.

"The alarm of the people for the safety of their children demanded the adoption of some such regulations; the residents themselves acted as excellent police for their enforcement, reporting promptly all violations.

"On September 6th, and for two weeks following, guards were placed night and day on all roads leading to and from the city of Ithaca, at railroad stations, etc.

"Still, with all these precautions, the disease continued to spread, even to the remote and isolated farm homes from where the children had not been absent for periods of from four to six weeks. A number of cases have been observed where none but the adults, and in several, the father only, and he very infrequently had been away from the farm, yet the disease visited these homes.

"In addition to the above quarantine regulations, all actual cases were quarantined for a period of six weeks and all contacts under sixteen years of age, for a period of two weeks. Strange to say, no cases were reported in these contacts."

Looks as if the medical authorities not knowing what to do threw a big and expensive quarantine bluff.

PERSONAL.

Tiberius said that at 40 every man was a fool or a physician and he might have added, or sometimes both.

The Court left the jury to decide whether the patient died from this or that. Wise Court!

"Patent medicine frauds." Leave off the "patent" and there would be trouble in the camp.

Dr. Wiel discusses the "Inadequacy of Anaphylatoxin Theory of Anaphylaxis." Discussion clear as title.

The old alchemists tried to transmute base metals into gold. The modern tries paper and often succeeds.

Hell? What you don't enjoy.

In time one wearies of the chronic reformers and welcomes for a change the laughin' philosopher.

Every man wants to violate a certain Commandment when he has a cornet blower for a neighbor.

"A hyphen is something our canary bird sits on," defined a small boy.

"Why do you find fault in me?" said the youth. "I find nothing in you," replied the maiden.

The modest lady traveler blushed when asked if she had seen the Cherokee Strip.

When it comes to one's "last drop of blood" the man is done for before it is reached.

Saving our fuel supply for the future implies a lack of faith in the devil.

He called her a "pearl" and she said, "Quit yer stringin' me."

One isn't surprised that "art objects" in certain department stores.

The man who wrote *How to Make Money* was buried in the Potter's Field.

You can get barrels of opinions free from your friends, but not from lawyers.

"I suppose I must make allowance," said the husband, as he sat down to a poor dinner. "Yes, John, more," replied the young wife. "home is getting dearer every day."

The bum pleaded he had a wife who was a widow with four helpless children.

"The world owes me a living." Why?

When one contemplates his remote ancestors' wigs and clothes he is apt to think that the world has advanced—in clothing.

Binks remarks that the time has come when surgeons have got to cut out something.

Among the "isms" they say rheumatism is the baddest.

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SOMETHING OF A PROBLEM.

Dr. S. E. Fletcher, of Chicopee, Mass., opens it up in the *New England Medical Gazette*, which prints his address before the Boston University Convocation. His premises are sound, namely, that health is a blessing, that treating disease medically, however useful, is but fighting preventable causes and, consequently, preventive medicine is really the highest. He said: "This is, indeed, an age when the physician who can prevent disease ranks far above the one who only possesses the ability or the purpose to cure disease." All of this is true, but when we come to the means by which disease is prevented, according to Dr. Fletcher, there arises something of a problem. The first thing brought forward is the alleged prevention of small-pox by vaccination:

"Of what inestimable value to the world the discovery of Jenner has proved, and his stupendous contribution to the industrial efficiency of every nation by the prevention of that one disease, may be appreciated by a comparison of our present immunity with the appalling losses of but one hundred and fifty years ago."

This discovery was "that inoculation with the virus of cow-pox" would prevent small-pox. As a matter of fact it is doubtful if Dr. Fletcher, or any one else, knows what cow-pox is, or, indeed, if there is such a thing, or ever was. It is also doubtful if even the vaccine farmers know what is used today. Jenner's cow-pox was on the udder of the cow, but today they shave the bellies of calves, artificially produce a running sore and thus obtain that which is inoculated into humans. That the vaccine makers do not know what they use to produce these sores on

healthy calves seems to be proved by the fact that the same unknown poison has started exceedingly disastrous epidemics of the foot and mouth disease.

It is also a fact that in England, where this peculiar Asiatic rite of preventive medicine was first introduced to the western nations, it came in a form resembling our present typhoid inoculation, but was afterwards prohibited by an act of Parliament. Then Jenner brought forward his modified form of the same thing, and again, after years of practice of it, Parliament has again practically repealed it by leaving it optional with the people. Today Germany, which has this form of preventive medicine rigidly enforced, is suffering from a severe epidemic of small-pox, while England, without this prevention is free from the disease. Is not that a problem?

During the years when small-pox was so bad "the fever," a sort of typhus, was still more dreaded. "The fever" vanished with sanitation, as did its twin sister, small-pox. Incidentally, a worse scourge than small-pox is rapidly increasing in all vaccinated countries, namely, cancer. Further on Dr. Fletcher says:

"When Wright discovered that a vaccin prepared from typhoid bacilli, killed by heat, and injected into the tissues of healthy persons rendered those persons practically immune to typhoid fever, he established a new era in military efficiency in every army which made application of his discovery." Then after reciting the experience of our army on the Mexican border, he adds: "Contrast this with the humiliating records of the Spanish War, when, among 55,829 regulars assembled and in the field, there were 7,745 cases, while among the 250,000 volunteers assembled in camps soon after the declaration of war there were 20,000 cases of typhoid, or about 80 cases to every 1,000 men." Very true, but he neglects to add that the same practice did not prevent the disease in the British army in the Boer war, or in the recent Dardanelles' expedition, nor will it in any other place where sanitation does not prevail. Again we read:

"In 1881, the first year of French work, 63 per cent. of all employees were infected with yellow fever, with many deaths.

In 1904, the first year of United States work, the death rate was, in comparison, but one-twelfth of the French record, and since 1906 there have been no cases of yellow fever in the Canal Zone.

“Until 1898, the first year of American occupancy of Cuba, yellow fever was never absent from the island, but with the application of modern sanitary methods it became practically extinct so long as the Cubans continued those precautions.”

All that is very true, but as it was modern sanitary methods alone without the aid of any serum or inoculation that overcame yellow fever, which is a far more deadly disease than small-pox, or typhoid, why could it not alone also overcome the much milder diseases? There seems to be something logically wrong in the reasoning of the defenders of inoculation.

THE THERAPEUTICS OF GUNPOWDER.

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

In response to a request with which Dr. Baker has honored me, to contribute a paper for the Southern Homœopathic Association, I am writing a few notes on *Gunpowder as a Medicine*. Until Dr. Baker's letter reached me, I was under the impression that I had put nearly all that was necessary from a practical point of view into my little pamphlet, entitled “Gunpowder as a War Remedy,” but, as he assures me that by making an addendum thereto I can interest the members of the Association in the curative power of Gunpowder, which is both great and extensive, it gives me much pleasure to comply with his request.

First, about Gunpowder itself. Of course, Black Gunpowder, the original, is here in question. Its discovery is attributed to the alchemist monk, Roger Bacon, who was born at Ilchester in Somersetshire about the year 1214—exactly seven centuries before Armageddon. The Century Dictionary gives this description of it: “An explosive mixture of saltpetre, sulphur and charcoal, reduced to fine powder, and thoroughly incorporated with each other, then granulated, cleaned or dusted, glazed or polished, and dried.” A correspondent, Mr. Ewbank Smith, of St. Leonard's-on-Sea, has pointed out to me that the “dusting”

referred to in the above definition is a coating of *Graphites*, which makes the grains "run" freely. So in Black Gunpowder we have a mixture which ought to delight the heart of the lover of the "combination tablet." But, however complicated its composition, therapeutically it is an unit, just as *Opium* and *Cinchona* are units, despite their very complicated analysis.

Except for a short and sharp experience of my own, in which a few doses of Gunpowder 2x resulted in an attack of herpes facialis, involving the right side of the nose and right brow, and leaving characteristic scars, I know of no proving of Gunpowder. The indications for its use, therefore, are purely clinical and inferential. For my part, I must confess, I do not like it any the less on that account. The Repertory, though an ever present help in time of trouble, is not exactly a penny-in-the-slot machine, but requires a good deal of thought and judgment in using. And though it sounds like heresy to say it, there is a certain amount of comfort in a remedy which it is of no use looking for in the pages of Kent! However, I am unselfish enough to hope that America will soon change all that, and let us have provings of Gunpowder in the potencies, as well as in the crude, and then the Repertories will claim it for their own. In view of the possibility of its achieving this distinction, I have been hunting for a classical name to bestow upon it, in order to give it proper dignity. I have not succeeded quite to my satisfaction, but I offer "Pulvis nigra" as a possible solution. In the meantime "Gunpowder" does well enough, with "Gunp." for short, for prescribing purposes.

The indications for the use of Gunpowder have nearly all been discovered by its use in the crude. If I remember rightly it was from my friend, the late Dr. Robert T. Cooper, that I first heard of Gunpowder as a medicine, and who suggested to me that it would be worth a proving. In my *Dictionary of Materia Medica* I have mentioned under *Kali nitricum* that it was a favorite remedy among soldiers for gonorrhœa, a teaspoonful being taken in hot water. But the grand, red-string indication of "*Blood Poisoning*" I learned from the Rector of Stradbroke, in Suffolk, the Revd. Roland Upcher, who contributed an article on the subject to the *Homœopathic World* in 1911. He told how

the shepherds on his father's glebe-farm in Norfolk used Gunpowder for the following purpose: (1) As a prophylactic against blood-poisoning. For this purpose they ate it, sprinkled thickly on cheese, when taking their bread-and-cheese meal. This was principally as a protection against blood-poisoning from sheep-rot, when handling sheep affected with it. (2) As an application for cuts either on their hands or on the sheep when shearing the sheep. (3) As a remedy when actually poisoned. On one occasion a shepherd who had not been protected by the Gunpowder-and-bread-and-cheese diet got poisoned in the foot-paring season, his arm became rapidly swollen and almost black from finger tips to arm-pit. A dessertspoonful of gunpowder was moistened and made into a paste, and then water was added to the amount of half a tumbler and the whole administered in a single dose. By the next morning the swelling and inflammation had all gone, and the trouble was practically over. Only two fingers remained discolored with a threatened boil. That was poulticed and in three days another dose was administered and the man was well.

(Apropos of foot-rot in sheep, Mr. Ewbank Smith, in a letter he wrote me about the Graphites element in Gunpowder, adds this interesting note: "My father was a hotel proprietor in County Durham, and kept many horses. I remember, when a youth, the grooms used ointment of gunpowder and of black lead for sore hoofs.")

(4) So much for the experience of the shepherds. But Mr. Upcher has many more experiences to relate. He tells of a case of thrombosis of veins with great œdema and prostration resulting from swallowing a quantity of pus from a dental abscess. The patient was so ill that life was despaired of. Crude gunpowder was given in a larger dose than was prescribed with the result that violent purging and sweating occurred followed by very rapid recovery. (The "purging and sweating" may be put down as pathogenetic and remembered against observations I shall refer to presently.) (5) A patient had suffered for years from boils all over, so that they became a misery to her. She was cured by pills sold by a quack. The pills, on examination, turned out to be pills of gunpowder. (6) Pig-keepers in Suf-

folk give their pigs a teaspoonful of gunpowder when "hide-bound." That is, when the pores of the skin become stopped up from lying on wet manure. As a result of this they waste away and would die but for the gunpowder cure. A single dose is sufficient to start the skin scaling and piggy does the rest by rubbing himself against anything he can find handy. (A correspondent of East Dereham, Norfolk, writes me that the people there give gunpowder to their pigs "as an aperient, apparently.") (7) Other indications given by Mr. Upcher are: Herpes and carbuncles and eruptions caused by suspected blood-poisoning. And I may add to these, pustular acne.

(8) *As a vermicide.* I have heard of soldiers taking gunpowder as a cure for tape-worm; but I have not heard of any success with this parasite. But in the case of lumbrici I know of an authentic cure. It was told me by the patient, an Irish lady, and occurred sixty years ago. She was ten years old at the time and her life was despaired of. At last, on the advice of a friend of the family, gunpowder was administered according to the following Irish domestic prescription:

"Put a dessertspoonful of gunpowder and three wineglassfuls of cold water into a new tin porringer. Stir round with a red hot poker until cold. Bottle and give half a wineglassful (well shaken) for six mornings, fasting, and on the seventh a good dose of castor oil."

The patient did not enjoy the medicine, but it resulted in the passage of an enormous number of lumbrici and a complete cure.

My pamphlet has brought me letters from a number of correspondents in addition to interesting articles in the press. Lieut. Col. R. O'H. writes that among the North American Indians he has known gunpowder used as an aperient or emetic "according to the dose given." But he does not say which amount does which. It was a large dose that caused purging and sweating in the case of thrombosis alluded to above. From others I learn that gunpowder for snake-bites among the North American Indians, and the picture of the shepherd with the swollen, blackened arm, poisoned by infection from sheep-rot, and cured with gunpowder is not a bad counterpart of a snake-bitten limb.

One of the most interesting contributions to the Gunpowder question was a letter in the *South Wales Daily News*, of August 20th, from the Revd. Fuller Mills, of Carmarthen. The most interesting point of this letter is that it shows Gunpowder as an analogue of Arnica. It is a vulnerary, both prophylactic and curative.

Mr. Mills writes: "Early in the sixties of the last century I was a boy behind the counter of what was known as the 'Company's Shop,' at 'Abertylery,'" as it was then spelt. Among the collier customers who came to the shop was a tall, well-developed man, known as Dick Stevens. He was a member of the prize ring, or the pugilistic fraternity, which was very popular in those days—days of Tom Sayers, Tom King, Heenan, Dan Pontypridd, Evan Jones ('Ianto Catchum'), and others. Dick Stevens was matched to fight Ianto, and was preparing for the fight. When he came to the shop for his weekly requirements, which were of the plainest and simplest kind, for such men have to bring the body into subjection in all things, he generally asked for an ounce or two of gunpowder. I wondered at this, and my curiosity was aroused. I asked him what he used it for. His reply was, 'I mix it with my gravy when I have my dinner and swallow it. It prevents the flesh from easily puffing under the hard blows of an opponent. The cuts and bruises are not so hurtful and more easily heal.' So gunpowder is a remedy for the wounds of the warfare of fisticuffs as well as of guns and swords! In this connection, I may mention that I learn from a friend that when flogging was in vogue in the Royal Navy the victims took a dose of gunpowder just before undergoing the lash, whenever they could procure it."

My own therapeutic experiences with Gunpowder have been with the 3x trituration and tablets, and the 5x trituration. My rather painful experiment on myself with the 2x trituration made me draw the line at that; but it would seem that all potencies that have been tried are curative. This shows to me that the action is specific, or, in other words, homœopathic. Experience tells me that if a substance can cause a condition or set of symptoms, it can cure the same. And *vice versa*, it can cause in sensitive subjects the symptoms it can cure. Therefore, I

have not the smallest objection to using well-observed symptoms removed under the action of a given remedy as indications in prescribing, precisely as if they had appeared in a proving.

Among the cases I have myself cured with Gunpowder are:

(1) Vaccinal blood-poisoning of two years' standing, resulting in a rupia-form general eruption with fever and extreme debility. (2) Poisoned insect-bite. (3) Poisoned cut from a butcher's knife. (4) Sewer-gas poisoning. (5) Poisoning from earthquake-dust. (6) Secondary syphilitic eruptions.

The earthquake case was curious. It was in the person of a girl of four, born soon after the last great earthquake in Jamaica, and the victim of a pemphigus-like eruption with fever, which was epidemic among the children of the colony for some time following the earthquake. The case was reported to me by the child's aunt. I thought Gunpowder must surely be the simillimum for earthquake, and sent the 5x trituration in powders, which quickly revolutionized the child's health in every way for the better.

My recommendation of Gunpowder as a war medicine is based on the above experience. I recommend it in two-grain tablets of the 3x; one daily as a prophylactic; one every two hours in cases of wounds or blood-poisoning with fever; two, three or four times a day in wounds without fever, whether septic or not.

In the matter of *Relationships*, *Arnica*, *Hamamelis*, *Calendula*, *Ruta* and *Symphytum* are nearest in wounds and bruises; *Anthracinum* and *Tarentula Cubensis* in carbuncles and boils; in blood-poisoning, *Lachesis*, *Septicemin*, *Variolinum*, *Syphilitinum*, et cetra. Mr. Upcher regards *Hepar sulph.* as complementary to Gunpowder. He finds a few intercurrent doses of *Hepar* enhance its action. In the case of injured nerves and painful wounds *Hypericum* 200 has done splendid work.

The history of Gunpowder is a very old one, but its history as a medicine is only just beginning. I commend it to my American confreres as a very rich field for cultivation.

SOME RANDOM THOUGHTS.

By W.A. Yingling, M. D., Emporia, Kansas.

If all the homœopathic physicians of the nation could grasp the underlying principles of the Law of Cure as propounded by Hahnemann, and would seek sincerely to be governed by them, Homœopathy would not only maintain itself, but would advance rapidly to a full and complete and lasting victory. The main barrier in the way of success is a lack of proper comprehension of the principles of Simillimum. The mere use of the remedies, even in potencies, does not make the homœopathic physician. Even the crude drug selected and applied according to Hahnemann's teaching is better Homœopathy and more successful in the cure of disease. Routine prescribing is always detrimental and subversive of the Law of Cure. It will never do to prescribe by impulse, nor because a similar case was cured by a certain remedy. The remedy must be suited to the individual case in hand according to the totality of symptoms. The question is not, What are all the complaints or variations from health, but what are the complete symptoms, the *prominent, uncommon, unusual* or characteristic symptoms, of the case. This is seen from the fact that we are often called upon to prescribe for an acute sickness wherein the latest and most prominent symptoms are to be the basis of the prescription. Often conditions and symptoms not revealed to the prescriber are cured by the remedy selected on the most prominent and uncommon symptoms. It is not ALL the symptoms, but the true totality, the complete symptoms. The aggregate symptoms' list would ordinarily be but a conglomeration of ailments and complaints, whereas the carefully selected symptoms, according to the 153 section of the Organon, would unerringly lead to the curative remedy. The totality is essential, but the totality is not by any means the simple aggregate of symptoms. The honest poor prescriber will have an aggregate of possibly thirty to fifty symptoms to confuse him, whereas the expert and efficient prescriber will cull a half dozen from the list, rearrange, classify, and complete the totality of each symptom so as to easily and clearly point to the one remedy that will cover the case and per-

manently cure. Of course, there are cases where the best prescribers fail and cannot secure or elicit the necessary completed symptom list. In some cases the cause of the sick condition may be the predominant key to the situation. In other ailments the locality or organ may predominate, or some very prominent and peculiar sensation may be the essential feature.

In one case a lady had symptoms referring to the uterine region which called for *Pulsatilla*. She complained of a very distressing sensation of an apple-core in the throat. *Pulsatilla* did not contain that sensation, but the remedy containing it was not to be thought of in respect to the other conditions. *Pulsatilla* did no good at all though it fully covered the aggregate symptoms except the one peculiar and very prominent sensation. On her return, after several days, her great complaint was the apple-core sensation. She had not eaten an apple and never had any actual experience as to how an apple-core would feel in the throat, yet she said it felt *just like an apple-core*. It was the greatest prominent symptom, the uncommon and peculiar condition. I did not like to prescribe on one symptom, but decided to test the matter and thus gave the only remedy containing the sensation with dryness and pain and constant inclination to swallow. This remedy was *Mercurius*, and very promptly and completely cured the patient as well as the apple-core sensation. *Phytolacca* has the sensation as if an apple-core had lodged in the throat, but not with the above concomitants. This cure was nearly thirty years ago.

Another case wherein I had prescribed several times with only meagre and temporary results complained of a sensation as though a hole was in her clothing on the dorsal back and a cold wind was blowing through it. This was so marked and prominent that she often had some one examine the back to find the hole. Several remedies have the peculiar sensation of air or wind blowing on the back. Cold wind blowing on the back between the scapulæ, *Causticum*. Cool wind blowing on the back, *Asarum*, *China*. As if wind was blowing on the back, *Hepar*. As if cool air was blowing on the back, *Camphora*. Cool air spreading from the spine over the body, *Agaricus*. Cold air blowing on left lumbar region, *Castorum*. From the fact

that there has been a history of malaria and ague I selected *China* with prompt relief of the whole condition, yet *China* was not indicated by the other symptoms of the patient. This kind of prescribing is not ideal and will fail in many cases, yet, at times, it is the only course.

I had one case where the peculiar condition, the prominent symptom of inability to urinate in the presence of any one, completely failed to respond in any degree from *Natrum mur.*, the only remedy known to have the symptom. But *Lachesis*, selected on strict *Lachesis* keynotes, promptly and permanently cured.

Prescribing on one peculiar symptom must be the exception and indulged in only when at the end of our string, not knowing what else to do. While it is not a commendable practice, yet it will sometimes be the only key to open the difficult lock leading to success.

There is no doubt the changing of the potency from a higher to a lower or from a lower to a higher will accomplish what the continuation of the same potency will not accomplish. It is the practice of the best prescribers to go higher or lower when a case comes to a standstill or the potency used will not hold the case. While this is a good rule and efficient in most cases, yet in many cases it is the repetition of the dose or remedy and not the change of potency that acts curatively. It is true that we should repeat the remedy as seldom as the conditions will permit. The fear of spoiling the case or doing injury to the patient acts as a barrier to repetition with some excellent prescribers, yet I cannot but believe this is erroneous, especially in acute conditions. If it were true in all cases the majority of cases would be spoiled, for most cases pass through the hands of inefficients and come to us after repeated dosing by crude drugs and low potencies. I have found that the indicated remedy acts promptly in curable conditions no matter what the previous drugging has been. It is fortunate for humanity that this is really true. It is the hope of the world, based on experience and not on theory.

It is thought dangerous to repeat *Lachesis*, especially in high potencies, yet Doctor Berridge, of London, England, reports a

case cured by the repetition of *Lachesis* mm. (F.) (Millionth potency) night and morning for one whole week. The reason he repeated was that it was not the Simillimum, but only a similar remedy. Yet this is no argument that the remedy should be indiscriminately repeated. The fewer doses that will cure the patient the better and the more homœopathically scientific. The place where the danger comes in is not the continuous repetition of the remedy, but in interrupting the action of the remedy, which has been withheld for a few days or longer. When we get action and see that the remedy is doing its work, we must allow it to act uninterruptedly as long as possible. It is better to wait too long than to repeat too soon, and the next repetition should be a single dose. Symptom conditions remaining the same if the repetition fails to get the proper response a higher potency of the same remedy should be given. If the symptom condition is changed and the old remedy is not indicated, a new remedy must be very carefully selected and a different potency used, usually a higher one. If the higher potency of the same remedy fails, and the symptoms are unchanged, then a lower should be used. Dr. Ad. Lippe advises where no response has been obtained by the change of potency and the remedy is still clearly indicated to repeat a lower potency in water every two hours till a good response is obtained, even if several days are required, and then wait on its action. The single dose is the ideal dose, but it is only applicable with the true Simillimum, which is very difficult to get, owing to the masked symptoms through promiscuous drugging. The farther removed from the Simillimum the greater must be the repetition to get the necessary action upon which to wait for a cure or a change. But even the very near Simillimum in certain cases must be repeated till there is a decided action of the remedy. Doctor Kent wrote me some years ago that in low fevers it was usually necessary to repeat the dose even every two or three hours for days before getting the required impression of the drug essential for a speedy and complete cure. Yet all pure Homœopaths know of the wonderful action of the single remedy and what it will accomplish when administered in a high potency. The lower the potency, the nearer the crude drug, the

greater must be the repetition, as a rule, unless it be the one remedy, the true Simillimum, covering the totality of the patient's symptoms.

In the last number of the *North American Journal of Homœopathy* is an illustration of the positive action of the crude drug in the cure of even very difficult and serious sickness. These illustrations are made to prove that the crude will cure when selected according to the Law of Cure. But it will be noticed that the drug is necessarily repeated most frequently, even every fifteen to thirty minutes for days, then one or two hours for other days bordering on weeks even when the patient is better and the drug action has been quite marked. While these cases were cured with the crude drug, they could have been cured more promptly and with less suffering and expense by the use of a potency from the 200th upward. There is no question but that the crude or very low potency will cure when homœopathic to the diseased condition. Experience teaches and proves this beyond a doubt. But the experience as fully and completely proves and establishes the fact that the high and higher potencies act more promptly and efficiently and will cure cases, especially of chronic diseases, that the crude can not touch. It is erroneous to suppose that the high potencies excel in the treatment of chronic cases and are not efficient in the acute stages of disease. My experience goes to prove that the high potencies are more reliable and efficient in the acute cases and will abort sickness, or restrict it to a few days, whereas the crude would require many days or weeks to accomplish the same. Right there is the rub with some physicians. The financial results are not so large.

We often hear of the broken dose. By dissolving a small powder or a few pellets in water it is supposed that the whole amount of water is the actual dose and that each teaspoonful is but a part of the actual dose. We consider this erroneous and far from the fact. Instead of a broken dose when administered, the mother tincture would be the dose. We would have to state the 30th of a dose, or the 200th or 100th of a dose was given instead of a potency. When we dissolve a small powder or a few pellets in twelve teaspoons of water each teaspoon

represents a distinct dose when given separately, whereas to give six of the teaspoonfuls of the mixture at once would be but one single dose and have the same action on the system as one teaspoonful. It is not the quantity or size of the powder or fluid administered (within reason) that constitutes the dose. It is the resultant effect on the diseased economy and the single teaspoonful of the medicated mixture will have the same effect as six given at precisely the same time or instant. This is the reason that a child can eat a small vial of medicated pellets without serious injury (unless very sensitive to the action of the remedy), whereas if the child had taken the same amount in small portions at intervals of a couple of hours there would likely have followed a proving of the drug.

Hahnemann thought he was giving a small dose the size of a mustard seed when placing that small pellet in a powder of sugar of milk. This was one of the extremely few errors of the master and was an error based exclusively on the want of experience and opportunity to thoroughly investigate. Today the same error is made by many and in the same way. We now know the little mustard seed pellet really medicated the whole powder and that the size of the dose was the full powder and not the tiny pellet. Those who doubt this statement can easily verify it by actual experiment. The result of the little pellet in the powder of milk is the same as the same pellet in water. In the remedy or potency there is subtle power that speedily diffuses itself through the mass of sugar or water the same as a magnet will magnetize repeatedly iron or steel when rubbed across it and without perceptible diminution of its own inherent magnetic power. We accept the power of the magnet without question simply because we know by experience it is true. We can and should have the same positive experience or acquaintance with our weapons against disease. I do not profess to know what it is that is potentized nor how the potency is developed, but I am inclined to the conclusion that it is what may be called a vital electricity. It acts very much like electricity. It is as quick in action and as subtle in its sway through the nerves of the patient. The dose of the potentized medicine does not have to go to the stomach, but when the one true *Simillimum* barely

touches the tongue there is an effort on the entire economy. I have seen very severe pain or quite profuse hemorrhage cease within a month or two, in a fractional part of a minute, after the potentized remedy was placed on the tongue. It acts like electricity, goes right to the spot like a flash of lightning. Potentiation seems to free this vital electricity from its crude material environment by the breaking up of the atoms and electrons of the drug. Every substance has its own vital life that acts in its own peculiar way on the sick condition through the nervous system. The nerves are the connecting wires to carry the current of vital fluid. The further this vital electricity gets away from the crude material environment of the drug the freer is its action. The steps in potentiation accomplishes this, hence the higher potencies are more active and powerful when indicated, and still more active when the impressed vital force is in tune with the vital electricity, when there is what has been termed a "sensitivity" of the patient. These sensitives make the ideal provers of our drugs, whereas the person remote from the sphere or line of action of the vital electricity of a given drug has but little or maybe no impression, hence would have no symptoms as provers of the drug.

This brings us to the aggravation from the repetition of a remedy. Some of our best prescribers fear to repeat because of the aggravation or injury following the repetition. I think this fear is largely unfounded. An intensification or aggravation will follow repeated action of a drug only with those *sensitive* to that particular drug. Those without this sensitivity can repeat the drug within reason without any other than curative results. This sensitivity is more than a mere receptivity of the drug action. It implies such a condition of the patient's vital force to the action of the vital electricity of the drug that an over-action is produced by even one or two impulses. The voltage of the remedy is too great and burns out the wires. All persons do not have this sensitivity to one drug and yet may have it in a marked degree to another. He may be sensitive to one drug and may be immune to all others. Some one related that the wife of a druggist was so sensitive to *Ipecac.* that while she was in an upper room with

all the doors tightly closed the preparation of an *Ipecac.* compound in a mortar in the drug room would seriously affect her. Ill results from repetition are produced by the Simillimum on the sensitive. A similar remedy is not likely to have ill results, and the further removed from the Simillimum the less likelihood will there be of over-action. The rule is and must be to give as few doses as will markedly affect the vital force and then wait on its action before repeating. Often a new train of symptoms will come on, but if these are in line with the action of the drug administered no repetition must be allowed, as that would interrupt its action and retard the case. Sometimes it is difficult to decide when the drug action has ceased. A general rule to decide this is found in the general condition of the patient. If the *patient is better*, even though the local conditions may appear to be worse or new symptoms come on, the remedy is doing its work and should not be interrupted. The only exception to this is in cases of extreme suffering or danger. Following a remedy if old symptoms arise, those of years ago, especially those of the initial stage or onset of the disease, there should be no repetition of the remedy, as the return of these old symptoms plainly shows a favorable and curative action of the drug. The same may usually apply also where a skin eruption comes on or is intensified or apparently aggravated by the administered remedy. It is a good rule to do nothing when in doubt but to await the development of symptoms and conditions, and till they point clearly to the right way. Time will be saved and danger avoided. If you give the wrong remedy or dose you must wait some hours to find out your error and then go over the same field again, possibly to find another error manifested. If nothing had been done, *Placebo* being administered, during the several hours necessary to find out whether you had made a mistake, a careful watching and study of the case would have led to success. Be sure you are right and then go ahead. Waiting the action of the remedy, withholding the repetition of the drug till its action is fully expended, requires nerve only with those who are not fully convinced of the Law of Cure, or are ignorant of its force and dependability.

The Law of Cure is potential and wonderful in its results when rightly followed. The one who knows it and follows it can rest in assurance of the best possible results. If there should be a failure it is not the result of the Law of Cure, but the failure of the prescriber to successfully take the case or select the true remedy. I have learned that failures are my fault and not that of the homœopathic law, for when I try again, go over the case, elicit new symptoms and causes and conditions, success follows. Had I given the successful remedy first there would have been no failure. Hence I must not blame the Law of Cure, but acknowledge my own inefficiency. And I may add that there is no physician living or dead but that fails *sometimes*. There is no use to be discouraged, but buckle in with firm determination to master the intricacies and make a telling success.

Doctor Ad. Lippe pointed to the fact that when a patient responded to the action of the remedy administered, but kept falling back, the remedy or its repetition would hold the case but for a short time only, then do no good, and another remedy will seem equally indicated and do good only for a short time, the case was incurable and the patient would die. I have noticed this in several instances and conclude Doctor Lippe was correct in his conclusions. In one case I had every organ in the body was successively affected, and each change indicated another remedy and each remedy apparently acted promptly for relief, still the patient gradually declined and died from inanition, wasted to a skeleton. The most carefully selected food was not tolerated and did no good at all.

THE BREASTS.

By Dr. Mabelle Park, Seattle, Wash.

I think I might apologize for taking as my subject a question so generally understood, yet so generally neglected. so serious in its nature when it is neglected, a fountain head of trouble that radiates in so many directions and is inductive of so many other conditions of a pathologic nature and yet the old, old story is always new if some new phase is introduced into it and possibly I may be able to introduce some new thought that may

make it worth the while to some one, or, perhaps, the discussion that may be brought out will throw a ray of light on some hitherto dark page of this uninviting subject. (I am quite sure more can be said of the breasts than I shall say in this paper and I shall speak only of the female breast.)

When a girl merges into puberty, we all know the physiological change that occurs in the breast; they become suddenly developed, the vascularity is increased and so on I might enumerate other changes. I merely speak of it to show the close sympathy of the breast with the generative sphere. We should expect an organ so intimate in its relation as to undergo simultaneous morphological changes with the generative sphere to also undergo pathological changes when the generative is out of tune, so to speak, and thus we find it so. Pain in the breast at the catamenial period as early as puberty is not an uncommon symptom and often becomes a troublesome disease which extends to the period of adolescence. This condition often goes hand in hand with a dysmenorrhœa though not always. Such remedies as *Puls.*, *Actæ*, *Ignatia*, *Conium* and a few others invite our attention so far as medicine is concerned. Taking up the troubles in sequence, as we might expect to run across them. The next is during the period of gestation, where the glands become active and give us a condition known as galactorrhœa. I do not know the etiology, but I do know that it is a most troublesome condition and if not checked will lead to serious exhaustion and anæmia. It has been my lot to have had three of these cases and in each case the patient was of the blonde type, gave a high leucocyte count, and in one case I found lactose in the urine. My years of observation have been few and possibly there are plenty of men here who have seen many more of these cases and can give more data concerning them. In the three I have spoken of *Calc. carb.* remedied the condition. This was exhibited in the thirtieth potency. Passing on, near the period of confinement, if patient is a primipara and the nipples short, they should be stretched out each day during the last month to prevent depressed nipples, a condition attended with some trouble to both child and nurse, as it is difficult for the child to nurse. In case this is not done a nipple shield will have

to be worn with an artificial nipple attached. It is also our practice to have the nipples treated with *Glycerole of Tannin* for the purpose of toughening them. This is also done before confinement. If this is done we will seldom have to treat cracked nipples, which is a most distressing affection and which may be treated with *Subnitrate of Bismuth* with *Castor oil* rubbed to a thick cream and applied to the nipple between the periods of nursing. Other methods that are spoken of in text books are to paint the nipple with *Chloro-percha* or with *Iodo-collodian*; this is very effective, but not half so effective as the oil and *Subnitrate of Bismuth*. For cracked nipples you would want to think of such remedies as *Arn.*, *Calend.*, *Castor equor.*, *Ham.*, *Phytol.*, or, in some cases, *Agar.*, *Cal.*, *Carb.*, *Cham.*, *Croton tig.*, *Graph.*, *Lyc.*, *Merc.*, *Phos.*, *Puls.*, *Sepia*, *Sil.*, *Sulph.*

MASTITIS.—A trouble that has its origin in some infection having its focus in the nipple and traversing the milk ducts; it may also be caused by a congested breast, often caused by the hanging down of the breast, or a kinking of the lactiferous duct. Whatever the etiology the first and most reasonable thing to do is to draw the milk as clean as possible from the breast, support the breast so that the ducts are straight, best with a corset cover and cotton, then apply hot compresses of water and *Phytolacca*. Many use witch hazel, or *Calendula*, or gentle massage from the base of the breast toward the nipple with *Glycerine*; this is an excellent adjuvant.

Remedies such as these, if selected carefully, are sufficient to handle almost any case: *Acon.*, *Bell.*, *Bry.*, *Graph.*, *Hepar*, *Mentha pip.*, *Phos.*, *Phytol.*, *Sil.*, *Acetic acid*, *Arum triph.*, *Carbo animalis*, *Cham.*, *Cistus*, *Con.*, *Lach.*, *Merc. sol.*, *Rhus tox.*, *Sul.*, *Ver. vir.* and perhaps some more remedies enumerated under sore nipples may be indicated.

We often note times after confinement that the quality of the milk is changed and is injurious to the child or, to say the least, it has no food value to the child; or the milk becomes scanty, or suppressed. So I will give a few of the conditions, as I have looked them up very carefully and many of the conditions I have seen in practice. Perhaps the most common and disappointing condition is where no milk is secreted one of two rem-

edies will usually change this condition and they are *Agnus castus*, or *Urtica urens*. Perhaps you will have coincidentally a condition that may call for *Secale*.

Milk scanty—*Agnus castus*, *Asaf.*, *Borax*, *Puls.*, and then would follow less likely remedies such as *Bry.*, *Cal. carb.*, *China*, *Merc. sol.* and *Phos. acid.*

Milk acid, bitter, tastes badly, salty, watery, and several other abnormal milk conditions, nearly all respond to *Cal. phos.*

Caked breasts, *Carbo an.*, *Con.*, *Graph.*, *Sil.*, *Phytol.*, and *Sul.*

With a sensation as if the breast was on a tension, *Merc.*, *Nux vom.*, *Secale* and *Sepia*.

Atrophy of breast, *Iod.*, *Nit. ac.* and *Sars.*

CANCER OF THE BREAST.—Right here much needs to be said, as there are so many conditions that are thought to be cancer that are not, and many that are not are sent to the operating table, that it stands a Homœopath well in hand to make a very careful differentiation. Three of these cases have fallen under my care this year and all were advised by men of the dominant school to operate.

Now I do not want you to think that I am averse to operating those cases that are without fail a carcinoma or a sarcoma for I do think that operative measures hold such a growth well enough in check that the homœopathic treatment will often do wonders in clearing them up, but I am averse to operating, then to sit down on the results thus obtained and do no more for the patient, for you will find in about one year that the process will renew itself and then you will find that it is too late, and your patient will go down to death in spite of all. We see this enacted in the dominant school of medicine every day. I do not think that all lumps in the breast are cancer, nor will they ever be, and should they be operated upon, perhaps fibre adenoma are the most common of all the tumors of the breast, and they are of a benign character, and I think that a vast majority of the so-called **cancer cures that are made by the knife** are fibre adenoma, I do not say all. The microscopic appearance is very similar, though not identical if the carcinoma be in the early stages and I doubt if the average microscopist can tell the difference. The clinical symptoms are very different. The char-

acter of the pain (and both may have pain of the most intense character) is very different. In fibre adenoma the pains are not of a continuous character and are always worse at the menstrual epoch, while the pains of cancer are always of a burning character and never let up. The carcinoma are of a stony hardness and are blue and sensitive to the touch, while an adenoma may or may not be sensitive to the touch and are never blue, but are usually hard. In the case of cancer the growth may be slow or neuralgia of the breast is always manifest, while in adenoma the growth is slow with no tendency to break down. In carcinoma there is always a cachexia, while in fibre adenoma there is no cachexia. In carcinoma the veins over the body are tortuous, and are enlarged, and particularly about the chest, while in fibre adenoma they are not. We would scarcely expect cancer to occur in patients under the age of 45 (though this is not an invariable rule), while in fibre adenoma it usually comes on after the age of puberty and more often after lactation. Sarcoma may come and do usually come on early in life. It must be borne in mind that all these conditions are affecting glands and thus there may be swelling in other of the lymphatic glands notably under the arm and that is not a diagnostic sign. The carcinoma is always present and is of metastatic growth, while in the case of fibre adenoma it may, or not, be present and is of systemic origin. In carcinoma the blood suffers a change. There is a high leucocyte count with a very high percentage of lymphocytes in the blood. The normal lymphocytes are usually less than 25%, while in cancer the lymphocyte count will go as high as 70%.

The Diazo test of the urine is always diagnostic when you get it, but you will not get it until you have been able to diagnose the condition as carcinoma by other means and long before. That test is of special value when after an operation we might suspect a metastatic cancer elsewhere usually of the pleura after the breast has been removed, or after a uterus has been removed we have reason to suspect metastasis of the pelvic glands. I think then it behooves every homeo to look well to the diagnosis of a breast condition before operating, as a scar is always left that gives no end of trouble even in a benign condition. I need

give no remedies in carcinoma for you know them perhaps better than I do, but for fibre adenoma you can rely upon the indicated remedy and they are in the class such as *Conium*, *Cal. fluor.*, *Carbo animalis*, *Phytol.*, *Cal. carb.*, *Sil.* and *Lapis albus*.

AND STILL HOMŒOPATHY LEADS.

By Mary E. Ray, M. D., Bartlesville, Okla.

The Twentieth Century is every day marking the birth of some new system of treatment for suffering humanity.

Sanitation is a technical scientific attack upon the causes of disease. Every State, city and locality are insistant upon the active observance of sanitary rules. Most of the plagues and epidemics of olden times are now purely historical. Therefore we are indebted to the departments of science devoted to sanitation and the enthusiastic claims of the laboratory.

Surgery is taking huge strides day by day. Hospitals, a few years ago, places shunned and dreaded, are now crowded and new ones being built to accommodate the over enthusiastic, who are seeking surgical aid. There is something fascinating in the thought of a surgical operation with escape from long-time pain. Why suffer delay of medical treatment when the surgeon can so easily end both. Thus the surgeon and hospital are a financial success, and the old family physician is ancient history. This being the case, it is unwise to utter protest against the present trend in medicine.

Many babies have been kept alive; puny and immature infants are so guarded, carefully nourished, fed sterilized food, breathing sterilized air, who would otherwise have died of infection, except for increased medical knowledge.

Disease is being reduced in the number of cases and in severity by modern methods of treatment. Tuberculosis in its incipient stage, by the present system of rest, feeding, and out-of-door life. By neutralizing the toxins in the case of diphtheria, is another scientific method of treatment. There are some who still object to the use of antitoxine, but its value is inestimable.

We also have the serum for typhoid fever, pneumonia, spinal fever, etc.; all are being tested to their full capacity.

With all these facts, the outlook is gloomy, in spite of all that sanitation has done and may yet do; in spite of all marvelous results of surgery, the acumen of which soon must be attained.

In spite of all modern methods of nursing and general management of patients, disease each year is more prevalent and more fatal according to statistics.

We all have admiration and respect for these different scientists and believe in their labors. They have faced many problems to the satisfaction and betterment of mankind.

Homœopathy was an experiment in Hahnemann's time. It proved its value by the clinical test during the next period. By the present day methods it has been scientifically proven both as to theory of similars and the small dose.

Sir A. E. Wright's opsonic work, for example, is but a confirmation or re-discovery of Homœopathy. The results of his research are familiar to every professional listener. Working, for instance, with the germs of pus production, he, too, observed the law of similars. Taking minute quantities of the toxins of the disease producing-germ, toxins capable of producing symptoms similar to those caused by the germ, he was able to cure the lesions produced thereby.

Not only did Wright thus re-discover the law of similars, but also, strange as it may seem, he hit upon the century old conclusion as regards the size of the dose. One ten thousandth of a milligram equal to the sixth decimal dilution of the homœopathic profession, is the dosage recommended by this scientist.

This work is but one example of recent unbiased confirmation of homœopathic claims. The opsonic theory of Wright, the anti-tubercular system of Von Berhing, the mercurial treatment of specific disease,—indeed every single therapeutic procedure of proven value in use by the other school, is simply a verification of Hahnemann's theories.

In Homœopathy, humanity has the priceless secret—the key to the shackles of disease, relief from the bane of the ages. This has long been the testimony of our own school of practice, it has occasionally been admitted by a broadminded and observant man of the other school; and this past five years has

been discussed in scientific bodies, and homœopathic ideas, if not the name, are now practically accepted by the dominant school.

In Homœopathy is healing for the nations, with joint ownership in all the marvels of surgery, in all the products of the laboratories, in all that the sciences collateral to medicine have determined—with ownership in all these, Homœopathy has been sole possessor of the knowledge of remedial application when surgery has been helpless, the laboratory impotent, and general science at sea, Homœopathy has gone on, serene in the conviction of cures impossible by other methods.

Practitioners of our faith are everywhere. Our hospitals are increasing in numbers and influence. Our asylums, homes and dispensaries are without end. The records are open and the results of our practice speak for themselves.

HOMŒOPATHY VERSUS MODERN THERAPY.

By Dr. Alexander C. Hermance, Rochester, N. Y.

In speaking upon the subject of homœopathic materia medica, the application of which, by the way, is coming to be considered as a specialty, as we now hear of the materia medicist, or the internist, in contra-distinction to the surgeon, pathologist, neurologist, gynecologist and other specialties, and considering the fact that so many of us in our endeavor to be considered scientific in practice are chasing the false gods, such as the serum therapy, etc., I would say, though at one time considering the knowledge of homœopathic therapeutics possessed and practiced by all who professed to believe Homœopathy, that in these days of therapeutic nihilism a man who studies and applies his knowledge of materia medica according to the law is indeed a specialist.

When we hear it said in medical meetings, "Of what use is it to read papers on a remedy? We can get all that in books. It is only a waste of valuable time. Let us talk about something scientific, the vaccine treatment, the Salvarsan treatment for syphilis. Let us discuss modern therapy and be up to date." It is well to be up-to-date and we *must consider* and *accept* many

truths developed by modern thought and investigation. But none of them have, as yet, disproved the homœopathic truth of similars, but, on the contrary, confirmed it in many instances. Therefore, though it may be an old, old story, it is the truth. We are all familiar with the old saying, "There is more truth than poetry in that," but perhaps we are not so familiar with its origin. The story goes that old John Sylvester and old Ben Johnson, the celebrated English wits, used to meet several nights a week at the Tavern to smoke their pipes and drink their ale and see which could outdo the other in wit. One night it was to see who could compose the best impromptu rhyme. Says John Sylvester, "I, John Sylvester, slept with your sister," and Johnson replied by saying, "But I, Ben Johnson, slept with your wife." Ah! says John, "but that's not poetry." "No, but by God it's the truth," said Johnson. Homœopathic therapeutics may not be considered scientific by our Old School friends, but by God it's the truth.

Some of this modern therapy reminds me of the old darkey preacher who was comparing the different religious sects. Using a chestnut as an illustration the old fellow being a Methodist wanted to show that the meat of the nut represented the truth. He, as follows, said: "Brethren, the prickly bur you see on the outside represents the stiff-necked Episcopalean, the shell underneath, the hard shell Baptist, but the meat, ah! the meat on the inside that am the Methodist." Cracking the nut open, with a look of disgust, he exclaimed: "The inside am rotten." And so I believe it to be with many of the modern theories of cure—"the inside am rotten."

The laboratory can explain many things, but it cannot tell us a *Lycopodium* patient has an aggravation from 4 to 8 P. M., a *Sulphur* patient a diarrhœa at 5 A. M., an *Arsenicum* patient a midnight aggravation, a *Borax* patient an aggravation from downward motion, etc. Only the physiological study of the action of drugs upon the living subject will tell us these things.

We need all the papers and discussions upon materia medica that we can get,—good, practical papers, not too long, but to the point, bringing out characteristics, so to speak, with verification of same. We want to be able to recognize these old friends

when we meet them and have to prescribe in a hurry. No finite mind can retain a complete knowledge of all the symptomatology of, I might say, our too numerous remedies, but it can retain the peculiar characteristics of many and in this way get as familiar with them as we do our friends whom we meet every day by their voice, their laugh, their gait, their expression, etc. This will greatly help us in quick snap-shot prescribing to select the simillimum instead of resorting to palliation unhomœopathic and unscientific. In our most complicated cases we must have time to work them out systematically, using some good repertory.

In closing I might relate a few snap-shot cures or successful keynote prescribing.

A woman at a hotel was suffering with severe attack of what has been termed uterine colic. She was obliged to stop over in the city on account of illness. Attacks had been coming on regularly for several years lasting all during menstruation. Had all kinds of doctors—operation advised by regular physician at home. Must leave city in morning, if possible, must have relief—audible rumbling of gas in intestines, marked aggravation 4 to 8 P. M.—hungry, but feared a mouthful of food would fill her up. You recognize an old friend, *Lycopodium*. Was cured in a few hours. A friend says she is perfectly well with no return of trouble.

A travelling man at a hotel, also with severe attack of asthma, afflicted many years, thinks it hereditary, must have relief so as to leave city in morning. Attack comes on at midnight—cannot lie down for fear of suffocating, extreme restlessness, fearful of results. R̄. *Arsenicum*. Two years after, when passing through the city patient stopped to get some more of those powders in case he ever needed them. There has been no return up to date.

Little girl of five years of age has always disliked milk, which disagreed with her in any form. After taking *Æthusa* has had no further trouble. She now likes milk.

Young woman with enlarged cervical glands, after taking number of remedies, asked if salt would hurt her. When asked why, she replied that she had used it on everything, even clear at times. *Nat. mur.* 200 cured her.

You all recognize old friends in these cases, and I could relate like experiences. We must go to our repertory with our more difficult cases, but we must also memorize enough materia medica to be able to use it when time for study is limited instead of resorting to paliative measures of old school.

It is our materia medica and therapeutics that makes us distinctive in medicine, and the more we have of it the better it will be, not exhaustive articles that we could much better read and digest at leisure, but verifications and comparisons, papers that bring out some distinctive feature of some remedy that may be impressed upon our mind. We then feel that we have learned something that will be useful to us perhaps in an emergency. I believe in an abbreviation rather than an expansion of the homœopathic materia medica.

The original remedies proven by Hahnemann, Gross, Hering, and others number about two hundred, which of themselves compose a large materia medica, nearly all of which have stood the investigation of wise and careful practitioners for more than half a century.

It is really painful to acknowledge what drones many of us have been, for after a score of years in active practice we are far from being thorough in our knowledge of the most commonly used remedies, and many of us who have presumed to have mastered their therapeutic properties are ready to lay them aside to give place to newly proved drugs which are comparatively little known in practice. We should feel less anxious to increase our list of remedies, but should increase our knowledge of the old and well proven ones.

FREAK SYMPTOMS.

By Eli G. Jones, M. D., 879 West Ferry St., Buffalo, N. Y.

What I call "Freak Symptoms" are something *unusual*, symptoms that are *not* met with in everyday practice, but when a doctor meets with them he must know what remedy is indicated, if he wants to be a *good prescriber*. A woman may tell you that she is *afraid* in the evening, she don't want to be alone, she is *afraid of ghosts*. *Tr. Ranunculus bul.* ix is *the* remedy she needs.

In puerperal fever, with danger of putrefaction, *putrid* discharges, *coldness*, intolerance of covering, suppressed urine and tendency to *collapse*, *Secale cor.* 30x is the remedy needed.

In neuralgia following amputation or injuries to *nerves*, characterized by the fine *thready* shooting, but *not* burning pains, *Allium cepa* 1x is the remedy.

I have had patients complain of *dimness* of vision, as if looking through a fog, or as if hairs or *feathers* were before the eyes, and they wanted to *rub* the eyes constantly. *Alumina* 30x is indicated.

When leucorrhœa is profuse, *acid* and burning, something like *ammonia*, we think of *Ammonia carb.* 3x. A patient may have a dry cough during the day and *loose* at night with much *rattling* of mucus and expectoration of ropy, *tenacious* mucus.

The remedy is *Ammonium mur.* 3x. I have had weak, nervous people, especially those afflicted with *spinal* irritation, complain of this symptom. They smell *filth* wherever they go. When they go to the water closet they say that they can smell human feces for days or weeks afterwards. No matter if they bathe themselves, change *all* their clothes, use the strongest perfume, the awful *smell* "lingers round them yet." You may not meet with this symptom very often, but it may come when you least expect it, and *Anacardium* 3x is the remedy. A woman will get the impression at night that her hands and arms are *enormously* enlarged, so she must strike a light before she can be convinced that it is not so. *Tr. Aranea diadema* 3x is the remedy she needs.

That form of *vertigo* with crawling and *whirling*, as if *intoxicated*, calls for *Argentum met.* 3x.

A doctor writes me that his wife can't eat *sweet* things, she has a sweetish taste in her mouth. *Zincum* 3x is indicated.

In those severe, *agonizing* headaches, with a sensation as if the *top* of the head were *opening* and *shutting*, or as if being lifted or *raised* up, give *Tr. Cannabis Ind.* 3x, ten drops once an hour.

Some women have menses flow only in the *day* time, while the leucorrhœa, which is *bloody*, is generally at night. *Causticum* 3x is indicated.

There is a mental condition you may meet with, the patient imagines that he is *hovering in the air like a spirit*. *Tr. Asarum* 3x is the remedy the patient needs.

In some ladies menstruation may be *too early*, profuse in the *morning*, scanty during the *day*, flowing mostly at *night*. *Tr. Bovista* is the remedy indicated.

We may meet with patients afflicted with chronic dyspepsia. They dislike *warm* food, have *acid* fermentation, sour risings, a longing for eggs, and all sorts of *indigestible* things, such as coal, chalk, slate pencils, etc., with aversion to *meat*. *Calcarea carb.* 6x is indicated.

In senile dementia, when the patient is *forgetful* of figures, names, or places, he has an *antipathy* to his *family*, he imagines himself surrounded by *foes*, or by *hideous animals*, *Crotalus horr.* 6x is the remedy indicated.

In ciliary neuralgia, when the pain goes from the *eyes* to the *top* of the head, with a sensation of a *cold wind blowing against the eyes*, *Tr. Crocus sativa* is the remedy needed.

A woman may complain of a sensation of something *jumping about* in the pit of her stomach, abdomen or other parts of the body, or a feeling in the abdomen of *something dead there*. This symptom calls for *Tr. Crocus*. You may have patients complain of rheumatic pains in shoulder, arms, and tips of fingers, with *yellowness*, *coldness*, finger nails *blue*. The flesh is *sore* to the touch, and there is no *relief* from sweat. *Tr. Chelidonium* 3x is the remedy called for.

Now and then you will have patients complain that their arms go to *sleep* when grasping anything *firmly*, the *joints* feel sore and bruised, *Tr. Chamomilla* 1x is the remedy indicated.

In tumors, felons and ulcers when there is relief from *cold* applications, with the need of *rapid* motion, it seems as if she *could walk forever*, *Fluoric acid* 6x is the remedy called for.

In *nervous* chills from emotional excitement or depression, in which there is *shivering* and *chattering* of *teeth*, yet there is no *real* chilliness, *Tr. Gelsemium* is the remedy they need.

In angina pectoris there seems to be a *rush* of blood to the *heart*, then to the *head*, at times *fluttering* of the heart then beating as if it would *burst the chest open*, pains in the arms with loss of *power* in the arms. This condition calls for *Glonoïn* 6x.

We sometimes have patients complain of a sensation of *one limb* double, or another person is sick in bed with them. In puer-

peral fever a woman may tell you that there are "two babies in bed with her, and that she can only attend to one." The above symptom calls for *Petroleum* 6x.

There is a certain form of chlorosis in young girls. They have *rush of blood to the head*, flushing of the *face*, *coldness of extremities* at night. She feels *miserable*, is apprehensive about the *future* with *constant thoughts* about *death*, menses pale, scanty, irregular, profuse *white leucorrhœa*, and constipation. Such patients need *Graphites* 6x.

I have had patients complain that the *inside* of the head felt *numb*, and made of *pith*. With the above symptoms there is *delayed* menstruation. *Graphites* 6x is the remedy indicated.

In mental troubles associated with *suppressed* menstruation, also in puerperal mania, with unchaste talk, she wants to *embrace* everybody, with the illusion that she can *satisfy all comers!* *Platinum* 6x is the remedy that *she* needs.

In rheumatism of the hands, with *stiffness* and *cutting pains* on *closing the hands*, also arthritis deformans in women. *Caulophyllum* 3x is the remedy.

In abscess of the liver or kidneys, and in the later stage of suppurative or secondary nephritis, when you are unable to get rid of the *pus* that *constantly* shows in the *urine*, *Hepar sulph.* 30x will often clear up the case.

A patient says her head feels as if it was becoming *elongated* upward, or extending upward like a *conical* hat. *Tr. Hypericum* 6x is the remedy indicated.

Some patients will tell you that they *bite* the *sides* of the tongue, or *inside* of the *mouth*, when *talking* or *chewing*. *Tr. Ignatia* 1x is the remedy that they need.

You may meet with patients that have a *fearsome* expression on their face. They give you the impression of a person who is *afraid* of something or somebody. They look behind doors, in dark corners, under the bed (why does a woman always look under the bed at night instead of looking *in* the bed, where a man is *supposed* to be?). They often look behind them or over their shoulders. They are the *slave of fear!* They need *Tr. Aconite* 3x.

When the pulse is *weak* and fluttering, *with a cold sensation about the heart*, *Kali bichromate* 3x is the remedy they need.

In sympathetic vomiting, or where the irritation starts from some *other* organ than the *stomach*, *Kreosotum* 30x is indicated.

In habitual drunkards with *red blotches* on the forehead, or a rum blossom nose, *Tr. Ledum* 6x is the remedy.

A woman fears she will become *insane*, thinks she is *incurable*, believes she has some organic disease that the doctors don't *understand*, she is tormented about her salvation, thinks she has committed the unpardonable sin. What she *needs* is *Tr. Lilium tig.* 3x.

In some women the breasts and nipples are *swollen* during menstruation, and *instead* of menstrual flow we may have *milk* in the breasts. *Mercurius viv.* 3x is the remedy called for.

In *bad* cases of diphtheria with *small, rapid* or *intermittent pulse*, extreme *prostration*, threatened *collapse*, very fetid odor and the disease is apt to *invade the nostrils*, *Mercurius cyan.* 6x is the remedy. The Homœopaths have had *wonderful* success in the treatment of *desperate cases* of diphtheria with the above remedy.

If a man could discover a remedy that would *cure* a woman of *scolding* it would be a God-send to poor, *suffering* humanity. When a woman scolds until she works herself into a hysteric fit, *Tr. Moschus* 3x is the remedy.

In neuralgia of the ovary we sometimes get a symptom, a sensation as if the *heart and ovary were being drawn together*, *Tr. Naja trip.* 6x is the remedy indicated.

Some women get *sad* and melancholy, they are *aggravated* by *sympathy*, and there is an *aversion to men!* Is not that a *queer* symptom for a woman to have? She needs *Natrum mur.* 6x.

A cough that is made worse by lying on the *left* side, and if you ask the patient how his cough is, if he coughs *before* he answers you, he needs *Phosphorus* 3x.

In that form of constipation complicated with prolapsus of the rectum there is a *sinking* sensation in the abdomen, as if the *intestines would drop through the pelvis*, *Podophyllum* 6x is the remedy indicated.

Some women, when they go to bed, feel *sleepy*, yet after they get in bed are *restless* and *fussy*, she feels too hot and throws off the covers, and puts her arms out to get relief. While *sleeping*

her favorite position is on her *back* with her hands *above* her head. Such women need *Tr. Pulsatilla* 1x.

In *paralysis* of the left oculo-motor nerve, and of the superior rectus muscle, with *double vision*, better only by *bending the head* backward, *Tr. Senega* 3x is the remedy called for.

In some cases of chorea there is a symptom of *jumping* about, a sensation as if the *feet* and *legs* were *floating in the air*. The above symptoms indicate *Tr. Sticta* 6x.

A woman *expects* trouble from everything she undertakes, she is *afraid* to go to a doctor for fear he will tell her that she has some *incurable* disease. She is a "worrier" and seems to *enjoy* it, but she needs *Argentum nit.* 6x.

In asthenopia with a feeling as if a *veil* were between the eyes and the light, or as if *mucus* were over them, and he is obliged to *wipe the eye* in order to remove it. *Tr. Crocus* is the remedy indicated.

I hope to meet *very* many of the readers of THE RECORDER at the Sixth Annual Convention of the "American Association of Progressive Medicine" at Auditorium Hotel, Chicago, Ill., Sept. 24th, 25th and 26th, 1917.

It welcomes to its ranks physicians of *all* schools of medicine.

It was *not* organized to build up or perpetuate *any* school of medicine, but to benefit the *whole* profession.

In general anæmia, when there is a tendency to early, but scanty menstruation, or when there is a *flow between the periods*, *Manganum* 3x is the remedy indicated.

A patient may tell you that he has palpitation of the heart when *sitting*, better when *moving about*, *Magnesia mur.* 3x is the remedy needed.

In diarrhœa with frequent movements, with *burning*, corrosive discharges, *burning in anus*, as if it were on *fire*; in fact, a burning of the whole gastro-intestinal, "*thirty feet of fire*" *Tr. Iris versicolor* 3x is the remedy needed.

Some women pass through life and never discover the fact that they have a *womb*. When they *do* find out that they have such an organ, you will *hear* about it every time you meet them. The more she *talks* about her womb, the *stronger* the indication for *Tr. Helonias*.

In meningeal troubles of children, when the child lies with eyelids *half open* and the eyeballs *rolled upward* showing only the *whites*, they need *Tr. Hellebore 3x*.

A patient complains of *coldness* in *occiput* ascending from nape of neck, *Tr. Chelidonium 1x* is indicated.

A PROVING OF BISMUTH.

The article from which the following is taken was contributed by Dr. F. A. Hepworth, F. R. C. S., to the London *Lancet* of April 14. The toxic symptoms followed after the use of *Bismuth* paste in infected wounds. It has a value for two reasons: 1st. Don't use *Bismuth* paste too freely. 2d. As a homeopathic proving:

"In the accompanying table, which gives details of the cases, it will be seen that four patients developed a *blue line on the gums*. This was first noticed in Private Y., who complained of a sore mouth 10 to 14 days after his operation, and was found to have a broad band of bluish pigmentation inside the cheeks, and on the sides of the tongue, as well as an unusually thick line on the gums. Other patients were then examined and three more were found with less noticeable, but still distinct 'blue lines'—Sergeant R., Private B., and Private D.

"*Anæmia* was present in all seven cases, and disappeared as the wounds healed. *Constipation* was especially noticeable in Private Y. Both symptoms are so common among men with severe wounds that they are of little diagnostic value. No neuritis, wrist-drop, colic, or headache has been noticed. *Mental stupor* was a troublesome feature in one patient (Private D.), but had been developing before his treatment with *Bismuth* paste.

"*Loss of sphincter control, delirium, and sleeplessness* continued for two or three weeks in the case of Private J. B., who was extremely ill and thought to be dying. His infection was severe and his knee-joint was involved. Improvement followed, not directly after amputation, but as the suppurating amputation wound cleaned up. His symptoms, therefore, may have been due to plumbism, but are much more likely to have been caused by septic intoxication or *Iodoform* poisoning.

"Blood changes were looked for by our pathologist, Major A. E. Nash, R. A. M. C. (T.), but no granules were found in the corpuscles. The *urine* was also examined for lead, but no trace found in any case.

"Opinion was, at first, strongly in favor of the view that the symptoms in these patients were due to lead absorption, especially as the cases occurred while one particular batch of *Bismuth* preparation was in use. But in Sir Thomas Oliver's book on 'Lead Poisoning,' p. 135, it is stated that:—

"A blue line on the gums, with difficulty distinguished from that caused by lead, may be observed in persons to whom large doses of *Bismuth* have been administered by the mouth; or who, as the subjects of empyema, have had injected into the fistulous track in their thoracic wall *Bismuth* emulsion."

CALENDULA.

(The following is condensed from a paper by Dr. W. M. Gregory, in *Eclectic Medical Journal*):

Many a "Made in Germany" drug is really no better than Friedmann's turtle serum, but, as they travel in better company, and do not use such quackish methods of advertising, it takes them longer to get found out.

We who know something of the medical resources of the vegetable kingdom have a common well-known remedy, that is to some of us, that if its absolutely infallible, non-poisonous germicide, and antiseptic qualities had been discovered in some German university laboratory, would be heralded all over the world as the "greatest medical and surgical discovery of the twentieth century." I allude to *Calendula officinalis*, the common or garden marigold. It is absolutely sure death to all pus germs of whatever kind, streptococci, staphylococci, or any other cocci.

If the value of this harmless plant as a germicide, antiseptic and healing agent, were known in every hospital and surgery in the world, the gain to medicine and surgery would be beyond computation. Its use in burns and scalds will relieve pain more quickly and thoroughly than any other remedy ever discovered, and no burn dressed with it will ever develop a drop of pus. My

attention was called to it some fifteen or sixteen years ago, in some journal which stated, "Lacerated and contused wounds, even if far from aseptic, will never suppurate if dressed with a good extract of *Calendula*."

I hardly believed it, but tried it in a large number of accident cases, some of them very dirty ones, and found that was perfectly true. Made up as a lotion, with hot water and acetate of lead, *Calendula* forms the best remedy we have to suppress a violent acute synovitis arising from injury of the knee joint; its use here will prevent effusion and suppuration. *Calendula* is the greatest non-poisonous germicide, antiseptic, reliever of pain, and healer of wounds that has ever been brought into use.

Ancient Dope.—The following keeps bobbing up on the stream of medical "Health," and the "ism" journals:

"Do you know heavy eating, like heavy drinking, shortens life?"

No, we don't. Neither do you. Both of us have known abstemious persons to go to an early grave after a wretched existence, and we have known heavy eaters and drinkers to do the same. On the other hand, both of us have known members of each class to live on to old age. Man's physical appetites depend on his inherited constitution with the make-up of which musty maxims have nothing to do. There is no vice in hearty living and no virtue in an acetic diet.

In An Indian Jungle.—The monkeys there were very numerous and were sure they ruled. Occasionally a boa constrictor swallowed one of them, or a panther or tiger lunched at their expense. Finally, a Man came. As usual they reviled him. The Man had a gun, which spoke several times. Then the Bandar log grew circumspect. They agreed that they would ignore the Man. But ever and anon one of them would hurl a coconut at him and immediately scramble up among the thick boughs of silence. Perhaps there is no point to this.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

CLINICAL URINE ANALYSIS AND RENAL THERAPEUTICS.

Deaths From Post-Operative Uremia.—Fatal cases of post-operative uremia are not as common now as formerly, but this fact will not console a family which may have lost one of its members from such an unfortunate accident.

Physical examination and laboratory tests, as a rule, if well conducted, are entirely sufficient to discover if patients are likely to develop uremia. Occasionally, however, the unexpected happens and a patient who appears to be a good operative risk goes into uremic coma following an operation and dies. There is always a great commotion in such cases and a tendency to make somebody the "goat" for blame. As a rule, however, it is difficult to fix the blame specifically upon any one person engaged in the preliminary proceedings. The tests for renal efficiency with phenolsulphonephthalein may have been satisfactory, as in the case Lydston speaks of in which death occurred on the third day from uremia, in spite of the fact that careful pre-operative functional tests showed perfect function of the sound kidney and a fair activity of function of the diseased kidney. Then again laboratory tests for albumin may be reported as "negative" and the microscope show nothing in the way of presence of casts in the urine.

How, then, are deaths from uremia following various operations to be accounted for? In one or two cases which have come under the writer's observation **routine** has been his opinion at the bottom of it.

Man moves along the lines of least resistance. As a general rule, no one does anything he doesn't have to do and many fail to do what they ought to do. Salaried persons are notable exemplars of the "short cut" method of doing things. When a

hospital has certain rules, the most any one connected with it may be expected to do is to carry out these rules and in some cases he will not even do that. Suppose, however, that the "General Orders" of the hospital have been carried out, how can nephritis be overlooked? In the writer's opinion the following appears to be a plausible explanation of how a patient with chronic nephritis may slip through the various tests and examinations. In the first place not all cases of chronic nephritis may show an abnormally high systolic blood pressure on all occasions. Retinal examinations are not necessarily a part of the routine examinations made before an operation. The burden of proof, then, in a certain case may happen to fall upon the urine analysis. Suppose now the "General Orders" of the hospital read "Single specimen of urine examined as soon as patient enters" and "24 hours' collection of urine undertaken." Suppose the "General Orders" also read "Patient to drink a glass of water every two hours before operation." Now, then, it may so happen that the single specimen of urine examined as soon as the patient is received may have been voided after drinking freely of water or other liquid and it is certain to be the case that the 24 hours' collection of urine will represent a larger volume of water taken by the glass every two hours. In both these instances then the interne examining the urine may fail to find either albumin or casts for the excellent reason that neither may be present.

The writer has repeatedly seen cases in which albumin and casts were not found in urines of low specific gravity, due to water drinking, when, by procuring specimens, from the same patient, of higher specific gravity, both albumin and casts were readily discovered.

In other words, a hospital which does not check up its negative findings of albumin and casts by some sort of rule regarding specific gravity of urine is an institution in which every now and then an "unexpected" death from post-operative uremia may take place. There may also be flaws in the technic of remedial measures taken by excited or inexperienced internes. The "General Orders" may read that in case of uremia the patient is to receive normal salt solution intravenously; but it may so happen that the supply of normal salt solution furnished the interne is made by

diluting saturated salt solution and that this dilution may have been forgotten and the patient may have received the saturated solution instead. Whatever may be the good accomplished by salt, too much of it in nephritis is hardly the proper thing. In other words, "there is many a slip betwixt cup and lip," in hospitals as well as in other places.

Too Much Ureteral Catheterization.—Lydston, in a brief on ureteral catheterization, concludes that in his opinion it is being practiced oftener than is wise. "The ureteral catheter and cystoscope are not the safest of playthings, especially for the amateur, nor is the urinary tract a safe playground for the tyro."

To this conservative dictum the writer will add nor is urine analysis a kindergarten pastime.

Pyelocystitis in Children.—We read a good deal now a days about pyelitis in children, especially in little girls under two years of age. The writer has, however, often pointed out the danger of making a diagnosis solely from the discovery of leucocytes in the urine. Vaginitis, and vulvitis, must be excluded and in order to do this safely a catheterized specimen of urine is best for examination, care being taken that no pus is left behind by incomplete catheterization. We know of a case where a child with vulvitis was kept in bed for ten days under the supposition that pyelitis was the condition present. Much pains must be taken to avoid admixture of pus from the genito-urinary tract.

The modern treatment of pyelocystitis, usually due to the colon bacillus, in children is to give plenty of water to drink and to "switch" the urine from an acid to an alkaline reaction and back again over a period of several weeks.

The urine may be made alkaline by use of the alkaline citrates, which alone in young children are sometimes curative. If not so, change to cautious use of hexamethylene tetramine is advised, and so on back and forth. In very young children it may not be advisable to change the urine from acid to alkaline in less than ten days with gradutly increasing doses of the citrates.

Electricity for Enlarged Prostate.—We are often asked if enlarged prostate may not be treated successfully by the static electricity now so much used and if by this procedure an operation may be avoided. The wave current is, it is true, used in many

cases and clinically may effect so much relief of symptoms as to be of a certain value, but electricity will not cure the condition in an anatomical sense. Infiltration and inflammation may, however, be abated and in this way relief experienced by the patient.

Edema in Pregnancy.—The occurrence of edema in pregnancy most always causes apprehension on part of both patient and physician, but all edema occurring at this time is not necessarily of grave import.

If the edema is only about the ankles and disappears after the night's rest, it may be due only to pressure or to varicosity, but, if on the other hand, it is present in the morning on waking and extends up the leg, it is more likely to be toxic. Much more also is this latter true, if edema of the hands and face occur. In such cases careful collection and examination of the urine must be made. It must be remembered that in some cases of chronic parenchymatous nephritis of pregnancy tube casts are hard to find in the urine, but an amount of albumin, which, when precipitated, settles down to the first mark on the Esbach tube or over is strongly suggestive of a nephritis, when the ratio of urea to ammonia is not so low as to indicate pregnancy toxemia of the hepatic kind.

240 Recent Analyses of the 24 Hours' Urine.—The writer has recently overhauled a collection of 240 analyses made by him of the 24 hours' urine in about 200 different persons, previously not reported. The ratio of urea to ammonia was found to be above 20 to 1 in 210 out of the 240 analyses, confirming previous statements made by the writer regarding this ratio. In other words, a ratio of urea to ammonia below 20 to 1 is of such infrequent occurrence (in thirteen per cent. only of the cases) as to demand investigation. It may be confidently assumed that in such a case something abnormal is present in the patient's system. Still more is this true if the ratio of urea to ammonia is found to be between 15 and 20 to 1. In only 18 analyses or seven and one-half per cent. were such low figures found. Finally most serious of all are the cases where the ratio of urea to ammonia is below fifteen to 1, occurring in only 12 analyses or five per cent. of the cases. In the cases in which the ratio of urea to ammonia was

below 15 to 1 all were either toxemia of pregnancy or acidosis of diabetes. The lowest ratio observed in this particular set of cases was eleven to one, in two instances, one a case of diabetes and the other of pregnancy.

In looking over the records of these patients the writer is more than ever convinced of the clinical value of this simple analytical procedure. Patients in whole ratio of urea to ammonia below 20 to 1 is found should be kept under observation and treatment until the ratio improves regardless of what other conditions may or may not be present, while, at the same time, a searching investigation into the condition of the various digestive and abdominal organs is conducted.

Most men in health show a ratio of urea to ammonia of 30 to 1 or up. Many women in apparent health may show a ratio between 30 and 20 to 1. But when there is taken into consideration the tendency to constipation on part of many women, it is difficult to decide whether the lower ratio in women is due to sex or to bowel stasis.

In any event the dropping of the ratio below 20 to 1 is significant of some disturbance of the general health in either man or woman.

In pregnancy or in diabetes the ratio below 15 to 1 is always serious, it being assumed that proper precautions in collecting and preserving the urine are taken and that the specific gravity of the 24 hours' urine is around 1015 or upwards when the urea determination is to be made, since the hypobromite process is slow, and perhaps unreliable in urines of low specific gravity.

Pneumonia.—For the week ending June 16 *Public Health Reports* gives, in 45 cities, 358 cases of pneumonia and 214 deaths, which is a mortality of slightly over 60 per cent. This percentage is not accurate, of course, for the figures show merely the number of new cases during and the number of deaths in cases previously reported, but, at best, there is no triumph of modern medicine in these figures. In fact they are worse than those of old allopathy. Better look up the homœopathic treatment, gentlemen.

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EDITORIAL NOTES AND COMMENTS.

A Correction.—Mistakes will happen, as the following letter proves :

Editor of the HOMŒOPATHIC RECORDER.

In your July edition you published a paper, "The Treatment of Skin Cancer," as written and read by me at the Indiana Institute, would say that this is an error, as it was written and read by Dr. Oscar Jones, of Indianapolis, Ind., and as I was secretary of the Indiana Institute, I was asked to have the paper published, so in justice to Dr. Jones please make this correction and oblige.

H. L. BAKER, M. D.,

Lebanon, Ind.

As there was no name on the paper, but a note on the back of the last sheet from Dr. Baker, offering the paper to the RECORDER, we assumed that he was the writer, hence the error which we very much regret.

Emetine.—The *Therapeutic Gazette* opens an editorial on "The Toxic Effect of Emetine Hydrochloride," as follows: "We have so often called attention in these pages to the fact that any drug which is powerful enough to do good will, if wrongly used, also be powerful enough to do harm, that we hesitate to reiterate this truism in therapeutics." Then, later on, it quotes two cases of death from *Emetine* from the *Military Surgeon*. Here is one of them :

"In one of the fatal cases one-third of a grain of emetine was administered three times a day from August 21 to August 24. It was repeated from September 5 to September 15; and, again,

from September 27 to October 3 in one-half-grain dose once a day. The patient after this was found to have a rapid pulse, motor weakness, and great nervousness, with a very low blood-pressure, the pulse later becoming irregular, the rate rising as high as 162 and the respiration 42. The lungs showed evidences of congestion, and there was cough with some expectoration. On October 5 there was a foul diphtheritic odor to the breath **and the throat showed a pustular exudate on the posterior wall.** The tongue was red, beefy, dry, and fissured. The temperature was 101.06°. Death took place on that date."

Farther on we read from the same editorial: "It would seem probable from this and other papers, therefore, that *Emetine* has to be used with some care, particularly if the patients are already weakened by disease." Why cannot our allopathic brethren, who are so really learned in so many respects, see the glaring truth that it is neither quantity nor frequency in dosage that avails in therapeutics? Why cannot they see that there is—that there *must* be—a law governing therapeutics? Would any of them apply the allopathic (opposite) treatment of hot water to a frosted limb? Would they not rather apply the homœopathic (similar) treatment of cold? They all know that the small dose of the emetic *Ipecac.* controls vomiting, so why not carry this law further? It would be Homœopathy, but very beneficial to humanity.

Good Red Blood.—Every man likes to possess it and consequently may be interested in "The Origin of the Red Blood Corpuscle," as expounded by our scientific contemporary, the *Jour. A. M. A.* It opens thus:

"According to a current dictum in histology, the mammalian red blood corpuscle is a cell which has lost its nucleus. At an early period in fetal life the blood-forming function appears to be associated with the fetal liver. In 'blood islands' of this organ, nucleated erythroblasts are believed to be formed rapidly by karyokinesis. The primitive spleen also assumes a small portion of the hematopoietic function, which, however, does not appear to persist in these organs much beyond the term of intra-uterine life."

After this beginning the job seems to be taken over by the

“red bone marrow,” which, by means of biconvex erythroblasts, and karyokinesis “the daughter cells eventually produce hemoglobin in cytoplasm.” The trouble with this lucid exposition of the origin of red blood is that no one seems to be quite sure whether it is true or not for the article concludes: “That a new method of study has raised new problems in regard to the process under investigation is characteristic of progress in scientific research.”

