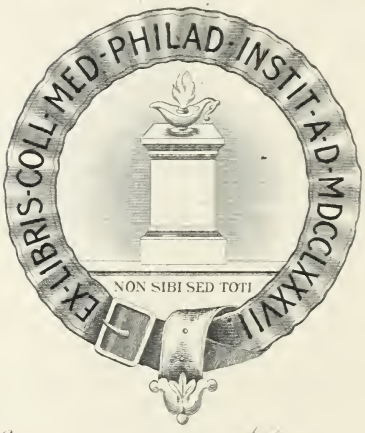

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THE
HOMŒOPATHIC RECORDER

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LABORATORY SCIENCE VS. CLINICAL EXPERIENCE.

About forty years ago a doctor, J. W. Davis, wrote to Scudder's *Eclectic Medical Journal* concerning *Oxydendron arboreum,* which grows in sandy soil in Kentucky and Tennessee, soil too poor for cultivation. The story told by Davis, in brief, was as follows: Fifty years before a man of 23 was ill with dropsy, and for a long time under treatment of one of the foremost physicians who finally gave up the case as hopeless. Then an old woman told the patient she could cure him, and she did, with material doses of the *Oxydendron arboreum.* The man told Davis he had never been seriously ill since. Another, a Doctor Waltman, wrote a letter to the *Journal* relating several similar cases he had cured with the same agent.

About ten years ago a homœopathic doctor, one who had also taken the Johns Hopkins course, in a reminiscent mood told us of a man who came to him for treatment, one who was "dropsical"—no details being given. Our friend finally told the man that he was unable to do anything to help him, so the patient went successively to two big and famous hospitals with the same result. In the last one the sick man said, "I wish I had old Doc. ———, he cured me once of this trouble." Evidently the men of the hospital were a very decent lot, for they sent for the "old doc" who lived in the country not a hundred miles distant. He came and in a week's time the man left the hospital in apparently good condition. Asked what medicine he gave the "old doc" said it was so and so, a fanciful name, but essentially nothing but *Oxydendron arboreum, i. e.,* "sourweed."

All of this, some of which may have been mentioned in an old number of the RECORDER, is brought up because of a two-page paper in the *Journal of the American Medical Association,* in which it is said that the *Oxydendron arboreum* has no therapeutic value whatever. Sometimes it seems to us that "The Council" could save itself much trouble by taking a wet sponge and wiping off every plant tincture on the pharmaceutical slate. Hundreds of physicians report fine clinical results from various tinctures, and "the Council," in turn, always gravely reports that it can find "no therapeutic value" in any of them. Why not? Probably it mistakes the laboratory for the suffering human in the sick room. Like Wadsworth's *Peter Bell:*

> "A primrose by a river's brim
> A yellow primrose was to him
> And it was nothing more."

ANTITYPHOID INOCULATION.

The *New England Medical Gazette* for Dec. reproaches the RECORDER for its disbelief in the value of the protective inoculation against typhoid fever. As this journal seeks to be fair to all men and on all subjects, we hereby quote the *Gazette's* editorial in full, as it is possibly as good a presentation of the affirmative as could be made. Here it is:

* * * * * * * *

It would seem that at this late date the value of protective inoculation against typhoid fever should be well established in the mind of every rational physician. Yet our contemporary, THE HOMŒOPATHIC RECORDER, in an editorial in the September issue, takes occasion to cast several slurs upon this valuable contribution to preventive medicine. It is easy, of course, to understand that the same idea of a subject is not held by everyone, but we must protest when facts are distorted and misrepresented.

THE RECORDER tells us that "the inoculations—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.'" What are the facts? There are official records of the inoculation of 14,626 men out of a total strength of 328,-

244 men who served during the three years of the Boer War (inoculation was voluntary). In other words, only about 4 per cent. of the soldiers were protected—a rather small proportion on which to base THE RECORDER'S sweeping generalizations! Again, the cultures used were heated to 60° C. to destroy their vitality—a temperature which, as has since been shown, seriously diminishes the vaccin's ability to evoke the production of antibodies. Sir Almroth Wright, who supervised the inoculations, believed that the extent of the disease was decreased about one-half and the mortality even more favorably influenced. In view of the relatively small number protected, we may not be astonished to know that 57,684 cases of typhoid fever were reported, with over 8,000 deaths.

Contrast this with the condition in the English Army in the present war. Ninety-eight per cent. of the English soldiers have voluntarily been inoculated; as a result, only 6,022 cases of typhoid, with but 292 deaths, have occurred. How many of these cases are found in the uninoculated 2 per cent. we are not told, but may, perhaps, safely guess.

The main thesis of THE RECORDER'S remarks is that the decrease in the rate of incidence of typhoid fever is due, not to the vaccine, but to improved hygiene. It is true, of course, that the science of sanitation has made great strides in the present century, yet figures tend to show that other influences than those of sanitation are at work as regards typhoid. The three most common intensified diseases, all of which are transmitted by similar agencies, are diarrhœa, dysentery and typhoid. If more hygienic surroundings were the only factor we should expect to find a corresponding decrease in the morbidity rates for each of these conditions. For this reason, the following comparisons are of interest:

ADMISSION RATE PER 1,000 U. S ARMY.

	1898	1916	Per cent. of 1898 rate
Diarrhœa	303.76	31.76	10.4
Dysentery	28.09	2.69	9.5
Typhoid	192.65	.08	**0.041**

Such a disproportionate fall in the rate for typhoid fever is more than significant; it is well-nigh conclusive as showing the value of antityphoid vaccination; for, be it remembered, there has been in our army no vaccination against dysentery.

The brilliant record of our troops during the mobilization on the Mexican border in the summer of 1916 should be remembered. In spite of the fact that typhoid fever was decidedly prevalent in the cities near the camps, notably San Antonio, but one or two cases of this disease among the soldiers were reported. Yet it was inevitable that many of these men, eating more or less promiscuously in the cafes and hotels, should be exposed. Numerous similar instances might be adduced, but such will readily occur to our readers.

That laboratory evidence of the presence of immune bodies in the blood of an inoculated person is at hand is, of course, another strong argument in favor of the value of the procedure under discussion.

To sum up—in antityphoid inoculation we have a method of protection against a serious disease which has the support both of the laboratory and of huge numbers of clinical cases. The only disadvantage which can be urged is the possibility of three or four days' malaise, usually not severe enough to cause inability to perform one's daily tasks. Oppose to this the possibility of a serious, possibly fatal, and certainly protracted and exhausting illness, and there should be no doubt as to which way the balance will swing.

W. O.

* * * * * * * * *

There you have it in full—between the asterisks. Perhaps The Recorder isn't rational, in the laboratory sense, but is there not a higher rationality? Humanity instinctively shrinks from all forms of inoculation, and instinct is not to be lightly brushed aside. Also, philosophically, there is no action without reaction. What is the reaction, the secondary and lasting one, of this inoculation? Quite recently it was reported that there were 700,000 cases of tuberculosis on the western battle front. Think it over, brother *Gazette*.

HOMŒOPATHY, SCIENTIFIC—IN RELATION TO MATTER AND SPIRIT.

By Dr. H. K. Brouse, 457 Laurel St., Baton Rouge, La. President of "The Texas Homœopathic Medical Association."

(Read at Waco, Texas, November 10, 1916, and at Dallas, Texas, October 25, 1917. Published by request.)

I have chosen this subject for the purpose of offering a few suggestions that, I trust, may help us in our further researches in the principles and philosophy of Homœopathy, and that may, perhaps, aid us in our work as homœopathic physicians. It is our province to continue these researches if we wish to keep pace with the advances of science, and to have our school of medicine represented as truly scientific; and it is incumbent on us to do this, if we are to be successful in combatting the tendency of the dominant school of medicine in their claims to discoveries, so-called, of truths and principles enunciated by Hahnemann, and practiced by his followers ever since his day.

At the outset we must bear in mind that there are limitations to human power, to human knowledge, and to human thought Illustrations under each of these might readily be given. We must also bear in mind that these limitations are not what they were fifty or even a much less number of years ago. Science has made rapid advances since then. What were then regarded as unsolvable mysteries or fanciful theories are to-day accepted scientific facts that form the basis of working principles in every department of life. Nor are these present limitations such as they will be in, comparatively, a few years from now. Through scientific studies, experiments, discoveries, and inventions, the circle of limitations is ever widening, so that through what to-day may seem an impenetrable wall there will be, doubtless, avenues into a wider and clearer domain of knowledge and truth. And this will go on until man will have to heed the injunction, "Thus far shalt thou go and no further"—for the finite can never attain to the infinite, either in power, or knowledge, or thought.

Now let us consider our subject in relation to its bearing upon

our potentized remedies. Most if not all of our school believe that in some cases, and particularly with some remedies, the lower potencies are the best, and that in other, especially chronic cases, and particularly with some remedies, the higher potencies are more efficacious, if not absolutely necessary. But there is no settled agreement as to what potency is the best, and if any such agreement is ever arrived at it will be only after the most exhaustive study and extensive experience, and it is not likely that any such conclusion can soon if ever be reached.

Again, others claim that beyond a certain potency, differing perhaps in different remedies, there is no longer a material substance, and the gross materialist will tell us that, consequently, it is no longer of efficacy as a remedy. Here, again, there is no agreement as to the point where the material substance has supposedly ceased to exist, nor are we told what has become of it, nor where nor how it has been lost on the way. Now science teaches that in the economy of Nature nothing is lost, that a substance may be changed from its original or usual form into other forms and with other properties, that somewhere in the universe it still exists in some form and as an entity, although at least in some cases it may be beyond our knowledge as to its whereabouts, or what its form, properties, and uses.

Others, who have faith in the higher potencies, believe that the limitation of power to cure of a potentized remedy has not yet been reached; that the highest potency ever made and used has been of efficacy in the cure of disease. We are well aware of the common objection, made by those who have no faith in the higher potencies, nor in anything they cannot see or understand—that such apparent cures are but the work of the imagination—strangely forgetting, as they do, that they are not conversant with all the so-called laws and powers of Nature, and that in the treatment of infants, of unconscious adults, and of the lower animals, as wonderful cures have been made as in the case of the conscious adult, who knows what he is taking and for what purpose. We cannot, in justice and fairness, doubt the evidence of men of intelligence, learning, experience, and honesty in this matter. But here some will say, supposing, for the sake of argument, that such cures may have been effected, how do

you account for it? How explain the force or power that is said to effect such results? We reply, we do not attempt to account for it, nor to give a full explanation, though we may rightfully entertain theories about it, hoping to some day come into a fuller knowledge respecting it. There are an untold number of mysteries where we accept the facts connected with them without attempting to explain the mysteries themselves. We do not know how in the Laboratory of Nature a substance of the Mineral Kingdom passes into and becomes a part of the Vegetable Kingdom, and this again into and a part of the Animal Kingdom; but we know that it is so.

Science teaches that every part of the universe is related to, connected, more or less directly, with, and works with every other part, thus forming the marvelous unity of Nature. And it is an accepted truth of science to-day that there is an unseen universe permeating and controlling the visible material universe. Referring to the statement in the Epistle to the Hebrews: "That the things which are seen were not made of the things which do appear"—for centuries accepted only as a matter of faith, the Duke of Argyl, in "The Reign of Law," says, "Yet this is now one of the most assured doctrines of science that invisible forces are behind and above all visible phenomena, moulding them in forms of infinite variety, all of which forms the only real knowledge we possess lies in the perception of the ideas they express."

In 1845, the famous Dr. Thomas Young, in his "Lectures on Natural Philosophy," says: "There is still room for the supposition that even the ultimate particles of matter may be permeable to the causes of attractions of various kinds, especially if these causes are immaterial. * * * We see forms of matter, differing in subtility and mobility, under the names of solids, liquids, and gases; above these are the semi-material existences. * * * And of these different orders of being, the more refined and immaterial appear to permeate freely the grosser. It seems, therefore, natural to believe that the analogy may be continued still further, until it rises into existences absolutely immaterial and spiritual." It is not, therefore, unreasonable to conjecture that, as there is a transition from one to another in the kingdoms of this material universe, there may be a passing from

the highest of which we are cognizant into a still higher, the Region of Spirit, or whatever it may be. And there seems reasonable ground for the conjecture of some, that the higher potencies develop an immaterial, or a spirit-like force, and thus become more powerful and efficacious.

We all admit that above and back of all visible phenomena there is a something, a force, a power, call it vital force, life power, or what we will, and that it must be taken into account.

Hahnemann says: "During the healthly condition of man this spirit-like force (autocracy) animating the material body (organism) rules supreme as dynamis." "Diseases are only dynamic disturbances of the vital force."

Now let us suppose that the vital force is, to a degree, deflected from, and, in a measure, lessened in its power, in relation to a part of the body we term diseased; what is to hinder from further supposing that the potentized similar remedy has an affinity for and works with the vital force, and thus assists nature in effecting a cure? Whether these suppositions are correct or whether, if correct, they can ever be proven to be so must be left to the future to determine. But as Robert Chambers, in his "Vestiges of the Natural History of Creation," says: "It is necessary at certain times to make advances into the field of speculation, in order that a direction may be given for the acquisition of new facts."

In conclusion: All science rests upon, indeed demands, and also leads to facts; and a theory or hypothesis that does not lead to facts is worth nothing more than as a working formula.

Basing our faith on the great fact, as a law of nature—"Similia Similibus Curantur"—we claim that in the preparation and administration of its remedies Homœopathy, in relation to matter and spirit, is not only scientific, but that it is more truly scientific than any other system of medicine ever discovered or devised.

Resting upon and growing out of this basic fact—"Similia"—are facts that give clear and strong support to our claim, and of these we mention the following:

In all curable diseases, Homœopathy will cure where all other systems often fail.

It will cure in less time and without leaving behind any drug effects—which often are worse than the original disease—than any other system.

In numerous experiments, in the same diseases, and under like conditions, in the largest hospitals in this country and in Europe, under homœopathic treatment the percentage of cures has been higher and consequently the percentage of mortality lower than under other systems. In many cases cures are effected under Homœopathy, where, under the opposite school, resort would be to the harsher and more dangerous treatment by the surgeon's knife.

In cases where a diagnosis is at first difficult or even impossible, Homœopathy, by administering according to the totality of the symptoms, saves time, and thus often saves life where even a brief delay would prove fatal.

And when human skill is no longer of avail, Homœopathy can, and without doping into insensibility, give relief to the body and comfort to the mind, until the time comes when the dust shall return to the earth as it was, and the spirit shall return unto God who gave it.

PRESIDENT'S ADDRESS.*

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

To the Members of the Society of Homœopathicians.

GREETINGS:

With a keen sense of joy and of sorrow I present to you, today, my second annual message, joy, because so many of you are loyal, true, and faithful in the great work to which an Omnipotent Ruler has called you: sorrow, because he, in whose honor this Society was organized, is not with us in person, though dwelling among us in spirit. If there be any virtue in hard work, it must certainly be said of Dr. Kent, as of the faithful servant: *"Well done."*

His work was that of a master: symmetrical in outline, beautiful in appearance, and eternal in structure. Are we prepared to keep this structure from blemishes and decay? May our dilibera-

*Seventh Annual Meeting of the Society of Homœopathicians.

tions at this present and at all future times be such as will add to the beauty and permanency of this work our Master has done. May they be such as will perpetuate the laws of healing he so clearly taught while a sojourner with us.

REASON FOR EXISTENCE.

Many organizations, colleges, hospitals and journals, to-day perpetuate the name of the immortal Founder of Homœopathy, but the name of a single disciple none except the Society of Homœopathicians, which offers, for its existence in the world to-day, its purpose to perpetuate the name and the teachings of one of Hahnemann's greatest and most learned disciples.

Until Dr. Kent delivered his lectures on THE ORGANON and on the Materia Medica no one had succeeded in interpreting the teaching of Hahnemann so clearly, so forcefully and so intelligently.

We who "sat at his feet," in days that are gone, justly perpetuate his memory by perpetuating this society, either as a distinct organization, or as an integral part of some other true Hahnemannian Society.

DEFINITION.

Assuming that all homœopathic physicians understand their particular vocation, we must take exceptions to some of the attempts to define this term: *"homœopathic physician"* and, especially, must we protest the one in common use as being entirely too apologetic. A true and intelligent homœopathic physician does not add to a questionable array of therapeutic measures a use of homœopathic materia medica, but rather discards from his therapeutic armamentarium questionable and ephemeral measuses, and holds, and uses intelligently the true and the tried materia medica.

Therefore, we would more rationally say:

A homœopathic physician is one who with knowledge of
The structure of the human body,
The normal function of its organs and tissues,
The mutual relation of the mental and the physical,
The causes and courses of diseases,
Treats individually, each sick person,

With remedies found in the materia medica,
According to the Law of Cure as taught in the ORGANON.

This may appear rather redundant, but it covers the essentials of a physician's qualifications.

But why speak of the subject? Because we are homœopathic physicians. We possess a science, we practice an art unknown in its essence to all except those having knowledge of the laws. We are assailed from within, and from without the profession. Men, otherwise noble members of this profession, would deprive us of our inalienable rights, guaranteed to us by the Constitution of the United States and supposedly by the federal laws. This is not because we offend the public, the civic agents on constitutional laws, the social commonwealth, the religious community nor the personal well-being of any citizen, but because,

By the practice of the Law of Similia, we show a far superior therapeutic record than any other school of Medicine known.

We exhibit a much larger percentage of favorable results by this gentle, safe and permanent method—at infinitely lower cost in pain, in suffering and in money—than any practice known.

We are supported by a truth which has withstood the fires of persecution, of opposition, of criticism and of most scrutinizing testing without the slightest diminution in its matter or its essence. Indeed, the value of the Law has been appreciably strengthened by the fiery trials of the past, so that to-day the learned in the profession and among the laity are ardently asking for more light on Homœopathy.

These are sufficient reasons for keeping this thought constantly before us, and it behooves us to "make good." We have heard that remedies administered according to the Law of Similia will abort:

"Typhoid fever in ten days,
Remittent fever in two or three days,
Pneumonia in its primary stage,
Scarlet fever in two days,
Whooping cough in ten days."

Can we prove it? The question is really ambiguous, for we confidently have done all these things, times without number.

You have seen typhoid, the first stages of which were suffi-

ciently grave to lead to a very unfavorable prognosis, and yet, under your guidance and the indicated remedy, the second stage was aborted, and your patient, who should be revelling in the classical delirium, tympanites, threatening ulceration of the intestines, and approaching a classical dissolution of body and soul, is really convalescing.

You have been called to the bedside of the father whose vocation exposes him to the most violent inclemencies of the weather, and found him with every symptom of pneumonia, and yet, in spite of the fearful threatenings, you saw the temperature recede rapidly, the bounding pulse cease its turbulency, the mental anxiety give way to tranquility, the labored respirations grow calm and natural, and the man who should have had a classical attack of pneumonia rapidly recovering. These things you have done, there is no mistake in the ideal presented. You have not only prevented much suffering, much anxiety and fear in the family, but you have prevented a considerable loss of time and of money —two large assets of a poor man.

AFFILIATION.

Much is being said and written, at this time, about the necessity of affiliating local, state, and national societies. The needs for such affiliation are beyond question. Something more than affiliation, however, is needed. The more we consider the matter, the more we are disposed to favor organic union of all homœopathic societies. Strength is in union; weakness and discord in division.

On this question there should be no dissenting voice. Opinions may differ, but opinions are not always reliable however clearly they may be expressed. In organic union we need something more for a foundation than an opinion. We need a concrete principle. Whatever differences may arise on non-essentials unity on essentials is imperative. The great essential in organic union of all homœopathic institutions, societies and organizations is:

To make the ORGANON OF THE ART OF HEALING *a necessary part of every college curriculum*

Every student, before graduation, should be required to have not less than one year of two recitations each week, under skillful tutelage, in this study.

It should be given a prominent place in every scientific program in local, state and national organizations.

Briefly, it must be made the central theme of our teachings and our deliberations. Thus we shall form an organic union to which no true physician can offer a reasonable objection.

The ORGANON has stood the test of time. It has proven itself, in most part, absolutely reliable. Nothing has safely supplanted it. Those who have studied it and practiced its teachings have been among the most celebrated prescribers in the world, and a true benediction to suffering humanity. No reason exists for not accepting it; there is every reason why it should be accepted.

The Society of Homœopathicians is ready, at any time, to aid in such an organic union; it can not, however, in justice to its teachings and to its practice, accept anything less.

PROVINGS.

Suppose one among us has discovered a new drug. How may he learn its therapeutic value with any degree of accuracy? A learned writer says of such proceedings:

"He (the physician) does not yet know its nature, its potency, its physiological action, nor its therapeutic value. He does not so much as suspect, for an instant, that it also has a positive and definite psychological potency. This is because he knows nothing, as yet, of the psychology of medicine. The problem which confronts him is this: How shall he proceed to test this new drug in such manner that when he is through he may be able to say, in good faith, to other members of his profession, and to the world, that he has made a "scientific demonstration," and thus has brought the subject matter clearly within the scope of his absolute personal knowledge? Suppose he should follow the method, so often and so cruelly practiced, of trying it on some innocent and helpless dog. By doing this, and then watching the objective symptoms through a study of the dog's actions, he might, in time, and by oft repeated experiments arrive at a general conclusion, which, from the standpoint of legitimate science, would be deemed a reasonably good guess. But the dog cannot tell its own story, nor can it convey a definite and adequate understanding and appreciation of its own experiences. These constitute the very essence of the "demonstration," from the viewpoint

of exact science. Therefore, he dare not accept this experiment as sufficient, because it clearly fails to bring the results within the exacting limitations of "scientific demonstration." The drug may not, after all, act upon a human being in all respects precisely as it seems to act upon the dog.

He must measure its actions *in terms of human experience.* He does so, and to the best of his ability notes the objective manifestations as before. In addition to these, however, he questions his patients with all his intelligence and skill, to learn from them whatsoever he may concerning their internal feelings and experiences. From these he obtains some added information. He now assumes that he is in a position to draw a more legitimate conclusion and formulate a somewhat more logical and lively guess than before. Yet he is not absolutely certain of his ground, because outward symptoms are not always reliable indices to internal conditions, and "speech is but broken light upon the depths of the unbroken" experiences of the soul; and because up to this point of experimentation all the information he has obtained is of a purely secondary nature. He does not yet know by a definite personal experience the exact or "scientific" action of his new drug. How shall he finally round this difficult but indispensable point? How shall he proceed to reduce his experiment to the required basis of absolute personal knowledge? There is just one way, and only one, he must administer the drug to himself; he must make the final experiment upon himself. He must study the results upon and within his own organism. He must analyze the exact impression it produces upon his own consciousness. Finally, hemust co-ordinate all these into a "definite personal experience." Then, and then only, is he in a position to say to the world that he knows. Then, and then only, is he of right entitled to say to his professional brothers that he has, in truth, reduced the problem to the basis of "exact science" and made a "scientific demonstration."

These are the words of a layman, yet how closely they resemble the exact work of the great master of drug-provings. We deplore the folly of demonstrating on a dumb brute to learn the therapeutic value of a drug for human illness.

There can be no proving which does not affect the consciousness

of man. To pretend to prove the symptomatology and the pathology—morbid physiology—of a drug to be used on human beings by first administering it to a dog, to a cow or to a horse is grossly unscientific.