Oxalic Acid.—The following is the heading of an editorial in the *Journal A. M. A.*: “The Nephritis produced by Oxalic Acid.” It cannot be termed a proving, yet it points that way. Umeda and Ringer are the men quoted. “From their observations it appears that oxalic acid in small quantities produces nephritis.” This, it seems, is done “by precipitating the calcium salts in the cells during the process of their excretion.” This may or may not be of use in homœopathic prescribing.

Logic or Casuistry?—Kerley, in the *Archives of Pediatrics*, says that but a small percentage of children are susceptible to poliomyelitis. Also that there are innocent carriers who spread the disease. Evidently Kerley dare not go against the orthodox faith that disease is a micro-organism. Consequently disease is an organic being, a living creature with organs for propagating its species, or seeds for the same purpose. Consequently, as the disease breaks out in districts remote from any other case, the doctrine of carriers has to be evolved to bolster up the parent theory on which “modern medicine,” *i. e.*, modern theory, is founded. The “carrier” doctrine is a weak one, but it is all they have. To be actually scientific our brethren ought to tell us when, where, why and how the beyond-the-microscope—germ of poliomyelitis started, a germ that at certain seasons appears in spots from the Atlantic to the Pacific simultaneously.

“Regular” Therapy.—Brother Andrews, of the *Summary*, gets off the following, though whether original or otherwise is unknown: “Very rarely can a doctor give any better reason for using a drug than that somebody recommended it.” That is

very true of the "regulars," whose psychology in the matter of therapy is at the bottom the same as that which prevails with those who look to patent medicine almanacs. Homœopaths only can give a near scientific reason for their therapy.

How to Be Medically Damned.—The following is taken from a paper by Rodger S. Morris, College of Medicine, Cincinnati:

"Mistakes in spelling, when few in number and trivial, may often be excused in the hurry and tension of a written examination. But no such excuse can account for spelling pectoriloquy 'pectorilliquity,' 'pectoriliquoy' and 'pectorleque.' Likewise, when one finds empyema spelled 'empyemia' consistently in nine papers, it is evidence of mental carelessness on the part of the writers, and causes one to wonder whether empyema and pyemia are looked on, perhaps, as synonyms. Fancy the impression on a medical editor of referring to the *Diplococcus pneumoniae* as the 'diplococcus pneumonii,' 'the pneumococcus diplococci organism,' 'pneumococcus lancelotus,' 'bacilus of Frankle,' 'pneumococcus Bacillus of pneumonæ of Frankel,' 'pneumococcus of Friedlander' or 'Pneumococcus or B. Lancillatus.' A paper containing such errors would receive, and deserve, a place in the waste basket. Even more damning would it be for the young physician to read such matter before an audience of his colleagues."

Wonder what an old Greek scholar would say if he were to read the wierd scientific terms coined from his language by the ultra learned modern medicos? Surely we need an up-to-date Paracelsus.

The Inventor of Esperanto.—Lazarus Ludwig Zamenhof, who was responsible for that queer language, Esperanto, died last April, at Warsaw, Poland, at the age of 57. What adds a touch of interest is the fact that he studied medicine at Moscow, Russia, and later "specialized as an ophthalmic surgeon" at Warsaw. His linguistic invention took hold to a considerable extent and a medical journal was published in it, *La Kuracisto*, which was blown out of existence by the great war. But for all that you can bet that no invented language will ever live; it is not rooted in the soil of childhood. It has no vitality.

"Small-pox in Germany."—Editorially writing under this heading the London *Lancett* is quite apologetic. It takes the view advanced by the leading German medical journal that the disease was spread by tramps, immigrants, or wandering laborers. Tramps, we have read, are unknown in Germany, immigrants could hardly get there and must be of a peculiar character to wish to at present, while why should a laborer wander where labor is so scarce? But, passing all this by, why should even these men spread the disease among those "absolutely protected" by vaccination? Can it be that when the small-pox conditions exist vaccination is powerless and, consequently, is a useless affliction where they are not present.

Infantile Paralysis Again.—Under the heading, "Poliomyelitis Anterior," the *Eclectic Medical Journal* prints a paper by Dr. F. T. Sinclair, of Lysander, N. Y., read before the Eclectic Society of that State. In the first case that came his way was already paralyzed. Family lived in a shack—social outcasts. Treatment, half a dozen doses of castor oil and 1/60 gr. of *Strychnine*, about twice a day. Complete recovery. Next case was seen before paralysis set in. Told parents it did not have the disease. They seemed disappointed. Same treatment and same result. Had many more cases, but always said they were not paralysis. All recovered promptly under the oil treatment. From this experience one might almost infer that last summer's "epidemic" was merely a severe form of the old "summer complaint" plus extreme hysteria.

Some Old Time Ideas.—If you possess a copy of the first volume of the International Hahnemannian Association you will find in it a paper by Dr. Ad. Lippe, headed "Drug Proving." Among other things he writes of the "medical men who indulge in the belief that pathology has become an exact science; that the modern theories as to disease are true" and so on. It was "modern" in that rather remote day and has been ever since, even though the "modern" of each decade was but dust and ashes for the next.

Mercuric Poisoning.—The *Journal of the A. M. A.*, editorially, considers the increasing number of cases of mercuric poisoning

“as a possible complication of surgical operations and in obstetric practice ever since the more widespread introduction of mercuric chlorid as an antiseptic agent.”

“The striking peculiarities of the course of the intoxication are not only the more immediate effects, including the initial toxic gastritis and the stomatitis when the drug is swallowed, or the subsequent intensive and often fatal ulcerative colitis, but also the later manifestations, particularly the development of a more or less complete anuria, which may persist. The anuria usually arises on or about the fourth day after the poison is introduced, and the patients progress to subsequent death, from lesions of the liver or colon, with or without the reestablishment of the urinary secretion.”

If men could get the germ killing idea out of their heads and substitute healing *Calendula* for the poisonous antiseptics it would be a blessing to afflicted humanity.

Bats.—By this is not meant the kind that men occasionally evolve when feeling fine, but the real nocturnal beast, bird or whatever it is. Dr. S. A. Campbell, in the *Medical Review of Reviews* (July), contributes a paper under the heading, “The Bat as an Eradicator of the Mosquito,” in which he proves, if his facts are facts, that the bats kill off mosquitoes, especially the anopheles, and thus make not only for human comfort, but for the extermination of “malaria.” His paper reads all right, so it may be that as medical science gets its eyes open we may even find defenders of the pesky *musca domestica*, alias the fly, as a protector of the human family even though we, at times, in our ignorance, curse him for his diabolic pranks, especially when one of his kind gets into our bed room early on a summer's morning, and joyously sports over us. Seems to us that if medical science would get below the self-apparent, and answer the questions, Why the mosquito? Why the bat? Why the fly? and Why other similar things? it would be getting nearer to medical science. To be sure the bat is a nuisance, but not so great an one as is the mosquito though physically larger. Therein resides a problem O, scientists! for Dr. Campbell's people killed the bats and got malaria instead. Medical science has a rocky road to its river Jordan.

Bromides.—Dr. H. V. Halbert (*The Clinique*) writes that the bromides in the treatment of epilepsy are an utter failure, and worse: “The writer has had an extended experience in the treatment of this unfortunate disease but has not reached a degree of success sufficient to offer an encouragement in giving advice. Two facts, however, stand forth in this experience which may be given without hesitation. First, bromides will not give satisfactory or even safe results and for that reason should not be employed except when they are demanded for temporary relief. Second, the only known method that is reliable might be described as the homœopathic method. In other words, the patients treated from a systematic standpoint, showed the only favorable results. In looking over my records for the past twenty-five years I am really surprised at the good results which have been attained by this line of treatment. While no one would be foolhardy enough to make extensive claims for the treatment of epilepsy, I truly feel that if we had more confidence in this method and more patients in its pursuit it would be possible to do much more than we have done for these unfortunates. The theory of homœopathy means the individual study of everything which pertains to this disease whether it be environment, diet, or the use of remedies.”

Metaphysical.—The editorials of our beloved, but erratic contemporary, the *J. A. M. A.*, are always a philosophical delight. To share this pleasure with the reader the following opening of one on “The War and Medical Research” is quoted:

“Who is going to care about a streptococcus six months from now?” said a well-known pathologist. War is declared; men’s minds are on preparedness, on the food supply, on soldiers and on the wounded. Attention has shifted from the ordinary problems of life to the great topic. And so, too, the attention of research workers will shift from those phases of medical research which concern the cultural characteristics of microorganisms, the intricate anatomy of the lower forms of life, the molecular arrangement of unknown minor constituents of the urine, to the broad problem of putting as many men as possible at the front, keeping them there and getting them back again as quickly as possible when the exigencies of war cause their temporary removal to the hospital.

Well, respected one, isn’t it better to heal the sick than to be an eminent entomologist?

PERSONAL.

Honestly, brother sinner, do you understand all of those ponderous words you read in heavy weight medical articles?

"Sporadic cases" bumps the medical scientist.

How can a "sporadic case" of a "germ disease" occur with nary a contact?

A fool can ask more questions in a minute than a medical scientist can answer in a life time.

"Remember the public's opinion of you always lags somewhat behind your own."—*Urological and Cutaneous Review*.

Physical Culture offers \$100 for the best essay on "What One Has to Offer in Marriage." Some puzzle, that!

Not sure, Mary, whether standing on one's dignity would hurt it or not. Probably depends on the weight.

"You are very sweet," sighed the youth, "but I have diabetes."

Claude remarks that it is hard to know whether it is opportunity or a collector knocking at your door, when there is a knock.

"Contraception." Pleasure without paying.

The R. R. that advertises "through to Chicago without change" forgets the porter and the diner people.

3 A. M. Sleet. "Awful night to be out." "But I won," replied Binks.

What becomes of a man when his body is planted?

Leonard Keene Hirshberg, A. B., M. A., M. D., (Johns Hopkins) is often quoted in the joke column of the *J. A. M. A.*

J. A. M. A. has had three learned articles on "Splenectomy," but never a word about how to cure splenalgia.—*Ceanothus*.

"Stamping out disease" is as bad a use of language as it is of science.

There are two great divisions of humanity, the one looks for good points in men and things, and the other for flaws.

The kid said there are two zones, the temperate and the intemperate.

The toastmaster asked "shall we enjoy ourselves a little longer or shall the speeches begin?"

"Kiss" may be a proper or a common noun; it may be a regular or an irregular verb; and it is always a conjunction.

Many men are contractors, some of works, but most of debts.

Any man may retire on his money if he puts it under the mattress.

Sometimes the bride's whole family are settled on her instead of a dowry.

Johnny told Sally she was lovely, and Becky told her not to be deceived by Johnny.

She must be a husky girl who can take up the piano.

The poor author said he never had a contribution rejected, in church at least.

THE HOMŒOPATHIC RECORDER

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INFINITESIMALS.

Dr. Albert Abrams, of San Francisco, in *Physico-Clinical Medicine* of same city, seems to have stirred up the homœopathic journals. The RECORDER, June, considered his paper and nearly all the other homœopathic journals have done the same—approvingly. Yet, indeed, there is nothing homœopathic in what he wrote save an affirmative of the infinitesimal, which, as many of our men have repeatedly told us, Hughes, for instance, has nothing to do with Homœopathy, or, in other words, with *similia similibus curantur*. In this they are right, for Hahneman started with big doses and succeeded; he reduced the dose, and succeeded, and to-day we have men prescribing the θ and others the D. M. M., the 3x and the 30th, all successful. This seems to show that Homœopathy is a bigger proposition than infinitesimals, and, also, that the recognition of the fact of infinitesimals is no proof that the man so recognizing is a Homœopath, nor is it a proof of the fundamental principle of Homœopathy, namely, *similia similibus curantur*.

There is a vast deal back of that Latin homœopathic proverb, whether you spell it *curantur* or *curentur*, than is dreamed of in the philosophy of some of the modern homœopathic Horatios. The size of the dose is a matter of experience with logic tending to the higher potencies. The action of the law is eternal whether the *Aconite* be in the tincture or in a potency, and we can also see that the smaller the dose of the needed "similar" poison that is curative the less the afflicted one has to contend with on his road to recovery. The "how" of a cure bothers the men who go in for science. How does a grain of corn germinate and bring forth a hundredfold? "Heat and moisture" is the triumphant

reply. But "how?" No one knows, not even the Agricultural Department of the United States. That Department knows the fact just as the Homœopaths know the fact that *Aconite* will cure if indicated. But how it is done in either case no one knows. To answer you must know the secret of "life," and not even the Rockefeller Institute knows that, for when one of its scientists loses what is known as "life" he becomes a mass of substance easy to analyze, which was not the case before his mysterious "life" departed. Then the mass was warm with life.

This leads up to what one very respected contemporary had to say of Abrams' paper, namely:

"If Abrams' conclusions are confirmed by other investigators and they become thoroughly established, it will be a tribute to Samuel Hahnemann and should serve to lessen much of the prejudice now existing against Homœopathy."

With all due regard for our learned New York contemporary it will do nothing of the kind, for Abrams, while proving the actuality of the so-called infinitesimal rather makes light of real Homœopathy of which the infinitesimal is but a corollary. Homœopathy is the only thing in therapeutics that is scientific and it can and must stand on its own bottom. The seemingly near approaches, and the patronizing half approvals from the outside are of no real benefit without a recognition of the great fundamental, the Law. A man may believe that an ion can buzz around in an atom like a fly in a cathedral, but that belief does not make him a Homœopath any more than the seeing and believing in the existence of a cathedral makes a man a Christian.

When we get down to brass tacks there is precious little any of us know of what is below the surface of things, though most of us are cock-sure we know much or even "know it all." What causes diphtheria?

"The bacillus of diphtheria, of course."

What causes the bacillus?

"Give it up!"

And even here it is by no means certain whether the bacillus causes the disease or the disease causes the bacillus. Every experienced Homœopath knows that a drug administered on

clear cut, homœopathic indications will quickly cure the patient whether it be given in material or infinitesimal dosage if cure be possible, but a belief in infinitesimals without the Law would leave the physician helpless.

And after all is said, why should Homœopaths be so eager for the crumbs of commendation that fall from the allopathic table as though they were our superiors?

“ HAHNEMANN ” — THE GREAT.*

By W. J. Hawkes, M. D., Los Angeles, Cal.

As I review modern history, five names stand out pre-eminent among all the many illustrious men of the period—Shakespeare, Napoleon, Washington, Lincoln, Hahnemann. Each in his sphere has no equal. Like the “Grizzly Giant” in the Redwood Forest of the lordly Sequoias of our own California, they stand supreme. Time, the great eraser of the commonplace, but adds to their glory.

True greatness is not an accident nor a freak of fortune. True greatness is measured by accomplishment, and accomplishment is achieved only by hard, intelligent and persistent effort, guided by lofty aspiration.

Hahnemann possessed all these requisites in a remarkable degree. Besides, he was fortunate in that his father was a man of culture and great common sense. Habit of thought is one of the rarest and most valuable mental possessions. The elder Hahnemann realized this and was in the habit of daily giving his son lessons in *thinking*. It is related of him that frequently when walking with a friend he would abruptly stop, look at his watch, and ask to be excused, saying that “it was time for him to give Samuel his lesson in thinking.”

With this beginning in the training of a mind so well endowed by nature as was young Hahnemann’s, followed through all the subsequent years by uninterrupted and intense studious application, we need not so much wonder at the almost unbelievable amount and extent of his labor and accomplishment.

*Read at the Annual Meeting of the Los Angeles County Homœopathic Medical Society on the 162d anniversary of the birth of Hahnemann.

Hahnemann's ignorant traducers, even those who laid claim to education and culture, accused him of being an ignorant Charlatan and quack; whereas, medical history contains the name of none more learned, not only in medical, but in all scientific, literary and general knowledge of his time.

At the age of twenty-two years he was master of twelve languages. It was his custom, when investigating a scientific problem, to learn the language in which treatises on the subject were originally written, to first master that language, so that he could study it in the original. He realized that a translation rendered less clear the text, and with him thoroughness and accuracy were almost a passion.

To the ordinary student or author it would be no "trifling matter" to undertake to learn a foreign language in order that he might better know his subject. No clearer light can be thrown on Hahnemann's conception of work and thoroughness than by quoting the following extract from a discourse on the necessity of homœopathic physicians learning the language in which the literature of their school was originally written:

"Is it possible, then," he writes, "that any man who professes to be a Homœopath, and to love his species, will not take *the comparatively trifling* trouble of acquiring this important preliminary to a correct acquisition of this great boon to the sick? No, it cannot be!"

"A trifling matter!" the learning of the German language! What a light that quotation throws on the bigness of the man!

Hull says: "The Register of his Consultations, every day increasing in magnitude, forms at this moment a stupendous medical encyclopedia.

"We have seen upon one of the shelves of Hahnemann's library thirty-six quarto volumes, of at least five hundred pages each, entirely written by his own hand; and to those who are curious as to the penmanship of the venerable octogenarian, who has never used spectacles, we can testify to writing as fine and beautiful as the Mignonette of Didot."

Dudgeon writes: "We may form some idea of Hahnemann's immense industry when we consider that he proved about ninety different medicines, that he wrote upwards of seventy original

works on chemistry and medicine, some of which were in several thick volumes, and translated about twenty-four works from the English, French, Italian and Latin, on chemistry, medicine, agriculture and general literature, many of which were in more than one volume."

And all this by "an ignorant Charlatan and quack!" In the language of the street, I ask, "Can you beat it?"

As a chemist, and as an authority on chemistry, he had no superior at the time in which he lived. He it was who first solved the problem of making Mercury soluble—*mercurius solubilis Hahnemannii*—the soluble mercury of Hahnemann—is an article of commerce to-day.

He was first to recommend humane treatment of the insane, and foremost in emphasizing the importance and necessity of attention to hygiene, urging the use of pure water *ad libitum* externally and internally, and moderation in eating of simple food; and plenty of exercise in the open air and sunshine.

It will doubtless be astonishing, and, it is to be hoped, illuminating news to the medical scientists of to-day, in all schools, to learn that Hahnemann was the first to recognize and publish the parasitical causation of disease, which he does on more than one occasion in his volume, "Nature of Chronic Diseases." On page 34 of that work he says:

"They must, therefore, have for their origin and formation, constant chronic miasms, whereby their *parasitical* existence in the human organism is enabled to continually rise and grow."

And again, on page 210 of the same volume:

"Now, if we consider the great changes which must be effected by the medicine in the many, variously composite and incredibly delicate, parts of our living organism before a chronic miasm so deeply inrooted, and, as it were, *parasitically* interwoven with the economy of our life as psora is," etc.

He was acknowledged by the scientific world of his time to be one of the most learned and profound students and philosophers of the age. He was acknowledged by his contemporaneous professional colleagues and medical writers to rank among the most learned, successful and scientific physicians of his time, *until* he discovered, formulated and pro-

mulgated the law "Similia similibus curantur." Then he became a charlatan and a quack! Strange conclusion this of his so recent admiring medical colleagues! Great learning plus more knowledge equals ignorance and charlatanry! Because his profound and conscientious and marvelously industrious studies had taught him more than they knew he immediately became in their sight anathema! He had not changed one whit in any respect, except to grow! His life and conduct were the same as before. He was as good a citizen, as loving and true a husband, father and friend! as before he had thus so greatly added to his learning. Yet, strange metamorphosis, he, presto, at once became an ignorant quack and charlatan! And these holy medical pharisees proceeded immediately to make of him a persecuted medical outcast. But did they? Could they? No! They did not know the ability, courage and persistence of the man. They did not realize the power of truth, which, crushed to earth, will rise again, which is mighty and will prevail!

Dr. Croserio, in a letter to Dr. Neidhard in 1840, thus speaks of Hahnemann:

"Invalids from the highest classes of society are constantly flocking to the cabinet of Hahnemann: and, notwithstanding the heat of the season, which drives all our aristocratic families into the country, his Salon is always full, and the patient is frequently compelled to wait his turn from five to six hours before he can reach the sanctuary of Æsculapius. His weekly receptions—every Monday—are frequented by physicians and gentlemen of the first distinction from different sections of Europe. Hungary, Italy, Germany, England and the Ibernian peninsula furnish visitors to this great man."

The following letter appeared in the *Leipsig General Gazette*, as correspondence from Paris, regarding the celebration of Hahnemann's eighty-fifth birthday:

"Paris, April 12, 1840. Day before yesterday Hahnemann celebrated his eighty-fifth birthday. The elite of the German residents and many celebrated Frenchmen had assembled in his Salon in the evening to congratulate the aged Commander-in-Chief of our Homœopathic phalanx, which is increasing every day. * * * The old reformer of medicine, with his lofty

brow and kindly smiling face, was the most lifelike exemplar of his system of healing, for there surely are but few persons of eighty-five years of age who are so active and busy as he, and who, in his profession, does the honors in many a crowded Salon long after midnight. Art and science had combined to celebrate his birthday worthily."

I can do no better in closing this brief paper than to quote from Hahnemann's historian, Thomas Lindsley Bradford, M. D. :

"Such was the life of a great benefactor to mankind. Born in the middle of a century whose influence shaped our own, a century prodigal in great men; in the year when Frederick, destined to be called The Great, was masquerading among the art galleries of Holland; wandering in boyhood on the fair hills of Meissen when all Europe was engaged in the Seven Years' War and Saxony was crushed by iron heels; going forth the young scholar to Academic Leipsic just when the unfortunate monarch, Louis XVI., was ascending the guillotine-shadowed throne of France; when George the Third was king and America was only a colony of England; when Rousseau was yet writing of the Rights of Man; when cynical Voltaire was mentor of the Prussian Frederick.

"A man in his prime, he was patiently searching for nature's law of cure when the world was appalled by the Reign of Terror; when the little sous-lieutenant of artillery, Bonaparte, saw with indignant eyes the sans culottes of Paris, drunk with blood, besiege the dissolute court of Marie Antoinette; when noble Mirabeau yet lived; when Marat and Robespierre led in France the Devil's Dance of Death.

"He was of the time of the Boston Tea Party and the declaration on the State House steps of Philadelphia; of the day of Washington and Lafayette. He saw Napoleon build an empire on the ashes of a revolution; saw him march across the lands of Germany; saw Austerlitz; saw the dismal retreat from Moscow, and acted, there, as good physician to the sick and suffering army of 1813. He listened to the echoes of Waterloo—the story of St. Helena. He left Germany for brilliant Paris when Bismarck was a student of twenty; he, the recluse, the scholar, the thinker, became in his old age the fashionable physician in the gayest city in the world.

"He lived through the changes of a world's century; saw his system of healing rise from contempt to honor; knew hardship; died in luxury in the world's capital.

"Scholar whom scholars honored and respected. Physician whom physicians feared. Philologist with whom philologists dreaded to dispute. Philosopher whom adversity nor honors had power to change."

THE ESSENTIALS OF HOMŒOPATHIC PHILOSOPHY.

By Dr. A. H. Grimmer.

The basic principle underlying all our philosophy that must be perceived, if you would excel and grow in ability to apply the Law, is that appertaining to the "life force" and its manifold manifestations, whose processes constitute the varying phenomena of growth and development, spiritually, mentally and physically, all of which are summed up and recognized as health or sickness in proportion to the harmony or order that prevails in the play of said processes.

This "life force" is that which is prior to, and builds and repairs and fuses together into one concrete whole the multitudinous and diverse varieties of cells that are combined to make up the body organism.

And it is that mystic substance that, departing, leaves the body a decaying and disintegrating mass responsive only to the forces of physical change in the world of matter.

This life force is that which reflects the ego, or the individuality with its loves, its fears, and imaginations, its desires and aversions and its innumerable responses to environment. It is likewise the fixed power that determines each characteristic crystal in the mineral kingdom, each flower, shrub and plant in the vegetable kingdom and each species of the animal world.

Accepting the premises that health is nothing more than an orderly process in the play and action of the life force, and that disease is only disorderly life action, we are enabled to approach the realm of cause by perception.

*Read at the Indiana Inst. of Homœopathy at Terre Haute, Ind.

Life force, like electricity, is one of the imponderable substances, it can not be analyzed or seen or known by any scientific process, we are cognizant of it only by and through its effects and manifestations.

These things teach us why potentized remedies cure disease by removing its cause in the restoration of orderly life action.

Physiology teaches that there is a period cycle in the life of every cell in the body and that at stated periods a complete new mass of cells composing the body organism is born; this might be called a cellular cycle. Cells developed under the stimulus of disordered life force must be imperfect for the uses for which they were ordained, and if this disorderly process is continued over a period of time sufficient for a number of cellular cycles to elapse it will inevitably result in morbid tissue growth and pathology.

On the other hand, the process may be reversed and morbid anatomy may be removed by restoring normal life action over a period of time sufficient for enough cellular cycles to elapse to produce normal body cells and tissues.

Even the wildest advocate of the germ theory of disease acknowledges the life force as a fundamental factor in sickness which he calls body resistance.

But it remains for the Homœopath operating under the "Law of Cure" to control that body resistance in such a way that germs become negative and inoperative things in the process of life and health.

When a state of susceptibility to a disease, or to certain drugs, or to certain temperature changes is present in a given case, it exists because the life force of that individual is flowing in disorder. And the symptoms that manifest in that individual can be removed, together with that susceptibility and the tissue changes that may be present in the body, with that drug whose provings on healthy people have produced similar symptoms and susceptibilities.

It now is apparent why symptoms of the mind are more important to the Homœopath than physical symptoms are; in the hunt for the indicated remedy they are the things that speak of the patient as a whole.

In the grading of symptoms to determine their relative value and force for the selection of the curative remedy there are two grand divisions of symptoms, common and uncommon; this cleavage prevails from mind to body, mental and physical, from generals, those relating to the organism as a whole, to particulars, those predicated of the organs or parts of the body.

Common symptoms are those found in many cases of sickness (diagnostic) and in the provings of many remedies; the uncommon are those peculiar to the individual under treatment, and they speak of patient and are the unerring guides to the remedial drug.

General symptoms are such as relate to the patient as a whole; they may be mental or physical, common or uncommon, but they are more valuable for the selection of the needed medicine than particular symptoms are which only relate to parts of the body.

To be a successful prescriber of the homœopathic *Materia Medica* one must know these fundamental things.

The important mental general symptoms besides being divided into two grand divisions, common and uncommon in point of value, have three groupings.

The first and highest grade are those relating to the will or the affections; thus a man bent on self-destruction manifests the deepest disorder. The second grade are perversions of the rational mind and the third disturbances of the memory.

The physical generals which constitute the desires and aversions of the stomach together with the sex desires and the body responses to physical environment form the lowest general grade.

A convenient way to assist in remembering these things is to draw a diagram of four circles, one within the other.

The inner circle to represent those symptoms relating to the will, which typifies the affections.

The next inner circle representing perversions of the intellect.

The third circle typifying the memory in its perversions.

The fourth and outer circle symbolizing symptoms of the physical body.

From the outer circle at right angles straight lines may be

drawn to represent the body parts and organs, which stand for the particular symptoms.

Through the four circles a vertical line can be drawn to make two quadruple hemispheres, each set of hemispheres standing for the common and uncommon symptoms, respectively.

With this understanding of the relative value of symptoms one's work is wonderfully lightened and confusion in the great mass of symptomatology is avoided.

It also assists in a clear and comprehensive taking of the case, the first essential to a successful prescription.

Many ask how do you know the uncommon, rare and peculiar symptoms that Hahnemann and the masters dwell so insistently upon?

The answer is to learn all the common things relating to disease and to drug provings, and then the uncommon things stand out in bold relief like signal lights through the darkness of night.

There are other things besides finding the indicated remedy that are necessary to success, the foremost being the ability to interpret the meaning of symptoms coming up after the administration of the remedy.

Most physicians have recognized the increase of symptoms known as the homœopathic aggravation that comes soon after the administration of the remedy in acute cases of sickness, but in chronic cases a period of from two to seven days or longer may elapse before it comes.

The recognition of this aggravation is always hailed as a certain indication of the correctness of the prescription and it should be allowed to act without interference of any sort.

Another feature, peculiar to our art, is that symptoms departing under the influence of the homœopathic remedy go away in the inverse order to their appearance; that is, the last to come are the first to go.

To illustrate. In a serious case of sore throat, where the inflammation and exudation begins on the left side and travels to the right side under the right remedy the right tonsil gets well first; if this order does not obtain you need take no credit for your patient's recovery, which nature, unassisted, accomplished,

but in that event the left tonsil, the one first affected, would get well first and the last one affected would get well last.

Another frequent observation many times confirmed is that symptoms go away from within outward, from center to circumference and from above downward.

This is nicely illustrated in the cases of suppressed skin symptoms.

Eruptions that have been driven in with local applications frequently make the patient sick with severe stomach inflammation, even ulcers with vomiting and pain. Or a bronchial inflammation has been produced ending in chronic bronchial asthma. And on the administration of the curative remedy these old eruptions have reappeared with a complete relief of the stomach or bronchial symptoms.

Again a suppressed gonorrhœal discharge has many times resulted in a severe arthritis even to stiffened and distorted joints.

Also chronic nasal catarrh has eventuated from the same suppression by powerful astringents.

The administration of the curative remedy results in re-establishing and curing the urethral discharge, together with a complete obliteration of all the other symptoms and a perfect restoration of health.

These are only a few of the essentials that must be noted and strictly followed, which is much facilitated by a properly kept record of the patient's history and symptom picture.

It is not possible to make the observation and follow the proper procedures noted above without you do keep records. And unless you give the single remedy in the minimum doses you will be unable to confirm the teaching of those men who made Homœopathy respected and stimulated its wonderful growth by the magic power of the cures they accomplished and all in the face of bitter opposition.

In recognizing the vast importance of the life force as the most potent factor in health and disease, and in studying and interpreting the language of symptoms as the messengers who bring tidings of the inner man and reflect the true state of order that prevails, we need not ignore other important things which may affect health. Our only plea is to place things in their proper order of importance and relation.

I have only praise for anything in the realm of medicine that will aid in the relief of suffering and in the cure of sickness.

I recognize as valuable all contributions that have come to us from various sources and gladly give them a place in the store house of knowledge.

But to be truly progressive and to accomplish real results in medicine as well as in any other vocation in life, we must hew to principle and law.

If we are guided by principle and law we soon are able to place things in their proper value and relation to each other.

We would not encroach on the realm of surgery by attempting to set a broken leg with the indicated remedy, although we may do much toward producing a speedy union of bone by stimulating the life force to specific action along those special lines.

Nor would we attempt with surgery to cure a tuberculous lung when only the proper remedy together with general care is needed.

These are only a few stray sparks of thought that may stimulate discussion and bring forth an abundant harvest of mature and ripened fruits for our use.

THE POWER OF HIGH POTENCIES—A REASONABLE SCIENTIFIC FACT.

**By M. W. Van Denburg, A. M., M. D.
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The fact of the power of high potencies to remove disease effects and restore, or cause to be restored to health cases of undoubtedly morbid conditions, is no longer subject to doubt, save by those who have never made the experiment, or, having attempted to make it, have not used the proper means and methods.

Failure to demonstrate a scientific statement depends always upon pursuing certain methods within certain limits. Often, as in the manufacture of chemicals, a great degree of accuracy is required to avoid failure.

Haphazard methods in drug-cure ought not to be blamed if they give haphazard results.

This is usually the case. Now entirely satisfactory, now of no use whatever, or even increasing the condition.

Let no one, therefore, deny the power of high potencies until he has made sufficient trials to warrant a scientific conclusion, free from the doubt of imperfect methods.

Beyond a doubt, such an investigator will reach some most astonishing results of cure, and some very flat failures. These will be the natural and logical results of accurate prescriptions and of faulty ones. The first, a fitting of actual drug-effects upon the healthy to the morbid effects manifested by the patient.

The second will result from either of two causes, or both combined. The case has not been properly diagnosed as to *sensations, tissue changes, and environmental effects*, or modalities (the last, though at first sight, seeming of little value, are nevertheless excellent ear-marks of the proper remedy), or the drug itself has failed to act as expected. The failure of the drug to act may arise from one or several causes:

First. The potency may not be high enough. 30x, 50x, 100x, 100c, 200c, even 500c have each been known to give undoubted results.

(1) First, because curative effects have followed the drug administration in so many similar cases that, by all rules of scientific reasoning, we should attribute the results to the remedy.

(2) In other similar cases, other drugs have failed to produce the desired results.

(3) Because results have followed very soon after the drug has been taken, and in such a way as to leave no doubt, at the time, of their being the result of taking the drug. When such examples have been repeated several times with great uniformity, it is reasonable to attribute them to the curative powers of the drug given.

Second. The failure of high potencies to cure may arise from the fact that the drug-symptoms used were not the active drug-effects upon the prover.

(1) Not all symptoms given in the books are reliable drug-effects. Some are mistaken effects due to faulty observation.

(2) The patient may have an idiosyncrasy hostile to the effects of this particular drug. This is not often the case, but there are, however, well established cases of this kind.

Third. The drug preparation may not be reliable.

High potencies are often disregarded because they are so unreasonably small.

Our own judgment of values has nothing to do with the fact of cure, any more than our before-hand judgments as to what the results will be of new combinations in chemistry. Nature has her own ways of doing things independent of our prejudices or pre-judgments.

We are beginning to learn just a little in the great field of ionization effects in physics, and we know still less of these effects in physiology. There are many elements in the normal blood and normal tissues of which chemistry gives only the faintest trace, but they are always present in normal physiological conditions. It is more than probable that they are also necessary to those conditions.

It is equally probable that even the slightest increase or diminution of these minute substances have much to do with the maintenance of health and the repair of morbid tissues and morbid vital manifestations. There is no room for doubt in this respect, since the mental and moral effects of certain drugs are no less evident than their somatic effects.

The effects of drugs in mental diseases are quite as marked as in tissue disease. This is a matter of common knowledge; the explanation of this fact is another matter.

Because in his day Hahnemann gave his personal views and explanations, and because they now seem unwarranted in the light of our greater knowledge in many fields of vital investigation, is no reason for either accepting or rejecting the facts of drug-effects in curing morbid conditions. These rest on an entirely different basis, namely, experimental proof or disproof under methods of drug administration based upon proven relationship between drug-effects and disease-effects. If the results of certain methods are on the whole beneficial in curing the sick then there must be an actual relationship which it is of the highest importance to learn, and to employ.

Because certain practitioners have seen the light of the value of high potencies in curing the sick, and because some have drawn wild and unwarranted conclusions therefrom, does not change the facts.

Because some medical men scout all ideas as to the possible value of high potencies does not alter the facts.

Because some have made bungling and imperfect use of the method of cure according to similars does not alter the facts.

Skill in diagnosing drug-sickness, skill in diagnosing morbid states in the sick, skill in matching the leading and basic manifestations of the one with the other, these are the principles that count, and their application will bring results satisfactory in a very large percentage of the cases the physician is called to treat.

THE MENTALITY OF THE OPHIDIA.

By Dr. G. E. Dienst, Aurora, Ill.

What is the relation between man and the serpent world, except a mutual dislike and fear? What is the affinity between the inherent element of the venom of a serpent and the human soul? In how far does the dynamized poison of a serpent affect the physiology and the psychology of man? What element (chemical, physiological or dynamic) in the dental secretion of a serpent causes such a profound change in the organs, tissues and fluids of the human body when bitten by one, and, conversely, what element therein produces such marked changes in the organs, tissues and fluids, as well as in the intellect, sensibilities and the will, when administered in dynamic preparations and in infinitesimal doses at lengthened intervals to the sick? Does this venom contain the life force, the real soul of the serpent, and is this communicable, in dynamized form to the human soul? Briefly, does the psychological element of the serpent—its irritability, anger, fear, jealousy, or the changing seasons of the year—affect the virility of its venom, and if so, will its state of irritability or the changing seasons increase or retard this virility? These questions are but hints at problems not yet solved.

As physicians we are not so much interested in the toxic elements of the venomous secretions of the Ophidia as we are in the therapeutic powers therein contained, which have been so forcibly, so clearly and so unquestionably demonstrated in the

*Read before the Missouri Institute of Homœopathy, May 31, 1917.

provings and clinical experiences of learned, untiring and unprejudiced observers. Therefore, let us take a general survey of these poisons as we find them in their relation to the human organism.

Of these poisons, the most frequently used as remedies for the sick are *Lachesis mutus*, *Crotalus horridus*, or the North American rattlesnake; *Crotalus cascavella*, or South American rattlesnake, *Naja tripudians*, a variety of the cobra; *Elaps coralinus*, or the coral snake, and the *Cinchris contortrix*, or copper-head snake. These have been quite thoroughly proven, and our clinical experience has greatly enriched the symptomatology and the pathology of these elements.

The late Dr. E. A. Farrington has given us a brief but concise description of the physiological effects of these poisons, which, by your permission, I quote in full.

"The Ophidia, as a group, are characterized by their paralyzing action upon the nerves. They directly weaken the brain and heart action. Then follow decomposition of the blood, changes in the muscular tissue and local death from gangrene. At first there is developed a condition of anxiety, mental excitability and oversensitiveness of the brain, with hallucinations, anxious fear, etc. Afterwards arises nervous depression, varying from such a debility as is observed in severe or protracted disease and advancing old age to mental confusion, stupor, low delirium and paralysis. Constrictions are noticed, as in the throat, larynx and sphincters in general. Hæmorrhages, which are usually dark, decomposed, oozing from every orifice of the body; thus also, ecchymoses. They are most marked under *Lachesis* and *Crotalus*, less in *Elaps*, least in *Naja*. Face, sickly, pale, anxious; bloated, dark red or bluish. Special senses altered; dim vision, excitability of brain and spinal cord, accounting for the mental restlessness and bodily sensitiveness. Predominant, even with the pains, are torpidity, numbness, twitchings, formication."

You already see in what class of diseases you will find these poisons curative: Inflammations and fevers of low, destructive type, such as gangrene, malignant ulcerations, diphtheria, typhoid, pyæmia, carbuncles, etc. With all there are tendency to faint, muscular prostration, trembling, as in drunkards; irreg-

tiarities in circulation, flushes of heat, apoplectic congestions, paralysis.

Nerves, especially affected by the snake-poisons, seem to be the pneumogastric and spinal accessory; consequently, you expect to find, as eminently characteristic, symptoms of the larynx, of the respiration and of the heart. All of the Ophidia cause choking, constrictive sensation coming from irritation of the pneumogastric. All of them have dyspnœa and heart symptoms.

Moreover, the Ophidia produce a yellow staining of the skin. This is not jaundice, and must not be confused with that affection. It comes from the blood, and is due to the decomposition of that fluid, just as we find in yellow fever, typhus or pyæmia, and not to the staining of the skin with bile. This is most marked in the *Crotalus*. Again, you may find that the skin is dry and harsh, as if there was no vitality in it, or it may be clammy, more characteristic of *Lachesis*. The discharges are fetid, even the formed fecal stools of *Lachesis* are horribly offensive. As the heart is weakened by all, we find, as characteristic, running through them all, weak heart, cold feet and trembling—not the trembling of mere nervousness, but the trembling of weakness from blood-poisoning. The cold feet are not indicative of congestion, as you find under *Belladonna*; they are attendant upon a weakened heart.

The heart symptoms of *Naja* resemble greatly those of *Lachesis*, but its cardiac symptoms point more markedly to the remote effects of cardiac valvular lesions; those of *Lachesis* more to the incipency of rheumatic diseases of the heart. In *Naja* there is a well-marked frontal and temporal headache with the cardiac symptoms; the heart beats tumultuously. The patient awakes gasping for breath. *Naja* causes more nervous phenomena than any of the snake-poisons.

Our subject, however, has to do with the psychology of these remedies. I confine myself to this field for the purpose of impressing upon each of you the wonderful powers you possess when dealing with the neurotic and those who are mentally ill. Were these remedies and their complements understood as remedies should be understood and known, and were these remedies administered as remedies should be administered, the insane

asylums and sanatoriums of our land, so densely populated with the afflicted, would soon be greatly depopulated, and the candidates for these institutions would rapidly decrease in number. It is a sad reflection on the professional ability of physicians that insanity is so prevalent.

CINCHRIS CONTORTRIX.

The *Cinchris* is dreadfully forgetful, not of things in particular, as in many other remedies, but in diminished power to recall mental impressions. This loss of memory is usually preceded by a lethargic state of the mind: not a weakness or exhaustion particularly, but a mental laziness until the mind loses its power to reproduce from its archives things old and new. There is also a marked anxiety with fear, which is often causeless. For instance, there is a fear of death without sufficient illness to cause this fear. The nature of this fear is of sudden death—by accident or disease—and this may so possess the mind as to make life miserable to the individual and his family.

Then, again, there is a strange absent-mindedness; not a dreamy state only, but the mind becomes a blank—is absent—when the individual will take the wrong street when he knows the right one, will deliberately take the wrong car without a thought as to which car he has taken. This leads to embarrassing situations and causes much anxiety. Such people are usually neurasthenic and not a few are sexual debauches. But more particularly, there is a distressing suspiciousness in *Cinchris* as in practically all the Ophidia.

One of the lady provers had the suspicion that her husband intended placing her in an insane asylum, and, though she knew it was but a delusion these paroxysms came on daily from 3 to 8 o'clock P. M., and continued for a fortnight before they wore away. You see how deeply this venom burrows into the very ego and destroys the power of reason, impairs the energy of the will and deranges the sensibilities.

Add to this the fact that moods alternate, as with the lady whose mind was clear and cheerful in the forenoon but cloudy and suspicious in the afternoon; that the dreams are vivid and horrible and make such deep impressions that they can not be shaken off during the waking hours, and you have a fair con-

ception of the therapeutic value of *Cenchrus*. These dreams are often distressingly lascivious even in virtuous people. Do not forget that, practically all the symptoms are aggravated from pressure; by lying down; in the afternoon, evening, night and on waking.

CROTALUS HORRIDUS.

Is it not a singular phenomena that one of the first and most noticeable effects of this poison is to produce a snappy, surly, irritable, suspicious, jealous, watchful "touch me not" sort of condition? Is there, in truth, a shadow of similarity between certain phenomena in serpent and man? Or is this similarity a mere assumption to convey the idea of comparison?

This remedy has been most carefully proven, and when the symptoms agree it is one of the most potent in the *Materia Medica*.

Another of its mental particulars is forgetfulness—of things, of desires, of purposes. The housewife will hasten to the store to purchase some needed or indispensable article, on arriving forgets the cause of her haste, of the great need so apparent a few moments previous. This, as in *Cinchrus*, leads into realms of embarrassment, for such people forget the proper words or forms of expressing even common ideas, or forget how to describe certain events, when they endeavor to put their thoughts in writing. They make ridiculous mistakes in spelling, or in placing of words. One of the provers, an educated man, when writing, would think of one word—the right word—and write another—the wrong word.

In the incipient stages of senile dementia the patient has delusions that he is making mistakes in keeping his accounts, in writing letters and other communications. He is forgetful of things, figures, names, places. As time passes these delusions are followed by serious phenomena,—struggling with imaginary foes at night; imagines himself surrounded by hideous monsters, and that, in reality, he is taken with a marked antipathy to certain members of his family. In low forms of typhoid, where there is much muttering delirium with desire to escape from his bed, this remedy is invaluable.

In broken down inebriates, with delirium tremens, especially

in those whose generals are characterized by insomnia with much trembling. In the female, whose thoughts dwell continually on death, who are sad, low spirited and particularly sensitive to noises and psychical impressions such as reading or listening to pathetic or gruesome stories.

When these things appear you know there is functional disturbance of the intellect, the mental machinery is out of order and if not corrected organic changes are inevitable. The similarity of *Crotalus horridus* to these disturbances is so obvious that no one need mistake in choice of remedies. Periodicity marks all the symptoms. Some of the sensations accompanying the mental phenomena are—as from a blow on the occiput—as if tongue and tissues of throat were tied up—as of a plug in the throat to be swallowed—of choking—as if the heart turned over like a tumbler pigeon. Rest ameliorates and motion or exertion aggravate all the symptoms.

CROTALUS CASCAVELLA.

The venom of the *Cascavella* is as deadly as any of the *Crotalidæ*, and its symptomatology differs but little from the *horridus*. The mental symptoms, however, are more pronounced and peculiar. As in the *horridus*, the *Cascavella* has much sadness, morbid thoughts about death with the same snappy, surly, suspicious nature. The great difference is in its magnetic state, a condition in which the patient hears nothing, then suddenly changes into a state of keen excitement when they see spectres of death as a gigantic black skeleton. Auditory delusions, voices are heard, as of following the patient, when, instead of running from the imaginary voices, they turn against them and endeavor to kick, bite, strike or scratch the one uttering the voice. Sometimes they will throw themselves against closed doors and scratch them, imagining them to be the source of the uncanny voices.

Thoughts of suicide are not marked, though sometimes to escape an imaginary foe they will jump out of the window in an effort to destroy themselves.

The *Cascavella* is possessed of peculiar fancies, as that her eyes are falling out, hears groans, fears at night about indefinite things.

There is another psychological phenomena not yet clearly de-

veloped, but observed as one of the pathogenetic changes and that is described as a spirit of clairvoyance. This is strange, and leads to the inquiry as to how much of the serpent element is usual in clairvoyants. The symptoms, both mental and physical, are worse at night, and from cold baths or cold applications.

ELAPS CORALLINUS.

This Brazilian serpent has some marvelous powers, but they are shown in the physical more than in the mental. From this serpent provings were made from the venom sac and also from the gall. This latter is known, as *Fel Elaps C.* and, while its pathogenetic action is similar to that of the venom sac, it is more strongly marked than the former; *i. e.*, the symptoms were more pronounced.

As in the preceding venoms it is fearful, and apprehensive of some impending fatal disease—a fear of death. This was particularly demonstrated in a young lady teacher who showed such distressing fear of impending pulmonary tuberculosis when symptoms failed to justify such fear. In the process of time difficulty with the ears arose characterized by dullness of hearing and tinnitus with a slight suspicion of pain in the mastoid which called for *Elaps*, and after its administration the ears were speedily restored to normal, and with this, the fear of impending tuberculosis subsided.

Absent-mindedness is peculiar to the *Ophidia* and *Elaps* keeps pace in this defect with the others. There is depression of soul with a desire to fight these mental battles in solitude, as in *Bufo*, with this difference that in *Elaps* there is not the sexual perversion as in *Bufo*. *Elaps* is very sensitive, the least contradiction causes shuddering or trembling of the body; flashes of intense anger followed by severe pricking sensation over the whole body are found. As time passes there develops a form of auto-criticism, finding fault with one's self, he does nothing which pleases him, and instead of seeking wholesome advice refuses it and resents kindness or words suggestive of a better life. As in the *horridus*, there are auditory delusions,—hearing voices—hears people talking, but offers no attack. *Elaps* is full of fear—to be alone—that something dreadful will happen—of impending danger—all of which are aggravated during rainy weather for which

it has a horror. To guide us in the accurate selection of this remedy, please notice a few of its rare sensations:

"Sensation within the chest and at the sternum, as if the pleuræ were pulled off and the lungs violently drawn apart."

"Sensation as of a heavy load, iron bar, or weight on parts."

"Fluids roll audibly into the stomach."

LACHESIS MUTUS.

This is doubtless the best proved and most extensively used of all the Ophidia. It is unfortunate for us that that great and good man, Dr. C. Hering, was prevented, by death, from compiling his monogram on this particular venom. The physical and the psychical of this remedy are so clearly demonstrated in the clinical researches of our most learned prescribers that there is no longer a question of its efficacy as a remedy of great value. While some of the psychical phenomena may seem paradoxical, remember that the variable physical phenomena under which these were brought to the surface differed very materially.

This serpent poison is both deep and long in its action, changing the tissues, organs, cells and fluids of the body as no other substance does in like manner. The clinical experiences and verifications are intensely rich in symptoms and pathology.

As to its mentality I can do no better than to quote some of the provings made by that master prover, Dr. Hering, and others, for they were not only learned men, but expert and very accurate observers.

Here are some of the psychical phenomena found in *Lachesis*:

"Weakness of memory; makes mistakes in writing; confusion as to time."

"Delirium at night, muttering, drowsy, with red face; slow, difficult speech with dropped jaw."

"One word often leads into another story."

"Exceptional loquacity with rapid change of subject; jumps abruptly from one subject to another."

"Feels extremely sad, unhappy and distressed in mind on working in the morning."

"Great sadness and anxiety aggravated after sleeping."

Have you seen such in your experience?

How often we find this state of soul in women approaching

the menopause or those suffering from repeated abortions, voluntary or involuntary, and *Lachesis* is our therapeutic leader.

Let us turn to a further clinical side of the picture for a moment, for here are conditions rich in knowledge:

“Great dullness of mind with bodily weakness in typhoid.”

“No sooner does one idea occur to him than a number of others follow in quick succession when he is writing.”

The almost uncanny power possessed by these remedies in the many forms of mental derangement incident to our social, moral and economic life should receive the most unprejudiced study by every homœopathic physician, for with them he has a potentiality absolutely unknown elsewhere in restoring to health them that are mentally sick.

It is unfortunate that the “Serpent” which tempted Mother Eve was not slain instanter, for we fear that since her time there has been, in human nature, a shadow of the serpent nature.

APPENDICITIS CURED BY MEDICINE.

By Jos. E. Wright, M. D.

A case of chronic appendicitis dating back six or seven years; at which time patient had a “severe colic,” has been more or less tender over McBurney’s point ever since. Acute exacerbations were frequent, particularly after much physical exertion. Stitching, catching pains worse from motion, walking, etc., frequently obliged to stop walking and hold hand over painful spot. *Bryonia* 3x, every two hours. Relieved after a few doses. Tenderness disappeared entirely in two weeks, has had no discomfort in over three months. Keeps a bottle of *Bryonia* handy. Patient, a man over seventy, is appreciative and grateful.

Another case of acute appendicitis was that of Mr. C. in the fifties.

Mr. C. was brought home from the office (expert accountant) with severe pain over the appendix, rigid abdominal rectus, nausea, diarrhœa. Temperature, 104. Mouth dry, wanted large draughts of cold water, was greatly aggravated by slightest motion. Could not permit palpation. *Bryonia* put him to sleep in less than half hour. Repeated at irregular intervals through the

night. Temperature next A. M. under 100. Thirst and dry mouth practically gone. In the evening temperature had gone over 100. Soreness and swelling of the right epidymis, which I diagnosed infectious metastasis; *Sulph.* 6, in water, every hour. The complication disappeared in two days. Patient remained at home a few days, returned to business feeling, and now feels better than he has for several years.

I regard both of these cases as complete recoveries from appendicitis. The indications for *Bryonia* were clear-cut and unquestionably that remedy is entitled to the credit of saving both of those patients from an appendectomy.

The complication in Mr. C.'s case was rather unique, but was, I am satisfied, a metastasis or, better, possibly an extension of septic matter from the appendix, which, to my mind, confirms the diagnosis.

If the claim that appendicitis is an infection is true, *Sulphur* played a very important role in clearing away the debris.

FRUIT AND CANCER.

Editor of the HOMŒOPATHIC RECORDER.

As a new subscriber I am enjoying the RECORDER very much, but, but, but.

I am more and more impressed with the size of the United States and the variety of conditions the older I get.

If I only had Dr. Baker, of Lebanon, Ind., out here on Puget Sound, where I have been for twenty-five years, he would either revise his ideas regarding fruits or he would continue to cure cancer while his patients came to me or some other of us older men who had learned conditions in this part of the country for the cure of conditions due to hyperacidity. It may be that the fruits we have here are not sufficiently "sun baked," but certainly we here meet much trouble from the eating of fruit.

In my reading of medical books and journals I frequently think that the text would be more helpful to us on the Pacific coast if it could have been written by a Pacific coast man.

DR. C. S. TEEL.

Bellingham, Wash., July 21, 1917.

(The paper referred to, "The Treatment of Cancer," in July RECORDER, was erroneously credited to Dr. Baker, but was written by Dr. Oscar Jones, of Indianapolis, Ind., and read at the last meeting of the Indiana Institute of Homœopathy. See Aug. RECORDER, page 377.—Editor of the HOMŒOPATHIC RECORDER.)

TREATMENT OF ANTITOXIN DISEASE.

Editor of the HOMŒOPATHIC RECORDER.

Anent the request from Dr. H. G. Colby in your current number, page 318, "Treatment Wanted for Antitoxin Disease," I would recommend *Diphtherinum* high to him. I have had excellent results many times. One case comes vividly to mind on account of the suffering complained of. A girl of twenty-four years had had diphtheria seven years before I saw her and had had antitoxin injected in the left arm. Since then she had experienced excruciating pains in that spot at times, the pain going up to the head. At the time she consulted me she was incapacitated from it, and I gave her three powders of *Diphtherinum* one hundred thousand, of Swan, two hours apart. There was an entire cessation of the pain by the time the last powder was taken and there was no return of it in the two years before she moved away from here, nor have I heard from her since.

WM. JEFFERSON GUERNSEY.

4340 Frankford Ave., Philadelphia, Pa.

THE RED CROSS AND HOMŒOPATHY.

(The following clipping from a Baltimore paper, the date and name of which were not given, but the date was about the 15th?):

Homœopathic physicians of Baltimore and the counties of Maryland will meet at the Hotel Emerson this afternoon and assert their claims to full recognition by the Government in the medical work of the war.

The homœopaths feel that they have not had a "square deal" from the American Red Cross, and they are going to insist that they be given the same rights in the organization of base hospitals and in the conferring of commissions as the allopathic physicians have enjoyed.

Dr. Frederick M. Dearborn, who is in charge of the Metropolitan Hospital in New York and who is organizing a homœopathic base hospital in that city, will be the chief speaker at this afternoon's meeting.

WILL URGE ENLISTMENTS.

The Maryland homœopaths will be urged to enlist in the medical service of the Government.

According to Dr. William Dulany Thomas, one of the leading homœopaths of Baltimore, the difficulties encountered by the homœopathic physicians have been not so much with the Government as with the Red Cross. The Red Cross, he says, until recently has most unfairly discriminated against the homœopaths, who were allowed only to form hospital units and denied the privilege of organizing base hospitals.

"In this manner," Dr. Thomas explained, "we were merged into the allopathic majority and our identity almost lost. Recently, however, a meeting of the American Institute of Homœopathy, which corresponds to the American Association of Allopathic Physicians, was called in Washington to protest against the existing state of affairs and to confer with Government officials. This meeting was attended by homœopathic physicians from all over the country.

"As an outcome of the meeting, I understand, the Red Cross changed its former practice of discriminating against us and we were allowed to organize base hospitals as well as hospital units. The meeting this afternoon will be to interest Maryland homœopathic physicians in the homœopathic base hospitals."

HEREDITY

The advanced medical men who hoot at old-fashioned "heredity" ought to read Sir William Osler's "Campaign Against Syphilis," the annual oration delivered before the Medical Society of London, May 14, 1917. It is a rather long paper, covering eight columns of the *Lancet's* small type pages, consequently we cannot follow it very closely. Indeed, the gist of the oration is state control. "That the preaching of chastity appears a

ghastly failure, in the face of the record of 800,000 fresh cases annually in this Christian kingdom," is no reason why the "appeal for personal purity should not take the first place in the educational campaign." But after this sop to the moralists he goes on to say, "I am a strong advocate of strong central control in these matters."

About forty years ago the English Government attempted to regulate prostitution in India, at least so far as the army was concerned. The result was an enormous reduction of venereal disease. But the idea of licensing "sin" caused a great uproar among certain classes of women and men in England, who made such a clamor that Parliament put a stop to the new order and venereal diseases soon rose to their old-time level, boosted there by the good men and women—whose goodness seems to be in excess of their brains—who think, though calling themselves Christians, that mankind can be saved by legal prohibition. However, while this has to do with heredity it is not quite pertinent to the point sought.

But just one "aside." Speaking of typhoid, Sir William remarked: "Inoculation has done much; but the conquest of enteric fever in this country was done by honest sanitation." Given honest sanitation inoculation is, at least a temporary handicap to health. It is the same without honest sanitation. Indeed, the *Hand-Book of Therapy*, issued by the A. M. A., has this to say: "With all the advantages to an individual and to a community conferred by protection against typhoid fever by vaccination, the physician must also carefully consider what constitutes contra-indications." These are too long to quote here, but it looks as if everything from "coryza" to "syphilis" and between contra-indicate the operation. Only the robust can stand it safely. This, and the many other vaccinations, may prevent certain diseases, but it is done at the expense of health and, if there is anything in heredity, at the expense of posterity.

But to go on. Here is a quotation: "Among the infectious gonorrhœa and syphilis stand out as the great race poisons." Add to these two "psora" and you find Osler just where Hahnemann was, so far as etiology goes, a hundred years ago. Osler goes on to say that "the gonococcus is not a great destroyer of

life," but "it is the greatest known preventer of life," and "as high as 25 per cent. of the major operations may be for gonorrhœa complications, which are among the commonest sources of chronic ill health." Fifty per cent of sterility is due to this cause, and, according to Noegereath, "90 per cent. of sterile women have husbands who have had gonorrhœa."

As for syphilis. "The spirochetæes may kill the child in utero, a few days after birth, or within the first two years of life, or the blighted survivor may be subject to innumerable maladies." Is not all this, the old doctrine, taught by Hahnemann in the *Chronic Diseases*?

Of the 90,000 children, out of 800,000 born, who died under one year, he says: "Shades of Fracastorius! Syphilis is not even mentioned! When I was a pathologist and physician to an infants' home, we did not have—nor did we need!—Schaudinn or Wassermann or Noguchi to tell us of what 95 per cent. of infants died during the first month. Jonathan Hutchinson and Parrot and Diday and Fournier had told us that."

So the oration goes on piling up evidence on evidence to show that the sins of the fathers, or, to put it in milder terms, the "indiscretions," are visited upon their posterity. All of this goes to prove the reality of heredity—if you accept Osler's statements. It also goes to prove the truth, or two-thirds of it, of Hahnemann's *Chronic Diseases*. As for Hahnemann's "psora" all that is required is more time to prove its truth also—if, indeed, it does not develop that it is but a remote form of the two great causes given by Sir William Osler.

BOOK REVIEWS.

THE TREATMENT OF HAY FEVER. By George F. Laidlaw, M. D.
136 pages. Cloth, \$1.00. New York. Boericke & Runyon.
1917.

Written in the clear and simple style for which the author is well known in homœopathic medical meetings and in his teaching, this book is well adapted to the layman as well as the physician who wishes a comprehensive view of the disease in small compass. The chapters are short and to the point.

The first five chapters describe the treatment of hay fever by rosin weed, the *silphium laciniatum* of the older homœopathic literature, and also treatment by ichthyol and by faradic electricity, as announced by Dr. Laidlaw at the Baltimore meeting of the American Institute of Homœopathy and at the meeting of the United States Hay Fever Association, at Bethlehem, in the summer of 1916.

There follow short chapters on the author's view of hay fever, as a form of urticaria, which he compares with the old, but forgotten theory of hay fever as a form of gout and the new theory of anaphylaxis, giving a clear and simple account of that much misunderstood word. Then come chapters on the theory and practice of treating hay fever by pollen extracts and vaccines, old and new ideas on diet and the little book ends with an interesting historical sketch of the use of rosin weed in medicine and its pharmacology.

USEFUL HINTS.

By **Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.**

I read in the medical journals of "a regular Homœopathic Medical Society or a regular Homœopathic" physician. What are we to infer from that? Are all *other* homœopathic physicians "irregular, redundant and defective?" Children are often troubled with seat worms. The *itching* nearly drives them frantic. *Natrum mur.* 3x is the remedy that they need. I had a man consult me for seat worms that made life miserable for him. I told him to take small end of a cigar, wet in warm water, and place it in the rectum, as far up as he had the itching. He retained it a little while, it stopped the *itching* and put the seat worms *out of business*. In June I was called to Hagerstown, Md.; it is a city of 17,000 population. There are three Homœopaths located there, all doing a good business. I spent one day and a night on "Braddock Heights," 2,500 feet above sea level. The view from the "Heights" is the *finest* I have ever seen anywhere; you can look down in the valley for ten miles around and see the fields of corn and waving grain just beginning to turn yellow. The air is pure and exhilarating. It is an *ideal*

place to *rest* and forget all the cares and troubles of this world. It makes you *thank God that you are alive!* It is only a few miles from Frederick, Md., by trolley ride. July found me in Galesburg, Ill., fifty-five miles from Peoria, not far from the Iowa line. Galesburg is the seat of Knox county, and also the seat of Knox and Lambert Colleges. It has 25,000 population. There are two Homœopaths. Dr. E. N. Nash, of that school of medicine, has a good practice, and is chief of the medical staff of one of the hospitals. Dr. F. C. Dickinson, the other homœopathic physician, has a fine practice that extends into all adjoining towns. He is a very fine man and a good prescriber. He told me of some *good* cures he had made and I hope to get some "Notes" of some of them to incorporate in this article before it is finished.

One of our good old doctors gave me some "Notes" of remedies when I was in Ohio in May. I am very *sorry* that I mislaid his address, but here they are and they are good "hints:"

"*Spongia* 200 for cardiac asthma.

"*Belladonna* 200 will cure quinsy. I use *Kali bichromate* 200 in every case of diphtheria.

"*Kali phos.* 6x, ten tablets in cup of hot water at bed time, *cures constipation.*"

The above are taken from the old doctor's "book of experience," the *best* of all books.

How can we tell by the pulse if a person has valvular disease of the heart?

The pulsations of the artery are more *sharply defined* than in the normal pulse. The blood instead of flowing freely through the artery is being constantly *interrupted*.

Remember that *Calcarea fluorica* 3x is the remedy we depend upon to arrest the early stages of valvular disease to restore normal action of the valvular structure. It removes *fibroid* deposits about the endocardium and restores normal endocardial structure. It may be given as follows: Ten grains in half a glass of water, teaspoonful once an hour. In the *acute* stage of myocarditis *Kali mur.* is the *basic* remedy, the main remedy that we have to lean upon, for it will *absorb* the plastic exudates and emboli. Give *Kali mur.* 3x, ten grains in half a glass of water, teaspoonful every hour.

In the *chronic* form of myocarditis we have a deposit of *fibrin*, which causes *induration* of the muscle of the heart, which condition calls for *Calcarea fluorica* 6x, three tablets once in three hours. It is the *basic* remedy in the above disease in its chronic form.

You will meet, now and then, with a doctor who *thinks* he "knows it all," *wisdom* seems to fairly exude from the pores of his skin. When he talks to you he has a condescending, a patronizing way about him that seems to say, "You poor boob, what do you know about medicine? I forget every night *more* than you ever knew." They are a law unto themselves and when they die *wisdom dies with them*. You will find them in *all* schools of medicine and in almost every community.

In those old chronic cases of intermittent fever, where the chill will *continue* to appear every eighth, fifteenth or twenty-second day, examine the spleen and you will find *hypertrophy* of that organ. Just so long as the enlargement of the spleen exists you may expect to have the paroxysms continue to return. Then the thing for you to do is to *reduce* the *size* of the spleen.

If the tongue has a dirty *brown* coating, skin *yellow*, a cough, *scanty* high colored urine, a *dull* heavy headache, you may prescribe:

R. F. E. Grindelia Squarrosafl. ʒi.
 Syrup Orangefl. ʒv.
 Mix. Sig. Teaspoonful four times a day.

One writer reports seventy cases cured with the above remedy.

When there is soreness and *tenderness* in left side, patient can't lie on the *left* side, and feels *chilly* all the time, *Tr. Ceanothus* is the remedy, ten drops, three times a day.

In liver troubles *Bryonia* is indicated when patient *prefers* to lie on *right* side, there are sharp *knife-like* pains, better from heat, *worse* from any motion.

In sciatica when the pain comes in paroxysms, of a tearing, shooting, *boring* character, relief from *heat* and *pressure*, by *flexing the leg on the abdomen*, *Tr. Colocynth* 3x is the remedy, fifteen drops in half a glass of water, teaspoonful once an hour until relieved.

Deafness in old folks with *weak* vitality calls for *Tr. Cicuta* 30x, ten drops, three times a day.

In old people who have deafness from *hardened wax* in the ears, with the *vertigo* peculiar to *Conium*, you will find *Tr. Conium* 30x, ten drops, three times a day, will often help the deafness. There are *some* advantages in being deaf. There is a good deal of talk that you miss that is just as well for your peace of mind that you *did not hear it*.

A man sometimes *thinks* he is in love, but he is mistaken, it is only a mild form of sexual hysteria! Now and then you will meet with a person who *thinks* they have "got religion," but I have seen cases where it was only a case of *indigestion* and *torpid* liver. It is wonderful how *different* things will look to a person with *good* digestion and *active* liver.

It is said that "all things come to those who patiently wait," but, personally, I think it is a grand thing to get out and *hustle* a little at the same time.

"Whatsoever you desire of GOOD, it is YOURS, you have but to stretch forth your hand and TAKE IT." Let the above thought BURN itself into your *brain*, for it spells SUCCESS for YOU!

"Don't grieve over troubles that cannot be helped,
For life is too short to repine;
Take life as it comes, with its cares and its strifes,
Let to-morrow take care of itself.

Don't borrow your troubles, they'll come soon enough;
Each day brings enough and to spare;
Bear patient your lot in the battle of life,
Let to-morrow take care of itself.

If an unpleasant task should fall to your lot,
That you hardly have courage to meet,
Do it now, don't delay, it is always the best,
Let to-morrow take care of itself.

Don't *worry* too much it weakens your nerves
And wrinkles your forehead as well.
Let the joys of to-day be sufficient for you,
Let to-morrow take care of itself."

A homœopathic physician with his *splendid* materia medica has no *earthly* excuse for adopting the "serum treatment" for the sick. Let the old school fool with it as much as they like and get the benefit of whatever *odium* may be attached to it. When I see some of our doctors adopting this serum treatment I wonder at any *intelligent* man being fooled by such a "fad." It makes me think of what an old farmer said about the "Green Back" party when it first came out:

"Taint a common kind of cattle,
That is ketched with mouldy corn!"

The regular school cannot cure the diseases *already* in existence, then each year they add some new diseases. To the long list of diseases one of the fathers of that school left on record this statement: "*We have multiplied diseases, we have increased their mortality.*"

Our business as physicians is to *heal the sick*, and our treatment of the different diseases should be a "safe and sane" treatment that removes the disease and "*leaves no trace behind.*" We have no earthly right to "*set up* one disease in the system to cure another." Nature is already at work to rid herself of the disease. Instead of aiding nature in her efforts we *double* her *burden* by injecting a serum into the system, thus adding another disease to the system. As a result of this mal-practice nature has two forces to contend with; she does the best she can for she is always our *friend* even when we *abuse* her the most. In nature's efforts to rid herself of the two diseases the heart has to work over-time and the *stronger* pulsations of the radial artery gives us the impression of a power *behind* the heart that is *driving it to its own destruction*. Thus it is by this system of therapeutics they are *creating heart disease in the human body* and the number of *deaths from heart disease* have *doubled* within the past *ten years*. This is only some *more ammunition* furnished the drugless healers with which to accomplish *our own destruction!*

It is a maxim in military science that "we should never expose a *weak point* to the enemy." Yet that is just what our profession is *constantly* doing every year. All these "weak points" and all our sins of omission and commission are being pub-

lished and spread broadcast over the country. Is it any wonder with all this *free* advertising our profession is getting that the drugless healers are growing in this country by *leaps and bounds*?

This craze for *needless* surgery, operating on everything, from ingrowing toenail to cancer, mutilating and *unsexing* our women, poisoning the bodies of little children with a filthy serum, makes me *tremble* for our profession when I REMEMBER THAT GOD IS JUST!

THE LABORATORY IS NOT ALL.

"I am convinced that we must have, in addition to a knowledge of the heredity, previous disease, the origin and course of the present disease (which is all our present methods reveal to us), a knowledge of the attitude, idiosyncrasies, organization, etc., which go to make up the individual patient, and which determine the peculiarities of his functions, predispositions and susceptibilities, and the special and individual manifestations of his diseases. I am firmly convinced that the products of morbid processes—and that is all the modern laboratory takes into account—do not embrace all the facts in a given case; indeed, may not even embrace those most characteristic or fundamental. All that is contained in all test-tube and revealed by the microscope cannot possibly be all the indications of disease. There are those among us who think so. They apparently are unable to conceive that pathogenetic influences may lie within a healthy body, or that morbid processes may be going on without a manifestation of gross morbid products. They cannot conceive of anything disturbing the normal play of the organs that does not come from outside the body. That inharmony in development and correlation of organs can possibly be genetic factors in disease, or that inharmony in function can arise from this and be existent for a considerable time before marked morbid products are evidenced, is to many ridiculous."—Dr. Philip Rice, San Francisco, Calif., in *Pacific Coast Journal of Homœopathy*.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Inter-Relation of the Endocrinous Glands.—Dr. Ernest L. McEwen, of Chicago, in a reprint sent us from the *Journal of Cutaneous Diseases* gives a tabulation adopted from Paton, which we think of sufficient interest to reproduce in this department of the RECORDER:—

- (1) Mobilization of sugar from the glycogen of the liver is stimulated by the
 - Neural-pituitary,
 - Thyroid and
 - Chromaffin System.
 It is inhibited by the
 - Parathyroids and
 - Pancreas.
- (2) The growth of muscle, bone and connective tissues generally, is stimulated by the
 - Buccal-pituitary,
 - Thyroid,
 - Thymus and the
 - Gonads.
- (3) The glandular inter-relations which are fairly well established are as follows:
 - (a) The thyroid exerts a stimulating action upon the chromaffin system and the gonads. It inhibits and is itself inhibited by the buccal-pituitary and the parathyroids.
 - (b) The buccal-pituitary stimulates the gonads, inhibits the thyroid and is itself inhibited by the gonads and thyroid.
 - (c) The thymus inhibits and is itself inhibited by the gonads.
 - (d) The gonads inhibit the buccal-pituitary and the thymus; they probably stimulate the inter-renal system; they are stimulated by the buc-

cal-pituitary, the thyroid, and probably by the interrenals.

(e) The parathyroids are inhibitory to the thyroid.

(f) The interrenal system probably stimulates the gonads, and in return is stimulated by them.

To summarize, a direct or indirect relationship may be considered as existing, or possible of existence, between the endocrinous glands mentioned in this paper and the following skin diseases:

The pigmentation of Addison's disease; very probably the pigmentation from pregnancy and pelvic tumors; and pigmented new growths of the skin.

The dermatoses which are persistently associated with diabetes.

The dermatoses which are secondary to excess of body fat, both local and general.

The skin disturbances which are characteristic of puberty in both sexes as well as those which attend the involution of the sex life.

Hypertrichosis in women.

Alopecia, in certain instances in both sexes.

Dermatoses which are ætiologically related to hypo- and hyper-activity of the glands of the skin.

It is evident from this last that the glands of internal secretion deserve the frequent attention of the dermatologist. We are reminded again that the successful practice of our specialty entails upon us not only the necessity, but the duty, of studying the internal conditions of the cases in our charge. Dermatology is notoriously deficient in facts bearing on the causation of skin disease; may this not be due in part to our failure at times to appreciate fully the value of the complete history and the thorough physical examination?

The New Treatment of Burns.—One of the most interesting developments of the therapeutics of the war is the new treatment of burns by the application of hot solution of a wax-resin mixture. The mixture is heated until it melts and when it is sufficiently melted to flow it is applied to the tissues and strange to say does not seem to cause pain when applied in this manner to burns. A substance is now made in this country by the name

of Redintol, which is used in a similar manner for a similar purpose. (Boericke & Tafel supply it.)

New Test for Indican.—Dr. F. C. Askenstedt, of Louisville, sends us his reprint from the *Journal of Laboratory and Clinical Medicine* on an improved test for indican in the urine, which is to be recommended to the general practitioner who wishes to use as simple a technic as possible:

“Dilute the urine until it has a sp. gr. of 1005. For example, if urine shows a sp. gr. of 1017, dilute five parts of urine with twelve parts of water; if its sp. gr. is 1021, dilute five parts of the urine with sixteen parts of water, etc., corrections being made for temperature. An exception is made for diabetic urine, which is diluted until its urea content is 0.5 per cent. Place 10 c.c. of the diluted urine in test tube and warm over a flame until the lower end of the tube begins to feel hot to the hand. Then add 8 c.c. chloroform and mix by shaking a few times. Ten cubic centimeters of a solution of 0.4 per cent. perchloride of iron in concentrated hydrochloric acid (Obermeyer's reagent) is now added, and, with the tube duly stoppered, quickly extract the indigo by shaking the tube two minutes, holding it in a horizontal position. By releasing the stopper once or twice during the procedure, squirting will be prevented. After this, let the chloroform fall to the bottom of the tube, then pour off most of the supernatant fluid, fill the tube nearly full with water, invert it a few times to wash the chloroform, and let it again precipitate in the tube. If indican is normal in amount, the chloroform will remain white or show a mere trace of blue. Any increase in blue exhibits a proportionate excess of indican.”

Fatty Degeneration of the Heart and Kidneys.—In a previous number of the RECORDER we warned the profession to beware of the fat man who sits in an office all day and rides to and fro from his office in a machine. The warning may also apply to the fat woman, as well, and in another direction, namely, that of fatty degeneration of the heart. Anders says of this condition that the diagnosis is “sadly obscure,” and that the trouble is to be “inferred” rather than diagnosed.

Not only is the cardiac condition sadly obscure, but the renal condition may be baffling so far as evidences of fatty degeneration of the kidneys are to be found in the urine. In a specimen

of the 24 hours' urine of a fat woman recently examined by me there was neither any albumin nor casts although the specific gravity was 1016 and the amount of urine 775 c.c. in the 24 hours. The only thing about the analysis not satisfactory was the small amount of solids, especially of phosphoric acid which was barely one gramme in 24 hours. All the normal solids were low, including chlorides, urea, etc.

The patient died a few days after the analysis and the post-mortem showed a highly fatty heart with fatty degeneration of the kidneys.

Fatty degeneration of the kidneys secondary to other fatty changes in the body is to be differentiated from chronic parenchymatous nephritis with the large white, fatty kidney. The latter condition is, as a rule, readily recognized by the albumin and casts which accompany the fat found in the urine.

The Ratio of Urea to Ammonia.—In order to stimulate interest in what we believe to be a clinical point of value we shall publish from time to time the figures of our analyses relating to this ratio. Taking all those patients whose names begin with M in our card index for the last three years we find that there were 97 of them and that we made 125 analyses of their urine in which the ratio of urea to ammonia was featured. There were 54 men, and 43 women: of the women, six were pregnant, and of all the patients three were diabetics.

Of the 125 analyses it may be said that in 93 reports the ratio of urea to ammonia was from 20 to 1 up to 50 to 1, that is in about 75 per cent. In 79 reports the ratio of urea to ammonia was from 20 to 1 up to 40 to 1, that is about 62 per cent.

On the other hand, in only 21 reports was the ratio of urea to ammonia below 20 to 1, in only eight reports below 15 to 1, and in only one report below 10 to 1: percentages of 16, 5, and 0.8, respectively.

Hence, as stated in a review of two hundred or more cases published in the RECORDER for August, the number of instances in which the ratio of urea to ammonia falls below 20 to 1 is relatively so small as to demand clinical investigation.

There were 11 analyses of the urine of pregnant women of which there were only three in which the ratio of urea to ammonia was above 20 to 1 and not one in which it was above

30 to 1. On the other hand, 8 were below 20 to 1, 6 were below 15 to 1 and 1 was below 10 to 1. In only two male patients was the ratio of urea to ammonia found to be below 20 to 1. One of these was a diabetic whose ratios in 5 analyses ran 14 to 1, 31 to 1, 17 to 1, 17 to 1, 20 to 1.

On the other hand, there were 21 analyses of men in whose urine the ratio of urea to ammonia ran from 20 to 1 up to 30 to 1.

There were 14 analyses in the case of women in which the ratio of urea to ammonia ran below 20 to 1, and of these 11 were in cases of pregnancy, as shown above. That is, a ratio below 20 to 1 in a woman not pregnant is uncommon and at least warrants the suspicion of pregnancy, unless the patient be an old lady, for, as we have stated before, the ratio of urea to ammonia in old women is frequently below 20 to 1.

A persistently low ratio of urea to ammonia in a young woman points to pregnancy, if diabetes is absent.

In 50 analyses of male patients' urine the ratio of urea to ammonia was above 30 to 1. In only 22 analyses, however, of the urine of women did the ratio of urea to ammonia exceed 30 to 1. This shows, as already pointed out, that in spite of the fact that men eat more meat than women the ratio of urea to ammonia in men tends to be higher than in women. As a rule, when, in the case of a man, the ratio of urea to ammonia falls below 30 to 1 and remains there, such a man is in need of medical attention.

CONCLUSIONS.

1. A ratio of urea to ammonia below 30 to 1 requires explanation.
2. A ratio of urea to ammonia below 20 to 1 in an otherwise healthy young woman raises the suspicion of pregnancy.
3. A ratio of urea to ammonia above 20 to 1, but below 30 to 1, in a male is of more clinical significance than in the case of a non-pregnant woman.
4. A ratio of urea to ammonia above 30 to 1 is usual in health and requires no explanation.
5. If the ratio of urea to ammonia is persistently below 20 to 1 in the urine of a person in whose case no diagnosis has been established, a careful physical examination is warranted.

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EDITORIAL NOTES AND COMMENTS.

Who Is In Front?—A good many of our estimable “regular,” and also homœopathic, friends have much to say about the “onward sweep,” the “fore-front,” the “mighty current,” and the like, of modern medicine. The “regulars” are possessed by the idea that they are making mighty strides forward and not a few Homœopaths think that the homœopathic profession is in danger of being left hopelessly in the rear.

Just a few days ago (at this writing) two members of the firm of machinists who do the engine, boiler and other work of that nature in the establishment of our publishers were in the office. Physically they looked seedy. Each had a “cold” that their physicians could not cure, colds that had lasted all winter. Didn’t ask, but presume their individual physicians were men in the “fore-front;” at least they were “regulars.” “What can you Homœopaths do?” They hadn’t come in for treatment, the question simply followed an incidental relation of their ills. What seemed to be the indicated remedy was given them. Next day came a telephone message of hearty thanks. The favorable effects of the remedy were most marked. Were feeling fine.

This little episode raises a question and the question is this: Is not Homœopathy so far in advance of the “on-rush” that to join the rush would be to go backward? Medicine was made for patients and not patients for medicine. The physician who can cure illness is far in advance of the one who can write learnedly about disease, but cannot cure it.

The Devil and the Deep Sea.—An abstract from the *Deutsche Med. Wochenschrift* of a paper by Luth tells us that too little salvarsan “actually breeds a strain of more resistant spirocheta” and “the patient is thus worse off than if he had been given no treatment at all” because these salvarsan bred “spirocheta” are more virulent. Incidentally, the paper opens with the statement that there are more cases of tertiary syphilis met to-day than before the days of salvarsan. If too little of this medical wonder of allopathy be given the patient is worse off than with no treatment; if too much be given the coroner ought to be called in, but isn't. Everything points to Homœopathy—which will come when the world becomes sane.

A Big Job.—In the “Ohio Bulletin of Charities and Corrections” Dr. Thos. H. Haines insists that all “feeble-minded” must be reported and be under the supervision of some “central authority,” allopathic, of course. What they can do for them after they come under supervision is not clearly defined. There is another and a serious side to this proposal, which is, that the number reported if the proposed rule be truly enforced might be so great that it would swamp the proposed central authority. It would, also, probably cause an uproar, for the drag-net might catch some Senators, Congressmen, Governors, editors and even doctors. Go slow and cautiously.

Fame, At So Much Per.—The *Buffalo Medical Journal* tells us that, “The same old plan of co-operative fame, inclosing \$15 and photograph, has again been rendered available, for Buffalo and vicinity.” Presumably this is the plan by which you get your picture and a biography written by yourself, in a book that no one buys much less reads. You pay \$15 and get a free copy. That's all. What's the use! To-day the ordinary citizen has to commit a first murder, or rob a bank, be a first-class ball player or prize fighter to become famous, and even then his fame is ephemeral. And what good is it to you after all, when you become defunct? Better write for the RECORDER and thus go down to posterity in the bound volumes of libraries.

“**Thou Canst Not Shake Thy Gory Locks at Me.**”—On the evening of July 19th the *Chicago Journal* published an interview

with Dr. Franklin Martin, of Chicago, and of the U. S. Defense Board in which the worthy doctor gives out that he is much worried by the impending shortage of doctors in the United States. "Murder will out" and at last the calamity which some of us have been predicting for years is right upon us. May we humbly ask who originally "started" this shortage of doctors? And why do not some of our brave old school men come out boldly and denounce the campaign of medical college wrecking which certain influences began in 1905 or thereabouts and which is netting so much profit to quacks and cults? "Thou canst not shake thy gory locks at me and say I did it," for the writer of this editorial has for years predicted in the journals just what has now happened. But will the public ever know who "started" it?—(C. M.)

Flexner's Logic.—The article by Professor Paul Shorey in the *Atlantic Monthly* for June, 1917, in which he demolishes Flexner's logic as applied to classicism should be read by all good Homœopaths who remember Flexner's Zeppelin attack upon our institutions not many years ago. If Flexner's medical logic is no better than his classical Lydston's judgment of him is sustained.—(C. M.)

"Triumphs," Etc.—Dr. W. Gilman Thompson, under the heading, "Medical Triumphs and Opportunities," in the *North American Review*, sings the praises of his class, but, really, so it seems, these praises are due the sanitarians. For example, he very truly says that more men died from typhoid in the Boer war and in our Spanish war than from bullets. "Betterment in camp hygiene," he writes, "began to yield striking results in the Russo-Japanese war, and the lack of any considerable number of cases of typhoid fever on the western battle front in the present war is due not only to improved hygienic measures, but to the employment of preventive inoculations against typhoid fever."

The facts, however, seem to indicate that the inoculations which to-day are given the chief credit are really a severe handicap on the good work of sanitation and hygiene. In the Boer war the men had plenty of typhoid inoculation and "died like

flies," as one writer put it, at the time. South Africa is said to be a dry, healthy country, yet the English troops suffered more from disease there than in any war they ever engaged in, unless the Crimean be excepted. Their chief ill was typhoid yet they were inoculated. Then came the era of sanitation and hygiene—and they give the chief credit to their inoculations!

Yellow Fever and Malaria.—Dr. Thompson, in the same *North American Review* article (see above), claims one of the medical triumphs to be experimentation of yellow fever and the control of malaria. In these instances, fortunately, there are no inoculations, only mosquito-bars, for both of which the world should be grateful. Yet even here there are those, like the Health Commission of Bengal, who doubt the truth of the alleged discoveries, for he said that in India, where malaria goes in epidemics, sometimes it rages when the anophele is notably scarce and at other times when these mosquitoes are about in swarms there is no malaria. And again the disease and the mosquito go together. As for yellow fever there be those who believe that it is sanitation that has cleared the scourge away. When houses in cities have holes cut in their floors through which matter is dropped which should go through sewers small wonder that they are visited by plagues; when these are cleaned up, naturally, the plague ceases. Mosquitoes and even the air may transmit yellow fever, malaria and other diseases, but neither is the primal cause.

A Problem.—This seems to be an age prolific in "problems." For instance, a bulletin of the U. S. Department of Labor opens with the statement that, "More women 15 to 45 years of age die from conditions connected with childbirth than from any disease except tuberculosis." Naturally the simple question arises, Why? The bulletin gives many answers, but the following about covers them all: "The expectant mother should at once consult a physician. She should remain under supervision so any dangerous symptom may be discovered as soon as it appears." Is this a scientific answer to present conditions? What about our mothers, grandmothers and great-grandmothers who bore from 6 to 12, or more, children, never had a scientific phy-

sician to aid them, yet nearly all lived the three score and ten of the psalmist in a state of vigorous health? What of to-day, basking, as it does, in the beneficent light of modern medical science? One, or two children, generally none, and the mother? Mostly a nervous wreck! Again, Why? Our grandmothers who bore so many children, also cooked, churned, milked the cows, made their own and the family's clothes and did many other things, and were healthier than are their descendants. Why? Well, there is a problem that neither the bacteriologists, scientific medicine men nor U. S. Dept. of Labor have solved.

Death From Salvarsan.—Reported in the *British Medical Journal* by a Government medical practitioner in India. The patient had syphilis. No special history. Was given salvarsan and died. Here is the summary:

“The interest in the case here recorded lies in the long period between the administration of the salvarsan and the manifestation of toxæmia. The symptoms would suggest acute yellow atrophy or phosphorus poisoning, but both are negatived by the fact of there being enlargement of the liver throughout, and also as to the former by the absence of leucin and tyrosin in the urine. There must have been a storage of arsenic in the liver, giving rise in the cells. Captain Armstrong, I. M. S., who has kindly looked up the literature on the subject, says that three similar cases have been recorded, in one of which a necropsy was performed. This was a woman who was given three doses of salvarsan at an interval of nine days without any untoward symptoms. Three or four days after the last dose she developed toxic symptoms, diarrhœa, and vomiting, jaundice, enlargement of liver, and severe abdominal pains and died. *Post-mortem* examination showed diphtheroid necrotic ulcers in the intestines, perforation of the stomach, and acute fatty degeneration of the liver.”

“Salvarsan” is a German patent medicine that often kills. It is treated with great respect by the *Journal of the American Medical Association*, which holds weekly war dances on American patent medicines that do not kill. But then we are told, on the highest authority, that a prophet is not without honor save in his own country. Have read that the German Doctors fight

very shy of the patent medicines they so freely sell—or did—and our allopathic doctors so freely use in this country. Looks almost as if it were on the same principle that causes the Chinese and Indian “doctors” to flourish in this country.

Blood Pressure.—We recently met a minister of the Gospel, a Methodist, who apparently visited and looked after his poor parishioners. One of his congregation was also present and the minister remarked that “Mrs. —— is very ill.” “What ails her?” “She has blood pressure,” he said, and then turning to the writer he asked, “What sort of a disease is ‘blood pressure?’” “The latest” was the answer, but after getting this off went on to explain that it is but a symptom. Some time after this the *Long Island Medical Journal*, July, came along with ten of its big pages filled with a paper by Dr. J. M. Van Cott on this subject. We quote his “conclusions:”

“I. The pathology of blood pressure is primarily the pathology of the somatic cells.

“II. Hypertension is a symptom, not an essential disease.

“III. It is contraindicated in the majority of cases of hypertension to exhibit cardio-vascular depressors, as a routine treatment.

“IV. Cardio-vascular stimulants are often indicated.

“V. It is indicated to reduce hypertension by arresting toxine formation, securing its elimination, and decreasing the viscosity of the blood.

“VI. The author does not wish to be construed as condemning the use of nitrites, and other drugs having similar action, in all cases; but to discourage the practice so commonly met with of attempting to reduce blood pressure simply because it is high.”

Hay Fever.—*Public Health Reports* for July 20th contains a paper on “Hay Fever,” by Wm. Scheppgrell, A. M., M. D., New Orleans. The central idea is that hay fever is caused by some agent outside of the patient. That may be so, but if one hundred persons are exposed to the pollen of “*Ambrosia clatior* and *trifida*” and only one develops the disease is it not reasonable to infer that the cause lies in the patient? This is the point of Hahnemann’s *Chronic Diseases*, a much abused, but little understood book.

A Passing Comment.—In the *P. C. Journal of Homœopathy's* report of the meeting of the State Society, at Oakland, we find the following: "Dr. Buffam, in closing, spoke of the danger of atropine in patients over 40." From our slender knowledge of the subject have no comment to make save that of an eye-man, several years ago, who remarked, "Strange how the people dread the 'drops.'" Perhaps the dread is true instinct.

Immunization.—Dr. J. G. Adam has delivered four lectures before the Royal College of Physicians which have been printed in the *Lancet*. They deal with the beginning of things, of life, taking in evolution and immunity. The point here is that toxins and drugs "acting on the tissues of the body, act also on the germ cells, causing modification of the latter," etc. If, then, immunization really does protect against a given disease it does so by changing the cells of the body. This brings up the question as to whether it is not wiser to leave the body in its normal condition? May not the price of immunization be greater than the problematical protection? An unprejudiced study of the after lives of the immunized alone can answer.

On the Pacific Coast.—The following is self-explanatory:

"On account of war conditions, the *Pacific Coast Journal of Homœopathy* has suffered the loss of many of its force. With the editor already in the field and the business manager at any moment likely to be called, the State Society, at its last meeting, took over the publishing of the *Journal*."

Another Symposium.—The *Medical Review of Reviews*, August, publishes a series of papers under the general heading, "A Symposium on Sectarianism." The "sectarians" are homœopaths, chiropractors, mechano-therapists, eclectic, osteopaths and naprapaths. Dr. G. Harlan Wells answers the question "Why I am a Homœopathic Physician" and does it extremely well. The enterprising *Medical Review of Reviews* should follow this symposium with another taking in all the remaining medical sects. Let some one answer "Why I am an Allopath," why a Christian scientist, why a scientific physician, why a faith curist and so on down the sectarian line.

PERSONAL.

A Texas undertaker "solicits your business" and his aim is "to please the public."

The "fatal death" of an estimable lady is reported in a New Mexico journal.

Many persons would show a greater love for music by not attempting to play, whistle or sing it.

"The United Physicians of Buffalo." Let us hope they will remain so.

Man advertises "Player-piano music for exchange." If it is for something else he is wise.

A learned physician, Gourbin, says that hens, ducks, geese, pheasants and "domestic quadrupeds" are "carriers of diphtheria." Kill 'em all!

A "detoxinated" cigar is an abomination, notwithstanding the health sharps.

"I like a cigar after a good dinner," said Claude to his landlady, and then didn't light one.

A man said while he couldn't freely forgive his enemies he liked to sympathize with them.

"Envy is sinful," said the daughter to Pa when her chum got a seal-skin coat.

A modern linguist told his best girl he thought her hands were "im-mense" and was surprised at the result of his compliment.

"You know paper is getting very scarce," said the cheerful debtor when he couldn't give his creditor a check.

Ye good citizen cryeth "something ought to be done!" but he doeth it not.

Many plans, like many men, refuse to work.

According to Billy Sunday, as reported, N. Y. is nearer God than any city. Oh, you Kansas cities!

A man may know as much as Solomon, but it dies with him unless it be ultimated in type.

When one thinks of space which can have no end he almost feels nutty.

Music hath charms to soothe the savage breast, also, some sorts, to arouse the savage in the peaceful breast.

No one can whistle and use his mind at the same time. Neither can the afflicted hearers.

His voice is for war, but not his person.

"C. M." (*Clinique*) says backache is prevalent in Chicago. Don't be so strenuous.

"I am happiest when I sing!" Yea, brother, but what of the others?

"My breath troubles me," said the patient. "I'll stop that," replied the young M. D.

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THE PRESENT STATE OF ALLOPATHIC MEDICINE

By "allopathic" is meant "scientific medicine," for did not the old allopaths claim to be the "regular" physicians, and do not their descendants claim the same? It is a chameleon "business," so no matter what color is shown the same old chameleon presents it. At one period it was bleeding and calomel and the man who did not follow it was guilty of "passive murder," to quote the phrase once used in the *Lancet* when discussing the subject. A good many years ago we knew two doctors, one a well-to-do country doctor whose neighbors finally invented a proverb, "Send for Dr. ——— and then for the undertaker." The other's name is pretty well known in literature. Both of them had the routine of bleeding and calomel, with leeches in the final act. Saw a little five-year-old girl go with leeches sucking her skin.

Another, who could not bleed a typhoid patient, or did not, refused him water. This patient got well because, while his family strictly followed orders, he, one evening managed to crawl out of bed, worm his way to the "water spring," drank copiously—and recovered. These are true stories.

It would be impossible to enumerate the many fads that have masqueraded as "regular" medicine before and since those days, even if we had a clear knowledge of them, which we have not. When "germs" were sprung on the world the whole quest was for germicides, which may or may not have killed the germs, but the patients often went the way the germs were supposed to go. An old Texan on this wave got up "Radam's Microbe Killer," which, from its composition, was safer than the germi-

cides. They say he made a fortune out of the "Microbe Killer," but the microbe killers denounced him as a fraud even though he but followed in their footsteps. Many other scientific meteors have since then blazed forth in the "regular" firmament, and gone the way of their predecessors.

At present they have thrown nearly the entire pharmacopœia on the scrap heap, substituting vaccines and serums. When they tire of this, or the world does, some other scientific thing will have to be invented. Though the "regular" therapy which, as said before, is always scientific, changes with each decade. Though the pharmacopœia has been thrown away there still remain the trade-marked remedies, lineal descendants of the old patent medicines to fall back on. The "literature" of the big drug houses has taken the place of the chair of therapeutics. Many of the pharmaceuticals passed by the A. M. A.'s council, and an equal number condemned by that inquisitorial body, are really excellent, but it is an awful wrenching of terms to call this practice "scientific," this practice of doping all cases of a given disease with what are practically secret remedies. Is not the prescribing of "Ayer's Cherry Pectoral," "Pierce's Golden Medical Discovery," "Simon's Liver Regulator," "Swamp Root," and all the others just as scientific as to prescribe the secret things advertised in the *J. A. M. A.* under ridiculous Greek names? To be sure, this sort of thing is probably better than the sometimes queerly compounded prescription of many drugs of earlier days, but it is not science, nor never has been.

Homœopaths to-day are prescribing the same drugs, on the same lines, that were in use a hundred years ago. Haven't "advanced?" Certainly not, only developed. They hold the key of true medical science and the sooner our esteemed but ever-wandering "regular" friends make use of it the better for the world.

"OUR CHOICE"

By N. Bergman, A.B., M.D., 4872 Winthrop Ave.,
Chicago. Ill.

In these days of intense scientific application in the realm of medicine and insistent search for a panacea or specific remedy for all human ills, it is fitting that we take an invoice of ourselves and our art to ascertain whether we do not contribute as much as, or more than, any other school of healing to the restoration of health and happiness, in spite of our supposed position of being among the non-progressive in medicine. Are we really occupying an inferior position among the many and varied healing methods the world has to offer an ailing humanity?

Indeed not! On the contrary a number of diseases were never known to have been cured by *any* medicine before Homœopathy made such a thing possible. I need only to point to Hahnemann's brilliant records in cholera, whooping cough, typhus and other acute ailments that had persistently baffled the old medication from the remotest times, not to mention the chronic diseases which, for the first time in the history of mankind, found their cure through Homœopathy.

Our records show to-day our superiority as they did in the very dawn of Homœopathy, when the great master was propounding his doctrines to a hostile professional world. Why should we, therefore, not assert ourselves as masters of the art of healing and demand our rights as exponents of the only true school of medicine? Why should we bow to a school of medicine which rests on the very insecure basis of empiricism? Who do we have to stand in such awe of a body of medical men who flounder blindly in the bogs of speculative medication, to-day lauding to the skies one remedy or procedure, to-morrow relegating the same to the scrap heap of oblivion? Why should we allow ourselves to be frightened into a state of paresis by these theorizing scientists, whose views without doubt present an imposing chimerical spectacle, but whose elaborations we shall find—when we have recovered our senses—cannot affect the law of cure one jot or tittle? What algebra is to mathematics Homœopathy is to medicine; it furnishes the fixed formula, ac-

ording to which these perplexing problems we meet in our profession may find their solution. It provides the only key by which the doors of these secret torture chambers may be unlocked, which have held humanity a degraded captive from times immemorial. What our remedies are doing to-day they will do a thousand years hence on the same indications, because their application is founded on the immutable, God given law of similia. Our pharmacopœia presents a noble series of pictorial likenesses, whose features will never change, in sharp contrast to the dazzling moving picture shows, which to-day entrance the greater portion of the medical world, now to be applauded, now again to be censured and tabooed. Why that is so we well know; it is because when there is no law there will be uncertainty, insecurity, chaos and finally nihilism. But *we* do not theorize, we *prove* things, and this more than in one sense. We furnish the *proofs* that we are not only amply able to hold our own as homœopaths, but that we can vastly improve upon the methods of the old school and substitute success for the latter's failures. May the following cases provide such proofs; they are all from my case books and selected especially because, as you will see, they had all previously been under allopathic treatment, and hence the contrast between the two methods will become all the more conspicuous:

DIARRHŒA.

1. In November, seventeen years ago, with my field of activity at that time in middle Illinois, I was called to attend Mrs. W. J. A., who had for many years been a sufferer from diarrhœa. She had been under the care of several allopathic physicians, and of late had taken a three months' course of treatment, consisting of a stomach and intestinal "tonic," graduated in strength and dosage as the patient's tolerance of the same would allow. Nothing, however, seemed to give any relief to these attacks, which came on with persistent regularity; sometimes every day, at other times every third day, or with longer intervals. The discharges were watery, green and slimy, mostly occurring in the middle of the afternoon. Some weakness and slight nausea were present, otherwise no particular symptoms. The history revealed a malarial base of the ailment, and I diagnosed it as a

masked intermittent mal. fever, the acute symptoms long ago having exhausted themselves, leaving the patient with this chronic lesion. *Ipecac 200* was given with splendid results; recovery gradually took place, and when at long intervals an attack might occur, a dose or two of the same remedy always brought relief.

MALARIAL FEVER.

2. October, 1902, I was summoned to see Mrs. C. L., æt. 26 years, whom I found suffering from intermittent malarial fever. She was a little over seven months advanced in pregnancy, and because of her condition, considerably worried for her own as for her child's sake. The physician she had called in, had told her that because of her state nothing could be done; that he could not possibly give her quinine for fear of bringing on a miscarriage, and that she had to make the best of it and bear it. It was a clear *Natr. mur.* case. The chills would come on at about 11 a. m. with the peculiar thirst, nausea, vomiting, head- and backache of this drug, and the other stages each with their characteristic symptoms. The 200th potency was given and complete recovery soon took place. The prostration and emaciation gradually disappeared, she developed a fine appetite, gained strength and flesh, and when finally her time was up, the old school physician was not the one who officiated at the bedside.

UTERINE COLIC.

3. In the night of November 30, 1915, I was called to the sick bed of Mrs. H. E., æt. 18 years, whom I found suffering intensely from uterine colic, and just regaining consciousness from a deep swoon. Such a state had of late always accompanied her periods. With her husband's assistance I extracted the following clinical history: Had found herself pregnant several months previously, but because of her youth had feared motherhood, so had consulted a physician, who had opened up and emptied the gravid uterus at about two months' pregnancy. Since then had fainting attacks at the slightest unusual exertion and terrible pains at the time of her menses. The swoons would be most frequent and severe at the approaching menstrual nisis, and would last at times for several hours before consciousness returned. On consulting the surgeon for relief from this condi-

tion, she had been told that she must expect such a state until the vital forces had time to adjust themselves and set the system functioning right again, so he had not given nor suggested any remedy. I left *Colocynth* 30x, to be taken in water every half to one or two hours, as needed, until better, and advised the patient to report as soon as over her period. On December 5th she reported, and received 8 powders of *Moschus* 200, one powder on the tongue every three days, also a few powders of *Coloc.* 30x, to be used in case of need as before. December 19th I saw my patient again, and her report was then *one* fainting attack only since the beginning of the month, evidently due to the excitement of a day's shopping down town. When I again heard from my patient on January 25, 1916, she declared she felt perfectly well; there were no more fainting attacks, and her periods were painless and normal in every respect. The only difficulty she was aware of was costiveness of the bowels, which had come on after the abortion. I gave one dose of *Nux vom.* 1,000 m., on the tongue, and half a dozen powders of *Opium* 1,000, to be taken at intervals of 3-4 days, as long as needed. I did not hear from her again until March 5th, when she reported being in good health, the bowels operating now every day on their own accord. There was a good deal of anxiety on the part of the young husband and the family about this case, and loud clamor for tonics, massage, electricity, etc., to overcome the distressing fainting spells, but here *Moschus* proved to be the best tonic and reconstructant, and accomplished as much as or more than all these accessories could have done. A cure was effected on the strict basis of similia.

EFFECT OF ABORTION.

4. The following case presents even stronger evidence in favor of the homœopathic treatment, for here were added to the willful violation of natural functions the vicious effects of physiological drug action, which had to be overcome as well as the consequences of the abortion. On September 16, 1915, my advice was sought by Miss C., who about half a year previously had found herself pregnant, and in order to escape the consequences of her indiscretion, had submitted to an abortion. No curettage had been performed, but the uterus had been forcibly

opened and, with the assistance of some medication, its contents had been allowed to drain out. There had been profuse hæmorrhage, but comparatively little fever and suffering. No complications had set in, and in about two weeks the patient had been on her feet again and back to work. When her next period came on it was so profuse and exhausting that *Ergot* in heroic doses were administered to check the flow. About a month later a similar hæmorrhage occurred to be checked again by material doses of *Ergot*. This had now gone on, repeating itself, for five months, and the patient very much reduced in strength and weight, dreaded another ordeal of the same kind. I found her very pale, thin and extremely nervous, and a local examination revealed a somewhat enlarged uterus, a flabby and swollen cervix, slightly excoriated and some leucorrhœal discharge. The subjective symptoms were anorexia, headache and dragging pains around loins and in front; weakness and loss of weight. I reckoned that I had to deal with not only a menorrhagia but also a cachexia brought on by the injudicious use of *Ergot*, so gave, therefore, *Secale* 1,000, three powders to be taken three days between, also placebo three times a day. On September 28th the report showed quite an improvement in the strength and looks of the patient, and she received now one dose of *Viburnum* 1,000 on the tongue and placebo as before. October 19th I had the report that my patient was feeling quite well and had had a normal menstruation in all respects. The period in November was painless, but marked by a more profuse flow, so I gave again *Secale* 1,000 on December 1st, when she reported. The following menstruation was normal, but left her with dragging pains in the back, for which she received *Sepia* 1,000 on December 10th. On December 22d she complained of pains around hips towards the front, for which *Sabina* 1,000 was prescribed, one dose every 3-4 days as needed. I did not prescribe any more for this patient except on January 30th, 1916, for an attack of facial neuralgia, as her periods were normal and her former good health restored. I believe that in this case *Secale* alone did as much as the other three remedies to restore the patient. I have had many occasions to observe the prompt curative action of the *high* potencies in persons whom the crude drug

or poison previously had brought into a cachectic state. I need only to call attention to the many cases of *Silver nitrate* and *Iodine* poisoning we meet, and which are always benefited by the corresponding drug given homœopathically; and who has not seen these little puny, lime water fed babies, who will be given a new lease of life by a few high doses of *Calcarea* to counteract the diathesis, that has been forced upon them?

PLEURISY.

5. The following case is a fair example of the superior resourcefulness of the homœopathic treatment in pleurisy with effusion. This case had been declared by an old school physician to be incurable, except by operative means. On June 6, 1912, I was called to see Mr. J. L., 35 years old, who gave the following clinical history: About ten days previously had taken a cold, which quickly had located itself in the lower left lung with severe stitches, difficulty of breathing, cough and fever. As the disease progressed the condition grew worse and finally the physician in charge had told the patient that the only help out of the difficulty was an operation as there now was water in the lung. As he was disinclined to submit to this, the doctor left him, and when I was called he had been without medical attention for six days. I found unmistakable signs of fluid, fine moist rales, diminished vocal fremitus, movable dullness on percussion, hard cough, dyspnœa and preference to lie on the affected side, great weakness and anorexia. Pulse and temperature were 100 resp. *Bryonia* 200 was given four times a day; the next day there was a slight improvement generally with pulse and temperature 88 and 99.8 resp. The same remedy was continued for two days more when on the 9th the pulse and temperature were 80 and 99.2 resp. As the rales now were more marked and cough looser and less painful with dullness disappearing the medicine was changed to *Tartar emetic* 1,000, a dose three times a day. The next day pulse was 80 and temp. 99.2, and on June 12th the pulse 72, temp. 98.8, and patient very much improved in all respects. Now *Tartar emetic* cm. was given, two doses a day, and on the 14th he was out of bed and sitting up. Pulse was now 72, temp. 98.2, and exudation almost entirely removed. On June 17th the patient was still more improved and received

now one dose of *Sulphur* 1,000. June 20th there were no rales nor abnormal symptoms, and when the patient called at my office on June 26th he was discharged entirely well. I have had several chances to examine this patient later, and have found his breathing perfectly free and easy and chest without any discomfort whatsoever.

PNEUMONIA.

6. The following case, though not with such a fortunate termination, demonstrates notwithstanding the wonderful deep going action of our remedies and their power to lessen and remove exudates and solidified tissue in pulmonary lesions before which our allopathic brethren stand practically helpless. September 9, 1911, I had a call to attend Mr. M. J. G., æt. 71 years, who had had an attack of lobar pneumonia six months before. From the clinical history obtained I inferred that his physician had been able to check the disease in its early stages, as the fever and pain had disappeared quite soon and the patient subsequently had been discharged as cured. However, he had never felt well; had had a constant hacking cough, difficulty of breathing, poor appetite, gradually increasing swelling of feet and legs, great weakness and inability of lying down with comfort.

My examination revealed a solidified right lung, broncho-vesicular sounds, marked dullness on percussion, a weak intermittent heart beat at 116 a minute, but with no abnormal sounds, and a temperature of 99.2. The objective symptoms were dyspnœa, a hard, teasing cough with scant expectoration, œdema of lower limbs, pallor of face and general debility. In my estimation the patient still had pneumonia, in a sense, and was at present in the stage of red hepatization; in fact, the disease had simply been held in abeyance during all these months by some abortive or suppressive treatment. *Ars. iod.* 30x was given in water every three hours. In a few days improvement took place; the lung began to clear up, moist rales commenced to appear, the cough became loose and easy with the characteristic rust colored sputum, the dyspnœa lessened, fever and pulse became lower and the patient more comfortable. I saw him every 3-4 days right along; he was gaining steadily and at the end of the month, under the same remedy in less frequent doses, the lung was almost

entirely clear, cough nearly gone and pulse and temp., resp. 100 and 98.4. Although the danger from the pulmonary lesion now was passed evidently. I continued my visits, as the cardiac condition still was a matter of concern. Under *Ars.* 200 there was still further improvement, and on Oct. 16th the lung was clear, pulse and temp. normal, but œdema persistent. At this juncture the family council decided upon hospital care for want of a well needed rest to the members of the household, so that patient passed out of my hands and came again under old school treatment. About a month later I heard he had died shortly before, evidently from failing cardiac and renal functions.

PULMONARY.

7. The case of Mr. G. L., æt. 21, also presents an example of the difficulties that meet an allopathic physician in his treatment of pulmonary diseases and how he is handicapped, simply because of his ignorance of the law of cure. On Oct. 17, 1907, I was called to visit this patient whom I found with the following symptoms: Cyanosis, cold, clammy sweat on body and face; anxiety and suffering on countenance; intense dyspnœa; rapid breathing; sibilant rales; weak and slow heart's action, pulse small and thready, only 60 a minute; temp. 98; anorexia and frequent vomiting, much thirst, constipation and some tympanitis. The patient was extremely thin and exhausted, in fact in a state of collapse and really presented an appearance of impending dissolution.

The clinical history disclosed that he had had a chill or two several days before, followed by pain in chest, cough, fever and general malaise. Had called in an old school physician, who diagnosed the case as bronchitis, had seen him two or three times and assured him of recovery on the medication he had prescribed. As there, on the contrary, had been a steady aggravation of the symptoms, and *in addition* vomiting, coldness and weakness, the family decided on a change of treatment. It was evident from the first glance that the patient was under the influence of some drug, that not only had obscured the original symptoms in part, but also impressed its own physiological effects on the disease. Diagnosing the case as broncho-pneumonia, I gave one dose of *Tart. emetic* 1,000 on the tongue, of course stopping all former

medication. The next day I found my patient better, with a pulse of 78, temp. of 100.5, the cyanosis nearly gone, vomiting stopped and more comfort in general. Another dose of the same remedy was given, as also on October 19th, when the pulse was 80 and much stronger and, temp. 99.6. On October 20th there were more pains in the right lung, but same temperature and pulse as before, so changed to *Bryonia* 1,000, one dose. October 22d the condition was very much improved; the pain in the lung less, cough diminished, rales loose, dyspnoea gone, pulse and temp. 76 and 99 resp. *Phos.* 1,000, one dose was now given, and on October 24, finding my patient practically well, with a temp. of 98.6 and pulse of 78, but still with a little stitch through the lung, I gave one dose of *Kali carb.* 1,000, which finished the case and restored him to health. Learning of a tubercular diathesis in the family I later gave this patient four powders of *Bacillinum* 200 to be taken at longer intervals. This constitutional remedy acted with a wonderful tonic effect on his system. His face became full and rosy, he increased about 20 lbs. that following winter, and has ever since been in splendid health. With exception of an occasional cold or sore throat, he has escaped any further outbursts of the psoric miasm, and his athletic attainments of late years have, even under the handicap of the daily grind of strenuous office work, again demonstrated to me the wonderful greatness of Hahnemann's genius.

I am sure that anyone of us is able to recall cases indefinitely along these lines, and what we are able to do in these *acute* conditions does not even compare with what our healing art can accomplish in the more grievous and disastrous *chronic* states, which the other medical schools pronounce practically incurable. It is in dealing with these that the possession and understanding of the use of this law of similia enable us to take a positively unique position ahead of all healers in the world. But in order to maintain such a position, it is necessary that we familiarize ourselves thoroughly with the profound searching action of these *constitutional* remedies, upon which only a lasting cure can be established. Which, therefore, is the individual constitutional remedy becomes the great problem. Here again our law of cure comes to our rescue in pointing out the way, there is suc-

cess along no other road. When *any* remedy is truly indicated in a chronic sufferer, it *may* be the constitutional remedy of that particular person, and a cure be established even without the complementary action of a so-called antimiasmic. To illustrate my point, allow me to mention two cases that I believe I have cured with two such comparatively shallow-acting remedies as *Bryonia* and *Spigelia*, neither of which is mentioned in Hahnemann's *Materia Medica* or his *Chronic Diseases*.

CHRONIC HEADACHE.

8. Mrs. F. C., about 24 years old, with her mother, called on me April 25, 1916, with a history of chronic headaches. The mother confirmed her daughter's history, that the ailment dated as far back as her early girlhood, adding that "she no doubt has inherited that from me, for I was afflicted in the same way and still am, and the only thing that will relieve me is a strong anodyne and repeated doses of some powerful cathartic, until I am thoroughly emptied out." The symptoms were as follows: Severe throbbing sore pain in forehead, above and in the eyes, the eye-balls burning and terribly sore to touch; can hardly keep eyes open; always worse by motion and commotion about her; wants to be alone and absolutely quiet, as anybody's presence makes her impatient and peevish. Headaches come on quite frequently and are accompanied by constipation, bad breath and coated tongue. Is always worse in a warm room and can never attend to any kitchen duties, as the heat from the fire aggravates. Has had rheumatism off and on with modalities like those of the headaches. I went deeper into her life's history, but found nothing unusual also made an examination, but discovered nothing radically wrong. To me the remedy stood out clearly in her case, so gave her a dose of *Bryonia* 1,000 on her tongue at once as she was quite ill. Only a few minutes later she brightened up and said: "Why, doctor, I feel much better already; that was certainly a wonderful remedy." Her mother saw the effect and blurted out: "Oh, that is impossible, you gave her some dope, doctor!" I protested and pleaded my innocence to such a practice, but apparently in vain, however. I gave two more powders of *Bryonia* 1st to be taken 2-3 days apart and plenty of placebo to keep the good work going. She promised faithfully to report

about her progress, and when I saw her a few weeks later she declared there had been no return so far of her headaches. The old lady, who, by the way, works for an old school physician, still imbibes her exhilarating draughts of Pluto, Abilena, Citrates, etc., but the young woman, whom I have met several times since, "knocks on wood," and assures me every time I see her that she has never had any headache worth mentioning since she took those little powders and tablets. She has been in my office later for other occasional ailments, but not for any headaches, so I conclude the *Bryonia* cured her.

NEURALGIA.

9. On Dec. 8, 1916, I had a call from Mr. G. A. E., æt. 35 years, who for a number of years had suffered from periodical attacks of neuralgia. While working in a factory in Pennsylvania, ten years ago, his work bench stood quite near an electric fan, exposing him to the constant draught therefrom. Gradually a headache was developed, which finally settled above the eyes, more particularly the left one. During rest hours the pain would gradually leave, only to return again as work was resumed. This, my patient believes, was the beginning of his complaint, which had persisted ever since. He is now doing carpenter work and dreads the cold season and working in draughty houses, exposed to the dampness, which always aggravates. He has not gone through a single winter of late without three or four severe attacks of this neuralgia, and having tried a number of "cures" and sedatives with only temporary or partial relief, had almost given up hope of ever being cured. The pain comes on gradually, reaching its intensity in a couple of hours, at times being so severe as to compel him to quit work and lie down in absolute rest. Two remedies come here to my mind, *Stannum*, because of its characteristic onset and departure, and *Spigelia* because of the predilection for the left eye. There was not enough general weakness to favor the former remedy, so my choice fell upon the latter, because of its great aggravation by cold and draught and the intense stitching nature of the pain. The 30th potency was given on disks, one dose to be taken at once and another at bedtime, and the following day every two or three hours as needed. The next morning the patient was

well enough to go to work, and an occasional dose of the remedy brought him safely through this attack. Whether he is now permanently cured and whether *Spigelia* is his constitutional remedy I do not dare to say. We have a number of deep acting remedies in this group of ailments with above modalities, but the few doses of the remedy he took have enabled him to go through the whole winter and spring without any further visitation of his trouble.

But let these above cited proofs suffice, and now only a few words in conclusion.

All jesting aside regarding our professional brethren of the other schools! We know that they are nobly striving, according to their light, for the good of humanity; that they are putting forth mighty efforts to mitigate suffering and to eradicate evil, and especially must we give them a generous recognition of their endeavors in the field of preventive medicine. But alas! they recognize no law. Their uncertain footing, their foolish vacillations and deplorable ignorance of the true action of a remedy, and the two following most salient points in their medication, viz., that they prescribe for the name of the disease and according to the dictum of "contraria," are the points that cause their failures. When a patient is treated according to "contraria contrariis" and a cure is effected, he gets well because of nature's own efforts in his behalf, which are always in accordance with the law, and *in spite of* the remedial agents given. Preventive internal medication, such as serum therapy, etc., is always in accordance with the law of similia. Let us not be blinded by the appearance of these so-called new discoveries, which dazzle by their brilliancy and deceive by their promise of a panacea. There will never be such a thing. Therapeutically, we have left all experimental fields and rest on the truth. The grandest research work ever undertaken culminated in Homœopathy and the giving to the world of the law of cure. However progressive the profession will be, its labors will disclose no new law for there is only one; it may be rediscovered through different channels, but only to be confirmed and reacclaimed; whatever may be the future developments in the fields of pathological research and investigation; whatever may be the scrutiny of present or future

means of combatting disease; whatever may be the inquiry into the methods of using these means, Homœopathy will stand the test. We have proven that there is no tonic like the indicated homœopathic remedy; that there is no reconstructive like the deep acting constitutional homœopathic remedy; that there is no safety except in the homœopathic remedy, and that there is no final salvation from the horrors of the chronic miasms whose victims are now filling as degenerates and lunatics our penal institutions and asylums, except in a strict adherence to the law of similia; we rest on our records and we will abide by our choice!

[Read at the meeting of the Regular Homœopathic Medical Society, Chicago, Ill., June 5, 1917.]

WHY GIVE MEDICINE?

By Dr. G. E. Dienst, Aurora, Ill.

Ladies and Gentlemen:

This is a strange question to ask an association of physicians. It is not impertinent, however, neither is it asked in a spirit of impertinence. The science of medicine and its practice involves the giving of drugs in some form to sick people. The practice of medicine is, therefore, a profession and a vocation. Among all classes of society the physician alone can draw the greatest profit for himself individually, only from the best possible and most successful treatment of his fellow beings; while others, it is true, also in the service of society, but more for the sake of gain and less for the benefit of their fellows. This quasi philanthropic vocation maintains its vitality by the giving of something which heals.

It is a well known truth that certain substances called drugs, when introduced into the healthy human organism, produce sickness and destroy life, and these same substances when given to the sick in proper form cure their ills and promotes life. In the administration or dispensing of drugs, therefore, it is pertinent to ask, why—*by what law of science do we give medicine to the sick?* Is it on the assumption that drugs drive out disease-producing germs, or that they change the function of

the tissues and organs from discord to harmony? Some of these theories hold the controlling thought in the practice of many physicians. Indeed, we are sometimes compelled to think, when we read of certain drugs or substances used in various disease nomenclature, that some men are painfully void of even theories; while, on the other hand, when surveying the field of medical literature, we can not suppress the conviction that not a few men are led by blind prejudice rather than demonstrable truths.

Then to the question, Why give medicine? By what law of science or nature does a physician administer a drug, or a combination of drugs to the sick? Is there a reason and is this reason logical? Is the science of medicine based upon a rapidly fluctuating assumption; upon theories with but a shadow for a foundation; upon faith in a remedy to-day and doubts on the morrow; upon the idiosyncrasies of drug whose only thought is commercial, or, is it based upon demonstrable laws, immutable as the hills, and as clear as the midday sun? Are we groveling in ignorance, therapeutically, and following a modified practice of barbaric ages, or, are we traveling in the full light of the day?

For centuries—even to-day—the law of opposites determined the remedy and the manner and frequency of its administration. Cold water was employed to allay the irritation of burns, and, though the palliation was but transient, and the pathological results often a permanent irritation of the parts affected, yet men persisted in its practice. Cathartics, more or less drastic, were employed in constipation and other intestinal and rectal disturbances, on the assumption that the contents of the intestines were responsible for the impaired function, and, though the cathartic removed the contents, the reaction left nature so depleted that it was incapable of performing the usual normal function. Hence, instead of *curing* the trouble, the drugs *stereotyped* it. To relieve pain and nervous irritation the commonwealth was perpetually and still is drugged with opiates and various narcotics on the assumption that these relieve pain, induce sleep, soothe the irritated nerves and lessen the hectic cough, which they do if continually repeated in ever increasing dosage.

To the laity this seems rational. To the physician it may appear as a justifiable law, but is it? The blow has not weakened

the powers of the disease, it has not, in the least, impaired its destructiveness; but it has fatally stunned the forces of nature and made permanent cure an impossibility. Is it just to sacrifice the future for the present? Is it justice to the suffering to impair nature's function for the moment on the false assumption that it is for the present and future good? If not, why give it? and yet this law governs the practice of many physicians. Then there is the other law, so common in practice, which presumes to displace one disease by the introduction of another of a dissimilar nature—a truly heterogenous procedure. This is done in chronic as well as in acute diseases. Why attempt to relieve a headache by giving an emetic, or paralyzing the muscles of the heart? True, the headache is palliated, but the stomach is irritated and the cardiac function impaired, and when persisted in, such practice produces an incurable irritation of the stomach and the heart, and since these belong to the patient as well as the head, where is the relief to the patient? The same is true with cathartics which forcibly remove the contents of the intestines but leave a chronic inflammation of the mucosa, paralyzes the nerve supply of the intestines and weakens their muscular coat. This is done, I dare say, ninety-nine times out of every hundred when the tardy condition of the intestines and rectum often—a result and not a cause—was doing no injury. Such a practice accounts for the many cases of dyspepsia, gall stones, and so-called attacks of appendicitis. It is then, as so many assert with much truth, that it is as hard to get rid of the effects of medicine as the disease. It also accounts, in great part, for the many inexcusable complications we meet with in our daily practice. Through the practice of such medicine the public is led to expect some violent morbid action of the remedy, and they regard this violence—they know no better way—as the test of energy of the drug with never a thought as to whether it is palliative, curative or destructive.

If a man rides on a rough road in a wagon minus springs, he is very sensible of every motion, and every bump and jolt, though his progress at best is but four miles an hour, yet the jars and jolts contribute nothing to his progress.

They are wasting the force necessary to progress. Every jolt

contributes a certain percentage of retardation to progress. On a smooth railroad, in a limited train, seated in a comfortable parlor car, gliding along at the rate of fifty miles an hour, one is scarcely sensible of any progress, and yet how vast the distance covered in one day. And may I ask, Who is conscious of the rapidity of the earth's revolutions, or the hidden power in a trolley wire, and these, without a jolt or par or convulsive movement of any nature, travel at an immense rapidity. Then why jar and jolt the human organism with a drug which, though apparently violent, impedes rather than accelerates the forces of health?

There are other laws governing certain schools of practice which seems to me inexplicable. It is possible that the law of personal experience enters the realms of certain practice, and this must be calculated on the ratio of legitimate and impartial observation of the experimenter. One man to heal the sick gives different remedies in alternation. This may be legitimate; it may be scientific, it may be rational, it may be artistic, and if so, it is too profoundly deep for my limited powers of understanding. But medicine is given in this manner. I cannot comprehend, for instance, how a sick man, in need of "*Aconite*," and receiving a dose of the same, changes in thirty minutes or less into a condition requiring "*Belladonna*," and after taking "*Belladonna*," granting it was necessary, how that will throw him back, in a few short minutes, into a condition requiring "*Aconite*" again. Is it a law that, by tossing a disease back and forth with more or less rapidity you break its neck? What becomes of the patient? Suppose this jugglery is continued for a certain length of time and the patient recovers, which remedy cured him? Suppose the patient dies and his death is attributed to medicine, can it be possible to determine which remedy killed him? Was it the one or the other, or the alternation which committed the deed? If the one or the other, why give it? If the alternation, why alternate? Can it be scientifically possible to so change a human organism with a remedy in thirty minutes or one hour so as to necessitate another remedy to save the patient's life, and if so, is it a safe law by which to practice medicine? Now, I say, this may be clear to some, it may be a legitimate reason for

giving medicine in this manner, but I fail to understand the reason. Again, there is a custom, very common, of giving remedies—drugs—in combination—*favorite compounds*. Recently I saw a sure cure for a bronchial cough and it looked so easy. All that was necessary was the diagnosis of a bronchial cough and—presto—here is the tablet with printed instructions as to frequency of giving, and the cure will follow. But wait a moment, let us study this matter. On examination this tablet was said to be composed of "*Bryonia*," *Causticum* and *Phosphorus*, the formula being that of a celebrated physician. The combination might seem to be legitimate, scientific and possibly artistic were it not for certain interrogations. The first is in how far do *Causticum* and *Phosphorus* accelerate or inhibit the therapeutic action of *Bryonia*? I waited for a reply—none came. Possibly the question is a sort of inverted affair, so I asked in how far does *Bryonia* and *Causticum* accelerate or retard the action of *Phosphorus*? No answer, absolutely not a word. At this I was very much embarrassed. The question must be wrong. I then asked, does the combination of *Bryonia* and *Causticum* and *Phosphorus* form a new chemical element, single in nature and therapeutic use, and thus make it an universal specific for all forms of bronchial coughs? Again, no answer, not a word. My embarrassment changed to irritability, for we have no proving of such a combination, nor has a clearly defined clinical observation commended its use. Now, then, if the totality of symptoms in a bronchial cough called for *Bryonia*, how in the name of rational medicine could the other two be indicated, and, if not indicated, why give them? Why burden the system with their presence if not needed? Such practice does not require a physician, any janitor can do as well. The coughs of the three remedies with their several complex of symptoms differ so materially that it is inconceivable why such combinations exist. Then why give it? This is but one of a thousand of such combinations found in the open market and prescribed by men who call themselves scientific.

The antipathic and revulsive laws of medicine, if persisted in, stereotype instead of curing the disease. The alternation or combination of remedies in crude or potentized form has not so much as a shadow of law or logic to justify their administration. If these practices are questionable, if they cannot endure the

light of reason without crumbling to dust why use them? and if faulty, if not commensurate with the light of reason, what have we to offer that is better?

Many years ago the sage of "Cœthen," in discussing a similar problem, called attention to three emphatic principals governing the giving of medicine. The first refers to disease causes in fact (not in theory), which every physician must know before he can safely administer drugs to the sick. The second was the manner in which disease elements expressed themselves in different individuals. The third was the fitting of a single, simple medical substance to this disease element as the tailor fits a suit of clothes to each individual customer. As to reasons, he says, Organon, Sec. 18: "From this undoubted truth: that in disease nothing else can be found by which they may express their need of help, it follows incontrovertably that the *complex of all* symptoms observed in every single case of disease, will be the only indication, the only direction, toward a remedy to be selected." Have you ever read or heard anything more rational and more emphatic as a reason for giving medicine than this? This is not necessarily forcing the contents of the intestines to the outer world without due consideration as to causes and disease expression. It is not benumbing the organism at every appearance of pain on the false assumption of curing that pain. Having this totality of disease expression the remedy selected for the removal of this expression and its cause must be similar in its pathogenetic effects to the disease expression. For do we not read, Organon, Sec. 25a: "In all careful experiments, that medicine indeed, which in its action upon healthy human bodies has proved itself able to generate the greatest number of symptoms in similarity to those found in case of disease which is to be healed, does also, in duly potentiated and lessened doses speedily, thoroughly and permanently cancel the totality of the symptoms of this state of disease; *i. e.*, the whole present disease and converts it into health, and that medicines without exception heal such diseases which most nearly—with regard to the greatest similarity of symptoms—approach them, and that they leave none of these unhealed."

Here, then, is the most rational, the most logical, the most clearly defined reason why medicine should be given to the sick.

When properly understood this brief law is worth libraries of modern medical literature. This does not mean "like" and the adage "Like cures like" is a misnomer. The law is "Similar cure Similar," and the true reason for giving medicine is based upon this unchangeable and incontrovertible law of similars. [Read before the Indiana State Institute of Homœopathy, May 19, '17.]

ACONITE IN A CHRONIC CASE.

The following from Teste's *Homœopathic Materia Medica*, today a rare book, is both interesting and valuable:

"Mr. X., 42 years old, tall, athletic, of a sanguine temperament, mild disposition, possessed of the most perfect equanimity, without anxiety about anything, and endowed with an adventurous spirit. He had been all over the world. His life had been full of incidents, and, therefore, a series of emotions. For the last two years he had been treated for aneurism of the heart; such, at any rate, his disease had been pronounced by several medical celebrities of Russia, Germany and England.

His disease set in in 1850, in consequence of a journey in a sleigh, which my patient had been obliged to take in midwinter, in the north of Russia, when the thermometer was from 30° to 35° degrees below zero, and during which, trusting only to his own skill for the management of his own team in the snows, he remained with the upper part of his body exposed to the wind for several weeks, night and day, although he was covered with the thickest kind of fur. But, in spite of this precaution, he was not able to resist such a hard exposure. It brought on, in his opinion and my own, the sad condition in which he now found himself, and which I shall endeavor to describe.

Mr. X., looked as if he enjoyed the most perfect health, calm features, a natural complexion, easy speech, normal color of the lips, which are not, by any means, bloated; in one word, there was not a single symptom that might lead one to believe in the existence of an organic affection of the heart. Nevertheless he experienced acute stitches in the region of this organ, which alternated with violent palpitations, accompanied with intense anxiety, a good deal of dryness at the throat, and a noise in the

head, which was particularly distressing in the left ear. During the most violent paroxysms he seemed even threatened with cerebral apoplexy, and lost his consciousness; these symptoms were only slowly and incompletely relieved by bleeding for they came on again after a certain interval. The whole left side of the chest, including the back and shoulders, were so painful that they could not be touched. For some months past, the patient, who had lost his sleep, dared not sleep any longer in his bed, and spent his nights in an easy chair.

It is to be observed (and this point is of great importance), that during the seven months that the patient spent in Egypt, which has a warm climate, all the morbid symptoms which have been related above, gradually disappeared, so that Mr. X. believed himself cured; but they all returned as soon as he again exposed himself to the climate of Northern Europe.

When I saw him the first time, his pains, which were intense, were not at their height. After listening to a recital of his sorrow I thought his case over in my accustomed manner and the result of my investigations was as follows:

On placing my hand on the left anterior and superior portion of the thorax, over the nipple, I perceived in this region an irregular, tumultuous beating, which came on at momentary intervals, separated by short and rare intermissions. This beating was so violent that it raised and agitated the clothes, so that it could be seen, and the intervals distinctly noticed at a distance of several paces. The sensation of a rush of blood to the head was proportionate, according to the declaration of the patient, to the intensity of the beating. If the hand was applied below the costal insertion of the pectoralis major muscle, that is to say, on the præcordial region proper, the beats of the heart seemed perfectly normal and regular. Auscultation at these two points led to the same results, a dull friction-sound above and a spasmodic sensation perceptible to the touch, which shocked the ear; below, the normal sounds of the heart. Finally, while applying one hand to the pectoral major, and with the other feeling the pulse, either at the wrist, or at the carotid artery, or heart, it is at once seen that there is no sort of simultaneity between the pretended palpitations, mentioned by the pa-

tient, and perceived by the former hand, and the real beats of the heart and arteries.

There was no doubt, therefore, that these ten celebrated allopathic physicians, among whom, I read to my amazement, the name of Dr. Clarke, physician to the Queen of England, and who gave a similar diagnosis as the rest of them made a mistake. It was not an aneurism of the heart, but a simple neuralgia, or, in other words, a spasm of the pectoralis major muscle. The only physician who was of my opinion was Dr. Bouilland, but I did not become aware of this fact until I had established my own diagnosis.

This disease was certainly much less serious than an aneurism, but was I any the surer to cure it? What was the character of the disease? It was, if I may use this vague expression, a rheumatic affection of a muscle, produced by the influence of a keen and icy cold wind on a strong and plethoric organization. The muscles of the shoulder, chest and of that portion of the back, which corresponds to the heart; the intercostal muscles of the left side; and, lastly, the heart itself, although in a much less marked manner, were the parts involved. The spasm of the pectoralis muscle did not seem to me to furnish a particular indication; it was not a fixed symptom, but came and went at short intervals. As to the rush of blood to the left brain, without any derangement of the rhythm of the pulse, which was 65 a minute, I explained it by the fact that either the arteries or the large venous trunks of the neck were pressed upon at every spasmodic contraction of the muscles which covered these vessels.

The pathological condition which I have here described is undoubtedly of sufficient interest to merit a detailed account, and there probably never was such a case before. I hesitated what remedy I should give. First I hit upon *Spigelia*. This stopped the stitches, but the spasm remained; he slept a few hours the first night (which he had not done for six months); but there was prostration, loss of appetite, bitterness of mouth, and a slight headache with dizziness in the morning. Three days after *Spigelia* I gave *Colchicum*, which had a little better effect. There was less dryness in the throat; no headache; six or seven hours

good sleep at night; no stitches of any kind; for some hours the spasm ceased; but the pain in the shoulder continued, nor did the appetite return; nevertheless Mr. X. felt very much encouraged. He looked on Homœopathy as his sheet anchor, where the old school practice had never afforded him a quarter of an hour relief, and left him no other prospect than a life of suffering, which death alone, so often desired by him, could terminate.

On the fifth or sixth day of the treatment, Mr. X. received some bad news, and all the symptoms (spasms, stitches, congestion, noises) became worse again. The *Colchicum* remained powerless. Fortunately my opinion concerning the true remedy in this case had become settled. The nature of the disease, its cause (exposure to a keen and icy cold wind), the constitution of the patient (sanguine and athletic), every symptom, except the non-existence of fever, pointed to *Aconite*. It acted like magic.

PREFIXES AND TERMINATIONS.

A knowledge of prefixes and terminations is of great use in remembering medical terms. Presumably our readers know all about them, but just the same, at the risk of being pedagogic, here are a few, culled from Dunglison:

“*A*” and “*An*” are privatives, or negatives. For instance, “*Sthenia*” means “strength,” while “*Asthenia*” means lack of strength. “*Anemia*” lack of blood.

“*Tetra*” is the prefix “four” and “*ter*,” “three.”

“*Myo*,” “muscle.” “*Myocardium*.”

“*Endo*” means “within,” as, for instance, “*endocarditis*,” an inflammation of the internal membranes of the heart.

“*oid*” is a termination meaning “form” or “resemblance,” as “*sphenoid*,” or “*spheroid*.”

“*oma*,” denoting a tumor or cancer. “*Papilloma*.”

“*ology*,” “talk,” or something akin, as “*theology*,” “*pathology*.”

“*path*,” *i. e.*, *pathema*, meaning “suffering,” as, for instance, “*pathology*,” literally the “talk” or “science” of “suffering.”

“*Homœopathy*” illustrates the use as a termination.

“*Ortho*,” meaning “normal” or “right.” *Orthodox* religion.

"*Para*," meaning "near," or "beside," as "*paratyphoid*."
"*pachy*," that is to say, "thick," as "*pachydermatous*," *i. e.*,
thick skinned.

"*peri*," that is, "around." For example, "*pericardium*."

"*pseudo*," *i. e.*, "false," "deceptive," as "*pseudomembrane*."

"*proto*," *i. e.*, "first" or "highest." For example, "*protoplasm*."

"*pyro*," that is, "fire," or fever. *Pyrogenium*.

"*pyo*," *i. e.*, "pus;" for example, "*pyogenic*."

"*syn*," also "*sym*," meaning "with" or "together," as "*sympathy*," or "*syndrome*."

"*poly*," "much" or "many." "*Polypharmacy*."

"*pro*," "before," as in "*prognosis*."

"*pan*," "all." "*Panacea*."

"*mono*," "one." *Monotype*.

"*meta*," "change." *Metastasis*.

"*idio*," own. "*Idiopathic*."

"*dys*," "difficult." "*Dyspepsia*."

"*necro*," "corpse." "dead." "*Necrosis*."

"*myxa*," "mucus," as "*myxadenitis*."

"*itis*," "inflammation," "*neuritis*."

"*hyper*," "above," or "excessive," as "*hyperemia*."

Also *hypercritical*, which we hope our readers will not be over this kindergarten display of filched learning, which some men, at least, have found useful. There are many more of these little Greek aliens that enter, as those given do, into the make-up of a host of medical terms. Getting them helps in the understanding of medical terms.

**SOUTHERN HOMŒOPATHIC MEDICAL ASSO-
CIATION ANNUAL MEETING POSTPONED
TO NOVEMBER 14, 15, 16**

The annual meeting of the Southern Homœopathic Medical Association, called for October 24, 25, 26, is postponed to November 14, 15, 16. A War Congress of the American College of Surgeons was recently called to meet at Chicago during the week of October 22d. Many of our surgeons desire to attend this meeting.

Information from every section of the country indicates that an exceptionally large number of members and others are planning to attend the annual meeting of the Southern Association. After careful consideration of the matter, and with the courteous consent of our prospective hosts at Washington to arrange for the change in date, the Executive Committee decided to postpone the meeting to November 14, 15, 16. This is done to avoid any complication in the meeting time of these two important sessions.

The Executive Committee is making a thorough canvass to bring this meeting to the attention of all, and particularly of members from the South, as matters of unusual importance to the Society and the region which it represents will be considered.

In view of the crowded condition of the Washington hotels the Executive Committee enjoins all who expect to attend to secure reservations now at headquarters, the Shoreham Hotel or elsewhere.

Sincerely yours,

H. M. STEVENSON,

A. E. HINSDALE,

MARY E. HOPKINS,

F. A. SWARTWOUT,

Executive Committee.

BOOK REVIEWS

DISEASES OF THE SPLEEN AND THEIR REMEDIES CLINICALLY ILLUSTRATED. By J. Compton Burnett, M. D. 83 pages. Cloth, \$1.00. Philadelphia: Boericke & Tafel. 1917.

This is not a new book, as every one who is acquainted with medical literature knows. It is merely a new edition, an American edition, of one of Burnett's numerous monographs, which are too valuable to let die. The author, Burnett, was first a "regular" physician, then a Homœopath, the cause of which you can see in his *Fifty Reasons for Being a Homœopath*, and, later, by delving in ancient literature he revived the doctrine of organotherapy first advanced by Hohenheim, and developed by Rademacher. According to our author this form of therapy is a part, a neglected part, of Homœopathy. The theory, as we understand it, is that a human being may be sound in all his parts

but one; or, his disease may have its seat, its origin, in one organ, and thence affect the whole body; that there are "organ remedies" which go right to the seat of the disease, cure the organ and thence the whole man. If you are a good enough diagnostician to trace the disease to a particular region, and a good enough therapist to know the drugs that are the "organ remedies"—there are more than one, and here Homœopathy comes in with its finer distinctions to differentiate—why you can do almost impossible things with your remedies. Not much is known about the spleen, or of its uses or diseases, much less of the cure. This book, though not a large one, will be a tower of strength in the hands of any practitioner who knows enough to know that the spleen is the seat of his patient's disease. We once knew an I. H. A. man, a strict Hahnemannian, who made a brilliant cure of a prominent (if the term be allowed) patient, and he did it on the organotherapy of this book. There is more in the herbal "simples" than is dreamed of in the philosophy of many a modern medical Horatio, and this is one of the books that throws light on those "simple" (tinctures) that have to do with the diseases having their seat in the spleen. Many a man knows when the patient has an enlarged spleen, or other disorders of that organ, but few know what to do in that case. These are the ones that will find this book profitable.

A TEXT-BOOK OF MATERIA MEDICA AND THERAPEUTICS. Characteristic, Analytical and Comparative. A. C. Cowperthwaite, M. D., Ph. D., LL. D. Eleventh edition with an appendix including new remedies. 886 pages. Cloth, \$6.00. Philadelphia: Boericke & Tafel. 1917.

When Dr. Frank Webster was president of the Homœopathic Medical Society of Ohio he made the following suggestion concerning materia medica:

"It has always been my belief that our materia medica should be rewritten, by a committee of wise and impartial physicians, and a materia medica compiled, and this one be taught to the students of all our colleges. We often hear physicians say they do not believe in this symptom or that symptom. It should be that all the symptoms of a drug should be verified by actual

practice. Then we should have a materia medica that the average mind can take hold of. I do hope that some day this will be accomplished."

In the index of Boericke & Tafel's Book Catalogue there are given forty-six materia medicas in which that subject is dished up in every conceivable form, and it is difficult to see how any one would find a new one. It seems to the reviewer that this one, Cowperthwaite's, comes as near what Dr. Webster wants as any book could.

In treating a drug Cowperthwaite first gives a brief description of it, with preparation. This is followed by a general analysis from the physiological standpoint, and this by the characteristic symptoms, all of which have been verified. Following this is a section on the therapeutics of the remedy. Thus you have the homœopathic materia medica following the schema of Hahnemann but made up solely of dependable and verified symptoms. The fact that eleven editions have been issued is, perhaps, the strongest argument that in this book the author seems to have succeeded in his aim of giving the profession a satisfactory working "text-book" on materia medica. It is not so comprehensive as Allen's great *Handbook*, which gives the subject practically unabridged, nor is it cut down as in the various condensed works, but occupies a middle position.

This edition is printed on "feather weight" paper which makes the book, large as it is, easy to hold. The paper also is easy on the eyes, taking the ink well and having no sheen.

" SOMETHING ELSE AGAIN "

By Eli G. Jones, M.D., 1401 Main St., Buffalo, N. Y.

In reading the pulse of a patient the average physician will usually read the pulse of the *right* arm. Now it often happens that the pulse of one arm may be *entirely* different from the other. In this way a doctor is liable to make a great *mistake* in his diagnosis of the *true* condition of his patient. It is a good rule to follow in reading a patient's pulse, if the case does not appear perfectly *clear* to you, then by *all* means read the pulse of both wrists. In reading the pulse of an old lady I

started with the *right* wrist. It gave me the impression of about the usual *strength* to the pulsations for a person that age. I could get a pretty fair estimate of the amount of *vitality* in her system. In other words, it told of her *constitutional* condition.

In reading the pulse of the left wrist (as the Dutchman said), I found "something else again." The artery gave me the impression of *fullness*, *irritability* and *tension*, as if the nerves and muscles had been *over-strained* and lacerated. This lady had fallen down stairs and dislocated her shoulder, the ligament of her arm had been torn and over-strained, so she had lost all the use of her hand. The fingers were cold and lifeless as a dead person. The pulse in her *left* arm showed very plainly the *local* condition. For the *fullness* of the pulse and its *tension*, like a finger post, pointed directly to a *focus* of congestion and irritation in that arm. We must always keep in our mind the fact when we are reading the pulse that Dame Nature is sending a message over the wire to us, and it is *our* business to *interpret* that message correctly. If we *don't* so much the *worse* for us and for the patient.

It looks so *silly* to me to see a doctor take out his watch and begin to *count* the pulse; why not count how many times the patient breathes or sneezes? It would be just as sensible.

In reading the pulse of an old physician 87 years old, there would be 5 or 6 pretty strong pulsations then 5 or 6 very rapid pulsations. The impression I got from his pulse was a feeling of a weak nerve power. The heart was getting *tired out*, but trying to do the best it could to keep *going*. I advised *Tr. Cratægus*, 10 drops, once in 3 hours to steady the heart's action, and *Kali phos.* 3d x three tablets once in two hours to raise the nerve power.

In two or three days I read the pulse again and found it quite *different*. Instead of the *rapid* pulsations now and then as before when I read it, I found an intermission every fifth pulsation. Several days after I read the pulse again and I found the intermission further apart, at every twelfth beat, showing me that the heart was stronger and feeling the good effects of the *Cratægus*. The eyes had a *brighter*, clearer expression to them. This tells us as plain as *words* could tell that the patient has *more* vitality and *is* better.

When a patient comes into my office I don't ask them "If they feel better," but a glance at the person's eyes tells me at once that they are *better* by the clear, *bright* expression, and also by the *pleased*, restful expression of the face. A good physician should develop the three senses, *seeing*, *touching* and *smelling*. The good Father above gave us our eyes, our fingers and ears as instruments to diagnose disease, but *some* men seem to think they know *more* than the Almighty, so they have to use different instruments made by the hand of man to help them to find out what *ails* a sick person.

A prominent regular physician writes me that he "wants to know how to 'do things' for his patients." He also wants advice about the "best work on homœopathic and eclectic materia medica."

During the past twenty-five years I have had a *great many* letters like the above from physicians of the regular school who want "more light!" I have kept in close touch with them by correspondence, and led them along step by step, until they *knew* the *definite* action of remedies and could heal the sick.

There are a large number of doctors in our country and across the broad Atlantic that owe their *success* in practice to my teaching and writings. For this I thank God. "No man liveth to himself." We are in the world to *help* each other. When we can help a brother physician to be a *better* physician we are doing *God's* work, and we may expect His *blessing* on it.

I have in my lifetime seen some of the best surgeons in this country perform operations, among them Gross, Pancoast, Agnew, A. B. Crosby, Maury, and Thomas G. Morton. I saw the latter perform an amputation at the hip of a woman while she was under the influence of nitrous oxide gas. It was the *quickest* operation that I ever saw.

While in Galesburg, Ills., I was invited by Dr. J. F. Percy, head surgeon of St. Mary's Hospital, to see him perform an operation on two patients. The doctor is a *gentleman* in every *sense* of the word and a *fine* operator. My idea of a surgeon is a man who knows *exactly* what he wants to *do*, and does it *quickly* and *skillfully*.

In August I was called to Canandaigua, N. Y., in consultation

on some cases. I had the pleasure of meeting Dr. James Hawley of that city, now 87 years old, but mentally he is as bright and keen as ever, and does a good office practice. He is one of the old time eclectics who made a *splendid* reputation for *curing* his patients. As a result of his *success* in practice he had *more* business than any doctor in that part of New York State.

The present generation do not, and can not, realize the *persecution* and *abuse* that the *early* fathers of the new school were subjected to by the old school. In those days a new school physician learned to know his remedies and to *depend* upon them. For in those days his bread and butter and his liberty depended upon his *saving* the *life* of his patients. They simply had to *cure* their patients to keep out of jail, and now and then their persecutors had them locked up to keep them from curing *any* more patients. ALL HONOR to the men who fought our battles for us and made it *possible* for us to have such a thing as a new school of medicine, to teach us the *definite* action of remedies and *how* to heal the sick. Their work is done, but the record still lives! "After life's fitful fever they sleep well."

HELP WANTED.

Editor of the HOMŒOPATHIC RECORDER.

Can any of your readers give treatment for

Rheumatoid Arthritis.

Burning pains in knee joints.

Locked joints.

Acromelagia.

Hypertrophy of the bones of face and hands.

The writer would be pleased to have any information along this line.

Very truly yours,

J. E. HEYSER, M. D.

Philadelphia, Oct. 5, 1917.

(The writer is not a homœopathic graduate.—Ed. HOMŒOPATHIC RECORDER.)

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

New Treatment of Pneumonia.—When the diplococcus of Weichselbaum is present in the sputum of pharyngitis or bronchitis in overwhelming number with such symptoms as tenacious sputum, persistent hacking cough, and severe pain Ochsner, of Chicago, has found five grain doses of boric acid, given six times daily, to be wonderfully effective. He advises that the usual alkaline expectorant mixtures be **not** given while the boric acid is being used. We hail the advent of the single remedy with pleasure when advocated by a leading brother of the regular school. Boric acid in small doses is not poisonous and if you have a case where the laboratory shows the Weichselbaum diplococcus in great numbers in the sputum try boric acid. An agreeable formula containing boric acid in solution is that published by the writer in *Renal Therapeutics* consisting of 120 grains of boric acid in one ounce glycerine and enough water to make eight ounces, to which a little syrup of orange peel might be added for flavor. We are pleased to observe the beginning of a tendency to get away from the everlasting "acidosis" theory as a cause of all ills and we rejoice that the diplococcus of Weichselbaum is one which is destroyed by acids.

Ochsner thinks that the boric acid is worthy of a trial in pneumonia, which, according to McFarland, is caused in 75 per cent. of the cases by the diplococcus of Weichselbaum.

Early Recognition of Poliomyelitis.—In the *Illinois Health News* for June, 1917, there is published a quiz on poliomyelitis which every one should read in order to recognize an attack before a patient has exposed others to the danger of infection. Question number 36 in the quiz is the following: What would put an ordinarily intelligent mother on her guard? Answer: Restlessness, with headache, will be found more frequently than any other symptoms of easy recognition. Children except in a small number of severe illnesses rarely have headaches. In

adults headaches are so common that the uncommonness of them in children is overlooked. In a time of epidemic poliomyelitis the occurrence of headache in a child should occasion the most careful attention to determine the cause of it, as it occurs in over 50 per cent. of the cases. To this may be added backache, which normally is even more rare than headache in children, though a very frequent accompaniment of poliomyelitis.

Why the Pre-Diabetic State May Be Overlooked.—Analytical reasons why the pre-diabetic state may be overlooked are: (1) Because of the lack of delicacy of the tests used, (2) because of the lack of care in the selection of the specimen of urine, (3) because of the disregard by examiners of the so-called "doubtful" reactions which in some cases, it is true, are of no significance, but in others are of the utmost importance.

It is true that concentrated highly acid urines of high specific gravity and cloudy from deposited urates may yield "doubtful reactions" with some of the cupric tests due to reduction by uric acid and creatinine. Fehling's test is liable to fallacies, especially when the patient happens to be taking salicylates, so popular in these days. Hence my invariable custom of warning the patient not to take drugs for a day or two before examination, not to furnish urine either diluted too much by water drinking or concentrated because of profuse perspiration. "Doubtful" reactions in the urine of those who observe these precautions are suspicious and, if such persons be kept under observation on an ordinary mixed diet or especially after ingestion of sweets, glucose in quantity will sooner or later be found.

Many a diabetic patient comes to me with the story that there is no longer any "sugar" in his urine, but when the latter is collected according to instructions and examined with careful technic the per cent. of absolutely negative findings is extremely small. In such cases even a slight reduction in urines of specific gravity around 1020 and of acidity around 20 degrees is most likely due to traces of glucose.

Difficulty in Finding Tube Casts.—As an illustration of the lack of value of a negative report on tube casts in urine the following is a good one: On the fifth of July, I received, by express, two specimens of urine of a woman, living in a nearby

city, whose attending physician reported to be dropsical and to have albumin in her urine.

The urine when received was cloudy and of slightly unpleasant odor, contained albumin, which, when precipitated, settled to the second mark on the Esbach tube indicating two-tenths of one per cent. There were, however, no tube casts to be found. As the urine contained no preservative I requested a fresh specimen to be sent me by parcel post with special delivery stamp, and with addition to the specimen of a small piece of gum camphor. This specimen arrived in good condition on the seventh of the month, was of acid reaction, and of not unpleasant odor. Albumin was still plenty, but no casts at all were to be found, although the sediment was abundant and composed of the usual epithelia. On the tenth of July, however, the patient sent still another specimen in which tube casts were plenty, mostly granular, with a few waxy and one or two highly fatty ones. What the reason was of the absence of casts in the second specimen sent I have not as yet been able to find, but the case serves well to show the importance of repeated examinations in cases where negative findings are reported, but where clinical conditions point to kidney involvements.

The Insidious Lemon Phosphate.—Illustrating the difficulties which trouble the analyst a recent analysis of urine gave us a titration acidity equivalent to more than 2 grammes HCl, and a ratio of urea to phosphoric acid of only 5 to 1. In other respects the urine was not interesting. Suspecting something peculiar in diet we quizzed the patient, who bashfully admitted that he had repeatedly indulged in lemon phosphate, while collecting his urine. But this patient was not so bad as another one who in answer to questions relating to his conduct cheerfully admitted that he had been on a spree the entire 24 hours during which his urine was collected for examination!

Litmus Paper and Titration Acidity.—We have frequently noticed the discrepancy between the amount of acidity denoted by litmus paper and by the decinormal sodium hydroxide. Recently we examined a specimen which was very feebly acid to litmus, but which showed a titration acidity of 38 degrees, which is above normal. Nevertheless there was more than one gramme of am-

monia per 24 hours in this urine and triple phosphate crystals were plenty in the sediment. In this case it looks as if the litmus had "the edge" on the phenolphthalein, the reason being presumably that in the presence of ammonium carbonate the phenolphthalein is slow to indicate.

Keep the Urine on Ice.—Again illustrating the difficulties which beset the analyst we received recently a specimen in which we found the ratio of urea to ammonia only 11 to 1. According to our experience this is a dangerously low ratio in pregnancy. But in this particular case we found, as stated above, a very feebly acid reaction with litmus and there were triple phosphate crystals in the sediment, both of which pointed to the presence of ammonium carbonate in the urine, which is not the ammonia we determine for clinical purposes, ammonium carbonate being practically an abnormal constituent. Hence when we find triple phosphate crystals in the urine of a pregnant woman we must obtain another 24 hours' specimen **which has been kept on ice** to prevent the action of the micrococcus ureæ from changing a part of the urea into ammonium carbonate, thus making our urea figure too low and our ammonia too high.

The fact that in the specimen in question the litmus was but slightly reddened, while the titration acidity indicated 38 degrees, pointed to the presence of ammonium carbonate, which, as is well known, interferes with the promptness of the phenolphthalein used as indicator in the titration with sodium hydroxide.

Practically, then, when a specimen of urine smells of ammonia, it is well not to attempt any ammonia determination.

An Unusual Specimen of Urine.—During the month of August we received the 24 hours' urine of a woman about 45 years of age suffering from a skin trouble, which was said to be due to kidney disease. The urine, on being poured out from the bottle to the graduate, showed a peculiar viscosity, so great that it was almost impossible to measure drops of it by use of a medicine dropper for the sugar tests. The urine did not foam like other urines except a little when violently agitated. In composition it was normal so far as the principal normal solids are concerned, but the sediment was composed of pus in considerable amount. There was nothing in the specimen which pointed definitely to

the source of the pus, but the reaction was slightly acid and the odor did not suggest bladder trouble.

The mucilaginous substance, present in large amount, was tested with all the usual urine reagents, but they gave no clue to its composition. It was not precipitated by acetic acid nor did it reduce sugar test liquids. Ferric chloride showed nothing.

The only positive information derived was from the use of lead acetate solution, 20 per cent., which caused a precipitate differing materially from the usual precipitate with this reagent. The precipitate with lead acetate was shreddy or fibrous in character instead of being smooth and finely divided. Under the microscope the appearance of the precipitate was distinctly fibrous like the fibers of external origin plus an amorphous dark yellow material.

Boiling the urine did not destroy its viscosity, but boiling with hydrochloric acid, concentrated, destroyed it completely.

The Ratio of Urea to Ammonia.—Continuing our series of cases in the card index for 1917, letters N to S, inclusive, we find that there were 96 analyses made of the urine of 70 persons, of whom 31 were males and 39 females. The number of analyses in which the ratio of urea to ammonia fell below 20 to 1 was 19, which represents the percentage also or nearly that. The number of analyses in which the ratio of urea to ammonia was between 20 and 30 to 1 reached 30 in all, which also represents the percentage fairly closely. The ratio fell between 30 and 40 to 1 in 22 analyses and was above 40 to 1 in 25 analyses. Hence the previous statements made as to the uncommonness of a ratio below 20 to 1 have been verified by these analyses, of which **80 per cent. showed a ratio above 20 to 1.** Again a ratio of urea to ammonia below 20 to 1 occurred in pregnant women mostly, in 13 analyses out of 19, ratios below 20 to 1 occurring in non-pregnant women or males in only 6 analyses or about six per cent.