MEASURING UP TO THE STANDARD.

We have in our possession a priceless gem. It is one not only of glittering radiance, but one tried in severest fires, from the flames of which it has come untarnished. Not since the first days of man has a law of cure been known among men which has endured the test, and stood the trials without blemish, as has the Law of Similia. It has proved its unquestionable value in acute and in chronic diseases, in endemics and in epidemics, in benign and in malignant conditions. Its immutability is evidenced by demonstration that remedies used one hundred years ago with signal efficacy are equally potent in similar conditions to-day. For prophylaxis it is equal to any method of application, and far above the average. From the infant to the centenarian its virtues have never failed: yet, with all this, "the half has never been told."

With the broad and deep foundations which the masters have constructed, with what they have taught and performed, are we using similar intelligence and energy in erecting a superstructure to endure for all time? Every member of this society should be a master-artisan in erecting upon those foundations a superstructure whose towers reach unto the heavens, and whose borders extend from pole to pole, and from the rising to the setting of the sun. Will we do it?

There can be, in life, no vocation of greater inspiration than that of doing good to others. No vocation nor profession offers greater possibilities for doing true work of goodness than that of knowing and practicing Homœopathy. No organization exists, to-day, where Homœopathy is taught and practiced in greater purity, or with better results, than in the Society of Homœopathicians. Therefore, I would urge every member of this Society to exercise each faculty of the soul wisely in maintaining and promoting the great laws of healing for which this Society stands.

THE DOCTRINE OF SIGNATURES IN MEDICAL LORE; OR MAY THE VIRTUES OF DRUGS BE KNOWN BY THEIR FORM, COLOR, NUMBER OF PARTS, ETC.

By A. Adolph Ramseyer.

(*Concluded from last month.*)

THE HEART.

According to the old herbalists the ovate leaves of the balm, *Melissa officinalis,* plainly indicated its cordial virtues. Writes Culpeper. "The Arabian physicians have extolled the virtues thereof to the skies, although the Greeks thought it not worth mentioning. Seraphio saith, it causeth the mind and heart to become merry, and reviveth the heart faintings and swoonings, and driveth away all troublesome cares and thoughts out of the mind, arising from melancholy, which Avicen also confirmeth."

Porta praises the *Anacardium* as a remedy for the heart, which seems confirmed by the symptomatology of this remedy as given by Hahnemann: "Uneasiness in the chest, apparently about the heart, especially in the afternoon. Stitches about the heart. Stitches in the heart, short ones, succeeding each other two by two," which as Chapiel remarks, indicates a manifest action upon the heart.

Another remedy, motherwort, *Leonurus cardiaca,* similar to melissa, belongs to the same class, the members of which all possess *"eximias dotes ad cor,"* exceptional endowments or qualities for the heart. The signature appears to be found in the shape of the leaves. "There is no better herb to take melancholy vapors from the heart, to strengthen it, and make a merry, cheerful, blythe soul than this herb; therefore, the Latins called it *Cardiaca.* It is held to be of much use for the trembling of the heart, and faintings and swoonings; from whence it took the name *Cardiaca*" (Culpeper). "As a tonic for nervousness pains and palpitation of the heart, the sufferings peculiar to women, and habitual restlessness, it is an agent deserving of the first consideration." (Cook, Physio-Medical Dispensary.)

Cactus grandiflorus, the fruit of which is heart-shape, is a

well known heart remedy. Dr. Chapiel gives at the end of his book the pathogenesis of cactus, with an analysis of the symptoms compared with the doctrine of signatures; I shall insert that later on. Chapiel calls attention to the cherry, which looks like a heart, and the kernel of which contains hydrocyanic acid, the chief of heart poisons.

THE KIDNEYS.

The purslane, a pot herb, *Portulacca olerace,* is extolled by Culpeper "to cool the heat and sharpness of urine and the outrageous lust of the body, venereous dreams and the like." A vertical cut through the seed of this plant shows a very distinct likeness of the kidneys. Dr. Chapiel reminds us that the capsules or spore cases (sporanges) of *Lycopodium clavatum,* are reniform, "its pathogenesy shows us that it acts powerfully upon the urinary secretions, and the clinic proves it useful in calculous affections." *Lycopodium* is too well known as a kidney remedy to need any comments.

Dr. Chapiel also calls attention to the seed of the well known string beans or kidney beans, the *Phaseolus vulgaris.* Hear what our old friend Culpeper has to say about them: "They are as great strengtheners of the kidneys as any are; neither is there a better remedy than it; a drachm at a time taken in white wine to prevent the stone or to cleanse the kidneys of gravel or stoppage."

THE STOMACH.

The sow bread, *Cyclamen Europæum,* according to Dr. Chapiel, offers in its berries the form of the stomach. "The berries, he says, are covered with a capsule which show pretty much the shape of a retort." He adds some stomach symptoms, collected by Hahnemann and others, to prove its affinity for the stomach. Nausea, uneasiness at the stomach as after having eaten too much of fatty food, eructations, anorexia, disgust for food, etc. I copy the following from Boericke's Materia Medica: "Salty taste, hiccough-like eructations, worse from fat food. Diarrhœa after every cup of coffee, *hiccough.* Satiety after a few mouthfuls. Disgust for meat, especially pork. Desire for lemonade."

The fruit of *Menispermum cocculus* also represents a retort or a stomach, when seen in a side view, according to Dr. Chapiel.

who quotes the following symptoms taken from Hahnemann's Materia Medica Pura: S. 114, Frequent empty eructations; S. 115 and following, Bitter, acrid, putrid, fetid eructation with taste of food; S. 123, and following. Pain as from a knock, pain almost like a stitch, pressure, gnawing, tension in the pit of the stomach. Spasm in the stomach, squeezing, clutching in the stomach. Hiccough. Aversion from food and drink. Want of appetite. Nausea after eating or drinking. Frequent inclination to vomit, causing a copious flow of saliva. Inclination to vomit in connection with headache, and a pain as if bruised in the bowels. Vomiting about midnight of mucus and food, etc. All these indicate a very useful remedy for gastralgia, which fact the practice of Homœopathy has abundantly proven.

According to Samuel Thompson, the father of botanical (and eclectic) practice, the lobelia plant (*Lobelia inflata*) resembles the form of the stomach. Its use is too well known to require much to say.

THE INTESTINES.

A few days ago, while looking at the bindweed or morning glory (*Convolvulus arv.*) I was asking myself what indication we might gather from its stem winding around from left to right around any support near by. Very soon I got the answer in reading Chapiel's book. He says:

"Croll recommends the *Convolvulus arvensis,* representing the intestine, as a precious remedy against enteralgia, and so is the cassia fistula, which the regular school uses as a purgative. The jalap and the scammony are two other well known members of the same family of twining plants, both are celebrated in the regular school, and have been used from the times of hoary antiquity as 'operating' the bowels. Without making any more ado about these, I may ask: Is there nothing in the doctrine of signatures?"

The active properties of the jalap and scammony reside in the root of the plant, but the roots of some other members of the *Convolvulus family* do not possess purgative qualities, and have been used as articles of food. Batatas edulis (*Convolvulus batatas*) yields the sweet potato, which contains much saccharine and amylaceous matter, and is used as food. "The roots of the

Convolvulus macrorhizus, of the Southern States, which sometimes weigh 40 or 50 pounds, are farinaceous" (Gray's Botany). We see that whether acting as purgatives or as edibles, the plants of the bindweed family and the intestines seem, by their coiling propensity, to have something in common, call it signature or whatever you please.

In Vogel's Materia Medica, published in 1774, and which is quoted by Hahnemann in his Materia Medica Pura, the skin of a viper, in the bigness of a finger nail, well broken up in small fragments and drunk in water is lauded as a superior purgative. This brings me to speak of *Lachesis,* another snake well known in homœopathic literature. Nash in his "Leaders in Typhoid Fever," writes thus of it: "Lachesis is one of our best remedies in typhoid, and may be indicated in any except the first and last stages. . . . I can testify that *Lachesis* is a 'friend indeed.' Time and again I have seen a serious case changed to a mild and easily managed one, within twenty-four hours, by the 200th potency of this wonderful remedy. I will, I hope, be pardoned if I seem enthusiastic here, for it is hard to withhold my praise justly due such an old and faithful servant." Well, whether we take the viper's skin or the virus of the *Lachesis,* there is the signature of the bowel staring us in the face. But it is not in typhoid fever only that it proves so useful. *Lachesis* is one of the most prominent remedies in appendicitis (Dr. Clarke). Which is easy to believe. It is a bowel remedy, as indicated by the shape of any snake.

The ancients used to speak much in praise of Solomon's seal, rupture wort, and other plants as healing hernias; the rhizoma or root stock shows the animal growth by the development of a bud at the apex of the root; each year's growth is marked by a corresponding addition. "In the *Polygonatum,* or Solomon's seal, it is more indelibly stamped by an impressed circular scar (which has been likened to the impression of a seal) left annually, in autumn, by the death and separation from the perennial root stock of the herbaceous stalk of the season which bore the foliage and blossoms" (Gray). When pulled out of the ground, the stem of the plant shooting through the ring formed on the root looks like the gut, or the spermatic cord passing

through the inguinal ring. Culpeper, in his Herbal, mentions several herbs, which, he claims, surely cure ruptures; and to-day in the advertising literature sent out by certain truss dealers a certain vegetable preparation is recommended along with the use of the truss; so that we need not scoff at the idea of ruptures being cured by herbs, unless we choose to believe every claim above the ordinary to be fraudulent, or else that drugs have no curative effect, a medical nihilism affected by not a few of regular therapeutic knownothings.

THE LIVER AND THE SPLEEN.

There is nothing of much account given by Chapiel or any other writer on signatures about those two organs. Rosenberg speaks of the green juice expressed from the green involucre of walnut as representing the bile, in color and taste, and recommends it to purge out the gall. The lupine, he claims, has the form of the spleen, and, therefore, it is fit for affections of that organ.

THE URINARY BLADDER.

Porta, following the ancient physicians, recommends *Physalis alkekengi* as a lithontriptic, viz., a drug effecting the solution of stone in the bladder. To-day a physician who would claim such virtues for a drug would be called a humbug or a *"non compos mentis."* Croll says of this remedy that it is very well known to drive out calculus. Dr. Chapiel, acting upon this recommendation, has given it several times to patients affected with gravel, and noticed that it caused a more abundant evacuation of sand and a longer interval between the attacks of renal colic.

THE REPRODUCTIVE ORGANS.

Porta gives the following aphorism: "Plants which show the form of the instruments of generation are of avail for the reproduction."

Let us first examine the drugs which are reputed to signify

THE MALE ORGANS.

Everyone who has seen an acorn has been struck with its resemblance to the *glans penis* partly covered with the foreskin. Porta claims that acorns strengthen the virile parts. The bean

pod offers a rough likeness of the penis, especially when the bean protrudes through the broken pod; the bean flour or meal was considered a capital remedy for the inflammation and the swelling of the testicles caused by bruises or injuries, being even used in the form of poultices against hard, scirrhous tumors of the scrotum. According to Culpeper, the French beans "engender sperm, and incite to venery." There is a kind of bean called broad bean, the pod of which stands erect upon the stalk; it looks singularly like the erected penis. Cloves are said to promote conception when partaken by males; this spice simulates the form of the virile organ.

Rosenberg writing of the hawk-weed, *Hieracium,* says its hollow stalk resembles the male organ, and that its warm decoction, drunk every day, is a specific in the purulent inflammation of the penis, by which he, no doubt, means gonorrhœa. Culpeper says of that same weed that it "hindereth venery and venereous dreams.

Spigelius, in his Herbal, makes the following remarks: "All herbs which have double or triple bulbous roots, like testicles, and, in a certain measure, smelling of the human seed, are regarded as orchids, in common parlance satyria; although that is properly called *Stayrium,* which has 3 roots, one which stands erect, in the form of the virile member, and two others hanging down like testicles." Culpeper writes of the orchid roots: "They have each of them a double root within, some of them are round, in others like a hand; these alter every year by course, when the one riseth and waxeth full the other waxeth lank and perisheth; now it is that which is full which is to be used in medicines, the other being either of no use, or else, according to the humors of some, it destroys and disannuls the virtue of the other, quite undoing what that doth. They provoke lust exceedingly, which, they say, the dried and withered roots do restrain." Croll has something similar to say, that they strengthen the genital parts, help conception, and are very efficacious in restoring to *frigid* men the lost virility, repeating the same story about the superior and fuller root (the new one) as stimulating to coitus, while the inferior (or old one from the preceding year), which is more soft and ruguous, is proper to suppress lust. We find as far

back as Dioscorides and the Latin poet Martial, these aphrodisiac virtues attributed to the orchid, and the botanist Lobel was of the same opinion. The salep, a celebrated analeptic, is prepared from the tubers or roots of the orchids.*

According to Rosenberg, *Polygonum bistorta,* the snake weed, which has a round bulbous root in the image of a testicle, excites to venery, if taken in wine. Culpeper says: "It helpeth much the gonorrhœa. . . . . The Decoction of the root in wine being drank, hindereth abortion or miscarriage, . . . also stayeth the immoderate flux of the courses, when injected in the matrix." Leeks and onions having bulbs similar to the scrotum, excite to venery. Culpeper says they increase the sperm.

FEMALE ORGANS.

The slimy snail, when out of its shell, shows a striking image of the vulva (labia). In Eastern and Central Europe for a female to offer a snail to a man is something very significant. It is or was used as an excellent restorative or nutritive article of food to "breed blood," being recommended in phthisis. It is clear that many aphrodisiacs owe their indubitable virtues to the fact that they are capable to restore, to a very high degree, the nutritive function upon which the normal reproductive function is based. Several more crustacea are enjoying the reputation of possessing aphrodisiac virtues; the lobster, the shrimp, the oyster, also the cuttle fish, the octopus, the limpet, which, all three, according to Dioscorides, were consecrated to Venus, because they excited to love. (Debay, Hygiene and Physiology of Marriage.)

Aphrodisiacs are drugs which may furnish the sexual stimulus, but unless the necessary nutritive fluids, along with the proper bodily vigor be present, reproduction cannot be expected, and sexual intercourse is certainly injurious.

The snake root or birthwort (*Aristolochia rotunda serpentaria?*) was much vaunted by Hipporcates against uterine affections (its name depicts its virtues: Aristos, excellent; lochia, child birth), and Croll is of the same opinion, for, says he, it

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*The *Tragorchis* (Satyrium hircinum), which is distinguished by a disagreeable strong smell (hence the adjective *hircinum,* relative to a he-goat) was accounted the most powerful aphrodisiac.

affects the form of the uterus, and is of great help to women in labor. "In sudden suppressions of the catamenia, especially those from cold, and while the system is languid, it will exert a decided effect in restoring the menstrual flow. During parturition, it will arouse flagging pains with great power, if the patient become weary and chilly, with cold extremities. Combined in small quantities with *Cypripedium* and *Caulophyllum* it is a most valuable parturient under such circumstances, but not under others." (Cook, Physio-Medical Dispensatory.)

The pear resembles the virginal uterus; its use as food may excite the lust in some constitutions. Paracelsus claims for the fig the signature of the uterus, the form of which it imitates well enough.

I will refer the reader to what I said above about parturients, such as *Chamomilla, Gossypium,* the raspberry, etc. Also what has been written about the breasts, as lactation is connected with parturition.

THE HANDS.

Some plants which have palmate leaves were reputed to cure arthritic affections; the bryony (*Bryonia alba*), the *Colocynth* are among such, and are well known to every homœopath as remedies for rheumatism. The ancients vaunted against arthritic pains the *Orchis latifolia,* which also has palmate leaves. The *Aristolochia,* too, was recommended for arthritic affections by Galenus, because of its nodosities, resembling gouty deposits. But there is a shrub which ought to be given a trial in all injuries of the hand and perhaps of the foot: I mean the woodbine, or honeysuckle, *Lonicera caprifolium,* which has flowers strangely resembling the human hand: the corolla is 5 cleft, on one side one lobe bends back, like the thumb, and on the other side there are four lobes looking just like the other four fingers opposed by the thumb. I have had a very limited personal experience with that remedy, for minor injuries to my fingers, and although these could not be called conclusive I was not disappointed. The honeysuckle deserves, I believe, an earnest trial in wounds of the hands and feet, the more so as the ancients reckoned it an excellent vulnerary, and healing medicine for ulcers.

THE SPINE.

Croll recommends for the diseases of the spinal column the horse tail, *Equisetum,* a plant used for scouring utensils. The *Equisetum hyemale,* or scouring rush, contains much silica, hence it is but natural that it should prove useful in diseases of the bones of the spine, which it simulates so well.

THE SKIN.

Every homœopath knows the efficacy of *Thuja* to cure warts. That shrub has some little cones or growths which resemble warts. The decoction of fig was used by the old physicians against small-pox. The shape of this fruit and that of the variola pustule are similar.

THE SIMILARITY OF HERB JUICES WITH OUR FLUIDS.

According to Porta (and Culpeper) red substances and plants with red flowers either produce a plethora, viz., a suprabundance of blood, or they act as hemostatics, viz., stopping hæmorrhages. As such may be cited wine, the red santal wood, *Capsicum, Geranium sanguineum, Anagallis arvensis,* the comfrey (*Symphytum off.*), *China,* etc.

Herbs having yellow flowers, or juices, act as cholagogues, viz., as bile evacuants. As such we have *Colocynth, Chelidonium,* saffron, of which Culpeper says: "It is a notable expulsive medicine and remedy for the yellow jaundice." So is the yellow dandelion, that so well known weed. "It is of an opening and cleansing quality, and, therefore, very effectual for the obstructions of the liver, gall (bladder), and spleen and the diseases that arise from them, as the jaundice and hypochondria." In the spring of the year, when cows which have been fed all winter on dry hay go for the first time to the pastures, they greedily devour all the dandelions they can find, and their fæces are liquid and black like pitch; that is the thickened bile being evacuated; the dumb brutes give us a hint that we ought to heed. The ancient physicians used *Chelidonium majus* also for diseases of the liver, it being considered an unfailing cure of the jaundice.

Nursing women eating lettuce have an increase of milk in their

breasts, says Porta. We have seen from the clinical cases given by Dr. Rauterberg that *Lactuca virosa* given in homœopathic dilution produces an abundance of milk for the nursing mother. The sow thistle, *Sonchus,* a similar plant belonging to the family of the compositæ, bears the same reputation.

PLANTS WHICH HAVE PARTS RESEMBLING TUMORS.

The arbor vitæ, or *Thuja,* which has been mentioned for warts on account of the similarity of its little fruits or cones with excrescences, is good, too, for larger tumors. Figs were mentioned for small-pox. In Isaiah, Ch. 38, verse 21, we read that King Hezekiah was healed of a deadly sickness by having a lump of figs laid for a plaster upon the boil; whether this was a carbuncle or what else is not clear. The *Arum,* Jack-in-the-pulpit, shows a spadix sticking from the spathe, like a polyp that grows out of a cavity, for instance, the uterus. Porta says of the *Arum italicum* that it "wonderfully cures polyps." According to Dioscorides bulbous roots heal tumors, and Pliny claims that the garlic, the onion and the mandrake bring about the resolution of tubercles, and nowadays common people use onion poultices to resolve abscesses. Porta says that plants which show some inflated part are suitable remedies for our divers tumors, and he names the acorn, the *Colocynth,* the turnip, the onion, the *Scrophularis* against buboes, those of the pest not excepted scrofulous tumors, or against abscesses. Dunham cured a chronic ovarian tumor with *Colocynth.* (*Lectures,* I. p. 64.)

CONCLUSION.

There is still another very important chapter to be written concerning the time and season of the flowering of plants, the hours during which the flower remains open (see Linnée's *Floral Clock*), the place where a plant best thrives, viz., whether in a dry, or whether in a moist ground. This would prove the most interesting and not the least practical part of our inquiry. Dr. Chapiel has written in his book a number of pages upon this important subject, but as most of what he offers is merely conjectures and suppositions I did not think wise to follow him that far. It is so easy to deride what is new (or old), and there are so many people who can readily criticise but never give us

anything edifying from their own brain that it is perhaps best to close now this short investigation of what Paracelsus calls the true anatomy, a very essential branch of medical education. Says he: "I pray you, read, and consider with diligence what I write. Not with jealousy, not with contempt, not with ridicule; for those things whereby you now despise me shall at last fall under your own contempt. If you are hearers, then learn and listen to both sides and pick out what is useful. For if you do not ponder upon what I write, where will you get the foundation of the medical art, to this effect that you may recognize the *Microcosm* in the external nature? Therein you shall comprehend wonders and great mysteries, which are in man; not to please me, but to help you and the sick, and to the praise of God."

And now let me close my humble contribution by quoting a song which our children sing:

Little purple pansies, touched with yellow gold,
Growing in one corner of the garden old;
We are very tiny, but must try, try, try,
Just one spot to gladden, you and I.

In whatever corner we may chance to grow,
Whether cold or warm the wind may ever blow,
Dark the day or sunny, we must try, try, try,
Just one spot to gladden, you and I.

HOMŒOPATHIC PHARMACEUTICAL SIGNS.

San Francisco, Nov. 26, 1917.

Dear Ed Anshutz:

November Recorder just received and is as interesting as ever. On page xviii you ask the meaning of signs like 0/x and 00/11, etc., found in old German journals. To be quite accurate the signs appear with the line *above* the numerals thus $\frac{0}{x}$, $\frac{00}{11}$. Permit me to answer your question.

In the early days of Homœopathy the designation of potencies (then always the centesimal, 1:99, as introduced by Hahnemann) was made by the use of *Arabic* numerals, 1, 2, 3, 30, etc., as we do to-day, where the figures without other designation, always mean the centessimal scale, but the older homœopaths made use

of the *Roman* numerals for every *third* potency, each numeral representing, therefore, the millionth division of the preceding.

Thus the first potency or 1/100, sometimes written also $\frac{1}{100}$ was designated by the Arabic 1, the second or 1/10000, also $\frac{1}{10000}$ by the Arabic 2, the third or 1/1000000, by the Arabic 3, *or* the Roman I, being the millionth part of the original drug.

The Roman II would be the 6th potency, of course, being the millionth of the I.

So we have this schedule:

I =	3rd centesimal,	1 millionth.
II =	6th "	1 billionth.
III =	9th "	1 trillionth.
IV =	12th "	1 quadrillionth.
V =	15th "	1 quintillionth.
X =	30th "	1 decillionth.

Etc., etc.

The number above these figures, usually separated by a line, gave the number of globules given, thus $\frac{00}{x}$ means that two globules of the 30th centesimal potency are prescribed, the older homœopathists always administering medicated globules only.

I remember well old Father Raue's disdain in speaking of "Drop Doctors," referring to such degenerate ones among us as used liquid attenuations and tinctures.

In Dudgeon's edition of the Organon, page 195, note 1, Hahnemann uses the Roman numerals in referring to certain potencies, thus X, XX, L and C, meaning the 30, 60, 150 and 300 Arabic designation.

I am sure the whole school appreciates greatly your excellent work in the RECORDER and *Envoy*.

With best wishes,

Yours sincerely,

WM. BOERICKE.

Galen Building.

TOO MUCH PRESCRIPTION CAMOUFLAGE.