There were in all 24 analyses made of the urine of pregnant women in 54 per cent. of which the ratio was below 20 to 1, in 25 per cent. between 20 and 30 to 1 and in 8 per cent. above 30 to 1. Whence, as we have stated before, if in a **healthy young woman's urine a ratio of urea to ammonia below 20 to 1 persistently occurs the suspicion of pregnancy is raised.**

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EDITORIAL NOTES AND COMMENTS.

“The Scientific Spirit.”—Dr. Andrew Macphail incidentally touches on this spirit in his “address” (*Lancet*), “A Day’s Work,” the work being the taking of Vimy Ridge by the Canadians with whose medical corps he is connected. Here are a few quotations:

“But, having embarked upon this new adventure, I shall be bold, and look even Science in the face. We are at war not alone with flesh and blood, but with principalities and powers. One of the principalities and powers with which we are at war is that unmitigated scientific spirit which is the peculiar possession of the enemy and is, happily, alien to our race.

“That spirit is not our inheritance, yet none have done more than we for the advancement of real science, including the ancillary science of medicine and all sound learning. When I practiced the trade of Professor of the History of Medicine I always regarded Sydenham as the great exponent of our method: ‘I take the view,’ he said, ‘that we shall go without any hypothesis, and study the conditions as they appear—the process before the explanation.’”

That from Sydenham sounds like “treat the patient.” Here is another bit from the paper:

“Even to science the scientific spirit is fatal. It becomes dogmatic and then sterile. We have always kept in mind that there is a spiritual law in the natural world, whilst the German, lacking a philosophy of life, takes what he filches, and develops it

in the cold world of abstract science. That is the genesis of his superman, a monstrosity developed from the tentative hypothesis of our own Darwin. Nay, more, the scientific spirit is the enemy of life. We live not by truth but by illusion, and the human heart creates those illusions which alone make life tolerable. There is a profound instinct which impels us to war against the truth, against reality. We eschew the fact, and take refuge in evasion. From the facts of life we fly to hope. The human race has nourished itself upon fiction, myth, and miracle. It still finds its fulfillment not in life but in immortality, not in formulæ but in religion."

Also:

"You have heard it said that all great wars in the past were religious wars. This, too, is a religious war—against the calculated atheism which would make of religion a speculative department within the bounds of the scientific spirit."

The "Anti-Scientific" Spirit.—Our excellent contemporary, *The New England Medical Gazette*, runs an interesting monthly review of "Homœopathic Periodical Literature." Commenting on Dr. Lutze's paper in the June RECORDER, the *Gazette*, among other things, says:

"An interesting, though painful example of the anti-scientific attitude so frequently encountered in some homœopathic periodicals, especially, we regret to say, in the RECORDER." Also in conclusion: "When our writers can produce case reports worthy of respect instead of indulging in recriminations and *ex cathedra* statements, we may reasonably look for a modicum of respect from our allopathic brethren, but not one moment before."

Well, brother, we must plead guilty of the anti-scientific spirit. Our excuse is that this is a homœopathic journal, and the so-called science is anti-homœopathic; also, sooner or later, it turns out to be punk. As for the respect of our allopathic brethren, you will not get it in their journals or officially, though you may when meeting them personally. Officially, Homœopathy is anathema to them, so why court the favor you cannot gain? And, again, as Homœopathy is the science of therapeutics why

seek patronizing pats from those who know not the real science of medicine? We fear the RECORDER is like the Ethiopian or the leopard in that it cannot change its skin or spots.

Too Much "Stuff."—The following is clipped from an editorial by Halbert in *The Clinique*. Looks as if it were about time to reform the reformers, or dump them, before they throw the whole practice of medicine to the chiropractors, *et al.*:

"It may not be inopportune at this crisis, to question the methods of medical education which have put us into our present position. We have too few students coming forward because the educational requirements to get up to the licensing board are too severe. It now takes about ten years for a medical student to complete his course and this requirement alone has turned young men away from the profession. At first thought it would seem that such demands would make better physicians, but do they? Our young men are coming out of medical colleges stale with technical education which they can not apply in actual practice. For the most part they are laboratory experts who lack in practical ability to cope with actual sickness. They see disease through a microscope, and have none of the intuitive training which is essential in practice. The pre-medical and medical college demands are excessive for theoretical education while therapeutics and bedside work are almost slighted. In reality the best education a doctor gets is found in practice. We are loading down our students with a mess of memorized 'stuff' which he can never use and we are putting off his useful work until he is an old man. Worst of all we are discouraging medical usefulness and we are scaring our young men from the profession."

"Why?"—That "Why?" is a puzzle, not only in what follows but in everything else. The present "Why?" is the following opening an editorial in the *Medical World*: "Statistics show that the death rate of child birth has not decreased in the past seventeen years."

Treat the Patient.—Dr. S. W. Boorstein, of New York, read a paper at the last meeting of the A. M. A. on the treatment of

poliomyelitis at the Fordham Hospital. Here is a bit from it: "The best results can be obtained if each patient is studied individually and controlled from beginning to end. This can be done even in a clinic by taking enough interest in the children." Is not this the Hahnemannian doctrine of treating the patient rather than the diagnosis? Gentlemen, if you go on that line you will make some real advances.

Tuberculous Rules.—The Illinois State Board of Health has issued a long list of rules for those suffering from tuberculosis, and will fine any doctor, health officer or sufferer caught violating them \$200 or send them to jail. These rules practically make the tuberculous pariahs. They are based on the assumption that the disease is contagious, an assumption that has never been proved. The germ theory is the cause of much unfounded fear, nonsense and tyranny.

Westward the Course of Empire Takes Its Way!—The good old *North American Journal of Homœopathy* that, in its early days, was published by Boericke & Tafel (it is now in its 65th year) is to be moved to Chicago, and to quote from the editorial of the last New York issue, its "editorial and business office will be temporarily at 2812 N. Clark St., Chicago, where all communications should be sent." This leaves the *Chironian* alone to hold up Homœopathy in our biggest city. It is a great opportunity for that journal. May it rise to the opening is the RECORDER's hope. We need a sound homœopathic journal in our metropolis.

Vaccine Therapy.—Very gently Dr. James L. Leake, of the U. S. Health Service, gives vaccines a down setting in the *Jour. A. M. A.* For example: "It would be invidious to indicate examples, but a great part of the unqualifiedly favorable communications on vaccine therapy, reporting uniform benefit without severe reaction, bear internal evidence of lack of careful control, and, as a rule, the more favorable, the greater is this evidence." Possibly these were the "strictly scientific pure reading matter" to be published as contributions that go in some advertising contracts.

Also: "The experience of such clinicians as Dr. Billings who has had the most expert technical assistance and advice, with parallel serologic studies, is more important than the mere numerical summary of the overburdened and much vaunted favorable literature on specific therapy. After years of trial, especially in chronic disorders which should offer the most favorable field, Dr. Billings says that a personal and general hygienic management will accomplish quite as much without as with vaccines; and that vaccines without proper attention to a hygienic management, are more likely to be harmful than helpful." A neat and polite manner of saying vaccine therapy is N. G. The *Journal* remarks, in a long editorial, "The history of commercial vaccines is not creditable to many medical and scientific journals."

Poliomyelitis.—From June 1 to August 8, cases of infantile paralysis were reported in 220 localities, spread over thirty-six States. The number in a place runs from 1 to 32, the last being the highest. This simultaneous appearance over so large an area points to climatic conditions as the cause. Quarantining against such a disease seems to be like quarantining sunstroke.

Your Chance.—The *American Druggist* prints a page containing four reproductions of doctors' prescriptions and offers \$500 rewards for the man who can decipher one of them. This seems like a joke to those not concerned, but how would it appear to the patient or to the family? Let it be gently suggested that the mighty A. M. A add still another year to the medical course to be devoted to penmanship. In rebuttal to this suggestion, however, it might be stated that as these compounded prescriptions are no good it may be better for the patient that the druggist runs in harmless aromatic placebos for the mystic cabalistics.

The Present Status.—The *N. Y. State Journal of Medicine* recently contained four papers on "The Present Status of Serum Therapy," also of "Vaccine," "Physiological" and "Drug Therapy." The last named was by Dr. Warren Coleman, of New York City. Among other things Coleman said:

"As I read medical opinion there is a strong drift away from drug therapy. I meet it on every hand, in talks with other phy-

sicians, in medical journals, and in text-books on pharmacology and therapeutics. The same tendency is evident in the curricula of the medical schools.

"With laudable enough impulse practitioners turn to the latest cure. But should we not ask ourselves whether in our enthusiasm for the new we are not neglecting old and tried remedies. May it not be that at times our therapeutic judgment is clouded by the glamor of a name or by the glowing advertisements of a manufacturer who has seized upon a fleeting opportunity? I have practiced medicine long enough to see many 'latest cures' sink into oblivion.

"In reading the text-books of fifty or a hundred years ago it is difficult to believe that their authors, many of whom are recognized to-day to have been endowed with unusual gift of observation, could have been so accurate in observing the symptoms and signs of disease and yet so unreliable in estimating the results of their therapy. That they made mistakes is obvious, but this scarcely justifies condemnation of the whole fabric of their teaching."

Perhaps the "glowing ads." with their "pure reading matter" have much to do with it.

A New Angle on Antitoxin.—Writes the *Lancet*:

"Antitoxin serum has in time past been administered by a large number of different routes which are in essence only two: indirectly by the alimentary canal, or directly into the body whether *via* blood vessels or lymph-spaces. Dr. William Fearnley, of Ackworth, sends us an interesting note on the administration of diphtheria antitoxin by the mouth at the Pontefract Isolation Hospital, where this method has been in practice for many years. From the year 1909 to the present time 120 cases have been so treated, with 118 recoveries and 2 deaths, one of which occurred within a few hours of admission. No tracheotomy was performed during the same period. The figures he gives are striking in view of the fact that the death rate of serum-treated cases of diphtheria in hospitals is now from 3 to 14 per cent."

Looks as if diphtheria antitoxin was but a clumsy and very expensive substitute for the homœopathic nosode *Diphtherinum*.

Avast Osler.—Back in the old days there was a snappy little journal known as the *California Homœopath*, which was run by Drs. Wm. Boericke and Willis A. Dewey. Neither needs an introduction to the homœopathic profession—Boericke & Dewey's *Twelve Tissue Remedies*, Boericke's *Materia Medica*, Dewey's *Essentials* and also *Practical Therapeutics!* Well, Dewey "came east" and Boericke thought he was too old to run a journal, so they made the name *The Pacific Coast Journal of Homœopathy* (a cumbersome title) and took on new editors—several of them. The last one, Dr. E. H. Howell, has gone to the war, and lo! our old friend, and may we say it? pal, Dr. Wm. Boericke is back again as editor. Welcome! and t'ell with Sir William Osler's "age limit." We do not know how old the California William is—forty, fifty, sixty?—but he is young enough to run the P. C. J. of H. William, you may be sixty, or on the shady side of seventy, but don't you let this Osler scientific guff get your goat. You know more than you did when you were younger, and are better fitted for the job than you were when you and Dewey, in your dewy age, started the old journal, so unless you have met with the misfortune that sometimes befalls old boys, *i. e.*, got rich), stick to it!

Methods of Treatment.—Here is a bit of truth from the paper of Dr. R. J. Rowlette, in *Lancet*, on the "Limitations of Vaccine Therapy:"

"It is notorious that no judgment in medical practice is more difficult than the estimation of the value of a particular method of treatment. A new method is introduced, it wins a certain amount of favor, it may become the fashion, and unless it is accompanied by some obtrusive disadvantages or dangers, many of us are convinced that the treatment is, if not 'the last word,' at least 'a distinct advance,' and we go on with it until a new fashion takes the place of the old. Our reasoning on these matters is never logical, and rarely individual. We are governed by laws—if they be laws—of herd psychology. Our conclusions are instructive, not conscious."

Tetanus.—Among the "conclusions" of Sir David Bruce's paper on "Tetanus" (*Lancet*) is the following: "In the 200 cases of

tetanus under review the mortality was 36.5 per cent." Dr. Bruce is evidently not a firm convert to the use of the serum, for before this he remarks:

"The difficulty of arriving at truth in human therapeutics is notorious. It would certainly be very satisfactory, and ample reward for work expended, if the real value of anti-tetanic serum in the treatment of tetanus could be definitely laid down.

"Millions of cubic centimeters of anti-tetanic serum have been used since the war began. If it could be proved to be of no use it would mean a great lessening of pain and inconvenience to the men suffering from tetanus, and economy to the State."

Still going backwards in this paper it appears that if the surgeon frees the wound from all necrotic substance there is no tetanus, while if he does not the serum is useless. No wonder the "regulars" become therapeutic nihilists.

A Remarkable Case.—It comes from the Walkerton, Ontario, *Times*. Carlton Robinson, a young farmer, was operated on for appendicitis and the appendix handed to him in a bottle. Not feeling well some time afterwards he went to another doctor who also operated and handed him his appendix in a bottle. Not being an anatomist Robinson is now suing for damages under the mistaken idea that a man cannot have two appendixes.

A Query.—Our many allopathic exchanges are laden with papers on the action, or appearance, of the patient or his organs, in certain diseases. They possess a diagnostic interest, but there is one thing lacking in all of them—how to cure the condition so well described, and often illustrated. These really learned gentlemen ought to acquire the art of cure in addition, namely, Homœopathy, for it is of more importance to the patient, who is the star in an interesting case, to be cured of his disease than to have it illuminatively described and die. Honestly, now, is not a man who can cure nine cases out of ten of a given disease which he cannot describe a greater scientist than one who cannot cure but can describe?

One Wonders.—Yes, one wonders why the world remains so

stupid and disease plugs along as in the past, while the medical journals are dripping an overflow of wisdom. For example: "Phagocytosis, is thus a body defense against bacterial invasion, and as such exercises an inhibitory or antagonistic influence on all inflammatory processes. The index of phagocytosis for streptococci, staphylococci, and pneumococci is a relative quantity to such a degree that given a case of mixed infection, involving several kinds of micro-organisms, one species of bacteria will eventually prevail at the expense of the others." Wonder which bacteria will prevail in sick Europe?

"**Gipsy Medicine.**"—This is the heading of an editorial in the *Lancet*. The editor doesn't seem to have very much respect for that form of medicine. The editorial is based on Mr. Frank Curtiss' book, "Romany Life." Here is an extract from the editorial:

"They use, for example, a decoction of eye-bright in the New Forest for washing inflamed eyes. The decoction is pungent and irritative, but 'eye-bright' is a name pointing indubitably to the eye, and it would be folly, thinks a gipsy, to disregard an indication from the Unseen. This is of the nature of the old signaturist beliefs of mediæval Europe, according to which God signalled to man what different plants should be used for. The signal was usually visual: a conformation of the bark of the cork-tree resembling an ear—at a very wide interval—was held to point to cork as a remedy for earache or ear diseases. But the signal, by parity of reasoning, might be afforded by a name—*e. g.*, eye-bright. 'You can't be too careful of the eye, it's such a precious limb,' said a half-caste gipsy, advocating eye-bright as a cure for inflammation of the eye. But though the gipsies are not rational in this matter of collyria, there can be no doubt whatever that some of their botanical applications and draughts prove serviceable."

"Eye-bright" is our *Euphrasia*, and it seems that the Gipsies use it on homœopathic principles. May it not be possible that our modern physicians who are wedded to serums and vaccines, and who scorn the ancient lore, might not go to it and begin to learn the primaries of therapeutics?

More About Vaccine Therapy.—Dr. Jos. L. Miller, Chicago, read a paper at the last meeting of the A. M. A. on “The Non-specific Character of Vaccine Therapy.” Among other things he remarks that “the chief difficulty in this form of therapy is the violence of the reaction.” Also, “The chief objection to its continuance is the danger of grave or fatal reaction.” Also, “The Germans are now referring to this method of treatment as febrile therapy, believing that any agent that will cause a rise in temperature may give results.” The most optimistic can hardly call this illuminating. As for the German notion it reminds one somewhat of the old doctor who threw all his patients into fits.

Cancer.—Dr. William Seaman Bainbridge, New York City, in his pamphlet on “The Cancer Campaign,” rather caustically remarks of one of the campaign publications: “One of the organizations concerned with the propaganda against cancer recently issued a circular, entitled ‘Fighting Cancer with Facts.’ Unfortunately, the one great and all-important fact, the *cause* of cancer, is not in our possession.” Well said, but is it not equally true of tuberculosis? To say that the tubercle bacilli are the cause is no real answer unless you can give their cause.

Also, from same: “There is perhaps no more completely and ineradicably fixed delusion in the public mind than that cancer never is really cured, and that if it is cured it was not cancer.” Is it not the medical mind that harbors that delusion?

A Queer Theory.—An editorial on tuberculosis (*J. A. M. A.*) opens by stating that 97 per cent. of the people have or have had tuberculous infection, quoting Naegeli. The editor comments: “From these observations the prevailing opinion that our resistance to tuberculous infection during adult life is due to a more or less complete immunization through infections received and overcome in youth receives strong support.” According to this the more diseases one has in childhood the healthier he should be in adult years. With all regard due the eminent medical scientists who hatch theories as a hen does eggs, we, for one, do not believe this theory or its tender “immunization,” *alias* making the people sick to keep them being sick.

A Medical Sahara.—It was suggested by a bird's eyeview of 146 article in American and 98 in foreign allopathic medical journals covering about one month. Nearly everything under the medical sun can be found in these articles save old fashioned cure. The homœopaths and eclectics seem to have this field to themselves and ought to give it intensive cultivation, for it is the one field to which the eyes of the afflicted turn.

Old Things In New Clothes.—A Chicago physician sends us a clipping from the *Herald* of that city, containing a report of a medical meeting. Among others reported was our enthusiastic friend, Dr. C. H. Duncan, of New York. He told of a case of rhus poisoning, which "sixty different remedies failed to relieve." Then a cow was fed on an "armful" of the poison ivy, a quart of her milk given to the patient and a quick and permanent cure followed. Thus is a new field opened to modern medical science, *i. e.*, a therapeutic dairy.

If rhus poisoning can be cured in this way why not all other ills? We could have tuberculosis cows to whose feed liberal amounts of the tuberculosis poison had been added, typhoid cows, and so on down the line. It is a brilliant idea, and the practice would be away ahead of the clumsy and expensive methods now in vogue of administering the hair of the dog that bit you.

But brilliant as the theory is it, together with serum, vaccine, auto and the whole brood of isopathic methods, does not equal the one evolved by the father of them all, Dr. Samuel Swan, in simplicity, safety and effectiveness, if there be any virtue in it—which there seems to be. The "works" in all these Dolly Varden therapies is the virus of the disease or, if you prefer it, the "germs." This being so, why not simply triturate the virus and administer in place of going all around Robin Hood's barn, and through its horses, cows, pigs, fowls and other animals? It would be cheaper, safer, more effective, and would aid Mr. Hoover in his conservation of the food supply by saving many animals.

PERSONAL

Say, old boys, do not remark to ladies, "I remembered you when we went to the dance fifty years ago." They don't like it.

"Safety first." The bath tub rather than the ocean.

An old mortgage on a Babylonian house isn't worth a law suit to-day.

The man under a cloud is more in the limelight than ever before.

Many an impecunious cuss can tell the world "how to succeed."

"Give diagnosis of thermoanesthesia." "Hell," wrote the candidate.

Asks Mary: "Is it a sign of contempt when an army turns its back on the enemy?" G'wan!

"Old rags!" Householder, "No. Get out! Wife's away." "Any old bottles!"

"Who is the rear guard?" asked an officer in an old time retreating army. "The slowest runners, sir."

The growth of the world's goodness keeps step with the increase in police efficiency.

When a young man's engagement lasts too long he often hasn't enough money left for the ceremony.

The man who got married to escape the fighting, enlisted.

Nay, Mary, "hitting the hay" is not an etiological factor in hay fever.

A promoter is a financier without finances.

The only man who can reliably foretell his demise is he who is sentenced to the chair.

"Practice makes perfect," says the old proverb, but it should have been added, "not in the stock market."

"The greatest wisdom in man consists in knowing his own follies." How few are wise!

Knit, nit! girls, when you play auction, tennis, or other games.

And they laugh at the ad. "Wanted.—A poor widow woman wants washing on Thursday."

Nay! Nay! Mary, when thermometers go very low it does not mean a good time to buy them.

The enormous price of some drugs is not an unmixed evil.

But can the wise man answer the questions the fool asks?

We don't know of anything that is "a drug on the market" at present unless it be speeches.

Don't throw rice at a wedding or Mr. Hoover will get you.

Call a man "a dog" and he may hit you, but call him "a sly dog" and he smirks.

A Vassar girl remarked that she had never met Horatio at bridge.

Man told the court the auto hit him in the same place it carried its license number.

The doctor paid a number of visits but patient failed to pay the doctor any visits.

THE HOMŒOPATHIC RECORDER

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REMARKABLE VITALITY

The vitality of old Homœopathy is wonderful. For years the allopaths attacked it by every means in their power—denunciation, sarcasm, ridicule, innuendo and as far as they could by laws and actual persecution. But old Homœopathy grew and prospered. This state of things suddenly ceased after the appearance of Dr. Geo. M. Gould's pamphlet. There was an interval of peace. Then slowly arose a far greater danger, one that might be termed scientific criticism from within. Our materia medica, that had worked therapeutic miracles, became an unscientific jumble, a jungle, a wilderness, a stumbling block to progress, and the like. Cures reported by homœopathic physicians were unscientific and unverified assertions. Unless Homœopathy becomes progressive and scientific, unless it becomes subservient to the laboratory, it is doomed. So ran, and run, the criticisms from within, criticisms from graduates of homœopathic medical colleges, and, no doubt, honest in intent, but betraying a certain lack of logic.

Apropos of this there is an old fifteen-page pamphlet bearing the title "Homœopathics: What It is, and the Logic of It," date 1865, from which we take the following:

"Homœopathics is a given positive thing.

"It is the whole of itself, an entirety.

"Homœopathics is what it is; it is not what it is not.

"Homœopathics is as it is; it is not as it is not.

"That which is Homœopathics is Homœopathics.

"That which it might be, or ought to be, is not Homœopathics.

"A notion, opinion, or idea, of Homœopathics, is not Homœopathics itself. * * *

“What the Homœopathics is, in fact, and in reality, is a matter of fact, known by evidence historically.

“It is the art of healing established by Hahnemann, and by him named Homœopathics.

“It is precisely what its maker made it, precisely what he, who christened it, defined and described it.

“Anything, being not the same in fact, is not Homœopathics. It may be something, a notion, or an opinion, or an explanation, or anything else, even better; but it is not the Homœopathics established as a positive historical fact and thing.

“Calling that Homœopathics which is not the Homœopathics, does not make it the Homœopathics.”

You will note that the unknown writer (there is no one named as author) remarks that anything differing from Homœopathics *may* be “even better,” but it is *not* Homœopathics. Consequently, if any one thinks he has found something “better” he should abandon Homœopathics and take up with that which is “better,” and not try to twist Homœopathics into something which it is not, for such an effort is not logical, scientific, or, strictly speaking, honest even though the intentions be good.

Had the writer of the old pamphlet known what is termed the “scientific medicine” of today he would have had another bit of logic to advance. Scientific medicine today is but another term for therapeutic nihilism. Homœopathics is but another term for scientific therapeutics. The two being contradictions cannot live together in the same household, or, what is the same thing, mind. The one excludes the other.

The sum of it all is: Be a loyal Homœopath, or enlist in the nihilistic army—*if they will accept you*. Dabble in scientific medicine as much as you please but for logic’s sake do not preach from the housetops that Homœopathy is doomed unless it becomes something it is not.

A SYMPOSIUM ON A SYMPOSIUM

Every now and then the *Medical Review of Reviews* breaks out in a symposium. Some time ago the mob, that is the laymen, symposed the doctors and now, in October issue, the doctors

have their come back. Perhaps a few bits from opinions may be of interest to the RECORDER'S readers. Braisted, U. S. Navy, tells the world:

"Even the least experienced young doctor knows so many things that would benefit the people if only they could be persuaded to do them. But he preaches in vain, his missionary efforts are branded as self advertisement, and finally it is by the will of the public that he comes to prescribing drugs instead of sunlight and air and exercise." Also, further on, "If we could change things to our taste we would shake the public's faith in drugs and increase its faith in sanitary measures." But the fool public persists in the belief that there is balm in Gilead for their ills, and that the physician should be more than a mere sanitarian, prescribing air and sunlight for their ills. As a Homœopath, we think the public is right.

Brill, of Columbia, says: "Many individuals today believe that the best physicians can *cure* the most of the ills which afflict the human body; that, on the other hand, if these ills be not dispelled by them, they are incompetent and unqualified to continue in their profession. Fortunately, the medical profession has taken good means to dispel these ideas." Well—no comments, if the Allopaths admit they cannot cure disease.

Henderson, of Yale, is militant in the following: "For the solution of such problems the public health line of attack has the peculiar advantage that our courts are able to bring such solutions under the police power of the State and thus to free them from many of the legal and constitutional obstructions which oppose other methods of solution." If the constitution is to be scrapped and the police power brought in to aid the peculiar medicine that discards medicines we fancy the laymen will have something to say, especially in view of the following from the same paper: "The feature of the medical situation of which the least grasp is shown is the fact, as President Eliot once expressed it, that the vast majority of the ills to which flesh is heir can be overcome if we can only get the knowledge necessary to do it." The greater part of that "necessary knowledge" has been available for a century, *i. e.*, "the science of Therapeutics," but you refuse to even look at it, instead, you hoot at it.

Meyer, of the New York University, begins by remarking :

"A New York physician once said that success in the practice of medicine depended one-quarter upon '*savior*,' and three-quarters upon '*savoir faire*.'" He also makes the apparently sensible comment : "Admitting that you cannot easily change a physician's '*savoir faire*,' I charge that he could be provided with more '*savoir*,' if the curricula of the medical colleges included more bedside instruction for every student." *Very* sensible!

Robert T. Morris, N. Y. Post-Graduate, surgeon, author and Darwinian theologian, opens up with this characteristic bit : "What's the matter with the layman? Nothing, excepting that he is human in refusing to know everything all at once and thereby depriving the people of two thousand years from now of joyful opportunity for making continued progress. Furthermore, the layman is like the doctor in having lost safe guidance by way of instinct when he evolved away from firm footing upon four legs." That is the opening. This is the conclusion : "A public which wishes to preserve its most highly cultured members and to extend culture, is in the hands of scientific physicians who require sufficient endowment for being kind in a large way un sentimentally. What's the matter with the layman? He is human and does not know if what I have stated is the truth." Yea, there's the rub! He blinks at the desired large appropriations to a science that changes with the seasons.

Pilcher, once of N. Y. Post-Graduate, rather ironically remarks : "It ought never to be forgotten that physicians are not a class apart, of any different mold from other people, but that they are a part of the people and generally reflect the characteristics of the community in which they live. More than most men a physician cannot escape being molded by public opinion as it prevails in the community in which his life is spent, and through the good will of which his income depends." That is not quite true of a scientific physician, *i. e.*, a Homœopath.

Rosser, of Baylor University, makes this rather large and rather queer claim, coming, as it does, from what is said to be calm science : "There is a widespread appreciation for scientific discoveries, such as vaccination, which has robbed small-pox of its loathsome horrors; of antitoxin for diphtheria, which has reduced the mortality by reversing it, so that instead of more

than 90 per cent. of the cases proving fatal before its introduction, a number in excess of that recover since its employment has become almost universal." Probably 90 per cent. is a misprint, as it cannot be anything else.

There is much more of the symposium, but that is enough. There is one element, however that none of the symposionists mention even though it plays a big part, and that is Prejudice. Last summer we met one who had been suffering for weeks. Suggested a clearly indicated remedy. "What is it?" "One of our homœopathic remedies." "Humph, I'd rather have the disease than take that foolishness!" In the October RECORDER mention was made of an English medical journal that printed a paper mildly commendatory of Homœopathy and in consequence lost 1,400 subscribers. Had these men studied Homœopathy? Probably not, with the probability tremendously in favor of the "not." So far as this is true of the 1,400, were they not prejudiced men rather than medical scientists?

Know, O scientist, that science is a bigger thing than is dreamed of in your little philosophy.

ISOPATHY.

(This is the heading of an editorial in the *Journal of the American Medical Association*, Oct. 13. We reprint it here with entire.—Editor of the HOMŒOPATHIC RECORDER):

"The early stages of Homœopathy are associated with certain apparently minor developments of no little interest from the historical point of view. Not wholly satisfied with the doctrine expressed by 'similia similibus,' Hering, Lux and others urged the principle of 'aequalia aequalibus curantur'—the like cures the like. The form of treatment indicated in this slogan was regarded not as a new departure, but rather as the revival of methods found in folk medicine, and mentioned by early writers and even by church fathers, especially the holy Bishop Ivo of Chartres, whose remarkable statement on the analogy between Christ and the skilled physicians, made in 1092, runs as follows:

"It is, namely, the habit of people skilled in medicine to cure

at one time by opposites, and at another by likes, the illnesses which they undertake to cure. This is what our Lord Jesus Christ did, making us rich by his poverty, exalting us by His humility, healing us by His infirmity, giving us life by His death. In the same way, in medical theory, dry is set against moist, moist against dry, hot against cold; and contraries of lesser strength are overcome by the bringing in of contraries of greater strength. In similar fashion like is apposed to like, when the length or breadth of the poultice is measured by the amount of the wound or swelling. So scorpions' flesh boiled in oil heals the stings of scorpions; so a remedy made from the flesh of a serpent operates against the bite of a serpent, and, taken in a drink, overcomes poisoned drinks. In the same likeness our Physician healed by His own death in the flesh the death of our flesh which came from the serpent. . . . But with this remedy made up of the like was mixed also the remedy made of the opposite. For here obedience healed what disobedience had there corrupted; and what had there been contaminated by the pleasure of appetite is here made right again by the suffering upon the cross.'

'We are told that the isopathic principle of treatment was carried out by its adherents in the most exact manner possible. For small-pox, matter taken from the pustules—variolin—was given internally; itch was treated internally with 'psorin' or scaly material from parts affected with scabies; sweating of the feet with foot-sweat; phthisis with 'phthisin;' caries of the teeth with 'odontonekrosin;' diseases of the liver with 'hepatin;' diseases of the spleen with 'lienin;' diarrhœa with fecal matter; teniasis with tapeworm joints; gonorrhœa with gonorrhœal pus—a treatment for gonorrhœa recently urged again as a new advance by a homœopathic physician in New York. In the end it even was demanded that the remedy must come from the patient's own body—auto-isopathy—and auto-cankrin was given in cancer, auto-odontonekrosin for dental fistula, etc. The reference in the remarkable statement by Bishop Ivo to the use of the flesh of scorpions and serpents in stings and bites by these animals reminds us again that in the early ways of treating the conditions resulting from the bites of poisonous animals we see the

first foreshadowing of the present conceptions of immunity and the treatment based thereon. Probably what is usually called crude empiricism has had more to do with the evolution of those conceptions and methods of treatment, preventive and curative, than ordinarily recognized."

(It seems to some that the 20th century user of serums, vaccines, etc., etc., are not very far removed from the "crude empiricism" of good Bishop Ivo. Indeed, between the ancient and modern one inclines to favor the former for then it was given in the stomach, where Nature could generally dispose of it without the serious damage so often following the "shot" method. Also in the Bishop's time, and in the days of Hering, they did not dilute the disease virus through the blood of an animal but by means of milk sugar and alcohol which is cleaner, cheaper, safer and more scientific.—Editor of the HOMŒOPATHIC RECORDER.

TREATMENT OF PNEUMONIA*

By W. L. Gross, M. D., New Brighton, Penna.

Many of the cases of typical pneumonia need no special active treatment when the disease takes a favorable course.

Most cases that get well do so under, or, I may say, *in spite of* any treatment.

From the now absolute method of treatment by large bleedings and from the use of certain drugs, as *Veratrum*, *Tartar emetic*, coal tar derivatives, etc., which are even now used by professing Homœopaths, we should expect harm, rather than good.

We do not know of any means certainly to influence favorably the pneumonic process.

Whether we are yet to learn of some specific mode of treatment, perhaps by means of some serum, yet to be perfected, I cannot say. Until now my experience with the sera on the market has been very unsatisfactory. We are at present obliged to rely upon purely symptomatic and constitutional treatment. The symptoms which are usually prominent in pneumonia even

*Read before the Beaver County Homœopathic Medical Society, Sept. 27, 1917.

in the milder cases and of which the patient is especially desirous to be relieved are the pain in the side, the troublesome cough, and the difficulty and distress in breathing.

Since the respiratory symptoms are partly due to the pain, as this improves the patient's breathing often undergoes a decided improvement.

For the pain we have a number of local applications to the skin of the affected side. An ice bag sometimes gives marked relief.

Many patients cannot bear this, but prefer warm poultices or cold, wet compresses.

The application of mustard plasters or dry cups is sometimes of advantage.

Hypodermic injections of *Morphia* are, however, the most efficacious.

There is no good reason why we should not use this remedy, with care and in moderate doses, for the relief of the pain and, as the disease is of short duration, there is little danger of inducing the *Morphin* habit.

Local blood-letting is a remedy the action of which cannot be explained physiologically and yet experience has shown that it is of undoubted advantage.

The tepid or cold bath serves as the most effective means of improving the respiration, of aiding expectoration and of stimulating and refreshing the whole system.

It is useless if not injurious to give a patient baths if the disease is progressing favorably, for almost every kind of bath has some disagreeable feature.

These disadvantages, however, are always less in severe cases than the benefit and improvement which baths give the patient and which most patients recognize with gratitude.

The main point is that the patient should make no physical exertion while in the bath.

He should be lifted into it, held and supported while in and lifted into bed again after it.

Since the baths are given primarily not on account of the fever, but to improve the respiration, and because of their favorable influence on the nervous system, their temperature need not be especially low.

The temperature may be from 77° to 86°. Somewhat warmer with weak and sensitive people and colder for the strong and robust with very high fever or severe nervous symptoms.

Not more than two baths a day are needed in most cases.

The favorable action of the baths is seen in the great relief and refreshment that the patient feels. The respiration is quieter and slower, but deeper. Patient often falls into a quiet sleep after the bath. The wet pack can be used instead of the bath with advantage in some cases. It seems to irritate the patient less and gives the same or even greater relief.

It is hardly necessary to mention that the patient's strength must be kept up, as far as possible, with nourishing foods, liquid in character, as milk broths, etc. Alcohol, in the form of brandy or whiskey, may be used in a critical turn to bridge over danger of collapse, but my experience with it has not been very encouraging.

A great deal has been said on the open air treatment of pneumonias, and while my experience has not been as great as might be yet it has been demonstrated to my satisfaction that the open air treatment in cold weather has harmed more of my patients than it benefitted.

Plenty of fresh, cool air is necessary, but the method of putting a pneumonia patient in an open room in winter does not appeal to me as the correct method of procedure.

As to remedies, our homœopathic drugs occupy a prominent position in the treatment of pneumonia, the progress of the disease being materially shortened and the severity of the symptoms being diminished by their employment.

The remedy most frequently indicated in the first stage of a typical case of pneumonia is *Ferrum phos.* Its administration is only contra-indicated by marked bronchial obstruction, manifested by dyspnoea, moderate fever, impaired surface circulation and heart feebleness and cyanosis. When these symptoms are present *Tartar emetic* is preferable. *Phosphorus* is probably given more frequently than any other remedy by the majority of prescribers and it is certainly a valuable remedy. It is more suitable, however, to broncho-pneumonia occurring in degenerate adults; those suffering from fatty degenerations, Bright's disease, diabetes, pulmonary phthisis, etc. The febrile symptoms

are generally less marked than in the *Ferr. phos.* case. *Bryonia* is particularly suitable to those cases complicated with pleurisy, which is not common. When the symptoms of capillary involvement are not prominent and there is much complaint of pain and soreness in the sub-sternal region when coughing, children being inclined to hold the chest when coughing, *Bryonia* gives good results.

The indications for *Squilla* are almost the same as for *Bryonia*. It is often given if *Bryonia* fails or after it has done its work. There is more irritability of the mucous membranes and more spasmodicity under *Squills* than under *Bryonia*.

Sulphur is useful *after* any of the preceding medicines and is the better indicated the more the pulmonary consolidation predominates over bronchitic and pleuritic symptoms.

Aconite or *Gelsemium* may be needed for the febrile symptoms in the early stages and *Iodide of Antimony* when the bronchial element is pre-eminent.

This *Iodide of Antimony* is of first importance in those cases of broncho-pneumonia occurring in the course of some case of pulmonary tuberculosis.

The *Arsenite of Antimony* is an important remedy in the broncho-pneumonias of the aged, with long rales and feeble heart action.

Especial care should be exercised during convalescence from broncho-pneumonia to secure perfect resolution of the inflamed lung, as neglected cases often develop tuberculosis. The patient should be kept under observation until all traces of consolidation have disappeared.

In order to aid resolution, careful hygienic and dietetic measures, together with change of air, cod liver oil and respiratory gymnastics, may be advised.

TUBERCULOSIS. FISH POISONING*

By Dr. J. A. Stefanski, 8408 Superior Ave., Chicago, Ill.

Miss Lottie M., age 17, blonde, well developed, weight, 145. Entered a convent in Feb., 1911. During her novitiate, which

*Read before the Regular Homœopathic Medical Society, Chicago.

includes a course of hard work, she contracted a severe cold, affected with a short, dry, painful cough and feverish in the evenings. Her condition became worse and she was sent to St. Mary's Hospital in Chicago. Diagnosis of pulmonary tuberculosis was made. Open air treatment instituted, *Tuberculin* injections administered, and cod liver oil, as the principal article of diet, prescribed. Condition kept getting worse until June 10, when her parents were called and were told to take her home, as she could only live a few days longer. This was done after fortifying the patient for the journey with four cups strong, black coffee.

I was called to the case June 11th and found a very sick girl. Temperature 105°, pulse weak and rapid, emaciation very marked; in fact, all symptoms of tuberculosis, and three or four for *Bryonia*. Right side principally affected, coarse crackling over entire right lung, > from lying on painful side. *Bryonia* thirst, little expectoration, motion < cough, < pain.

Bryonia 3x in water, given every hour until next morning.

Diet. Home-made beef tea, egg albumin H₂O and milk.

June 12. Temperature 103. Expecterating a good deal of greenish, offensive mucus.

June 13. Temperature 103. Condition same. *Bryonia* continued.

June 14. Temperature 103. Pains like needle pricks over entire chest. Abdomen distended, diarrhoea dark and very offensive. R. *Tub.* 21m in H₂O for 12 doses, one hour apart.

June 15. Temperature 101. Stool becoming formed. Appetite better. S. L.

June 18. Temperature normal. Full diet given and S. L. continued. Given and repeated next two days.

In the early part of July she came to my office for general inspection. She weighed then 160 pounds. Today she weighs 180 pounds; has a large cavity in right lung, but persists in living and enjoying good health.

July 12, 1913. I was called to Mr. ———, age 40, laborer, Illinois steel mill. He became violently ill three hours following a fish dinner; anyhow the family called it "fish poisoning."

His face was pale, nose pinched, cold sweat on forehead, eyes

sunken, mucous vomiting and mucous diarrhoea, painful cramping of almost every muscle in his body. In fact, I never saw as many individual muscles demonstrated in my dissecting in college, as I did then. Temperature was 96.5, pulse imperceptible. Ptomaine poisoning—granted. As to treatment, I would first like to tell you what I didn't do. I didn't siphon out his stomach, *i. e.*, tube, neither did I give him *Apomorphia*. I didn't give him thirty grains of *Tannic acid*, nor copious draughts of strong tea or oak bark decoction. Nor did I give him 30 c.c. castor oil to clear out his bowel. I didn't give him .12 grams of *Opium* or 1.3 c.c. *θ Caps.* to control intestinal disturbances. Nor 8 c.c. *Solanium acetate* to reduce febrile disturbances and relieve the kidneys and I surely would have forgotten the *Creosote* in lime water to overcome the nausea after the stomach was empty. That is considered the treatment of one case. I didn't know this at the time and since I read this to you I've already forgotten it, but I'll never forget *Cuprum* when I see a case like this again. The 200th in water, every half hour, for ten doses.

After the second dose he told me he felt so warm, as if he had taken a hot drink. He barely toddled on his feet for almost a week, but that is all the medicine he got.

PRESCRIBING FOR THE BABY

By Dr. J. H. Peterman, Ardmore, Okla.

Empirical prescribing will not accomplish any more than it will for adults. It is necessary to individualize and prescribe for the patient not the disease only. No matter how tiny and insignificant, it has its individuality, calling for a close discrimination between the remedies. Look at it closely, for we have only objective symptoms and the family history to guide us. It may be plump or lean, fresh looking or old and withered, cross or good natured, stupid or bright. Parts of the body may be emaciated, the abdomen large, the head too big, the fontanelles open wide. We may encounter asphyxia probably. *Camphor* will restore it. It may even arouse it from apparent death. Where the face is purple and pulse imperceptible, potentized *Opium* may do.

In cases where there is much loss of blood by the mother, the infant pale or anæmic, *Cinchona* to both. *Arnica* is the remedy after labor unless another remedy is clearly indicated. It is good practice to give the medicine for baby to the mother, if she nurses it, which, of course, she should. Babies should not be brought up on the bottle. Even if there is no milk at first, it will appear in most cases if the baby is put regularly to the breast.

The eyes of the baby must be wiped as soon as the head is delivered. If they become inflamed or discharge, *Merc.* or *Sulph.* I like the old, usual way of using some of the mother's milk in baby's sore eyes. *Calc. ostr.* is baby's remedy par excellence. It prepares the child for the teething period. *Antim. tart.* is the most useful in catarrh, where there is dyspnoea. *Nux vom.* and *Kali bichrom.*, where the nose is stopped up, also *Kali sulph.* In spasmodic croup, *Acon.*, *Bell.*, *Hep.*, *Sulph.* and *Spongia*. In membranous croup, *Brom.*, *Iodine*, *Kali brom.* For retention of urine, *Apis*. Colic is one of the most distressing ailments of children, it is only the outcome of disorder and must be treated for the cause. Prescribing correctly for the infant, inherited tendencies to disease may be overcome. The skin eruptions—what untold misery results from their suppression by the numerous salves and smears, when a few doses of *Sulphur*, *Calc.* or other antipsorics would cure the patient for life.

Last, but not least.

In my forty-seven years of practice I had no death of a mother through confinement.

It was law with me: If you want me to be with you during that, I must have you under my care before.

This should be absolute law with us. The "twilight sleep" in confinement is criminal! The mother needs all her life force in that act, it must not be put to sleep; it is idiocy unworthy of our profession!

ADVENTURES OF AN AMATUER

Someone has said that the striking thing about the spectacle of an elephant dancing on a tight rope is not the dancing, but the fact that it is by an elephant. If any interest attaches to my therapeutic adventures it is not so much to them themselves as

to the fact that they are those of an amateur. Thinking of the results I have seen from the use of a few homœopathic remedies, with but few exceptions domestic potencies, in the hands of myself and other laymen I have sometimes thought what very remarkable things we might do with medical training. I think of the words of Private Mulvaney, "They tuk Lungtungpen nakid; an' they'd take St. Petersburg in their dhrawers."

I am a Homœopath of the third generation. I remember, at my grandfather's in Philadelphia, as a small boy, receiving tiny pellets administered by a stately gentleman who was called, I think, Dr. Kitchen. These were for certain nervous twitchings of the shoulders, which further ætiological research ascribed to the fact that I had been promoted from "baby waists" to suspenders, confirming that weighty saying, "There is always a cause."

About 1876 my mother acquired a thirty remedy domestic chest. I was then only ten years old, but I remember my uncle in bed with inflammatory rheumatism, shaking with glee a vial of little pellets and laughing at my mother, who proposed to cure him with them, but—she did! This reminds me of a friend, a member of the Philadelphia Bar, who, about 1886, told me that his wife had called in a Dr. Lee, of 38th and Chestnut streets, who gave them some funny little pills. He said, "It does the baby a great deal of good, she shakes the bottle and the pills rattle and it amuses her." Later he told me, with great earnestness, that he was firmly convinced that he owed the lives of both wife and child to the skill of that same Dr. Lee. Remembering these incidents, I was not greatly disturbed at finding an English publication saying of a homœopathic remedy, "The directions are 'four pellets every hour,' which must, at least, keep the patient amused." There is really some philosophy in this. I gave some remedies and elementary literature to a friend who had forsaken Allopathy for Christian Science. Finding among other things that *Bryonia* 3x relieved his severe bronchial colds and that *Pulsatilla* 3x speedily cured his child's earache, he was converted to Homœopathy, saying that he thought fifteen-sixteenths of the cure was due to the remedy and one-sixteenth was due to "psychological effect:" the continued repeated taking of the remedy with a definite effect in

view helped to bring about that effect. I agreed with him and not to be outdone in generosity offered to concede more even than the one-sixteenth he claimed, say, a tenth, to his psychotherapy. There is something in keeping the patient "amused," witness the *Placebo*.

After the above-mentioned attack of "suspenderitis" I did not fall into the hands of the physician for many years. Through my boyhood Jamaica ginger was my one remedy till reaching what Kipling calls "years of indiscretion," I substituted whiskey as my panacea. I was about twenty when I dropped into the office of Dr. Malcolm Macfarlan, in West Philadelphia, and exhibiting an inflamed eye, said, "Is it catarrhal conjunctivitis?" With a twinkle of his eye, he said, "You might term it that. I should call it a cold."

At our last meeting, with that same twinkle of the eye after advising moderation in smoking, he produced a box of cigars and we had a charming smoke and chat. It was a summer afternoon and for once there were no patients crowding the waiting room. As I left, he said, "Drop in again, drop in often." "But," I said, "you charge me a dollar a 'drop.'" "That is nothing," he said, "if I dropped in at your office, you would charge me, at least, five." I was practicing law then. He never took my ills very seriously, but I have seen him fight death all night and win. It is twenty-five years since we parted that summer afternoon, but I shall always remember him with affectionate regard and respect.

Proceeding from the Law to the Gospel and coming to Central Pennsylvania I was for ten years out of touch with Homœopathy. Colds in the head led me to take it up. From childhood my chief affliction had been these colds. I had two or three of them every winter; life was, for two or three weeks at a time, one snuffle, snuffle and blow. Distressing catarrhal sequels added to the misery. Now no self-respecting physician will stoop to concern himself with anything so insignificant as a cold in the head and to be just he does not often get a fair chance, as the patient does not, as a rule, consult him until the cold is pretty well advanced and colds should be nipped in the bud.

Consulting the ancestral works I selected a rather complete list of coryza and catarrh remedies, adding a few for rheumatism and general domestic use. This was thirteen years ago and since then I have not had a cold in my head, that is, for more than a few hours. I have stopped them all with *Aconite*, followed, in some cases, by *Nux vomica*.

Most of my carefully chosen remedies for the catarrhal sequels, which had afflicted me for years, dried up in the vials. *Phosphorus* may be the remedy for yellow blood stained mucus. *Hydrastis*, for that which clots where the nasal passages enter the throat and dropping down causes a strangling cough. *Graphites* may relieve nasal crusts, but I do not know.

I have given to many of my friends little domestic outfits, a few, ten or twelve, polychrests and elementary literature, often only the little "Medical Index," given gratis by Boericke & Tafel, and urge them to study and profit. I tell them to use their brains and that one reason Homœopathy is not more popular is that it requires some intelligence. My "sphere of influence" is continually widening, it extends west to Chicago, south to the Gulf of Mexico, and east to Belgium and France. I have designs on San Francisco, to reach the Pacific. I hear from these outfits and I may, in other articles, tell of some of the things I hear.

Many of my friends have learned to stop colds with *Aconite*, which they follow with different remedies. Two have found that *Mercurius* works wonders for them. One when his son was going to France in the American Field Service demanded that his outfit should include "a peck" of *Mercurius* pellets. "I want him to have enough, he can keep them in Paris, get him a peck," were the instructions he gave to his brother who was purchasing the outfit in New York. "He used to use two handkerchiefs a day, for years, those little *Mercurius* pills cured him, get him a PECK!" With difficulty he was persuaded to yield to an outfit of 2,000 tablets with the assurance that fresh supplies could be sent from time to time.

Different people may need different treatment and all colds are not the same cold. There is one specially vicious one that attacks me at once in a while. It is insidious, beginning generally late in the evening. You feel a little scratchiness in the throat,

which may mean nothing. Next morning you wake with a defined soreness where the nasal passages enter the throat, generally one-sided. I at once prepare twelve doses of *Aconite* 3x—dilution, I have no faith in the pellets, as they dry out—and I take this, as a rule, all day. The next day I take a few doses of *Nux vomica*.

Before I had recourse to Homœopathy that sort of a cold has driven me out of bed to sit up the rest of the night treating the painful inflammation of the facial bones with mustard plasters and turpentine liniment.

The best literature on this subject that I have encountered is "Catarrh, Colds and Grippe," by Dr. John H. Clarke; also I noticed in Dr. Stacy Jones' "Medical Genius," p. 193, his "hobby for a cold" and, later, found that Boericke & Tafel had a compound cold tablet which was virtually the same thing.

As a rifle-man I had but scant respect for shot-gun marksmanship and I have felt somewhat the same way as to compound tablets, but I was tempted to try these (*Aconite* 2x, *Gelsemium* θ , *Nux vom.* 1x). It is not always convenient or even possible to take the dilutions and these tablets are very convenient.

I have given them to a number of people to experiment and have had favorable reports from one old school physician, one trained nurse and several laymen. They retain their efficacy for at least six months. Further, they appeal to the uninitiated as having a bitter taste so that they feel they are taking something. In six months I have only tested them once myself, with very satisfactory results. I find that not only has Homœopathy cut my colds short, but has probably checked the tendency to take them.

I can tell of much more remarkable things than this coryza therapy, but I have noticed that my account of it has made more impression on my friends who are allopathic physicians than some of the other cures which they blithely attribute to chance. I have one friend, a surgeon, who is a therapeutic nihilist. I have told him of various remarkable cures without producing the slightest impression, but I finally made a dent in his armor by telling him of my catarrhal history and relief. I concluded

by saying, "I have not had a cold in my head for thirteen years. In view of the history of my case, do you not think that is very remarkable?" He said simply, "It is," and he meant it.

ALEXANDER RENSHAW DEWITT.

St. James' Rectory, Muncy, Pa.,

Oct. 20, 1917.

SLEEP AND SOME OF ITS DISORDERS*

By Dr. John Gaston, Beaver Falls, Pa.

Natural sleep is that condition of physiological repose in which the molecular movements of the brain are no longer fully and clearly projected upon the field of consciousness; in other words, sleep is a regularly recurring, physiological depression of the functional activity of the brain, during which the exhausted tissues of the body may recuperate.

Unconsciousness is not necessarily sleep. H. C. Wood distinguishes as follows: *Sleep* is that condition of unconsciousness in which the subject is readily aroused, and when aroused is easily kept awake by external stimulations or by his will-power; *Stupor*, that condition in which the subject is aroused with great difficulty and, when left to himself, relapse into unconsciousness; *Coma*, that state in which it is impossible by external irritation to restore consciousness.

Sleep is preceded by a stage of weariness, which is an expression of the failing energy of the brain; there is heaviness of the body and mind, thoughts flow slowly and often with appreciable lack of clearness, the special senses are dulled, muscular fatigue is felt, the eyes are kept open with difficulty, and it requires a strong effort of will to overcome evident indisposition to further activity.

The hypnogogic state, the stage of transition from waking to sleeping, is characterized by a consciousness of approaching rest; the body settles into a position of comfortable relaxation, the eyelids close, the special senses are lulled

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There is at first an exaltation of the reflex energy of the spinal cord, as shown by the sudden muscular jerkings in persons who are exceedingly tired; soon this disappears.

Of the special senses, that of hearing remains active longest, in part, probably, because the external portion of the organ of hearing remains exposed to external stimuli. Soon the power of volition ceases, the logical association of ideas is temporarily lost, as are also the reasoning faculty and judgment, and the profound unconsciousness of natural sleep prevails. The average duration of sleep is about eight hours. It is heaviest during the first hour, reaching its maximum at the end of that time; during the next hour it diminishes rapidly; during the next five hours it constantly grows lighter, and vanishes at the expiration of about eight hours.

Not only have scientific experiments (Kohlschuetter) proven this, but universal experience emphasizes the statement that the first sleep is the heaviest and that wakefulness and dreams prevail during the early hours of the morning. During sleep the respiratory movements are reduced nearly one-fourth in frequency; they are more largely costal than diaphragmatic, and the act of inspiration is prolonged. The pulsations of the heart are reduced ten or more beats to the minute in the adults and from twelve to sixteen or more beats per minute in children. The temperature is lowered; an elevated temperature during sleep always indicates a pathological condition (Demme). The secretions are diminished, as shown in the comparative dryness of the eyes and mouth and the lessened pathological secretion of nasal catarrh; the amount of urine and other excrementitious matter is also much less during sleep than during waking hours. There is a lessening of the amount of oxygen absorbed and of carbonic acid gas exhaled. Whether or not, the brain is ever to all intents and purposes fully asleep, without a single manifestation of intellectual activity, so that there is an absolutely dreamless sleep is still an open question. Some high authorities affirm the contrary and maintain that the brain is always on the alert; if this be so, the profound unconsciousness of sleep is unreal and arises simply from failure of memory. The reduction of function is not uniform throughout; the func-

tional activity of one organ may be wholly suspended, while elsewhere there is only partial cessation of function; actual increase beyond that which characterizes a state of waking may exist in some part of the body, hence the phenomena of dreams and somnambulism.

Insomnia, or abnormal wakefulness, may arise from irritation of the peripheral portion of the sensory apparatus or from central causes. To the former belong irritation of the organs of special sense, which, in the milder and transient form, rarely cause more than passing wakefulness. Thus the action of light upon the eyes disturbs sleep. This is easily demonstrated by the inability of infants to sleep when exposed to a bright light and the readiness with which adults will awaken from sound sleep when the room is suddenly illuminated by the reflection from a fire. We all know when there is a total eclipse at any time of day, the whole animal world to compose itself to sleep. The sense of hearing remains comparatively active during sleep, and often persons who are otherwise heavy sleepers are quickly roused by noise.

Heat, especially humid heat, is an enemy of sleep; witness the hot, exhausting, sleepless mid-summer nights, especially with a southern wind.

Cold, if extreme, produces stupor and death; if severe, it excites wakefulness; if pleasing, it favors sleep. All people naturally seek, a moderately cool room for a sleeping chamber; they are, however, kept awake by cold feet.

Pain is a very common cause for insomnia, peripheral or central. The former, as a sting of insect, etc., painful itching or neuralgia, etc. Colic, respiratory disturbances are examples of the latter.

Treatment of Insomnia.—The following are the most important agents used in the treatment of insomnia: Hot baths, comfortable to patients, not to exceed ten minutes; Turkish baths, with shower baths and massage, are excellent.

Food.—Hot, nourishing food in cases caused by exhaustion. Milk, heated, salted, and partly predigested. Koumyss. Egg-noggs, meat juices.

Should not take tea, coffee, at noon or night.

Cold Sitz baths are sedative, 90° to 60° temperature, gradually decreased to 60°.

REMEDIES.—*Aconite*, *Bryonia*, *Cham.*, *Coffea crud.*, *Cyclamen*, *Gel.*, *Hyos.*, *Ignatia*, *Kali carb.*, *Nux*, *Opium*, *Phos.*, *Plat.*, *Puls.*, *Kali phos.*

Hypnotics.—No other class of drugs is so abused by medical men who are ever ready to humor the whims of a patient regardless of their real interests. In cases where their employment is based upon actual necessity they prove a blessing.

Paraldehyde, 45 to 160 grs., is one of the most reliable hypnotics when insomnia arises from cerebral hyperæmia not from pain. It neither causes primary excitement nor cardiac depression. On account of its disagreeable taste the following is a good formula: Paraldehyde, grs. 20; spts. 100; Simple Syrup, 75; Tincture Vanilla 5. Of this mixture each ounce contains 45 grs. of Paraldehyde, this can be dissolved still further by sweetened water.

Chloral Hydrate—from exhaustion of nerve centers, 20-30 grs. in water, preferably peppermint water, followed in one hour by 20 grs. more, if necessary.

Opium.—When due to *pain*. *Morphia sulph.*, better with addition of *Atropin* 1-120 to 1-100 to $\frac{1}{4}$ gr.

From over-excitement, etc.—*Bromides*.

Lithium Bromide. 20 grs., every 1 to 2 hours.

Sodium Bromide, 30-40 grs., every 2 hours.

Calcium Bromide, 20 grs., every 1 to 2 hours.

Potassium Bromide, 30-40 grs., every 2 hours.

Narcolepsy is a neurosis characterized by an overwhelming desire to sleep, of short duration, and occurring at irregular intervals.

Somnambulism is a condition of sleep and unconsciousness in which the subject performs acts which seem to involve the exercise of consciousness and volition; in other words, it is a dream carried into action. Unlike dreams this occurs in the early sleep, when sleep is most profound. This undoubtedly explains why the memory takes no cognizance whatever of the occurrence.

The most important forms are somnambulistic lethargy—a condition which outwardly resembles deep sleep, lasting from hours

to weeks and months. May have lucid intervals. Complete unconsciousness.

Somnambulic dreams are more common, and differ from the ordinary dreams in that they are acted out. The night terrors of children belong here.

Acts of violence are often done when in this state. May get up out of bed, hears a noise, grasps a gun, and may prove fatal to anyone in the house. When fully awake he knows nothing of the occurrence. In other cases he may get out of bed, walk about as though perfectly conscious of his acts, often performs startling feats, climbing, writing, sewing, playing musical instruments, etc. The eyes may be closed or opened. He may obey a command to go back to bed or he may not, but, after a time, obeys.

Somnambulic life is a rare condition in which our subject appears like any other person. Seemingly in possession of all his faculties, but has periods during which he lives an existence wholly distinct from his normal life, these states being divided from each other by a more or less complete break in the chain of memory. To this class belong the cases of individuals who get lost and are found at great distances from home or who return home after having traveled over extensive territory, having done business with experienced men who saw nothing abnormal in their appearance or actions. Who in every way behaved like persons who knew what they were about and yet remembered absolutely nothing of what occurred during the entire period.

One case of a young lady falling into a long and profound sleep without any warning. When she awakened from the sleep it was found she had lost every trace of acquired knowledge. It became necessary for her to begin learning all over again, reading, spelling, etc. She gradually improved. When she, after a few months, had a second fit and, on arousing from it, she found herself restored to the state in which she was before the first paroxysm.

The hypnotic state in somnambulism is artificially produced. Arndt, Nash, Pierce.

OPERATION NOT NEEDED IN THESE TWO CASES.

Editor of the HOMŒOPATHIC RECORDER.

Three weeks ago a woman whose hair is frosted with over 63 winters was referred to me. Around the nipple of her left mamma was a cake which seemed, from palpation, to be half an inch in depth and one inch in diameter, a doughnut, so to speak, encircling the nipple (which was decidedly retracted), while there was no actual pain there was a decided discomfort. I could not find any lymphatic enlargements and otherwise than a muscular discomfort in the left hip and an obstinate constipation with a white, flabby tongue, she seemed all right. She had no use for the homœopathic doctors and had appealed to a real regular, who referred her promptly to a surgical friend, who, in turn, advised ablation of the breast at once. My friend recommended me as a specialist on tumors and so she came to me. Introducing *Elix. of Gentian* I put one ounce of *Tr. Phytolacca* and directed her to take a tablespoonful three times a day. Saw her in two weeks, the induration almost entirely gone, nipple retraction much improved, bowels moving without her accustomed pills, hip pains better, a delighted and grateful patient and another triumph for the pokeberry.

By the way, I wish to supplement my article on *Bry.* in appendicitis by the following case, to wit: Was called to see Helen, a lass of fourteen, who had been suffering for three or four days with severe pains in abdomen. Attending physician had given *Bry.* 3d for two days (every two hours) and then changed to *Bell.* Temperature had been 104° and persisted around 102°. *Bryonia* seemed indicated, I found the right rectus abdomen very hard and tense around McBurney's point, was a perceptible elevation and a decided tumor, irregularly circular and two inches in diameter.

I put a powder of *Bry.* 200 on her tongue. Diagnosed appendicitis, and expressed the opinion that an operation would be imperative the next day if there was no improvement. She had several paroxysms of severe pain in the next two hours and then went to sleep, and slept well into the next morning. When I arrived after 10 A. M., twenty miles away, I found her temperature 99, but I could not find the periappendix induration

and she did not wince upon deep and firm pressure, her temperature was normal by evening and she was up and around the next day. The attending physician had the right remedy, but not the right potency, was in error when changed to *Bell.*, and this case illustrates an important point in prescribing, viz., change your potency and not your remedy when patient fails to respond to the apparently indicated drug.

In my first case I do not claim to have cured a cancer, but I did dispose of a condition for which the surgeons would have performed an operation, mutilated the patient and made claims to another victory for early extirpation, or else (if she has the cancerous taint) they would unanimously have fanned the carcinomatous spark into a raging pathological flame. Selah.

JOSEPH E. WRIGHT, M. D.

Westfield, N. J.

A NEW INDIAN HOMŒOPATHIC JOURNAL.

Editor of the HOMŒOPATHIC RECORDER.

The RECORDER is a blessing to me. I am anxiously awaiting the mail every month. I have been taking some of the articles for my own vernacular journal, which is yet only four months old. Homœopathy here is in the beginning, but we expect a good and prosperous future, as Bengal is sending out learned and sound Homœopaths every year. As a whole, India is more suitable soil for this system, as the poverty of the masses does not allow them to go to the old school, which is too dear, and that especially in these days of war. The public, both lay and professional, admires Homœopathy in Bengal and there it is very hard to practice the other system. Punjab is very backwards and yet only a start is made. There are only a few charitable dispensaries and a small number of the physicians who are practicing this science. Besides this all, we have got a bright future and quite recently a society under the name of the Punjab Homœopathic Society has been organized. May it prove a representative body of the whole profession. If possible, please take the trouble of mentioning these facts in any corner of your esteemed monthly.

SEWAH GINGH,

Editor "*The Homœopathic Doctor*,"

New Street, Rawalpindi, Punjab, India.

A CHOREA CASE.

Editor of the HOMŒOPATHIC RECORDER.

A short, slender, mildly disposed, newly married brunette, æt. 17, with irregular catamenia, had been attacked with slight fever the second day of her honeymoon, which subsided the next day, giving place to violent chorea. Regulars had treated her for twelve days without being able to give her any relief—even to induce sleep when absolutely necessary by injecting *Morphia* or giving sleeping draughts. An Homœopath, it is said, cured her afterwards with *Stram.* and *Ars.*

After three months the girl, with her father, left her husband's place for her paternal home. On the way she felt feverish the same day and took *Quinine*. The fever subsided in the next morning and chorea in a very violent form developed. As she could not proceed further, she halted here at the house of a relative. Her father gave her *Bell.*, *Stram.* and *Ars.*, but without any effect.

When I was called in, I found her thus: "Lying on back with eyes shut, but opened spasmodically with the jerking of the body; very restless; constant twitching and jerking of the whole body, especially the right side; rubbing her head occasionally against the pillow; blue circles round the eyes; face pale and earthy; uterus and right ovary enlarged and sensitive to pressure; unwilling or incapable to answer when questioned; < by pressure on both the toes; > by rubbing the head, especially the forehead with the hand."

Tarent. Hisp. 30 was given and she fell asleep within half an hour. She slept the whole night, but with occasional twitching of the limbs. Choreic movements appeared again as soon as she woke up the next morning. When I saw her again the following symptoms were present:

"Extensive jerking and twitching of muscles; quivering and trembling of every part of the body and limbs; chilliness; unwillingness to be uncovered; jerking and twitching of the eyes like pendulum; constant attempt to rub the right nose with the hand; back and neck sensitive to touch." *Agar.* was given, but without any improvement. Her father and the relative gave her

Bell., *Arn.* and *Cina*, which also made no impression and she passed a sleepless night.

Next morning the following symptoms were noticed: "Convulsive movements of the eyelids; twitching of the corners of the face; constant attempt to rub the right nose with the hand; face pale and cold with a fixed, staring look; tongue, when put out on request, was not caught between the teeth; > when walking and eating; around the mouth pale and bluish; cheeks red; feverish; whole body seemed bruised; twitchings began mostly in the fingers." *Cup. met.* and *Ign.* were given, but she passed the night without sleep.

Next day the following symptoms were prominent: "Mental state timid, nervous and anxious; anxious for reaching home; itching of the nose increased; around the mouth pale and bluish; words seemed to be jerked out; started with jerking of muscles and continued day and night; chorea even at night; drinking and eating arrested the spasms to some extent; muscles of the body sore; yellowness of the forehead; head feverish and coldness of hands and feet; chorea even at night; < morning and evening and in open air; < on waking; < from walking; chilliness; unwilling to be uncovered." *Caust.* 30 was given and she was found better. She left for her destination in the afternoon. As I was going out of the town, we traveled together. After the administration of two doses of *Caust.* she fell asleep. She slept soundly up to 12:30 in the night with no occasional starting, jerking or twitching as before. The jolting and jerking of the train did not rouse her. At 12:30, when she was roused at the station of L—— for changing the train, choreic movements appeared, but in a very mild form. She was then left in charge of her father with three doses of *Caust.*, to be given next day and we were separated.

I heard nothing of her till her father wrote the following letter to her relative here:

"At L—— up to 1 A. M. she had no sleep, so at that time I gave her the sleeping draught (?) I had brought with me. Under its influence she slept soundly up to the next morning. From L—— to C—— she had the spasm again. And on our arrival at our lodging, she became cheerful although the

spasms continued. In the evening Dr. M—— (a regular) was called in. As he was to leave the station for three days he advised me to have her under homœopathic (?) treatment till his return. Therefore after consulting my medical books I gave her a dose of *Cup. m.* 3 at 8 P. M. At about 8:30 P. M. she fell asleep and did not wake up before 3 A. M. On her waking she had the spasm again in a very violent form; so another dose of *Cup. m.* was given at about 3:30. She again fell asleep. In the morning, you will be surprised to hear, she had no complaints at all. So I myself have been astonished at the wonderful effect of this medicine. And even now I am not certain whether the cure was really due to the effect of the medicine or to the exhilarating company of her mother and sisters on to the combined effects of both."

Now, Mr. Editor, I shall be glad to know the opinions of you and the readers of the RECORDER as to whether chorea in this case got well of itself, or by *Cup. m.* or *Caust.* As for myself I am of opinion that Jahr is vindicated and so think with him that it is, at all events, remarkable that such an accidental natural cure should always take place a short time after the administration of *Caust.*

G. RAYE.

Gauhati, Assam, India, Dec. 14, 1915.

A CALL FOR HELP.

Editor of the HOMŒOPATHIC RECORDER.

Please inform me what drugs have the symptoms:

Feeling as of water trickling down the back of his head.

Upon slightest exertion a creeping sensation of the scalp, or in the scalp, accompanied by extreme bodily exhaustion.

Great, *extreme* exhaustion, can't walk a block; ditto mental exhaustion, can't think at all.

All in a man of 35, well nourished, stout and apparently in good health.

No organic trouble anywhere. All this has been coming on gradually for ten years or more. Intellect not impaired. No blood disease.

Information would be greatly appreciated.

Second Case.—Woman of about 30, constant heavy pain on top of head with spots of soreness on scalp, pain often extends to forehead. Six years standing, never entirely free from pain.

Belladonna helped a trifle, nothing else of benefit. No disease of any kind, possibly some trifling womb trouble without discomfort.

Advice greatly appreciated.

Fraternally,

A. R. WITTKE, M. D.

170 Broadway, Denver, Colo.

INFINITESIMALS.

Editor of the HOMŒOPATHIC RECORDER.

Your editorial, "Infinitesimals," in the current number of THE HOMŒOPATHIC RECORDER, ought to be printed in pamphlet form and sent to every physician in the country. Too little is known of the fundamental principle of our school even by many claiming to belong to it. You are absolutely right in every particular.

Sincerely,

WM. JEFFERSON GUERNSEY, M. D.

Frankford, Phila., Pa.

WHY THE "IRREGULAR" IS THE REAL SCIENTIFIC PHYSICIAN.

The following is from the pen of Dr. Geo. L. Servoss, editor of the *Western Medical Times*, a clipping from a longer article:

"We of the regular school have been too hide-bound in our ideas relative to drugs, their actions, uses and applications. We have formed too much of a habit of going about with our noses so elevated as to be unable to see that which has been at our feet. We have formed a mental corporosity which has interfered with our seeing our toes, and in consequence we have tripped over the unnoticed in a good many instances. In our treatment of things therapeutic we have relied upon the laboratory and not upon real common sense to too great an extent. We have been destructive, rather than construc-

tive, both in our ideas and actions. We have been too prone to find fault without any real scientific foundation upon which to base such fault. We have been too prone to listen to others rather than to make investigations on our own initiative. In fact, in some quarters, the individual initiative would be wiped out completely and we would, if they would have their way, carry on our practice upon the basis of their thoughts, rather than upon our own. We would, in other words, be the 'office boys' of the self-constituted authorities. We would do nothing unless they said so, and then only as they said.

"It has been the lack of the scientific (complete) knowledge which has, within recent years, played havoc with the profession as a whole. We have been told we were know nothings until we have about concluded that such is the truth. That is, some of us have. We have, following the foot-steps of the self-constituted censors and authorities, gone on and on in our career of therapeutic destruction until now chaos reigns. That this is true is shown by the fact that one of our leading medical schools has determined to drop the department of materia medica and therapeutics from its curriculum, saying that nothing is of avail, or words to that effect, other than surgery. It tells us, in almost as many words, that drugs are of no avail and that our patient will either recover or die, no matter what effort may be made by us through the use of drugs. In other words, this school would destroy the very foundation of the practice of internal medicine, the relief of the sick. It is not a diagnosis of his condition that interests the sick individual, as a rule, but that something which will bring him back to normal, and in the quickest possible manner. He is not particularly interested in the etiologic factors of his disease, but in that which will wipe out the cause and make him a well man. He is not going to be satisfied with being told what ails him and then allowed to lie quietly and allow nature to take her course, good or bad. Not by any manner of means. He is going to insist upon attention from the *scientific* physician, the man who can not only make a diagnosis through recognition of the cause and pathology, but one who knows how to apply those remedies which will meet the indications in the case. He will have no

use, *absolutely no use*, for the destructive physician, the man who would let him lie and die because of lack of proper therapeutic knowledge."

THE ART OF PRESCRIBING.

No greater fallacy exists than that "keynote" prescribing so-called is careless. It requires far greater insight into our materia medica to have at our finger ends the characteristic symptoms of our important remedies than to mechanically work out nearly every case which presents itself. As the violinist practices daily upon his chosen instrument, repeating and repeating the same exercises, so should the prescriber study materia medica. While it is admitted that the picture of a drug's general action should be thoroughly impressed, the *characteristics* must be committed to memory. Frequent self-quizzing is essential to the attainment of this.

Failure to appreciate the great importance of characteristics often leads to failure in selecting the proper remedy. I remember a cardio-nephritic case which had been worked out at great length by an excellent materia medicist without the proper remedy having been selected. The symptoms were as follows: Great weakness and exhaustion, dyspnoea, scanty albuminous urine, aggravation about midnight, fear, restlessness and relief from heat. *Arsenicum album* was indicated and helped much.

Several weeks ago I had a female patient in my office and after long questioning I had not arrived at a conclusion as to the remedy. I was becoming discouraged, when she emitted a deep sigh. This led to the consideration of *Ignatia*. This single keynote pointed to the remedy which covered the case in its totality, and the result proved the remedy to be correct. This indicates how necessary it is that we obtain *all* the symptoms from a patient, otherwise the characteristics may be missed. Nothing is more foreign to my mind than approval of snapshot prescribing without due consideration of the totality of the symptoms. If it were not for *characteristics* or *keynotes*, however, to guide the way as the signs along the road point to the direction of an objective point, the task of the homœopathic prescriber would be hopeless and Homœopathy would crumble by weight of its own inadaptability.

Ordinarily the modalities rank first in importance, next sensations, and then location. This relation was impressed on my mind when I was a student. It was the custom of the late Dr. Henry M. Dearborn, that great dermatologist, to assign students to cases appearing at the dispensary. We were supposed to diagnose and suggest remedies. A fellow-student and myself were sent out of the lecture room with a patient. We diagnosed her case as herpes zoster, but were undecided as to the remedy. The character of the lesions, *vesicular*, suggested *Rhus tox.*, but the modality, *relief of burning and itching by application of heat*, pointed to *Arsenicum*. We concluded to let Dr. Dearborn decide. That keen observer, quick and accurate prescriber, selected *Arsenicum* because of the *amelioration of heat*. The case progressed more rapidly than any he had ever seen. It must be remembered that in some cases the characteristics may be found under sensation, as the feeling of hard boiled egg in the stomach of *Abies niger*, or under location, as the purple, protruding piles (P. P. P.) of *Æsculus*, or the triangular red tip of the tongue of *Rhus tox.*, etc. The last symptom is a pure keynote. Red tip of tongue is found under a number of remedies, but *triangular red tip* under *Rhus tox.* alone. I have observed this symptom many times, but the great modalities of this remedy: relief from motion, aggravation on first beginning to move with relief from continued motion, aggravation in damp weather or a low form of restless delirium were present. As the cases improved in their totality so would the red triangle proportionately diminish, but would not fade entirely until all the symptoms had disappeared. The relief from exercising in the cool, open air of *Pulsatilla*, the aggravation from motion of *Bryonia*, the aggravation of the cough and dyspnoea on sitting up of *Laurocerasus*, the aggravation of the skin symptoms from the heat of the bed and from washing of *Sulphur* are familiar examples of the great importance of the modalities in prescribing.—*Extract from D. E. S. Coleman's paper, read at A. I. H., Rochester.*

THE DIETETICS OF SOUND WINE.

“Since the recent death of Professor Landouzy there has appeared in the *Journal de Médecine de Bordeaux* a letter from him addressed privately to a colleague who has written in the first year of the war asking advice on the attitude that should be taken by medical men to the public discussion concerning the use of wine by the troops. The Academy of Medicine was then about to issue a resolution to the effect that the fighting men should receive daily a ration of wine, but high authorities and public opinion alike were disturbed by fears of alcoholism, which were set forth in a number of speeches and letters, and in diligently compiled statistics. Landouzy, in his letter, stated that he had been suspect on account of his consistent refusal to march under the banner of the abstainers. ‘Abstention is everywhere, particularly under the sky of France,’ he wrote, ‘a scientific, economic, and historical heresy.’ He deprecated the confusion between the ‘alcoholism’ of the northern countries of Europe and the metabolic effect of a quantum of French wine supplied pure and unadulterated, adding his opinion that ‘natural wine ought to be given its place in the alimentary hygienic and economic ration; the ration of wine must be measured out in doses in the same way that albumin, carbohydrates, sugar, and fats are measured.’ To Landouzy the best way of teaching the nation to beware of alcoholism was to instruct the children in rational alimentation. He thought that every Frenchman could, with advantage, drink daily with his meals a litre of natural wine, which, at the price of 30 or 40 centimes, would supply him with 50 calories daily at a price seven times less than that of the same number of calories from the butcher. This would be of benefit to the Frenchman individually and to the country at large commercially, although he deprecated too close a connection between commercialism and wine production. Through industrialism the pure-wine merchant was too often replaced by the ‘liquoriste’ and the vender of ‘vin maquillé.’ The correspondence thus started continued for some time, with the result that the Academy of Medicine passed unanimously their resolution approving of the introduction into the regulation ration of the

soldier of the same quantity of natural wine as sanctioned in the Navy, with the precaution that where the authorities provided wine for the soldier he should not be able to obtain it elsewhere.”
—*Lancet*.

SOME THERAPEUTIC USES OF CARDUUS MARIAE.

By J. Aebly, M. D., Zurich, Switzerland.

Carduus mariae, according to Rademacher, is a remedy that acts on both the liver and the spleen equally well. It will, therefore, heal many diseases dependent on primary diseases of one or both of these organs. It was Rademacher's great *abdominal-remedy*, with which he cured many obscure diseases resulting from primary abdominal derangements, especially congestions of the vena portæ and viscerae belonging to it.

There is especially one condition where Rademacher and many other physicians since his time have used the remedy with very good success, *i. e.*, in gallstone-colic. Concerning this, R. says: “No remedy equals it in relieving the acute exacerbations of gallstones.” He gives no special symptoms indicating the remedy in preference to other remedies. It might seem too wide and undefined an indication. I think, however, that it might be given a fair trial in cases where no other remedy seems clearly indicated, for R. was a very good and critical observer, who would not have given such an indication, if he had not found it reliable in his practice.

I have seen it work very well on several occasions, and I would rely on it again if I had not *very clear* indications for another remedy such as, *e. g.*, *Chelidonium*, *Magnesia phos.* or other, which work well, too, if they are indicated. The dose is 5 to 10 drops frequently repeated (every quarter hour to half hour) until the pains lessen. Then it should be given less frequently.

J. C. Burnett, the famous Homœopathist, advised *Hydrastis* as the very best remedy for gallstone-colic he had found, having succeeded with it where every other remedy failed. He gave ten-drop doses of the strong tincture of *Hydrastis* in very warm water every half hour. I have not used this remedy, having been satisfied with *Carduus* and preferring an indigenous rem-

edy to an imported one, as being more easily accessible. But speaking of gallstone-colic, I thought it good to give the opinion of such a man with great experience as was Burnett.—*Ellingwood's Therapeutist*.

NOTES BY THE WAY

By **Eli G. Jones, M. D.**, 1404 Main St., Buffalo, N. Y.

In my journey from Cincinnati, Ohio, to Chattanooga, Tenn., I met a man on the train from New Orleans, La. His face looked like a "War Map" of France. It seems that he had suffered *fearfully* with neuralgia of the face; as fast as one nerve would become affected the doctors would *cut it out*, until his face was all *scarred up*.

What a pity it is, with *all* the remedies in the *Materia Medica* for neuralgia, that a man has to be *mal* treated in this way! I had a letter from Dr. Wallace McGeorge, Camden, N. J. In thanking me for my article on "The Hand as an Instrument of Diagnosis" in *THE RECORDER*, he says:

"I have educated my sense of touch, and the *lighter* you touch, the more you will *find* in many cases. I have tried to impress on my nurses and the internes that the *hand* is the best thermometer. Frequently I have demonstrated to the nurses that when the thermometer indicates 101° or 103° the limbs and feet would be very cold and clammy. I try to get the internes to use their *ears* to get natural sounds in the chest, and not the stethoscope, which *accentuates* the *sounds too much*."

The above paragraph is worthy the attention of *all* our physicians, for it is the candid opinion of *one*, the most eminent physician in N. J., a Visiting Physician to the hospital in Camden, N. J.

When we find that the doctors in our large hospitals are only right half the time in their diagnosis, what can you expect of the rank and file of the profession? The hospitals in our metropolitan cities are *supposed* to be the place where a medical student can go and learn *how* to *diagnose* disease and how to *heal* the sick! The five senses, seeing, hearing, touching, smelling and tasting, were all given us by the Creator

to help us *diagnose* diseases, but the average physician has *never* been taught *how* to use these senses. "He has ears to hear, but he hears not; eyes to see, but he sees not."

The human hand is the most *delicate*, the most *sensitive* instrument for diagnosis that can be devised by the mind of man, *when* it has been *educated*, and it should be the *business* of every doctor to *educate* his hands, have his *eyes* at his finger's end, then he can by this sensitive touch detect the *slightest* variation in the pulse, and be able to *tell* what it *means*. When you can do *that*, dear reader, you will *lead* all the *other* doctors in your locality.

Dr. T. L. Brown, Galion, O., writes me about a case of "Cancer of the breast in an old lady, *aged 82 years*. A large scirrhus cancer; it was ulcerated and measured *six inches* in its shortest diameter. Several physicians had examined the patient and refused to touch the case, because they called it *past cure*. Dr. Brown treated the case with the treatment in my Cancer book and *cured* it."

In reading the pulse of a patient, it gave me the impression of considerable *weakness*, and it would intermit about every third beat. I said to her, "You feel all tired out, *you are all in*." She said, "That is just the way I feel."

That condition of the pulse in a middle-aged person, or one *passed* the middle age, calls for *Strychnia sulph.*, gr. 1-40, before each meal.

Remember there are about fifty diseases that will have a pulse *weak*, either too fast or too slow, showing *weakened* vitality and weak *nerve* power. If you raise the "nerve power," the vitality of the patient, so that the pulse beats with a *normal* stroke, you have got a strong hold on the disease and the sick person is on the *road to recovery*. This may not be Homœopathy, but it is *plain, common sense*. When you examine a patient *don't* try to think of *all* the diseases that your patient *might* have, but *read* the pulse and it will not only tell you of the *condition* of your patient, but also what *remedy* is indicated. I have had patients that appeared to be drifting into consumption. They had profuse *greenish* expectoration from down *low* in the chest, as if it came from midsternum, pain through to the shoulders,

with *exhausting* night-sweats and great *weakness*. I put four grains *Iodide Potash* in four ounces water, give one teaspoonful once in three hours.

The above remedy, when given in the above condition, can be *depended* upon. In chronic enlargement of the testicles (one or both) if there is pain in cord and testicle, *worse* at night and on the *right side*, *Aurum met.* 4x is the remedy, three tablets three times a day.

A headache that begins at *nape* of neck, extends over to vertex, more on right side, aggravated by cold air, noise, light and study, relieved by being *wrapped* up, *warm*, calls for *Silicea* 6x, three tablets once in three hours.

In that *form* of vomiting, where the patient vomits *undigested* food soon *after* eating, don't forget *Ferri phos.* 3x, three tablets once an hour.

In reading some of the newspapers published in our large cities, you will read letters from the people asking for a cure for rheumatism, neuralgia, catarrh, stomachache, and many of the most common ailments. These papers are *published* in cities where there are medical colleges that are *supposed* to teach young men and women how to *heal the sick*. Yet we find that the people have to appeal to the daily press for help to cure the most *common* diseases. This is no credit to our profession, but should make every honest physician *blush for shame* that such a condition exists.

I read an editorial not long ago in the *Journal of the A. M. A.* It said, "We are the scientific school of medicine and it is for *us* to dictate what remedies the people shall have." Well if that day *ever* comes that the people have to *depend* upon the remedies of the regular school when they are sick, then I say, "GOD HELP THE PEOPLE!"

Dr. Lydston, a regular physician, has sounded a *warning* to the profession as well as the public, when he says, "The attempt by certain medical monopolists to 'corner' everything pertaining to medicine and surgery in the U. S. is so flagrant that it is marvelous that the rank and file of the profession does not wake up. Medical schools, health boards, medical journalism, medical publishing, medical advertising, medical appointments of all

kinds, the medical octopus is after them all and is likely to get them all while the profession sleeps."

Did you ever go *shopping* with your wife? A *wise* man stayeth at home, but the "foolish man goeth where *she* listeth." Many a man has been railroaded to the insane asylum by *mis-take*, when he had only been shopping with his wife. It was "Bargain Day" in the 5 and 10 cent store, everything marked down to 98 cents!

Did you ever look over the file of RECORDERS for the year? If not, you will be *surprised* how many *good things* you can glean from the twelve numbers. THE HOMŒOPATHIC RECORDER is a *practical* journal, progressive, "up to date." You get articles every month from men who are *doing things* in their profession.

I *like* the Editorials in THE RECORDER. Dr. Anshutz is one of the *most* able writers we have, his Editorials are right to the point, he is not afraid to write just what he *thinks* in plain, simple *language*, that "he who runs may read." Our relations as Editor and Contributor have been exceedingly *pleasant* to me.

Enlargement of the prostate in old men is supposed to almost invariably result in the later stages in so retarding the passage of urine, as to be constantly accompanied with residual urine of sufficient irritating properties from its decomposition, to result if time be sufficient, in purulent cystitis. Good authorities are claiming that very much of this result, if not all of it, is due to the carelessness of the old man himself. He does not take pains to thoroughly evacuate his bladder. It takes a little extra effort which he will not exercise, and he allows himself to be satisfied with an only partial discharge of the urine. By this means, the inability is increased. A paresis results, the fluid naturally decomposes, and serious results follow. Every man of sixty or above should be informed on this subject and take pains by careful effort to keep his bladder free from urine, in accordance with nature's demands.—*Ellingwood's Therapeutist*.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Pernicious Vomiting in Molar Pregnancy.—A remarkable case of pernicious vomiting has recently come under the observation of the writer. The patient was in her second pregnancy, at the age of 27, and began vomiting in the third month, coming under observation for persistent vomiting in the fourth month.

On the 13th of September a specimen of the patient's urine being forwarded to the writer it was found that she was passing only 500 c.c. in 24 hours, of a deep red color, of specific gravity 1024, and of acid reaction, 70 degrees.

A singular feature of the case was that in spite of the presence of acetone and diacetic acid in abundance, the ratio of urea to ammonia was normal, 31 to one. Albumin was present, in plain traces, not enough to measure in the Esbach tube and there were many long straight tube casts of the coarsely granular variety.

The writer made a diagnosis of pernicious vomiting and advised that the patient be put in a hospital and kept under careful observation and treatment.

This was done and two weeks later another specimen of urine was obtained from her, the analysis of which was remarkable for the great variety of pathological findings, the most, so far as I can recall, ever found in one specimen of urine by me.

The quantity in 24 hours was 500 c.c., as before, but the color was a lighter, brighter red and the appearance cloudy with a copious sediment. When shaken the foam was distinctly yellow from traces of bile. The urobilin reaction was also positive with zinc acetate. Albumin was still present as before, and there were a moderate number of tube casts as before. But in addition there was present, this time, hemoglobin, and red blood corpuscles in fair quantity. The acetone bodies were plenty as before. Urea was normal, but creatinine greatly increased in percentage. In spite of the acidosis the ratio of urea to ammonia was 21 to 1, the favorable ratio being largely due to the normal

percentage of urea. The titration acidity was also better, being only 38 degrees.

By way of treatment the patient, on the advice of Dr. Fitz Patrick, was given three times daily a pint of an alkaline solution by rectal injection, with the hips raised, so as to permit the solution to flow into the colon. The alkaline solution contained in each pint one drachm each of the sulphate of soda, phosphate of soda, and bicarbonate of soda.

A few days later the analysis showed 320 c.c. of urine in 24 hours, of alkaline reaction, containing a slight trace of albumin, a few casts, a slight acetone reaction, a moderate ferric chloride reaction, urea and creatinine diminished, and ammonia very low, the ratio of urea to ammonia being 130 to 1. Bile and urobilin were still slightly in evidence, but no blood.

A day or two later the patient expelled an **hydatidiform mole**, the mass of villi cysts being about one quart in volume.

This interesting case goes to show that pernicious vomiting may take place in molar pregnancy, but that the acidosis is not necessarily accompanied by a low urea-ammonia ratio, the per cent. of urea being relatively high in this case right along.

This case was also interesting for the presence of bile products in the urine, and for the large number of tube casts, possibly due to irritation of the kidneys by the bile though they were discovered in number before the bile was in evidence.

The alkaline treatment seemed to affect favorably the acetone bodies, bile, urobilin, albumin, and casts and also to diminish the concentration of the urine.

The blood in the urine appeared to come from the uterus, as the patient was flowing at times.

Toren's Deduction.—Dr. J. A. Toren, of Chicago, in discussing this case of molar pregnancy with the writer holds that a plausible deduction from this observation of the normal urea-ammonia ratio would be that possibly the end product of protein metabolism in the fetus is ammonia rather than urea. He thinks also that it would be interesting to study some cases where the fetus is known to be dead with view to ascertaining whether the ratio of urea to ammonia rises, or not, from the level ascertained before the death of the fetus. It is even possible that the ratio might be of some diagnostic value in cases of fetal death.

The Glycosuria of Pregnancy.—In our studies of the toxemia of pregnancy in connection with a low urea-ammonia ratio we have often discovered sugar in the urine, fermentable by yeast, sometimes in amount enough to measure with the Einhorn saccharimeter. This sugar disappears after the child is born, and is not affected necessarily by diet, nor is it advisable to pay any attention to it, if it remains small in amount.

We notice that Addis, in his article on the early recognition of diabetes, regards this sugar found in the urine of pregnancy as indicating renal diabetes and he is strongly opposed to dieting the pregnant patient.

Our Test for Diabetic Toxines.—In a previous number of the *RECORDER* we made the claim to the discovery of a chemical test which would enable us to detect approaching death in diabetes. In three cases death took place in a few days from the time in which the peculiar reaction was obtained. In the fourth case the patient lived a year, but was always in bad condition in spite of the Allen treatment and that of various hospitals and sanitariums. The test would appear therefore to show that a case is a severe one of a refractory nature, fatal in a short time though not so short as appeared from our experience with the first three cases in which the test was positive. All the patients who have not yet manifested the peculiar reaction in the urine are doing well. We think, therefore, that the test is of prognostic value, inasmuch as we would not extend the hope of many years of life to any one in whose urine it was positive. The reaction is rarely positive, hence we claim it to be significant from our clinical experience with it.

Detection and Estimation of a Small Quantity of Sugar in Urine.—We are much interested in discovering the cause of the numerous positive reactions with Benedict's test liquid which we encounter. Our per cent. of positive reactions is very much greater than that of Addis, who has recently reported his findings in the *American Medical Association journal*. This we attribute to our technique which is a modification of the original, based upon experience with diabetic urines especially of those patients from whose urine the sugar is disappearing under the Allen treatment. We follow the sugar with a new technic

which makes the Benedict solution more delicate than the original technic, namely, using the water bath. The Einhorn fermentation saccharimeter seems to measure small quantities of sugar fermentable by yeast more promptly and definitely than other means. The polariscope is of no value in our hands in most urines containing a small fraction of one per cent. of sugar. Benedict's quantitative solution fails to show the characteristic chalk-white precipitate in urines of normal color containing a fraction of one per cent. of sugar leaving the end reaction a dirty whitish brown, which grows browner as more urine is added, hence if the end reaction presupposes a chalk-white precipitate this is not possible to obtain. In a specimen recently received we found 0.53 per cent. at the end of 24 hours' fermentation with the Einhorn saccharimeter, 0.33 per cent. with the Weidenkaff mercury saccharimeter, 0.7 per cent. with the Roberts' differential density fermentation method, 0.83 per cent. with Benedict's quantitative (assuming the first appearance of the dirty whitish brown to be the end reaction), and no rotation whatever with the polariscope. The urine was from a diabetic who not long ago had two per cent. of sugar in his urine.

The polariscope, however, helped us in one case in which for several years we had obtained plain traces of sugar and which we had thought to be glucose, but the polariscope showed a laevo-rotatory reducing body.

The Ratio of Urea to Ammonia.—Continuing our studies of the clinical ratio of urea to ammonia we find in our card index cases, T to Z, inclusive, that there were 37 patients in whose urine we calculated this ratio, making in all 55 analyses. There were 20 males and 17 females. The ratio was below 20 to 1 in only 9 analyses, that is in only 16 per cent., substantiating our constant claim that a ratio below 20 to 1 is relatively rare and worth investigation.

The ratios between 20 and 30 to 1 were 17 in all, or 31 per cent. Above 30 to 1 there were 29 in all, or 52 per cent. Below 15 to 1 there were 3 and the lowest ratio found was 11 to 1.

Of the 17 women whose urine was examined 6 were known to be pregnant, 9 not pregnant and the rest unknown as to condition.

Of the urine of the pregnant women, 6 in number, 14 analyses were made, of which the greater number showed a ratio of urea to ammonia between 20 and 30 to 1, namely, 8, or 57 per cent.

Between 15 and 20 to 1 there were 3, and also 3 below 15 to 1, making 43 per cent. of those below 20 to 1 in the case of pregnant women. In the case of non-pregnant women there were 9 patients and 13 analyses. Above 30 to 1 there were 9, or 70 per cent. Between 20 and 30 to 1 there were only 3, and below 20 to 1 only 1.

Hence our often reiterated statement that if in the urine of a young and healthy woman the ratio of urea to ammonia is persistently below 20 to 1, the suspicion of pregnancy is raised.

In the case of 20 males whose urine was examined the ratios ran higher than in the case of the women, as is usually found. The highest ratio found was 200 to 1 in the case of a neurasthenic man who drank freely of water. Only 8 out of 27 analyses of the men's urine showed ratios below 30 to 1, and only three below 20 to 1, these three being 19 to 1 each.

Therapeutic Deductions From the Physiology of Digestion.—In a paper read at Rockford, Ill., before the Northwestern Homœopathic Medical Society, Dr. Julius A. Toren, of Chicago, reasoned as follows: We must consider that it is the free acid in the chyme which (1) liberates secretin, thus starting pancreatic secretion and which (2) starts intestinal secretion, thereby (3) liberating enterokinase necessary for activation of trypsinogen and which (4) causes the ejaculation of bile.

From these considerations we make the following deductions: a normal acidity of the gastric juice is absolutely essential to proper digestion not only in the stomach, but also throughout the gastro-intestinal tract as well. Without normal acidity we have impaired digestion of one or more classes of foodstuffs with consequent putrefaction of undigested proteins and accompanying train of symptoms: gaseous disturbances and accompanying pain and discomfort, interference with respiration, rumbling, passage of flatus, and other forms of embarrassment.

There are two common forms of indigestion: carbohydrate and protein. Carbohydrate indigestion is commonly due either to (1) retention of acid in stomach from previous meal (which

consequently kills ptyalin) in which form stomach symptoms predominate or else (2) it is due to the intimate admixture of fat with carbohydrate (*e. g.*, buttered toast) in which case the ptyalin is unable to reach the starch because the fatty envelope has not been digested (since this digestion can not take place in the stomach) on account of the inability of gastric steapsin to digest any but emulsified fats. In this latter case intestinal symptoms predominate.

Carbohydrate indigestion is the usual cause of gaseous distention of the gastro-intestinal tract.

The prime essential to proper protein digestion is secretion of an ample amount of HCl.

Given a normal HCl content of the chyme and we have not only normal gastric proteolysis, but also normal intestinal proteolysis, because of the fact that the excess of acid in the chyme starts the secretion of the other juices essential to complete proteolysis.

In the case of starch indigestion the gas producing organisms are yeasts and moulds. In protein indigestion gas forming bacteria are the offending agents and none of these micro-organisms can multiply in the gastro-intestinal tract of an individual who has a normal HCl chyme.

The only circumstances under which a person with a normal acid chyme can have gas is in the case of retention of chyme from a previous meal (pyloric stenosis, gastroptosis, dilatation of the stomach, etc.), in which case ptyalin being killed by retained acid the carbohydrates are free to ferment.

If we have an arm which is weaker than its mate we do not put it in a sling to make it stronger, yet practically this is what nine out of every ten persons who have deficient protein digestion do to their stomachs. That is to say, they drop protein foods: this is just what they should not do. The stomach is an organ with selective secretion and its secretion is stimulated by certain special constituents of protein foods, *e. g.*, extractives of meat. The more protein the more HCl, and conversely.

My method of handling these cases of protein indigestion is to increase the protein food, thereby calling on the stomach to increase its activity, meanwhile augmenting the individual's en-

feebled secretion by the necessary amount, mathematically calculated, of HCl to give him a normally acid chyme; then the protein is gradually increased and the acid gradually withdrawn. The concomitant admixture of excess of Na Cl furnishes an abundance of Cl for the manufacture of HCl. All fats must be removed from the dietary because they inhibit gastric secretion.

Carbohydrate indigestion is to be attacked from the standpoint of etiology. Prohibition of admixture of fat with carbohydrate is essential in many cases. If the carbohydrate indigestion is due to retained chyme in the stomach (as shown by analysis, the x-ray, physical examination, etc.) this factor must be eliminated: (pyloric stenosis, operation; gastroptosis, properly fitted abdominal support; dilatation of stomach; operation).

“That much-abused man, the family practitioner and the general medical man has been told in no uncertain terms that he is entirely unfitted to manage a case of syphilis, medical or genital. It has been proposed seriously that medical colleges shall appoint a special professor of syphilis, and, wonderful to state, that professor should also be the professor of dermatology. And yet if syphilis is so intimately associated with the lesions of the various vital organs of the body, as the heart and arteries, if the earliest manifestation of disease is found in functional incapacity of an organ, how on earth can such cases be handled intelligently by anyone but a man well versed in general medicine. It is said by one syphilographer arguing this question for himself and colleagues that ‘syphilis in our hospitals is forced to take its chance in the medical wards.’ In my opinion, that is just where they should be, for that is the part of a well-conducted hospital where examinations of patients are most thoroughly conducted.”—*Dr. Clarence Bartlett.*

Gaucher (*Bull. de l'Acad. de Med.*) describes a number of shallow fissures on the tongue the result of a mild poisoning by syphilitic toxins. The characteristic tongue fissures are best seen when the papillæ are smoothed down to the lingual surface. As a whole, they run longitudinally but many run transversely or obliquely. The fissures at the margin of the tongue are usually the deepest.

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EDITORIAL NOTES AND COMMENTS.

Is There a Fatigue Toxin?—So queries the *Journal of the A. M. A.* Every reader of current medical literature knows that some of the modern wise men of medicine have said that there is a “fatigue toxin;” in fact, very learned articles have been written on it. Current medicine is founded on antitoxins. Find the toxin, make an antitoxin and, behold! the ultima thule of the curative art. So runs the logic. But, it seems, from the *Journal A. M. A.* this is now questioned. Of course every one knew the truth before, all but the wise men, but no one dared say nay. The episode recalls a child’s story we once, and still, admire. There was a great king. In the modern slang he was IT. Certain shrewd weavers came along and told the king that they could weave him garments the like of which was never seen before. The king ordered the garments. They who looked and could not see were the ignorant. The weavers went to work. The court was agog. The weavers weaved. They said their work was beautiful. So did the king, so did the court. Still the weavers weaved on until the garments were finished. The king was clothed in them. The court applauded and the whole of them, headed by the king, went in a procession to show the king’s wonderful new clothes to his loyal subjects. The subjects who had heard of the garments also applauded until a little child exclaimed, “Why, mamma, the king is naked!”

A Boil Specific?—The following extract from a letter reads

like an old-fashioned patent medicine advertisement, but as *Echinacea* is a standard tincture it is a legitimate comment on that drug. The writer is an Episcopalian clergyman, but as his letter was not addressed to the RECORDER, we merely copy it for the benefit of all:

"Please send me two ounces of *Echinacea angustifolia*. For the past eight years I have suffered much with boils. I have tried all medicines; have been inoculated three times; the boils continued, many of them serious enough to put me in the hospital. Finally the Rev. ———, of ———, advised the above medicine and got me two ounces. I have been taking it for four weeks, and have had three little boils, so small, in fact, that in comparison with the others that they can hardly be dignified with that name. I believe that two more ounces will make the cure."

It may be inferred from this that *Echinacea* should be taken in material doses, 5 to 10 drops of the tincture, 2 or 3 times a day, or continued for several weeks. There is no doubt but that *Echinacea* is a great remedy for septic conditions. It might be even a wonderful prophylactic if we knew more.

"**The Bulletin.**"—The RECORDER welcomes "*The Bulletin*, published by the Chicago Homœopathic Medical Society. Vol. 1. No. 1. October, 1917." Our esteemed friend, Doctor Clifford Mitchell, is Editor-in-Chief, assisted by an Editorial Committee of Four. This number contains 16 pages, 7½x5. No subscription price is given. We hope the little journal will not be like "The Flowers That Bloom in the Spring, tra! la!" but will outgrow its present limit of the Chicago Society and become a stout homœopathic journal for all.

A New Book.—The final forms of the second edition of *New, Old and Forgotten Remedies* are now on press and the bound volume ought to be out by the time this RECORDER reaches its readers. The second edition runs somewhere near 608 pages, full of interesting and useful matter. The price will be \$3.50, post-paid on receipt of price, by the publishers, Boericke & Tafel.

A New Contributor.—We print the first of “Adventures of an Amateur,” by the Rev. Alexander R. DeWitt, in this issue of the RECORDER, with the promise of more to follow. This one is interesting and may be useful to those who are not past masters in homœopathics. Homœopathy is not so firmly established that it can afford to ignore the help of intelligent and scholarly men like Mr. DeWitt. We hope our readers will give the new contributor a hearty welcome.

Inaccurate Physicians.—*Public Health Reports* quotes Dr. Haven Emerson, Health Commissioner of New York City, as follows: “If the 189 titles of the International List are studied in the light of present-day knowledge of clinical and pathological experience, it will appear that there is no plausible guarantee of accuracy in at least 41 per cent. of the certificates as now presented to the registrar of records of the New York City Health Department.” It is doubtful if there is any doctor who could accurately distinguish each of these 189 legal causes of death. Also, after the man is dead what boots it to exactly spot, say, the internal cancer, or what not that, killed him? Looks as if each of these 189 causes can be immensely increased and thus also the ration of errors. Take these for example:

28. Tuberculosis of the lungs.
29. Acute miliary tuberculosis.
30. Tuberculous meningitis.
31. Abdominal tuberculosis.
32. Pott's disease.
33. White swellings.
34. Tuberculosis of other organs.
35. Disseminated tuberculosis.
36. Rickets.

If it is insisted that No. 34 be fully detailed “errors” must multiply, and the same is true of many other numbers, as, for example, “145. Other diseases of the skin and annexia.”

Several very prevalent causes of death are not given in the list, as, for instance, over-work, bad living, under-feeding, bum doctors, old age, want of breath, and the like. Taken as a whole, it looks like an increase of rather useless red tape to insist exact answers as to the cause of the death of any one who dies with his boots off.

PERSONAL.

Musical experts will have it that some music is better than it sounds to us.

A critic said of a certain book, "Its covers are too far apart."

Man insured contents of his cellar and when coal was burned up put in a claim. Company arrested him for arson.

How we used to rage, by letters to "the paper" and otherwise, against the poor little bicycle "scorcher."

"Wild oats!" said Claude, "was not everything wild once, even tame oats?"

An Inspector is "one who inspects;" to inspect is "to look at." Dead easy job!

The man in the ranks is the real hero though he doesn't seem to know it.

Are you unlucky because you broke your arm and lucky because it wasn't you neck?

"Trailing the crime germ to its lair" is the heading of a paper in the *Joliet Prison Post*. Well, why not? All is germs.

Because you believe a certain thing is true beyond doubt does that justify you in putting others in your strait-jacket?

The *J. A. M. A.* prints one of Hershberg's "A. B., M. A., M. D. (John Hopkins)," newspaper prescriptions in its "Joke Column."

Some family trees need spraying.

Mary remarked of her friend, Sally: "She keeps her age—keeps it at 25."

Better a wooden leg than a wooden head.

Men have lots of trouble, lots of fun, an unhappy lot, corner lots, lots of the "long green" and so on, is the lot of man.

Some men think their minds are so broad that they seek to cover their neighbors with it.

We are all men of many parts barring an occasional absence of an appendix.

"The paths of glory lead but to the grave," just like the others.

"Front!" is the European cry today.

The man who can follow, "Do it yourself," is the really independent man.

Mary wants to know if billiard "balls" got their name from certain middle aged gentlemen's heads.

Calves are much in evidence this year.

THE HOMŒOPATHIC RECORDER

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NEW VS. OLD.

A paper on the A. M. A.'s Council on Pharmacy and Chemistry, by Dr. Robert A. Hatcher, of New York, occupies the place of honor in the A. M. A.'s journal, Nov. 4. The following is clipped from it:

Therapeutics was in a condition termed chaotic at the time that the Council was formed about eleven years ago, and though there has been a great improvement, this is incomparably less than it would have been if teachers in medical schools had taken a more serious interest in its work.

And further on:

It would seem almost self-evident that the exposure of the fraudulent nature of a preparation would result in its disappearance from the advertising pages of reputable medical journals, but a perusal of the advertising pages of many of the leading medical journals will show that there has been little change as the result of the exposures by the Council, and useless, dangerous and fraudulent preparations are still advertised as before.

Having learned that the Council of Pharmacy and Chemistry have made a beginning of bringing order out of chaos, that the journals (outside of the *Journal of the A. M. A.* and a few others) and the medical profession (outside of the elect) have but little changed on account of the Council's labors, one wonders what it is that the Council has substituted instead of the old frauds, or foolish pharmaceuticals that once held the medical stage. Turning to the advertising pages of the A. M. A.'s official journal, in which, presumably, everything advertised has the Council's endorsement, else there is a spot on the journalistic robe that should be spotless, we find, advertised, "Luetin Tablets

—Corpus Luteum of the Sow," "Enteric Glycotauro," "Purified Standardized Bile," "vaccines" of nearly every disease known, antiseptics which are presumably designed to counteract the aforesaid germs or vaccines, "Red Bone Marrow," "Gal actenzyeme," "Coagulin Ciba" (give it up), "Dimazon" (ach himmel), and, we will close with the suggestive "Helmitol," whose name seems to be quite fitting as a final.

The Council of Pharmacy and Chemistry may be leading their followers out of chaos but what are they leading them into?

Just here let it be stated for the benefit of the obtuse that the RECORDER is not defending the advertised things the Council has condemned, it is merely pointing out a few of the queer things that it endorses as substitutes for the old, leaving to the reader the task of judging between them, or, better, turning them all down.

THE INITIAL HABIT.

By C. M.

A "mixup" in the *Clinique* recently, as a result of which our good friend, Dr. C. A. Weirick was confounded with a relative of his by the name of Dr. G. A. Weirick, brings to our mind the desirability of getting away from habit and of taking the time to write our names in full. If Dr. C. A. Weirick had, in the past, impressed upon our minds that he was Dr. Clement Albert Weirick, we could not possibly confound him with Dr. George A. Weirick. The desirability of registering our full names at society meetings is obvious and especially at Institute meetings, where several of the same family name are almost sure to be present. We object also to the habit the women physicians have of registering by initials and not by the distinctive given names of the female sex. We deem a feminine given name, as, for example, in the case of Dr. Florence Ward, a title of no little distinction when one, like Dr. Florence, makes it distinguished by her achievements, and we object to her registering herself as "F. Ward," which "F." might suggest Fred, or Frank, or some other and less eminent Ward, whose presence at the Institute might be of much less interest to that body.

IS HECLA LAVA USEFUL IN THE TREATMENT OF OSSEOUS GROWTHS?

A Query Presented to The Hahnemann Club of Philadelphia, by O. S. Haines, M. D.

A woman past seventy years whom I have attended for many years. She has been a diabetic since her fiftieth year, and during the past five years she has shown the usual physical signs of fatty heart and chronic nephritis. Her urine always contains large amounts of sugar, granular casts and albumen. On two occasions we supposed that she had diabetic coma. Once she had convulsions in such an attack, so it might have been uræmic, although acetonuria was present. During the past three years she became dropsical. Enormous anasarca with cardiac dyspnœa made life a burden.

Last year the dropsy disappeared and at the beginning of the summer of 1916 we find her better in every way than for a long time previously. Now begins her interesting feature, which I have thought worth while mentioning.

She noticed a swelling upon the lower jaw just in front of its angle upon the right side. Ulceration about the last molar upon that side advised the extraction of the tooth, but the patient would not consent. After one month the tooth was pulled against her wishes. The dentist who extracted the tooth informed me that she probably had a sarcoma of the lower jaw. I thought so, too. After the extraction of the tooth, the swelling increased steadily. Her pains were atrocious. The right side of the tongue and the right cheek became deeply ulcerated and of a bluish color. The odor was most offensive in spite of our care. The right side of the face was deformed as it would be by a jaw tumor as large as an orange. Her right eyelid closed by œdema.

Of course, I felt quite helpless, and prescribed half a grain of morphia at bed time each night, which in some measure mitigated the pain and afforded some hours of sleep.

Now it has frequently been my experience that when one feels helpless in the face of apparently insurmountable obstacles, somewhere in homœopathic literature there may be found a suggestion that may prove helpful. So I read assiduously hoping to find some suggestion for this case.

In my Encyclopædia of Materia Medica, under *Hecla lava*, I found a penciled note to the effect that this remedy would relieve atrocious pains following the extraction of a molar tooth. I had had such an experience years before. I also found that *Hecla lava* had produced necrosis and enlargement of the right jaw bone in cattle.

At all events, this patient was put upon *Hecla* 3x, and kept upon it for months. I wish to report that I have examined the patient to-day (Oct. 18th, 1916) and I cannot find any evidences of tumor. The jaw seems normal save for a slight irregular thickening just in front of the angle.

I might also mention that a surgeon declined to operate on account of age, diabetes and general condition.

I would not pretend to say that this was an osteo-sarcoma. It looked like one, as there was but slight rise in temperature at any time. But the influence of the *Hecla* was, apparently, very helpful. My friend, Prof. Weaver, informed me that on several occasions he has derived much help from *Hecla* in necrosis and sinus after mastoid operation, as well as in other bone necroses.

SELECTING THE REMEDY.

By M. W. Vandenburg, Mt. Vernon, N. Y.

The case was an ordinary cold taken from sitting in a room just a little too cool. A window was down at the top an inch or two, but not noticed. It began about two hours later with frequent strong sneezing, recurring about every five minutes; slightly chilly, voice a little rough, with irritation of the roof of the mouth. *Ac.* 3x, every one-half hour, three times. Went to bed.

Next morning the roof of the mouth was burning, the uvula and soft palate inflamed and itching, the tongue slightly tingling, the nose freely running clear water, not acrid, and the sneezing still much in evidence. During the past night was only troubled by an occasional sneeze, *no cough at all.* *Ac.* 3x was again used, and continued one hour up to noon, when not much improvement was manifested, and the burning of the roof of the mouth was more pronounced. A review of the prescription seemed desirable.

There are very few remedies having "burning in the roof of the mouth" in connection with an influenza cold.

The repertory gives the following. The *Index* gives pp. 229, 257, 269, under *Roof of Mouth*.

Page 229, "Roof of Mouth Irritated:" "Soreness, dryness and pain in soft palate, roof of mouth and throat; burning and stiffness of throat; inhaled air seems cold, *Æsc. hip.* (Air not cold, *Gymnoc.*)"

"Dry, spasmodic; irritation of trachea and roof of mouth; dry morning, loose and difficult in the evening, *Digit.*"

Page 257, under *Peculiar Sensations*, again mentions *Digit.* as affecting "trachea and roof of mouth," but no other remedy has the same combination or even mentions "roof of mouth."

Page 269, under "Roof of Mouth Irritated," again gives *Digit.* and also "Roof of mouth burns and feels scraped; sensation extends to throat and uvula; dry, hard, racking cough, begins in the morning and increases during the day, *Gymnoc., Can.* (*Æsc.*)"

I had never used the remedy in so far as I remember, but found the 2x liquid in its place.

About 15 to 20 drops in one-third glass water, a teaspoonful one-half hour twice, then one hour.

Before the end of the first half hour the burning in the roof of mouth was less, the irritation to sneeze ceased, but the nose ran like an eaves' spout, and quite as clear.

The remedy was continued from one to three hours for the next three days.

A cough developed, coming on by day only, with very thick, very scanty, and very seldom mucus, mostly in morning, when it was a *dirty grayish* color; during the day whitish and *semi-transparent*; the nose and throat became normal in two days, the discharge never assuming any but transparent color.

The "materia medica" part of the Repertory gives, under *Gymnocladus*, the following:

"Frequent violent sneezing, from tingling high up in the nose."

"No cough at night."

It omits mention of the burning of the roof of the mouth, which, however, found its way into the Repertory. It seems so inconsequential. Indeed, the whole remedy, *Gymnocladus*,

seems quite insignificant from comparison with other remedies affecting the respiratory system, but the symptoms it has are pronounced and positive.

No better illustration is likely to be found in many a day of Hahnemann's maxim regarding the value of uncommon and peculiar symptoms in choosing the remedy.

107 Union Ave., Mt. Vernon, N. Y.

AN UNUSUAL WHOOPING COUGH REMEDY— SAMBUCUS NIGRA.

Reported by Russel C. Markham, M. D., Marquette, Mich.

I have been in the practice of medicine since 1881, and during all this time I have never had occasion to use the remedy I am about to report for whooping cough.

Just when I gained the knowledge of the remedy, filed it away in a memory cell, indexed and cross-indexed it, I cannot say.

But when I sat by the bedside of a little five-year-old boy and saw him struggle for breath, throwing himself from side to side on the bed, face dark purple, bathed in sweat, labored asthmatic breathing, with intense dyspnoea, wheezy, dry spasmodic cough, evidently painful, for he resisted it all he could, the remedy that matched these symptoms flashed itself before my consciousness, and the sickest little chap I have ever seen with whooping cough is to-day (the fourth day) up and dressed and playing with only an occasional cough, no whoop.

I hardly need tell the careful prescriber that *Sambucus nig.* was the remedy.

During the three days, while under observation, he had but five doses all told of the 2 c. potency, Dunham.

He desired nothing to eat during the three days until the close of the third day, when he was given half a glass of milk and a small piece of toast, which he ate with a relish.

(We have learned not to urge food until there is a demand for it in the critically ill.)

The case was seen for the first time the night previous to giving *Sambucus*, though he had been sick for two weeks. At this time he had a croup, tight cough and was restless. *Aconite* was

given but did little if any good, for the reason that a more careful taking of the case in the morning showed *Sambucus* to be the only remedy that covered the totality of symptoms.

Within an hour after getting the *Sambucus* he was better in every way, and gradually the symptoms disappeared as reported above.

From a very dangerous condition this child passed safely, speedily, pleasantly into comparative health *within four days*, thanks of *Sambucus* and our most wonderful law.

This case is not reported to champion *Sambucus* as a remedy that will often be indicated for whooping cough, but rather to illustrate that the "indicated remedy" will cure desperate cases when prescribed homœopathically.

ALL ALONG THE LINE.

By Eli G. Jones, M. D., 1404 Main St., Buffalo, N. Y.

The morphine and opium fiend we have always with us, and we can *cure* them if we go the *right* way about it. The imagination of these people is very vivid; what they see seems *real* to them, therefore it is impossible to *believe* anything that they tell you. The reason *why* so many physicians *fail* to cure this "drug habit" is because they fail to overcome the *extreme prostration* of the nervous system, which may amount to almost total collapse. When the patient goes without the drug, if only for a *short* time, the nerves are "*shaky*," hands *tremble*, wild *staring* eyes, rapid *feeble* pulse, *intense* headache, *sleeplessness*. The tongue is *dry* and *brown*, and that *horrible* sinking, "all gone" sensation. If you can get them to make up their minds to *quit* the habit, and agree to *stick* to your remedies, you can *help* them in the *greatest* battle of their lives. The above symptoms point to one remedy, *Kali phos.* 3d x, three tablets in teaspoonful hot water once in 15 minutes. If you will give them also *Tr. Avena sativa*, 15 drops in half a wineglass of hot water, four times a day, it will *calm* and *strengthen* their nerves, and it will help to overcome that *disagreeable all gone* sensation. If patients are taking four or five grains of morphine a day, it is best to gradually lessen the dose, and *stick* to the above remedies. If you have a patient that is taking a larger dose than 5 grains a day mix quinine and morphine half

and half in a morphine bottle. The next week, or when the bottle is about *half* used up, fill it up with quinine, and thus every time bottle is *half* empty fill it up with quinine. In the course of four or five weeks the patient will be feeling so much *better* that he will leave it off and never know the "*tortures* of the withdrawal period."

Dr. L. G. Wilberton, Winona, Minnesota, is one of our *bright* men who is *doing things* in his town. He writes me that "In Minnesota the past year it has been one of *greatest* heat, seldom ever like it. From this *overheating* of the body and *chilling* at night we had the epidemic poliomyelitis. I had thirty-two families that had one case in each family (this don't show that it is contagious). In every instance in my cases it was over-exertion in the *hot* sun or exertion in the *hot* sun or extra heat, and there were no special symptoms, simply the patient became hot quickly, with continuous *fever*, night and day. Not boasting, I cured all of those patients, and no paralysis left to tell the story. Under *regular* treatment they have either paralysis or death. *Belladonna* is a very good prophylactic, and the *Gelsemium*, all through the *fever* stage of the disease, alternating day and night. For the toxins left in the system as the disease abates I took a hint from Dr. Eli G. Jones, and gave *Echinacea* to prevent degeneration of the cells of the cornua, and *Kali phos.* for the paralysis, and it was easily and quickly cured." In my judgment the doctor is right as to the *course* of the disease, and I have *never* thought it was *contagious*.

In the *second* stage of pneumonia, the stage of hepatization, we have *one* remedy that can be *depended* on, it is *Kali mur.* 3d x. Put ten grains in cup of warm water, give one teaspoonful once in half an hour. It will *absorb* the croupour *exudation*. It acts as a *thermal sedative*. It keeps the cough *loose*. I have used this remedy for twenty-five years and it has never *failed* me. I would not care to treat a case of this disease *without* it. Dr. H. T. Webster, Oakland, California, one of the most eminent physicians on the Pacific Coast, in speaking of *this* remedy in his "Medical Practice," page 47, he says: "If I were to depend upon one remedy alone in all cases of pneumonia and expect to be *universally* successful, provided treatment was begun reasonably early, it would be upon this agent. It requires considerable cour-

age for one who has not observed its marvelous effects in the removal of plastic exudation repeatedly to wait its action with confidence where life seems to depend upon so insignificant a remedy as an attenuation of this drug, but fifteen years of careful observation of its action has given me unfounded faith in its efficiency." By experiments on animals it has been found that *Veratrum vir.* will produce congestion of the lungs. It is the remedy indicated in the first or congestive stage of pneumonia when there is a full bounding pulse with tension, respiration rapid, difficulty of breathing, dry cough, feeling of heavy weight on the chest. Into a four ounce vial drop 10 drops *Tr. Veratrum vir.* and one ounce *Tr. Asclepias tub.*, fill up the vial with water, give one teaspoonful once an hour for an adult. When the pulse becomes soft, skin moist, tongue moist and cleaning, give two grains of quinine with one-fourth grain of *Ipecac.* once in three hours. Onions are the best local application you can use, they draw all morbid matter to them. The onion poultice should be changed every half hour. One doctor in Conn. practiced for fifty years, and always used the above poultice in pneumonia and never lost a patient. I have used it in my practice for forty-six years and only lost one case, and that was the time I did not use it.

A lady wrote me from Boston, Mass., that she was taken sick, her doctor was called, and he diagnosed her case as pneumonia, and prescribed the usual remedies the regular school give. After he left she told her husband to prepare an onion poultice as I had told her. She applied it to her chest and with simple domestic remedies got well. I have them slice up the onions, heat them over a hot fire, then make two bags large enough to cover the lungs. Use one bag for half an hour, then change for another; keep them hot on the stove. To show you the value of the onion: "During an epidemic of cholera in England it puzzled the sanitary inspector why the tenants of one house in the infected row of houses were not touched by the disease. At last he noticed a string of onions hanging in the fortunate house, and on examining them they proved to have become putrid with disease!" Some doctors say that they always give *Bryonia* in pneumonia. I don't give it unless it is indicated. When patient lies in one position on the affected side, and is "afraid to move

for fear it will *hurt*," that indicates *Bryonia*. Where the face is *pale*, cyanotic, tongue red, dry through the center, pulse *rapid*, *fluttering*, great accumulation of mucus with *coarse* rattling, but cannot raise it up; patient feels some *nausea*, is afraid to *cough* for fear he will *vomit*. The above symptoms call for one remedy, *Antimonium tart.* Add one grain to four ounces of water, give one teaspoonful once an hour. In the above treatment we are working in *harmony* with *nature*, *nothing* is being done to *weaken* the *vitality* of the patient. Contrast this with the so-called *scientific* treatment of the regular school. Morphine, quinine (in big doses to *lower* the temperature), *Digitalis*, calomel and coal tar products, packing the chest in ice, with a *mortality* of *40 per cent.*! In the above treatment *everything* done for the patient is *pulling down the vitality* of the *victim*. Is it any wonder that so *many* doctors and the public are afraid of pneumonia, and that *one hundred thousand* die of the disease *every year*? It is a *disgrace* to our profession that so many of them *can't cure* this disease, and it is because they have not been *taught how to cure it* in the medical colleges. If medical colleges of this country or *any other country can't teach* their students *how to cure* the diseases *common* to the country, then of what *earthly* use are they? We have all the way from twenty-five to one hundred and fifty professors in the medical colleges; a medical faculty is like an omnibus, there "is always room for one more." They are supposed to teach about all the "ologies" in the dictionary. Now I often think that it would be a good idea to add just *one more* chair to the faculty, on "HOW TO HEAL THE SICK." There is a crying need for such a professorship! The average physician of *all* schools of medicine is *weak* on materia medica, he has not been *taught definitely* what to *do* for a sick person. For this reason he has a *lack of confidence* in *himself* and in his *remedies*. No one knows this fact better than *I* do, for I have been *teaching* physicians from *all* schools of medicine for twenty-five years, and I *know* their *weak points* and where they *need* help. I give them the *kind* of teaching they *don't* get in the medical colleges.

When this number of THE RECORDER reaches many of our readers it will be the dawn of the "New Year"—may it be a Happy and prosperous year for the "Grand Brotherhood" of

RECORDER readers. May He who governs in the affairs of men help you to do your *whole duty* by your patients, leaving *no stone unturned to cure them*.

“Ring out the old Year, its sin and its shame,
His love and His mercy are ever the same;
Forward and fear not, don't dwell on the past,
For the clouds they are breaking, the danger is passed.
Ring out the old Year, what should we fear?
God and His angels are hovering near.”

I have just been reading over “New, Old and Forgotten Remedies,” by Anshutz. “*He has the pen of a ready writer.*” I have to read this book over about so often so that I won't *forget* all the *good* things in it, for it contains a *gold mine of valuable* information. It *ought* to be *revised* and brought up-to-date. There is so much *valuable* information in our medical journals that will be *lost* and *forgotten* by the busy doctor unless it is gathered up and put in shape to be read and treasured up for daily reference.

During the past thirty days I have had twelve doctors of different schools of medicine visit me from various parts of the U. S. to consult me about their *own* case or some *near* relative. It shows me that I have the *respect* and *confidence* of physicians of *all* schools of medicine.

A doctor remarked to me, in speaking of another physician; “Oh, he is always *lucky* with his patients.” “No, my friend,” I said, “there is no such a thing as *luck* in medicine, it is *brains*, not luck, that helps a physician to ‘win out’ and *cure his cases.*” It means the *study* of *materia medica* in *every* spare moment. When a doctor *thinks* he knows *all* the books can *teach* him, is the *very* time when he is very apt to run up against the *real* thing that will show him how *little* he *really knows about medicine*. I realize that life is *short*, and that there is so *much* that I *want* to know and *don't* know, that it keeps me very *humble*, and makes me *study all the harder*. Every physician, *some* time in his life, *must* pass through the supreme test, the *acid* test of what he *really* knows about healing of the sick. It came to me when my hair was *white*. I met two doctors in consultation. They were

men, *older* than I, *good* physicians, *skillful* men, but they had *exhausted* their skill and they appealed to me for *help*. I knew that I just *had* to make *good*, but I had to draw upon *all* my past experience and my knowledge of the *materia medica* of the five schools of medicine. With the *help* of Providence I "*won out*," but it made me sweat drops of blood (figuratively speaking) before I got through with the case; but it was the *best* thing that *ever* happened to me, for it gave me more *confidence* in myself, for it showed me how *much* I *really* knew about medicine. If you, dear reader, ever have to pass this *acid test*, may God help you to pass it *successfully*. It will *come* when you *least expect it*.

THE OPTIMISTIC PROFESSION.

By H. Becker, M. D., Toronto, Ontario.

An optimist has been defined as one who bears the misfortunes of others with the greatest cheerfulness. According to this definition it will be but natural to infer that the medical profession is highly optimistic in view of the fact that its existence depends on the calamities of its clients.

Of course, we deny the premises, and so the inference falls to the ground.

The medical profession is optimistic, but for other reasons than that of self-interest.

The beneficial effects of a hopeful and cheerful sphere radiating from a placid temperament is nowhere more noticeable than in dealing with the sick, who are profoundly influenced by the expressed opinions and the manner of the physician. The great majority of those seeking professional advice are not threatened with immediate dissolution, though the patient's ignorance suggests a serious issue in the near, rather than in the remote, future.

Many medical men are full of unreasonable anxiety while in charge of the more grave forms of sickness, and they often lose rest because of their inability to refrain from worry over the possibility of the premature loss of a patient, and when we know that there are very few physicians who have not at least one serious case in their care at all times the state of the apprehensive medical man is one to be profoundly pitied. Not for him is the

soothing and rejuvenating effects of refreshing dalliance through the hours of darkness, with his comfortable pillow, but rather a restless intolerance of the gloomy night which feeds the fear of undesirable news likely to be supplied in the morning message.

Many of such pessimistic temperaments gradually improve from the experience of long practice giving a perception of the groundlessness of many gloomy surmises, but as they never become real optimists their usefulness is to a great extent impaired and their peace of mind largely circumscribed.

Happily such are in a small minority, and the resilience of the optimistic mind carries most of us through the depressing effects of almost constant association with those whose every expression is of a mournful character.

But what has this to do with clinical medicine? It has much to do with it. The man is more than his medicine. Placebo and a cheerful reassurance will out-distance the results of serious, skillful prescribing, not that I esteem the latter less, but I esteem the former more. The ideal state is a happy combination of the necessary skill and the still more necessary optimistic quality of mind.

This is my suggestion of a message to the Southern Homœopathic Medical Association, with best wishes for a most useful and happy session.

PERTINENT FACTS REGARDING MATTERS OF IMPORTANCE TO THE HOMŒOPATHIC PROFESSION.

In accordance with the revised Constitution and By-Laws of the American Institute of Homœopathy and the new plan of reorganization and operation adopted by the American Institute at Baltimore, the Executive Committee, consisting of J. P. Cobb, F. M. Dearborn and C. E. Sawyer, to whom the matter of installation of the new plan was assigned, have secured a suite of eight rooms in the Marshall Field Bldg., Chicago, in which have been opened the administrative offices of the American Institute of Homœopathy.

The section of publication directed by Sarah M. Hobson; the accounting and recording section by the newly employed secre-

tary-treasurer, T. E. Costain; the supervision section under the direction of the Executive Committee, all find commodious quarters in which to pursue their work.

With a corps of capable assistants for each division in offices with equipment with which to work efficiently and promptly, the business affairs of the American Institute of Homœopathy are now really ready to proceed.

With a definite systematized plan for the conduct and consideration of all matters pertaining to all homœopathic interests; with the centralizing of all forces, with a definite fixed purpose, with paid assistants to carry on the work, all that is now required to promote Homœopathy is the hearty co-operation of the profession.

Homœopathy has been at a great disadvantage because it has had no central office in which to operate, no place from which to direct, no specific management, no fixed plan of operation. All of this is now changed, and the work of the American Institute of Homœopathy will be pushed with energy and enthusiasm.

Among the matters to which especial and immediate attention will be given by the administrative department is a complete and reliable list of all homœopathic practitioners throughout the United States. We wish to know just who the active homœopaths of the country are and where they are located. We believe that it is better to have a few thousand of real workers who are ready and willing to assist than thousands of nominal members indifferent to homœopathic interests.

So it shall be our aim to enlist in the reorganization only those who are ready and in earnest in promoting things homœopathic.

No body of professional men ever had more which is worthy of presentment than the homœopathic profession, none with better prospect of accomplishment. As proof of these assertions let us take an inventory of what we have found, then we will be the better able to conclude whether the required effort is justifiable.

From the recent report of the Council on Medical Education we find there are in the United States 101 accredited homœopathic hospitals, representing 20,092 beds.

During the past fiscal year there were treated in these hospitals 109,527 hospital patients, with an average mortality rate of 4.1 per cent.

It requires annually 248 internes to properly house-staff these hospitals.

The property value of these strictly homœopathic institutions is \$36,819,452. In the out-door, or dispensary departments of these institutions, there were treated during the last fiscal year 287,887 patients.

In the training schools for nurses connected with the purely homœopathic institutions there were enrolled last year 1,849 pupils. In addition to this we have:

- 10 National Medical Societies.
- 31 State Medical Societies.
- 75 Local Medical Societies.
- 34 Medical Clubs.
- 6 Homœopathic Alumni Associations.
- 29 Homœopathic Dispensaries.
- 10 Homœopathic Colleges.
- 18 Homœopathic Journals.

And with ten thousand active practitioners throughout the country, serving an intellectual people, 35 per cent. of which employ homœopaths, it is only reasonable to assume that a business organization is necessary, and only reasonable to presume that a well organized and conducted business administration will elevate medical standards, increase patronage, develop interest and force recognition.

That is all possible by a combined effort which will be brought about by federation and affiliation of all medical societies, colleges, hospitals, training schools, clubs, fraternities and individuals. In union there is strength, and it is the determination of those in charge to bring about a hearty co-operation of the profession. This is only one of many things already on the way to establish Homœopathy in the front rank' of medical fraternities.

All can assist in this undertaking and each will become one of the direct beneficiaries. Are you ready and willing to help? If you are, and if you have not already done so, please sign and mail the attached coupon, which will not only aid us in getting a corrected list of homœopathic doctors, but it will encourage us in our efforts to put Homœopathy in the high place to which all homœopaths aspire.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY,

SUPERVISION DIVISION,

No. 829 Marshall Field Bldg., Chicago, Ill.

I do Wish to be enrolled as a Homœopath.

I do not

I do Wish to receive literature pertaining to homœopathic

I do not matters.

I am Willing to aid in reorganization, federation, co-opera-

I am not tion and affiliation as recommended by the American
Institute of Homœopathy.

(Indicate your position by marking with a star.)

My address is:

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City

State

POLIOMYELITIS—INFANTILE PARALYSIS.

Editor of the HOMŒOPATHIC RECORDER.

What is it? Where does it originate, and what will cure or control it?

In the present epidemic in New York and other States, where the most learned men, with all the scientific resources that money and skill could furnish, have not been able to discover any solution of the subject satisfactory to themselves or of benefit to the sufferers. The serum treatment, which is recommended as a preventor, is of very doubtful propriety, and, in many cases, is well known to be very injurious to the child receiving it.

With these facts that have been extensively published in the newspapers during the past few months, a little reference to some ancient history might be of some interest to the reading people, if not to the scientific researchers.

In ancient times Greece, Rome and Gaul were troubled with a very serious epidemic, and their philosophers and scientists could not find the cause or where it came from, and they called it "in-

fluence" (influenza), which name was used by the Greeks, Romans, Germans, English and Americans, but the Gauls and French called it "la grippe."

Up to the year 1842, when it had not been known in this country for some time, and made its appearance in Washington, the President, John Tyler, was one of its first victims, and I, the writer, three hundred miles west in Virginia, in the country, took it at the same hour, and the same day it made its appearance in Missouri and other Western States. Some French doctor in Washington called it "la grippe," the French name, and it was then called Tyler's grippe till Tyler died in 1852, when it lost the Tyler but held on to the grippe. It is the same disease all the time, with the same distinguishing characteristics, and has symptoms like every other disease, and among them has always had occasional cases of paralysis, mostly with infants, hence it is called infantile paralysis. During the recent very serious epidemic in New York, as in ancient Greece, the scientists could find no cause or where it came from, but must find a name and so they named it, scientifically, poliomyelitis. With this history the reader may see, by its relation with la grippe and the many similar symptoms, that it is one of the many forms of that disease and the most to be dreaded.

It is not surprising that neither the ancient nor modern scientist, without long personal experience in treating it, will get a correct understanding of the true conditions in the case. It is not at all strange that the ancients should fail to find the cause, or prevention, at a time when so little was known about electricity and the part it takes in the growth and life of vegetation and animals, in the circulation of blood through the nerves and vital force, and its furnishing motor force to circulate the blood and the active motions of all the muscular system. The electro-vital force is furnished from the air passages. The nose, pharynx and lungs in every species of animal and vegetation has a vital-electro force of its own, so that there is infinite mixture of different influences in each breath inhaled by every individual.

Then, can it be a strange thing with the great number that at times they are supplied with incompatible forces of such powerful agents, should produce irritation of the mucous membrane, derange the functions of the life forces and cause particular conditions in the nerves which we call disease.

Then come the advantages of the teachings of Samuel Hahnemann's Organon, that the symptoms in the case known but to the patient are the true guide to find the remedy that will cure the patient by finding a remedy that, in proving by a healthy person, produced the same symptoms as in the present case.

The proving is made by selecting healthy people of different ages, sexes and conditions in life, with the intelligence and capacity to understand and write their symptoms, and each one is to take the drug selected in the official dose as commonly used in sickness, till it produces sick symptoms, which the prover records as they occur, and as the prover feels them, and these records of symptoms are carefully incorporated in the materia medica for the benefit of the physician who, after examining a patient, finds all the symptoms of the drug which he finds in the materia medica. He then knows that he has the remedy that is curative in the case, if properly applied in potency, viz., dilute with pure water or alcohol one part to ten or to one hundred consecutively to ten, thirty, two hundred or higher till there is no demonstrative presence of the material of the drug in it, and the vitality of the drug is so attenuated that it penetrates the vital force of the entire system and eliminates the vitality of its own kind that is irritating the natural life forces of the patient, and causing the sickness.

It leaves the nerves unobstructed and they do their normal duty and restore order and health to the patient with little danger of the return of the same trouble.

It has been discovered that the laboratory diagnoses of diseases scientifically made in the hospitals, when tested by autopsy, are sixty per cent. mistakes, and that the medical treatment used for such cases serves to hasten the preparation for the autopsy.

Another very valuable discovery has been made by Dr. John B. Fraser, of Toronto, Ontario, Canada, who contributes a paper on germs, after ten years' experimenting, to the *Canada Lancet*, which gives positive proof that there is no evidence of truth in the germ theory of disease. He shows that the bacilli is never found in the early stages of the sickness, but come in later after several days, and, with many years of observation, shows that the disease—poliomyelitis—cannot be contagious, but is strictly epidemic, generates the microbes and not the microbes generate the disease.

We claim that there is no specific to be found that will cure all cases or prevent its coming, but that it is not necessary to diagnose the disease by name alone, but direct attention to the individual, the patient, and be governed by the totality of the symptoms in the case, which is the way that all sickness should be treated. First, find the most prominent symptom the patient has, then, by repertory, find the remedy that has produced the same, when used in material doses, then find the next most prominent symptom and see that the same remedy in material doses produced one just like it, then another and another, till it is found that the symptoms the patient has have all been produced by this same remedy when used in material doses by healthy provers. Then you have the remedy that is naturally curative in the case, if properly used in the 30th, 200th or higher potencies, so as to get the most active dynamic effect on the life forces and nerves of the sufferer, and the reverse of the material dose, the curative and not the toxic or disease-producing effects as is often seen where large doses of material medicines are given in cases of sickness.

W. L. MORGAN, M. D.,
Baltimore, Md.

TREATMENT OF DIPHTHERIA.

EDITOR of the HOMŒOPATHIC RECORDER.

As to antitoxin in diphtheria I have seen too many bad results following its use, and, therefore, I don't use it. I have not lost a case now in fifteen years.

For the most part I give *Cyanide of mercury* 6x and *Baptisia* θ in alternation, twenty drops of the tincture in half a glass of water, as often as seems best.

I also give alcohol, and vary the strength according to the condition, usually about one-quarter strength.

A young woman, about twenty, was very sick. I thought sure she would die one night. Well that night she got an ounce of alcohol in an ounce of water every hour all night long, and did not know until morning that she had taken anything stronger than water. She made an elegant recovery, and no bad effects

followed the use of the alcohol. I never treat a case of diphtheria without using the alcohol, and regard it as my sheet anchor.

CHAS. C. CURTIS, M. D.

1204 Pacific Ave., San Pedro, Calif.

Oct. 28, 1916.

SHORTCOMINGS OF MEDICAL COLLEGES.

Editor of the HOMŒOPATHIC RECORDER.

What to do with the *Medical Colleges* of the day when we find that through imperfect equipment, careless teaching and short periods of application, not one graduate in a dozen—nay, in a hundred—is fitted to write a *health certificate*, or a *permit*? What to do when all the noted physicians in active practice for years, in the great cities, are unfitted to perform these duties for their trusting clients?

Can it be true that a health officer, in political activity, with his mind on such matters as give him a "pull," is better equipped as to the knowledge of the state of a man's health, or of the dangers of given environments, than the trusted family physician who has assisted him out of the many difficulties which have surrounded him, more or less, all his lifetime? Is one disease—so-called—so much harder to grapple with than another; and has the quarantine and strictness of health officers and board diminished by one iota the frequency and number of epidemics, *except through hygiene and sanitation*, which is supposed to be the equipment of *every well educated* man and woman, and certainly *every physician*?

Is it not time that the medical colleges of New York, Philadelphia, Baltimore, etc., etc., look to their laurels, also extend a helping hand to their much "badgered" *clientele*?

S. L. GUILD-LEGGETT, M. D.

Syracuse, N. Y., Oct. 23, 1916.

SOME FREE ADVICE.

When you write a paper to be read before a medical society and afterwards to be printed, there are several things you ought to observe in order to prevent medical editors from tearing their hair and compositors from making the atmosphere blue—if the

editor is lazy and refrains from doctoring up your manuscript. In a broad sense the advice is this: Do not write your paper as you would a prescription to a druggist who, after years of suffering, has learned to make a shrewd, and innocuous, guess at your meaning. If you are to read the paper yourself and that is to be the end of it, the hieroglyphics are all right—if you can understand them—but if it is to go forth to the world it should be written so that the world, the medical world, can understand it without doubt. Remember that the medical world is made up of many men from many schools. That what is plain to one is darkness to another. That if a paper is worth reading it is worth publishing. That if it is worth publishing is worth being written so that type-men can set it properly, so that *every* medical man can understand it. Let us illustrate the point by a few mild examples:

“Diagnosis, Pul. Tub.” Why not write “Diagnosis, pulmonary tuberculosis?”

“With 4 cups of”—— Why not write, “With four cups of,” etc.

“Symptoms of T. B.” Suppose a reader not knowing “T. B.” were to turn to the dictionary?

“Hosp.” Why not “hospital?”

“R. S.,” “R. L.” Why not “right side” and “right lung.”

“> from” and “< from.” Why not “better from” and “worse from” if you want to enlighten the inquiring and open-minded allopath?

“H₂O and milk.” Why not “water and milk?”

“Br am 3 1 hr.?” Ay?

“Temp. 103.” Why not “temperature 103?”

“R. Tub.” Why not “prescribed *Tuberculinum*” or “tuberculin?”

S. L. continued.” Why not “Sac. lac. continued,” or, better, “Saccharum lactis continued?”

“Pat.” Why not “patient?”

“K. bich.” Why not “*Kali bichromicum*?” And this is true of all our remedies, for what does the outside know of “Pul.,” “Asa.,” “Bad.,” “Bap.,” “Con.,” “Cro.,” “Doli.,” “Dig.,” “Led.,” “Mill.,” “Pet.,” “Zing.,” or of others that could be quoted? These abbreviations are all right in text-books which

furnish a key, but a published paper goes forth to the great world, compared with which the homœopathic world is very small, so why not write so that the great world can understand you, at least when you mention a remedy?

You write a good paper, one free from the defects first mentioned, and then you say that you gave the patient, let us say, "bry." Now how many men in the great majority know what "bry." means? Very few. Why not (at the risk of shocking some of our purists) write you prescribed "*Bryonia*?"

Among other minor things that worry editors and type-setters is writing on both sides of the paper; crowding the lines so close that you cannot get a pin point between them; typewriting with no spacing between the lines, or typewriting with so pale a ribbon that the letters at times are illegible; not paging the manuscript, and so on. Small things, yet but life is mostly made up of small things, and to do them well makes steps toward success. Also we believe the messages of our physicians are needed by the world, needed now more than ever, and deserve fitting dress.

"WHAT AILED HIM."

The *Journal of the American Medical Association* runs a department headed, "The Propaganda for Reform." In this section recently was an item headed, "What Ailed Him?" It opened as follows:

A druggist, who prefers that his name and address be withheld, writes that he was called on to fill the following prescription:

R. Hydrarg. chlor. mitegr. j.
 Pottassi iodidiʒiv.
 Pottassi bromidiʒiij.
 Pottassi cit.ʒv.
 Tr. aconit.ʒii.
 Vini ipecacʒj.
 Aqua chloroformq. s. ad ʒiij.

M. et sig.: Teaspoonful in water three times a day after meals, and, if necessary, at bedtime.

The druggist writes further: "We should be glad to have you guess what was wrong with the patient. We should not like to go down as criticising our physicians, but would like for you to have a shot at them. I have now had about twelve years' experience behind the counter, and am just getting

to where I am afraid to turn them loose. There are times when I feel that the patient is not only wasting his money but ruining his stomach also. But what can the poor country druggist do. He is dependent on the physician for his prescription work. I sometimes fear that we don't have the backbone that we should have."

It is quite evident that the good editor is stumped.

"BREATHING STOPS WHEN FALLING ASLEEP."

Editor of the HOMEOPATHIC RECORDER.

In Dr. Hallman's article in the November RECORDER is given a case of "respiration ceasing in sleep" that reminds me of a similar case.

Returning in the first week in August, 1914, from my vacation, I found one of my patients, an old gentleman in his ninety-second year, in a critical state, both the physicians in whose charge I had left him and his family having given him up. He had nearly recovered from an attack of lobar pneumonia when I left, and no apparent reason for alarm appeared. This was now four weeks later.

He lay on his back, his eyes closed, mouth open, breathing snoring and slow, pulse nearly imperceptible at wrist, skin cool and rather moist.

When awakened he made feeble efforts to speak, mumbling only a syllable or two, and looking vacant and semi-conscious.

He would soon relapse into a doze, and in the space of two or three minutes his breathing would entirely cease. Then, after what seemed a very long time, but probably from a minute to a minute and a half, he would give a gasp, and slowly resume breathing, at first in half breaths, then in a few natural breaths, as he partially roused. This had been going on for about twelve hours. At first the intervals were longer, five to ten minutes or so. Now they occurred as often as three or four minutes. Moving him a little or touching him restored his breathing. I remembered that my repertory had a section on loss of breath when falling asleep.

On page 480, under "*Worse, Sleep, Suffocation, Falling Asleep,*" we read:

“Breathing stops when falling asleep; must be moved to restore breathing, *Badiaga*.

“Suffocation on falling asleep; the suffocative paroxysm wakens him out of sleep; he must jump out of bed and hold himself firmly, *Graphites*.

“Loss of breath awakens him from sleep; chronic, difficult loose cough; abundant sputa, *Grindelia*.”

On the previous page, 479, we find “Worse, Sleep, Suffocation.”

“Nightmare; afraid to go to sleep on account of suffocation; difficult breathing without constriction of chest; wants fresh air, *Baptisia*.”

My patient got *Grindelia* 3x, 30 drops in one-fourth glass water (about 3 ounces), a teaspoonful every ten minutes until improvement began, then one-half hour until breathing became natural.

At the end of two hours the medicine was discontinued, and there has been no call for its use to this day.

The patient is still living and has no respiratory trouble of any kind.

The four drugs named are all the drugs I know of having this very peculiar symptom. They are at least the only drugs in the two hundred and ninety-two given in my “Repertory of Respiratory Symptoms.” See *Therapeutics of the Respiratory System*.

In case anyone finds this symptom in any other drug I would be glad to hear from him.

Any one with the “repertory” at hand could have learned all this inside of five minutes as easily as he could find a word in the Century Dictionary.

M. W. VANDENBURG.

107 Union Ave., Mt. Verson, N. Y., Nov. 17, 1916.

A PLEA FOR UNITY.

By **Alexander C. Hermance, M. D., Rochester, N. Y.**

Homœopathic physicians of to-day are divided into three classes, first, the Hahnemannian, usually designated as the high potency wing, who believes in the single remedy and the minimum dose; second, the low potency adherents, who usually believe in alternation and combination of remedies, called the low potency

wing, and between these two extremes, the pathological prescribers, better known as the liberal homœopaths, who use anything and everything regardless of the law. This was not the case in the earlier days of our school when such men as Hering, Dunham and others taught and exemplified the great truth of homœopathy. There was but one Homœopathy then, and but one purpose, and that was by united effort to advance the cause in which they so thoroughly believed. Why should there be such a division in the practice now? There is but one interpretation of the law, and it is only by our united efforts that we can maintain the distinctive position we should before the public. In unity there is strength, in division, failure. If there is any one thing more than another that has hurt our school among the laity it is the lack of harmony in our own ranks. This fact has been used greatly to our detriment by the old school to weaken our prestige before the public. That is one of the reasons why to-day most of the government positions to which physicians are eligible are occupied by allopaths. They are aggressive, politically, as well as socially, when the good of their school is at stake, working harmoniously and in unity, individually and collectively. This is not so with us, and there is no good and sufficient reason why it should not be so. If we can not agree among ourselves we must not expect others to consider us seriously.

Now, what is it that constitutes a homœopathic physician? Just two things. First, a belief in the law of similars; second, a conscientious effort to apply that law to the best of his ability. There is no modification of its principles. It is either true or it is not true. We must accept or reject it as a whole. Therefore, as homœopathic physicians, believing as we do, are we not in duty bound to practice according to its tenets? If we make a profession we ought at least to make an honest effort to prove its truthfulness or else withdraw from associations. We have a privilege, as physicians, to practice what we think best, but we have no right to call ourselves homœopathic and make no effort to uphold its principles.

We must, however, admit in these days of advanced medical thought and investigation, much of which, by the way, simply confirms the discovery made by Samuel Hahnemann one hundred years ago, that there have been many scientific truths demonstrated

in the domain of therapeutics since Hahnemann's time, which the progressive physician must accept or be considered hide-bound or blindly ignorant, and which may be used at times in conjunction with the indicated remedy to help cure our patients. Surgery, electricity, hydropathy and even osteopathy have their legitimate sphere, and even these, when studied individually will be found to be in harmony with the law of similars in their curative action. But there are certain fundamental truths and natural laws which can never be modified, and among them is the law of similars. As Professor Rabe has said, in speaking upon this subject, "It may not be universal, yet so far as medical therapeutics is concerned, it is supreme in its application." "Truth is mighty and will prevail." This is an old and familiar adage. The truth of the law of similars has prevailed for many years and is in harmony with all nature, and is, therefore, a natural law. For as Hudson says in his essay on Homœopathy, "Like begets like; a smile begets a smile; a frown begets a frown; like sounds produce harmony; unlike sounds produce discord, and harmony, not discord, bring sweet temper, appetite and good digestion." But the public, like the proverbial gentleman from Missouri, has got to be shown, and this can not be done by a divided and inharmonious organization. Therefore, let us be charitable with each other and not smile and say "moonshine" when some member reports a case cured by a 45 m. potency, or holler "mongrel" because he does not use the higher potencies in infrequent doses, or, perhaps, resorts to some other therapeutic measure in treating his patient. If he is doing the best he knows how according to the light he has secured to practice Homœopathy, it is all that we can expect. But this does not excuse the pretender who has not the principle at heart or the ambition to work.

It has been said that homœopathic therapeutics is a specialty requiring a special adaptability of gift of mind and temperament to excel in its application. This may be so to some extent, but to me it seems a matter of systematic work that may be accomplished by any physician.

The prescribing of homœopathic drugs does not make a homœopath. It is the principle involved. There is but one Homœopathy and but one way to practice it. There should be no high or low potency faction. The potency question has nothing

to do with a man being a homœopath. That is simply a matter of individual experience as is the repetition of the dose. The question is, do we believe in the law of similars, and are we to the best of our ability endeavoring to practice according to its precepts? As for liberal Homœopathy there is no such thing. It is simply a subterfuge used by weak-kneed practitioners to allow them to use the numerous empirical preparations foisted upon the profession by manufacturing pharmacists and which appeal to the material mind unable to appreciate or understand the more potent curative power developed by potentization.

Another phase of the question is, does it pay to practice good Homœopathy, and I would answer this question by saying, "If a thing is worth doing at all, it is worth doing well." The tendency of the present day to commercialize the practice of medicine has made it more of a business than a profession. The doctor who was formerly looked up to and respected for his knowledge and professional attainments is now often considered a "grafter," and justly so in many cases, for he is simply "selling medicine" of which he knows little about. Some writer, before the birth of Homœopathy in the 19th century, has said, "If all the drugs were cast into the sea it would be so much better for man and so much worse for the fish," and I think the same is true to-day outside of the practice of pure Homœopathy. If we are to exist as a school we must work harmoniously and energetically for our principles, discussing our points of difference in our societies and organizations without malice and for the common good.

A MEDICO-TRAGICAL ROMANCE.

By A. Pulford, M. D., Toledo, O.

Miss "Atropa Belladonna," the subject of this sketch, was a "beautiful lady" from Spain. Once the "pride of China" she now had consented to grace America. On her arrival she was met at the pier by Messrs. "Black-Sampson," "St. Johns-Wort" and that "man,—Drake." These gentlemen were attired in the height of fashion, but instead of the conventional headpieces, they wore "skull-caps," while she wore her "maiden hair" neatly enclosed in a "monk's hood." Her cheeks wore the bloom of the "rose."

Her "eye, bright" as the "sun dew," shone from beneath beautifully arched brows, and her "tulips" were as red as the luscious cherry. Her tiny feet were encased in a pair of beautiful "lady slippers." On her hands she wore a pair of elegant "fox gloves." She carried, in her hands, besides a "shepherd's purse," a bouquet of "pansies" and "lilies of the valley." Her maids were "Rosa Centifolia" and "Rose-Mary," who wore hats of "hair cap moss" in place of the usual head piece. Her charming existence heretofore had been such that she dreamed of "life everlasting."

On account of an accident she had to walk, and as she had "chamomile" on foot she was consequently tired and ill. She soon recovered after a dose of "Indian physic" and a rest on a bed of "conch grass." She was then given a "four o'clock" tea, at which were served "asparagus," "Indian turnip," "bear's foot," and "deer tongue" flavored with "mountain sage," and as a beverage "Jersey tea" was served.

After tea she put on her "lark-spur" and her "colt's foot" charm, and with her escort, went out for a ride. At her request her escort, who was easily the "dandi-lion" of their set, wore a boutonier, a beautiful "blue flag." She was very proud of her mount, guiding it with reins of "gold thread" and ruling it with a "golden rod." She had just gotten her steed to "speed well" when he got upon "nettles" and threw her to the ground. Her escort immediately picked her up and carried her to the nearest doctor, who found that she had to have a "bone-set." As evening came on her fever and delirium ran high, giving every evidence of a "night-blooming cereus," but next morning she rallied.

After she recovered they went out to gather "evening primroses." On their arrival home he purposely led her under the "mistletoe," where he proposed and was accepted, being a multi-millionaire.

She had always said that she would not marry for love, but would "marigold." After much persuasion she was induced to climb "Jacob's ladder" to "Jack-in-the-pulpit" who, by the aid of "Elder Flower," pronounced them man and wife.

Her apartments had all been arranged in conformity to the "carpenter's square," and were complete in every detail.

After a brief, but brilliant career of a beautiful butterfly life, surrounded by everything that heart could wish or that money

could buy, she soon tired of gold and decided to commit suicide. To this end she chose "wolf's bane," but to make more sure of the attempt she made a cord of "Indian hemp," and now lies sleeping in the "deadly night-shade."

FLEAS.

The following review of a book, or pamphlet, in the *British Medical Journal* is rather interesting, and may be useful. This is the title:

Fleas as a Menace to Man and Domestic Animals: Their Life History, Habits and Control. British Museum (Natural History), Economic Series, No. 3. London: The British (Natural History) Museum. B. Quaritch and Dulau & Co., Ltd., 1916. (Demy, 8vo, pp. 22; 6 figures.)

The *B. M. J.*'s review now follows:

"Mr. J. Waterston has contributed to the Natural History Museum's series of economic pamphlets an extremely readable account of the *Fleas*, a group of insects with which he is fully qualified to deal. The external anatomy is described in some detail, in order to give the reader an understanding of the characteristics on which fleas are classified. This is followed by an account of the internal anatomy, and of the mechanism whereby the flea transmits the plague bacillus. The view is adopted that injection does not usually take place by contamination with the fæces of the flea, but that it is produced because the flea's stomach is blocked completely by a plug of multiplying bacilli; when, therefore, the flea sucks the blood of an uninfected man or rat the blood is regurgitated into the wound because it cannot pass beyond the gizzard; it is this regurgitated blood which produces infection. The *Bacillus pestis* has never been found in the salivary glands of the flea. The life history and habits are dealt with at some length because a knowledge of these is the only rational basis for efforts at control. The eggs are deposited quite loose among dust and organic refuse, and it is in such surroundings that the larva lives. The larvæ, which are very small and difficult to detect, can be found in the baskets of not a few dogs and cats moving in very high circles. The larva passes into the pupal stage within a minute silken cocoon which it spins.