Editor of the HOMŒOPATHIC RECORDER.

I saw a short-dressed maiden,
Her Dad must have the "rocks,"
I could not see what supported her,
For she had CAMOUFLAGED her socks.

I could stand this without much annoyance, but I do protest against camouflaged prescriptions. See page 503, Nov. RECORDER, line 14. How much *Elix. gentian* was *"INTRODUCED"* into the *Phytolacca?* Now I can imagine that the girl had legs in her socks, but I cannot imagine, from that statement, how much *Phy.* was given. Too much of this kind of writing in journal articles! What do you say?

Yours,

WALTON.

Cincinnati, Nov. 30, 1917.

CUPRUM METALLICUM AND CAUSTICUM IN CHOREA.

Editor of the HOMŒOPATHIC RECORDER.

In this month's issue of your esteemed JOURNAL an opinion is requested by our friend over in India, with reference to the curative effects of *Cuprum met.* or *Causticum* in the case of chorea. Since this article dates back almoost two years it would be interesting to know the nervous condition of patient at this time. Since he (Dr. G. Raye) has called for an opinion I will register my opinion of the csae as follows: The *Cup. m.* and *Caust.* did some good toward quieting the nerves and affording enough relief to make patient fairly comfortable, but as to their curative effects beyond quieting the nerves I have my serious doubts. It is my opinion that the patient in that case was a victim of adhesions of clitoris with resulting vaginitis and accompanied with vaginismus (of possibly long standing, as such conditions many times date back to infancy), was aggravated by attempted or successful coition, producing the attack of chorea, which, in my opinion, was blended into or mingled with hysteria. My first thought if called upon to treat a case like the one under consideration would be to remove the cause of nervousness, and it is my opinion that the sexual system of either sex with its irritations and consequent resultant abuses is the cause of a great per cent. of choreic cases. Many times releasing adhesions of clitoris, a few local treatments with *Ichthyol glycerine* tampons is all sufficient, but where we find a long hood over clitoris I find great and lasting good from circumcision. Looking well to the patient's general condi-

tions, with reference to constipation, digestion, regular habits, and last but not least of all all plenty of fresh air and exercise, insisting on deep breathing and drinking freely of good fresh water. Whatever remedy seems to be indicated.

Yours fraternally,

Dr. L. E. Bracken.

Columbus, Ind., Nov. 23, 1917.

BOOK REVIEWS.

New, Old and Forgotten Remedies. By Dr. Edward Pollock Anshutz. 2nd edition. 608 pages. 8vo. Cloth, $3.50. Philadelphia: Boericke & Tafel. 1917.

This handsome volume of 608 octavo pages, well printed and bound, will give the reader a much enlarged therapeutic horizon, and his view will be greatly assisted by a very full and complete "Therapeutic and Clinical Index" covering five double columned pages, in which he can find nearly everything from "a cold" to leprosy. In each instance in this Index the name of the disease is followed by that of the remedy, this being done to save the reader trouble. For instance, take "Asthma" for which there are four remedies given; in place of giving "Asthma" once with four page numbers after it the word is printed four times, and in each instance followed by the name of the drug and its page. By this means the reader is saved the trouble of turning to remedies with which he may be familiar. That this will be a convenience will be seen from the fact that the bronchials have 8 remedies, eczema 4, rheumatism 14, urine, 8, and so on, some only one, some more.

The List of Remedies show that there are 116 in the book, practically all of them the remedies of nature, only a very few being from the laboratory, such as *Indol, Butyric acid, Sepsin* and a few others. The articles are made up of the papers of the physicians introducing them. The whole is essentially a continuation of Hale's *New Remedies,* preserving more or less valuable matter that otherwise would be buried in old journals and thus practically lost to the profession. The book retains all that which was in the first edition plus enough new matter to nearly double its size. Many of the papers are very valuable, some of

incidental value, while there may be an occasional one that could have been "forgotten" without loss, but be that as it may, all of them are interesting reading—you can open the book at random and become interested. The reviewer to test this opened the book at random and lit on the therapeutics of a newly proved drug, *Glycerine.* The first case briefly reported was that of a physicians, age 61, refused insurance on account of albumen casts, and sugar in urine with debility, etc. He was *cured,* regaining strength and weight. As things go to-day the book is priced low at $3.50.

The Call of the Sword. By John H. Clarke, M. D. Paper, 65 pages. London. 1917.

The Preface to this literary flame gives its spirit. It, the Preface, consists of two quotations from the New Testament, "Think not that I am come to send Peace on earth: I came not to send Peace but a Sword." *Matthew* x. 34. The other is the similar verse in *Luke* xii. 51. "The sword will not be sheathed until righteousness and justice prevail, not only in the present but on through the ages, until lust, brutality, greed, love of dominion and other evils are subdued." It is a strong bit of writing showing that Dr. Clarke can write other things as well as Materia Medica.

Impotence and Sterility, With Aberrations of the Sexual Function and Sex-Gland Implantation. By G. Frank Lydston, M. D., D. C. L. 333 pages. Cloth, $4.00. Riverton Press, Chicago. 1917.

This is a difficult book to review because of the subject matter which covers every phase of sexual depravity and aberration. Lydston is a brilliant writer, always interesting, and when his theme is one in which every man has a—shall we say?—morbid interest he holds his readers. "A sensitive sexual organization is part of the price man has paid for civilization," he writes, and therein, presumably, lies the cause of the many sexual abnormalities treated in this book, from satyrias and sadism to impotence. The primitive races do not indulge in the sexual freaks of civilized man, as, for example, one case revealed where the pervert

would attack a woman, but all he would do was take off one of her shoes and run away with it, while another found his gratification in sneaking up and cutting off the woman's hair.

One might question the author's statement in this respect, for civilization develops the good traits in good stock, though the fact that it also develops the bad in bad stock brings one back to his assertion after all, but with a qualification, Does not the fault primarily lie in heredity? To be sure modern medicine doesn't believe in heredity, but then modern medicine has a trick of frequently reversing itself—and not always in the directioon of wisdom. However, as said before, this is a difficult book to review. Almost any page furnishes a text for the pen of the ready writer as, for instance, this: "Reduced to its biologic ultimate, sex attraction requires no more psychic explanation than does chemical affinity." And to illustrate: "When a beautiful refined and intellectual woman, surrounded by every luxury, runs away with a coarse, unattractive stable-hand, the spiritual ideal is a dubious explanation." True, good sir, but that no more proves chemical affinity than it disproves spiritual affinity, or the old ideal of "two souls with but a single thought, two hearts that beat as one."

The author develops his "harmone theory," which we will not go into and also devotes considerable space, the closing chapters, to his "sex gland implantation."

"OVER THE TOP."

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

I received a letter from Dr. William H. Smith, Cass Lake, Minnesota; he is one of our *bright* men who reads the RECORDER, a broadminded, *liberal* physician who wants the *best* there is in medicine and to do his *whole* duty by his patients. He says, "I have recently purchased, in order to keep posted on ALL lines of medical treatment, two works which were heralded as the 'last word' in *Regular* treatment. They are rich in verbosity, redundancy, prolixity, tautology, in bacteriology, and pathology, but an *appalling* lack in the things a sick man wants, some remedies to make him well again."

Books of *that* kind don't tell you how to cure anything; therefore, it is a *waste* of money for a doctor to buy such books. In my lifetime I have made it a rule to only buy medical books written by *successful* men. Men who built up a reputation by the CURES that they made; with that *kind* of books, as works of reference, you will find them a real *help* to you in everyday practice. A study of *pathology* never taught me how to *cure* anything, but a knowledge of *materia medica* has taught me how to *cure many things.*

We often read in the daily press of a suicide by some unfortunate. They had been the rounds of the hospitals and doctors, and been told that their case was *"incurable."*

They got discouraged, gave up the fight and took the "suicide route" as the quickest way to end their troubles.

If our doctors could only go to sleep some night and *forget* such a thing as an *incurable* disease, it would be a *great blessing to humanity!*

A professor of materia medica in a regular medical college made the statement that "75% of the remedies in the U. S. Pharmacopœia are *worthless.*" If so, *why* go on, year after year, teaching *worthless* remedies to students?

A regular physician who writes articles for the public press made the statement that "there are only two remedies of any value in the treatment of the sick, *Mercury* and *Quinine.*" From the above we can get a very vivid picture of what the people of this country would have to endure if they had to *depend upon regular physicians when they were sick.*

About twenty-five years ago a student of mine from Denver, Colorado, called my attention to the "Tissue Remedies;" it was a new thing to me then. I procured all the books I could get on the subject and "studied up" on those remedies, but some of us know, by bitter experience, that *book* knowledge of a remedy is one thing, but actual *clinical* experience with the remedy is a "horse of another color."

I made up my mind to *test* these remedies in my *own* way, so I used them *exclusively.* I *depended* on those remedies *alone* to heal the sick for *six* years, in order to give them a *rigid* test, to see what I could DO with them. As a result of my experience

I found them *absolutely* reliable when given as *indicated.* Doctors of *all* schools of medicine from different parts of the U. S. write me that their experience with the "Tissue Remedies" has been the same as mine.

A book lies before me on my desk, "The Twelve Tissue Remedies," by Drs. Boericke and Dewey, published by Boericke & Tafel. The first part of the book is really the "Materia Medica of the Tissue Remedies."

It tells you the *definite* indications for *each* remedy, and what you can *do* with them.

Then comes the "Therapeutical Application of the Twelve Tissue Remedies."

It takes up the different diseases in alphabetical order and gives a *definite* treatment for each disease; it gives a *clear-cut* indication for each remedy, so the reader can prescribe *intelligently* for each patient.

Then comes what I consider the most *valuable part of the book*, "CLINICAL CASES." This follows after the consideration of *each* disease. It is a record of cases *cured* of those diseases, and shows the reader how they were cured, the *remedy*, the *indication* for it, and the *dose*.

The above "Clinical Cases" are *invaluable* for the reason that they HELP to *fix* the *indications* for each remedy in the *mind* of the reader.

Last, but not least, is the "Repertory."

Here you will find the different "Symptoms" of disease, as they appear in different parts of the body, and the *indicated* remedy. When any case *puzzles* you, then look up the prominent symptoms in the "Repertory" and you will find *the* remedy for *that* symptom.

This is a *new* book, lately published, right up to date, and the *last word* on the "Tissue Remedies."

Every doctor, no matter *what* school of medicine he belongs to, should *study up* on these remedies, for you will find them *invaluable* in your practice. They have been before the profession for nearly fifty years and stood the *crucial test* of actual *clinical* experience.

You will find that many of the cases of "bladder troubles"

in women are caused by the womb being enlarged, or there is a displacement, producing *irritation* at neck of bladder, with frequent *desire to urinate.* If the urethra is *inflamed, Tr. Triticum repens* is *the* remedy, ten drops in a little water, once in two hours. If the primary trouble is an *enlarged* uterus, then *Helonin* 3x is *the* remedy, three tablets three times a day.

For displacement of the uterus very many doctors harness up a woman with an outside or an inside supporter, also a pessary. These are purely mechanical supports, they never *cure* anything. In a great *majority* of women with displacement of uterus the organ is *enlarged* and sags *down by its own weight.* How foolish it is to think that *any* mechanical support will *ever* cure such cases. Why not use a little common sense and remove the *cause* of the displacement by reducing the *enlargement* of the uterus, then that organ will fall back in its natural position. This enlargement of the uterus calls for *Tr. Fraxinus Americana* (white ash), ten drops, three times a day.

Doctors very often make a *mistake* in the diagnosis of small-pox. How can we tell if a person has small-pox or not? One of the first things that indicate small-pox is an *excruciating pain in the loins,* sometimes amounting to temporary paraplegia. There is a quick pulse, tongue coated white, the papules show a disposition to arrange themselves in groups of three and five, scattered over the body, but more especially upon the *face.*

By the second day the finger pressed upon these pustules gives a *feeling of shot buried in the skin,* the nodule being at first firm and resistant. This gradually rises on the surface; soon the nodule is observed to become umbilicated and to contain *watery* fluid.

The *fever, headache, backache* and all other unpleasant symptoms (except the burning and itching) *now subside.*

My books that I have written are for sale by Boericke & Tafel, publishers of this journal. Now *please don't* write and ask *me* where you can get them. They were published seven or eight years ago, but the demand for them still continues.

There are some medical journals I have read and they are full of *dry,* long-winded technical articles that don't tell you how to *cure anything.* You may read the whole year's numbers of

the journal, and not find a *single fact* in the journal that will *help* you to *cure your patients.* It is a *waste* of *good* money to subscribe for such journals.

I *like* medical journals that contain *practical* articles, reports from the "Trenches," from men who are *"doing* things" in their profession, from men who *believe* in themselves and in *their* remedies.

It is good policy to take, at least, one medical journal from *each* school of medicine to read what the "other fellow" is *doing.* You will be surprised how many *"good* things" you will pick out of these journals if you will have an open, *unprejudiced* mind, ready

"To seize on truth wherever found,
On Christian or on heathen ground,
The plants divine wherever found."

I met a doctor once, a graduate of Harvard Medical College; we got to talking about neuralgia, and he said: "Can you give me any good remedies for that disease?" "Now," he said, "I don't want any of your Eclectic remedies." (You see he didn't want to be *contaminated.*)

So I said: "Here is a prescription from Dr. Judkins, an old Quaker physician, regular, who formerly practiced in Cincinnati, Ohio." It was composed of ℞. *Morphine, Bi carb. Sodæ* and *Sacch. Alba.* The doctor read it over; he said, "What is *Sacch. Alba?* That must be an *Eclectic* remedy. We don't have it in *our* Materia Medica."

Ye gods. I wonder what they do teach them at "Old Harvard?"

When the monthly periods are too late or suppressed, with *greyish white* tongue, excessive flowing blood dark, clotted, or *black, like tar, Kali mur.* 3x is the remedy, three tablets once in two hours.

When the menses are too late and too *scanty,* with a feeling of *weight* and *fullness* in the abdomen, the abdomen feels *cold* to the touch, tongue *shiny, yellow* coated, *Kali sulph.* 6x is the remedy, three tablets, once in three hours.

When the menses are watery, *thin,* pale, or *watery blood,* too profuse, too early, with *splitting headache,* great *sadness,*

Natrum mur. 6x is *the* remedy, three tablets, once in three hours.

Women *irregular* in their menstruation go two or three months and no period, depression of spirits, *weakness,* nervous debility, *Kali phos.* 3x, three tablets, once in three hours.

For *profuse* menstruation, where there is pain extending from *back to pubes,* blood is partly *clotted* and partly *fluid,* and discharge of blood *between* the periods, put ten drops *Tr. Sabina* in half a glass of water, give one teaspoonful every hour. If the menses are black, viscid, clotted in *long, black strings, Tr. Crocus sativa* is the remedy, five drops in a little water every three hours.

For *irregular* menstruation with uterine or cervical leucorrhœa that *replaces* the menses, *Tr. Senecio* is the "*female regulator,*" add ℥i to ℥vi of water, give a teaspoonful once in three hours.

Menses too *soon,* too *profuse,* too long *lasting,* with fiery *red* face, *ringing* in the ears, discharge *pale, watery* and *debilitating,* calls for *Ferrum* 3x, three tablets after each meal and at bedtime.

When a woman flows by "fits and starts," when the suppression of menses is due to *wetting of the feet,* there is a *scanty* flow, with severe *griping* pains that it *doubles her up, Tr. Pulsatilla* 3x is *the* remedy, ten drops, once in three hours.

When a woman gets a cold at monthly period, flow stops, and blood rushes to the *head,* with *severe headache,* give

℞. *Tr. Aconite* .....gtts. v.
Tr. Macrotys .....gtts. xx.
Aqua .....fl. ℥iv.

Mix.

Sig. Teaspoonful, once an hour, it will relieve the headache and start the flow.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

Sabadilla.—Our attention has been specially drawn to this remedy by Dr. E. A. Taylor, of Englewood, Chicago, who, in a paper recently read before the South Side Homœopathic Medical Society, reported the cure of a case of backache in a very old man who had suffered for many years with this trouble. The cure is particularly interesting in that it was based on prescribing for the totality of symptoms rather than for the special condition. Dr. Taylor in prescribing Sabadilla lays stress upon the peculiar symptom **thirst for hot drinks.** The backaches are relieved by pressure and heat.

In looking over Lilienthal's *Therapeutics* we find no mention of Sabadilla under the heading of Backache, hence our interest in the case mentioned by Dr. Taylor. Lilienthal gives Sabadilla as a leading remedy in the following conditions: Amenia: menses suppressed immediately on appearance, etc.; Spasmodic asthma: hay asthma, etc.: Cough: dry cough in children, etc.: Intermittent fever: incomplete intermittents, etc.; Influenza: fluent coryza, etc.; Mania: cheerful disposition not natural, etc.: Menstrual difficulties: already mentioned under amenia, also nymphomania from ascarides: Ovarian disorders: cutting pains, etc.; Pregnancy, (digestive disturbances of): no relish for food until first morsel, etc.: Sexual instinct: pollutions followed by loss of power in extremities, etc.; Sore throat: tonsillitis after coryza, etc.; Stomach: cold sensation, etc.; Toothache: remittent or intermittent, etc.; Uterine disorders: already referred to under menses, etc.; Vertigo: feeling as if fainting would take place, etc.; Worms: vomiting of round worms, etc.—C. M.

Dr. Taylor, in his paper, laid stress upon the value of Sabadilla in nose and throat conditions, but disclaimed in answer to a question from Dr. Mitchell paying any attention to the possibility of the backache being due to nose or throat infection. His prescription was not based upon possible pus focus any-

where, but upon the general symptomatology. In prefacing his remarks Dr. Taylor said that federation was a fantastic idea for the preservation of homœopathy. That to preserve homœopathy qualification was the fundamental principle, from which he leads us to infer that if a homœopathic physician by study of his materia medica so qualifies himself that he can make cures which others can not make, in this way homœopathy will be preserved.

THEY SAY.

That in severe anuric or dysuric disturbances intramuscular or in extreme cases intravenous injections of one-half to one c.c. pituitrin act as a diuretic.

That high colored urine of low specific gravity is sometimes seen in pernicious anemia.

That the diazo reaction has been abandoned as a specific test for typhoid fever, but is used more than ever as a prognostic sign in tuberculosis.

That reddish stains on the diapers in children may not always be due to a deposit of urates, but may be present in hemoglobinuria due to scurvy from artificial foods.

That urobilin in urine sometimes means ectopic gestation, being due to absorption of extravasated blood, hence urobilin may mean concealed hemorrhage somewhere in the body.

That a great number of tube casts in the urine when there is only a trace of albumin suggests a toxic disturbance of the kidneys, as in jaundice, pneumonia, and sepsis.

That an increase in the potassium salts in the urine over the sodium means that the body is consuming its own tissues.

That the phenolsulphonephthalein test for renal function is being abandoned by certain leading clinicians.

That uremia has been known to take place shortly after this test has shown good kidney function.

That sugar may be absent in the night urine of mild cases of diabetes mellitus.

That one drop of stillingia liniment in a little hot water every ten minutes is worth trying in persistent vomiting from any cause.

That radium shares the field with the x-ray in the treatment of a number of intractable diseases of the skin.

That application of a solution of permanganate to the region about the anus, when the patient goes to bed, will often relieve pruritus ani.

That for operations on the rectum (hemorrhoids, fissure, etc.), a general anesthetic is not necessary in more than one per cent. of the cases, and that a solution of one-eighth of one per cent. eucain is usually effective.

That every operation for hemorrhoids should include careful attention to the principles of plastic surgery of the region.

That there are two types of constipation, surgical and recto-abdominal.

That rectal constipation may be differentiated from abdominal by the amount of water necessary in enema to produce results, the rectal requiring only one pint, but the abdominal four times as much or even more.

That Earp, of Indianapolis, advises use of ammonium carbonate or other volatile salt of ammonia instead of ammonia itself in the murexid test.

That the amount of nitrogen in the blood serves as an excellent test for the amount of protein to be given as food in nephritis.

That there is scarcely a malposition of the lower extremity resulting from poliomyelitis, which surgery can not improve, if experience and sound judgment are consulted.

That a new operation for hemorrhoids is known as the "snare and bullet" method.

That neutral solution of thorium nitrate and sodium citrate is very advantageous for pyelography and skiagraphic studies.

That pyelotomy has certain advantages over nephrotomy, in that there is less tissue destruction, less danger of hemorrhage, etc.

That so-called neurasthenia may be mild cerebral syphilis.

That countless teeth are being removed without justification.

That echinacea is the remedy for foul pus and sloughing gangrenous types of inflammation.

That radium is now being used in arthritis deformans.

That hepar sulphur plus vaccines will cure cases that vaccines alone fail to cure.

That iodides may aggravate headache in cardiovascular renal cases.

That those with high blood pressure should not use tobacco.

That inexperienced Wassermann operators may make "57 varieties" of errors.

That when renal diseases complicate tuberculosis excess of protein in the diet must be avoided.

REMEMBER.

That the urine should be examined for albumin and casts in cases like the following even if the person appear to be in perfect health:

1. Those who have had an acute infectious disease recently.
2. Young women about to be married, if no history of urine examination since childhood.
3. Middle aged men who rise at night to urinate.

That absence of albumin and casts does not necessarily exclude presence of movable kidney, hydronephrosis, chronic interstitial nephritis. In chronic interstitial nephritis albumin and casts will be found by careful and repeated testing, even if absent at times. In chronic interstitial nephritis albumin without casts occur, and in arterio-sclerosis casts without albumin.

That in chronic interstitial nephritis a low specific gravity of the urine voided on rising is common and absence of casts in such urine is common.

That albumin in large amount may appear in the urine just before or during convulsions of pregnancy and disappear a few hours afterwards.

That albumin in enormous quantity may be found in cases of syphilis of the kidney.

That freshly voided urine is a desideratum for careful work, but when it cannot be obtained gum camphor should be used for a preservative.

That in non-nephritic cases of renal hematuria, blood during the night and repose suggests tuberculosis, after exercise calculus, and at intervals, especially long ones, malignant disease.

That in cases of acute infection the appearance of casts, in number relatively large in proportion to albumin and without renal symptoms, suggests acute parenchymatous renal degeneration, not nephritis. The casts are mostly granular, and the cases mostly septic, jaundiced, or suffering from pneumonia.

That in cases of choluria the presence of casts in number need not therefore be construed as indicating nephritis and, if the patient recover from the primary disease, the casts will disappear.

That one of the most treacherous forms of nephritis is indicated **only** by the urine findings; albumin, red blood corpuscles, reddish granular casts, casts with blood corpuscles or hematoidin. (Chronic hemorrhagic nephritis sometimes without edema, terminating eventually in secondary chronic interstitial nephritis.)

That as a rule with but few exceptions in cases of nephritis the severity of the condition can be inferred by the number of casts on the slide.

That in pyelonephritis bacterial casts are significant. They must be distinguished from casts which have been invaded by bacteria.

That a small amount of urea does not necessarily signify uremia. A patient who is gaining weight may normally show a decrease in urea.

That edema is not necessarily a sign that albumin and casts are present in the urine.

That the diagnosis of pneumonia may sometimes be hastened by observing a high per cent. of urea in the urine coupled with a low per cent. of NaCl. In addition the presence of many coarsely granular tube casts with only a trace of albumin is significant.

That the occurrence of urobilin in the urine of alcoholics is an ominous sign and serves as an excellent talking point for total abstinence as soon as it can be brought about without danger of delirium tremens.

That a low ratio of urea to uric acid in the case of women must not be construed as indicating lithemia, unless the absence of tumors of the organs of generation can be determined. A low ratio of urea to uric acid may be noticed in ovarian cysts.

That presence of acetone bodies in the urine renders a one-sided diet dangerous for the patient even if the sugar decreases.

That sugar may be absent in the urine of diabetics at night, when the diet is well observed. Even with a decrease of sugar, if the patient is wasting the diet is not correct for the case.

That in earliest stage of diabetes mellitus, when its presence

may not yet be suspected, the urine voided a few hours after the noon-day meal may contain sugar, if at no other time.

That phosphaturia is not a sign that the patient is losing phosphorus.

That in cases in which we find a trace of albumin not due to pus, blood, etc., but no casts the presence of even a few roundish highly granular or fatty masses is sufficient to justify the diagnosis of nephritis and to indicate that casts will be found by careful search sooner or later.

Rare Urinary Findings.—The following may perhaps be of help to some of our readers who have been puzzled by unusual reactions in the urine:

Suppose, for example, the urine when heated clouds below the boiling point, but becomes clear after boiling; suspect the presence of the **Bence-Jones body,** a form of albumose occurring in the urine in some cases of bone diseases.

Suppose the urine gives a reaction with the copper tests which suggests the presence of sugar but does not ferment with yeast; with the ferric chloride test suppose it yields a dark green color which disappears and leaves a slaty gray precipitate of phosphate; suspect the presence of **alkapton** (homogentisic acid).

Examine the urine farther and notice the following:

1. It darkens gradually on exposure to the air from above downwards. The upper portion of a given sample may appear black as molasses while the rest of the liquid is only slightly affected. Finally the entire body of fluid turns a dark brown or black. Addition of ammonia or other alkali hastens the change. Addition of hydrochloric acid removes the dark color.

2. If carefully floated in a test tube on the alkaline hypobromite solution used for the estimation of urea, it causes a brownish or brown-streaked foam to rise and a dense brown color band is seen below the foam.

3. Added drop by drop to boiling Haines' or Fehling's solutions, darkening immediately occurs and ultimately a yellowish red precipitate, simulating the presence of glucose.

4. With the bismuth and fermentation tests results are negative.

5. It gives a dark brown ring in Ehrlich's diazo test.

6. It interferes to a certain extent with the determination of uric acid with permanganate and renders the end reaction doubtful in the Volhard-Luetke determination of the chlorides.

Acute Parenchymatous Degeneration of the Kidneys in Pneumonia.—This condition must be differentiated from the acute diffuse nephritis which comes on late in pneumonia or after it. Acute degeneration shows no renal symptoms other than the presence of a small amount of albumin and numerous granular casts in the urine. A peculiar feature is that the casts are practically all alike in appearance and are coarsely granular, but the coarse granules may not be densely packed together, being more likely to have spaces between them, as if they were cocci rather than degenerated epithelium.

In a case seen recently at the crisis the patient passed 28 grammes of urea in 740 c. c. of urine, at the same time voiding only 0.75 gramme of NaCl.

Another feature of this condition is the fact that the albumin precipitated by the Esbach liquid does not settle in the Esbach tube, the latter remaining cloudy for days. A small amount settles but the liquid above is turbid apparently from mucoid or similar protein.

If the patient recover from pneumonia, the urine gradually clears up, but as a rule the cases are fatal when considerable albumin and numerous coarse casts are persistent.

The Urochromogen of the Diazo Reaction.—For clinical purposes, the determination of the urochromogen should be undertaken, it seems to us, more often than it is in ascertaining the intensity of an infection with reference to the prognosis. The oxyproteic acids show increased decomposition of cell proteins under the influence of toxic metabolism, as in phosphorus poisoning, febrile infections, serious hepatic disorders, cancer cachexia, and late tuberculosis.

We suggest that in the study of the prognosis of tuberculosis the diazo reaction be used as a routine measure and that when it is found the amount of urochromogen involved in the production of the reaction be clinically determined day by day.

This can be readily done by saturating the 24 hours' urine with ammonium sulphate, filtering, and comparing the color of the

filtrate with a yellow solution of known color value, the pale filtrate being cautiously oxidized with dilute permanganate solution until it no longer gives the diazo reaction.

The same test might also be applied in typhoid as having bearing on the prognosis. Some enterprising interne should, it seems to us, make use of this urochromogen determination as a means of ascertaining the progress of an infection he is treating in a hospital where research work is not an impossibility.

The Urine in Purpura Hemorrhagica.—We have had opportunity recently to examine the urine of a case of purpura hemorrhagica, our first experience with the urinology of this interesting condition. The patient passed 1025 c. c. in 24 hours, of specific gravity 1016, total acidity 33 degrees, equivalent to 1.23 gramme of HCl, total urea 19 grammes, total ammonia 0.6 gramme, total phos. acid 1.5 gramme, uric acid 0.38 gramme, chlorine as NaCl 8.5 grammes.

There was a moderate indican reaction and much hemoglobin present.

The albumin was 0.1 per cent. by Esbach process. No reaction for sugar or acetone was obtained.

The microscope showed great numbers of red blood corpuscles and a few small shreds of connective tissue. The blood had the appearance of that coming from the bladder.

The patient had not lived in the tropics, was of male sex, and middle age.

Discrepancy in Quantitative Sugar Tests.—In a specimen of urine (obtained from a diabetic) which we examined not long ago the polariscope showed only five per cent. of sugar, whereas the Roberts' differential density fermentation method gave seven per cent. as the figure.

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EDITORIAL NOTES AND COMMENTS.

The "Chronic Diseases."—Every old reader knows that this journal is somewhat of a crank on the subject of Hahnemann's *Chronic Diseases,* for a true translation and new edition of which book it was chiefly responsible. Well, here is an indirect confirmation of Hahnemann from Germany, *via Lancet,* from which latter journal we quote:

"The function of the skin as a mechanical protection to the organs which lie within it is so obvious that it may have led to the overlooking of other equally important protective functions. The skin as a whole may, of course, be regarded as an organ with a common and complete function of its own, to which view testimony is borne by the complete way in which it suffers in certain infectious diseases, such as scarlatina and variola; and it should be noted that it is precisely these infections in which the skin plays a large part where permanent or nearly lifelong immunity results. Professor B. Bloch, head of the dermatological clinic in Zurich, discusses some of these immunity problems in relation to the skin in a novel and suggestive way in the *Correspondenz-Blatt für Schweizer Aerzte* for August 4th. He notes how seldom general paralysis or tabes is associated with a cutaneous gumma in the same patient, and how rare it is to see these late parasyphilides at all in countries where in consequence of defective treatment severe tertiary lesions are common in the skin. He quotes the statistics of Mattauschek and Pilcz to confirm the

relative infrequency of tabes in patients with early abundant cutaneous involvement."

So there is something in "suppression" after all!

Present Day Medicine.—Dean Lyon, of the Minnesota Medical School, contributes the leading paper to the *Jour. A. M A.* of Oct. 20. He says that modern medicine has become too complex and technical for any one man to master it all, consequently we must have specialists. This being so "the safeguarding of the public demands some method of certification for specialists." Also, "the leaders of medicine as exemplified by the class of specialists should be more than practitioners. They should be scientists." There is much more of it but this will suffice to show "the trend" of things. Sometimes one cannot but speculate as to whether all this complexity, and much more of it looming up in the near future, the dean declares, is worth while. The spirit of the address and of the leaders, is expressed in the following assertion of the speaker: "Nothing is fully known until it can be expressed mathematically." If the leaders of medicine have this in view they will lead medicine into a bog the like of which it was never in before large as has been its experience.

Sometimes it seems to us that the medical leaders responsible for the ever-increasing complexity ought to apprentice themselves for a year or so to a busy country doctor under whose professorship they would not learn medical mathematics but might pick up some medical wisdom. The idea that medicine must be mathematical would be a huge joke were it not that those in power take it seriously.

Specialists.—A man, a doctor, whose name is known all over the country, himself a specialist, dropped in for a few minutes on the RECORDER man the other day. The occasion was that some one in a foreign country had written us for "the leading U. S. specialist" in a certain department, and we, not knownig who was the leading one, had replied by giving the names of several in our largest cities including our caller. He said several things, but the substance was that the public and the profession had gone daffy on specialism. That really the best specialist was a good

country doctor, the man who alone has to handle all sorts of cases as they come, and so on. It was some talk, especially from a specialist, also honest.

The Therapeutics of Color.—The *Lancet* devotes a column to "A Color Ward," fitted up according to the ideas of Mr. H. Kemp Prosser—the English you know use "Mr." in place of "Dr." Mr., or Dr., Prosser had an idea that color has much influence on patients, so he was allowed to fit up a ward in a London hospital. The ceiling was a bluish color, "firmament blue," as was also the frieze; the walls a greenish yellow, as near an approach to spring foliage as possible; a narrow band of darker green separated the frieze from the walls; the floors were greenish yellow, but greener than the walls; the inner curtains were a mauve and the outer curtains a pale yellow, while the furniture was a pale yellow. No browns or reds were allowed. The effect was very good on patients. The *Lancet* remarks of Mr. Prosser's ideas, "though we do not endorse them fully, we feel that there is something to be said in their favor." The effect of color on invalids is no new topic, but it is generally laughed down by the men who can see through a microscope only. Once we were in an absolutely bare room with a single light, the floor, walls and ceiling of which were a dead black. Such a room would convince anyone of the power of color over the human mind, and, microscopes to the contrary, is not the mind the man? Modern medical science has sadly boggled by not taking into account the man or, what is the same, his mentality or mind—himself. The detritus is neither the man nor his disease.

Clinical Evidence as She Is Taught.—This was issued by "The Council"—A. M. A., of course—so let no dog bark. "The value of clinical evidence when unsupported by animal experimentation is much diminished by the tendency of enthusiastic observers to attribute to the drug given the effect really due to general remedial measures, psychic suggestion and so forth." In other words, if the cross and angry baby becomes amiable after a dose of *Chamomilla* it is unscientific to believe that *Chamomilla* did it because *Chamomilla* never soothed and quieted an angry young animal.

PERSONAL.

Some automobiles have been described as a skeleton having a chill on a tin roof. *Saturday Evening Post* responsible.

According to a newspaper a lady fell from a trolley "on her own responsibility." Whether she hurt it is not stated.

Nay, Mary, wearing pumps is no good for water on the knee or brain.

A man isn't so darned patriotic who subscribes for the Liberty bonds, for he is getting gilt edged 4 per cent. securities.

After the game is all gone the hunters can hunt trouble, which is always plentiful.

As a sad fact, the most of us try to dodge the truth because it is a bit too mighty.

"I was on the wrong side," as the stock speculator remarked when the bull lifted him over the fence.

Every man believes he is right though, as a rule, he isn't.

"Many as they are there are very few skillful liars," remarked Binks.

"Things look different in the sick room," remarked a laboratory doctor.

"Fifty dollars worth of serum was used to save the patient but of no avail." From an obituary.

A writer recently tapped the tack on the head when he mentioned "freshly modern."

When a man is afraid of "premature burial" it is unkind to reply "no danger of that!"

When an editor tells his readers how to get rich his brethren suspect he is a fakir.

Truth stranger than fiction? Well, it is scarcer than fiction at any rate.

"I seek the truth!" exclaimed the bombastic man. "You'll be flabbergasted when you find it," answered Binks.

The origin of "I have nothing to say" is the Sphinx.

"Stick to it!" as the instructor said to the man learning to ride a bucking horse.

Finally we may have to have a permit to eat a pork chop, or get a drink of water.

The things you do not understand are generally those with big names.

The man with a "wad" is always a conservative.

We praise a full dinner pail, a full man, but object to a man who is full.

"The laws of health lead but to the grave," remarked one of our poets.

Blessed be the man who sprinkles ashes on his icy walk.

There is a certain remote irony when a medical journal is "stopped" because of the death of a subscriber.

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EDWARD POLLOCK ANSHUTZ

Born March 23, 1846. Died January 31, 1918. Æt. 71.

The desk is there and the office chair. The desk is still littered with the papers of the literary man. Over the chair back lies the well worn office coat. The pigeon holes of the desk are full of treasures of the pen, waiting to be passed upon and maybe to be printed and given to the world of doctors.

Over the desk there is a row of the bound volumes of the RECORDER, a Century Dictionary and several books of reference. There is a big waste basket beside it and a manuscript lies half completed on its writing pad. It is as though the busy editor had stepped for a moment into the next room and would be back shortly and with the usual kindly greeting, How are you, Doctor? It is all so real. And yet I well know that that editor will never return. Somebody else will sit at his desk, use its contents, sit in his office chair. One man's task is ended and another man takes his place and in a few days the editor who has gone into the other room is forgotten or spoken of casually. The work of the world must go on, the sun rises, and the rain falls, and the never ending changes of humanity continue, even as always. But to some one the sun will not look quite so bright, the rain will make the day more dreary than common, in one home there will be also a vacant chair, a friendly smile will be missing, and there will be a heartache.

Ah, well, after all, it is only the law of our earthly lives, this meeting, loving, and then parting.

But the editor believed that the unfinished task that he left upon his desk when he stepped into the other room would be finished some day that:

"The jobs that we leave unfinished here
We will finish up in another sphere."

Edward Pollock Anshutz was born in Clarington, Ohio, March 23, 1846. He was the son of Jacob and Abigail Jane (Pollock) Anshutz. His early education was acquired in the district schools of Virginia and, later, at Heron's Seminary, Cincinnati. He was engaged with his father in the flour milling business at Cincinnati until 1872, when he removed to Philadelphia. In 1880 he became editor of the *New Church Life,* a Swedenborgian publication, continuing this until 1885, when he became associated with the firm of Boericke & Tafel as their literary editor and manager. This office he held until his death. He was the editor of the HOMŒOPATHIC RECORDER and, 28 years ago, in 1889, he established a popular paper on Homœopathy called the *Homœopathic Envoy.* This he published at a nominal subscription price, and the list of its subscribers became very large. He was known to many of the physicians of our school and was greatly esteemed by them. Hering Medical College, of Chicago, in 1909, conferred upon him the honorary degree of M. D. He was honorary member of the International Hahnemannian Association, Associate Member of the American Institute of Homœopathy, Corresponding Member of the Homœopathic Society of France. He was a yearly visitor to the Annual Meetings of the American Institute and took great delight in these trips, usually publishing a quaint article in the RECORDER concerning the meeting, and the doings of its members.

In 1900 he published a book, "New, Old and Forgotten Remedies," which has held its place with the profession and is of value on the desk of many a busy doctor. In 1903 he published "Dogs and How to Care for Them." In 1907, "The Poultry Doctor." In 1909, "A Guide to the Twelve Tissue Remedies;" "Elements of Homœopathic Theory, Materia Medica, Practice, and Pharmacy," in 1907. In 1910, "Sexual Ills and Diseases." In 1916, "Therapeutic By-ways," and in 1917, a new edition, much enlarged, of "New, Old and Forgotten Remedies."

At the time of his death he was compiling a book of clinical data to be found in the Journals and which would have been a companion volume to the "New, Old and Forgotten Remedies."

He was the author of numerous stories and essays. In 1915, The Bulletin of the Sons of the Academy, a paper connected with his Church, reprinted in a neat pamphlet of fifty-six pages a series of "Fables," contributed by Dr. Anshutz to *The New Church Life* at various times between the years 1882 and 1888. These fables, with their gentle sarcasm about the world and its self-satisfied ways and manners, are literary classics. In the preface the author quotes from Addison on fables: "This oblique manner of giving advice is so inoffensive, that if we look into ancient histories, we find the wise men of old very often chose to give counsel to their kings in fables."

He was a member of the Masonic fraternity. He was unmarried. He was the brother of the celebrated T. P. Anshutz, so long connected with the Academy of Fine Arts. A sister and a nephew survive him. His death came as a shock to his friends. On the Tuesday previous he was seemingly in his usual health. On Wednesday he remained at home complaining of not feeling well. On Thursday, January 31, he rose and dressed and, walking to his chair, sat down. And then—he passed into the other room. The funeral occurred on Saturday, February 2d, at one o'clock, from his late residence, at 4228 Chestnut street. Dr. Anshutz was in belief a Swedenborgian. To him death was not the grim and horrible spectre it is to some. The mind, the thought, the purpose, passed with the soul that, freed from its earthly tabernacle, went out fearlessly into that other and better world. To die was but to cast off the old, worn office coat of the earthly body, and to pass, gladly, and with hope, into that other room at the bidding of the Father.

And so for a time, dear friend, good-bye, we shall soon meet again. Your sphere of duty and usefulness is but begun and I only pray that I may prove to be as worthy of the grandeur of that life beyond when I pass "Beneath the low green tent, whose curtain never outward swings."

A man whose writings Anshutz loved said: "All are received in heaven who have loved truth and good for their own sake. They, therefore, who have loved them much are those who are called the wise."

T. L. Bradford.

With the passing Beyond of Dr. E. P. Anshutz, there is left not only the vacant Editorial chair, but the vacant chair of a friend; for he made us forget his greatness with his great simplicity. Never more will the scratch, scratch, scratch of his pen sound in the office as it did on his busy days when he was compounding a real message for his readers. Never again will he turn from an article, which he has been thinking over so deeply that often we would smile to one another and say we could almost hear the machinery of that wonderful brain as it worked, and throw down his pen and ask us to criticise something he had written. "Trying it on the dogs" was our pet term for this diversion. Then we would "boost or knock" just according to how we felt, and the same genial smile met us either way. Those "Personals!" how we knocked them! but oftentimes the very knock was turned into another "personal." Then there were days when the spirit of work did not pervade the atmosphere, and arguments reigned supreme. No subject escaped, and the Editor could take any side, but always kindly and impersonal. Often he walked out with a gay "good-night" in the midst of a heated discussion, and only the twinkle in his eye made us suspect that he was delighted at having gotten a rise out of us.

Then came a day when his "good-night" was as gay as ever, but the "good-morning" will never sound here. His chair is vacant, his desk, as yet, untouched. It seems like sacrilege to touch it yet, but silent as is the desk and chair, there seems to be his presence there, and we turn to it again and again as though seeking that wonderful smile and genial personality. Lives come and go and are forgotten and, to some extent, this may prove true of our dear old E. P. A., but no one can make us believe the strong fight he made for the Truth will ever die. His place will be filled in the office some day, but in the heart of each of his office companions he will ever stay, and each of us feels a little bigger, a little better for the glad privilege of having sat at his feet so long.

THE OFFICE FORCE.

ANTI-TYPHOID INOCULATION AND ITS AFTER EFFECTS.

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

To my mind, the question of the universal and compulsory vaccination of millions of our selected and most healthy young men of the army against typhoid fever and other diseases, is from the standpoint of the conservation of health, the gravest that has been presented to the medical profession in a century, and is fraught with possibilities of the greatest danger to their health and the health of their children and the offspring of their children.

That there is always *possible* danger of conveying germs of one or more constitutional diseases by the injection of any animal serum into the blood stream of healthy human beings is not denied; and I venture the assertion that there is always *probable* danger. This is true no matter how carefully the virus (poison) has been prepared. Hence the gravity of the question, and the greatness of the responsibility upon the heads of those responsible for the practice.

Even if it were unquestionable that the process accomplished its ostensible purpose and protected the subject from these diseases (of which claim there is no doubtless evidence), it would still be dangerous, as will be shown later. There might be some excuse for assuming these risks if the cause of typhoid fever, for instance, was unknown or even doubtful; but this is not the fact. The cause of typhoid fever is well and definitely known and unquestioned. This cause is contamination, especially of food and drink, from unhygienic conditions, which can always be overcome and obviated by—in one word—*cleanliness* in its broadest meaning. Why, then, take this awful risk?

The practically absolute freedom from typhoid fever of the Japanese soldiers during the war with Russia should be an object lesson as to the efficacy of thorough and all-comprehending practical hygiene. Anti-typhoid vaccination was not practiced on the Japanese soldiers, yet typhoid fever was a negligible feature in their army sick list.

Is it necessary, then, in order to protect our choice and healthiest young men from typhoid fever, that there be injected into their blood a virus—a poison—(they are synonymous terms) taken from a diseased animal?

There is absolutely no unquestionable evidence in favor of the affirmative of this proposition. The evidence of statements that where anti-typhoid vaccination had been practiced the disease was less prevalent, or altogether absent, is altogether negative, and might, with more logic, be used in favor of the more probable proposition that up-to-date hygienic precautions were the causes of the claimed immunity.

It is more reasonable to claim that dissipation and avoidance of filth will more tend to protect against disease than the introduction thereof into the blood, more especially when the particular disease to be protected against is so well understood as to cause, and, being so well known and unanimously acknowledged, is so easy of removal or avoidance.

If it be claimed as evidence in favor of the proposition the fact that a great majority of the medical profession favor the practice and believe in its efficacy, it is only necessary in reply to remind ourselves that early in the last century the same profession believed unanimously in the practice of inoculation of babes with small-pox virus in order to protect them against small-pox. The medical profession was unanimous in saying that the practice was right and proper; and that those who disagreed with them were a menace to the community and beneath contempt. That practice was later abandoned and prohibited by law because it became evident that, instead of being a protection against small-pox, it caused its spread.

Again, I can remember when the same majority of the same profession, with the same unanimity, and with the same abuse of and contempt for the minority that disagreed with them, advocated and practiced vaccination from the scab from the arm of another vaccinated child, using an unselected portion of the *whole scab!*

The majority advocated it, the majority practiced it, and hence, according to the "majority" argument, it was the proper thing to do, and "was one of the greatest measures ever known for

conserving the heatlh of the people!" But, again, the majority became the minority, and that vile practice was condemned and abandoned. He would be foolhardy who advocated such practice to-day.

I wonder what the verdict a quarter of a century hence will be regarding some of the measures and procedures now advocated and practiced by this same "majority."

Even at the present time the majority favoring universal anti-typhoid vaccination has begun to lose some of its members. Great Britain has ceased making anti-typhoid vaccination compulsory in its army. Why? Because of evidence of doubtful efficacy for good, and of positive injury to the soldiers. England tried it and found it wanting. And I fear, or hope, that the United States will later find it so also.

After Koch's publications regarding tuberculin, the same "majority" announced and unanimously agreed that the injection of this disease product was a sure cure or prevention of tuberculosis, and that any one was either a fool or knave who denied it. Here again the all-wise "majority" has reversed itself, and is acknowledging that it was wrong, and that, given in their crude way, evil rather than beneficent results followed the practice.

Within the past month I have heard from the lips of three physicians of acknowledged high standing and extensive experience evidence which would convict certain specialists in any court of equity as being guilty of malpractice.

One testified that a young woman, clinically apparently healthy, was prevailed upon, against her own desire and her perfectly competent physician's protests, to consult a tuberculin specialist, who told her she had tuberculosis, and that she must come at once to his place for treatment in the orthodox way. Result—death within a year from tuberculosis. This notwithstanding she had never shown a sign nor felt a symptom of that disease.