It would appear that powdered naphthalene is noxious to fleas over a considerable area; that its odor is only repellant to lice when they are in immediate proximity to it has lately been shown by Mr. A. Bacot."

"OUR MATERIA MEDICA."

The following is taken from a paper by Dr. W. E. Payne, published in 1859. It has a familiar sound, just as if we had not "advanced" since that, to us, remote period:

The imperfect condition of our *Materia Medica* seems to be clearly apprehended; and earnest and praiseworthy efforts are being made to remedy the defect. The wonder is not that we accomplish so little, with the law of cure at our command, but rather that we accomplish so much, with so imperfect an instrument, by which to command the law, as the *Materia Medica* is, in its present condition. This fact is, of itself, strong presumptive evidence of the truth of the law.

That statement would go to-day, namely, that the fault lies in the materia medica. May it not be in men's lack of a full comprehension of that much abused work? All say it is a magnificent work and then turn around and point out its imperfections or weak points, which, when collected as a whole, condemn the "magnificent work." May not this arise from the fact, apparently not comprehended, that the materia medica is many sided—has many approaches—has differing uses or ways of being used?

Some cherish every symptom of the vast multitude, collect every minute symptom of the patient, and then by repertories and various ingenious contrivances match the "totality" of the patient with the "totality" of the materia medica. That is one approach, a good one that has done fine work. Others brush aside the numerous symptoms and look to the "key-notes," the striking characteristics of each drug. Any drug that does not show individuality of this sort falls into obscurity. This is another approach and a useful one.

Others trace the physiological action of each drug and, while largely ignoring symptoms, yet usefully apply the law of similars by this approach.

Akin to the last named are those who seek "organ remedies,"

claiming that certain drugs act only on a given organ while others are general in their action. These men, as witness Burnett, have done fine work by this path to the mighty materia medica.

There are many other paths or approaches. Those who largely center on the mentality of the patient. Those who seek the cause and treat it rather than the present symptoms. Those who insist that in very many cases no one drug can meet the disease and so use several.

All of these are means of practicing according to the law of similars and, to us at least, it seems that each has its place, but too often the men familiar with one refuse to acknowledge any other method or path, and, again, too often reproach those who apply the law by any other means than their own. The broad man we fancy will deny the use of none of the methods cited above, or of others that might be mentioned, of applying a law that is universal in its scope.

OLD VERIFICATIONS.

Natrum mur.: Scabby eruption with great itching; lice disease, in pale, debilitated children; hair dull looking, deficient in glossiness, and of a dry and inferior quality.

Petroleum: Eczema on hands, arms, scalp, genitals; bloody rhagades with scanty discharge and thick crusts, accompanied by much irritation.

Staphisagria: Whole skin dry and itching, detaching on scratching quantities of fine brassy scales.

Arnica: Great vertigo, even when lying down.

Ferrum sulph.: Persistent incontinence of urine, could not go into company or be long from home.

Argentum nitr.: Excruciating pain in gastric region, immediately after eating, only ceasing after vomiting. Great tenderness over epigastrium; pressure there produces nausea and retching.

Nitric acid: Flow of yellow, purulent mucus from the mouth at night, staining linen so that it could scarcely be removed by washing; much saliva at night; whitish coating on tongue.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Research Work in Clinical Urinology for 1916.—During 1916 we have given our attention chiefly to three subjects of research, namely, the staining of urinary sediments, the diagnosis of the toxemia of pregnancy, and the prognosis in the acetonemia of diabetics.

We have succeeded in devising a stain for urine sediments which prevents the drop of sediment from drying quickly on the slide, as in a warm room in the winter, which helps clear away phosphatic débris without dissolving casts, which brings out the character of epithelium, which makes connective tissue shreds more easily found, which differentiates a very few red cells in a specimen from a very few yeast spores, also in the same specimen which emphasizes the character of leucocytes (whether lymphocytes or not, and also whether degenerated or not), and which stains casts without destroying the identity of the particular variety present. The stain is particularly valuable in the study of the sediment of the urine of women as it serves to distinguish the really important elements from the mass of heterogeneous and accidental substances often present. We are still employing our original formula for the preparation of the stain but on account of the high price of certain materials, are observing economy in the use of it.

Our methods of diagnosis of the toxemia of pregnancy and of prognosis as to the severity of this condition has been tested over and over again in the course of the year. We have become sufficiently familiar with the condition to be able to identify certain complications, as, for example, a real nephritis of pregnancy complicated by a toxemia of origin elsewhere than in the kidney, a dangerous and not infrequent complication. We believe that by combining the clinical observation of the obstetrician with the discoveries we have made in urinology that there are but few cases in which both mother and child can not be saved. We are still annoyed and hindered in our work by the difficulty of mak-

ing the patient realize what is going on in the body, and by the tendency of many women, even when pregnant, to overdo, socially or politically, or in both ways.

One of our patients who worried her attending physician by low ratios of urea to ammonia in the eighth month of her pregnancy insisted upon taking part in the recent political campaign, but later, after a week of rest and careful diet, the ratio of urea to ammonia rose from ten to one to twenty to one.

Our method of determining the seriousness of a condition of acetonemia in diabetes mellitus has, we think, held its own during the year, and we are only awaiting more extensive experience to give it further publicity. In the urine of normal persons and also in that of mild cases of diabetes mellitus there is a substance which is present in such a small quantity as to require from 15 to 20 c.c. of the urine to decolorize a given quantity of the reagent. But in serious cases of diabetes mellitus with acetonemia the substance increases to a great degree until only one or two c.c. of the urine are necessary for the decolorization test. Out of four cases in which the number of c.c. of urine necessary for the decolorization ranged from one to ten, two are dead, one is not heard from and one is in a precarious condition. The two who died passed urine, shortly before death, one c.c. of which would bring about the decolorization. Another one of this set of patients at one time voided urine two c.c. of which decolorized the reagent, but on being fasted the number of c.c. required rose to eight. He is the one now in a serious condition, but these tests were made before he was apparently so badly off.

A Case of Cystitis "Cured."—We have recently derived benefit from use of echtisia in a case of cystitis. Patient was a young man voiding only 700 c.c. of urine in 24 hours, of an acidity of fifty degrees and of specific gravity of 1024. There was a plain trace of albumin in the urine and a sediment of pus in moderate amount with also oxalate crystals. The pus cells were degenerated, as if the process was an old one. In other respects, the urine was not of interest. On account of the urine being frankly acid in reaction and no evidence of kidney trouble being present we prescribed urotropin and echtisia. In a letter received from the patient's attending physician we learn that after a few months' treatment the condition improved to such an extent that the urine

became normal. In the words of the attending physician "the patient is cured." (We hope he will "stay cured," as bladder troubles are obstinate and tend to recur from various causes.)

The "Heart Case" and the "Kidney Case."—It must be remembered that primary chronic interstitial kidney cases are comparatively rare, but cases of disease in which the kidney circulation is sooner or later affected are fairly numerous. The fact that albumin and casts are found in urine does not necessarily signify that the kidney is the most important organ affected in any particular case. This observation has an important bearing upon the prognosis, as cases of primary kidney trouble present conditions in which the prognosis should be more guarded by far than when the kidney is only secondarily affected. Much that goes by the name of chronic interstitial nephritis is not really that condition at all but more commonly the cardio-vascular-renal complex in which as long as the heart and vascular system hold up the kidneys do fairly well. In a true kidney lesion of primary origin we are confronted with an obstinate and usually unmanageable condition, whereas in the cardio-vascular-renal complex there is at least some opportunity for therapeutic results even though they may be, relatively speaking, temporary. We have never been able to agree with those clinicians who insist that the arterio-sclerotic kidney can not be differentiated from the chronic interstitial kidney and that there is no clinical necessity for the differentiation. The differentiation can be made by examination of the urine but not by observation of the blood pressure alone.

A Case of Primary Chronic Interstitial Nephritis.—Patient, 47 years of age, married, engaged in indoor business for fifteen years, a hearty eater, and heavy user of tobacco, without history of previous illness, a few months ago began to notice that he was becoming weak, and passing a good deal of urine, especially at night, when he would pass several quarts from eight p. m. to seven a. m. He was thirsty and craved acids. He lost weight from 190 pounds to 160; complained of stomach trouble, and in present condition showed edema of the feet, ankles, legs, part of the thighs and scrotum. His eyesight was affected to such an extent that he could read only the largest print. He had dyspnea, a hacking cough, and was weak and exhausted. The volume of urine began to decrease not long before I saw him,

and coincident with it came on the edema and the difficulty of breathing. His systolic pressure was 240, and his diastolic 180, his pulse 93, his left heart enlarged not only outward but apparently downward. He had gallop rhythm and jugular pulsations. The edema of his legs had increased their circumference at the calf by two inches in the last ten days. The urine in this case was, when examined, said to be about normal in volume per 24 hours. The specimen examined was of a specific gravity 1010, containing less than one per cent. of urea, one-tenth of one per cent. of albumin, and a moderate number of casts which were all coarsely granular and waxy, the waxy casts being fewer in number than the granular.

The clinical history of a **great polyuria** followed by a gradual decrease in the volume of urine with onset of edema and dyspnea, neither of which were noticed as severe before the decrease in amount of urine, together with the finding of numerous dark coarsely granular and waxy casts seemed to us to be sufficient for a differentiation of primary chronic interstitial nephritis from the cardio-vascular-renal complex.

In this case we inclined to the opinion that it would progress unfavorably, and that our efforts to retard its progress would be of little avail.

Treatment of the Cardio-Vascular-Renal Complex.—In the condition in which general arteriosclerosis is accompanied by arteriosclerotic kidney, every now and then an exacerbation or crisis occurs in which there is plenty of albumen in the urine and numerous casts are found, the volume of urine decreasing and uremic phenomena being more or less in evidence. The patient appears, however, to yield more or less readily to the action of diuretics and recovers from the uremic condition to go on for another period of more or less kidney relief. But in the true chronic interstitial nephritis the progress downward is more likely to be steady and crises with relief not so common, if any.

In the cardio-vascular-renal complex we may obtain relief so far as the kidneys are concerned from Digitalis (English leaves), hydragogin, Epsom salt, eustenine, anasarcin, anedemin, etc., but in true primary chronic interstitial nephritis the action of these powerful drugs may be but slight and sometimes nil in increasing the amount of urine.

In the differentiation of the cardio-vascular cases from the true renal ones the obstinacy of the dropsy is a valuable diagnostic sign, for in the true renal cases the dropsy is there to stay and is but little affected by drugs.

The Hacking Cough in Kidney Disease.—Barach, of Pittsburgh, says he has obtained more relief from use of soda bicarb. for the troublesome tracheitis of kidney disease than from use of morphine. He regards the tracheitis as a manifestation of acidosis, and hence gives the soda. This observation, especially if confirmed is, in our opinion, one of great value, as the hacking cough of the kidney condition makes life still more miserable for the sufferer, and morphine or codeine at night relieves the cough only at the expense of the nervous system the next day. We hope that this simple remedy suggested by Barach may be given a thorough trial, and that physicians will be as ready to report relief from use of it as are always the manufacturers of complex or expensive formulas from results obtained by various physicians.

Mercury in the Toxemia of Pregnancy.—We are warned against the use of mercury in the toxemia of pregnancy by Dr. Herbert Williamson, who says, do not use calomel as an aperient nor douches of mercurial antiseptics as the mercurial lesions in the liver and kidneys are of the same nature as those of the pregnancy toxemia. This is in line with our own experience, inasmuch as we have had sufficiently good results from podophyllin not to feel inclined to use the mercurials except strictly in accordance with homeopathic indications.

According to Williamson whenever a patient with the chronic nephritis of pregnancy also shows signs of acidosis then is the time to evacuate the contents of the uterus. We claim that for evidence of this acidosis our ratio of urea to ammonia in the urine is a help.

Buffum's Treatment of Ethmoiditis.—Inasmuch as the season for colds is now upon us we recommend all who can to read the able article of Dr. J. H. Buffum, in the *Pacific Coast Journal of Homeopathy*, on the treatment of ethmoiditis. According to Buffum the remedies most frequently indicated are the following: With *Aconite* there is dryness of the mucous membrane and pain at the root of the nose; later there may be a slight watery discharge or hemorrhage. *Gelsemium* often follows aconite in these

cases and presents sneezing with fullness at root of nose, the secretion becoming watery and excoriating. *Natrum mur.*: The discharge is watery with much soreness of nose internally and externally; sneezing, with alternation of dryness and moisture in the nose (Calc. phos.). It is, however, much less frequently indicated than is *Arsenicum iodatum*, where the tissues of the nose are greatly swollen, red in color, with burning pain, while the discharge is slight, watery and acrid. *Belladonna*, like Aconite, is not often indicated, but may be profitably used when there is a perversion of the sense of smell, the patient often complaining of a variety of imaginary odors. The discharge, usually mucus, somewhat thick, bland and often bloody. *Ferrum phos.* is the remedy more often called for in this particular affection in its acute stages. Its indications are those that might be covered by both Bell. and Mercurius and we may find it seemingly well indicated but fail us, only to find that Mercurius was the curative remedy. It is of particular value in the early stages of all forms of rhinitis, the discharge is usually excoriating, with a tendency to the formation of crusts. *Mercurius* has free discharge of thick corroding mucus, with much sneezing, with sore or smarting sensation in the nose. *Hepar sulph.* is not infrequently indicated in the purulent forms where there is that extreme sensitiveness to pain on touch, or even look of the attendant. *Silicea* is also of value in clearing up conditions left from the acute attack, and in this connection it is well to keep in mind such remedies as Argent. nit., Aurum mur., Hydrastis, Kali iod., and Sulphur.

Everybody knows that gout is essentially a time-lasting or chronic disease, and that we have an internal as well as an external gout, and we consider *Ledum* far more indicated for the symptoms of chronic gout with its deposits and alterations which occur in and around the joints, whereas from time immemorial, *Colchicum* was the representative to battle with the acute paroxysm. This chronic state is also characterized by general feebleness, sometimes from the very start, which rapidly tends to various organic degenerations; not unlike those usually seen in old age, doubtless due to the constant condition in which the blood is found.—*Lilienthal*.

BOOK REVIEWS.

DISEASES OF THE NERVOUS SYSTEM. By John Eastman Wilson, A. B., M. D. Second edition. Illustrated. 682 pages. Large 8vo. Cloth, \$6.00, *net*. Philadelphia: Boericke & Tafel, 1916.

Though this book bears the legend "Second Edition" on its title page, in reality it is a new book. The old work contained 465 pages, while this one has 682 fine, large and beautifully printed pages. Everything of value pertaining to nervous diseases, all that science has discovered, together with full therapeutics and remedial measures are to be found within its covers. To give the reader an idea of its scope and contents we here give the heading of the eighteen chapters that make up this great text-book:

- I. Architecture of the Nervous System.
- II. General Symptoms of the Nervous System.
- III. Peripheral Nerves.
- IV. Diseases of the Spinal Cord.
- V. Inflammatory Diseases of the Spinal Cord.
- VI. Degenerative Diseases of the Spinal Cord.
- VII. The Progressive Muscular Atrophies and Dystrophies.
- VIII. Tumors and Cavities of the Cord.
- IX. Diseases of the Brain and Its Membranes.
- X. Inflammation of the Brain.
- XI. The Apoplexies.
- XII. Tumor of the Brain.
- XIII. Syphilis of the Nervous System.
- XIV. Functional Nervous Diseases.
- XV. Spasmodic Diseases.
- XVI. Neurasthenia.
- XVII. Occupational Diseases.
- XVIII. Paralysis Agitans.

That seems to be a pretty good bill-of-fare. Under these general headings you get about all there is in "nervous diseases," and, curiously, according to some philosophers, the nerves are about the whole thing, for do not dentists "kill the nerve" in a tooth, after which the tooth, so far as pain is concerned, ceases to be. Rather curiously no one has ever defined the word "nerve." If you doubt this just take a look at any or every dictionary. Yet,

though the nerves are undefinable, every son and daughter of Eve feels quite sure that he or she knows all about them when even the *Century Dictionary* doesn't. When a man's "nerve is all gone" he is a helpless creature waiting for what happens. Looks as if we had run the meaning down pretty close to "life"—and yet the nerve is not "life," though apparently very close to it. At any rate, the nerve occupies a high place, perhaps the highest, barring probably the brain, in man's make-up, and so a book on it is more advanced than any other. There is not a disease known in which the nerves do not play a part, so that a knowledge of them is of value even if the patient does not belong to the nerve specialist.

Every disease is fully described in all of its phases, and the same is true of the treatment. Homœopathic remedies are given in the good old way and profusely, and so is "the latest," even including salvarsan. Also electricity, hydropathy, diet, etc., etc., are fully considered. In short, this is a model, modern text-book.

HOMŒOPATHIC THERAPEUTICS IN OPHTHALMOLOGY. By John L. Moffat, B. S., M. D., O. et A. Chir. 166 pages. Cloth, \$1.25, net. Philadelphia: Boericke & Tafel, 1916.

It seems to the reviewer that this little book will take its place among standard books. Its subject, homœopathic therapeutics of the eye, is one that, like the laws of the Medes and Persians, changeth not. In the Preface we read: "The author has confined himself to the facts of our homœopathic materia medica, the pathogenetic symptoms of drugs and clinical experience of their curative action. These will be of practical value generations hence, as they are now and have been for generations in the past. The systematic arrangement of the materia medica will facilitate ready reference. Drug characteristics are given because with their aid a much more successful prescription may be made."

Chapter I. gives a short sketch of Hahnemann.

Chapter II. is devoted to the fundamentals of Homœopathy.

Chapter III. is concerned with materia medica. Take *Belladonna* as a sample. First comes the "objective" followed by the "subjective," "vision," "characteristics," and finally, "clinical." Here, in a little over two pages you have a very complete grasp

of this eye drug. There are about 135 drugs given; some like *Belladonna*, *Sulphur*, and the eye polychrests take up two or more pages which goes on down to *Bothrops lanceolatus*, the smallest, which takes up but two lines, as its only use, a rare one, is "day-blindness."

Chapter IV. is a well arranged Repertory and Clinical Index.

The first section covers diseases by name, then follows "objective symptoms," "subjective symptoms," "vision," "aggravation," "ameliorations," "conditions," and "characteristics."

As a whole the book contains a big amount of information, clearly arranged, clearly put and all compacted into a reasonable space. There isn't a physician in active practice who will not find it a useful book of reference, for every one has patients with eye troubles consult, and not every eye case needs instruments.

OLD VERIFICATIONS.

Berberis vulg.: Fixed, tense, unyielding pain in the region of the right kidney and a little below; pain comes in waves with sensation of nerve-stretching.—*G. N. Brigham, Hom Phys.*, December, 1882.

Platina: Periodical sick headache every two weeks.

Cocculus: Feeling of numbness in right arm and right leg, as is fallen asleep, could not move them. A good remedy for hemiplegia.

Hypericum perf.: In concussion of the brain or of the spinal cord, the indications hint strongly to *Hypericum*, if we read between the lines.

Lycopodium: Chronic constipation. Colicky, cutting pains from right to left across the abdomen, worse after eating, great bloating and sense of fermentation, cannot touch meat of any kind, lives on crackers and tea.—*C. W. Butler, Hom. Phys.*, Nov.

Homœopathic Recorder

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EDITORIAL NOTES AND COMMENTS.

With this, the December number ends the HOMŒOPATHIC RECORDER'S 31st year. The number of subscribers exceeds any of the past years, and is steadily growing. The new names do not all come from the homœopaths, but many from the liberal men of other schools, men who are not afraid to look over their own orthodox fence. The general aim of the journal is to help satisfy the cry of all patients: "I want something to cure me." Learned men may talk as they please about the "uselessness of drugs," but the patients want them, believe in them, and in this the people are right. Even the scoffers want them when they are ill. This belief is inborn in the human race, and medical scientists cannot eradicate it nor is it well that they should, for medicine can and does cure disease, if you know how to use it.

That "know how" is the quest of the RECORDER. In this our goodly contributors mightily assist, in fact, furnish the material, and it is the hope of the management that they will not slacken in the good work. While therapeutics and materia medica are the central idea of the RECORDER, its pages are by no means confined to them alone, as all readers know, but roam over a wide field in the effort to make the journal interesting and readable as well as instructive. Send in your papers and letters on any subject.

Well, next January, D. V., we begin the thirty-second year with the hope of retaining old subscribers and contributors and of obtaining many new ones.

A Merry Christmas and a Happy New Year to all!

Therapy.—Remarks a recent writer: "Therapy is not a sufficiently studied subject." Therapy is defined in medical dictionaries as "the treatment of disease."

Hahnemann—Philadelphia.—The *Hahn. Monthly* quotes the following, among other things, from "Students' Notes:" "We have forty (40) students in the Senior Class; ten (10) in the Junior Class; thirty-three (33) in the Sophomore Class; thirty-one (31) in the Freshman Class; and fifty-five (55) in the Pre-medical Class; making a total of one hundred and sixty-nine (169) enrolled—and they're all first-class material, too." Surely "Old Hahnemann" is coming right up—modern equipment, able professors and growing class of students—and the RECORDER is mighty glad to hear it.

The Status of Homœopathy.—Some of our good men seem to find joy in statements like the following: "The great contribution of Homœopathy seems to the scientific men to have been its influence upon the development of modern medicine." Also: "It has served a large and useful purpose, but its purpose seems in the main to have been accomplished." So under the faded old flag of "Modern Medicine," which has been "modern" from the days of Hippocrates—for, remember, each passing "to-day" is "modern"—Homœopathy is put subservient to the latest medical fad. There is nothing to rejoice at in this. Indeed it is rather a case of "it is to laugh."

Too Much Treatment.—A correspondent of an exchange writes to the editor:

I have a patient whom I have been giving the tuberculin treatment for more than a year. About two months ago this patient developed a severe attack of autointoxication. Following this attack, the patient, who is a man about fifty years old, claims to have lost his taste. He says "nothing tastes natural." Otherwise, he is doing well. I would be glad to receive any suggestion relative to the lost taste.

Though not asked, we should say that the patient is making a proving of *Tuberculin*.

"Optochin."—Another modern drug gone wrong! The following is the *Jour. A. M. A.'s* abstract of Adler's paper, "Amaurosis," *Therapeutische Monatshefte*, Berlin, Sept.:

Adler warns that even the therapeutic dose of optochin is liable to seriously impair vision. In the first of the three cases he reports the amaurosis lasted for twelve hours but then subsided, leaving permanent severe changes in the retina. In the second case the impairment of vision kept up for several months and vision is not completely normal even nearly a year later. The drug was suspended at the first signs of trouble but the condition grew worse to complete amaurosis the following day. These patients were young women. In the third case the patient was a child under two, and the amaurosis was complete and persisted for a week after suspension of the optochin. In the seven cases on record in which the ophthalmoscopic findings are reported, the findings were closely similar to those in Adler's three cases. They suggest that the amaurosis is a quinin amaurosis. With the latter drug, however, it develops only when large doses are given, while relatively small doses of the optochin have sufficed to bring it on, in one case only two 0.25 gm. doses. The visual disturbances occur in a far larger proportion of the patients using optochin than with quinin. In conclusion, he states that he will not feel justified henceforth in using or in recommending optochin until further study of the subject. It may be possible to obtain equally good results with smaller doses or to eliminate from the drug the special constituent which acts on the apparatus of vision.

Poliomyelitis in France.—The Paris Letter of the *Journal of the A. M. A.* says that the question of poliomyelitis came before the Council of Hygiene. Presumably this was because of the uproar made over the disease by American health boards. The Council decided that there is no reason to fear the disease becoming epidemic, as it has long been known in France. Nevertheless the Academy of Medicine asked that the disease be placed on the notifiable list. England, France and Germany all refuse to quarantine paralysis.

Infantile Paralysis.—This comes to us *via* a neighbor. A child died of "poliomyelitis." The father told the neighbor, who told us, who relate it in a few words, a little boy of about eight got hold of a bag of peanuts. He ate them. He was taken ill—fever, diarrhoea and the usual train. The conscientious "regular" called in the "health board." A spinal puncture was made, something was injected to replace nature's fluid drawn off, the child became paralyzed—and the undertaker did the rest. That neighborhood is ripe for Christian Science.

A Fountain of Virtue.—"The great American Osteopathic As-

sociation of the country has been invited to do its part. . We must hail it, for osteopathy must go hand in hand with orificial surgery. In our *City on the Hill* 'we shall prove all things and hold fast to that which is good.' *And radiate virtue to all the world.*" —*From the Journal of the American Association of Orificial Surgeons.* (Just here be it observed that the radiating *italics* are the *Journal's.*)

First Things.—Every good homœopath knows that *Bryonia* has "worse from motion," pains in the joints and the like; that *Aconite* has restlessness, fear, fever, and so on; that *Arsenicum* has burning, restlessness, great thirst, profound exhaustion, and so on; that *Hepar sulph.* has its unhealthy skin; *Mercurius* its foul breath and sweat, and so on through the list, but apparently, every good homœopath does not know that these, the A, B, C's of Homœopathy, are not generally known. If he realized this fact he would devote less space to the rare disease and more to the common, every-day ills, in his papers. Really an every-day paper, one dealing with 90 per cent. of the ills daily presented to the general practitioner, attracts more attention and is more valued by 90 per cent. of the readers than is the most erudite paper on a disease that 90 per cent. of the readers never meet. Just remember that not everyone is familiar with *Bryonia*, *Aconite*, *Arsenicum* and the other polychrests and give the world through your homœopathic journals records of cases that "every one knows," but which in reality few do know.

Johnny X has a "cold." Now what all, including your brother physicians, want to know is, What restored Johnny to his position of stone throwing, yelling and other characteristics that made him a neighborhood pest? His blood pressure, his leucocyte count, his ever-varying temperature and all the other incidentals are not so important as the remedy that once more made Johnny a neighborhood nuisance.

Hay Fever.—If the following from the *N. Y. Medical Journal* is true hay fever rather belongs to the nerve men than to the nose men:

Since the first description of hay fever, in 1819, humanity has been climbing to a pitch of nervous stress and strain which cannot from any point of view be called normal, and it is from those that ride the crest

of the wave of culture and strenuosity that the hay fever army is recruited. Hay fever is, therefore, more common among women than men, among city than country dwellers, and among the educated and highly nervous than other classes. For the individual physician the combating of the tendencies of life which make for hay fever is certainly, in the language of Artemus Ward, "2 mutch," and yet the physician is frowned upon for his helplessness in the matter. Here is another problem, or rather a part of a more general problem, for a national department of health.

Whether such a department would be wiser than the physicians is another problem.

An Ancient Fallacy.—"The hair of the dog that bit you" is an ancient error often associated with Homœopathy. In the year 404 B. C. Antiphanes wrote the following lines:

"Take the hair, it is well written,
Of the dog by which you're bitten;
Work off one wine by his brother,
And one labor with another;
Horns with horns, and noise with noise;
One crier with his fellow's voice;
Insult with insult, war with war;
Faction with faction, care with care;
Cook with cook, and strife with strife;
Business with business, and wife with wife."

Antiphanes' satirical lines apply to modern allopathy, not to Homœopathy, for the fever, fear and restlessness that *Aconite* will cure is not the dog that bit you. It is the serums, vaccines and the like that follow your lines, O Antiphanes!

Tuberculosis.—Our energetic contemporary, *Illinois Health News*, issued by the health board, in its last issue prints, as a frontispiece, a cartoon showing a wretched looking man in the poorhouse. Under it is the text, "His only crime is illness. His illness is one which society could prevent. His plight is one which society can remedy." Presumably this means that society should give more money. According to reports in one year, through private and public sources, twenty-one million dollars were expended in "fighting" the disease. The results were not startling. The children of the rich, with all that lavish expenditure of money can do for them, die of the disease. Something more than lavish appropriations is needed.

Independent Journalism.—In his President's Address (Am. Therap. Soc.), containing "some observations of the present status of American Medical Journalism," Dr. F. M. Pottenger, among other things, said:

American medicine, while no less interested in the fundamental principles of our science, has always aimed at improving its therapeutic measures. This is the principles upon which the American Therapeutic Society is based. Therapeutic nihilism is neither acceptable to the American public nor the American profession. Our profession refuses to occupy the position as coroner to the public and to recognize that its chief role is to determine the cause of death. Its aim is to alleviate suffering and apply curative measures. If it cannot do this it has no claim to the condition of the public except in its efforts to prevent disease. In its effort to teach therapeutics it needs and must have an efficient, independent journalism.

The American Therapeutic Society has a hard row to hoe. The A. M. A.'s "Council" condemns practically every known drug, so how is a therapist to exist before the frowning Jove of Dearborn St.?

Heredity.—The prevailing belief is that diseases are not hereditary, a belief contrary to the teachings of Hahnemann and of the physicians of other days. The *Archives of Medicine for Children*, Paris, prints a paper by Babonneix and Villette, on "Mongolian Idiocy." There are four children, girls, all idiots. The mother died of tuberculosis. She had two abortions and bore ten children, six of whom died in infancy, the others being the four idiots. Both mother and father seem to have been syphilitic. The writers of the paper put up this: "The question arises whether inherited syphilis is responsible for the idiocy of these children?"

"Itching."—This extract from a letter from an Oklahoma subscriber is the text: "The articles by Dr. Eli G. Jones are worth more than the subscription." (This, however, is an "aside," as the theatre people say.) "I wish we could hear from some one on the 'itch.' There are hundreds of cases around here. What works like a charm in some seems useless in others. *Sulphur*, *Hepar sulph.* and *Calcarea carb.*, I find to be the best."

Another Raid on the Tonsils.—Drs. Ruh, Miller and Perkins, of the Western Reserve Medical School (*Jour. A. M. A.*, Mar. 25), in a paper on "Diphtheria Carriers," write, among other things:

Various biologic products have been used in numerous series of cases with indifferent results. The diphtheria antitoxin, of course, should not be considered, as it has no effect on the organism. It might be noted in passing that it is remarkable how long the idea obtains in the minds of many physicians that antitoxins can in some way affect *Bacillus diphtherie* in the body. Toxin-antitoxin mixtures are also useless. * * *

Direct local treatment by chemical substances has been a failure in the hands of the great majority of men. In a limited number of cases there have been apparently successful results, but the number is not such as to show that these cases would not have become free from the organisms without treatment. Indeed, as a result of our own observations and in agreement with those of Park and others, we are inclined to believe that undue handling of the mucosa in the nose and throat tends to stimulate the persistence of the organisms rather than their disappearance.

Their contention is that the only true method of treating "diphtheria carriers" is to cut out the tonsils. This knocks over much science as, in another paper in the same issue of the *Journal*, another writer tells of great things done for "carriers" by the means pronounced useless in this paper.

It is a bit curious that none of these bright men ever think of reviewing their premise, that the bacilli are the cause of the disease. They would not entertain the idea that the pus in it is the cause of a boil, that mucus is the cause of catarrh, or a scab the cause of the injury it has grown over.

In certain states of mind learned men will declare that they are but children paddling on the edge of the illimitable ocean of knowledge, while in other states one would think they could give pointers to Neptune himself.

"Respectable."—An English physician as reported in *British Medical Journal* waxes indignant over the phrase "any respectable medical man" may sign a certain certificate. Certainly the blank form does imply that there may be medical men who are not "respectable," and so the problem of the truth of this implication is presented. If every one of them is trustworthy the blank is an insult, but if there be those who are, let it be said, "Shady," the clause is a just precaution.

PERSONAL.

"Girls' feet." Title of medical paper. Tell 'em roomy shoes will **cure**— and you will lose their patronage.

"Truthfulness prevents discord."—*Ex.* Try it in your editorials and note the row that will follow.

Too often the Mrs. isn't satisfied to be the better half, but wants to be the whole show. Don't be greedy, girls!

The N. Y. Court of Appeals decides that it is not unlawful to offer "prayer for the healing of disease."

"Hell is not getting what you want," remarks Binks, who is no theologian.

"Revolution rarely means progress."—*Old Paper.*

Hering once referred a man to "a certain, to him, unknown book," namely, the dictionary.

Man and wife a-fishing. "I must go, dear." "Why?" "I forgot to order the fish for dinner."

"Man wants but little here below"—only our little earth.

"Your medicine is wonderful! The patient will never take anything else."

You cannot get a "biological product," such as is usually administered, out of a healthy animal.

"As a physician I condemn alcoholic drinks, but as a man with a thirst, I take them." Adapted.—*J. A. M. A.*

Why do we have "clergymen's sore throat" and not lawyer's? They both talk much.

"Last night I saw Jennie getting out of her Chalmers——" It was a moment before the tension relaxed.

The P. A. G. Q. remarks that of five new officers of the A. I. H. three are good looking. All hats off, you new ones!

"Bionergy." Why not spring it?

Surgical cases like to be well sewed up.

Penna. had a dog quarantine, but a quarantine on flies and skeets would have been more popular.

Professor Carey, of Chicago University, says there is no "startling danger" in sausages, for which many thanks!

Women think they ought to have a man's pay, and they generally get most of it.

An ex. remarks that "the cost of paper, the chief element of a periodical," etc. Hard on the editor.

"Who's dead?" asked the looker-on at a funeral. "That man in the hearse," replied Patrick.

"Do you know that sickness lowers earning capacity?" U. S. P. H. S. Sure, everybody knows *that*.

Colored person at the door: "Is de woman in dat wants to hire a scrub lady?"

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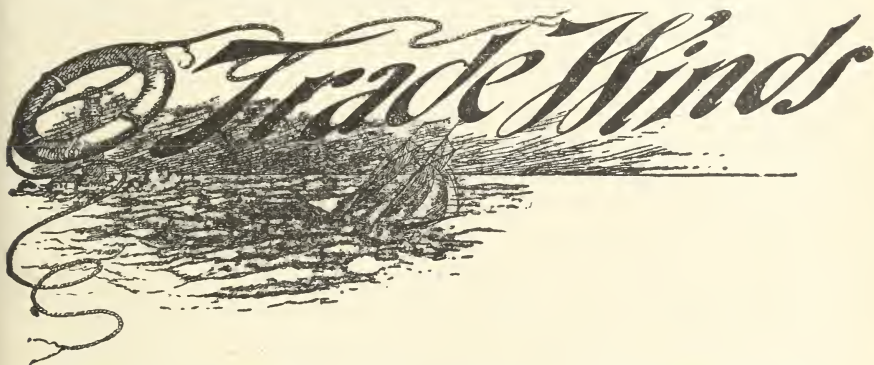
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Here is something clinical or personal. A good many readers or, at least, some, know what “running the furnace” means when hard coal is used. You men who use natural gas are spared a lot that the hard coal user must suffer. Two or three times a day you must go down-cellar and “rake” that fire, or “shake,” get out clinkers and so on. T. W. has this job in his home, and one day proved to his own satisfaction that “as a rule man’s a fool,” for he has a pair of heavy gloves for this work but did not put them on, on this occasion. The result was that when a particularly vicious clinker needed an extra hard shake of the shaker the handle slipped off and a rusty iron heater received a John L. Sullivan punch from the bare fist. First round for the heater, which gave T. W. a gash over an inch long right down

to the bone. At first dioxygen was applied, but it merely foamed; then *Hamamelis*, but no good; then the hurt was bound up in bandages, soused with *Succus Calendula* and kept wet with it. After four days, when the hurt became sticky, *Calendula cerate* was applied. At the end of ten days everything was healed, and to-day, two weeks later, only a slight scar, hardly visible, remains. During the first week, ever and anon, a creepy little pain would run up the arm and a feeling that a chill was hovering in the background lurked about. *Hypericum* 3 was taken and nothing happened. It isn't much of a "case," but surely all the methods of modern medical science couldn't have produced better and quicker results.

A Scotch country doctor assiduously attended a Scotch country minister through his illness. Afterwards he sent in a goodly bill for medicine and visits. The minister promptly paid the bill for medicine, but said he would return the visits.

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Mr. W. G. Smith, of Thompsettown, writes that "Mifflintown, Pa., would be a fine place for a veterinary surgeon," as the man there has departed this life. Mr. Smith also asks, "Why do your leading homœopaths allow Homœopathy to die out, or be killed by damaging laws. The homœopaths should have their own examining board."

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HENRY NEVILLE, M. D.,
Jamestown, N. Y.

Dr. G. W. Harvey, of Filmore, Calif., writes us that he wants a partner. Anyone with an inclination towards the Golden State can write Harvey for particulars.

A "regular" wrote Dr. Eli J. Jones: "Since I became acquainted with Homœopathy I have acquired more practice than I can attend to.

Dr. W. W. Sherwood has removed from S. Hovey St., to 5939 Calumet Ave., Chicago, Ill.

Dr. L. Carl Smith has removed from Madeline to Adin, Calif.

Dr. Edith Neel Parsons has removed from Eeffner to Santa Rôsa, Fla.

The following paragraph is lifted from an editorial in the *Hahnemannian Monthly* of November last, headed "Homœopathic Propagandism:"

"We were favorably impressed with the very practical form of homœopathic propagandism in the form of a commercial advertisement of a work, entitled *The Elements of Homœopathic Theory, Practice, Materia Medica and Pharmacy*, recently inserted by our oldest homœopathic publishing house in a prominent old school journal. We do not doubt that such an advertisement will prove profitable to the publishers; we believe that it will be advantageous to physicians of the old school who will purchase this book, and we feel satisfied that it will prove a very practical method of homœopathic propagandism."

The book referred to is now in its third edition (not much changed from the first), and is still among the "best sellers." It outlines Homœopathy from the historical to the practical, and has proved to be immensely popular as the actual sales, at least, seem to show. It was written for the allopathic doctors more than for the laity, and is about the best "missionary" extant.

The *Hahnemannian Monthly* has added "Hahnemann College Notes" to its make-up. These appear in the "News and Advertiser" section. Editor of "Notes," Thomas B. Mills, '17. The first appearance covers over seven pages in good 8 point type. Describes "Dr. Clarence Bartlett's Banquet to the Senior Class" at the Union League, the "Senior Trip to Allentown," besides gossip from the college and the various classes, including the "pre-meds." T. W. congratulates Editor Mills on his department, and "G. H. W." on an interesting addition to his journal.

"H. V. H." and "C. M." ought to stir up *The Clinique* to do likewise, and, if we dare, would hint that such a feature might even be added to the *New England Medical Gazette*. New York has its *Chironian*, while Ann Arbor and Columbus are represented by the *Observer* and the *Polychrest*. It is no easy matter to run exclusive student journals as the long list of those that have come and gone proves, but a department in one of our established journals will answer the same useful purpose, can be flexible as to size and stopped, if needs be, during vacation time, or when the student editor, after receiving his "sheep skin," sallies forth, like St. George, to slay the Dragon of disease—by whom he must live. However, dear boys, do not let that mild jibe affect you for, indeed, that ancient Dragon is a tough nut and will rampage up and down the land long after he has sent you, do your best, to where your toes are turned up to the snowy daisies, and after the newspapers have printed obituaries telling what a fine man you were, and, no doubt, telling the truth—at least we hope such will be the case, *i. e.*, the telling the truth, for, in sooth, we do not like subscribers to die.

Ann Arbor, Mich., Dec. 4, 1916.

Dear Doctor Wilson:

Have just spent about two hours going over your book (*Diseases of the Nervous System*), and I want to thank you for the fine and complete book you have given us. I am one who has always believed in loyalty to our authors, and in my classes I have always recommended your (first edition) book, but I confess to a dissatisfaction with the arrangement of the former edition, which made it an unreadable volume. I am very glad that this new edition is not only free from the objection (possibly

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We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

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Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

Rosol Hand Lotion. Best thing for chapped hands and rough skin. Price, 50 cents.

Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

only mine), but on the contrary is not only exceedingly readable but is splendidly arranged and presented. You may be sure that I shall not only recommend it to my classes, but insist on their procuring and using it. It is already adopted as a text book.

Very truly,

W. A. DEWEY.

Boericke & Tafel.

Columbus, November 29, 1916.

Gentlemen:

I have just received, with your compliments, copy of Dr. J. E. Wilson's "Diseases of the Nervous System." I thank you very much for your kindness in this matter, and I shall most certainly recommend this work to our students, both as a text book and as an addition to their private library.

I am acquainted with Doctor Wilson himself, and know that he is thoroughly qualified to furnish an instructive and representative work on such an important subject. I was acquainted with the first edition, and an examination of the recent publication convinces me that, for the homœopath, Doctor Wilson's book is the best publication.

Very truly yours,

W. B. CARPENTER.

The following is from a paper by Dr. John Aulde, of Philadelphia, contributed to the *Medical Times*—the tabulation referred to being omitted. Let it be premised that Hensel in his *Macrobiotic* and other writings teaches the same thing, and his "Physiological Preparations" are designed to supply them. Here is what Aulde writes:

"Popular interest has been aroused by the current report that the British commissary department has recently closed a contract for six hundred million cans of beef stew. Allowing each man a can per day, this would supply an army of three million men for a period of nearly two years, so it appears there is no prospect of an early cessation of hostilities.

"It has occurred to the writer that a study of the nutrient value of this combination would prove of special interest to a large number of persons engaged in advancing domestic science, as well as the general public.

"The accompanying tabulation gives the name and amount of

Diseases of the Skin

Including the Exanthemata.

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"He has done for therapeutics what Farrington did for Materia Medica."—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

each of the various food materials employed together with the nutrient values in protein, fat and carbohydrate, also the caloric value, or heat and energy equivalent. In addition, this study has been extended to include certain essential mineral constituents, calcium or lime, and magnesium, since the medical profession is gradually awakening to the fact that mineral deficiency in the dietary, especially a deficiency of calcium, is directly responsible for many disorders, both acute and chronic. Thus, we know positively, that it is the pivot or turning point in the production of rickets and 'summer complaint' in children; that it is the deciding factor in creating susceptibility to tubercular infection in both adults and children; and that it is a demonstrable condition in Bright's disease and diabetes. Recent investigations by the United States Public Health Service prove beyond question that the loss of lime salts is the sole cause of pellagra, a disorder which has baffled the medical profession for two centuries.

"Examination of the blood in all these disorders will show calcium deficiency, and besides, the administration of calcium, or reorganization of the dietary to include a larger percentage of calcium in the food materials, is followed by immediate and marked improvement.

"Professor Langworthy, of the United States Department of Agriculture, after a careful study of the food problem in American homes, estimates that the average dietary carries 10.5 to 15 grains of calcium and about half the quantity of magnesium. When these proportions are reversed, susceptibility to illness follows."

"The hand that rocks the cradle"—but there is no such hand,
 It is bad to rock the baby, they would have us understand;
 So the cradle's but a relic of the former foolish days,
 When mothers reared their children in unscientific ways;
 When they jounced them, and they bounced them, those poor dwarfs of
 long ago—
 The Washingtons and Jeffersons and Adamases, you know.

—BISHOP DOANE.

San Francisco, Calif., November 24, 1916.

Messrs. Boericke & Tafel.

Dear Sirs:

The copy of Moffat's "Homœopathic Therapeutics in Oph-

How to use the Repertory

With a Practical Analysis of Forty Homœopathic Remedies

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

thalmology" which you sent me has been very carefully scanned, and I am greatly pleased with it. I keep it right at hand on my desk and refer to it very often every day. It is concise, and we know it is accurate since it comes from Moffat. I want to thank you for it.

Very sincerely,

PHILIP RICE.

Physicians' Building.

The following ironical squib is taken from the editorial page of the *Bulletin-Journal*:

"A drug enthusiast would be about as welcome in the councils of the presiding elders of medicine as an apostate in the deliberations of an orthodox synod. Any kind of a treatment optimist is a suspicious character, the freedom of the medical press is a relic, and the verb 'to cure' is taboo. Unnecessary hazards on the links of progress."

Over the Temple of the Medicine High-brows should be written:

"Ye who enter here leave Cure behind."

No wonder that practical little books like *Elements of Homœopathic Practice*, *Materia Medica*, etc., and *Therapeutic Byways* sell by the thousand copies to the therapeutically starved.

The patient advised the doctor that he needed something to arouse him. When the doctor sent in his bill the patient came around in a wrathful state. But the doctor calmly told him, "You asked for something to arouse you, and the treatment seems to have been successful, so why all this fuss?"

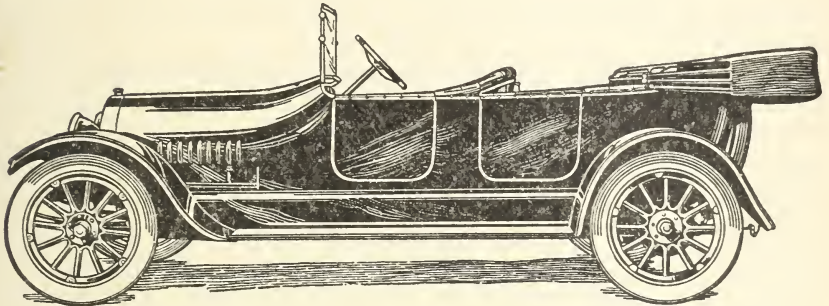
Once upon a time Professor Wilson (not our John E. Wilson, author of *Nervous Diseases*) wrote on the blackboard, used for announcements of the Edinburgh University: "Professor Wilson informs his students that he has this day been appointed honorary physician to the Queen." Under this a loyal student wrote, "God save the Queen!"

Dr. J. W. Unger, of West Point, Miss., writes:

"I am enclosing you my subscription for THE HOMŒOPATHIC RECORDER for 1917. I have learned to enjoy your journal very

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

much, and feel that I do not want to do without it. Wishing you a happy and a prosperous New Year, I am, cordially and fraternally."

This goes in without comment or comprehension on T. W.'s part.

A PRESCRIPTION.

Give an Allopathic scolding to your husband and daughter when the symptoms seem to indicate the remedy, so that each may triturate the dose to suit the individual case. Observe the beneficial results.

FRANK A. PALMER,
3819 Ellis Ave.,
Chicago, Ills.

If the above prescription is within the confines of Homœopathy, print same with my compliments and let me know the date of issue.

Dated, Chicago, Dec. 11, 1916.

Dr. H. A. Bates, New York, opens a paper in *Medical Pickwick* on "Medical Big Game Hunting," as follows:

"Yea, brethren, there is some medical 'Big Game' left, but it's durned scarce! You and I, dearly beloved, have about as much chance of landing a \$10,000 operation, or a \$5,000 per year retainer from some plutocrat, to keep *Mors* at a respectable distance, as we would to go for *Ursus horribilis* or *Bison Americanus* with a pop-gun! Medical big game is getting rare because it's getting wise. Shy it is and wary 'cause the sense most acutely developed is its money sense and, *sine* simoleons, it ceases to be the big game. See?"

This is quoted from a letter from Dr. H. P. Bellows, Boston, Mass., concerning Dr. John L. Moffat's *Therapeutics in Ophthalmology*:

"On Sunday I went carefully through your choice little book from cover to cover. When I was in general practice there was no book in my library that I held of higher value in its sphere, or to which I turned with greater confidence, than Bell on Diarrhœa, which has so long been a little classic. This

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little book of yours will be a running mate to that one if my judgment is correct. It is not in my line of work, to be sure, but the simplicity and directness of it appeal to me, and for quick reference it must be invaluable to the man in general practice."

(Dr. Bellows does ear work only today.)

CONTAGIOUS, CONSTITUTIONAL AND BLOOD DISEASES. By A. L. Blackwood, M. D. 367 pages. Cloth, \$1.75.

There is always a place for a homœopathic work, as our bibliography is not so overrun that we are suffering from a congestion thereof, and there is surely a place for this volume.

It is one of a set of six, being the fifth in order, which will in reality form a complete practice. It is a hand-book mainly on contagious diseases, and yet it contains a number of diseases not found in much more pretentious works. It is moreover a work that will be referred to more frequently than any of the other volumes, as the very subject of infectious and constitutional diseases gives it a place in everyday general practice. The greater part of the work is taken up with infectious and contagious diseases and includes all the way from mumps to syphilis under the first caption, and from influenza to the plague under the second. We are so accustomed, as a rule, to classify gonorrhœa and syphilis under surgery that at first thought they might seem out of place in a purely medical work, and yet considered from the idea of contagiousness they most surely would become part of this class, and the homœopath can find a place for his medical treatment and can make the surgical treatment an accessory means thereto.

The homœopathic treatment all through this work is of the best, and naturally so as coming from such a source, but the author is not behind in augmenting the materia medica with auxiliary treatment,—dietetic, hygienic, eclectic and local.—*Pacific Coast Journal of Homœopathy.*

T. W.'s poets are singularly silent of late, whether to the relief of the reader or not is A Problem.

Alligator skins have become so scarce and high in price that alligator leather cases are almost unattainable.

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Dear Reader:

This is neither business, advertising, nor medical, save in spots. It is merely a free and easy letter to each reader, who can read it or not as he pleases for T. W. has put in two weeks at Atlantic City, and feels like inflicting something of that mid-winter visit on you, knowing that “you all,” as our Southern friends say, have been there, or will visit “the biggest little city in the world” some day.

It is the same old place as of yore only a bit bigger and brighter. Starting from Heinz’s Pier, it may be noted that the old Hotel Rudolf has been rebuilt and is now an imposing sky-scraping steel building, that is, the ocean front half is and, presumably, the other part will follow suit in the near future. One block down

the St. Charles has also made a similar change. The huge and Moorish, fortress like, new Traymore, has secured ground for an addition that will be almost as big as the main building now is. The Shelburne has made arrangements, they say, to tear down the present structure and replace it with a towering steel building. "The Bowery" is doomed, a company having bought the three or four blocks entire, and have a big sign up that they intend to clear away all the old buildings and make it a first-class hotel district. One wonders where all the people come from to fill up this numberless aggregation of big and little hotels. But they do, and the cry is always for more. The fine, big Chalfonte, where the Institute met, seemed to be full to the top judging from the lighted windows and the number of well-to-do people in its spacious rooms and corridors. It is big, fire-proof and comfortable. A good place to go.

At night the boardwalk seems to be just as brilliantly lighted from stores and big electric signs as in mid-summer. The electric signs are more numerous than ever, even the Du Ponts, the powder people, who have demoralized the eastern labor market by drawing of many thousands of men at very high prices, have a regular "movie" display over the "Million Dollar Pier." Struck us as queer that they should have this elaborate display when they can hardly fill their orders to-day. Perhaps they scent the closing of the big war.

One cold day, with the thermometer several degrees below freezing, and a keen wind blowing, we stopped and rubbed our eyes to make sure, for out beyond the Garden Pier was a man swimming and diving. Don't know how long he had been in but we watched him for about five minutes when he came ashore and nonchalantly strolled up to the bath-house clad in as skimpy a bathing suit as the law allows. Asked him, "How's the water to-day?" "A little cool," was the reply, "but fine."

This brings up the fact that one day we concluded to have a "shine." Fell to talking with the old darkey boot-black. He said, "Boss, if you don't want your hand to chap don't wear gloves." Said he used to carry grips and things to the station and his hands were always bad; then he threw away his "mitts" and his hands never bothered him since. Later we wandered up to "The Inlet" and chinned (as usual) with a lot of "cap-

tains" who were lounging around there—they are all captains who own a boat. Told what the boot-black had said and one replied, "The coon is right. I've known that for years." Impressed with this and being bothered (as every winter) with chapped hands, we discarded gloves and, no matter how cold it was, depended solely on overcoat pockets. The result was that the cracks all healed up. Whether the cure will be permanent remains to be seen, but it has so far. Good doctor, you can take this pointer as you please, but T. W. intends to give it a thorough test.

This therapeutic pointer leads to the smoking room where men gather to smoke and swap yarns. We had a goodly crowd of well-to-do men in that room at our hotel. Here are some of the near-medical items picked up:

One gentleman had a shade over his right eye. Asked him "What is the trouble?" He replied that "Doctor —— says it is neuritis. Has been treating it for four months. It doesn't get any better, but is, if anything, worse." "What does he do for you?" "Oh, he treats me." "Give you any medicine." "None whatever." Felt like telling him to go to a homœopathic physician, but concluded it best not to interfere. Surely the world needs Homœopathy!

This led another man to spin this yarn. His brother was not feeling right and consulted an eminent physician (allopathic) who made a thorough physical examination, told him to cut out alcoholic drinks, not to smoke over three cigars a day, and come back in two weeks. That was all. "Brother" said nothing but went back in two weeks. Was cut down to one cigar. Called a third time, was pronounced cured, and told he would stay cured if he followed the advice. At this the patient broke out and told the doctor that he had never drank liquor or used tobacco in all his life. The doctor was taken aback and weakly said: "Well, the best of us are fooled at times." Now, whether Brother was a dry joker, or the relator an archer, using the long-bow, is uncertain. He declared the story to be true, and he looked like a prosperous and responsible business man. Also the physician was a personal friend.

After this a man, well groomed, representing one of the big life insurance companies, took up the burden. His story, if true,

was rather interesting. It ran this way: He insured a man for \$10,000 in an accident policy. Evidently, as the sequel will show, the man was pretty well placed financially. Within a few months the insured man met a pretty severe accident, though the details were not related. He was rushed to a hospital and, so the story went, while laid open the surgeon remarked, "While he is open we might as well take out his appendix," which was done. Why this was done is not clear but, apparently, the surgeon thought the appendix is a useless appendage that is better out than in. However, let that pass. When the insured man came out of the hospital he went to his friend who had insured him and told that insurance agent what had been done. The insurance man replied that probably the surgeons knew what was best, to which the insured, in turn, replied, "That is all right, I'm not kicking, but three years ago I paid Dr. ——— one thousand dollars for an operation for appendicitis." The name is left blank, but the man who told the story gave it, and it is not altogether unknown.

There was a lot more of this stuff, as, for instance, the man who said that thirty years ago his then doctor told him to start his day's eating on stewed prunes, baked apples, or fruit, and he would never be constipated, and who never was in consequence of following the advice, but, probably, you have had enough of this smoking gossip of the laymen. Sometimes it is well to hear what men say of such matters.

One day realizing the need of some tonsorial work we stepped into a barber shop. Was put into a chair next to Senor Vessella, who leads the band on the Steel Pier, and is noted for his seeming indifference to his audience. In the shop he was as talkative as the traditional barber, just kept up a running fire even when the razor was on his face. Nothing remarkable in this, but one thing he related interested the idle writer of this letter. In strong Italian accents and idiom the incident ran about as follows: "You know my composition, my most popular one?" mentioning its name, which is forgotten. "Well, I would write a piece of music. Inspiration would not come. No theme. I was in despair. One night I lay wakeful. In next room was my piano, open, and my cat. It was dark. Certainly the cat jump on the keyboard and frisk about. In a flash come my inspiration! My

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Laneo. "It stayeth the falling of the hair." Price: 50 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

most successful composition! My 'Cat piece' I call it to myself."

One evening two parties arrived at our hotel. Met in the lobby, and before registering let loose a torrent of words. One lady told how the steam heater in her cellar had blown out that morning, and how desperate she was. "But," said she, "I thought the plumber could fix it as well as I could, so I just left it to him and came on down here." Sounded funny then but when said so seriously perhaps it isn't.

A little psychology. Met a fine old gentleman, retired New York importer, who wanders along the coast from Florida to New England. Said he, "I'm tired of it. Wish I had something to do." A hint for those who want to retire and "enjoy life."

One balmy, sunshiny day (we had all sorts of weather) a fine Airdale dog sat on his haunches in the doorway of one of the boardwalk shops. He was clothed in a red coat and trousers. Stopped and looked at him. After a moment he slowly raised a pair of fine dog-eyes and returned the gaze. It was a look of melancholy tinged with cynicism, which seemed to say, "What fools you mortals be." Abashed, our gaze fell and behold on his left fore paw was a wrist watch. Mentally we remarked, "You are right, old chap," and so passed on.

But perhaps, friend reader, you are getting tired of this. So we close with best wishes from

T. W.

Here is a bit from a letter by an allopathic physician, a man in very good standing. It needs no comment: "So far, my adventure into Homœopathy has been very satisfactory, and I have had in the majority of instances nothing but the most brilliant results."

The old order has shaken drugs but the patients know better, consequently many good men, like the one quoted, are coming to Homœopathy with most satisfactory results. The indicated remedy beats mere advice out of sight every time.

Here is a nice little addenda to a letter from Dr. H. D. Baldwin, of Elyria, Ohio: "Have always considered it (RECORDER) the most valuable journal that I take and shall continue to subscribe for it as long as I remain in the world."

May your life be a long one, doctor!

Diseases of the Skin

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BY FREDERICK M. DEARBORN, A. B., M. D.

NEW YORK CITY

200 original illustrations, photographs from actual cases.

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"He has done for therapeutics what Farrington did for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

Dr. C. F. Barker, of Reno, Nev., writes: "Inclosed find \$1.00 for subscription for 1917. May you have many returns of the subscription dates."

Many thanks, doctor!

Dr. C. C. Curtis, San Pedro, Calif.: "The RECORDER continues to arrive regularly, is full of information and gives continued pleasure. Inclosed find," etc.

On its part the journal is indebted to its many subscribers for contents that fill its varied pages.

Dr. Royal S. Copeland—you all know who he is—writes Moffat concerning his recently published *Homœopathic Therapeutics in Ophthalmology*: "I bought a copy of your little book on homœopathic therapeutics and am waiting to express my appreciation of your splendid effort. It is very valuable, not only to ophthalmology but to the homœopathic profession."

Copeland himself is no novice in eye work as is proved by that fine book, *Refraction*, written by him and Ibershoff, of Cleveland. The illustrations in *Refraction* were the most artistic and the best drawn "copy" that ever came T. W.'s way.

Dr. Howard Barlow writes Moffat: "I think you did well to give a concise sketch of Hahnemann and of the principles and practice of Homœopathy in the opening chapters of your book, and you certainly did it well for the purpose you had in mind."

As we have been rifling Moffat's mail, might as well go on. Dr. Philip Rice, who looks after things ophthalmologic in the *Pacific Coast Journal of Homœopathy*, writes of the new book: "It has been kept at hand on my desk and referred to very frequently. That I shall continue to make good use of it, shall profit by its use, I am sure. The book has one very distinct advantage—it is concise. It is concise and, I am sure, accurate."

That journal, known to the U. S. A.'s P. O. Dept. as the *Phi Alpha Gamma Quarterly*, is always interesting to T. W., probably because it is always boyish, even though we happen to have known many of its members since we might, with a bit of a stretch, aided by good humored friends, almost have been ranked as "one of the boys." For example, the dignified Presi-

How to use the Repertory

With a Practical Analysis of Forty Homœopathic Remedies

By GLENN IRVING BIDWELL, M. D.

156 Pages. Cloth \$1.00 *net*. Mailed post paid on receipt of price.

Many want to know "how to use the repertory". Dr. Bidwell, an expert in the art, tells how in this book. Also how to compare remedies.

AT ALL HOMŒOPATHIC BOOK DEALERS

TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physician's library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

dent of one of the letters we once knew as "Benny," in fact, attended a certain farewell to single cussedness banquet, where the Queen's Toast was drunk in orthodox and royal fashion, the champagne glasses being smashed into the old "fireplace," never to be used for other purposes again. As for the king on this occasion? Well, he was just the same old friend of humanity—"Ben"—he is to-day.

Our co-worker, Dr. Clifford Mitchell, reports the doings, in last issue, in a manner that makes one think that if he hadn't been a great specialist he might have gathered more "dust" as a newspaper man. But if we were not what we are what would we be? It is a Problem.

Our tall N. Y. friend is given a "write-up" in the last number, in which he is termed "Frederick Mygad Dearborn," in which he is given a full page cartoon as a "Beauty Specialist." Why not? The skin is beauty's most outward emblem, and what F. M. D. doesn't know about the skin (See his Book) is not worth knowing—in a scientific way, at least.

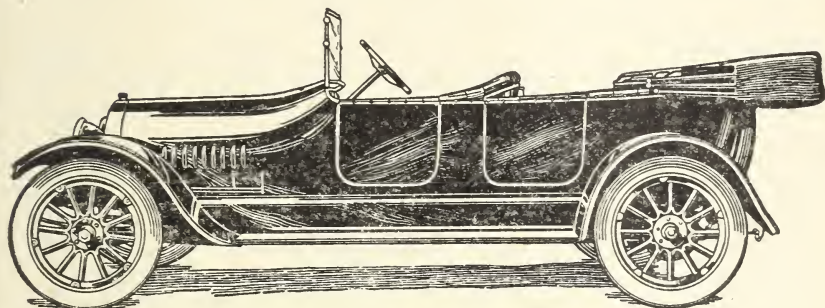
Dr. Richard H. Street, the New Grand President of the organization, occupies the front position in the last issue, in a half-tone. "E's not arfbad looking," and when, as the writer-up says, he has had time to "orient" himself no doubt things will hum. That he doesn't occident too soon is our hope. However! and Well! Be good homœopaths, gentlemen, and you will be happy and also useful citizens.

Still things go up. Vanilla beans up a dollar a pound. Also stopped in the shoe man's place for a pair of shoe strings. He said, "Ten cents." T. W. politely conveyed the information to him, in euphonious words, that he, the shoe man, was a highwayman and an unprincipled monopolist. He politely conveyed the return impression, "take 'em or leave 'em." Doctor, cannot you do a little in the way of advancing *your* prices? Some of you, no doubt, are up enough already, but not all by any means.

American Medicine has an article on *Cratægus*, a remedy that was really introduced through the HOMŒOPATHIC RECORDER, and has now attained world wide fame. The first mention of the drug was in the *N. Y. Medical Journal*, but no attention was

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paid to it until the editor of the RECORDER suggested to Boericke & Tafel that they secure a supply, which, after a year's necessary delay to obtain the ripe berries, they did, a tincture was made of the *fresh and ripe* berries. It was two years later before other tinctures appeared. In the meantime the drug had obtained a remarkable vogue, being praised on all sides. The late Dr. T. C. Duncan, thought it was *the* greatest heart remedy in the world. Some of the tinctures offered by the later houses were rather peculiar, as one of them was advertised as "the tincture made from the fresh whole plant." The true tincture is made from the berries of the white hawthorne, which grows to be a goodly tree. Here is the extract from *American Medicine*:

"As Dr. Reilly [Dr. Thomas F. Reilly, professor of applied therapeutics, Fordham University Medical College, who has also highly commended *Cratægus*] has stated 'its action is non-poisonous,' and it can be given without fear of digestive disturbance, as it is very agreeable to the taste. The action of the drug is slow unless given in large doses; but I think it wiser to give the drug in steadily increasing dosage until the desired effect is obtained, and to maintain that dose for an extended period, which should be determined by the results.

"It is well to note that occasional doses of *Digitalis* in combination with the *Cratægus* adds to the efficiency of both drugs; especially is this true if there is any nephritic involvement, or considerable cardiac dilatation. Transient albuminuria is a frequent concomitant of the symptom-complex of angina pectoris, and in all cases this has either disappeared entirely, or has been greatly lessened after the exhibition of *Cratægus*."

T. W. doesn't care to give free advertisements but cannot refrain from quoting the following from an advertisement of Dr. Sherman, who seems to think that his "bacterial vaccines" are very good. Here is one of three verses he pays for printing in a contemporary:

Colds can be cured and prevented
With bacterial vaccines, 'tis true,
So don't neglect being protected,
Be immunized; 'twill cure that cold too.

The Eclectic Medical College

OF CINCINNATI, OHIO

Located in one of America's greatest Medical Centers—The oldest (1845) and Leading Eclectic Medical College, Conducted on High Standards.

New modern building, well equipped laboratories, six whole-time salaried instructors.

Entrance—Completion of first grade, four years' high school course or its equivalent, plus one year of work of college grade in Physics, Chemistry, Biology and a modern language. All credentials must be approved by the Ohio State Medical Board.

A pre-medical course in Physics, Chemistry, Biology and a modern language is given by the Ohio Mechanics' Institute, Cincinnati, complying with the standards of State boards generally and the A. M. A.

The course in Medicine comprises four graded sessions of eight months each. Fees, \$120 per year; Matriculation, \$5.00 (payable once).

Juniors in co-operative courses in City Health Department and Tuberculosis Hospital (320 beds), and Seton Hospital Clinics; senior internship in Seton Hospital. Seniors in clinical and bedside instruction in new Municipal Hospital, costing \$4,000,000 (850 beds); also special lectures in Longview Insane Asylum.

Seventy-second year opens September 14, 1916. For bulletins and detailed information address

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AN ALFALFA TONIC.

"Repeat" orders are the true evidence of its merit. "Gained in weight." "Feel better than for years." "I think it is a good thing." These are the burden of the letters from those who have used it. For sale at all of Boericke & Tafel's pharmacies. The best tonic that is offered today. Sample and prices on request, *to physicians only.*

BOERICKE & TAFEL.

This is probably the poetical apotheosis of modern scientific therapy. And yet the great *Journal of the A. M. A.* points the slow moving finger of scorn at the old patent medicine almanacs! Tut! tut! brother, have a little charity—also write a *little better* verse!

Some years ago the press of B. & T. brought out an abridged translation of Rademacher's famous book under the title *Universal and Organ Remedies* (104 pages, \$1.00), covering Rademacher's peculiar therapeutics. Hering wrote: "The author," Rademacher, "was an old, experienced, well-read, scientific, benevolent and truthful physician," condemns his doctrine, yet adds that nevertheless it "became one of the most important instruments in the further development of medical science, on account of his purity and sincerity." Hering sums up the doctrine as follows:

"1. There are those primeval affections, diseases of the whole body in its totality (Ur-Affectionen, Gesamtkrankheiten); all the rest are organic affections.

"2. For the first class there are three universal remedies: *Ferrum*, *Cuprum*, and *Natrum nitricum* (the cubic saltpetre).

"3. All other remedies are organ remedies for all other affections.

"4. Only experiments on sick persons can teach us on which organ a remedy possesses a curative influence.

"5. When epidemics are about, we look for remedies, first among the universal remedies and then among the organ remedies; we experiment with all of them in their turn, and the right one will then cure every case.

"6. In relation to the dose, everything remains *in statu quo*, the more the better, but with the precaution, valuable also in fattening animals, never to give more than they can well bear."

Burnett was a firm believer in the "organ remedies" as his many small books show, as, for instance, *Chelidonium* for the liver, *Ceanothus Americana* for the spleen, and so on. *Universal and Organ Remedies* deserves a place in every good medical library.

“Their Medicines are the Best.”

BOERICKE & TAFEL,

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PHILADELPHIA, 15 North 6th St.

NEW YORK, 145 Grand St.

NEW YORK, 145 West 43d St.

NEW YORK, 634 Columbus Ave.

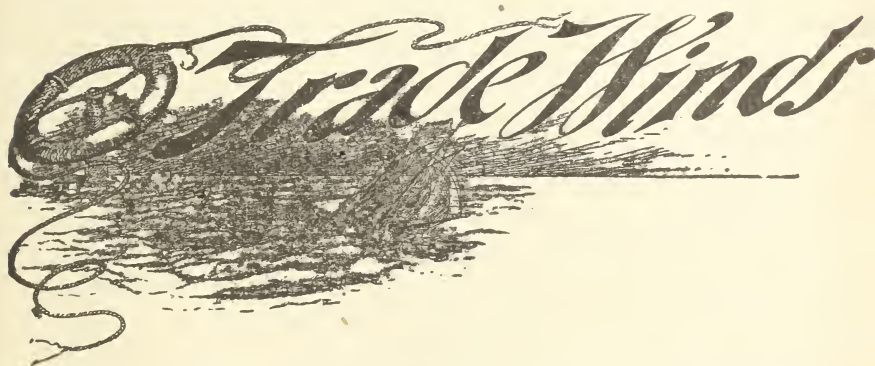
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T. W. doesn't, as a rule, indulge in health hints believing that they are for the most part perfunctory punk. But here is one that is so remarkable that it is given, though the reader must judge it for himself—as he will at any rate. It is lifted from the *Journal of the American Medical Association*.

“The city's health is good, but we advise caution during holiday season, especially in regard to water drinking.”—*Health Bulletin*.

Not as a comment on this, but on its own hook, the *Journal* remarks: “The board of health consists of three square meals a day.” In a multitude of “health hints” there is much business for the doctor.

A canny medical editor discussing the long haired bill before Congress to exclude from the mails any newspaper or periodical that carries any liquor advertisement, suggests that it be amended so as to permit these wicked advertisers to appear in medical journals only. Medical editors are notably philanthropic.

One of the things that adds to the general gaiety and cynicism of the world is a "homœopathic" pharmacy selling "imported tinctures that we received on the U-boat Deutschland." Very likely they would cheerfully supply the 10 millionth, "strictly hand-made potency," of the midnight moonbeams secured at the North Pole, should anyone ask for it. The reason of this sureness (concerning the Deutschland) is that inquiry at Treasury Department shows that no tinctures were imported on either trip of that under-sea boat.

Dr. Geo. H. Irwin, of Orville, O., Secretary of the Eastern Ohio Homœopathic Medical Society, tells us that Dr. Eli G. Jones, who has been writing for the RECORDER during the past year or so, will be the speaker of the occasion of the semi-annual meeting of that society to be held at Akron, O., April 18th.

Anshutz, who has editorial charge of the RECORDER, has become a "union man." In other words, he was recently elected a member of the Author's League of America of which body Winston Churchill is president, and Theodore Roosevelt, of whom you may have heard, vice-president. So far as T. W. can make it out the object of the League is practically the same as that of the bricklayers' and other unions, namely, to help the morals of the members, and also their financial affairs, to protect their rights, and all that sort of thing. Do not think there will be any strike on part of the authors or lockouts by the publishers, though it is too much to hope that there will be no more scrapping between them. T. W. would like to see his poets, "Ken," "Alfalfa" and, when seasoned, "Office Boy," join the union. For his part T. W. would be willing to become a "walking delegate," and thus boss the whole bunch, from T. R. down to his "office boy." But vain aspiration! Authors are no more amenable to reason than are bricklayers, in fact, not so much, for in the last named union an arf-brick can be used as a most potent argument.

Here is a bit of a letter, name of writer not given, because the writer might not like it:

"I think I owe you for your valuable journal HOMŒOPATHIC RECORDER, for another year. Any way, I like your journal very much, even if I am a regular physician."

Splendid opening for a physician at Reedsburg, Wis. Established practice. Address, Mrs. W. R. Churchill, Reedsburg, Wis.

Mrs. H. M. Robertson, Middleport, N. Y., writes that she has about 16 volumes of the back numbers of the HOMŒOPATHIC RECORDER, for any one who wants them. Hope some one, or institution, wants them. They are not altogether bad.

"Queer how things go," commented the book-room stock man recently. "Here is Fernie's Herbalist, '*Herbal Simples*' it's called, that laid practically dead for years, then order after order came in, and the stock went down rapidly. Wonder why?" T. W. didn't know, in fact books are queer things as all publishers know. They bring out a book with high hopes and it falls flat, they reluctantly bring out another and it goes like buckwheat cakes on a frosty morning. Critics and advertising cannot make a book go, nor can the lack of either kill one that has "go" in it. Again and again, like Fernie, certain apparently defunct books will come into vigorous life. The way things look in Europe this is a book, Fernie, that will never appear again when once sold out, and, also, the 2nd edition sold too slowly. Time was when no gentleman's library was considered complete without a "herbal," and this, we believe, is the last of its race. T. W. wrote this, or something akin, about Allen's *Encyclopædia*, and certain ones with worldly knowing said, "He's trying to sell the book." Well, the *Encyclopædia* is out of print—more's the pity, for it is a grand work. Hahnemann's *Materia Medica Pura* may not be out of print, but we are told that there are no more sheets at the bindery, and not many copies left. The *Cyclopædia of Drug Pathogenesis* may be obtainable, but unless there are some left in Europe it is very scarce. Allen's *Handbook* and Hahnemann's *Chronic Diseases* are available but getting low in stock. These were grand BOOKS. What is to take the place of these foundation stones

of Homœopathy? This is not "advertising" even if T. W. does pen it, but a serious proposition that, in a very few decades, will confront the American Institute of Homœopathy, if it, and Homœopathy are to live, for without its fixed *Materia Medica* all will drift about just as the A. M. A. does.

The following is not by one of T. W.'s poets, but was sent in by a very reputable physician whose head is silvered o'er by time:

There is a man who never drinks,
Nor chews, nor smokes, nor swears;
Never gambles, never flirts, and shuns
All sinful snares—*he's paralyzed.*

There is a man who never does a thing
That's not right. His wife can tell you
Where he is morning, noon and night—*he's dead.*

If we didn't know him we would think that the physician who sent that in was an old sinner.

—Flavel B. Tiffany, A. M., M. D., of Kansas City, Mo., is publishing a book, "A Journey Around the World by an Oculist," which, as it tells of eye clinics in all countries, ought to be interesting. Wonder our own Norton, who is a great pilgrim, never wrote his experiences.

Here follows what "J. C. R." has to say of Moffat's *Homœopathic Therapeutics in Ophthalmology* in the *Medical World*:

"The author realizes that ophthalmic science is advancing so rapidly that text-books are soon obsolete. He believes the remedies offered, however, will be useful for many years. They are the ones he has used for a long period. It is written strictly from the homœopathic point of view and would not be easily understood by the other members of the profession. The author does not give methods of administration of dosage. The drugs are considered under sub-headings of Objective, Subjective, Vision, Characteristic, and Clinical. A splendid repertory, including Clinical Index, Objective Symptoms, Subjective Symptoms, Vision, Aggravations, Ameliorations, Conditions, and Characteristics, concludes the book. It is well worthy of careful study."

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Fine Toilet Articles

We have a very complete line of fine toilet articles that it is well to bear in mind when ordering goods. These embrace:

Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

Rosol Hand Lotion. Best thing for chapped hands and rough skin. Price, 50 cents.

Laneo. "It stayeth the falling of the hair." Price, 60 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

Here is how the *Buffalo Medical Journal* treats Dr. John E. Wilson's *Diseases of the Nervous System*:

Anatomic considerations are first presented, under the general title of "Architecture of the Nervous System." Physiology is discussed under the discussion of general symptoms, including the localization of lesions in the brain and cord. The classification adopted for the detailed discussion of diseases is mainly anatomic, but some of the groupings necessarily depart from this method, as: progressive muscular atrophies and dystrophies; the apoplexies (including thrombosis and embolism); functional nervous diseases (epilepsy and hysteria); spasmodic diseases, etc. By the use of paragraph headings as of age, definition, etiology, prognosis, etc., both clearness and brevity are served. The author may be criticised for distinguishing between "treatment" and "therapy" and for using the latter term mainly in the sense of drugs but the distinction of meaning is practically well taken, especially as the drugs used, mentioned only in general terms, might in some instances be open to conflict of opinion. The book is comprehensive and scholarly.

Here follow some honey hints in the shape of a letter written to B. & T. which T. W. thinks worth printing though, indeed, it might more properly be up front in the RECORDER. However, we are conceited enough to think that it has more chance to be read here than—up front:

In making a recent purchase at your branch on N. Howard street I was given a circular of uses for honey. Looking over them I fail to find any mention of it for the eye. I have given it to hundreds for cinders in eye, inflation of lids, redness from colds, dust, dirt, swollen from stings near or under the eye. In fact, in its uses for the eye for more than fifty years past have found none to equal it. Will remove the films coming over the eye in first stages of blindness. This have proven in quite a few cases, both human and animal. A small quantity applied to inner corner eye till it smarts sufficient. The greater irritation, even it will hurt, but never any danger, injuring the eye. I trust you may be able to let people know of its good effects and curative qualities. These days of rapid auto travel, when hundreds suffer from dust, etc., no one should be without it. Usually apply at

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.

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200 original illustrations, photographs from actual cases.

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This book is not printed from plates, is new, from cover to cover, the latest, the least padded and most helpful book on the skin extant.

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PRACTICAL HOMŒOPATHIC THERAPEUTICS

By W. A. DEWEY, M. D.

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426 pages. Cloth, \$2.50 net.

"The book strikes me as being about the most satisfactory work of the kind I ever saw."—*C., Medical Gleaner.*

"He has done for therapeutics what Farrington did for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

night, but in severe cases, party suffering from cinder, apply at once and cover eye with bandage; allow it (eye) to rest and honey to heal and remove cinder. I was ten years in Philadelphia and always bought my honey from one of your branches.

“Very truly yours,

“JAS. T. BARTLETT.

“122 W. Franklin St., Baltimore, Md.”

New York, Nov. 24, 1916.

Boericke & Tafel.

Dear Sirs:

Wilson's neurology received, for which please accept my thanks. During the several years that I have lectured on nervous and mental diseases I have recommended Dr. Wilson's book.

Yours truly,

REEVE TURNER.