Another physician told of the case of a prominent citizen and editor who went to one of the most popular tuberculosis sanitariums (also one of the most expensive) in Southern California. Under the tuberculin treatment he failed rapidly, until he left in disgust, convinced from experience and observation that the treat-

ment was injuring rather than helping him and others. Immediately after discontinuing the treatment, and all drugs, and commencing to live a hygienic life, with all the sunshine and fresh air he could absorb, he began to improve and gain flesh and strength, so that he now considers himself practically well. In consequence of his personal experience he became a "Christian Scientist!" And does not this answer the question so often asked as to why so many intelligent and cultivated people adopt that faith? It accounts also for the ever-multiplying numbers of drugless healers and their patrons.

A third physician, who conducts one of the finest tubercular sanitariums to be found anywhere, and who has had a wide, practical experience with this disease, and who at one time did as this wonderful "majority" did, said that the practice had been altogether abandoned by all experienced and conscientious physicians because of the unmistakable evil results caused thereby. He said that intelligent experience left absolutely no doubt, whatever, of the disastrous results of the practice.

Yet there are many apparently respectable, but really unconscionable, so-called "specialists" who are continually in this manner hastening to their graves numbers of innocent confiding victims of legalized but consciousless quacks whose only object is money.

I, myself, personally know of a number of such instances. And there is absolutely no redress, nor any way of putting a stop to the outrageous practice.

It would seem that the foregoing had effectually disposed of the "majority" argument.

It might seem that what has thus far been said was out of line with the text; but it is not. It is surely germane to the question of "anti-typhoid vaccination and tuberculosis," for both subjects are component parts of the whole question of vaccine therapy.

It is acknowledged by all who are familiar with the facts that anti-typhoid vaccination invariably produces symptoms of general sickness of greater or less severity. Many of the subjects being severely ill and confined to bed for weeks.

I quote evidence from those who know.

Dr. Gay, who has made an exhaustive study of the subject, writes in his work:

"One of the greatest difficulties that has been present in determining the protective value of typhoid immunization as a whole has been the impossibility of determining the protection of a given group of persons by other means than the careful study of morbidity statistics among vaccinated people over a long period of years (Firth 66). Still less have we any means of determining whether or not a given person who has been vaccinated is actually protected against typhoid fever.

"The many vaccines that are still being advocated indicate that the best vaccine has not yet been found and that the best method of proving which is the best vaccine has not been determined."

Dr. Anderson said in the chairman's address before the Section on Pharmacology and Therapeutics (American Medical Association):

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

The Medical Times, London, in its issue of Jan. 16, 1915, before England abolished compulsory inoculation, said:

"Personally, we are inclined to the view that anti-typhoid inoculation is still in the experimental stage, and, whilst we raise no objection to the experiments being continued in the case of those anxious or willing to be experimented upon, we are strongly of opinion that there is a better way of dealing with typhoid, and all other filth epidemic diseases, and for that reason we deprecate the compulsory inoculation of gallant men who are perfectly willing to face the all too evident dangers of the field of battle, but are unwilling to submit to the hidden dangers of anti-typhoid inocuation."

Lieutenant-Colonel Charles E. Woodruff, retired, from the United States Army Medical Corps, one of the greatest sanitary authorities in the world, says:

"The whole theory of vaccination and serums is wrong. It insures us against catching one disease only to make us doubly liable to catch others, particularly tuberculosis.

"Most human beings have a natural resistance to tuberculosis and with ordinary good fortune and attention to our food and surroundings we can fight off the white plague till old age or some other cause brings us to the grave.

"Vaccination gives us immunity, for a while at least, against some one specific disease, such as typhoid or small-pox. This would be very well indeed if we did not have to pay for it by losing part at least of our natural immunity to tuberculosis."

In quoting other authorities Dr. Woodruff said in a recent paper:

"Le Tulle tells me that all serums and vaccines will cause incipient cases of tuberculosis to get worse. Drs. O. H. Spooner, and Louis, and Combe, assistants to Vincent at the Val de Grace in Paris, have noticed that anti-typhoid vaccines bring out any latent or chronic disease, particularly tuberculosis. The latter states that vaccine acts like tuberculin and that they have thus been able to detect active tuberculosis in cases where the condition was not suspected before the inoculation.

"Chantmerse, of Paris, informs me that he has seen two cases of rapid tuberculosis develop a few days after anti-typhoid vaccination, and he warns particularly against using it where tuberculosis is suspected."

Doctor Woodruff further says, when calling attention to the danger of tuberculosis following anti-typhoid vaccination, in *American Medicine,* of which he was associate editor, January, 1914:

"It has been known for a long time that tuberculosis sometimes follows typhoid fever.

"One of the most remarkable instances of the reduction of tuberculosis by reducing typhoid is in the British Army. All other armies show similar phenomenon but not nearly to such an extent because none of them have been bothered so long with

such a typhoid mortality as has tormented the 70,000 troops in India until modern sanitation was applied.

"Almost all of the typhoid is contracted in India, and by newly arrived troops, those of longer residence furnishing the smaller percentage. Hence when no troops were sent to India during the Boer War, typhoid immediately dropped, thus causing the remarkable drop in the whole army from 17.5 in 1898, to 6.0 in 1900. The 4,000 anti-typhoid vaccinations done by Sir Almroth E. Wright, late in 1898, and early in 1899, could have caused only 2.35 of a drop. As soon as the 'reliefs' began to arrive in 1902-3, typhoid at once rose to the normal for that period of sanitation. Then began that wonderful sanitary campaign which has almost glorified the British Army Medical Department—particularly the hard working part of it in India. Typhoid began a remarkable drop which has not yet ceased.

"The reduction of typhoid by sanitation alone has probably been much greater than the figures show, because the deaths were reduced 2/3 between 1897 and 1907, while the admissions were reduced a half.

"After 1903 tuberculosis declined at nearly the same rate as the typhoid until a minimum was reached in 1907-8. Then came an unexplained 70 per cent. increase of 1.9, following the large number of inoculations, and a later slight decline in 1910 and 1911 corresponding with such reduction of typhoid as would have been occasioned by continued improvement in sanitation. The same dependence of tuberculosis upon typhoid fever is seen in the U. S. Army after 1890."

American Medicine, April, 1914, of which the late distinguished Dr. Charles E. Woodruff was then editor, said:

"Any latent or chronic disease may be made worse by the vaccine, even carcinoma and diabetes. Women seem to take the vaccine badly since many female nurses have bitterly complained of symptoms suggestive of glandular tuberculosis and lasting several months after the vaccination.

"The action of the vaccine in latent tuberculosis is much the same as that of tuberculin, and many unsuspected cases have been thus diagnosed or traced to the vaccine."

In the *Medical Record,* May 16, 1914, Dr. W. Gilman Thomp-

son describes three cases of typhoid fever after inoculation, and says of one that:

"She was very ill on admission with typical symptoms of typhoid fever, and a temperature which reached 105 degrees F. daily for eight days, when she died with hyperpyrexia (106 degrees F.), nephritis, and pulmonary œdema."

The Berlin Letter, page 544, *The Journal of the American Medical Association,* August 7, 1915, refers to anti-typhoid vaccination as follows:

"It is interesting that in those suspected of tuberculosis or with bronchitis, the reaction was more pronounced and expectoration increased."

In the "Abstract of Discussion" of an address by Wilbur A. Sawyer, M. D., Director of the Hygienic Laboratory, delivered before the annual session of the A. M. A., 1915, published in the *Journal of the A M. A.,* October 23, 1915, page 1417, which followed Dr. Sawyer's address, Dr. George H. Ebright said, referring to his experience with tuberculosis persons:

"I am very loth to give anti-typhoid vaccine to a person with the least degree of active tuberculosis. I have seen three cases in which the reaction was unusually severe in comparison with non-tuberculous people."

In *American Medicine,* June, 1914, it is editorially said that:

"Tuberculosis following anti-typhoid vaccination has been reported sufficiently often to be accepted as a fact.

In the *Progress Medical,* Paris, in an article on "Pulmonary Tuberculosis and the War" (see The Journal of the American Medical Association, Sept. 1, 1917), it is said that:

"In two cases there was hemoptysis spitting of blood after anti-typhoid vaccination, and a typical tuberculous pneumonia developed."

A report appearing in the *British Medical Journal,* for November 14th, 1914, page 854, says:

"A British doctor in a French town says: 'Dr. Goddard has just vaccinated several hundred men against typhoid. Of 200 men between the ages of 20 and 25, only one complained of serious symptoms. Quite otherwise with conservists between 25 and 35 years of age, of whom fully 60 per cent. were quite ill,

with temperature as high as 39.5 degrees. So marked was the reaction, local and general, that he thought it inadvisable to inoculate any of the territorial soldiers over 35 years of age.' "

I quote from the report of Major General Gorgas to the chief of staff on his inspection of Camp Wheeler, at Macon, Ga.:

"In my recent inspection of Camp Wheeler I found conditions as bad as had been indicated by reports. There had been such an epidemic of measles, some 3,000 cases, and, as always occurs with measles, a certain number of cases of pneumonia.

"At the time of my visit there were some 700 cases of pneumonia in the hospital. In the last month there have been about sixty deaths from pneumonia.

"A large proportion of the cases of pneumonia were evidently contact cases, and I am anxious on this score, fearing that we may be beginning here an epidemic of septic pneumonia. We have had a few cases of meningitis, a few cases of scarlet fever and some cases of mumps.

Dr. James L. Leake, of the U. S. Health Service, says in the *Journal of the A. M. A.:*

"It would be invidious to indicate examples, but a great part of the unqualified favorable communication 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 report, the greater is this evidence."

And, further, he says:

"The experiments of such clinicians as Dr. Billings, who has had the most expert assistance and advice, with parallel sereologic studies, is more important than the mere numerical summary of the over-burdened 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 hygienic management, are more likely to be harmful than helpful."

The *A. M. A. Journal* says, in a long editorial on the subject:

"The history of commercial vaccines is not creditable to many medical and scientific journals."

In view of the foregoing, some pertinent questions might be asked. The first, and to us the most important, is: "What relation is there, with a view to cause and effect, between the universal anti-typhoid vaccination of our healthy young soldiers, and the prevalence among them of measles and pneumonia?"

The symptoms observed in so many of the vaccinated are similar to urticaria and measles. Why should an epidemic of measles break out in a camp of the healthiest young men of our country? They were selected because of the approximate perfection of their physical condition; their natural powers of resistance against disease were as near to par as possible. The hygienic conditions were of the best. It could not be said inclemency of the weather was the cause. The camp is in the "Sunny South." Is it not suggestive that the known and generally acknowledged pathologic effects produced by anti-typhoid vaccination on the skin and respiratory organs are very similar to measles, tuberculosis and pneumonia?

The only way to convincingly allay the suspicion in my mind would be to divide a camp into halves, both halves to be made as nearly identical as possible in every way; then vaccinate one-half and leave the other unvaccinated, and watch results, not only as to typhoid, but the general health. My bet would be placed on the unvaccinated half. The results of such an experiment would be unquestionable, and might be of incalculable importance and benefit. There could be no question of the completeness of the "control" with one-half of the camp acting in that capacity. Surely some such experiment should be made. The serious importance of the matter not only warrants it, but demands it.

Just think of it! Three thousand cases of measles, 700 cases of pneumonia, in the hospital at one time! And sixty deaths! And this in only one camp!

A dispatch from Chicago, dated December 5th, says:

"Fifteen hundred Jackies at the Great Lakes Naval Training Station are in quarantine as a result of six cases of spinal meningitis which have developed there."

A Washington dispatch of December 5th, says:

"Although healthy conditions generally in the National Army and National Guard camps showed improvement during the week ending November 30, the number of deaths materially increased.

"The report of the division of field sanitation, made public today, shows that there were 164 deaths among the guardsmen, as compared with 97 the previous week, and 79 among the draft men, as against 60 of the preceding week.

"One hundred and thirty-four of the guardsmen and thirty-nine of the former and fifteen of the latter died from meningitis."

Does it not occur to you as rather strange that so many of those fine young men, living a most sanitary and regular life, should be attacked by such diseases as meningitis and pneumonia? It certainly is unusual, to say the least. One naturally asks himself: "Is there any relationship, as cause and effect, between this unfortunate happening and the anti-typhoid and anti-diphtheritic vaccination?"

As germane to this question it is pertinent further to ask: "Why is it that all constitutional, or so-called blood diseases, which are not caused nor directly affected by unhygienic influences, have steadily and alarmingly increased since vaccine therapy has been in vogue (I mean such diseases as leprosy, cancer and tuberculosis), while during the same period all contagious diseases, which are caused by unhygienic living, have been practically eliminated by sanitation?"

These are questions worth pondering over earnestly and without prejudice.

In this connection the following extract from the *Rangoon Mail* may be of interest:

"A surprising things has happened in the East. Doctors there are refusing to vaccinate people coming into Rangoon. The *Rangoon Mail* prints a memorial signed by seventeen medical graduates (of European and Indian universities) and practitioners of Rangoon against the enforced vaccination of laborers coming to that province from India.

"The memorial says in part: 'It is our opinion that all such persons are not fit subjects for vaccination on arrival in port. Vaccinations performed on unhealthy, delicate and famished persons prove sometimes dangerous to their health and life. Even when vaccination is performed with good lymph under all favorable conditions in a number of cases pyrexia, erysipelas, skin eruptions, axillary buboes with high fever leading sometimes to

suppuration showing definite signs of staphylococcus infection occur. Is it possible to observe the same antiseptic technique and to secure uniformly good lymph for large masses of people that sometimes arrive in Rangoon? *There are many ways by which even the best vaccine lymph gets contaminated which becomes the source of other diseases from which the vaccinated persons would have otherwise remained immune."*

CLINICAL CASES.

By Jos. E. Wright, M. D., Westfield, N. J.

CASE 1.—A few weeks ago I was called to see a fifteen-year-old girl. She had been sick about three days. The doctor said inflammation of the uvula. Being twenty miles away I did not get there until nine o'clock in the evening. Could not connect with the attending doctor, so I made the following mental notes: Severe, sharp, cutting pains in region of appendix; worse from motion; dry mouth with thirst for *cold water.*

A circumscribed *mass* could be distinctly felt around the appendix. I did not know what the doctor was giving. There were two glasses half *full* of something, being attenuated honey.

I gave a little *Bryonia* cc. on the patient's tongue, and appointed an hour in the morning to meet the doctor in consultation.

Here was a clear case of appendicitis demanding action. Upon my arrival the next A. M. I learned that the patient had gone to sleep in half an hour and slept the entire night. Temperature was normal (had been over 103 degrees). The *mass* around appendix had disappeared. Patient was well. The doctor told me *Bryonia* 3x was given but did no good, so changed to *Belladonna.*

CASE 2.—Not long ago my automobile stopped on the road between Madison and Chatham, N. J. Finding my tank empty, I went back in a house to get some gasoline.

I found a young man who furnished me some, and who said he would carry it to the machine but he had a painful abdomen and his doctor had ordered him to the hospital for an operation. I asked him a few questions, told him I was a doctor, and presented him with a vial of *Bryonia* 3x pellets. Told him to take four every two hours.

A week later he hailed me and said the little pills took the pain away.

I remember a typical *Belladonna* case of appendicitis in a little girl in Moorestown, N. J., some fifteen years ago. Case developed very suddenly, high temperature, severe *throbbing* pain (not the cutting pain of *Bryonia*), very red face and not inclined to lie still.

I cannot see the idea of alternating *Bryonia* and *Belladonna*. To me they have a most distinct identity and one should have no difficulty in differentiating.

PLUMBUM: PROVED ACTION.

By Dr. G. L. Barber, 1614 E. 68th St., Chicago, Ill.

Dark hair.

Skin rigid.

Muscles rigid.

Pain piercing inwards.

Stitches in internal parts.

Complaints, outside of nose, lower gum, on upper arm, thigh. Left side, "as if asleep."

Paralysis, painful.

Pulse slow, small, compressed, intermitting sometimes.

Thirst constant.

Imbecility.

Appetite for bread.

Vomiting bile.

Prostatorrhœa.

Urine not often, scanty.

Violent colic with strong retraction of abdomen, especially of navel.

Obstinate constipation. Hard nodular stool, passed with difficulty.

Catamenia too soon.

Fluent coryza.

Remission forenoon.

WORSE.—Motion, walking, sitting, bent, stooping, eructation, extended posture, before breakfast, on inspiration, bending part sideways, cold diet.

BETTER.—Rest, standing, sitting, lying, contracted posture, after breakfast, touch, pressure, brandy, with a cold in the head, cloudy weather, bodily exertion, after stool, on inspiration, warm diet, from alcoholic drinks.

GENERAL SYMPTOMS.—*Constrictive* sensation in internal organs.

PARTICULAR SYMPTOM.—In head, ears, jaws, stomach, back, anus, testicles, larynx, chest, sides.

GENERAL SYMPTOM.—*Sticking* and tearing in limbs.

PARTICULAR SYMPTOM.—In head, ears, jaws, stomach, back, liver, breasts, lumbar region.

GENERAL SYMPTOM.—*Twitching* in limbs.

PARTICULAR SYMPTOM.—Arms.

GENERAL SYMPTOM.—*Paralysis* of limbs, painful.

PARTICULAR SYMPTOM.—In lower, hips, knee, ankles, upper lid, optic nerve.

GENERAL SYMPTOM.—*Great weakness* and emaciation.

PARTICULAR SYMPTOM.—In mind, memory, arms, extremities, parts emaciated, tissues, muscles.

GENERAL SYMPTOM.—*Symptoms intermit every third day. Dropsical swellings.* The pains in the limbs are *intensified at night* and are *better* by rubbing.

NEW, OLD AND FORGOTTEN REMEDIES.

This is a book that contains a *gold mine* of valuable information. My copy of the first edition of this book is well worn, and shows good *honest study*. For out of this book I have gleaned *very* many valuable *facts* that have helped me to *cure* my patients.

A superficial knowledge of materia medica won't do at all. If you want to find the diamonds and precious jewels you have got to dig *deep for them.* The second edition of the book has come to hand. It contains valuable information about some of the *new* remedies that the student of materia medica wants to *know* about.

It is one of those *rare* books that you can take up in your spare moments and glean some *facts* that will help you in a case that puzzles you. Dr. Anshutz, as the editor and compiler of the

book, deserves great credit for giving the profession such a *valuable* work of reference.

ELI G. JONES, M. D.

Buffalo, N. Y.

OBITUARY.

Dr. Eugene B. Nash.

It is somewhat difficult to write when one's data is very meagre. From Dr. D. E. S. Coleman's obituary in the *Chironian* we learn that Dr. Nash was born at Hillsdale, N. Y., on March 8th, 1838, and was graduated from the Cleveland Homœopathic Medical College in 1874, but had studied medicine before that under Dr. T. L. Brown, of Binghamton, N. Y., evidently under the old plan, if we may so term it, of apprenticeship, when doctors had pupils and taught them in actual practice. No examining board to-day would "recognize"—in either sense—such an education, nor would it consider such a degree as that obtained from the Cleveland College, yet, for all that, the query arises in one's mind, Is the present product, stuffed full of the ologies and laboratory science, any better at the bedside? Perhaps a bit of personal experience may be the best *In Memoriam.*

A good many years ago Dr. Nash was unknown to more than local fame, in Courtland, N. Y., and by a few papers in some of the old homœopathic journals, which are more or less ephemeral. One day, in 1893 or 1894, there came a package of manuscript to the main office of Boericke & Tafel, his publishers, which was passed over to their "reader." It was in the form of a diary, beginning with Jan. 1, and running through the year. In time it was returned to the author with a letter stating that his matter was excellent but put in a very poor form, and he was advised to take Dr. Richard Hughes' *Pharmacodynamics* as a model—in literary form—or something akin to it. This incident had been forgotten until the manuscript of the first edition of *Leaders in Homœopathic Therapeutics,* which appeared in 1897, came to hand. It was so successful that in 1900 a second edition appeared, followed by a third in 1907, and a fourth in 1913, one of the most deservedly successful books of Homœopathy of modern times,

deservedly because it is from cover to cover *soundly homœopathic,* just as true to-day as it will be through the future ages because you cannot "advance" beyond a fact concerning any given thing, and in this, as in his other books, Dr. Nash gives facts.

After his first book was an assured success Dr. Nash visited Philadelphia and his publishers tendered him a dinner. Everything that a fine restaurant had was at his call, but his food and drink was of the simplest, water, a cup of tea, a bit of some meat and a few vegetables. His talk was interesting—wish we could recall it. But there comes the memory of his saying that in his early start in practice he feared that he would lose his eyesight, and came to Philadelphia to consult Dr. Ad. Lippe. That old homœopath prescribed for him and the trouble vanished. Perhaps it was this that confirmed him in the truth of Homœopathy from which he never deviated.

At this dinner he took occasion to thank the publishers for returning his first manuscript, saying that he could now see that it would never have achieved its present success under the original form.

Later on Dr. Nash sent in manuscripts for other books which appeared in the following order, and none of them were returned:

In 1901 *Regional Leaders,* a second edition in 1907.

In 1906 *Leaders in Sulphur.*

In 1907 *How to Take the Case,* second edition in 1914.

In 1908 *Leaders in Respiratory Organs.*

In 1910 *Testimony of the Clinic.*

After all is said we can well believe that Dr. Nash "did his bit," and did it well.

E. P. A.

BARYTA MURIATICA IN THE RESPIRATORY SPHERE.

By Stanley Wilde, M. D., Edinburg.

On several occasions I have been much struck with the power of barium chloride in bronchial affections of old people. Some years ago I first used the remedy in a case of chronic bronchitis and dilated heart, in a patient aged 76, who had run the gauntlet

of all the ordinary medicines. I gave it more as a heart tonic than with any idea of helping the bronchitis, when, to my surprise, it markedly relieved the cough by facilitating expectoration, the patient expressing herself as having found more benefit than from any other medicine. Since that time I have used *Baryta mur.* in cases where there is a great accumulation and rattling of mucus, with a difficulty in expectorating it, and it has rarely failed in promoting a free expulsion of phlegm. Just lately I gave the medicine to a lady, aged 79, suffering from recent hemiplegia, with a chronic tracheal catarrh and much rattling of mucus, so that she felt at times as if she would suffocate. The expectoration was scanty, white, and very stringy, and had been helped previously by *Kali bich.,* but this now failed to relieve. On giving her *Baryta mur.* 2x trit. every three hours, the mucus was brought away easily in large quantities, and in a few days the constant rattling in the windpipe had completely ceased.—*British Hom. Review.*

It may be noted here that *Baryta mur.* is said to be the best medicine to reduce "blood pressure." Also, according to Dr. Blackwood, the 3x rather aggravates the condition, while the 6x, or higher, is very beneficial.

SOLE REMEDIES FOR CHILDREN.

By G. E. Dienst, M. D., Auro, Ill.

[Read before the River View Medical Society, Aurora, Ill., Nov. 1, 1917.]

There is no arbitrary classification of remedies for children, yet our materia medica is rich in these for the various disorders incident to childhood.

Remedies reputed as valuable for diseases of children are so when selected on the totality of symptoms only, any other method is accompanied with more or less disappointment.

In selecting remedies for diseases of children, certain elements of etiology are imperative. These are first: As to whether the disease is contagious or idiopathic. If we are treating a contagion, it is of utmost importance that we learn accurately to differentiate between those sensitive or immune to contagion, for

in selecting remedies for the sick we must differentiate between those who take contagion violently and those who do not. The susceptibility to disease plays an important role in selecting curative agencies, especially when called to prescribe for those who offer but meagre resistance to disease.

Acute and self-limiting diseases are not difficult to control where vital forces react readily to the indicated remedy. The great danger lies in faulty medication, too great haste for favorable results, and consequent confusion of symptoms and unfortunate sequelæ. It is marvelous how quickly nature responds to the slightest touch of the true remedy, when sanitary conditions are favorable. It is also marvelous how nature struggles against faulty treatment and the bungling of empiricism.

The second postulate is the child's physical and mental heritage. Who and what are the parents? What physical or psychical phenomena was given to this child that it should be afflicted, more or less severely, with acute or idiopathic disease? Who contributed to this phenomena—the father—the mother or both?

To obtain uermanent results from medicaments any heritage, other than normal, must be considered as a part of the complex of symptoms. The third postulate has to do with disease expression. How does the contagion or the constitutional symptoms and conditions express themselves in this child as different from other children? Rarely do two children, even in the same family, and suffering from the same disease nomenclature, have the same symptoms or pathology in minute detail. Hence the necessity of careful individualization in every case of illness.

The fourth postulate has to do with the environments. What are the environments and to what extent do these environments contribute to the disease phenomena of the sick child? In how far does diet, clothing, care, etc., augment or retard the elements of heritage and personal idiosyncrasies?

These are problems, not always simple in their solution, but enter into the complex of each individual case of illness. In addition to these there is the oral report of mother and nurse; what your eyes see and your hands feel, all of which must enter into the selection of a curative remedy.

In passing, permit me to say that we can not be too careful,

neither too particular nor exacting when prescribing for children, for we have not only their immediate but future health to consider, and though the grave covers many mistakes, errors, deeds of carelessness and negligence, the conscious stands before us as a mighty accuser and constant reminder of our ignorance, carelessness or negligence.

REMEDIES.

The leading remedies necessary in diseases of children are: *Aconite, Æthusa, Ant tart., Aur. met., Bar. carb., Bell., Borax, Calc. carb., Cham., Hyosc., Ipec., Lyc., Marum. verum., Mercurius, Opium, Rheum, Silica, Sulphur,* and *Spongia.*

A comparative study of these remedies as they apply to acute and chronic conditions is wonderfully interesting, but I assume that you know these things and will pass on to record those known as second class remedies. They are: *Ambra grisea, Angustura, Ant. crud , Ant. iod., Ant. sulf., Bry., Canth., Caps., Cepa, Cic., Cina, Cinchona, Coff., Croc., Cup. m., Dros., Gels., Hello., Ign., Iod., Kali brom., Kali mur., Kali phos., Kreos., Lach., Mosch., Nat. carb., Nat. mur., Nux mosch., Nux vom., Podo., Psor., Sabid., Squilla, Staph., Ver. alb., and Vir.*

While this list does not include every remedy which may be indicated, a working knowledge of them will aid you through many difficulties.

The homœopathic materia medica is rich in its differentiations, a knowledge of which is but faintly acquired by most homœopathic physicians.

Now here is the question: Is there a difference in remedies as to their affinity for boys or for girls? Yes; when the symptoms agree. Nevertheless, when you prescribe a remedy homœopathically you will observe that some are more frequently indicated in one sex than in the other, for the reason that diseases differ in their totality of symptoms in the different sexes just as remedies do in their provings. For instance: What remedy is predominant in epistaxis in a boy suffering from hydrocele? Of course, you say at once *Abrotanum,* for it covers both the epistaxis and the hydrocele.

Then, there is a severe form of epistaxis covered by *Copaiba,*

doubtless because of its sycotic origin. Nocturnal enuresis is often covered by *Sepia.*

Constantly pulling at the genitals, *Staph.*

Overgrown boys with weak chests, *Iod.*

Pining, lifeless, low-spirited boys, those lacking push mentally or physically, *Aur met.*

Constant dribbling of urine, *Caust., Rhus tox.*

These are some of the remedies more frequently indicated in boys than in girls except *Sepia* and *Staph.*

In girls you will observe the frequency with which the following remedies are indicated:

Simple acne, facial, *Puls.*

Weakness of the bladder, *Rhus tox.*

Chlorotic, tubercular girls, *Aletris, Ferr., Nat. mur., Phos.,* and *Puls.*

Delicate, rapidly growing girls approaching puberty, *Calc. phos.*

Dropsical conditions following amenorrhœa, *Senicio.*

Headaches of school girls, *Calc. phos., Nat. mur.*

Leucorrhœa in young girls,, *Caulo.*

Menses delayed in young girls, *Nat. mur., Puls.*

In irregular menses with severe pain, *Lapis alb.* and *Millef.*

Moles and freckles, *Puls.* and *Thuya.*

Sensitive, touchy, easily offended gorls, *Coca.*

This is quite sufficient to show you how remedies differ in sexes. The subject is most interesting, for it is in this formative period of life, when, if the physician is wise and prudent, present difficulties may be easily controlled and future suffering prevented. So valuable is our materia medica that if it were possible to apply it universally on strictly homœopathic indications in less than four generations much of the modern disease nomenclature would be unknown in practice. For you will observe that children treated homœopathically are not only less susceptible to contagion than others, but enjoy a purer, more wholesome state of health and are therefore better fitted in soul and body to assume and bear the responsibilities of life, and evince a greater degree of *efficiency* than their companions who suffer from the vacilating practice of empiricism.

RECENT VENEREAL DISEASE LEGISLATION.

Public Health Reports give a compilation of recent State laws on things sexual. Here are a few points:

California. Requires notification of syphilis and gonorrhœa, and health board may isolate if it deems it necessary.

Connecticut. Fornication and lascivious conduct is subject to fine and imprisonment.

Illinois. Notification, placarding, quarantine, investigation and control, details covering five pages.

Iowa. Notification, fine, jail and loss of license to physician failing to notify. Also $500 fine and jail for any one giving disease to another person, with liability for damage.

Kansas. Somewhat mixed. Secret notification, but those with venereal diseases must not be served in public baths or in barber shops.

Maine. Confidential notification, and State shall provide at cost vaccine or antitoxin for treatment. Also Wassermann tests and Salvarsan. Heavy fine and imprisonment for violation.

New Jersey. Notification from physicians, nurses and druggists. Any venereal who marries or has intercourse shall be guilty of a misdemeanor.

New York. Upon complaint any one with venereal diseases, tuberculosis, or who is a "carrier," may be committed to a hospital. Advertisements of any sort for cure of venereals liable to fine and imprisonment. Declaration of health on marriage. No venereal shall be employed where food or drink are prepared or handled.

Ohio. Houses or places of prostitution a nuisance. Complainant must give bond for damages if complaint is wrong. Twelve sections of detail.

Oregon. Applicant for marriage license must present health certificate from a physician whose fee shall not exceed $2.50.

Pennsylvania. In Philadelphia physicians must notify health board of every case.

South Carolina. Health board must make free Wassermann tests.

Vermont. Every public or charitable institution must report

full details of cases. Private patients must be reported but name and address shall not be reported. Every one seeking marriage must present certificate from a physician. Anyone with a venereal disease having sexual intercourse shall be fined or imprisoned.

Wisconsin. Every one having gonorrhœa or syphilis is declared to be a menace to the public heath and liable to various penalties. Certificate required for marriage, physician's fee for same $2.00.

The foregoing is but a skeleton abstract of *Public Health Reports* compilation, which covers thirty pages of small type. No. 3, volume 33.

ITEMS OF INTEREST.

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

In December I was called to Vermillion, South Dakota, to visit a patient.

During my stay in that city I was the guest of Hon. Andrew Lee, ex-Governor of South Dakota. He has a beautiful home on a bluff overlooking the Vermillion River and the Missouri River five miles away, the Nebraska Mountains in the background. I saw the most beautiful sunsets I have ever seen. As the sun sinks down below the horizon the afterglow lights up the western sky in one blaze of red and yellow flame. Vermillion is the seat of Clay Co., and also the seat of South Dakota University with its Literary, Law, Medical, Engineering, and Music departments. Prof. Lommen, Dean of the College of Medicine, called to see me. We had a pleasant visit together. December 12th I was invited to attend the annual banquet of the Homœopathic Medical Society in Elks Club at Sioux City, Iowa. Homœopathy is well represented in that city, and they are a fine intelligent body of men. The banquet was all that could be desired. After we had satisfied the inner man, there were papers read and speeches made. Then came music by the orchestra and dancing, in which the doctors seemed to be very proficient. The ladies by their presence helped to make the occasion lively and inspiring. For we know that "dancing is the poetry of motion." I shall cherish the remembrance of my visit to Sioux City as one of the bright spots in life's journey.

During the year 1917 I visited twelve States of the Union in consultation with physicians. I saw a great *variety* of cases, and it gave me an excellent opportunity to *try out* my method of *reading* the eye, pulse and tongue as a means of *practical* diagnosis and to find the *indicated* remedy.

Bladder troubles are one of the things that tries a doctor's patience. One of the first remedies I think of in an old chronic case of bladder trouble is *Uva Ursi.* It has done *more* for me than any other remedy. The indications for the remedy are *clearly* defined.

There is a sense of *weight* and *dragging* in the *perineum* (not dependent on enlargement of prostate).

A constant *urging* to urinate, with severe pain in bladder, urine contains blood and *tough* mucus that can be *rolled out* of the vessel in *large masses.* Patients can pass water *better lying on the back.* I generally prescribe 10 drops of the tincture once in two hours.

When there is constant urging and *straining* to urinate, pain *down the thighs,* urine *scalds* terribly, urine has a strong *ammoniacal* odor, he has to kneel on hands and knees to urinate, *Tr. Pareira Brava* is *the* remedy, 5 drops once in two hours.

When there is a dragging and pressure in the bladder that *micturition does not relieve,* pain at neck of bladder is *throbbing,* patient walks about in great distress, at the same time there is *tenesmus* of the rectum, you will find that most of these patients have enlargement of prostate gland. For the above symptoms *Tr. Digitalis* is *the* remedy called for, 1st x, five drops once in three hours.

You will have patients tell you that they have to *press down* with their hands upon the *abdomen* in order to *empty* the bladder. *Magnesium mur.* 3d x is the remedy, three tablets once in three hours.

Irritation of the neck of the bladder and urethra in old women indicates *Tr. Copaiba* 3d x, 10 drops once in 4 hours.

Constant *urging* to urinate when *standing* or *walking* calls for *Magnesia phos.* 3d x, three tablets once in two hours.

In suppression or retention of urine I like an onion poultice applied over the bladder for the *relaxing* effect, and *Tr. Apis*

mel., 10 drops in four ounces (half a cup of water), teaspoonful every hour.

In these old bladder cases where the patient is passing *blood, ropy mucus* in the urine, *Tr. Chimaphila* is the remedy, 10 drops once in two hours.

The month of February is a red letter month in American history, for it contains the birthday of Washington. The study of his face is an interesting study for the student of human nature. We are impressed with the fact that he had a *well balanced mind.* A man who never went to *extremes* in anything, a born leader, a soldier and a statesman. Artemus Ward said of him, "G. Washington never slopped over." When our American minister was visiting Napoleon in Paris, the latter asked the question, "How is Washington?" The reply was, "He is well." "Yes," he said, "it will be always *well* with Washington, he will be remembered when I am forgotten."

"On the river's green border
So flowery dressed,
With the hearts he loved fondly,
Let Washington rest.
Thy name is immortal,
Our freedom ye won,
Brave Sire of Columbia,
Our own Washington.

One of the first things a sailor has to learn is to know how to "box the compass." That is also one of the things my students have to learn, but with me it has a different *meaning.* For they have to begin at the *upper* part of the right lung and go around the chest, and give all the *symptoms* that may arise and give the *indicated* remedy. When a doctor can do *that* he is a pretty *good prescriber.*

In obstinate lung troubles there may be an *acute,* sharp, fixed or *darting* pain in apex and through *upper third* of *right* lung, then *Arsenicum* 6th x is *the* remedy.

When the lower part of the right lung is affected, with great *heaviness,* as of a *weight on the chest,* patient *can't* lay on *left* side, makes him *cough, Phosphorus* 3x is *the* remedy indicated.

When there are stitching (knife-like) pains in lower part of right or left lung in pneumonia, *independent* of *respiration, Kali carb.* 3d x is the remedy.

When there are sticking pains in lower part of *right* lung in *pneumonia,* cough dry or loose, *worse* at night, *worse lying on right side,* it calls for *Mercurius viv.* 3d x.

When there is *soreness* in lower part of *left* lung, so sore that when patients *cough* you will see them *sit up* in bed with the *hand* on the *sore* place, then *Natrum sulph.* 6th x is *the* remedy, three tablets once in two hours.

In the pleurodynia of consumption when there is a stitching pain in the upper part of the *left* lung, that extends through to the *shoulder blade,* with *dry* cough, then *Tr. Myrtus com.* (myrtle) 3d x is *the* remedy, 10 drops once in three hours.

In consumptive patients they may complain of a *sore* spot in upper third of *right* lung, cough seems to come from that *place.* It *hurts* them in that spot when they take a *long* breath. They are very *sensitive* to *cold* air. Then *Calcarea carb.* 3d x is the remedy, three tablets once in three hours.

When the cough is *short* and *dry* in lung trouble, *worse* when *lying down, a sore* spot in *upper* part of *left* lung where all the cough seems to *start* from, then *Sulphur* 30th x is *the* remedy, a dose night and morning.

In chronic bronchitis of old people with *burning* under the sternum, *soreness* of the *walls* of the chest, *worse* from coughing or sneezing, *Tr. senega* 3d x is *the* remedy, 10 drops once in two hours.

In bronchitis or pneumonia there may be a loose cough with badly *smelling* sputa, the *breath* and *sputa* smell *badly* to the patient *himself,* also a hectic flush on the cheek, *Sanguinaria* 1st x is *the* remedy indicated, 3 tablets once in two hours.

You will find patients that appear to be drifting into consumption, they will have *greenish* expectoration from *low* down in the chest, as if it came from mid sternum, *pain* through to the shoulder, with exhausting *night* sweats and *weakness. Iodide potash* is *the* remedy, four grains in four ounces of water, teaspoonful once in three hours. When the bottle is half empty fill it up with water and give as before.

When there are *cutting* pains (in chest), catching the breath, worse by *motion* or touch, *Tr. Bryonia* 3d x is the remedy, 5 drops once in two hours.

When there is a sharp pain through *lower* part of the *left* side of the chest, then *Oxalic acid* 3d x is the remedy given every two hours.

If I was asked what school of medicine I belonged to I would have to stop and think it over for a while. Many years ago I left my particular "pathy" out on the front stoop and *forgot* to bring it in out of the wet.

I prefer to be called a *physician,* for to be a physician is to know *how* to *heal the sick.* To my mind it is the *greatest* honor that could be conferred upon a man, to call him a "PHYSICIAN." Ye editor says in December RECORDER that "my therapeutics are not always Hahnemannian Homœopathy." Nay, verily, they are *not.* I plead guilty and throw myself on the mercy of the court. In prescribing for the sick I *never* stop to think *where* a remedy comes from or *who* has *used* it. What I want to know is *what* remedy is *indicated* in *this particular case.* That is all that interests me. I call no *man* master, I don't worship at the shrine of Osler, Hahnemann, or Scudder, and *never did.* I try to use the *brains* that God has given me and not *lean on any man.*

I am of the opinion that Dr. Benjamin Rush, the father of the regular school in Philadelphia, Pa., was *entirely right* when he said: "If a doctor wanted to become eminent in his profession he must cut loose from the schools of physic and be a physician. I want the *whole* field of medical science to browse round in. I could not be *satisfied* with *any* thing *less.*

I was made that way, I can't help it, and I wouldn't if I could. In this year of our Lord 1918 the bending sky above us looks down upon a *united* country.

Our flag is the handsomest flag that ever kissed the sunlight of the sky. It is the American soldier's flag purchased by his blood and redeemed from fire.

Up from the smoke of battle,
Up from the mouth of hell,
Grandly and proudly she's floating,
The banner *we love so well.*

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THEY SAY

That physiological factors may vitiate the significance of blood analyses, as, *e. g.*, the time of the last meal, the taking of hot baths, etc.

That it isn't so much a question of whether a Wassermann is positive or not as the question whether the spirochæte is active or not.

That in some persons with a positive Wassermann the spirochæte may be a harmless saprophyte, and the syphilis no longer harm either the persoon or others.

That whether syphilis is active or not can be determined in some cases by analysis of the blood.

That obscure cases of any sore in a limestone district should always be examined for calculous diseases.

That one X-ray operator will find a kidney stone when another can not.

That the two-stage operation for removal of the prostate is now attracting favorable attention, that is, suprapubic and drainage first.

That infection from feces in the crypts of the rectum may be overlooked in the rush to pull teeth and extract tonsils.

That the deleterious action of cathartics upon the lower bowel can be observed by the use of the sigmoidoscope.

That cascara and castor oil are shown by the sigmoidoscope to do the least damage to the bowel.

That it is the hydrochloric acid of the gastric juice which is essential as a general stimulus to digestion.

That in hyperchlorhydria we should remove the supply of hydrochloric acid by removing protein food, which excites the flow of acid, and by eliminating salt from the dietary, which supplies chlorine for formation of the acid.

That alkalies increase the flow of hydrochloric acid, and should be sparingly given in hyperchlorhydria.

That experiments upon animals show that wheat is a veritable poison to some of them, hence—

That it may be that the wheatless day isn't so bad for humans after all.

That the oatmeal bread now made is better for us than wheat bread.

That Poughkeepsie, N. Y., has bacillary dysentery in the western part of the city during the summer months, hence—

That those who live there should swat the fly and clean the privy.

That hook-worm disease is a serious menace to the health, and that it can and must be eradicated.

That the chief feature in the advance against hook-worm disease is to be found in the control of soil pollution.

That experiments conducted in Trinidad show that, when thymol is used as a specific for hook-worm disease, it seems best to mix it with equal parts of sodium bicarbonate.

That oil of chenopodium is the most effective remedy for expelling Ascaris, and that it is more effective than thymol in the treatment of infection with Oxyuris and Trichocephalus.

That chenopodium is, however, a powerful poison, often uncertain in action, and should be administered with great caution and discrimination.

That experiments show that malaria may be controlled by draining and regrading natural streams, so as to secure rapid off-flow, the filling of bottoms, the digging of ditches, the removal of accumulated vegetation, and the systematic use of oil and other larvacidal substances by sprays and automatic drips.

That Fantus' antidote for sublimate poisoning is sodium phosphate or hypophosphite combined with sodium acetate or hydrogen dioxide.

That mustard will remove the odor of iodoform.

That cold rains and melting snows cause more chilblains than dry cold.

That during the child-bearing age recurrent attacks of pelvic pain and menstrual disturbances not otherwise accountable are not infrequently due to unrecognized appendicitis.

That every pregnant woman who is a subject of appendicitis should be operated on as soon as the diagnosis is made.

That radium is the best palliative measure in inoperable cancer of the cervix.

That every enlarged tonsil is not necessarily a pernicious but a suspicious one.

That during the course of an acute disease with the threatened myocarditis where the pulse rate and blood pressure are lower than usual we should consider the indications for lycopus homœopathically.

That Geyser's treatment of asthma consists in the application of one pole of the faradic current over a hypersensitive spinal area and the other by means of a large pad over the entire lung area with interruptions of the vibrator point not less than 5,000 per second.

That rheumatism is due to a micro-organism intermediate between the bacilli and the moulds called the mycobacillus.

That 1 to 1,000 picric acid solution plus 12 grammes (per liter?) of alcohol will help erysipelas applied locally.

That pyorrhœa is the result of malnutrition plus infection plus irritation.

That with homœopathic treatment a large percentage of gall bladder cases do not reach the operative stage.

That drainage of the gall bladder carries very little risk for the patient.

That Harkness' treatment of colds is the silvol pack.

That anterior pituitary tablets have caused return of "lost manhood."

That practically all uncomplicated cases of internal hemorrhoids may be operated under local anesthetic.

That it is just as necessary to wash the anus as to wash the teeth.

That there is no reason for believing that the intermittent use of four to six inhalations of nitrous oxide-oxygen at the beginning of uterine contractions can be of any material danger to the fetus.

VALUE OF URINE ANALYSIS IN PREGNANCY.

CLIFFORD MITCHELL, M. D.

In order to understand the value of urine analysis in pregnancy, it is necessary to keep in mind three pictures, as it were: First, the picture of the urine of the normal non-pregnant woman; second, that of the urine of the normal pregnant woman, and third, that of the urine of the toxic pregnant woman.

Normal women who are not pregnant seldom pass much urine, as they eat little and drink little compared with men. Thirty ounces, 900 cc., in 24 hours, or even less than this amount is common, of specific gravity 1015 to 1020, urea (according to diet) 15 to 20 grammes per 24 hours, ammonia low, a 20 to 0.5 grammes, indican slight, urobilin not marked, albumin, sugar, and acetone bodies absent, creatinine small in amount, sediment slight composed of epithelial debris without any casts to be found. When, however, the woman becomes pregnant, it is quite common to notice, especially about the seventh month, an increase in the quantity of urine per 24 hours, a decrease in the color, and specific gravity, a decrease in urea per 24 hours, and also in the other normal solids, with one notable exception, namely, in ammonia. According to some of the book writers the normal solids which should leave the mother's blood by the urine pass over into the fetal circulation. However this may be, we certainly find in some cases a marked polyuria, as high as 3,000 cc. in 24 hours having been observed by me in the case of certain pregnant women. This polyuria needs no treatment and seems to do no harm. Moreover, the low figure of urea, sometimes sinking below ten grammes per 24 hours, need cause no uneasiness, as it will rise again after confinement. Hence the low figure of urea in itself alone is no indicator necessarily of any operative risk. On the other hand, a curious fact has been noticed regarding the urinary ammonia during pregnancy. Unlike the other normal solids ammonia begins to increase when the patient becomes pregnant, keeps on increasing, and reaches its maximum about the time of labor. If interested in this fact, one can readily make an observation of it by determining the ammonia in the urine of a woman about to be confined and then again several weeks after confinement by making another determination.

The proportion of excretion of urea to ammonia in the normal non-pregnant person is from 30 to 1 upward, as has been shown by hundreds of analyses reported in this department of the Recorder during previous issues of the year 1917. But the ratio of urea to ammonia in pregnant women is for the most part below 30 to 1, as shown by these same figures, and in primiparæ it is especially lowered. Ratios of urea to ammonia between 20 to 1 and 30 to 1 are common in pregnancy and not of toxic significance, especially in the later months. Normal multiparæ may show ratios above 30 to 1 occasionally even in pregnancy.

In the urine of the normal pregnant woman indican is not continuously marked, urobilin not increased, while albumin, sugar, acetone bodies, and casts are absent. A trace of mucoid or, as it is sometimes called nucleoalbumin is often noticed. That is the urine of a pregnant woman will be positive to the heat and acetic acid test for albumin, but negative to the salt, heat, and acetic acid. This mucoid trace is probably due to admixture with fluids from the vagina or to development in large amounts of saprophytic bacteria.