Here is a clipping from the *Buffalo Medical Journal* for December:

“Dr. E. P. Anshutz, editor of the HOMŒOPATHIC RECORDER, in quoting from this journal, calls us brother, and speaks of the publication as ‘that fine old journal.’ We reciprocate the fraternal greeting. There is more real ethics in a cordiality of this kind than in the whole of the old code that emphasized the differences between methods of practice and that ignored the essentials of professional life and aspirations. Be it remembered, too, that the RECORDER is homœopathic in belief as well as in name, and that the respective editorial brethren disagree as to medical theory and practice about as thoroughly as could be imagined. Friendly disagreement coupled with mutual respect is a strong factor in ultimate agreement as to fact.”

Sure thing, the *Buffalo M. J.* didn't make allopathy or any of the multitudinous things that sail under that objectionable name. Neither did the RECORDER, nor any one connected with it, make Homœopathy. Where did the things “we all” scrap about come from? None of us, saints or sinners, started 'em. Hey, you! Philosophers get busy.

How to use the Repertory

With a Practical Analysis of Forty Homœopathic Remedies

By GLENN IRVING BIDWELL, M. D.

156 Pages. Cloth \$1.00 *net*. Mailed post paid on receipt of price.

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

POPULAR TEACHING.*

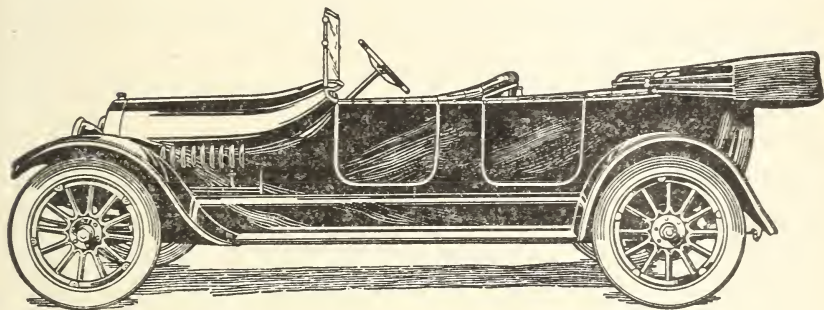
In earlier days there could be little doubt concerning the usefulness of such popular manuals as this little work, because the profession would not have Homœopathy in any guise, and the world sadly needed some better methods of treatment than those in vogue a century ago. But times have changed, and Homœopathy is no longer a new thing, its reputation for better or worse having been built up according to the practice of its exponents. Moreover, in order to obtain its best results our method necessitates accurate remedial selections, and, therefore, it is a moot question whether amateur practice tends on the whole to render Homœopathy more popular. For whilst it may be true, as the author of this manual remarks, that the medicinal treatment of the class of cases dealt with does not call for any unusually profound knowledge, yet it would hardly be claimed that in the majority, any real cure is obtainable without considerable skill. In dealing, for example, with the protean manifestations of the gonorrhœal or syphilitic virus, it will surely be admitted that a somewhat deep knowledge of the homœopathic materia medica is essential. While advising the patient in any difficulty to consult the "family physician," the author fails to point out that delay in resorting to professional aid is frequently attended with serious risks. As a popular handbook, however, this little volume may be found useful, the general advice given to young people being thoroughly sound and trustworthy so far as it goes. There can be no doubt that such teaching is of value in many cases, the lapse into genesial errors being more frequently traceable to ignorance than innate depravity.—*Homœopathic World*.

(When the first edition of this book appeared in 1896 the newspapers were full of "lost manhood" advertisements and all that sort of thing. This sort of stuff is still freely circulated carrying dismay to many a youth who is ashamed to consult his family physician, if he happens to have one. The advice is plain and honest. The therapeutics are purely homœopathic, gleaned from text-books. Homœopathic physicians are not so numerous to-day, nor Homœopathy so well known, that books of this sort, or others

*"Sexual Ills and Diseases." By E. P. Anshutz, M. D. Second edition, revised and enlarged.

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4. All faculty members, all time salaried men.

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

of a popular nature, can be done away with. It was the popular books and pamphlets that blazed the path for our colleges and made it possible for the homœopathic physician to live. Seems to T. W. from his considerable experience with men and the world that the Egyptian darkness prevailing about Homœopathy is about as dense with the average man as ever, and that more, not fewer, popular books are needed.)

SHE HAD TO BE HEALTHY.

Irene's mother is a woman of advanced ideas. A few days ago when there came a change to colder weather Irene went onto a neighbor's porch and looked through the inviting window where Reggie was comfortably engaged with his playthings. "Why don't you come in? I'm just having a dandy time with my Nose ark." "No," sobbed Irene, "I've got to stay outside and be healthy."—*Chicago Tribune*.

In her book, "The White Road to Verdun," Kathleen Burke gives the following litany of the French soldier. Each regiment has a little different version, but all contain the same philosophy:

Of two things one is certain,
 Either you're mobilized or you're not mobilized,
 If you're not mobilized, why there is no need to worry.
 If you are mobilized, of two things you are certain,
 Either you're behind the lines or on the front.
 If you're behind the lines there is no need to worry;
 If you're on the front of two things one is certain,
 Either you're resting in a safe place, or you're on the front.
 If you're behind the lines why worry;
 If you're exposed to danger, of two things one is certain,
 Either you're wounded serious, or you're wounded slightly.
 If you're wounded slightly there is no need to worry.
 And if you're wounded seriously of two things one is certain,
 Either you recover or you die.
 If you recover there is no need to worry;
 If you die you can't worry.

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BOERICKE & TAFEL.

The *Medical World* is always first with its book reviews. Here is the first of Wood's *Clinical Gynecology*, and it appears in the *World*:

CLINICAL GYNECOLOGY. By James C. Wood, A. M., M. D., F. A. C. S., etc. 236 pages. Price, \$2.00, net.

This is not a text-book on gynecology, but a gynecologic clinic or series of clinics, in which the author presents cases, describes them, their symptoms, appearance, diagnostic points, prognosis and the treatment of these women. He also includes in each chapter a discussion of the various types of the disease therein considered, of the various homœopathic remedies therefor, and gives his personal conclusions. The book is so well written that the regular profession can utilize the treatment given as easily as can the homœopathic physicians. It is a good book on office gynecology, although many operative cases and conditions are included. The author treats leucorrhœa due to vaginal catarrh with the same solutions and in the same way as are used in nose and throat treatment, using sprays. He gives the details of his method, which will be welcome information to the profession.—
J. C. R.

It is a bit amusing to see page after page in the official *British Medical Journal* and the *Lancet* taken up with advertisements of American pharmaceuticals that our own *J. A. M. A.* condemns and, if it could, would excommunicate every journal taking them. *Jama's* virtue is amazing to poor sinners.

Our able and estimable contemporary, the *Journal of the American Medical Association*, editorially remarks anent advertising: "Ten or fifteen years ago the testimonial industry was at its height, especially as it applied to medicinal products." The inference is that it is very wicked to have such things. In the same issue, in the most prominent place, is a most excellent oblique testimonial of a proprietary owned by one of the best advertisers in the country. Certainly no one objects to the *Journal* printing it or the house using it, but why throw stones at others? False or paid testimonials are an abomination, but T. W. could never see why the honest opinion of a physician, voluntarily given should, should be regarded unfit for publication even by the unco ethical.

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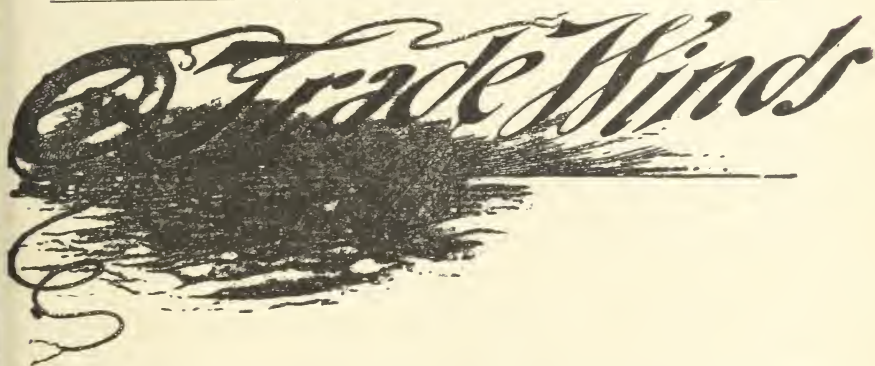
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Trade Winds



Sometimes the scribe of this end of the RECORDER feels that having no money to speak of has its compensations, a feeling engendered when he hears the trials and tribulations his moneyed friends undergo from the army of officials who, one and all, officially, assume that the truth isn't in any man. If you (who have bonds) attempt to collect even a two dollar coupon you have to fill out formidable blanks but, fortunately, do not, as yet, have to go before the magistrates and pay for taking an oath, that you are not a prevaricator. When your business year is up, some of you, at least, have to engage a lawyer to steer you through the intricacies of the official requirements, to say nothing of the mountain of clerical labor required. City, State and U. S. Gov-

ernment all have a shy at you and all assume that you are a latent swindler. At times the cost of proving that you are an honest business man is greater than the taxes collected. After the income army has trampled you into the dust, comes another and bigger army of inspectors, supervisors and the like who severely require that you prove that you are not a crook, that the labels on your goods are not deep laid schemes to defraud and your business is not utterly corrupt and nefarious, and the worst of it is that at every session of State or national Legislature, a host of new bills to "regulate," "restrict," "prohibit," and otherwise tie you up in more red tape, are hotly advocated by office-hungry men and women. The government is of, from and by the people, but it assumes that the people are a bad lot who need the legislative knout. Yes, T. W. isn't so sorry that, having nothing, he can sit back and make comments on men and things. But even this comparative freedom may not last long and it is not at all unlikely that a bunch of reformers in the future will demand that all printed matter be first passed by inspectors before it is sent out. The good old days when the American Eagle screamed "Liberty!" on the Fourth of July, when man paid his share of the taxes and was then free to go his way so long as he did not encroach on his fellow's liberty, are things of the past and red tape ties us all tighter every year.

Dr. Harold H. Briggs has removed from Pennsville, Ind., to 228 Carroll St., Akron, Ohio.

Dr. H. W. Sherwood has removed from Calumet Ave., to 349 E. 58th St., Chicago.

Dr. A. H. Collins has removed from Tulsa to Turley, Okla.

Dr. O. F. Miller has removed from Vine Grove to 1304 Owensboro, Ky.

That good veteran, Dr. H. K. Brouse, has been elected President of The Texas Homœopathic Association. The Doctor resides at 457 Laurel St., Baton Rouge, La., but spends much of his time in Texas. He has retired from active practice save for those of his old families, who want his ministrations. Hope to have a paper from him for our May issue.

Dr. O. H. Crandall, of Quincy, in renewing his subscription,

writes: "I have retired from the practice of medicine, having practiced over fifty-eight years. Was a surgeon in the Civil War. I am still here and cannot do without the RECORDER." Surely our good friend has lived a long and useful life.

Dr. Wm. H. Hills writes us that with the opening of the spring season he will return from Modello, Fla., to Chelmsford, Mass

If interested in summer camps for boys please take a look at the card of Camp Beacon, on page XIX. It looks like a good proposition.

Dr. John L. Moffat's Homœopathic Therapeutics receives the following commendatory notice from the *Hahnemannian Monthly*:

"No one is better qualified than the author to write on this subject; his staunch advocacy of the value of homœopathic remedies in the practice of ophthalmology is well known. A short review of homœopathy and its action in disease is followed by a materia medica comprising one hundred and thirty-two remedies, the symptoms being divided into objective, subjective and visual, in addition to the characteristics of each remedy and its clinical application, are given. The repertory and clinical index are of exceptional value.

"This book ably refutes the charge that ophthalmologists use only local remedies (not one is mentioned); and should be well studied by general practitioners as well as specialists."

A Missouri editor gives a sort of biography of an editor. It concludes: "At 35 he was a corpse in a cheap pine coffin and his five hundred *delinquent* subscribers file past his bier and are heard to say, 'He was a good fellow, but he couldn't save his money.'"

The *Illinois Medical Journal* has the following to say of Wood's *Clinical Gynecology*:

"The author in the foreword states that the book is a series of clinical lectures delivered to a senior medical class, the lectures being later revised, added to and generally edited.

"The author has a strong tendency toward Homœopathy, and

he makes an earnest appeal for a better medical gynecology. While he is a surgeon first, he condemns a too radical surgery in gynecologic practice. Although these lectures were delivered as clinical gynecological lectures, the author does not confine himself to strictly speaking gynecologic subjects. This takes us back again to his foreword, where he emphasizes the opinion that a surgeon should first be a general practitioner, and thus be able to analyze the entire body and its ailments, and note more carefully the co-relationship between the afflicted or pathologic organ and the rest of the body, than can a man who has devoted his time to one specialty.

“There is much in this book which appeals to us.”

The following review of Dr. John E. Wilson's *Diseases of the Nervous System* is by “W. O.” in the *New England Medical Gazette*:

“The student or practitioner will find in Dr. Wilson's book an excellent treatise on nervous diseases and their treatment. The anatomy and physiology of the central nervous system are taken up first, then a few general considerations of symptoms. Next follow chapters on the peripheral nerves and on the various affections of the spinal cord and brain. Separate chapters are devoted to syphilis of the central nervous system, functional nervous diseases, neurasthenia, occupation neuroses, and paralysis agitans. The arrangement of the material in each chapter is as systematic and logical as is that of the chapters themselves.

“Especially to be commended are the paragraphs on diagnosis, differential diagnosis, and treatment. Under the latter caption the author enumerates useful homœopathic remedies, giving a few significant indications for each.

“The chapter on anterior poliomyelitis is exceptionally good, and of especial interest in view of the recent epidemic. The use of electricity, preferably static or sinusoidal, is highly recommended as having a deeper action than massage. The latter, nevertheless, is advised in addition to the electricity.

“The author's statements are, as a rule, unexceptionable. One can hardly agree fully, however, that ‘loss of faradic and lowered response to galvanic is a sign of multiple neuritis.’ (P. 112.)

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Genuine Imported Bay Rum, which has the reputation of being the best in the market. Prices: 25, 45 and 75 cents a bottle, as to size.

Rosol Cold Cream, a cold cream that will not turn rancid; very elegant. Prices: 20, 30 and 50 cents per jar, as to size. 25 cents per tube, collapsible.

Rosol Tooth Powder, about the best you can find. Price: 25 cents, in patent top container.

Rosol Talcum Powder, very elegantly put up and of fine quality. Price: 15 cents per can, sprinkler.

Rosol Dental Cream, elegant for the teeth. Price: 20 cents, in tubes.

Rosol Hand Lotion. Best thing for chapped hands and rough skin. Price, 50 cents.

Laneo. "It stayeth the falling of the hair." Price, 60 cents per bottle. Sprinkler top.

B. & T. Hygienic Toilet Soap. A fine toilet soap. Price: 10 cents per cake, or 3 cakes in a box for 25 cents.

B. & T. Calendulated Soap. Has the healing qualities of *Calendula*. 25 cents per cake.

"A larger number of illustrations might, perhaps, have enhanced the value of the book. The general excellence of the text, however, does its share to overcome this objection.

"The book is worthy of hearty recommendation to one in search of a general work on Nervous Diseases. Dr. Wilson, by this, his latest production, reflects credit not only on himself, but on the whole homœopathic school."

Our big brother in drug tribulation, Professor John Uri Lloyd, contributes an interesting historical paper to Dr. Finley Ellingwood's *Therapeutist on Echinacea Angustifolia*, the text being taken mostly from Lloyd's famous Library. It seems that the world is indebted to Dr. H. C. F. Meyer, of Pawnee City, Neb., for the drug. "Dr. Meyer," according to Dr. King, who lives in his *King's Dispensatory*, "was an illiterate empirist. I do not know whether he ever graduated in medicine, nor whether he practiced other than in the sale of his preparation of *Echinacea*," namely, "Meyer's Blood Purifier." But whether empiricist or not he certainly made no secret of his discovery, which, it is believed, he learned from the Indians, but urged it on King and sent him specimens of the plant. King made pharmaceutical preparations of the specimens sent him and, "In this direction, he employed it in the treatment of Mrs. King, who was then afflicted with an aggressive cancer, of a seemingly incurable type. The administration of the remedy gave to Mrs. King the first relief she had experienced for a long time, and there is little doubt that this personal experience with *Echinacea* largely influenced Dr. King in continuing his studies of the drug, aside from his more comprehensive views concerning problems such as this."

After this the drug came gradually into general use, but according to Prof. Lloyd, was hurt by the ignorance of many pharmacists who were possessed of a greater commercial instinct than of botanical knowledge. He mentions one lot of 6,000 pounds that was absorbed by the market that was not *Echinacea*. Possibly (and charitably) that was the lot the Council of the A. M. A. examined and condemned. But, also, possibly not, for the Council seems to think that the sick room and the biological laboratory are synonymous, which accounts for many of the queer things

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Including the Exanthemata.

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This book is not printed from plates, is new, from cover to cover, the latest, the least padded and most helpful book on the skin extant.

For Sale at all Homœopathic Pharmacies.

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By W. A. DEWEY, M. D.

Second Edition

426 pages. Cloth, \$2.50 *net*.

"The book strikes me as being about the most satisfactory work of the kind I ever saw."—*C., Medical Gleaner.*

"He has done for therapeutics what Farrington did for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

they enunciate. Professor Felter is quoted to the effect that the drug's reputation is hurt by the worthless tinctures put on the market. Also that, "None of the *Echinacea* growing east of the Mississippi river will give a reliable product, and yet this is the material that is being largely sold, and will prejudice one against good *Echinacea*."

Drugs, like men, have their troubles, partly from man's ignorance, but largely from the desire of buyers to get a \$5 bill for \$2, and the willingness of some dealers to accommodate them.

An Indian journal (*Wealth of India*) in stirring up its delinquent subscribers tells the following anecdote, which it picks up from a Colombo journal. Sounds as if Colombo must have imported it from the U. S. A.:

"A clergyman sent round his hat for collection among his congregation after preaching a very learned sermon. The hat went round among all present, and came back to 'the servant of God' as empty as it left him. When he saw this, he went on his knees and praised God for having given him back his hat."

The *Journal of the American Institute of Homœopathy* reviews Dr. Wilson's fine work on Nervous Diseases as follows:

"Doctor Wilson has brought his book up to date. He has taken advantage of his proximity to the great research laboratories in New York City and has incorporated the most recent data obtainable. He has been particularly fortunate in his study of the epidemics of meningitis, infantile paralysis and parasyphilitic diseases.

"We have always felt that Dr. Wilson's book is a classic and this second edition simply intensifies that impression. It is without doubt the only book of its kind in our school which can be used as a textbook."—J. R. H.

A good many editor chaps have quoted with a feeling of wisdom like this:

"Laugh and the world laughs with you,
 Knock and you go alone;
 For a cheerful grin will pass you in
 Where a knocker never was known."

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1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

Up to this point T. W. felt like knocking, followed by a boasting feeling and this by blankness. When the A. M. A.'s Council says that *Pulsatilla*, *Cactus grand.*, *Echinacea* and the like are "worthless" should we boost, knock, cuss, or laugh? After all it seems to us that the knocker has been abused, knocked by the self-righteous. Old Dr. S. Hahnemann was a prince of knockers, else today we would still be fed mercury and bled. Some of us are still bled, but we have escaped the tooth killing mercury of medical science—as she was once spake.

The following is clipped from a paper by Dr. Daniel Bohn, of Altoona, Pa., read at the last meeting of the Penna. State Homœopathic Society and printed in *Hahnemannian Monthly* for February:

"It was my privilege, last fall, while spending some time with my good friend, Dr. Eli G. Jones, of Buffalo, N. Y., to read some of the many letters that he had received from physicians of all schools of medicine, and from all parts of the country, stating that from their experiences they had lost all faith in drugs, but that after reading Dr. Jones' articles in the HOMŒOPATHIC RECORDER, and seeing some of the brilliant cures the doctor had made, they had become interested again and were asking for information regarding the medicines used, and were inquiring for books to study that would help them to learn to cure their patients in a like manner, showing the need of some method or rule whereby they may be able to cure or relieve their patients in a satisfactory manner."

THE EDITOR GUY.

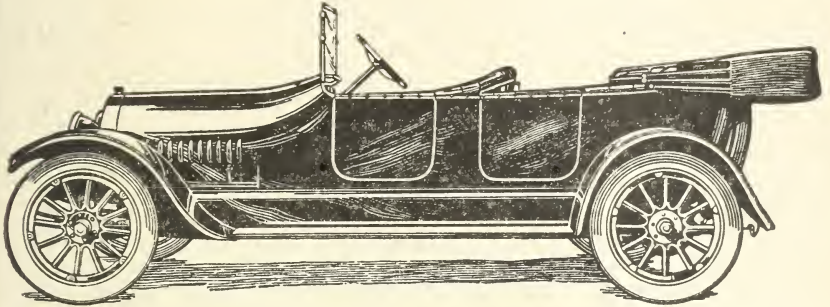
O the editor sits in his swivel chair,
And watches the world go by;
With scissors and paste and lead of blue
He mixes the journalistic stew.

The first mail brings him a letter rare,
To the heart of all editors dear;
"Please find enclosed two iron men,
I can't do without it, so send it again."

The next from a reader as mad as can be
And several years in arrears;
"I received the bill for your mangy sheet,
Stop sending at once, I think it a cheat."

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DEAN

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Columbus, Ohio

The next from a guy full of wisdom and words
 To help run the journal he'd like;
 He'd double the sale and bring in more kale,
 He'd swap you his brains for some pelf.

The editor grins as he reads them all
 And gets out his pad and his quill,
 He'll use them all on his personal page
 And make them grind grist for his mill.

—ALFALFA.

(Just here T. W. would remark that though "Alfalfa's" verses smack of the wild and woolly one batch of them was given a full page recently in a foreign journal.)

Modern medical Egyptian darkness is "darkness that can be felt," as in the days of Pharaoh. The reason for this comment is a conversation we were mixed up in the other day. There were five business men present, not great Captains of Industry, but fairly able Lieutenants, Corporals, etc., in the Industrial Army. Time: Lunch hour, consequently much talk. Knowing T. W.'s proclivities the others baited him, but this is not to the point. Finally one gentleman in a broad, liberal spirit, said that he believed in Homœopathy for his children "because," he said, "they will willingly take that medicine, but will raise h—— if they have to take real medicine." This reminded us of the African parent who chose a medicine man with a soft drum in preference to one with a harsh drum, to drive away the disease devils, otherwise germs, from his children, but thought he needed the savage drum for his own germs. N. B.—As Artemus Ward was wont to add, this is not a joak, but a happening in "real" life.

Ye homœopathic physician and ye man of finance started on a buying expedition. Homœopath wanted medicine and man of finance garments. Ye man of finance naturally went first in his quest. He entered an old house, admitted the goods and workmanship were first-class, but said he would look further, as he did not like the price and thought he could do better. The next house was much better, in price. The third went under it in

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price and the fourth went still lower and so got the contract, "fit and quality guaranteed." Finally, when the contract was completed, ye financial man went forth and looked and felt like a man from Skeedunk in his Sunday clothes. Ye homœopathic physician looked at his friend and pondered, for he beheld ye financial man's competitor who had much less finance, but was clothed in ye top house's clothes, looking like a real man of finance. Then he reflected that ancient Shakespeare had remarked "for the clothes oft make the man." And he followed this up with a recollection of crusty auld Tammas Carlyle's essay on the Philosophy of Clothes, vulgarly known as *Sartor Resartus* and meditated that clothes hath a wide meaning, even including instruments and medicines, and that he, a learned physician, might clothe his knowledge even as did his friend, ye financier, his corpus. "Yea," he reflected, "results follow all things, good and bad, even as they have followed the financier's clothes on which he saved money." Then he pondered, "Shall I go and do likewise?"

Samuel Lilienthal, in his valedictory to the old quarterly, *North American Journal of Homœopathy*, writes:

We have asked for contributions, but somehow the laborers are so few and journals too many, that every editor is obliged to fill up most of his pages with his own mental and manual work. Carroll Dunham thus got tired, and that excellent journal, the *American Homœopathic Review*, ceased to exist. Look at *L'Art Médical*, and Jousset père et fils are its editors and chief contributors. In Germany, the old *Allgemeine* still struggles bravely on and begs for contributions, and is nearly the only journal in the Fatherland which survives.

This also holds true of many other homœopathic and other medical journals, since good old S. L. laid down his pen. In Bradford's *Bibliography*, down to the year 1892, there are given 175 American homœopathic journals. In the 24 years since then many others have seen the light of day and then gone the way of all flesh (if it may be put that way of journals). Today there are about 10 remaining, and the editors of some of these, like Carroll Dunham, all getting tired. It is a big and somewhat melancholy mortuary list, but Homœopathy will live on into the ages, and so will its journals. Some may die, but others will replace them. They need your support for, at best, none of them are much more than self-sustaining.

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The *Journal of the American Institute of Homœopathy* is getting to be some pumpkins, the last issue containing about 138 pages of text, much of it, of course, official matter of the Institute. Among other matter was the following concerning Wood's *Clinical Gynecology*:

“One is apt to linger long on Dr. Wood's Foreword. It is full of convincing argument put in Dr. Wood's attractive style, attractive because of the choice English and the clear forcible argument. One wishes that the Foreword might be used in propagandistic effort and carried directly to the Dominant School adherents. Surely antagonistic thought would be modified and friendly tolerance would be encouraged.

“Each chapter contains something practical and new. Dr. Wood’s direct method and his clear elaboration of the case go hand-in-hand. The adjuvant measures employed are at once original and adaptable. The reader says to himself ‘I can apply that to Mrs. X,’ or ‘That is the very thing I’ve been hunting for.’ There is a personal appeal throughout the book.

“Another thing is striking. To find a surgeon of national fame showing such an intimate working knowledge of homœopathic materia medica and therapeutics is so rare and so laudable that it calls for an extra paragraph in this review. One feels that if it were within the possibilities the homœopathic profession should give to Dr. Wood still higher honors. A man who can see so clearly the ‘other fellow’s side’ is a man whose vision is accurate and whose conclusions are worth while. Dr. Wood out-interns the internist. The conservatism in Dr. Wood’s book is the direct result of the larger view, the more judicial view that he is capable of taking. He employs the best in medicine—the best in any school of medicine—before he urges surgery. And yet no man has ever accused Dr. Wood of dangerous delay.

“In the treatment of Dysmenorrhœa, for instance, he does not invariably dilate and curette. He differentiates, he palliates with adjuvant measures and even cures with his homœopathic remedy. Dr. Wood’s indications for the different remedies are worth studying and teaching.

“With this working knowledge of conservative, curative methods it is a safe conjecture that Dr. Wood mutilated a less number of women than the average surgeon. Therefore a greater number ‘will rise up and call him blessed.’

“The chapters on Gastric and Duodenal Ulcer, Gastro-intestinal Auto-intoxication and Mucous Enterocolitis, Exophthalmic Goitre, Reflex and Toxic Epilepsy are probably to be included for generous measure and because of the need for a broader knowledge of these subjects.

“As we close the book a sense of hunger for a full meal is blended with the good taste of that already served. We wonder why Dr. Wood did not keep on, because a full-grown text book is what he owes to his friends and admirers.”—*M. E. H.*

Dean Pearson, of Hahnemann Medical College, Philadelphia, writes us: "We have recently been granted a new charter which practically makes us a university and permits us to give the degree of Bachelor of Science at the end of four years of study, namely, at the end of the sophomore medical year, and the degree of Doctor of Medicine and Doctor of Homœopathic Medicine after six years of study. We have a very splendid two-year pre-medical course."

Good for the mother homœopathic college! It has turned out a host of able men in the past, and there is no reason why the good work should not continue on down the corridors of Time.

Blessed be! We have a new poet. The following is self-explanatory:

Editor HOMŒOPATHIC RECORDER (he means T. W.):

The couplet published on page 14, of March "Trade Winds," was originally published under the title, "The Perfect Man." This was sent to me some years ago as a wall ornament and elicited the following response:

THE PERFECT WOMAN.

There is a woman, round and fair,
With kindly heart unfagged,
She brings no trouble, nor a care,
Has ne'er her husband nagged.
She's UNWED.

There is a woman, wondrous one,
Seen by the poet's eye,
She ne'er will hear the words, "Well done,"
For she will never die.
She's UNBORN.

My "head is silvered o'er by time" and you do *not* know me, but would you think me to be an *old cynic*?

Yours very truly,

CHAS. E. WALTON.

8th and John, Cincinnati, Ohio.

We thank our estimable friend, Dr. Walton, for clearing up a literary problem that might in time have rivaled the famous prob-

lem, Who wrote the Beautiful Snow? Incidentally, it is said by some, that we do not know even ourselves.

Dr. L. C. McElwee, surgeon and homœopath, of S. Louis, Mo., writes that the next meeting of the Missouri Institute of Homœopathy will be held in St. Louis, May 29-31. Also that Dr. F. F. Netherton, who was elected secretary at the last session, having moved from the State, he, Dr. McElwee, has been appointed secretary, *pro tem*. We add, for the benefit of our many Missouri subscribers that Dr. McElwee's address is 1221 N. Grand Ave., St. Louis, Mo. So get busy, you Missourians, and join your State organization. (If you have any homœopathic papers send them on to the RECORDER.)

"Inclosed please find subscription for Old Faithful," is the way Dr. B. A. Fick, of Boston, opens his letter, renewing his subscription to the RECORDER. Also wants to know if there is a remedy for lenticular cataract.

Dr. W. A. Franklin, Magnolia, Ill., in remitting for RECORDER, writes concerning the journal, "It has become like a letter from home."

Dr. Farrand B. Pierson has removed to 837 Park place, at Nostrand Ave., Brooklyn, N. Y.

According to the elegant, but jocular *Christian Register*, a man bought a car with a guarantee that anything broken would be replaced. He soon returned and wanted two deltoid muscles, a couple of knee-caps, one elbow and about half a yard of cuticle.

Our good old friend, Dr. E. B. Nash, author of many leaders, writes:

"I desire to call your attention to a boys' camp in the Adirondack Mountains in which I am, from a fraternal standpoint, very much interested. A personal friend of mine—Dr. Sidney S. Jacquelin—for whom I can vouch in every particular, is the owner and director. He has had an experience of years in this line, and I expect to be with him during the two months (July

Glandular Therapy

Biological Triturations

List

CORPUS LUTEUM
DUODENUM
MARROW
PANCREAS
PITUITARY
SUPRARENALS
THYMUS
THYROID
BRAIN
ORCHIC
MAMMARY
PINEAL
PROSTATE

PRICE LIST

Tablets, 1 m. .50; 5 m. \$2.00

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

BOERICKE & TAFEL.

and August) of the camp's session."

If interested take a look at advertising page.

An announcement of, "The Chicago Post-Graduate School of Homœopathy" comes to hand. Any one wanting particulars of the course can obtain them by addressing the president, Dr. G. E. Dienst, Aurora, Ill., or the secretary, Dr. E. B. Beckwith, 25 E. Washington St., Chicago, Ill.

Dr. Chas. A. Walton announces his removal from 1230 to 1208 E. 63d St., Woodland Trust and Saving Bank Building, Chicago, Ill. Dr. Walton is secretary and treasurer of the Regular Homœopathic Medical Society, and the Regular is not put in quotation marks either.

In a letter from Dr. Frank W. Stewart, Colfax, Iowa, occurs the following: "This letter affords me the opportunity to offer a word of commendation for the helpful pointers found from time to time in the RECORDER, and especially the practical application of definite therapeutics by Dr. Eli G. Jones." This was written after a personal acquaintance with Dr. Jones, and Dr. Stewart adds, further along: "It is a sort of mental exhilaration to meet a physician, in these days of therapeutic nihilism, a member of the medical profession, who has such a storehouse of knowledge and positive belief in the efficacy of the remedies of Hahnemann, Schuessler and the old botanists. Really Jones is a therapeutic tonic to the failing ones."

That very estimable weekly, *The Journal of the American Medical Association*, tells the following story and, as it is not credited, presume it must be original. Condensed it runs: A barkeeper was elected magistrate. The first prisoner brought before him was charged with being drunk. "Guilty or not guilty?" "I never drink a drop," pleaded the prisoner. "Then have a cigar," replied his honor, as he absently wiped the top of his desk with his handkerchief.

Dr. W. J. Hawkes, now of Los Angeles, Calif., but once of Chicago, also "Hawkes' Characteristics," concludes a letter, "I like the RECORDER very much, *it is homœopathic.*"

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.
NEW YORK CITY.

200 original illustrations, photographs from actual cases.

551 large 8vo. pages. Cloth, \$5.00, *net*, sent on receipt of price by any homœopathic book dealer.

This book is not printed from plates, is new, from cover to cover, the latest, the least padded and most helpful book on the skin extant.

For Sale at All Homœopathic Pharmacies.

PRACTICAL HOMŒOPATHIC THERAPEUTICS

By W. A. DEWEY, M. D.

Second Edition

426 pages. Cloth, \$2.50 *net*.

"The book strikes me as being about the most satisfactory work of the kind I ever saw."—*C., Medical Gleaner.*

"He has done for therapeutics what Farrington did, for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

Dr. Jesse A. Rice, Odd Fellows' Building, Sacramento, California, writes: "Upon renewing my subscription I want to take occasion to express my appreciation of the RECORDER. I read a half a dozen or more medical journals, none of which are so eagerly read and highly esteemed as the HOMŒOPATHIC RECORDER."

Our brother sinner, the Lima, O., *Recorder*, gets off the following philological study:

"Someone wants to know the origin of the phrase, 'He isn't in it.' It was first used by an editor who went to heaven, and looked around for the man who took his paper for two or three years without paying for it, and then left it in the post office marked 'refused.'"

"C. A. H." writes as follows in the April *Clinique*—these *Clinique* men are modest, or, at least, run to initials such as "H. V. H.," "C. M.," "R. H. S.," "C. A. H.," and so on:

THERAPEUTIC BY-WAYS. By E. P. Anshutz, M. D., editor of the RECORDER, published by the house of Boericke & Tafel. This little book has recently been published by the firm above mentioned. To appreciate it you must read it. It is full of practical suggestions. As the editor says it contains the things not found in text-books. He has collected most of his material from the various magazines that he has come in contact with in his editorial capacity, so he says. The book shows much reading and much work in compilation. Written as only Dr. Anshutz can write things, the book is a gem. It will bring many a smile to some of the ultra-scientific but to the real man it will be of great help. It has given us much pleasure to read it, and, we believe, has awakened in us a desire to practice with at least a small degree of common sense. We advise every one of our readers to buy the book and read it carefully and with an open mind.—C. A. H.

Peggy—Daddy, what did the Dead Sea die of?

Daddy—Oh, I don't know, dear.

Peggy—Daddy, where do the Zeppelins start from?

Daddy—I don't know.

Peggy—Daddy, when will the war end?

CAMP BEACON

Gentlemen of the Homœopathic Profession:

This Camp is owned and managed by a Homœopathic Physician in good standing—Dr. S. S. JACQUELIN, of Los Angeles (N. Y. H. M. C., 1904)—and endorsed by Prof. EUGENE B. NASH and many other physicians of both schools. If you or your patients desire a high class summer camp-school, for boys, please investigate ours.

Gentleman's private reserve—5000 acres. Long Lake Adirondack Mts., N. Y.] Heart of the Wilderness.

Exceptional camp for healthy, refined boys of particular parents only. Character development, tutoring and rational outdoor sports under experienced physicians and university graduates. Pure spring water, milk and cream from estate; plenty wholesome food. Fine buildings, tents and equipment. Handsome booklet on request. Rates absolutely inclusive. No extras. References.

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107 W. 76TH STREET, Apartment 15, NEW YORK

TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. *The Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

Daddy—I don't know.

Peggy—I say, daddy, who made you an editor?—*The Sketch*.

Here is "H. V. H." in the *Clinique*:

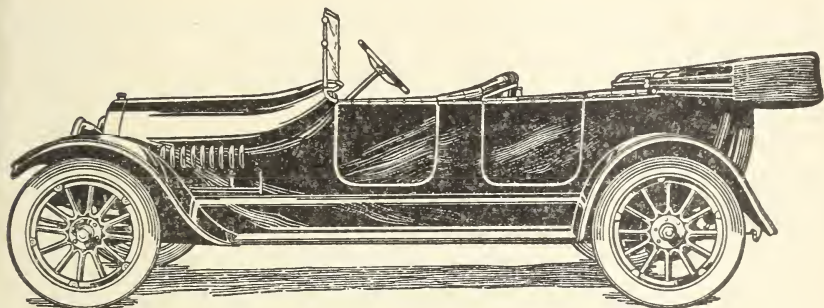
DISEASES OF THE NERVOUS SYSTEM. By John Eastman Wilson, A. B., M. D. Second edition. 682 pages, large 8vo. Cloth, \$6.00, *net*.

The second edition of this book certainly surpasses the first. The author has made many timely and valuable additions. Much is made of the anatomy and physiology of the nervous system which is a necessity for correct study. The author handles the diseases precisely and yet concisely so that a hurried physician may understand it. His treatment is the best part of the treatise; that is what a doctor looks for every time; it is fortunate that it gives much from the homœopathic list. We keep it on our desk because it is helpful.—H. V. H.

Dr. C. P. Read, of Hampshire, Ill., writes *Ellingwood's Therapeutist*: "I have, during the past two or three years, treated many cases of heart disorder, especially in older people and those associated with dropsy, by the use of *Cratægus*, in both large and small doses. This, when correctly adjusted, has not only controlled the dropsy, but has removed the albumin from the urine. I think this has a specific influence in promoting this important result." As this, now very widely used drug, was introduced through the RECORDER to the American medical world at least, T. W. feels a sort of step-fatherly interest in it. Dr. Read writes, "large and small doses." Now the dosage runs from 5 to 60 drops, or even higher, not being poisonous, as children eat the hawthorn berries freely, and *Cratægus* is a tincture of them. It is best to feel your way cautiously, start with the low dose and even less may be better. Some years ago we knew a doctor, an old graduate of the University of Pennsylvania. His practice didn't amount to much, as he was too much of a patient himself. One day he was "going on" about his heart and we suggested *Cratægus*. He'd never heard of it, but like all men, whether learned or unlearned, who are chronically ill, was ready to "try" anything. Told him to take 5 drop doses. Some weeks later met him again, and, in effect, he said that it was a great heart remedy, but the tincture

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ADDRESS

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ANN ARBOR, MICH.

College of Homœopathic Medicine

Ohio State University

1. One of the eleven colleges of a great State University.
2. Located in a city of 250,000 population.
3. College and University Hospital on campus. All hospital patients are for the clinics.
4. All faculty members, all time salaried men.

ADDRESS

CLAUDE A. BURRETT, Ph. B. M. D.

DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

was too strong for him, so he saturated tablets with it and carried a vial of them in his vest pocket. Other men say the drug acts best in material doses. Suppose it depends on the idiosyncrasies of patient.

Not long ago struck some glass men—the men were not made of glass, of course, but they sold glass. Their prices were up, and up, and still reaching that way with the end nowhere in human sight. Threw in the suggestion that they were skinning the public. This caused indignation. “See here,” said one man, “our three plants normally require twenty-one car loads of coal a week besides an almost equal amount of crude petroleum. To-day we could use thirty car loads a week if we could get them, and the men and boys to man our plants. We have to skirmish around to get ten car loads weekly. The munition makers have drafted off all our best men and those remaining want wages that would have been absurd four years ago. An old customer the other day wanted fourteen thousand gross of bottles, and I had to turn him down. Orders? We are hunting cover to dodge them!” Another man said, “I can place on the instant orders for one hundred and seventy thousand gross of bottles if I could find any one to take them.” The fact that this wasn’t altogether mere “talk” was proved by the fact that there were buyers present who would gladly have taken several hundred gross, but were only given parts of their wants even at advanced prices.

T. W., who is no business man, here mildly asked why, if glassware was in such demand, the people didn’t save up old bottles and sell them? The reply was a bit startling—Whether true, or not, cannot be vouched for. It was that to-day in London a certain number of bottles, any shape, will be taken as admission to the movies. This, broadly reported, is what T. W., who has no personal interest in the matter, heard and has faithfully reported to his readers.

T. W. isn’t much of a knocker, but our beloved *J. A. M. A.* is a knocker of knockers, when it comes to advertising, and, for that matter, everything else medical. If *J. A. M. A.* doesn’t (for any reason) believe in a thing it is free to knock, and does. There is

The Eclectic Medical College

OF CINCINNATI, OHIO

Located in one of America's greatest Medical Centers—The oldest (1845) and Leading Eclectic Medical College, Conducted on High Standards.

New modern building, well equipped laboratories, six whole-time salaried instructors.

Entrance—Completion of first grade, four years' high school course or its equivalent, plus one year of work of college grade in Physics, Chemistry, Biology and a modern language. All credentials must be approved by the Ohio State Medical Board.

A pre-medical course in Physics, Chemistry, Biology and a modern language is given by the Ohio Mechanics' Institute, Cincinnati, complying with the standards of State boards generally and the A. M. A.

The course in Medicine comprises four graded sessions of eight months each. Fees, \$120 per year; Matriculation, \$5.00 (payable once).

Juniors in co-operative courses in City Health Department and Tuberculosis Hospital (320 beds), and Seton Hospital Clinics; senior internship in Seton Hospital. Seniors in clinical and bedside instruction in new Municipal Hospital, costing \$4,000,000 (850 beds); also special lectures in Longview Insane Asylum.

Seventy-second year opens September 14, 1916. For bulletins and detailed information address

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AN ALFALFA TONIC.

"Repeat" orders are the true evidence of its merit. "Gained in weight." "Feel better than for years." "I think it is a good thing." These are the burden of the letters from those who have used it. For sale at all of Boericke & Tafel's pharmacies. The best tonic that is offered today. Sample and prices on request, *to physicians only.*

BOERICKE & TAFEL.

no question but that much of the stuff that it lands on with both of its delicate feet deserves all it gets, and even worse, but when we read that something has been "accepted" by "the Council" of the A. M. A., which is no better than the condemned stuff, we idly wonder, not being very deep in the advertising game (as witness our skinny pages in this respect), whether "the Council" is like Cæsar's wife. In other words, why should "X" be damned by "the Council" while "Y," which every one conversant with pharmaceuticals knows is practically and therapeutically (for good or for bad) the same thing, be "admitted" among the elect? The advertising pages of *J. A. M. A.* are a wonder to philosophers who turn from the pages, filled with the supreme court-like decisions of "the Council" to the editorial and the "answer to correspondent" pages, and then to the advertising pages. It is confusion! The advertising pages are much occupied by private sanitariums, very useful concerns yet ever and anon some honest (presumably) doctor lashes out against them. "The Council" judiciously damns a certain formula, sailing under a pseudo-scientific name, and then the "answers to correspondents" editor recommends the same formula to an innocent inquiring doctor. The editorial Jove roars out against a certain "chemical Co.," and the advertising editor (if "ad" men can be so dignified, which is doubtful) takes a full page from the wicked one. Far be it from us to say that *J. A. M. A.* is perfect, though we will say that typographically and linguistically it is a fine model, but to attain its high editorial ideals it should eliminate its advertising pages. Those who occupy the seats of the mighty in the A. M. A., whose organ *J. A. M. A.* is, say that no one now prescribes medicine but ignoramuses, or quacks, yet *J. A. M. A.* advertises quite a number of things that the some one must use, else the manufacturers could not afford to pay the very princely prices asked for the advertising space.

"Vanities of vanities, all is vanity," saith the preacher. It looks as if about the best thing a doctor could do is to turn from the mess of pottage that *J. A. M. A.* soddens, and take up again with sane old Homœopathy. Yea, all men are mortal and they will die under Homœopathy—but under Homœopathy they probably will have a longer time to repent of their sins in this vale of tears.

“Their Medicines are the Best.”

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers.

PHILADELPHIA, 1011 Arch St.

PHILADELPHIA, 125 South 11th St.

PHILADELPHIA, 15 North 6th St.

NEW YORK, 145 Grand St.

NEW YORK, 145 West 43d St.

NEW YORK, 634 Columbus Ave.

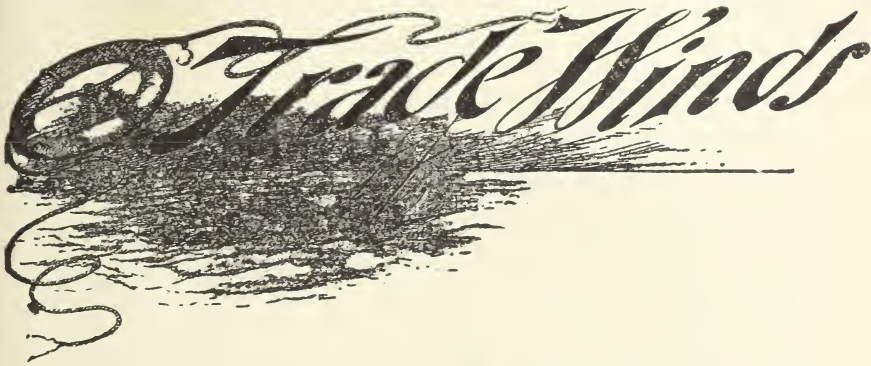
CHICAGO, 156 N. Wabash Ave.

PITTSBURGH, 702 Penn Ave.

BALTIMORE, 326 North Howard St.

CINCINNATI, 213 West 4th St.

Business Established in 1835.



Judging from the *Polychrest* T. W. thinks they must have had a great time at the dedication of the new University Homœopathic Hospital, at Columbus, O. After the ceremonies there was a dinner to which 300 sat down to eat, talk or listen. The formal toasts, to quote, ran as follows:

“Homœopathy in Ohio, James C. Wood; Homœopathic Patrons, George H. Miller; The Relations of the University Hospital to the State, A. E. Hinsdale; The College and the University, President William O. Thompson; Women in Homœopathy, Anna Johnston; Medical Legislation, Lester E. Siemon; Homœopathic Side Lines, Lincoln Phillips; Student Propagandism, George H. Quay.”

There must have been other speeches, though whether at the dinner is not stated, probably not, but they must have sounded good to the Homœopathic University trustees. One was by Dr. A. B. Schneider on behalf of the "Cleveland Homœopathic Trustees," presenting \$15,000, and one by Dr. C. E. Walton, with a "Message from Pulte" and \$15,000. Walton also gave a sort of Knickerbockerian history, sketch, rather, of Pulte. That college was started by two Cleveland men, Buck and Beckwith, who had been with the Cleveland College. Coming to Cincinnati they felt lonesome without a college and so started one. "An old practitioner of that place," Cincinnati, "by the name of Pulte said if we would give the 'Child' his name he would see that it did not lack proper clothing." Just here things seemed to become a little politely misty for the speaker added, "We worked for years, and years, to pay for the clothes that we furnished for our lone 'Baby.'" Here is another bit from the same history:

"We had grown—our classes had grown—considerably less, and in the last few years had become fewer in number though very good in quality. I always take pride in saying that of all the students—of all the classes sent out of Pulte College not one student ever failed before the State Board in examinations. I can account for that in the early days of this Board, because some of the members of the Board did not know enough to write their own questions, but half of them were written by somebody else and the members could not answer them, themselves. Possibly that is one reason why there never was a failure on the part of any of our students. However, they did good work, and I understand that the Board has improved somewhat since."

Also read this, ponder and reflect:

"We wish you every success in this hospital. You cannot run a college without one, and we do hope that you will not be afraid to teach homœopathy. Do not teach altogether surgery, or altogether biology, or altogether chemistry, but teach homœopathy, and as an inspiration in that direction I have taken the liberty of bringing here to present to you a picture which some of you may recognize. There are a lot of homœopaths in this

State, however, who never mention the name of this person, and yet without him we would never have known what homœopathy was. The picture is painted on porcelain which is very appropriate, for Hahnemann was a porcelain painter's son. This picture 'is a copy of the one which Mrs. Hahnemann had in Paris. A Dr. Blake, of Baltimore, went over to Paris and saw this beautiful picture, which was pronounced by Mrs. Hahnemann to be the very best one ever made. He got permission to have it copied, and this was done so faithfully that Mrs. Hahnemann exclaimed when seeing it: 'Why, your picture is the original.' This is a copy taken from that picture. The picture itself is in possession of the Homœopathic College in Philadelphia. This was painted by a patron of mine, and presented to me as a Christmas gift nearly twenty years ago. I thought possibly the trustees of this college and hospital might find a place for the hanging of this picture, so it is here for you."

Just one more bit of history clipped from the speech of Dr. T. A. McCann, of Dayton, O.:

"I am proud to be here to-day because this institution represents to us the liberal-mindedness of the most liberal and most broadminded board that ever graced an institution of this kind in the United States. The President is here. I am proud to be here because this institution represents the completion of the promises and the pledges of the greatest president that ever graced the halls of a university. Dr. Thompson stands second to no one, and when he says, 'Boys, I will stand by you,'—go home and go to bed, and go to sleep; you do not need to worry any more. He will be there when the time comes with the goods. And, last of all, I am proud to be here to-day because this little institution has been made possible by the greatest governor that ever graced the halls of any State in this Union, and who is now in the chair, Governor Cox. When he says he will do a thing, you can depend upon him to stand by until the last gun is fired."

Dr. T. W. Stephenson has changed his office to 629 Union Arcade Building, Pittsburgh, Pa.

The programme of the International Hahnemannian Association comes to hand a little late for an early announcement, comes after our May number was printed. At any rate, here it is: The meeting will be held at the Hotel Sherman, Chicago, June 25th-28th, inclusive. Seems to T. W. that the International and the Institute ought to meet at the same place each year, with the International just ending when the Institute begins as happened at Atlantic City.

The following is clipped from a letter from Dr. Curtis D. Pillsbury, First Lieutenant, M. R. C., U. S. A., published in *University Homœopathic Observer*, Dr. Pillsbury being one of the Alumni of our Ann Arbor College:

“The situation here is as bad as it could possibly be, short of open hostilities. The Mexicans are all wrought over what they believe to have been the unwarranted shooting of perfectly good bandits. The business of returning shot for shot does not appeal to their æsthetic sense of justice at all, for in their opinion American soldiers are excellent targets and should behave as such.”

Dr. J. E. Heyser, No. 2138 N. 12th St., Philadelphia, Pa., wants a set of Hering's "Characteristic Cards" and also a set of Hering's *Guiding Symptoms*. If the reader has either write the doctor, stating price.

This letter belongs up front, but as they are all in type T. W. gives space for the very considerable correction—glad he isn't a proof reader:

* * *

Plymouth, Mass., May 18, 1917.

MR. EDITOR:

Any value which my article, published in the RECORDER of May 15th, may have had was very much affected, it seems to me, by the error of the compositor in the sixth line, in which he makes me say "for five years," when it should have been forty-five (45) years. Quite a difference. A busy experience of 45 years can hardly be compared with one of 5 years.

JOHN J. SHAW.

Glandular Therapy

Biological Triturations

List

CORPUS LUTEUM
DUODENUM
MARROW
PANCREAS
PITUITARY
SUPRARENALS
THYMUS
THYROID
BRAIN
ORCHIC
MAMMARY
PINEAL
PROSTATE

PRICE LIST

Tablets, 1 m. .50; 5 m. \$2.00

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

BOERICKE & TAFEL.

A letter to the business end of the RECORDER from Dr. A. O. Reppeto, of Banks, Oregon, contains some good points, the best of the lot being the statement that T. W. is a "jewel." (Ahem!) He also writes some mighty nice things about that "optimist," Dr. Eli G. Jones, who, as you know, runs a sort of all-to-himself department of anti-therapeutic-nihilism up front, and "believes in the curative power of medicine." Dr. Reppeto also regrets that "in the days that have vanished" he had not given more attention to Homœopathy, and therapeutics. There sure is a tremendous power in Homœopathy—pleased patients and an increasing practice.

Dr. H. M. Stevenson, 1022 W. Lafayette Ave., Baltimore, Md., writes us that "The Annual Meeting of the Southern Homœopathic Medical Association will be held at Washington, D. C., on October 24th-26th." Dr. Stevenson is President of this good Association. You, reader, ought to take it in if you can, and you can be sure of a warm Southern greeting.

News item. According to Polk's *Directory*, just out, there is not one homœopathic physician in Memphis, Tenn., a city of 250,000, on the banks of the Mississippi river.

Far be it from T. W. to start opposition to Harper's "Drawer," so famous for infantile jokes. However, here is a "true fact." Our friend, a grandpa, told it, so it must be so, like *The Sun's* news. His four-year-old grandson, accompanied by his supernumeraries, papa and mamma, visited him. Grandson, who had been very disobedient, was asked, in a moment of repose, what he wanted to be. "A soldier!" "But soldiers must obey orders, and you don't!" "Soldiers don't have mammas," was the kid's clinching reply.

Dr. A. S. Kester has bought out the practice of Dr. E. A. Darby, at Wauseon, Ohio. He writes that Homœopathy is firmly established there, a fact that speaks well for the mental calibre of the people of Wauseon, Ohio.

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.
NEW YORK CITY.

200 original illustrations, photographs from actual cases.

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By W. A. DEWEY, M. D.

Second Edition 426 pages. Cloth, \$2.50 *net*.

"The book strikes me as being about the most satisfactory work of the kind I ever saw."—*C., Medical Gleaner.*

"He has done for therapeutics what Farrington did for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

The *Medical Summary*, in reviewing Wilson's *Diseases of the Nervous System*, after giving a general description of the book, adds:

"The author says in his preface that it has seemed to him that, in a branch of medicine where diseases are notoriously atypical, and tend to merge into one another to all degrees, the most useful text-book was one which would make as clear as possible the pathological basis of symptoms, whenever they might occur in the nervous system, and then the character of the atypical symptoms would at once reveal the pathological lesions which must be responsible for the appearance. This is, of course, the ideal, since we do not know the actual basis of all neurological phenomena, but it has been adhered to so far as has been found practicable. The medical treatment of many nervous diseases is at present considered to be futile, so far as cure is concerned, and the physicians of all schools are driven to symptomatological prescription, and to palliatives."

Well! Well! An estimable and innocent "regular" journal tells its readers that a method has been discovered by which the "bee sting cure" can be utilized without pain. Macerate the bee stings! Wonderful! In other words, make the homœopathic *Apis* θ .

Dr. Miriam A. Swift, of 824 Kansas Ave., Topeka, Kan., in renewing subscription, makes the following comment, which is something new:

"I like the HOMŒOPATHIC RECORDER as a medical magazine, and there is one thing about it that I am proud of and that is, that you do *not* drop the "o" before the "e" in the beloved word, "Homœopathy." I believe in spelling it just as our honored Hahnemann spelled it."

So does our cranky proof-reader—who is *not* T. W.

This might be headed, if we used headings in this free and easy place in the RECORDER, "Medical and Pharmaceutical Wit," with a sub-head "Bum Puns."

The Freshman Class of Hahnemann, Philadelphia, recently

CAMP BEACON

Gentlemen of the Homœopathic Profession:

This Camp is owned and managed by a Homœopathic Physician in good standing—Dr. S. S. JACQUELIN, of Los Angeles (N. Y. H. M. C., 1904)—and endorsed by Prof. EUGENE B. NASH and many other physicians of both schools. If you or your patients desire a high class summer camp-school, for boys, please investigate ours.

Gentleman's private reserve—5000 acres. Long Lake
Adirondack Mts., N. Y. Heart of the Wilderness.

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By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

visited the B. & T. establishment, at 1011 Arch St. There were nearly 40 of them, a pretty well appearing bunch. They were taken in charge by guides and conducted over the big establishment in units of about 10. When one party arrived at what is locally known as the "cork-room," where medicine cases are fitted out with corks, vials and labels, one of the visitors, as he was leaving the room, remarked, "This is a *corking* room!" To which the guide gravely replied, "Yes, but also a *vial* one," slurring over the "vial." We were unable to ascertain whether the men laughed or groaned. They should have sighed.

With his third liberal order for books and medicine a very prominent physician writes to B. & T.—and it needs no comment: "Homœopathy looks good after twenty years of the old, and eclectic school practice." Incidentally it may be mentioned that about a year ago he bought a copy of Boericke & Anshutz' *Elements*, which little book (now in third edition) gave him the proper slant for the most successful practice in medicine.

If any good man and true has a second-hand copy of Burnett's *Essays* (Boericke & Tafel, 1882, 296 pages), and wants to sell it, he can find a purchaser by addressing the publishers, at 1011 Arch St., Philadelphia, Pa.

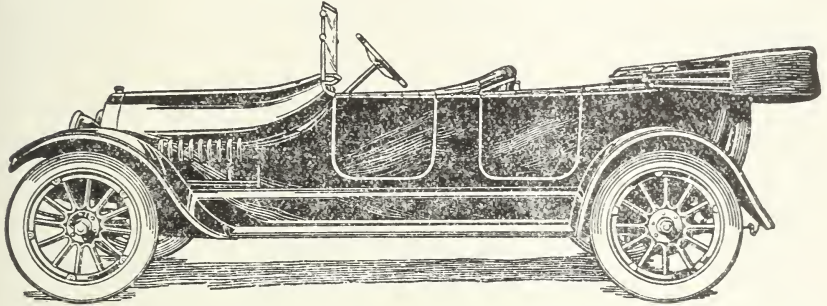
Dr. Philip Rice (*O., O. and L. Journal*) gives us the following concerning Dr. Moffat's recently published *Homœopathic Therapeutics in Ophthalmology*. Seems to T. W. that the reviewer is a bit severe on our recent writers—just run your eye down the Catalogue opening of the RECORDER. However, here is the review:

"There are few things more rare these days than good books published by homœopathic publishers; and especially books pertaining strictly to homœopathic therapeutics.

"How different were things in olden times! Then books were written by homœopathic writers on materia medica and therapeutics. We expected them to be written, for we needed them. And they were written. We built up a literature in those days. We made headway. To-day we are doing little in this way; in-

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Ohio State University
Columbus, Ohio

stead, we are simply, and very complacently at that, 'milking the homœopathic cow.'

"What has this to do with Dr. John L. Moffat's little book, entitled 'Homœopathic Therapeutics in Ophthalmology?' Nothing! Except that this little book shows that there is some life left in the School yet. It shows that there is still a fellow left who is staying by the 'Colors.' And there is encouragement in this.

"This little work of Dr. Moffat's is concise, comprehensive, convenient, and those who know him, know that it is accurate and reliable. A copy has been kept right handy on my desk ever since it came and referred to daily. I have compared it with other works on ophthalmic therapeutics, as well as with larger works on materia medica, and I am convinced that it is most reliable. The repertory or clinical index section is most convenient.

"My sincere hope is that we shall have the pleasure, in the near future, of welcoming other such splendid books."

PHILIP RICE.

Recently we found on our desk a copy of Burnett's *Delicate, Backward, Puny and Stunted Children*, and although we had attended the birth of this book about eleven years ago, still it seems almost new. No one who knew that great and real doctor, ever doubted his honesty. To those, then, what a revelation of therapeutic possibilities is given in these pages; of what can be done for the infantile derelicts by a physician who is not afraid of going aside from the orthodox books of both allopathy and Homœopathy. The complaint is often made that Burnett doesn't give the symptoms on which he prescribed. That is true, he does not, as a rule, and indeed very many of his remedies have never been proved, as Hahnemann proved, say, *Aconite* and *Bryonia*. Really, Burnett was the forerunner of the prevailing serum and vaccine therapy, only he gave the nosodic remedies rationally while the allopaths of to-day give them, too often, in uncalled for doses and hypodermically. Why does he give an eleven year old boy, a hunchback, "frightfully deformed," who had been under the

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care of very many of the greatest physicians and surgeons of England, *Lueticum*, *Medorrhinum*, *Psorinum*, *Bacillnum*, besides other remedies? He does not say, he tells the patient's condition, and that is all. At any rate this apparently hopeless derelict brought to him in a "formidable and efficient iron jacket" finally became, not a straight backed person, but one who "is now grown up, and articulated to a professional man in the city, and a bright future seems in store for him." There is a mine of wealth in the many little books of Burnett for those who can use them with brains. Have been accused of being a whooper-up for Burnett, now gone to his reward. Guess it is true. We once met a man condemned to death by a consultation of physicians of no mean standing. As he was under treatment we suggested a remedy picked up from much reading of Burnett. The man took it and got well.

The following from a Kansas newspaper is a model "reading notice:"

"Glenn Blue our undertaker, went over to conduct the funeral of Uncle Jim Cowden, one of the pioneers of the Arvonian and Reading communities, who died at his home in Reading at the age of 88. That was the third funeral Glenn had conducted in that little city that week and from the favorable remarks we heard, Reading likes him and his work."

Four young ladies of the University of Toronto, Ontario, graduates of medicine, have offered their services to the Army Medical Corps. Among them is Miss N. B. Becker, daughter of Dr. Henry Becker, who last year was President of the International Hahnemannian Association, is one of them. Dr. Becker, you will remember, presided at the meeting of the I. H. A., held at the Aldine Hotel in Philadelphia, last year.

FOR SALE! Encyclopedia Materia Medica, Allen, 10 Vols., index, \$15.00. Lectures on Materia Medica, Dunham, 2 Vols., \$5.00. Dictionary Materia Medica, Clarke, 3 Vols., \$10.00. Lippe's Repertory, 2 Vols., \$5.00, and others. Mrs. B. L. B. Baylies, 362 McDonough St., Brooklyn, N. Y.

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Far be it from T. W. to accuse his bunch of fine poets from being insane. It would harry us to think that “Ken,” “Alfalfa,” “Office Boy,” Walton, and our minor poets are in that category, yet here is Democritus (we do not personally know him, as he lived a few years before our time) who tells us that insanity is an essential of poetry. Aristotle seemed to think that poetry was due to a congestion of the head. Mirabeau, who, we believe, had something to do with the French Revolution, of which we seem to be having a second and enlarged edition, affirms that “common sense is the absence of too vivid passion; it marches by beaten paths, but genius never. Only men with great passions can be great,” which is a sort of consolation to poets. Schopenhauer

once remarked that men of genius are often like the insane, an accusation which all of us must meekly bear, for is not every man a genius in his own mind?

A medical man remarked that genius was allied to some abnormal condition or subjective state, which reminds us of what the African alienists believe, namely, that genius, we mean the insane, know more than others, consequently the "others" should keep hands off. This wise African belief has guided T. W. with his poets even though some Philistine readers have reproached him.

Now let the men of genius come back! Our poets!

Two new advertisements appear in this issue, "The Chalfonte," page x, and "Haddon Hall," xiii, both of the famous "beach front" hotels of Atlantic City, which is "the biggest little city in the world." Nearly every homœopath knows "The Chalfonte," for the Institute met there two years ago, and all ought to know Haddon Hall, right alongside, where, with absolutely safety in all respects, you can make reservations. Both are scrupulously clean, airy and on the beach front. T. W. knows them both and can vouch for their excellence—summer, fall, winter and spring.

Dr. L. C. McElwee, St. Louis, writes the editor the sub-joined note and the last named asks us to put it in our department presumably because it will be more apt to be read:

ST. LOUIS, June 13th, 1917.

Dr. E. P. Anshutz.

Dear Doctor:—This is primarily to thank you for printing my article, "The Early Diagnosis of Tuberculosis," in the May number and to ask you to make the following corrections of typographical errors in same.

On page 204, 17 lines from top, should read Actinomyco~~sis~~.

On page 205, 5 lines from the bottom, it should read INEXCUSABLE instead of EXCUSABLE.

On page 207, 15 lines from top, the word "chilly" should be omitted, making it read a "sharp rise of temperature," etc.

On page 208, 11 lines from top, it should read "and must NOT repeat it even in that quantity," etc.

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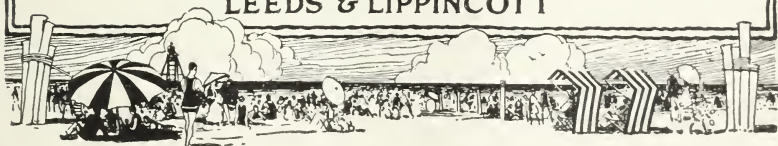
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Make reservations—write for illustrated folder.

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On page 209, Tablespoonful and place are improperly spelled. Thanking you again for your courtesies, I am

Fraternally,

L. C. McELWEE.

(NOTE.—E. P. A. requests to add “the obligation is ours in the matter of printing the paper.”)

Dr. E. P. Cuthbert, Evans City, Pa., writes: “I am getting to like the RECORDER, and wish to state that Dr. L. C. McElwee’s article in the last issue (May) was most practical and opened the way for profound thought.”

Dr. Geo. G. Kelly, of Woodstock, Vt., writes of the RECORDER: “The best Homœopathy in any magazine, straight and without frills or pseudo-scientific twaddle.”

Dr. Eli G. Jones, who has been running a series of papers in the RECORDER, writes that he will be at “343 East South St., Galesburg, Ill.,” for a while. So if any one has anything to say to the old medical philosopher there is the place to say it.

Dr. D. F. Shipley, of Westminster, Md., renewing his subscription, writes: “The RECORDER is of more use to me than any journal that comes my way.” Many thanks, Doctor!

Here is something picked up in Brother Ellingwood’s fine little *Therapeutist*. The B. & T. honey boy says it is worth knowing and also that he has the “very finest honey in the world.” Here it is:

“A substitute for sugar in the treatment of diabetes is constantly looked for. It has been suggested a number of times that honey be used. If the evidence is collected, it would probably be found that it is an unusually good substitute. One patient using honey freely found that, when he ceased, the percentage of sugar arose, and when he took four teaspoonfuls of strained honey a day, the amount of sugar was reduced. A number of instances are reported where this agent was found satisfactory to the patient, and it can, without doubt, be substituted, at least in part.”

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The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

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Dr. J. E. Heyser, Highland Park, Llanarch, Pa., wants to buy Burt's *Characteristics*, 2d edition; Hale's *New Remedies*, 2d edition; *Burnett's Essays* and Hering's *Characteristics*. One copy of each will do. State price.

Dr. W. T. Taylor, of Robert Lee, Texas, in renewing his subscription to the RECORDER, adds: "These are hard times, but I must have the RECORDER. Cannot get along without it." Many thanks! The journal is broad-gauged, doesn't try to dictate, lets every physician state his treatment (gets knocked sometimes for publishing certain ones) and believes that its readers are the better for the broad scope. Man cannot thrive on one diet only, he needs some ginger occasionally.

Sometimes one wonders if medical editors ought not to take a course in journalism. For illustrating this notion or whim take the following pinched from a recent medical editorial: "Also it is quite possible for prime fruit to cause trouble particularly when eaten in excess. Some—let us hope many—of these people will be your patients," etc., etc. While it may be quite true that doctors do want many patients it is not good "business" to wish for "many" of those whose health you guard to become ill. Perhaps this is only a foolish idea of T. W.'s.

Among his friends T. W. numbers many learned and agreeable gentlemen who insist that they are "Regulars," which, to his limited mind, seems to be a misnomer as what is quoted below in a manner demonstrates. It was picked up in a time-yellowed journal in which it is credited to Volume I of the "Transactions of the American Medical Association."

Now whether the gentlemen of the A. M. A. have advanced or back slidden since that volume appeared—it must have been in the "forties"—is a debatable question, for in their latest and authoritative "Hand-book of Therapy" you will not find *Hamamelis* among the "Useful Drugs" which "The Council on Pharmacy and Chemistry" permit the orthodox to use. However that may be, here follows what one of their forefathers wrote at the beginning of the A. M. A.:

Diseases of the Skin

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NEW YORK CITY.

200 original illustrations, photographs from actual cases.

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Hamamelis Virginica. Witch-hazel.—The most direct and specific account we have of its virtues, is given by Dr. James Fountain, an experienced and eminent practitioner of Peekskill. He has used it for more than thirty years, in one way or the other. His attention was first called to it by the country people, who use it for all manner of hæmorrhages.

“A young man whose father and mother and whole family, no less than eight or ten in number, except himself and a younger brother had died of consumption; he, too, was pale and emaciated, and bade fair soon to follow them to the tomb; he did not dare to leave home without the witch-hazel to stop his spitting of blood, for as soon as this appeared, he chewed some leaves and swallowed the juice, with the invariable effect of stopping the bleeding at once; he has ever since continued to use the leaves, or a decoction of the bark, either of which will arrest the hæmorrhage and relieve the pains in the chest promptly. He has since lived many years although his health is not good; but it is to be presumed that he owes life to this one article.

“It does not arrest diarrhœa or any other morbid secretions so remarkably as moderate hæmorrhages, especially those of the lungs, stomach and bowels. In hæmatemesis it has been found to operate like a charm. It appears to be especially adapted to young and irritable subjects.

“Dr. Fountain was also convinced many years ago that it possessed an *anodyne* power. He was led to this conclusion from its relieving pain in cases of hæmoptysis, and the sudden and decided relief it affords to the pain and soreness of piles.

“About ten years ago, a new ointment from the east, somewhere in the neighborhood of Danbury, Conn., was peddled about the country and acquired great fame as an infallible cure for piles; and in truth it did succeed admirably; its effects as an external application were sometimes truly surprising. Accidentally the receipt fell into Dr. Fountain’s hands, and here it is:

Witch-hazel bark;
White-oak bark, innerpart;
Sweet-apple tree bark,

of each three handfuls; water three pints; boil down to one pint and strain; add lard a half pound, simmer out the water, stirring it continually, before and after removing it from the fire, till it

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Coughs and Coryza, Acute and Chronic. Repertory with Index. Materia Medica, with Index.

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782 pages. Cloth, \$5.00, *net*.

This is a genuine therapeutic text-book on the "kingdom of the lungs," one that will be the standard for all time to come. It is complete. Its arrangement is such as to send the inquirer straight to the indicated remedy with a minimum of searching. Every office needs a copy.

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This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physicians library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

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cools. It forms a brick-colored anodyne, and astringent ointment admirably adapted to the cure of hæmorrhoidal tumors.

"It has been given in a number of cases of diseases, principally in chronic coughs, accompanied by that irritable condition of the system, which usually marks the incipient stage of phthisis; also in hæmorrhoidal affections; and in most cases with decided benefit.

"Its action very closely resembles that of the Bugle-weed, with the exception that the witch-hazel is more anodyne or narcotic, and exerts a less direct control over the action of the heart and arteries.

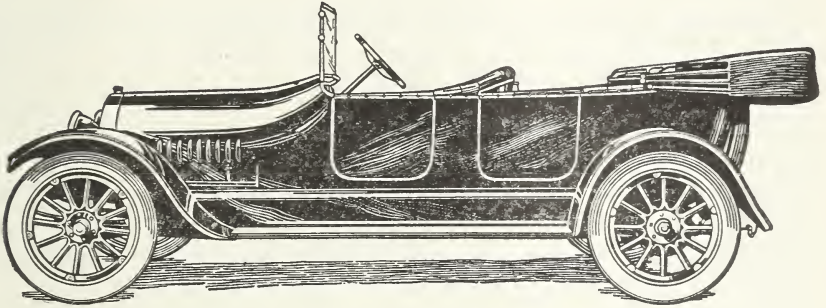
"Dr. Davis hazards the opinion, that further investigation in regard to this class of remedies, may enable us to control the early stages of consumption with as much certainty as we now control the common forms of fever. They seem to fulfill an indication which is but imperfectly met by any combination of the more common allopathic remedies, viz., the allaying of irritability both in the nervous and vascular systems, without inducing either debility or derangement of the digestive functions."

There is intemperance in the use of liquor and in the practice of law, in the eating of food and the preaching of religion, in the drinking of tea and the practice of medicine, in the use of coffee and in the temperance cause; in fact, in pretty much every thing man goes in for. Men (and women) are intemperate for almost as many reasons as there are forms of intemperance. Some from weakness, some from cussedness, many because they are sure they are better than others and ought to boss the sinners, and a goodly number for the sad reason that they are not very sensible, inclining foolward. However, T. W. mustn't throw dornicks, for every mother's son of us has his streak of intemperance. So, instead of hurling rocks let's tell an illustrative story—maybe you've heard it before, for it isn't youthful:

Two young men visited a Scotch village on Sunday, but soon left it in a battered condition with black eyes and torn clothes. A grave citizen asked other severe looking men of the village why the two young men were so beaten up? The reply was that they came into the town looking too smiling for the Sabbath day.

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DEAN

College of Homœopathic Medicine
Ohio State University
Columbus, Ohio

Yes, intemperance is a grave error, but the trouble is we are apt to regard our own form of it as a virtue, as, for instance, when an honest homœopath denounces every allopath as a sinful man (or worse) or an allopath jeers the homœopath as a "quack" or a fool. The big majority of physicians, whatever their belief, are honest, even though we know their patients would do better under the medicine of our own faith. Yes, "faith," for, indeed, there is precious little Science in it, for has not the "science" of yesterday "gone where the woodbine twineth," as Jim Fiske once put it? Homœopathy is a law, but it takes the highest kind of art to apply it.

"Yea, Susan," said the old quaker man to his wife, "all the world is more or less crazy except thee and me and I sometimes think that thee is a little queer."

The following is what Dr. Finlay Ellingwood has to say of Wood's Clinical Gynecology in his journal, *Ellingwood's Therapeutist*:

"This practical work is based upon the author's personal observations in the treatment of the diseases of women, from the Homœopathic standpoint. However, he is exceedingly broad-minded, and has devoted himself to acquiring a knowledge of all methods. In his foreword, he makes plain many facts difficult of comprehension in the relation of Homœopathic physician, first, to his own patients, then to the profession at large. He denies that their school is a sectarian school.

The diseases considered are arranged in alphabetical order. The first is Dysuria, then follows Dysmenorrhea, uterine Hemorrhage, Vaginal discharges, cancer, myofibroma, gastro-intestinal ulcers, auto-intoxication and mucous entero-colitis. Then exophthalmic goitre, reflex epilepsy, the sex impulse, and specific disease, referred pain, conditions following surgical operations preventing convalescence, facts concerning the Homœopathic treatment of these conditions, the treatment of all cases of women's diseases from a post-operative standpoint.

"The work attracts me, and I think I am justified in saying that it would prove to any physician, a very useful book. It follows the lines we are teaching in our literature very closely,

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Located in one of America's greatest Medical Centers—The oldest (1845) and Leading Eclectic Medical College, Conducted on High Standards.

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A pre-medical course in Physics, Chemistry, Biology and a modern language is given by the Ohio Mechanics' Institute, Cincinnati, complying with the standards of State boards generally and the A. M. A.

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Juniors in co-operative courses in City Health Department and Tuberculosis Hospital (320 beds), and Seton Hospital Clinics; senior internship in Seton Hospital. Seniors in clinical and bedside instruction in new Municipal Hospital, costing \$4,000,000 (850 beds); also special lectures in Longview Insane Asylum.

Seventy-second year opens September 14, 1916. For bulletins and detailed information address

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"Repeat" orders are the true evidence of its merit. "Gained in weight." "Feel better than for years." "I think it is a good thing." These are the burden of the letters from those who have used it. For sale at all of Boericke & Tafel's pharmacies. The best tonic that is offered today. Sample and prices on request, to *physicians only*.

BOERICKE & TAFEL.

adopting many of our own remedies, as we advise them, and broadening the field by the addition of the Homœopathic specifics as they know them to act. We can advise the purchase of this book with pleasure."

This comes from the *Eclectic Medical Journal*—Scudder's—concerning Moffat's recently published *Homœopathic Therapeutics in Ophthalmology*:

"A concise and useful manual keeping this department of medicine up to date homœopathically. It has a chapter on Hahnemann, one on homœopathy, while the bulk of the work includes the ophthalmic materia medica and a full repertory. It should be useful to the general practitioner, as well as for the specialist."

This little \$1.25 book will save the general practitioner and the specialist much trouble in looking up the remedies for the eye for they are all in it with quick guides for finding them.

The *Illinois Health News* is a bit slow, as the Dec. and Jan. numbers came to hand on May 1st, but is always welcome and, to T. W., at any rate, entertaining. It is great on cartoons and they all bear the legend "Illinois State Board of Health Cartoons" and are numbered, 50 being the last at this writing. It represents a man in his nighty, with shirt a flying and flapping around his legs from the wintry blast coming through the windows he is closing. Perched around the room are microbes, pneumonia, tuberculosis, diphtheria and others resembling something that is a cross between a monkey and a daddy-long-legs. From the comments they are making one infers they are very gleeful over the man's act, and also that the learned Board considers disease to be an animal.

Cartoon 49, if it were not for its tenor, would be first-class humor. It represents something like a Greek temple, over the pillars of which is a big sign, "Tuberculosis Sanitorium," and over the door, "Welcome."