A peculiarly offensive odor is often noticed in the urine of pregnant women on standing, especially in an open chamber vessel in a warm room as in a steam heated flat. This odor is due to decomposition of mucus under the influence of bacteria, and is not present in urine which has been kept in a cold place or to which preservatives have been added as soon as voided.

There appear to be several classes or types of toxæmias of pregnancy according to urine findings, and the accidents which may happen to the mother or child may vary according to the type or kind of the toxæmia present. It appears to be not impossible that more than one toxæmia may be present in the same woman, hence the importance of refined and careful urine analysis of the urine for the purpose of treatment if required.

First and commonest of all is the type of toxæmia which we may call the eclamptic, that is, tending, if not recognized early enough and prevented, toward eclampsia, and due apparently to the inadequacy of the liver or gastro-intestinal functions, unless perchance it may be of fetal or placental origin. In any event, it shows itself by an exaggerated increase in the amount of urinary

ammonia and in a decrease of the ratio of urea to ammonia in the urine. Patients of this type of toxæmia are likely to be primiparæ, and in addition to the ammonia increase, indican may be increased, urobilin may sometimes be marked and a small quantity of glucose be discovered.

In one such case seen at the very beginning of my urine study of pregnancy, when I did not know the meaning of these urinary phenomena, albumin appeared in the urine and convulsions followed. Since that accident, when I learned my lesson, I have no record of failure on part of the attending physician to prevent convulsions when forewarned of them by the urea-ammonia ratio before albumin appears. The problem of prevention of eclampsia I regard as having been solved. It remains now merely to convince the profession that it has been solved, and this task I never expect to accomplish. However, I have already enlisted the interest and co-operation of several progressive and enlightened men of our profession with the result that a number of lives of helpless women appear to have been saved by the agency of the simple urine tests which almost anybody can perform.

An interesting feature of the urine of these eclamptic cases is that when albumin appears the urea-ammonia ratio, which before the advent of albumin in the urine has been low begins to rise. So if any of you are called to a case of eclampsia after convulsions have set in, you may not find anything noteworthy in the urea-ammonia ratio.

The question comes up as to whether all these women who show a low urea-ammonia ratio would have convulsions, if neglected. I think not necessarily. But as we have no sure means of knowing what will happen, it is well to take precautions in all cases to prevent any possible eclamptic seizures, which may be done by keeping the patient quiet, in bed if necessary, on a milk diet, or at any rate on a non-meat diet, and with treatment for the hepatic and gastro-intestinal conditions, until the indican has been lessened in amount and the urea-ammonia ratio rises above 15 to 1. It may not be possible to cause the ratio to rise much higher than this in some patients but in others it may be raised above 20 to 1.

Obstetrical operations upon women with marked indicanuria

have been observed by Dr. Gilbert Fitzpatrick to result in post-operative gas troubles.

The eclamptic type of patient, even if escaping eclampsia as a result of intelligent treatment, may suffer from uterine inertia, placenta prævia, and perhaps from other unvavorable conditions at time of confinement. A low urea-ammonia ratio, below 15 to 1, is an unwelcome sign in pregnancy, as it invariably means trouble to either mother or child unless it can be corrected. It goes without saying, however, that the ammonia in the urine must not be derived from the ammonium carbonate of ammoniacal decomposition. Urine of ammoniacal odor with deposit of triple phosphates is of no value for the determination of the urea-ammonia ratio. Much care is necessary in the collection and preservation of the urine of pregnant women, most of which will otherwise be so badly decomposed as not to deserve serious attention. More care is necessary in collecting and preserving the urine in pregnancy than that in cases where pregnancy is not present, inasmuch as the mucus in the urine at that time readily decomposes and spoils the urine for purposes of analysis. Those who can learn nothing from the study of the urine of pregnancy should learn first how to collect and to preserve urine.

A second type of toxæmia is that of kidney disease which usually takes the form of the so-called chronic parenchymatous nephritis. Infection appears to be responsible for the kidney condition, but whether the infection originated before or during pregnancy is a hard thing to determine. However, it is certain that the kidney disease may not be recognized until after the patient becomes pregnant, and there are a great many possibilities of infection during pregnancy which must be considered in studying the etiology of the nephritis. Right here it should be observed that the albuminuria of eclampsia is not due to nephritis but rather to a rapid degeneration of the kidney the result of a rush of toxines through it. In the truly nephritic cases we find no marked lowering of the urea-ammonia ratio, that is not much, as a rule, below 20 to 1 if any. There is most always a rise in the blood pressure in such cases, and œdema is common, but sometimes not extensive. The acute symptoms of eclampsia such as severe headache, blindness, burning pain in the epi-

gastrium, etc., are not found in these nephritic patients who may complain of a little dull headache, but otherwise are not in much suffering from any cause. Albumin may, however, become very abundant in the urine. Moreover, after confinement, albumin does not immediately disappear but may remain for months, and slowly go away if it disappears at all. The nephritic toxæmia is dangerous not so much from probability of uremic convulsions as for the deleterious effect upon the general condition of the patient after confinement, when the kidney disease may become chronic. In addition also there is chance of death of the fetus and in the mother sepsis, cardiac collapse from acute dilatation, etc. Here the Cæsarean operation has been used in such cases apparently with benefit.

Women who have had eclamptic toxæmia in their first or other pregnancy need not necessarily be subject to it in subsequent pregnancies. But women who once have had chronic nephritis in pregnancy are very likely to have it recur in subsequent pregnancies. In general it is conservative advice to urge such women not to become pregnant again after once they have shown the signs of chronic parenchymatous nephritis.

Other toxæmias are the diabetic, the toxæmia of acidosis, and, perhaps, still others. I have considered this subject more completely in the *Hahnemannian Monthly* for November, 1917, to which any readers are referred who may wish to study the subject further.

To come down to the matter of every day practice: Suppose you are attending a number of women who are pregnant. The best way "to keep tab" on them is to examine the urine for the urea-ammonia ratio, for indican, acetone, albumin, and sugar. Anyone of them who is free from the urine features of toxæmia, if otherwise in good condition, need cause you no uneasiness, but beware of the woman, no matter how she seems or claims to feel, whose urine properly collected and presented shows a ratio of urea to ammonia much below 20 to 1, still more beware, if below 15 to 1. Such a woman will give trouble, maybe when you least expect it.

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EDITORIAL NOTES AND COMMENTS.

The Finis of Another Journal.—The December issue of the *Journal of Ophthalmology, Otology and Laryngology* announces its demise. Hereafter it will have a department set aside for it in the *Journal of the American Institute of Homœopathy,* over which the present able editor, Dr. G. W. Mackenzie, will preside. The *O., O. and L. Journal* had rounded out its twenty-third year. A good homœopath always dislikes to hear of the stopping of one of his journals, but the Institute is powerful enough to shelter all the specialties under its wings. In any specialty the distinction lies in the homœopathic therapeutics of the homœopathic specialist which alone distinguishes him from his allopathic brother, for in manual dexterity or diagnosis it is a question of individuality. If our homœopathic specialists will pardon us we would like to say that, aside from individuality, and all things being equal, it is his therapeutics that raises him above the level of the others. It is his specialty of specialties and he should cherish it as "the apple of his eye."

The A. M. A. Hits Back.—Under the heading, "Hamstringing the Army," the *Journal of the American Medical Association* opens a full page editorial as follows: "The forces arrayed against scientific medicine are many and various. They range from the honest but deluded crank with an obsession through the various cults and 'pathies' to the downright quacks and medical fakirs." This, dear brother, is what the old time arguefiers

termed "begging the question." It is this way: You assume that yours only is scientific, and that point is the one at issue with, we believe, a considerable majority of the people against you. You complain of vilification and "verbal poison, poison gas attacks," but you know that, like the Kaiser, you were the first to introduce these scientific methods of warfare. Your opponents make very little use of such weapons, depending chiefly on facts. That there are fakirs among your opponents is true, but are your ranks free from that class?

You have practically discarded therapeutics, being honest men, and your opponents say you did well in so doing, but the homœopaths have magnificent therapeutics proved in a manner by the number of your own men who are backing them up. No one says a word against the skill of your surgeons, yet, according to the N. Y. *Tribune* very eminent men in England, to say nothing of the wounded, have testified to fine work done by the "bone-setters." The question was asked in the House of Commons if these men were employed by the medical officials, who replied that they were not because they were "unprofessionals." There are more things under the sun than are dreamt of in thy philosophy, Oh, *J. A. M. A.*

Tonsils and Carriers.—A paper in the *British Medical Journal* states that tonsillectomy will clear up "diphtheria carriers." As nearly every sort of germ can be found in the mouth and throat of the average man, according to bacteriologists, this opens a big field to operators, but it is so drastic that the herd might revolt. The further Modern Medicine advances the more does mankind need the Science of Medicine, Homœopathy, to save it from physical disaster.

Eczema. A Possible New Remedy.—Among the abstracts in the *Journal of the American Medical Association* is one of a paper by A. Bloch, appearing in the *Correspondez-blatt,* of Basel. It is a striking proving of a remedy that may, in the 3x or 6x trituration, prove of value in treating a very obstinate skin disease. Here is the abstract:

"Bloch remarks that we know to-day little more about eczema

than twenty years ago. As hexamethylenamin generates formaldehyd in the tissues when taken internally, Bloch reasoned that this drug might induce blood-borne eczema in the predisposed. A young physician subject to eczema from formaldehyd externally, took 0.5 gm. hexamethylenamin three times a day and in three days parts of the skin were red and itching. By the end of the week symmetrical areas were covered with typical eczema, most pronounced on the upper arms and shoulders. This experimental eczema gradually subsided on suspension of the drug. This case supplies the hitherto lacking proof that eczema can develop from an internal cause. Our task now is to discover in the metabolism and the body juices the substances which are responsible for the development of eczema. The formaldehyd split off from the hexamethylenamin in the case reported must have been in extremely minute amounts."

If any reader wants to try this trituration the RECORDER hopes he will report the results for the benefit of other readers.

Castor Oil as a Dressing.—The following is the *Journal A. M. A.'s* abstract of Revillet's paper in *Lyon Médical:*

"Revillet comments on the fact that castor oil never dries out, so that gauze, etc., impregnated with it never sticks to the wound, no matter how long it is in contact with it. Another advantage of castor over other oils is its characteristic slipperiness which facilities the working in of wicks, etc., and renders their extraction easy and harmless. But its chief advantage is that it dissolves alcohol, tinctures, essences, etc., and holds them without allowing sedimentation. Perfume manufacturers use castor oil as an excipient for essences as it holds them without growing turbid or precipitating them. After considerable trials he found that 0.4 cc. each of oil of thyme, oil of lavender and oil of eucalyptus in a liter of castor oil produced an agreeable aromatic lubricant and dressing which deodorizes at once and never irritates, while it has some antiseptic power. The dressings impregnated with this oil mixture are sterilized in a jar placed in boiling water for an hour and a half. Steam sterilization would drive off the volatile oils and might break the jars."

Anaphylaxis.—This word literally means deprivation of protection; "the opposite of immunity;" "increased susceptibility to an infection." Editorially, the *Jour. A. M. A.* says: "The phenomena of anaphylaxis have begun to play a prominent part in various departments of medicine. The anaphylactic nature of so-called serum sickness is now generally recognized, as it occurs as a direct consequence of the injection of a foreign protein into a human being." Nothing is said in the journal's editorial (headed, "The Lung Phenomena in Anaphylaxis") against the practice which designed to produce immunity produces the opposite. In fact, it is defended in the following very curious statement closing the editorial: "Despite the seemingly technical character of such results, it is through investigations of precisely this sort, defining the mechanism underlying some of the conspicuous symptoms of anaphylaxis, that the understanding essential to progress in rational clinical therapy is to be derived."

Our army is made up of the pick of the young men of our country. They have all been immunized. Anaphylaxis is often the accompaniment of immunization. According to the *Official Bulletin* issued daily by the U. S. Committee on Public Information pneumonia is peculiarly prevalent among our men. In the issue of Jan. 16 giving the list of deaths among the overseas forces out of 38 deaths 26 were due to pneumonia. Looks as if "The Lung Phenomena in Anaphylaxis" is well worthy of study.

Where the Conditions Are There Will Be Disease.—The following is clipped from the London Letter of the *Jour. A. M. A.*: "A serious outbreak of paratyphoid has occurred among British officer prisoners of war in the hands of the Turks at Yozgad, in Turkey in Asia. The mortality among the rank and file of British and Indian prisoners captured in Kut has been very heavy, amounting almost to 70 per cent. of the men captured. Among the officer prisoners the mortality has been slight, and the latter are being treated as well as the circumstances of their captors allow."

Small-pox.—Dr. I. J. Bush, physician to the eruption hospital of El Paso, Texas, contributes a paper to *Southwestern Medicine*

that is interesting inasmuch as not every doctor knows much about the disease save from books. Here are a few practical points: "Clothing and bed clothes of a small-pox patient can be thoroughly sterilized by exposure to a hot sun for two days," but if packed away they are dangerous for a long time. "There is little danger of contracting small-pox in the open air." If this be so would not the best thing to do with a small-pox victim be to keep him in the open? Dr. Bush says that ten feet away is a perfectly safe distance.

"Sporadic, mild cases will occur, here and there, and the disease shows very little tendency to spread, even in an unvaccinated community. At other times it blazes out into a fierce epidemic, with a high rate of mortality. Why this is true no one seems to know.

"The diagnosis of small-pox, before the appearance of the eruption, is most difficult. The fever and aching simulate grip, measles, chicken-pox and many other diseases. A high temperature and much prostration the first day of the disease should put the physician on his guard. Even after the eruption has made its appearance a diagnosis is not always easy. The most expert medical man will make mistakes in differentiating between small-pox and other eruptive diseases." He then tells of a case that he, with expert advice, diagnosed as small-pox and had removed to the eruptive hospital but it turned out to be a case of lice, "greybacks," presumably. He also remarks that, "the physician who never made a mistake in diagnoses of this kind has never treated many cases of small-pox."

These far away journals strike us as being more helpful than some of those in the very centers of medical science, probably because the men there are not theorists but have seen actualities.

Prohibition.—By request Dr. Beverly Johnson has expressed his views on the "bone dry" laws in the *Southern Clinic,* of Richmond, Va.

In general, he regards the use of good whiskey, brandy, and wine as practically indispensable in many diseases. He cites the fact that the French Government has requisitioned 240,000,000 gallons of wine for use in its army on the ground that it is absolutely needed to keep up the health of the troops.

"I cannot subscribe to prohibition, and yet I know and deplore the evil effects of alcoholism as much as any one. I also deplore the bad effects of overeating, bad cooking, ignorance as regards the preparation of food; but is that a reason why every one should be debarred from eating anything but what is scientifically (so-called) correct? Much of what science has tried to show to attending physicians in hospitals, in regard to the pernicious or useless effects of alcohol in the treatment of disease, has not convinced me. * * *

"I am not making these observations for any other reason in the world than because I believe they should be uttered in the cause of truth. They are not made as a result of a lot of experiments with healthy or diseased guinea pigs, dogs and monkeys. I have been a practitioner all these years, and in rubbing up against humanity have learned certain things. I have learned them by experience, not from guinea pigs. One of the best laboratories is the hospital and sickroom. It is superior to an experiment on a dog or a monkey."

Scientific and Unscientific Charlatanry.—It is a real pleasure to quote from the *Journal of the A. M. A.* something with which anyone can agree. Here it is, an opening of an editorial:

"It would be impolitic and essentially wrong, Otto von Fürth wrote a few years ago in relation to gout, simply to ignore whatever judicious objective observers have found appropriate after decades of study, merely because no theoretical explanation has been found. It should never be forgotten that the observations of the practitioner may be true and the theories may be false, and that a judicious natural scientist generally values the former more than he does the latter. Unfortunately, objective observation, especially in the treatment of chronic internal affections, is endless and difficult; and for that very reason this has been and will be at all times and among all people the favorite field for both scientific and unscientific charlatanry."

It is gratifying to know that scientific charlatanry is recognized and also that the observations of the practitioner are worthy of consideration. Also that an invalid is not one who is suffering from a chemical or some other substance that the laboratory

should handle. Our honest, able and really learned, laboratory scientists, ought, for the sake of their real science and, incidentally, for their soul's welfare, to realize that there is something more in disease than "bugs" and chemicals. There is another world back of the laboratory findings, known as Cause—broadly naming it—and therein lies the realm of true science. The microscope is a very useful instrument, very useful, but it will never discover a Cause.

A Common Diagnostic Error in Typhoid.—The following is clipped from a paper by Dr. W. H. Young, of Springdale, Ark., in *Medical World,* Nov.:

"There are, by far, too many cases of fever called typhoid and treated as typhoid fever when the fact is that these fevers belong to a class of self-poisoning, or auto-infections, though styled typhoid ambulant.

"The real facts are we never have a case of typhoid fever unless we have a continuous fever, running on with a continuous rise in the temperature, a slow, but sure advance in the thermometer scale, reaching on the 10th or 12th day 105 or 106 degrees.

"The toxic cases are where we have a fever running for three or four days, with the temperature scale 3 to 5 degrees, then a sudden fall to 1 or 2 degrees below the normal. This rising and falling of the temperature often continues for weeks without any clearly defined cause for these ups and downs. The phenomenon in the recession is followed by nervous depression, alternating with excited action of the heart, chills, or cold sensations followed by hot flashes, and moist surface. This is neither typhoid nor malarial fever, but is a sympathetic neuritis caused by indigestion of a foreign substance in the stomach or bowels. This condition of the alimentary canal puts a stop to the peristaltic motion of the bowels; the sympathetic nerve fibers are paralyzed."

Typhoid and Paratyphoid.—The *Lancet* prints the "Hunterian Lecture," by Webb-Johnson, on the "Surgical Complications of Typhoid and Paratyphoid Fevers." The following excerpt is interesting as distinguishing between the two:

"It has been established that the bacilla of the typhoid sub-

group are distinct specific micro-organisms, and the diseases to which they give rise are known as typhoid fever, paratyphoid A, and paratyphoid B. In the words of Sir Bertrand Dawson:

" 'Looked at broadly, paratyphoid is typhoid fever in miniature. A patient invaded by it stands to be ill less severely and for a shorter time, is less prone to complications, and *a priori,* less likely to die. It presents a clinical picture which is suggestive, though not absolutely distinctive, and its certain diagnosis from typhoid can only be made with the aid of bacteriological findings,' but, 'though habitually milder, paratyphoid may present the gravity of severe typhoid.'

"Paratyphoid A is a milder disease than paratyphoid B, which is the form of paratyphoid fever usually encountered in the Western hemisphere."

Insanity.—The following may interest our alienists. The chief actor was the head of an old firm, no partners, and the man who told it was for four years the real head of the business, though only an employee. He said that in reality the man in question was unfitted for business and knew it, all he did was to draw out his full quota of money monthly as he had in the past. His men were honest and capable so the affairs went on smoothly and his money was always ready for him. He was very temperate, no liquor, his noonday lunch was bread and milk or a piece of pie. He came to the store every day, would fumble over the papers and generally fall asleep. On his last day he went out as usual to lunch. Some time afterward the telephone bell rang, the proprietor of the lunch restaurant was on the wire and said that some one had better come around and look after Mr. ———, as he had been in three different times, eaten three full dinners, and now was back for a fourth one. The man never was able to go out again and soon died.

Echinacea.—Writing on this natural drug Dr. Y. P. Best, of Indianapolis, Ind., in *Eclectic Medical Journal,* makes the following observation: "My personal experience with *Echinacea* in diphtheria was such that before the advent of antitoxin but one death occurred from this disease, which would, in itself alone, not be very valuable testimony had not the same results been almost

the universal experience of many others who reported on the effects of this remedy." *Can antitoxin do any better.*

A Busy Operator on Tonsils.—Dr. J. H. Powell, of Atlanta, Ga., contributes a paper to the *National Eclectic Quarterly* under the heading, "Tonsil and Adenoid Chat." Among other things he says: "Four years ago I was doing from two hundred to three hundred tonsil and adenoid operations. Last year over ten hundred, and the prospects are that the number will grow every year." After some comments he adds: "Besides even healthy tonsils are of little use after the nursing age, and diseased ones are a menace to health at any age." Why not have a law compelling the removal of all tonsils in childhood for, according to Dr. Powell, they are a cause of tuberculosis, rheumatism, intestinal disorders, deafness, nervous disturbances, and of stunted and mentally backward children. Presumably to be a perfect man one should have his tonsils, appendix and lower bowel removed with, perhaps, some other errors of the Creator.

Hair and Teeth.—This is from our ever helpful contemporary, the *Journal of the A. M. A.*, an abstract of an article from a French journal, the *Presse Médicale:* "Sabouraud gives some illustrations of the teeth of persons with alopecia areata. They indicate, he says, that some initial teratologic disturbance is responsible for the tendency for the hair to fall out, and for the defective teeth and defective growth of teeth and nails. Inherited syphilis is sometimes but not always responsible." For the benefit of a few of our readers (and of ourself) we looked up "Teratology," which is defined as "the branch of science which deals with the production, the anatomy and the classification of monsters." In our pilgrimage we have known many men who had to part their hair with a towel, and others who had gone to dentists to get new teeth, and yet they seemed to be gentlemen and not even remotely connected with monsters. But, of course, we are not a scientist and dislike seeing our bald headed friends slammed.

PERSONAL.

Some cures are worse than the disease.

A hoary head is not a sure sign of wisdom, neither is a fine car one of wealth.

"I feel it acutely," as the man remarked, when he stepped on a tack.

Thinking, as you all know, is a rather muddled process when you indulge in it.

Confidentially, *Life* says there is no rule for writing jokes. Seems to us there should be a law regulating the telling of them.

A correct diagnosis saves your face even if it doesn't the patient.

More people are interested in the Pocket Book than in any other.

You may want the earth and not get it, but in time it will surely get you.

Insanity in Every Day Practice is the rather startling title of a book. There seems to be much of it.

"When a doctor treats you," remarked Bings, "you don't name what you will take."

"I knew you when you were a little girl," is better from a man, than "I knew you when I was a small boy."

"In some hands the pen is mightier than the sword," but we'd back the sword in a real scrap.

Curious physics, but it is a fact that a frieze doesn't cool a room on a hot day.

Love at first sight sometimes fades on the second look.

Alack and alas, and then some, a tall man may be short.

The number of feet in a mile depends on their size.

Much of our old stock has suspended dividends of children.

Percy, the freshman, says the safest place for money is to blow it in somewhere.

Turning the tables on any one to-day usually brings the police or rough house waiters.

Isn't "over-work" over-worked in nosology?

Prestidigitators are plentiful where there are umbrellas on a rainy day.

"My face is my fortune," she said. "Self-made?" remarked the typist girl.

Some of us have fabulous wealth, only that and nothing more.

The trouble with Opportunity, the Knocker at your Door, is to know when it is not a fakir.

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EDUCATION.