Boericke & Runyon have removed to 200 6th Ave., having the 2d floor of the Macy building and retail establishment at 57 W. 39th St., New York.

“Their Medicines are the Best.”

BOERICKE & TAFEL,

Homœopathic Pharmacists, Importers and Publishers.

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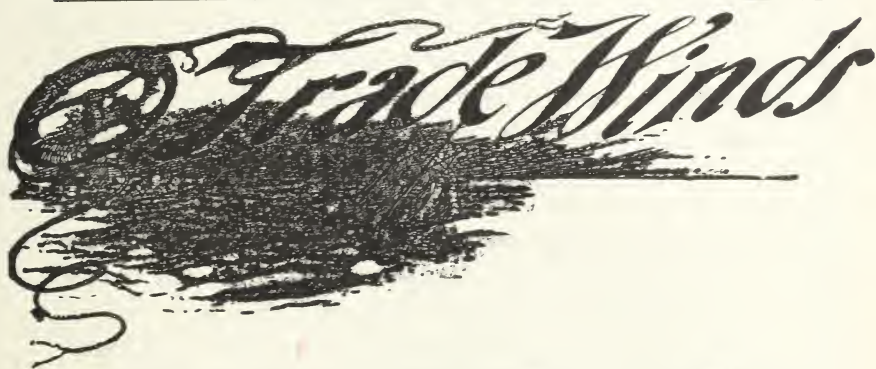
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BALTIMORE, 326 North Howard St.

CINCINNATI, 213 West 4th St.

Business Established in 1835.



Our energetic friend and typical Gothamite, Dr. F. M. Dearborn, sends T. W. what you will find below, but will first let F. M. D. speak:

“The enclosed advertisement of the ——— ——— has just come to my notice and I thought the introductory paragraph was so eloquent that you ought to read it. You notice these tablets are not only palatable, but actually delicious. Our Allopathic friends are certainly borrowing liberally from us. Make any use of this circular you see fit, but do not return it to me.”

Well, here it is:

“CANDY MEDICATION is a departure from the old pharmaceutical line, and truly worthy of consideration by the con-

scientious, discriminating practitioner. These tablets are not merely palatable, but actually delicious. They represent the result of a study on rendering the administration of unpalatable drugs to children not only palatable, but truly delightful."

Tempora mutantur, et nos mutamur in illis! (Look in the back of your dictionary.) And yet our wandering friends, the allopaths, wandering in the therapeutic wilderness, notwithstanding candy, are still blindly groping in the barren desert, and will continue to do so until they learn that simple primary of science, namely, that everything, even medicine, acts by immutable law, drugs, of course, included. The true law was made known over 100 years ago, but their medical ancestors chose to turn it down with contumely and have ever since been too proud to acknowledge their error. They have followed, or, rather, indulged in, all sorts of wild empiricism, their latest pharmal products resembling, in a manner, the pharmaceuticals of the witches that poor old Macbeth consulted when he was in trouble. Their one guiding principle seems to be to give as much of their broth as the traffic—beg pardon, the patient—will bear. If a little is good more must be better, was their old calomel doctrine, but as it was not better they have abandoned it and turned to the witches' broth by which they hope to physically regenerate the world. Yet in spite of their well meant efforts the really deadly diseases are steadily increasing. Years ago they were full of the idea that all that was needed was to kill the germs, and, logically, the patient would become sane and sound. But when the germs died, if they did die, too often the patient departed with them to the great unknown. So this scientific procedure was given up. Then the idea of putting good germs to fighting bad germs came into the limelight. So it went, one fantastical thing following another until the idea of cure was given up as being vulgarly unscientific among the leaders, but "candy medication" shows that the rank and file still hanker after medicine. Let them learn how to use medicine by taking up with Homœopathy, subscribe for the HOMŒOPATHIC RECORDER, join the Institute and all will be well with them.

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ALWAYS OPEN

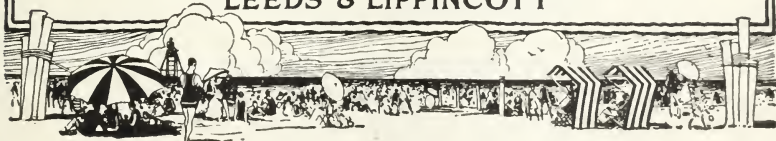
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Appeals particularly to cultivated people who seek rest and recreation at the Sea Shore, Summer or Winter. From every section of the country such guests have come to Haddon Hall for 40 years—and come back again and again—it is so satisfying, so free from ostentation, so restful and sufficient. Every facility is offered young and old for enjoyment.

A step and you are in the surf. Fascinating shops and a thousand amusements are offered along the famous Boardwalk. Privileges of fine golf and yacht clubs. Rooms are comfortable and attractive—there is delightful music—and always interesting people.

Make reservations—write for illustrated folder.

LEEDS & LIPPINCOTT



MY SECRETARY.

BY STUART CLOSE, M. D.

Who always smiles and looks so sweet,
Each friend or patient quick to greet?
Who puts them at their ease and waits,
Their every want anticipates?

My Secretary.

Who takes the babies in her arms
And soothes their crying with her charms?
Who brings the children blocks and toys,
And kindergarten art employs?

My Secretary.

Who notes the lady with a frown,
Admires her latest hat or gown,
Attends her with solicitude,
Beguiles her into cheerful mood?

My Secretary.

Who takes the "detail man" in hand
And gently makes him understand
That all his wiles will not suffice
To captivate the man of ice?

My Secretary.

Who meets the patient with a grouch
And strings him till he will avouch
That all his blusterings were bunk
And everything is now all hunk?

My Secretary.

Who posts my books and mails my bills?
Who types my letters, stores my pills?
Who neatly files each magazine,
(And puts them where they can't be seen?)

My Secretary.

Who runs delinquent debtors down,
And makes them wish they'd left the town?
Who calls on each appointed day,
Relentless till she makes them pay?

My Secretary.

Glandular Therapy

Biological Triturations

List

CORPUS LUTEUM
DUODENUM
PANCREAS
PITUITARY
SUPRARENALS
THYMUS
THYROID
BRAIN
ORCHIC
MAMMARY
PINEAL
PROSTATE

PRICE LIST

Tablets, 1 m. \$0.60; 5 m. \$2.25

Supplied in 6x when not otherwise specified

The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours triturating, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

Obtainable at any of our pharmacies.

BOERICKE & TAFEL.

Who praises me in terms discreet,
 To friends who meet her on the street?
 Who's jolly when I'm feeling blue,
 Who's always loyal, kind and true?
 My Secretary.

(Strikes T. W. that Dr. Close is reckless, for it may be some other doctor will try to steal his secretary. There is such a thing as stealing patients, so why not secretaries.)

Off and on inquiries come in for *Iris tenax*, but no pharmacist, homœopathic, eclectic or allopathic, had it or knew anything about it. At last B. & T. have secured a small supply. There is scattered mention of this drug, but the only thing at hand concerning it is in a letter from Dr. W. H. Yingling, of Emporia, Kansas, in which he writes, "I have verified, a number of times, *Iris tenax* for pain in right lower abdomen, region of the appendix."

Yingling also gives several pointers in this letter so we might as well give them all *pro bono publico*, "I have also verified *Agraphis* for occlusion of nose, possible adenoids, especially when tonsils are involved, voice thick and nose all closed up.

"A case of severe pain in stomach coming on at night only found relief by drinking water sweetened with sugar. I took the hint and gave *Sacch. alba* 200 with very prompt and permanent relief.

"Several cases of running fistulous sores, discharging freely, tender and sensitive, were cured by *Calendula* 12. I find *Calendula* the great anti-pus remedy. I mashed my finger, crushing the side of finger and breaking the skin. I poured *Calendula succus* on the wound and bound it up with cotton saturated with the same. Letting it go for several days I found the wound healed and applied court plaster to protect the tender skin. It was well after a few days and gave no trouble and not a drop of pus. A man cut ends of two fingers nearly off, hanging only by the skin. I applied *Calendula* freely, held the fingers in place by adhesive plaster and kept moist with same. Results was perfect fingers."

Diseases of the Skin

Including the Exanthemata.

BY FREDERICK M. DEARBORN, A. B., M. D.
NEW YORK CITY.

200 original illustrations, photographs from actual cases.

551 large 8vo. pages. Cloth, \$5.00, *net*, sent on receipt of price by any homœopathic book dealer.

This book is not printed from plates, is new, from cover to cover, the latest, the least padded and most helpful book on the skin extant.

For Sale at All Homœopathic Pharmacies.

PRACTICAL HOMŒOPATHIC THERAPEUTICS

By W. A. DEWEY, M. D.

Second Edition 426 pages. Cloth, \$2.50 *net*.

"The book strikes me as being about the most satisfactory work of the kind I ever saw."—C., *Medical Gleaner*.

"He has done for therapeutics what Farrington did for *Materia Medica*."—*Homœopathic World*.

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic*.

I AM NOT MAD.

I am not mad and loudly I deny
 That I am bias or my thoughts awry,
 Voice you your lines, and I will sure repeat
 Word after word, your fanciful conceit.
 My thumps are not outpointed, nor my thought
 That all the world is crazy or distraught.

Nay, nay, T. W., my quibs in verse
 Came from no frenzied agony, or worse,
 But fast as could I write, they faster pressed—
 From brain to finger tip, with agile zest.
 'Twas fun, just fun to write, I did not tear
 From an erratic head the silver hair—

But calmly, with upon my face a smile,
 For your dear sake I thus sought to beguile
 From thought profound the medicals who read
 The lofty truths in your RECORDER screed.

—KEN.

July 18, 1917.

Dr. G. E. Dienst writes:

“Our Post-Graduate is progressing, and I think the Kent controversy is at an end.”

“The Society of Homœopaths has been merged into the I. H. A., hence will not exist as a separate organization. The next meeting will be held at Narragansett Pier.”

Dr. E. B. Nash, author of the many “Leaders,” writes that he spent a good part of the past winter in California. He and Dr. Jacquelin, of Los Angeles, amused themselves in part, at least, in studying and analyzing a number of our old remedies.

The following notice of Wilson’s recently published *Diseases of the Nervous System* is from the *Hahnemannian Monthly*:

“The original purpose of this book was to present to students and the general practitioners such information upon nervous diseases as would be within their powers of comprehension to the needs of every-day work.

“The first edition had such widespread success that a second

THERAPEUTICS OF THE RESPIRATORY SYSTEM

Coughs and Coryza, Acute and Chronic. Repertory with Index. Materia Medica, with Index.

By W. M. VAN DENBURG, A. M., M. D. "Similaris can be cured by similars." Proof: An intelligent application of the drug-symptoms in this book.

782 pages. Cloth, \$5.00, *net*.

This is a genuine therapeutic text-book on the "kingdom of the lungs," one that will be the standard for all time to come. It is complete. Its arrangement is such as to send the inquirer straight to the indicated remedy with a minimum of searching. Every office needs a copy.

TREATMENT

By CLARENCE BARTLETT, M. D.

1223 pages. Large 8vo. Strong Cloth, \$8.00, *net*.

Delivered by parcel post, free to any part of the United States on receipt of the price, \$8.00.

This book, worthy of being termed an Encyclopedia of Treatment, will pay its way in any physician's library who is in active practice. The *Medical World* put its character in a nut shell when it wrote: "It covers well every part of the domain of modern general medical practice as mirrored by the consensus of the opinion of the best men of all schools."

At all pharmacies and book dealers.

one has now been called for. In the second edition the author has considerably enlarged upon those sections dealing with 'Cerebro-Spinal Meningitis' and 'Poliomyelitis.' The scope of the work covers anatomy of the nervous system with a consideration of the diagnosis and treatment of the various diseases affecting the nerve tissue. In addition to the general treatment the author includes a resumé of the homœopathic remedies applicable to the various diseased conditions."

The thing in this that strikes T. W.—it out-crops in many book notices—is the rather condescending mention of the "general practitioners" and "their powers of comprehension." With good will towards all and malice towards none T. W. sometimes thinks that many specialists could sit at the feet of the general practitioner and learn real wisdom for the human machine is made up of many parts and all are intimately related. Dr. Harvey King's *Medical Union No. 6* ought to be a sort of moral text-book for all physicians. It is worth reading about once a year and it only costs 50 cents.

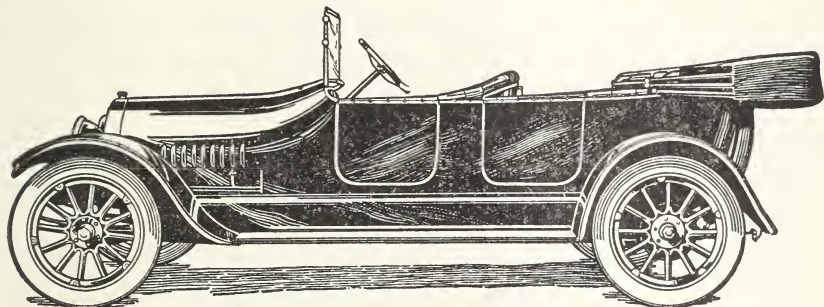
As for Wilson's *Diseases of the Nervous System* we labored under the impression that it about covered the field even for the specialist.

Dr. Henry C. Aldrich announces the removal of his office to suite 1132 in the Metropolitan Bank Building, Cor. of 6th St. and Second Ave., South, Minneapolis. Needless to add of the State of Minnesota.

SPLENDID PRACTICE TO GIVE AWAY.—I have been thirty-five years practicing homœopathic medicine in Danville, the county seat of Hendricks county, Ind. Twenty miles west of Indianapolis, on "Big Four R. R." Also interurban line. Splendid pike roads, well-to-do people, six churches, grade schools and first-class high school. Location of Central Normal College for past forty years. Best artesian water and a healthy little city. I am seventy-seven years old and want to sell my home and office and get out of the way of the purchaser. A two-storied frame dwelling of eight rooms, also a bath room, and wood and coal rooms, and a brick office of three rooms on the same

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4. All faculty members, all time salaried men.

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DEAN

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Columbus, Ohio

lot. All for \$3,000. Am the only homœopathic physician in the town. Come, and I will show you, or address, F. H. Huron, M. D., Danville, Ind.

SANITATION ON THE FARM.

(Begging the pardon of somebody.)

We've bathed the bossie's tootsies, we've cleaned the rooster's ears,
We've trimmed the turkey's wattles with antiseptic shears.
With talcum all the guinea-hens are beautiful and bright,
And Dobbin's wreath of gleaming teeth we've burnished snowy white.
With pungent sachet powder we've glorified the dog,
And when we have the leisure we'll manicure the hog.
We've done all in our power to have a barn de luxe;
We've soused the sheep in Kreso Dip: we've sterilized the ducks.
The little chicks are daily fed on sanitated worms,
The calves and colts are always boiled to keep them free from germs.
And thoroughly to carry out our prophylactic plan,
Next week with Germicidal Soap we'll wash the hired man.—*Cribbed.*

Dr. M. L. Casselberry, Morgantown, W. Va., writes: "As you already know my eyesight has failed. My field of practice affords an excellent opportunity for a good man. If you know of any one who would like to locate here kindly have him write me and make his own terms. My office practice alone nets me \$100 per month, and one who could attend to outside work could make a good proposition." If any reader is interested let him write direct to Dr. Casselberry.

A lot of our friends got into a hot argument the other day—they are always scrapping about something. One said the money wasted in tobacco every year would buy so much bread. Another said the grain used every year in making whiskey and beer would make so much bread. But then came from the opposition, "Who in thunder would eat all that bread?"

The "food shortage" and "food conservation" topics seem to have turned loose an unlimited supply of froth, bunk and hysteria on the country. For example, a doctor who owns a farm and also an apparently fine city practice, which, presumably, supports the farm, recently told T. W. that he had thousands of

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BOERICKE & TAFEL.

quarts of fine strawberries, big and luscious, but as he could not get any one to pick them, and if he could he would not receive enough from them to pay freight, commission and boxes, he turned his flock of geese into the field and let them live on the berries, while they lasted. He said geese like strawberries and presumably he wasn't kidding. A Pennsylvania farmer told us that he didn't see "why you city people are planting potatoes in your yards. Up our way we have more in the ground than we can get men to dig and when they are dug I don't know who will buy them." These are two samples of many stories that come our way—a superabundance of produce, but a great shortage of labor. Well, "it, too, will pass," as the Greeks say.

Your old friend, T. W., isn't a full blown cosmopolitan, only a little approach to one. Not long ago he was at a modest "eats," where the talk drifted here, yonder and thither. One gentleman present was a member of an association that is not quite local. He told of their meetings. Three days were devoted to what an unregenerate might term "tongue music." At the close of the third day it was an unwritten law that the men had that evening to themselves—free. They always had a banquet, the cost of which was at a figure that enabled a first-class big hotel to furnish anything without limit in the way of eating or drinking that a member's soul might lust after. Well, outside of one banquet hall was a goodly space, almost another hall, and there, on one occasion, assembled papa's ladies, "his sisters, his cousins and his aunts," to say nothing of his wife, daughters and other charming members of the Association. Seeing this, some of the dignified, but unattached, members began sending out bottle after bottle of champagne and other bottled liquids, which all came back empty, but the ladies seemed to be having a good time. "After that," he concluded, "we had ice water at our other meetings, so I don't go to them any more and the other members are not going to any alarming extent. The real use of these yearly meetings was for the men to get acquainted and I'm hanged if you can do it really on ice water."

All of this is reported apropos of nothing, but, probably, because the dog-days are on and T. W. does not think he could do justice to serious themes.

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Like the illustrious editor of the Institute's *Journal*, S. M. H., we, T. W., have been doing a bit of vacationing down at old Cape May. Am undecided as to whether the proper method of taking a vacation is an art, science or gift. If we had the nerve would ask S. M. H. to throw some scientific light on the problem. You see there are some who do nothing but complain and find fault with everything, who wonder why they left home and will be "glad to get back." Others, very few and becoming scarcer, for which let us all be thankful, sit for hours with their feet on the porch railing betraying no emotions. These were once a very numerous race, as was noted by Mr. Martin Chuzzlewit, but like the buffalo, seem to be dying out. Others

of the species of vacationists have come down for a rest and the sea air, and stay in their rooms all day, not caring to "mix with the herd." Some take occasion to quench their prohibition thirst, and do not work on the eight hour law in doing it. Others want to talk, and when two or more of them meet the resulting flow of words is worthy of investigation by John D.'s Institute. The excursionists (round trip \$1.00, good for one day) come streaming from the train full of the vacation spirit, cheerful children and smiling mothers and fathers, young women and men and those who are hardly young, but all with the joys of the future before them. In the afternoon they come drifting back, an hour or an hour and a half before train time, and an impressionist would say that they were the embodiment of a Song Without Words, but meaning "There's no Place Like Home."

Still this is but a surface sketch. Probably the fishermen get more out of a vacation than any others. These will sit in boats or stand on the fishing pier from early morn till dewy eve in perfect contentment. No wonder, or is it something deeper? that the first Christians were fishermen. Apropos of this we heard two stories, probably apocryphal because they were essentially the same, of two men who fished faithfully for a week and caught nothing until the last day when each landed a "channel bass," 40 pounds, and said they were amply repaid for their week's "sport." This leads us to the belief that the fishers have solved the vacation problem.

In a negative manner the proposition that fishes have solved the problem is demonstrated by the fact that some years back the whole mind of the average vacationer, the "regulars," was centered on "auction"—card tables everywhere, and no end of discussion as to the proper leads and all that sort of thing. Then the now obsolete tango came along, and all, young and old, danced—or tried to. Even grandfathers and mothers took lessons—but the fishermen went their calm way undisturbed by these mutations.

Last year an epidemic of knitting set in which this year has reached alarming proportions. Women, young and old, and little girls, knit, knit, knit, reminding one of the stories of the French Revolution when the women sat knitting as they calmly

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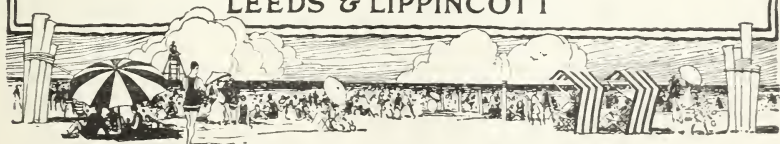
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LEEDS & LIPPINCOTT



watched head after head drop under the guillotine. Sort of uncanny, isn't it? Have come to the conclusion that the peanut is the plebeian of nuts, unless it be that it is the favorite of that class of humans. The peanut cruncher drops the shells wherever he may be, carpets the place with them, esthetics bothering him not. There is a very ancient legend that one year the crop of peanuts was three million bushels. When told this the janitor of the gallery of the Allentown Opera House said he could account for all but three bushels.

Cape May is the oldest seaside resort in this country, that is to say, the first to entertain visitors in hotels built for summer guests only. Heinrich Hudson visited it before he discovered New York and the Hudson. It was settled by whalers and pirates in the year 1645; that is what the local county history says, and it ought to know. One old mariner took sixty-six prizes during the Revolutionary War, and one of his descendants told me that he, the aforesaid ancient mariner, was the third largest contributor of money to the revolution.

Cape May is the southernmost point in New Jersey. About a mile and a half to the right, facing south, is Cape May Point where the Atlantic and Delaware Bay meet. Fifteen miles across the water from here is Delaware, and on clear nights you can see the steady or flashlights at Cape Henlopen, Lewes, Rehoboth, and the break water around which rest the ribs of many an old vessel. From Maine down the coast and around the Gulf to the Mexican border the mariner is never out of sight of the glare or flash of a lighthouse. They are watched, too. An artist friend, fond of prowling around places off the highways, was on a Virginia coast island one summer. The keeper of the lighthouse told him that one night, owing to an accident, his light was out for about ten minutes. This was reported by a passing vessel, and some weeks later he was asked from Washington why his light was out on a certain night, naming the hour and minute.

Coming back to Cape May. Two miles up the coast is Sewall's Point where the Government made a harbor of refuge some years ago, and an optimist built an amusement place. This is now inhabited by the navy men in training, also a flying school,

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The material for these triturations was obtained from standard laboratories, for these products. A leaflet, giving clinical scope, will be sent on request. These triturations are made with the pure sugar of milk crystals (not powdered milk sugar). The 1x receives four hours trituration, and each succeeding x two hours. This line was made because many physicians were asking for these glandular products in triturations.

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while the harbor, presumably, is full of submarines, "chasers," destroyers, etc.—they do not welcome casual visitors. Across the harbor and about a mile inland is the farm bought by Henry Ford famous as the builder of "flivers," or "Tin Lizzies," and jokes. On this the Government has about completed a military camp—water works, sewers, electric light plant and all that sort of thing. There is also an aviation field, and on the Delaware Bay shore a proving range for big guns, eight or more miles long.

The town now swarms with navy boys, volunteers, and a fine set they are, many of them college men, and all conduct themselves as gentlemen should. Soon the soldiers will appear at the Ford camp and then old Cape May will become a real military town with all branches of the force represented.

Made the rounds several times with a local doctor, a homœopath, who has the cream of the practice and takes in what many a city doctor might envy. He certainly is hard worked. Reporting from memory: "Yesterday I was busy from half past six making calls and attending to office patients. Snapped out the lights at 10 o'clock for a needed rest in bed. Telephone bell rang before I was undressed; a rich old curmudgeon wanted something, and he got it. Then undressed and was just off to sleep when door bell violently rang; went down in pajamas; woman with a battered foot, dressed it and again went to bed. Soon asleep. Then telephone awoke me. Man said his wife was desperately sick, 'come at once.' Went and found it a case of too much corn, crabs and melon—bellyache. Came home and went to bed again and again was awakened by the telephone; man said his daughter had motored over to Wildwood and it was now two o'clock and she was not home; would I not go out in my car and see if there had been an accident. I called up Cape May Court House, where the accident would be reported, found there had been none; was about to call up the father when he got me and said the girl was home all right—'been having a good time.' Then I went to bed again. Some night!" When the summer visitors are in full tide and mix the really fine fresh vegetables and fruit, that grow so abundantly on the farms around the town, with fish, lobsters, clams and crabs, the doctors have a merry time with night calls to treat the resulting bellyaches.

Diseases of the Skin

Including the Exanthemata.

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"He has done for therapeutics what Farrington did for *Materia Medica.*"—*Homœopathic World.*

"If you want a book of homœopathic therapeutics, pure, simple, straight, clean and up-to-date Homœopathy, here you are. It is one of the books you want. You want it handy. Right on the nearest corner of the middle shelf of your bookcase."—*The Clinic.*

Cape May is remarkable for its hydrangeas, which grow alongside of the cottages and fences, even on the beach front, in tropical luxuriance, with many blooms as big as a man's head.

The beach seems to never change, what it was in 1600 it seems to be in 1900. A very gradual slope of clean sand, no holes, scarcely an undertow and as safe as a pond. Something like that may be said of the town, which, as a friend put it, is "a quaint old southern town, and I hope a 'boom' will never strike it." So says T. W., who has the confirmed Cape May habit—which means, you do not want to go anywhere else in summer. But winter! Dead so far as the outer world is concerned.

Virginia went bone dry recently, but at the last primary election the bones got left. Probably the cause for this revulsion is shown in a manner in an order for goods received by Boericke & Tafel from that State. Among the list of things required was some alcohol, but to get this the buyer had to make an affidavit that he was not a minor, an intemperate person, or a user of narcotic drugs, and to "solemnly swear" that the said alcohol is to be used for pharmaceutical purposes only. There is such a thing as intemperate temperance.

E. P. A., who runs things up front, received the subjoined invitation which we swiped for our anthology. It came from Dr. Raymer, 1402 6th Ave., Beaver Falls, Pa.:

CORN ROAST.

When August moons are round and bright,
 There's sure to come a fated night
 When corn roast revels swift appear,
 And round each smoking "roasting ear,"
 All buttered, brown and piping hot,
 The feasters seek the *chosen spot*.
 So please to come and lift my latch,
 And eat your fill of my corn patch.

Dr. Yost's country home, Thursday,
 August 16th, from 9 p. m. to

To members of the Beaver County Homœopathic Medical Society.

RAYMER, *Secretary*.

THERAPEUTICS

OF THE

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Coughs and Coryza, Acute and Chronic. Repertory with Index. Materia Medica, with Index.

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This is a genuine therapeutic text-book on the "kingdom of the lungs," one that will be the standard for all time to come. It is complete. Its arrangement is such as to send the inquirer straight to the indicated remedy with a minimum of searching. Every office needs a copy.

Practice of Medicine

BY

WALTER SANDS MILLS, M. D.

NEW YORK CITY

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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

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Frank Wieland got this off in a paper in *The Clinique*:

“A woman physician told me that she makes it a point to diagnose all skin troubles as syphilis. I asked her what her system is. Her reply was that she knew men, and if they didn't have syphilis, it was from no fault of theirs. Her late husband was an artist; he painted pictures that nobody bought. She feels sore at the world. She, in revenge, makes all men syphilitic.”

Rather tough on the men! Chicago is ever the place for big, new or wonderful things.

MOTHER EVE.

BY ELI G. JONES, M. D.

Oh, Eve, our first mother, why did you discover
The tree where the apples hung temptingly down?
Had you only kept quiet, let Adam go by it,
Then we should have never been tempted to roam.

Since then we've been tempted and often repented,
By some of your daughters so lovely and fair,
Their ways are so winning, that I am beginning
To think that old Adam was hardly to blame.

He ne'er went to college, he had little knowledge
Of ways that are dark and tricks that are vain.
He knew aught of women, their whims and their follies,
And things that we thought to be under the ban.

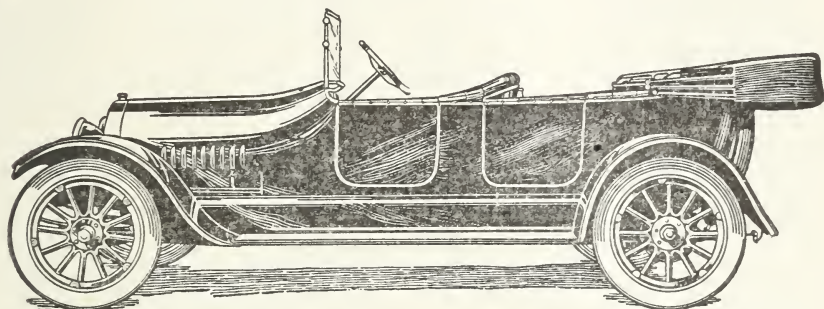
Of course, he repented in sack cloth and ashes,
And vowed that he never would do it again;
But Eve was consoling, she said in the gloaming:
“I know of an apple that's sweeter than that.”

Fair daughters of Eve, we can't live without you,
With all of your follies and all of your whims,
The world will seem brighter, men's hearts will grow lighter,
As we bask in the light of your beautiful eyes.

Have no comments to make on Dr. Jones' doing the Silas Wegg act of “dropping into poetry.” Probably the readers will forgive him because of his interesting articles contributed to the RECORDER.

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DEAN

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The *Medical Record*, New York, makes the following comment on Dr. Wood's *Clinical Gynecology*:

This book comprises a series of clinical lectures delivered by Dr. Wood to the senior class of the Cleveland-Pulte Medical College. One of the objects of the lectures was to endeavor to bridge the chasm, the gulf between the regular and the homœopathic branches of the medical profession. However, in these broad-minded days it is an exaggeration to term the differences which divide the two a gulf.

However, it may be said that over and above this object of the lectures, they provide very good reading and afford valuable information from the gynæcological standpoint.

The *Eugenical News* contains a glooming paragraph headed "Society of Humorists." Can it be that the professional humorist is to be eugenically studied and dissected? They say he is by nature a sad person. If this Society gets after him it may make him still more melancholy. Here followeth the paragraph from the *News*:

"Humorists are born and not made. At a recent meeting of Press Humorists in New York City the birth-rights of the following were recognized: President, James A. Waldron, editor of *Judge*; Vice-President, J. M. Darling, cartoonist; Secretary, Douglas Malloch, of Chicago, the 'lumber-man-poet'; Executive Committee, E. W. Miller, Chicago; Edgar A. Guest, Detroit; Ted Robinson, Cleveland; Clare Briggs, New York, and Charles A. Leedy, Youngstown, Ohio."

Isn't that portentous? They are born, not made, and the Eugenical Society is concerned with birth control! Will it frown on humorists or endeavor to suppress the propagation of the race? Will it regard the formation of a Society of Humorists as an evidence of feeble-mindedness or as a joke? Much depends on the answer, but the Eugenistician gives no hint by which one could prognosticate with any degree of certitude. It is enveloped in the darkness of Erebus. Another complication in this gruesome business is that the new society having officers must have an examining board for new members, for, and this is no joke, death calls humorists as it does men, so the society must have new members or be as ephemeral as a violet which

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The course in Medicine comprises four graded sessions of eight months each. Fees, \$120 per year; Matriculation, \$5.00 (payable once).

Juniors in co-operative courses in City Health Department and Tuberculosis Hospital (320 beds), and Seton Hospital Clinics; senior internship in Seton Hospital. Seniors in clinical and bedside instruction in new Municipal Hospital, costing \$4,000,000 (850 beds); also special lectures in Longview Insane Asylum.

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to-day is and to-morrow is not. In a friendly spirit to all concerned T. W. would suggest that the sessions of the Examining Boards for Humorists be attended and supervised by a Committee of the Society of Eugenists. This would be interesting, instructive and make for the elevation of the human race.

Looking over the T. W. part of the *J. A. M. A.*, the journal that shudders in virtuous horror at certain proprietary medicines and warms towards others, we found page after page of, to the business office, lucious ads. Among the many we noted these scientific ones—if you doubt just look at the terminations: “Lipiodine,” “Pollenin,” “Parresine,” “Purin,” “Siomine,” “Ovaltine,” besides others terminating in “ene,” “ol,” “al,” “an,” etc. It is sad to think that all of these scientific patent medicines that *J. A. M. A.* and its “Council” endorse will wither and die when their proprietors cease to pay for advertising them; they will go just as their wicked brethren went on whom *J. A. M. A.* put the kibosh.

A gentleman, well acquainted with the medical meetings of County, State and National Medical Societies, remarked to T. W. that he was always surprised to see how “bone dry” resolutions went through them all without a peep from anyone. The surprise, he said, arose when he visited “The Buffet.” He said that it seemed to him that one virtuous gentleman, gifted with a tremulous voice, could back down a national convention in these days, but added that “our common ancestor, Noah, would have come under condemnation to-day.” He also had something to say of Noah’s eldest son, Ham, but—we will not report it.

At its last session the Legislature of Pennsylvania passed a law compelling every druggist and pharmacist to buy a copy of the latest edition of the *National Formulary* and of the *U. S. Pharmacopœia* no matter whether they had those two books on their shelves already. Gee! some book-sellers have the real genius of salesmanship. Mrs. Eddy had that law with her Christian science practice, *Science and Health*, but it was only an unwritten law.

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This was the condition of things in Philadelphia (and doubtless in other cities) during the latter part of September; what it will be when this number of the RECORDER reaches you no one can foretell. At the time in question, with in-coming and outgoing freight piled up mightily, thousands of wagons waiting to be unloaded or loaded, miles of freight cars waiting their turn to be emptied, the railroads put on the brakes and refused to accept any more shipments. There was a rush to the express companies, but things were even worse there. Then there was the parcel post, but it was almost submerged. As for baggage, we overheard a baggage man swear by his gods that that trunk will wait its turn and be—"blessed to it." In the general con-

ervation now going on every one can at least contribute a little "bit" by carrying his purchases home as far as possible. A good many of the stores to-day are refusing to send home my lady's spool of cotton, and the old-time market basket is coming into vogue again for the same reason. So, if you conveniently can, carry your purchases home, for you will be sure of getting them then.

Probably few read "Transactions," those good old books that preceded the societies' organs, and of these few still fewer read the "discussions." They miss who do not, for often the discussions beat the paper. The Ohio Transactions for 1914 recently came T. W.'s way, and here is what we found concerning one of our poets, namely, Dr. Charles E. Walton, of Cincinnati,—sometimes seen at the Institute's meetings. He had read a paper and the discussion opened in this manner:

"Dr. Lincoln Phillips, Cincinnati: I want to express my appreciation. When I received the program, I was delighted when I saw Walton's title, 'Some Things I Have Learned,' for I knew his paper would be a brief one."

You can't teach our poets much!

Here is another clipping from the same "Transactions," Dr. Chas. E. Walton the guilty one:

A BORN FOOL.

A certified man wooed a certified maid,
 Was wed by a certified preacher,
 In certified time—at least 'twas so said,
 Became Dad of a certified screecher.
 The youngster was reared on certified milk,
 Was instructed in a certified school,
 His body was clothed in certified silk,
 But he grew to be a certified fool.
 In spite of the fact of certified blood
 (His' certified Dad, his certified Mam,
 And ancestors dating before the flood),
 He never was worth a certified Damn.
 Although he was given certified health,
 And all of those things which with that entrains,
 In spite of his blood, in spite of his wealth,
 He surely was short on certified Brains.

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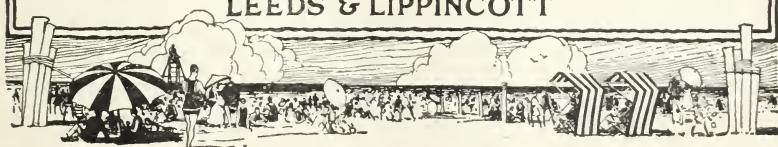
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A step and you are in the surf. Fascinating shops and a thousand amusements are offered along the famous Boardwalk. Privileges of fine golf and yacht clubs. Rooms are comfortable and attractive—there is delightful music—and always interesting people.

Make reservations—write for illustrated folder.

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The *Medical World* notices Dr. John E. Wilson's new work, *Diseases of the Nervous System*, as follows:

"The author presents a large volume and covers his subject thoroughly and in a clear manner. Anatomy, histology and physiology are given, then general symptoms of diseases of the nervous system, the peripheral nerves, spinal cord and brain. The author goes well into treatment and mentions a great variety of drugs used. It is a good book in which to study this subject, and will lighten the labor of student and physician in acquiring a knowledge of it.—J. C. R."

Dr. Byron G. Clark, of New York City, has removed to 266 West 94th St., between Broadway and West End Ave.

Dr. C. H. Meyers, of Cincinnati, O., has changed his address to 3455 Montgomery Ave.

Here is a real book review. As this sort is rare in medicine, it is here given in full. It is from the *British Homœopathic Journal*:

CLINICAL GYNÆCOLOGY. By James C. Wood, A. M., M. D., F. A. C. S., formerly Professor of Obstetrics and Diseases of Women in the University of Michigan. Philadelphia: Boericke & Tafel. 1917.

The author of this work is well known in this country as a distinguished gynæcological surgeon, and as the author of a more pretentious systematic work on Gynæcology. On this occasion Dr. Wood has presented his readers with a refreshing departure from the usual cut-and-dried systems of medical and surgical text-books, and in this reminds one of the classical lectures of Sir James Paget in this country and of W. Goodell in America.

The "foreword" or preface of nearly twenty pages gives an interesting survey of the recent scientific work, conducted in the laboratories of American medical schools or hospitals, to ascertain the mode of action of some of the best known and most specific of the homœopathic remedies. The author also quotes a very apposite sentence from Professor von Behring, in refer-

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ence to the immunizing influence of an anthrax vaccine against that disease as occurring in sheep. The concluding words of this passage are: "By what technical term could we more appropriately speak of this influence, exerted by a *similar* virus, than by Hahnemann's word, 'Homœopathy?'" The italics are ours. After this frank statement by Von Behring, we fail to see why the "regular school" should be frightened by the word Homœopathy.

Dr. Wood's volume consists of fifteen chapters in the form of clinical lectures. In some of them he wanders outside the strict limits of gynæcology, but is none the less interesting for that reason. Exophthalmic goitre, reflex and toxic epilepsy, gastric and duodenal ulcer, are notable examples of this.

One of the most interesting sections is that on "The Significance of Pain"—in various localities and under various conditions. The author rightly combats the old-fashioned idea that "pain in the groin" is in a large majority of cases "due to ante-flexion," but thinks that it is "usually due to irrigation or inflammation of the ovary." With this we can hardly agree. To begin with, ovaritis seldom exists as a separate entity. It is usually part of a more general pelvic peritoneal infection. Moreover, gynæcological surgeons very frequently open the abdomen in cases which have pain in the ovarian or iliac region or "in the groin," and find no inflammation in the ovary to account for it. Pain in the left iliac region is one of the commonest of pains in neurasthenic women; its cause is as obscure as its cure is difficult.

We notice another little point which shows how the practice of operators differs. In the case of a myoma patient "so exsanguinated that her hæmoglobin is below 40, and her red blood count below 2,500,000," Dr. Wood prefers to treat the patient by "a preliminary curettage," tonic, etc., until "the hæmoglobin reaches 60, and the red blood cells 4,000,000." The writer has frequently operated successfully with a hæmoglobin percentage of only 30, and is of opinion that a curettage in myoma uteri, especially of the submucous variety (which is the variety usually responsible for excessive hæmorrhage), where the hæmoglobin is "below 40 per cent." of the normal is decidedly risky, indeed hardly less so than the radical operation. The red blood cells

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seldom sink so low as 2,500,000 from uterine hæmorrhage. We, therefore, oppose the dual anæsthetization and operation, and prefer to rely upon rest and an easily assimilated preparation of iron, if delay is essential. There are doubtless a few cases where the risk of hysterectomy or myomectomy is greater than that of the occurrence of another menstrual loss of the nature of a "flooding," but they are very few.

To most of the chapters a useful list of homœopathic remedies is attached. Indeed in this volume the author has advocated the judicious combination of general surgical methods and homœotherapeutics in a way which should be most fruitful in results.

If comment is called for on the production (or "get-up") of the book and on its editing, we should have praise for the lightness of the volume, which makes it pleasant handling, in contrast with so many of the heavily milled books of American origin. That the paper is what we should call "War paper" in this country may be no fault of author or publisher. As to the editing, Dr. Wood has probably been the victim of careless proof-readers, when in large type at the head of chapter eleven we read "inflation" (or is this an Americanism?), while at the head of subsequent pages of the chapter we encounter "inflammation." In the case of some foreign names, however, the author cannot escape some responsibility for eccentricities such as "Griefsweld" for "Griefswald (a University town on the Baltic (p. 26)); "Conheim" for Cohnheim (p. 188), and Hewett for Hewitt (p. 192).

We are interested to notice that usually a diphthong can be spared for "Homœopathy" and its adjective, though the word is sometimes spelt without it, even on the same page as with it (p. 187). However, anyone who takes the trouble to read Dr. Wood's book, enriched as it is by much important clinical matter, will ignore or forgive these minor blemishes. We should be pleased to see more of these lectures at a later date, and congratulate the author on his originality.

Among standard articles that have not enlisted in the price aviation corps is the B. & T. Pure Unfermented Grape Juice.

THERAPEUTICS

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This work will help any man in active practice. It covers more ground than other works of its class, but is so clearly worded that less space is required. In a comparatively few, common sense words the author gives you the substance of what a work on practice should. It assumes that you are a physician and many details may be omitted. Reference to it is a consultation with an experienced physician of the big New York Hospitals.

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The *Charlotte Medical Journal*, of North Carolina, gives the following appreciative comment on Dr. James C. Wood's *Clinical Gynecology*. You see it is a keen, bright and able book and its "pen pictures" of cases are better than illustrations:

"I have looked over this volume and the more time I have given to it, the more I have become interested in it. It contains 236 pages, and is thoroughly and accurately indexed. There is one thing about the volume that the reviewer regrets, and that is that it is not illustrated; at the same time, the text is of a very high order of literary production. The first chapter, for instance, 'Dysuria,' is one of the best illustrations of a pen picture of cases, aside from some of Dicken's productions, that I have ever seen, or had the pleasure of studying.

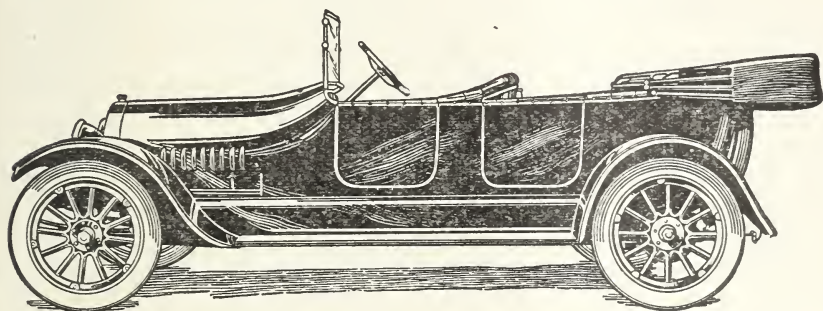
"I do not hesitate at all to recommend this volume to anyone who is interested in gynæcology. If you will pardon me, however, I will again reiterate that I regret it is not illustrated."

You can see by the catalogue that the price is \$2.00.

Dr. C. St. Clair Drake, Secretary of the Illinois State Board of Health, occupies the bulk of a recent issue of the Board's publication, *Health News*. Among many other things he said in his Report is the following: "While public health work has unquestionably progressed, it must be borne in mind that the presumably secondary function of the board—the examination and licensure of physicians, midwives and other practitioners—has grown with even greater strides until, finally, it has come to require 75 per cent. of the time and attention of the members,

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officers and the employees of the board." Whether the board and its employees, after devoting 75 per cent. of their time to examining men and women graduates, know any more about their qualifications than they did before is a debatable question, as is, also, the further one, *i. e.*, whether the board and its employees know more about treating, let us say, by way of illustration, a case of bellyache than do the graduates they solemnly examine? If T. W. only had a goodly appropriation he would have an Examining Board for poets to look into the qualifications to write poetry—"Ken," "Alfalfa," "Office Boy," Walton, Close, and others. Of course T. W. isn't a poet, but he would know how to cash in his warrants on that appropriation. One's heart bleeds when thinking of how the public is unprotected from bum poets!

The following comes from that pert "office boy:"

Say, you old T. W.,
 You think you're awful smart,
 A funning at us poets
 Who surely do our part
 To illuminate your section
 With a little attic wit.
 So you're sure a grouchy sinner
 Roasting us who do our bit.

—OFFICE BOY.

Come on, son, you were all idle and you know (though probably you do not) that the poet Watts wrote:

For Satan finds some mischief still
 For idle hands to do.

Here is a comment on Dr. Wilson's book from the *Pacific Coast Journal of Homœopathy*:

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DISEASES OF THE NERVOUS SYSTEM. By John Eastman Wilson, A. B., M. D. Second edition. 682 pages, large 8vo. Cloth, \$6.00, net.

New books are always interesting to review, but new editions are prima facie evidence of worth and such is the case with Wilson's "Diseases of the Nervous System." At best a tedious subject to the general practitioner, the author groups his material in a way to make very agreeable reading.

But our special commendation concerns his therapeutics. Neurologists are notoriously pessimistic in prognosis and therapeutic nihilists in treatment. This author, however, gives very minute instructions as to the carrying out of the regimes whether dietetic, electrical or medical.

The seventy-one drugs with homœopathic indications, enumerated under neurasthenia, shows how difficult is the treatment of this condition, but throughout the book good clear symptoms for prescribing are given instead of an alphabetical listing of possible remedies.

Many good homœopaths are spoiled by recourse to old school text-books, principally through lack of knowledge of the existence of such excellent books as the above.

The following hails from *The Journal of the American Institute of Homœopathy*:

DISEASES OF THE SPLEEN. By J. Compton Burnett, M. D.

A clear enthusiastic presentation of a diseased condition about which we know too little and its ready relief by homœopathic remedies. Distinction is given to a comparatively rarely-used remedy, *Ceanothus Americanus*.—*M. F. M.*

THE LIFE AND LETTERS OF DR. SAMUEL HAHNEMANN. By Thomas Lindsley Bradford, M. D.

A new copy of this remarkable biography, published more than twenty years ago, has recently come to the reviewer's hand. For the sake of the younger generation it is here set forth again. Much of its contents may be familiar because it is the common source of many annual addresses. Some of the facts related here are often overlooked in giving emphasis to the strictly therapeutic data; for instance, the artistic inheritance and intellectual tuition from the porcelain painter father; the keen selective scientific training of Hahnemann the student of chemistry who, when he translated Demachy's "Art of Manufacturing Chemical Products," corrects errors and makes additions to both Demachy and a contemporaneous translator, Struve. It is a scientific record which should have place in the history of medicine of the eighteenth century.—*S. M. H.*

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Readers, contributors, correspondents, exchanges, and all others who have occasion to communicate with the HOMŒOPATHIC RECORDER, should know that this journal is printed and mailed at Lancaster, Pa., but that the editorial and business office is at 1011 Arch St., Philadelphia, Pa. Consequently any mail matter addressed to Lancaster, Pa., has to be remailed, or sent by express (when there is enough of it, which often happens) to 1011 Arch St., Philadelphia, Pa. If our friends, subscribers, exchanges, etc., will change their address books (everyone should have an address book) in accordance with the foregoing, it will be a convenience to the publishers, and insure prompt replies.

Echinacea came into the medical world about fifty years ago via a Nebraska druggist, as a "blood purifier," he, they say, getting acquainted with its virtues by means of the Sioux Indians. Of course, a blood purifier is good for everything, as the blood goes to all parts of the body. However, here is a bit from a gentleman in an interior town. T. W. was in a manner responsible. The writer's wife had been "testing *Echinacea* on an inflammation of the throat which was giving us serious alarm. The result is gratifying, I may say, assuring. As a result of her commendation of the tincture many have reached the conclusion it will cure anything, including an insatiable thirst and depraved morality, and some are not sure it will not insure the eternal salvation of the immortal soul." Be that as it may—there is none in his town and so "please send," etc. Certainly this tincture deserves a place among what Rademacher termed the "universal remedies." It seems to be what the old time doctors would have termed an "alterative," or, as the Nebraska man dubbed it, a "blood purifier." Rather curiously the plant of this species found growing east of the Mississippi river does not possess the full virtues of the same species gathered from the States lying west of that great river. Why this is no one seems to know, and indeed not every one is aware of the geographical fact.

Once knew a country flour miller who depended altogether on the farmers for his grain, as no carloads could reach him. He said that the wheat coming from a certain creek region made flour that pleased every one, while the wheat from another "creek bottom" produced a flour that always gave him trouble. "I don't know why it is, for the darned wheat looked the same."

Another to the same effect, though this came second hand. Years ago there was a Kentucky distiller whose whiskey was so popular that he could not produce it fast enough to meet the demand, both on account of the capacity of his stills and because there was not enough corn available in his neighborhood. He moved to Illinois where corn was so plentiful that in a pinch it was used for fuel. But he could not, he said, produce an article that in any way came up to the product of his Kentucky stills. Whether it was due to the water or the corn he did not know.

There is a good deal to learn in the matter of quality.

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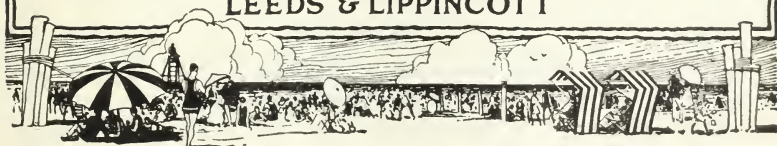
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A GOOD PRACTICE FOR SALE.—After over thirty years Dr. Wm. Steinrauf is retiring from practice and wishes a successor. Address or call at “near cor. of 2nd and Adams St., St. Charles, Mo.” This town is about 20 miles from St. Louis with trolley service between. A good homœopath can easily take up a good paying practice here.

The learned brother who edits the *Illinois Health News* lets loose the following: “In this day of placid war and rampant and belligerent pacifism, do you say, ‘can-ton-ment,’ with the accent on the second syllable? Neither do we; but it has been done.” The meaning of this is as clear as that of the average allopathic prescription. *Webster* puts the accent on the second syllable. The dodging *Standard* lets you put it where you please following the *Century* in this liberality, but with preference for accent on second syllable.

Dr. Albert Parker Hedges has removed from 818 Wilson Ave., to 1124 Wilson Ave. Residence, 5733 Kenmore Ave., Chicago, Ill.

Dr. C. V. Norcross has removed from Butte, Montana, to Elsinore, California. He has bought the hotel and springs at that place.

Dr. J. W. Chase has removed from Corry, Pa., to 1220 Monterey St., Pittsburgh, Pa (North Side).

Dr. Harry B. Baker sends us a card to change his address from Richmond, Va., to c/o of R. I. D. V. I., National Bridge Station, Va., from which it may be inferred that the doctor has gone in to “do his bit.” Good luck!

Dr. E. O. Richberg, author of *Eat, Drink and Live Long*, has removed from 2227 Calumet Ave., to 5312 Kimbark Ave., Chicago, Ill.

An irate Mississippi doctor gives the editor of the *Jour. A. M. A.* some hot shot. Among other things he writes:

“Why not insist on the medical student learning something about *Materia Medica*? I consider that an excellent book for the doctor and incidentally one that the average one knows the

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least about, and judging from the *Journal's* department 'Propaganda for Reform,' it must think so to. At any rate I *know* that many doctors do prescribe patent nostrums or some other mess. Surely, if they knew how to write their own prescriptions, they would. Perhaps that is O. K. if he can grunt out some German though."

And in another letter he writes:

"Well, stick to your Kaiser. Don't waste any more ink telling that Illinois was the home of Lincoln. I confess that it is a shock to learn that in any way, directly or indirectly, the *Journal* should not support things American.

"You must pardon me for being patriotic as my great grandfathers fought in the war of '76, and my grandfathers fought 1812, and my father, uncles, cousins, etc., in the Mexican war for Uncle Sam. Naturally I feel interested in the upholding of American principles. Possibly your ancestors are a recent importation of a 'Kultur' with a different trademark.

"Since I have you placed I will know how to read your articles."

They say when a Chinaman wants to insult a man he refrains from using certain capital letters. The editor of *J. A. M. A.* did something akin by printing "Dr. T. E. S.'s" two letters in his joke department.

Notwithstanding the spread of "bone dry" legislation the fine grain alcohol, the only kind that should be used in medicine, is now selling at \$2.00 per quart due, in part, to food conservation, but chiefly to the enormous tax levied by the Government, and the fact that much of it is used in making artillery ammunition. A good many earnest but rather limited men and women think that alcohol and "booze" are synonymous, and so they kick around this so universal element in nature like the boys used to kick Champ Clark's "houn dawg aroun' the town." Yet it is an essential in many of the arts, sciences and in medicine. However, this kicking is an easy way to display one's superior virtue.

"RABBIT-FOOT THERAPY.—Few but ignorant darkies have any great faith in the therapeutic efficacy of the left hind foot of a

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rabbit caught in the church yard in the dark of the moon. In the light of modern therapeutics one is tempted to believe, however, that had some one person or firm an exclusive proprietary right to this particular brand of rabbits' feet, there would be many intelligent people—and not all of them laymen—ready to swear by rabbit's foot therapy. In medical journals (whose advertising pages set forth the virtues of the pedal extremities of *Lepus sylvaticus*) many solemnly scientific articles would probably appear relating the success that the writers had had with this form of therapy in the treatment of some distressingly stubborn conditions that had failed to respond to all previous efforts. Is it ubiquity that has saved the homely cotton-tail from being a therapeutic hero?"

The foregoing, heading included, is lifted from the *Jour. A. M. A.* We are inclined to believe that could our scientific friends be enticed away from administering dead or living germs, or germ bouillon or germ tainted serum, and substitute rabbit foot therapy, it would be a great therapeutic advance for them, and a relief to their patients. They "agglutinate" the blood and then let loose a barrage of high powered barbaric words to keep the ignorant from reflecting as to whether clogged blood is a good thing for the man whose blood has been thickened. T. W. is enough of a back number to prefer a rabbit's foot to "agglutination" and other like things behind the barrage, if a choice must be made between the two.

It may seem like musty advice to suggest that when writing for publication you should write on one side of the paper only and not crowd your lines too closely. Things being equal, the well prepared manuscript always has the right of way.

The question was asked, "What is the meaning of the signs found in old German journals like o/x, oo/x, ooo/vii, oo/ii, and others with more or less of the Roman numerals." "They mean the same as the x in the decimal scale, I suppose," glibly replied T. W., who is not versed in the German language. "I don't want your guesses," was the come back, "if you don't know you ought to be able to find out." The matter was put up to our

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sage, Dr. T. L. Bradford, but he shied at any certain answer, so now it goes up to the readers of the club, who would be surprised at the number of inquiries that come into this journal as to the meaning of θ , $1x$, $30x$, 1 , 2 , 3 , $>$, $<$, $M.$, $D. M.$, $C. M. M.$, and other cabalistic signs, and words. Everything of this sort appears profound or mysterious until you know what it means and then it takes its place among the commonplace things. Who ever heard of a ghost in the broad daylight? When first standing guard, from midnight on, the whole surroundings seemed to us to be filled with creepy mystery, lurking men, animals and ghosts, but when day dawned everything became commonplace trees and bushes. However, that is but babbling. What means ooo/x ?

J. C. R., in *Medical World*, has the following comments to make on the recently published *Diseases of the Spleen*, by Dr. J. C. Burnett:

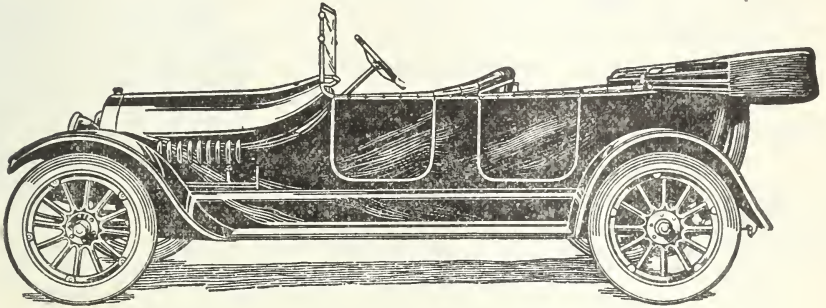
“The first section of the book contains a series of case records illustrating the effects of spleen remedies, mainly *Ceanothus Americanus*, which the author has found curative in splenic diseases, both acute and chronic. His experience leads him to consider this remedy well-nigh a specific in these diseases. However, when it fails other remedies are used, and he mentions them. The case reports are very interesting. The next section consists of Rademacher’s description of spleen remedies and the author’s experiences with them also. Much useful information on the treatment of ague and other diseases is contained. Splenic leukemia is cured by it also. The book will be much liked by all who read it, particularly physicians in malarial districts.”

Yes, and there isn’t a Burnett book on the publisher’s list that is not worth far more than its price to any physician, no matter in what medical church he holds a pew. Burnett began as a “regular,” and a rather haughty one at that. He was mightily learned in all sorts of medical lore in his later life. All of his books are full of meat.

Quoting from an editorial in the London *Lancet* it appears that Dr. John E. Wilson’s book on *Nervous Diseases* came in on

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about the psychological time. Here is the quotation, the opening of the editorial:

“One of the results of war on the colossal scale of to-day has been the appearance in military and civilian hospitals and analogous institutions of mental and nervous cases by, literally, thousands. The welcome sequel has been a quickening of interest on the part of the medical profession as a whole in these types of case, of which in many instances the medical practitioner was little qualified either by education or by previous experience to take cognizance.”

If you will look in a medical dictionary—Steadman’s, for instance,—you will find about six and a half pages taken up with “nerve” and its derivatives. The fact that all feeling comes *via* the nerves, and as without feeling life would be a blank, shows that a rather big branch of medicine has been sadly neglected. The book of Wilson’s is the latest, and we believe very thoroughly covers the ground, homœopathically and otherwise, showing where medicine is useful and where it is useless, where surgery comes in—all that sort of thing. It is very well written and suitably and practically illustrated. You make no mistake in getting it if you want a book on nervous disease. (See Catalogue, p. iii, of this journal for price, pages, etc.)

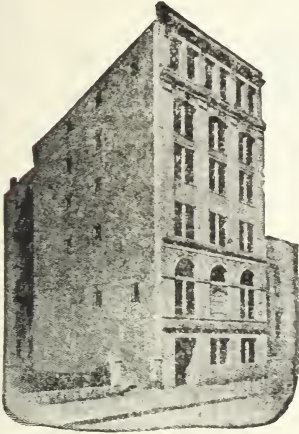
Here is what the *Medical Summary* has to say of Moffat’s *Homœopathic Therapeutics in Ophthalmology*:

“Here is a little book which gives exclusive homœopathic treatments for all forms of eye troubles, exclusive of those cases which actually need instruments for their alleviation or cure. The author states that he has here confined himself to the facts of the Homœopathic Materia Medica, the Pathogenic Symptoms of Drugs and clinical experiences of their curative action. There are about 135 drugs given. The book contains 166 pages, and its contents are divided into four chapters, which are under the following heads: Hahnemann, Materia Medica, Repertory. This is evidently a useful book for the homœopathic physician.”

One of the sad-eyed funny men wrote of a patient who, in a period of depression, requested his doctor to tell him the “worst.”

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The doctor contemplated him musingly murmuring, "I wonder if you can stand it." "Yes, I am resigned," moaned the patient. "Well," replied the doctor, "my bill will be \$900.00." "The h—ll it will!" shouted the aroused patient bouncing out of bed.

Men are but kids of a larger growth. If a big-wig says that "this is the treatment" they all, or nearly all, believe it, "because teacher says so." Pasteur said his treatment would prevent hydrophobia, the world fell for it, yet neither Pasteur nor any one else has proved that it ever prevented a single case. Then look at the way they fall for poetry because it jingles, or because it is as cryptic as an allopathic prescription. We recently saw the following verses quoted in a medical paper. They are not original as is shown by "internal evidence" (as S. M. H., of the *J. A. I. H.*, sometimes remarks), and, incidentally, by the copyright law. Every one knows who wrote them? Here they are:

Lives of great men all remind us
 We can make our lives sublime,
 And departing, leave behind us
 Footprints on the sands of time.

Footprints that perhaps another
 Sailing o'er life's solemn main,
 A forlorn and shipwrecked brother,
 Seeing may take heart again.

Our cynical office boy who wants to be a poet and with the poets stand, was rather taken with the jingle of these verses, but at last asked how a shipwrecked brother could be "out sailing and see his footprints at the same time." Then he said, "Guess poets can't jingle and tell the truth." A guess that T. W. cannot answer.

We hear that the new edition, American, of Burnett's *Diseases of the Spleen*, has "caught on" in great style. Well, T. W. is acquainted with two physicians who made remarkable "hits" by means of what they got from this little book.

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A copy of the *North American Journal of Homœopathy* for Sept., 1885, recently came T. W.'s way. It is the first issue of the Journal Publishing Club's management. From the "Salutation" we take the following:

"Before new hands take up the pen to continue the work of predecessors, some revered among the departed, all held in affectionate esteem by reason of faithful serving, it is fitting that they who have to prove their efficiency should turn with salutation to those already crowned. From the lamented Hering, who, with E. E. Marcy and J. W. Metcalfe, launched the *Journal* in 1851, to Samuel Lilienthal, whose 'last lay of an old worker' touched many a chord of regret in the last number of the *Quarterly*, extends an august line of venerated men. None are

truly dead, for all live inwrought in their best spirit into the pages to which succeeding editors must look back for inspiration and emulation."

Also:

"It is fitting, too, that the Journal Publishing Club, which now assumes the responsibility of publication, should recognize the liberality of the publishing houses which, for thirty-four years, have issued the *North American Journal of Homœopathy*. To Wm. Radde, to Boericke & Tafel, and finally to F. E. Boericke, the profession, among many other obligations, owes that of the existence of the *North American*, through which it has prospered so largely. From the beginning they have uniformly clothed the periodical with dignity and taste, and their fidelity to its interests deserve this slight acknowledgment."

The following appears at the head of the editorial page under "editors:"

George M. Dillow, M. D., Editor-in-Chief, Editorial and Book Reviews.

Clarence E. Beebe, M. D., Original Papers in Medicine.

Sidney F. Wilcox, M. D., Original Papers in Surgery.

Charles F. Sterling, M. D., Reports of Societies and Hospitals.

Malcolm Leal, M. D., Progress of Medicine.

Eugene H. Porter, M. D., News, Personals and Original Miscellany.

George G. Shelton, M. D., Business Manager.

This bit of history proving interesting to T. W.—hope it is the same to the reader—Bradford's *Bibliography* of homœopathic books, journals, colleges, societies, etc., was consulted, and the additional information gleaned that the first title of the *North American Journal of Homœopathy* was "The North American Homœopathic Journal," which stopped publication at the end of Vol. III. in 1853, and again resumed publication in Aug., 1855, by the same editors and publishers.

Until Vol. 30, when Lilienthal became sole editor, many well known men were on the editorial staff, among them may be noted, as being authors of books, J. C. Peters, Wm. H. Holcombe, F. G. Snelling, E. M. Hale, R. Ludlam, E. C. Franklin, J. P. Dake, Wm. Tod Helmuth, C. Neidhard, W. Williamson and C. J. Hempel.



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Glancing through Bradford's pages we find that *The Homœopathic News* was published by Boericke & Tafel, 1854-5, C. Hering and Ad. Lippe being editors. It was issued "irregularly"—small wonder to those who know homœopathic history.

The Hahnemannian Monthly was started by I. H. Frost and Ad. Lippe in 1865. With Vol. V, A. J. Tafel became the publisher, and with Vol. X Boericke & Tafel assumed that duty. In 1880 it was taken over by the Hahnemann Club of Philadelphia.

The foregoing historical review embraces, together with the HOMŒOPATHIC RECORDER, which you know, and the *Homœopathic Envoy* (25 cents a year), which some of you know, about all of Boericke & Tafel's ventures in the journalistic field.

All of these journals with which that house has been connected, with one exception, are very much alive to-day.

Good chance for a hustling homœopath. Established business. Address, Samuel Eden, M. D., 1340 Bushwick Ave., Brooklyn, N. Y.

Dr. J. C. Fahnestock, who for years has held the fort at Piqua, O., now holds two forts, the second one being at Palm Beach, Fla. In other words, the doctor has moved to his winter home at Palm Beach, where he will practice good Homœopathy, returning to Piqua when the northward flight of the birds begins next spring.

A note from Commander Eva Booth, of the Salvation Army, Headquarters 122 W. 24th St., New York City, tells us that they want a qualified medical man "who is in sympathy with religious work" to go to India. "Three years' agreement, passage paid and small monthly allowance made." If interested address as above.

Dr. Eli G. Jones is at present at 104 Bradt St., East Chattanooga, Tenn., having gone there on the invitation of a number of physicians. Writes that he has met a number of fine men of all schools. Had the pleasure of a call from him before he went south. First interview. He looks like a man who believes and *feels* what he writes.

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President Van Baun and the Executive Committee, in conference with the local committee of Rochester, have determined the date of the Institute, June 17 to 23, 1917, at the Powers Hotel, Rochester, N. Y.

The report of the "Dinner at the Baltimore Club" by "Brother Geo. P. Alcott, Jr.," in the last issue of the most esteemed *Phi Alpha Gamma Quarterly*, is a literary jewel. Sorry T. W. cannot quote more extensively. The dinner started with mint juleps, and there was nothing lacking after this good start. There were 33 P. A. G.'s present, and towards the end of the banquet each made a speech. "And as this final round went on (we needed it, we must confess) we got some very good advice from every part of these U. S. Then as we parted at the gate and each went to his virtuous couch, we counted all of the thirty-three and didn't spot one single grouch." The moral of all this is, and it is not Alcott's but humble T. W.'s, that those who neither belong to, not attend the meetings of, the American Institute of Homœopathy, miss much. There is something there on the side to suit all tastes, grave, gay or philosophic, and throughout all runs the golden thread—*Similia Similibus Curantur*.

Remember Rochester in 1917!

"By the bye, buy *By-ways*," remarked an alliteratur friend. *Therapeutic By-ways* is a book full of therapeutic hints gleaned from all sources, from "the People," folk-lore, botanies, allopathy, the eclectic, homœopaths and others. Many a helpful hint in it for the doctor, and, of course, according to your lights, some foolish ones, but all were given by some one, in good faith. The price is \$1.00, and the book ranks among the "best sellers" as medical books go.

Dr. John E. Wilson's book, *Diseases of the Nervous System*, is out, and looks to T. W. like a beauty so far as make-up goes. Its contents are nervous diseases right up to the latest known, including full homœopathic therapeutics, and also many things that are of value in general medicine. So, you see, it is a book, a real text-book, on a subject too little known, but one that is receiving more and more attention in this fast age, the pace of which racks men's nerves and women's also.

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The genial author is Professor of Nervous Diseases at the New York Homœopathic Medical College and Flower Hospital. Also consulting physician and neurologist of several hospitals, included among which is the big State hospital for the insane at Middletown, N. Y. He is a man who knows the world and its nerves from much and long experience. The price of the book is \$6.00, to be had at all dealers in homœopathic books.

The following is from an old volume of poems, *Southern Voices*, by W. H. Holcombe, M. D., better known by his famous "missionary" pamphlet, "How I Became a Homœopath." You should know that he was a graduate of "Jefferson," Philadelphia:

Thoughts of kindness gently uttered,
Words of brotherhood and peace,
Are the songs that live for ever,
Down the surging centuries.

This volume, we believe, is long since out of print. It was published by J. B. Lippincott & Co., Philadelphia, 1872. Struck us the verse quoted is a gem.

The following letter is self-explanatory:

"Nov. 23, 1916.

"Messrs. Boericke & Tafel,
"Philadelphia, Penna.

"Gentlemen:

"Some time ago you were kind enough to send me a copy of Dr. Moffat's Homœopathic Therapeutics in Ophthalmology. I have had an opportunity of looking over this book rather carefully, and I want to commend the accuracy of the symptoms recorded as well as their arrangement.

"The doctor seems to have given enough symptoms to enable one to determine whether the eye symptoms are those that would lead one to select any remedy for an eye condition, always, of course, bearing in mind the totality of the symptoms that might modify one's choice in some cases. Undoubtedly the symptomatology recorded here in a very large majority of cases will be all sufficient for making an accurate prescription.

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"I want to thank you most heartily for the compliment of this book, and to assure you that it will be directly at hand in selecting remedies that may be useful for the conditions that arise in my daily work.

"Very sincerely yours,

"HERBERT D. SCHENCK, M. D.

"75 Halsey St., Brooklyn, N. Y."

N. B. The following is not T. W.'s, but was sent in. As we have no "wad" our skirts are clear of everything except printing the following:

"A. I. H. Our idea of the I. O. I. C. (Independent Order of Institute Critics) is that it is composed of medical tight-wads who have their money in dividend payers, necessarily insignificant."

"Statistician The I. O. I. C. (Independent Order of Institute Critics) being composed solely of those whose money is invested in dividend payers is insignificant as to numbers, and, on the whole, have little influence upon the status of candidates."

One good thing is apparent in the "I. O. I. C.," namely, they (whoever they be) have not put their money in gold mines, oil wells, pharmacy stock or similar things that give your riches the wings to fly away from you.

The *Eclectic Medical Journal* gets off the following anent *Anshutz's Fables*:

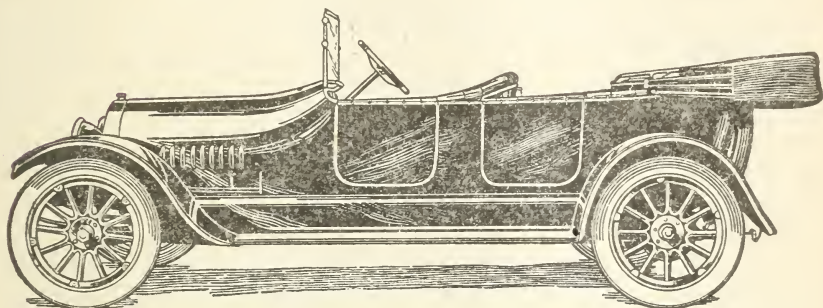
"Entertaining, instructive and full of counsel, imparted by a master of fable."

"Master of fable" must make us pause a moment and ponder.

B. & T.'s honey buyer—perhaps buyer of honey would be better—is a crank on the subject, takes bee journals, gloats over all the honey literature he can get, and will talk honey as long as anyone will listen. His quest is the best honey the bees of these United States can turn out. Recently he came at T. W. about this way: "Say, if you think anyone reads your department in the RECORDER you might put this in for ballast." The "this" was a honey item to the effect that in diabetes, where sugar is forbidden, good honey can be substituted, not only without harm but to the actual advantage of the patient.

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You may hike, and hike, and hike,
 You may hike up to the top,
 Then, you bet, as sure as Mike!
 Down you'll come ker-flop!

TO BUYERS.

You may cuss, and cuss, and cuss,
 But you'll pay up just the same
 With prices up and gitten wuss,
 And the war alone to blame.

—OFFICE BOY.

(N. B.—The office boy is not a member of the Poet's Union, but aspires to be.—T. W.)

The *Indian Homœopathic Review* had the following to say of the late Edmund Carleton's book, *Homœopathy in Medicine and Surgery*:

In these days of many useless homœopathic publications Dr. Carleton's book is a relief. It is an oasis in a desert. After the great fathers of Homœopathy are in their resting place, very few among us have been able to write such a book.

Though it is a small book, it is full of gems. All that is written here is of immense practical value. The clinical cases written by the doctor are very valuable as practical hints to both young and old physicians and surgeons of our school.

Dr. Carleton is a man of vast experience in homœopathic therapeutics and he is also a great surgeon in the City of New York in the United States of America. His book is a book of homœopathic medicine and surgery. Unlike other surgeons of our rank who invariably indulge in surgical operation at the expense of medical treatment, he points out in this work where medicine can do better than surgery. At the same time he is not blind to the aid surgery can give where medicine fails and surgery is indicated. For this reason also we are charmed with this valuable work.

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This is undoubtedly a very useful book for busy practitioners and young physicians, and we hope to find it in the library of all homœopathic practitioners all the world over.

The get up is nice and gives credit to Messrs. Boericke & Tafel, *the renowned* homœopathic publishers.

The same journal, *Indian Homœopathic Review*, reviewed Dr. Myron H. Adams' domestic work, *A Practical Guide to Homœopathic Treatment*, as follows:

It is a work for families and students. It is no doubt a good book for them. The earlier chapters are devoted to the principles and practice of the homœopathic science and art—as, for instance, what is Homœopathy, The Law of cure—How discovered; Homœopathic *Matéria Médicæ* how formed, single remedy and small doses and selection of remedy. These are the subjects which every homœopathic beginner and student ought to know thoroughly.

This is what the *New England Medical Gazette* said of Shedd's *Clinic Repertory* when it appeared in 1908:

The author of this book has during the last few years become very familiar to the homœopathic medical profession through his voluminous writings upon materia medica subjects. More recently the tone of these articles has changed to the repertorial.

This particular book is particularly inscribed to "Old School Men," aiming to enable them to better understand the intricacies of homœopathic prescribing and to deliever them from the therapeutic nihilism now rampant in their school. The arrangement of the repertory is anatomic, the difference in value of the various drugs being indicated by different types.

To those who employ a repertory, this hand-book will come as a decided boon, as it is compact, neat, easily accessible and quite accurate.

Notes J.R. - Editor Complete

January 15, 1917. *Bund index at beginning of*

Vol. XXXII

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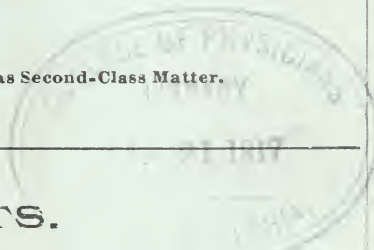
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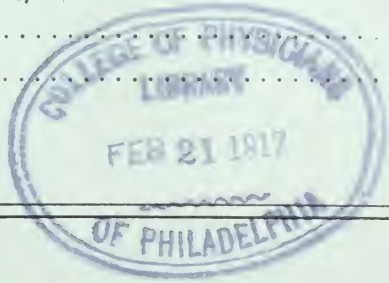
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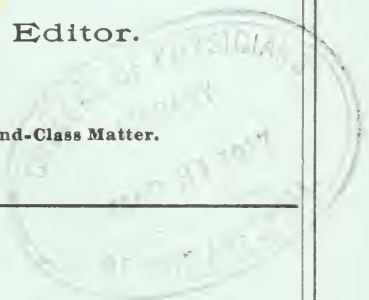
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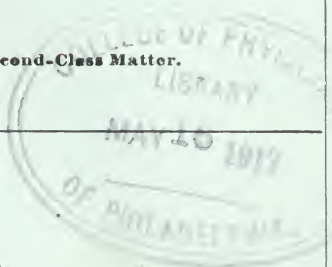
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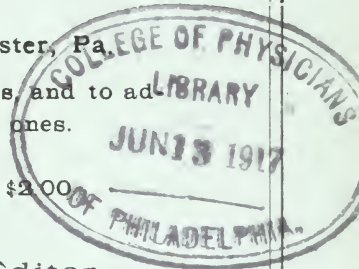
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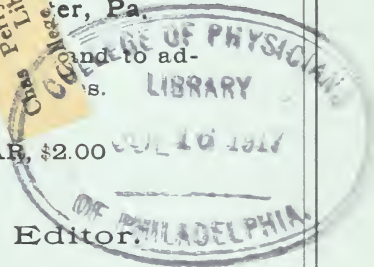
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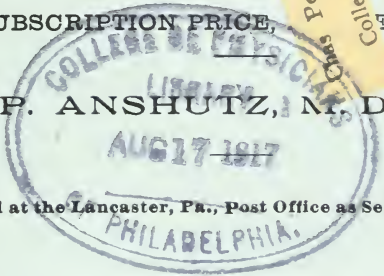
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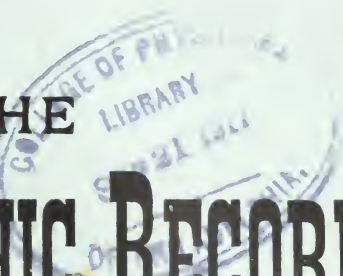
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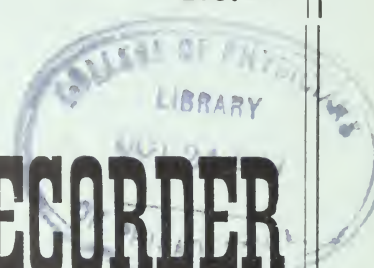
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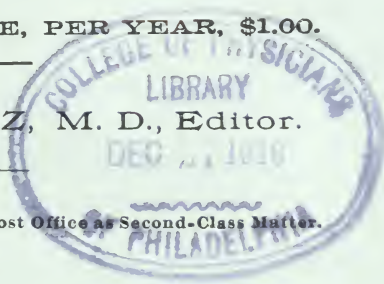
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