There is a difference between education and instruction even though some pedagogues and parents seem to think that the words are synonyms. Rudely speaking, the first man is to lead forth and develop what is in the pupil, while the other is to shovel in the facts of the text-books quite regardless of the mental furnace. Instructors are as plentiful as blackberries in their season, but educators are like angels' visits, few and far between. If a man is a born musician, all the instructors in the world cannot make him a good lawyer, carpenter, physician or blacksmith, but an educator might make him a musical wonder. The same rule holds good in everything else. A good instructor may enable a man to pass every medical examining board with a high average, yet the candidate may not to the end of his life be a real physician, while the graduate of a little fly-by-night, two year, short term college may become a shining light in the profession. The old saying that some one has a "gift" for this, that or the other thing has a deeper meaning than the most of us dream of. To say that your boy must be this, that or the other thing is foolishness, for he may not have it in him, in which case all the instructors in the world cannot put it there. A goodly proportion of us have nothing especial in us and are fit subjects for instructors, but the minority ought to be in the hands of educators.

We recently read a medical journal published in the year that President Garfield lay a-dying from Giteau's bullet. The treatment, according to this editor of a past day, was morphine, quinine and whiskey, and he says: "We defy the world to produce a man strong enough to withstand seven weeks of morphine,

quinine and whiskey. It would destroy the stomach and nerves of the most hardy. * * * The greatest wonder, to those who know anything of the action of these three remedies, is not that he is so bad, but that he has survived so long."

All of this happened many years ago, but if the editor was right in relating prescriptions given a desperately wounded man, there will not be many who will deny that he was right.

NOTE.—The above unfinished article by the lamented Anshutz was found in his desk after his death, and is the last word this good man wrote. He thus literally died in harness, active until the last moment—the way in which most of us would like to go.

The article well illustrates the breadth of thought of our departed friend, and shows that he was much alive to the many phases of life in this busy world of ours.

The circumstances of the employment of morphine or whiskey so many years ago can unfortunately, be far too often duplicated to-day in this age of boasted scientific medicine.

The thing which is most needed to-day in medicine is simplicity, and after all is said and done, Homœopathy and simplicity are most nearly synonymous. Sick people want help, and that which gives help in the quickest, simplest and safest manner is the thing which should be used. Rightly applied, homœopathy does this; but the general ignorance of what Homœopathy really is, is still, for this enlightened age, appalling. Prejudice keeps many from this knowledge, and prejudice dies hard.

SULPHUR.

By E. V. Ross, M. D., Rochester, N. Y.

In Dr. Nash's excellent little book on *Sulphur*, at pages 131 and 132, is recorded a remarkable case of cardiac dropsy cured with this remedy guided by a few of the characteristics of *Sulphur*. This case is similar to one that I saw in the Rochester Hahnemann Hospital some fifteen years ago.

The patient, a lady æt. 55, was so afflicted with cardiac dropsy that the skin of the enormously swollen lower extremities gave way in numerous places, from which the water constantly oozed.

She sat propped up in bed, as she was unable to lie down owing to the marked orthopnœa. The heart was dilated and the valvular sounds muffled, and the outlook a very gloomy one. She also was troubled with very sore eyes, the lids were *swollen and thickened and red along the edges,* the conjunctiva, both *the ocular and palpebral, was highly inflamed.* She complained of BURNING *and dryness, as if the parts rubbed against each other, feeling of sand or grit in the eyes, at times sharp darting or sticking pains, as from pins or needles, there was considerable photophobia in day time.* With the hope of relieving her eye trouble I gave one dose of *Sulphur* cm. (F.), and to my great surprise it not only cured the eyes but away went the œdema, orthopnœa and all, and she remained in good health to my knowledge for three years thereafter. While *Sulphur* is our subject, I desire to call attention to its value in the treatment of puerperal infection.

Dr. Kent has already called attention, in his lecture on *Sulphur,* to its power to control this condition, which he considers to be essentially psoric. Whether this is so or not, I believe its pathogenesis covers the majority of these cases, as we frequently find them complaining of chilliness, or there may be a pronounced chill with headache, slight delirium, face flushed or flushes of heat to head with burning of soles of feet, and she wants them uncovered; abdomen may be distended and tender to touch; lochia suppressed. Six cases in the maternity ward of the Rochester Hahnemann Hospital presented about these symptoms with an average temperature of 103.2° F. Were put on the road to recovery in twenty-four hours by *Sulphur* high. *Do not curette,* but put your trust in the indicated remedy.

The writer's attention was *first* directed to this remedy in these puerperal cases by reading the remarks of Dr. Carrol Dunham in his *Homœopathy, The Science of Therapeutics,* where he says on p. 158: "I can certainly testify, from repeated observation, to the efficacy of *Sulphur* 30 in most violent puerperal peritonitis, that remedy being all that was required to bring the cases to a speedy and favorable issue." And, again, in his *Lectures on Materia Medica,* p. 390: "In puerperal peritonitis, at the very commencement of the disease, *Sulphur* is, I think, our most efficient remedy."

We must be very careful about getting into a rut in regard to favorite remedies in certain conditions, and it is well for us to regard Hahnemann's admonition in the *Organon,* § 257: "The true physician will take care to avoid making favorite remedies of medicines, the employment of which he has, by chance, perhaps found often useful, and which he has had opportunities of using with good effect. If he do so, some remedies of rarer use, which would have been more homœopathically suitable, consequently more serviceable, will often be neglected."—*Dudgeon's Translation.*

Apropos to the heart case, I quote the following from an article by Dr. R. F. Rabe, *Prescriptions in Heart Disorders:**

"The idea of a mere cardiac stimulant, a tonic, or a prop such as *Digitalis* as it is commonly used, does not for a moment occur to the homœopathic prescriber. His aim is the restoration of the patient, not merely that of his heart. It is true that the former often depends, or appears to depend, upon the latter, but to the philosophical mind this view, in its last analysis, is short-sighted and narrow. Therefore, the prescriber selects a remedy whose type and genius correspond to those of the patient and so we occasionally see most wonderful cures, made by remedies—such as *Kali carb., Calcarea carb., Sulphur, Lycopodium* and others—in high potencies, and *based upon the totality of the symptoms of the patient,* disregarding entirely the pathological state of his heart."

WELL KNOWN DOCTOR DIES AT HIS HOME.

Dr. D. B. Morrow, seventy-nine years old, 601 Laurel avenue, died at his home at 2 o'clock Friday morning. He had lived in Dallas, Texas, for the past 5 years and was well known here. For fifty years he practiced medicine in St. Louis. He is survived by his wife and three sons, D. B. Morrow, of Coalgate, Okla.; J. M. Morrow, of New York City, and R. E. Morrow, of the United States Army.

He was a member of the G. A. R, and belonged to the 175th

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Ohio regiment. Funeral services will be held at 4 o'clock Friday at the Loudermilk chapel. Christian Science service will be read by Miss Grace C. Lowery, and the burial will be on the G. A. R. reservation at Greenwood.

PHOSPHORUS.

Thos. H. Hudson, M. D., Kansas City, Mo.

Phosphorus acts pre-eminently upon the nervous system. It always induces irritability and weakness, and sensitiveness is invariably present. It is as irritable as *Nux vomica*, as weak as *Arsenic*, as sensitive as *Lachesis*, as grandiose as *Platinum*, and as proud as Lucifer. This last symptom, the one which you will have least occasion to remember, you can recall by associating it with lucifer matches.

Bear in mind that you will not probably find all of these graces at one and the same time in one and the same person, but each in its proper sphere. For example, your patient may be so deep in typhoid that he is not able to manifest his platinum proclivities; or, he may be so insanely busy surrounding himself with the paraphernalia of grandeur that his weakness is not observable, or, at least, not pronounced. The special senses are peculiarly impressionable. His eyes are intolerant of light, his ears of sound, his olfactories of odor, and he is sensitive to touch. Changes of weather affect the *Phosphorus* patient, especially electrical changes, and he will outrun the lumber camp "nigger" to get out of a thunder storm.

He can get as furious as a *Nux* subject, and, like *Nux*, suffer the physical consequences of his anger. Another mood is an anxious, apprehensive, restless one, which reaches intensity at twilight, and, like Tom Portland's monkey, he is afraid of the dark. He experiences all sorts of imaginary vagaries; sees horses' heads without any horses to them; men hiding behind trees to shoot at him; hideous faces grinning at him; hobgoblins, etc., galore, and, in short, enjoys all of the delightful experiences of Dante in the Inferno without the necessity of Virgil's guidance. He may think very intensely but very briefly, that is, thought may succeed thought rapidly, may rush through the mind, but this

soon wearies him and is followed by loss of memory and inability to think. He cannot endure mental exertion long at a time. If any of you think you can, just try absolute concentration upon any subject for ten minutes, and you will conclude that you are *Phosphorus* subjects. We often think we are studying when our minds are wandering all over creation. How many things have each one of you thought of in the last five minutes, or since I first mentioned *Phosphorus.*

The irritable weakness in the mental sphere of *Phosphorus* is like *Nux vomica,* and a symptom like *Baptisia* is a sense of being scattered about, with anxiety as to how he will get the pieces together. It is a remedy which easily lends itself to delirium. Mild typhoids, which in other temperaments would be sane, will, in the *Phosphorus* constitution, be ecstatic. This mania may take the form of grandeur or of sexual excitement. Like *Hyoscyamus,* he exposes the sexual organs shamelessly, and may be so violent that he attempts gratification of sexual desire regardless of the victim or who the victim may be. This excitement soon passes into apathy or even coma, when he becomes morose, or, at least, silent, and will not answer questions. The supersensitiveness extends to the special senses. Through the olfactories the perfume of flowers may cause fainting; through the auditory nerves music may render a headache intolerable. Sounds reverberate painfully or disagreeably. The blood circulation is as the sound of many waters inside the cranium. Sounds run together, rendering articulate sounds indistinguishable, hence the symptom: Hard to hear the human voice, which means, hard to understand the human voice. There may be erotic mania, or uncontrollable lascivious thoughts, lascivious dreams, frequent erections and nightly pollutions.

In such cases, as in any good *Phosphorus* case, the back is weak, the spine irritable and sensitive to slightest touch. The emotions are easily excited, and joy, grief or anger affect the patient harmfully.

For injurious effect of joy compare *Coffea,* for anger *Nux vomica,* for grief *Gelsemium* and *Ignatia—Gelsemium* for the sudden shock, *Ignatia* for continued grief.

Palpitation of the heart accompanies these emotional effects,

and, as would be readily inferred, an irritable spine and weak back would suggest weak lungs, a tottering gait, stumbling over slight impediments, catching of the toes on inconsiderable obstacles, and general muscular inco-ordination. With such an array of feeble functioning the system is resistless, I mean, incapable of resistance. (Why the original meaning of this word, resistless should have become obsolete, and, irresistible, the reverse meaning, become current, I don't know.) With this enfeebled condition, this impairment of vitality, it is apparent that the subject may easily fall a prey to almost any disease. For example, a too rapidly growing child, running up like an evil weed, tall and slender, is liable to tuberculosis—especially phthisis pulmonalis. The loss of animal fluids, blood, serum, milk, etc.; too frequent child-bearing; whatever is prostrating or debilitating will predispose to serious illness, to venous diseases, as chorea, paresis, paralysis, locomotor ataxia, and such like.

Phosphorus is one of the burners, and the *Phosphorus* locomotor ataxia is distinguished by much burning along the spine, with tingling and formication (ant crawling) extending to legs and feet. The *Conium* (spotted hemlock, beverage of Socrates) begins in the feet and ascends in circles or bands, paralyzing as it ascends (case of Myron Dean).

The locomotor disorders of *Phosphorus* are preceded or attended, in the early stage, by excessive sexual desire, consequently, over sexual indulgence. The same is true of impotence curable by *Phosphorus, and* impotence may result from a celibate life, when the local erethism is extreme, as well as in a life of sexual indulgence. That is, where erethism is a pathological condition, the effort necessary to restrain may result in impotence. This differs from *Conium,* in which natural (not a pathological) sexual desire is over-indulged.

Phosphorus will be the remedy in atrophy of nerve tissue resulting in softening of the brain, in which there is a constant dull headache, weariness and difficult locomotion.

In nervous and typhoid types of fever, when the brain and spine gear the brunt, *Phosphorus* will give relief. The trunk will be hot, the extremities cold and the head cool. There will be thirst for cold water, particularly pronounced from 3 to 6

afternoons, with vomiting of the water taken as soon as the stomach has time to warm it up.

There will be a sore liver and spleen; diarrhœa directly after eating, with dark stools, sometimes bloody, followed by weakness, as in the diarrhœa of *Podophyllum.*

The constipation of *Phos.* is characterized by long, slender evacuations, difficult of expulsion. These nervous fever patients are too hot, they feel too hot and throw off the bed covers; they sweat profusely without relief, as do *Mercury, Rhus* and *Chamomilla.* Profuse sweat without relief is a keynote symptom of *Mercury,* but *Mercury* is seldom indicated in these fevers, and will do mischief unless enteric and icteroid (jaundice) symptoms plainly and unmistakably demand it. In low forms of fever, as in typhoid, with threatened paralysis of lungs, with rattling breathing and coma, the breath will be hot, the body hot, while the limbs are cold and clammy.

Phosphorus is capable of inducing fatty degeneration of any organ and even of muscular tissue, probably through its effect upon the blood, which it impoverishes and renders non-coagulable. By reason of this non-coagulability, together with hyperæmia, due, not to arterial congestion, but to a stasis of blood, *Phosphorus* becomes and is known as "an easy bleeder;" and, since the blood does not coagulate, the bleeding is persistent and difficult to control. *Phosphorus,* long-continued, causes various liver conditions; first, hyperæmia, consequently enlargement, tenderness to touch, soreness, light colored stools and jaundice; later, atrophy, cirrhosis, known as hob-nail liver, ascites with varicose veins over the abdomen, albuminous urine, delirium and death. *Phosphorus* is useful in fatty degeneration of the liver, when it is a sequel of heart disease, and in waxy liver when a sequel of caries of bone. In bilious conditions the *Phosphorus* tongue is yellow, in typhoid brown or black and dry, in dyspepsia white, especially in the middle. In malarial troubles there is hunger more pronounced at night. The desire is for cold food or drink, which excites vomiting when it becomes warm in the stomach.

Endocarditis, resulting from inflammatory rheumatism, may yield to *Phosphorus,* as may various minor heart disturbances of emotional character, as palpitation from fright or the sudden en-

trance of an unexpected visitor, welcome or unwelcome. It acts upon the bones, is capable of causing, consequently of curing, caries and necrosis, therefore, may be useful in white swelling, hip joint disease, in vertebral caries of scrofulous, rapidly growing children, and persons who run to length at the expense of breadth. The concomitant symptoms, together with the physique, will assist in your decision.

The *Phosphorus* affinity for the lower jaw is a curious fact. Match makers, I mean lucifer match makers, who are subjected to the fumes of *Phosphorus*, get caries of the inferior—rarely the superior—maxillary bone. One would suppose, since it is induced by inhalation, that the upper jaw would bear the brunt and come in for the larger share of trouble.

Fistulous ulcers about joints and of glands are amenable to *Phosphorus*. It is complementary to *Silicea* and may complete an unfinished *Silicea* case. A distinguishing mark for *Phosphorus* is a flush or blush around and radiating from the fistulous opening, also burnnig pains with intolerance of hot applications. This burning and stinging and intolerance of heat is like *Apis*, but *Apis* is not applicable to deep suppuration and does not attack bone. Deep-seated eye diseases, retinitis, choroiditis, nerve involvements causing hyperæmia, with symptoms of blurred vision as if looking through a veil, dark spots, mists, fogs, red appearance of letters while reading—all these indicate *Phosphorus*. It is applicable to amblyopia (first degree of amaurosis), which Milton calls the gutta serena—the drop serene in these is blindness, due to decay of the optic nerve with no perceptible change in the eye to the examiner. These conditions may be induced by loss of fluids, as in sexual excesses, etc., as a result of typhoid, or as accompaniments of Bright's disease. So, as the eye is not the whole body, as eye specialists come to believe, we must sometimes look far afield for conditions which affect it.

The growth of cataract may be retarded by *Phosphorus* or kindred remedies, as *Silicea, Conium, Natr. mur.*, and others. The deafness of *Phosphorus* may be due to congestion and associated with singing, ringing, roaring in the ears, with hardness of hearing or distinguishing sounds of the human voice, or the deafness may be purely nervous, the result of typhoid or some low fever.

Remember this difficulty of understanding human speech, and that *Ignatia* has the opposite condition, and can hear the human voice better than anything else.

THE THERAPEUTICS OF CONSTIPATION.

F. H. Lutze, M. D., Brooklyn, N. Y.

It is the general opinion amongst the laity that every one should have a regular daily evacuation of the bowels, and if one fails to have this, he is not healthy, but constipated, and that a cathartic is the proper reemdy to cure this condition. Nothing could be more erroneous and further from the actual truth.

When the evacuation takes place but once in two, three or six days, or even weeks, but is normal in form, color and consistency and is expelled with ease and comfort, it is not constipation but simply an infrequent evacuation, and is perfectly normal in some very healthy individuals.

But when there is an ineffectual urging to stool, or the evacuation is painful or difficult, requiring great effort and straining to expel it, or the stool is abnormal in form, color or consistency, accompanied with difficult evacuation, as it then usually is, then we have a case of constipation, though the stool occur every day. But a cathartic is not the remedy for it never; it may give great relief, temporarily, but never can cure.

The cathartic expels not only the stool, but also many of the vital fluids contained in the intestinal tract, which ought to be retained for the nourishing and keeping in health and strength the human body. The only real cure of constipation can be effected only by pure homœopathic treatment, and I will give herewith some of the most frequently indicated remedies for this abnormal condition.

Æsculus hippocastanum: Before the stool: Frequent or constant desire, sensation as if a foreign body were lodged in the rectum, or as if the rectum were full of small sharp sticks (the prickers of the chestnut burr), ineffectual efforts for stool, severe pains in the sacrum and rectum, constriction of the rectum; it feels as if it were prolapsed, pricking, sticking pains extending to the back; all these symptoms continue during stool.

During stool: Sensation as if the rectum were obstructed by folds of mucous membrane, which threaten to rupture from the pressure of defecation, with shivering; the stools are in balls, hæmorrhoids bleeding slightly, pricking, sensitiveness to touch.

After stool: Colic at the umbilicus, tearing at the anus, reddish, painful and burning hæmorrhoids, prolapsus ani and recti, contraction of rectum, itching and excoriated feeling, nausea and vomiting. The stool is often in two colors, the first part dark, the last part light.

Aloe: Sensation of a plug or ball wedged in betwen coccyx and symphisis pubis; desire for stool, but only hot flatus passes with relief. Heat, soreness and heaviness in the rectum; a normal stool may pass unnoticed. Itching hæmorrhoids. In the diarrhœa of *Aloe* flatus often passes when the patient expects to have a loose stool and the loose stool often escapes when he thinks he will only pass flatus.

Alumina: Frequent ineffectual desire for stool, even a soft stool requiring much straining. No ability to pass a stool until there is a large accumulation. Pressure, cutting pains and hæmorrhage from the bowels; voiding of urine while straining at stool.

After stool: Long lasting pains in rectum and stomach, burning, smarting and shooting at anus, dryness of rectum, the stool is often in balls.

Belladonna: Nervous, irritable, cranky people, dilated pupils, head large and hot, hands and feet cold, startings in sleep, convulsions, or convulsive movements, pulsations of carotids, very sensitive to light, noise and touch, the stool is sometimes normal in form but green as grass. Face red and pain in the head from straining at stool.

Bryonia: Stool dark, hard and dry; baked or burned looking. No desire for stool, and it is passed only with much straining; headache from pressing at stool.

After stool: Pain in abdomen relieved by rest, sitting or lying and by drinking cold water. The patient is irritable, easily angered. Faintness and nausea on rising from a recumbent position, relieved by rest, cold air and cold drinks. The alimentary canal is dry from mouth to anus; the lips even are dry and

peeling. Hence the desire to drink much at a time though not often; rarely there is no thirst. Worse in summer, in hot weather; the stools are usually large as well as hard, and the dryness of the intestinal mucous membrane is largely the cause of the constipation. Worse in summer, in hot weather. For the constipation I have found the lower potencies, the 30th, to act quicker; for the diarrhœa of *Bryonia* the highest potencies are the best.

Calcarea carb.: Stools large, hard, partially digested. Involuntary, sour smelling, diarrhœa alternating with constipation; stools in balls looking like lumps of chalk; offensive, smelling like rotten eggs; very hard; enveloped in mucus; alternating with fetid diarrhœa; stools gray, fecal like clay. *Calcarea carb.* is the chronic of *Belladonna.*

Kali bich.: Stools very hard, dry and knotty in one mass; pale, clay colored, difficult expulsion with painful retraction of the anus.

After stool: Burning in anus, prolapse of rectum. Sensation of a plug in anus. Backache with nausea. Stomach deranged by the mildest kind of food. Flatulence incarcerated in stomach and bowels. Emptiness in stomach yet no appetite for dinner; fullness in the morning, sinking in the stomach before breakfast; wakes at night with great uneasiness in stomach, soreness and tenderness in a small spot to the left of the xiphoid appendix. Sudden violent pains in anterior surface of the stomach, burning, constricting pains. Palpitation after only a mouthful of food. Cutting as with knives. She was unable to digest potatoes or any starchy food. Violent, profuse and frequent vomiting, but not ropy, no catarrh of nose or chest, no thick ropy mucus, amenorrhœa for two years. Vomiting of undigested food and bitter, sour, pinkish fluid.

Kali carb.: Stool large, hard, dry and difficult; ineffectual desire, distress and anguish long before stool. Discharge of white mucus.

During stool: Rectum feels too weak to expel the stool, protruding hæmorrhoids, burning, pricking and stabbing, worse from coughing, relieved by hard pessure.

After stool: Itching, cutting and tearing in anus, pain in lumbar region as if broken; night sweats.

Lycopodium: Stools hard, broken masses, evacuation small, incomplete, mixed with or followed by liquid discharge.

During stool: Pain in rectum, with ringing in ears and straining at stool; evacuation only after great effort. Unsatisfied feeling, as if the stool had not all been discharged, followed by painful accumulation of flatus, contraction in perineum after scanty, hard stool. Acidity of the stomach, heartburn, great drowsiness after dinner, gurgling under left short ribs, pain in left angle of colon; constipation when traveling. Accumulation of flatus which does not pass or gives no relief if it does pass.

Mercur. viv.: Hard, tenacious knotty masses, small, like sheep's dung; pale, white with mucus or streaked with blood, or like a narrow ribbon.

During stool: Great straining with scanty stools, evacuation only after great effort; pain in the anus.

After stool: Long-continued urging, a not done feeling, lasting a long time. Bleeding and ulcerating hæmorrhoids, painful, not allowing the patient to stand, sit or even lie down with any comfort. Offensive taste and odor of breath. Tongue large, flabby, showing the imprints of the teeth. Face and conjunctiva yellow. Constipation following after diarrhœa. Chill during or after stool. Salivation; sweat without relief.

Natrum mur.: Affects the entire alimentary canal, which is dry like under *Bryonia*. Stools large, hard and crumbling, irregular or alternating with diarrhœa.

Before stool: Frequent ineffectual urging, or no desire from inactivity of the rectum; burning in the rectum.

During stool: Contraction, pulsation and lancinating pain in the rectum. Pain in the head while pressing at stool. Tenesmus and hæmorrhage from the rectum (*China, Hamam., Kali carb., Laches.*).

After stool: Burning, smarting and ripping up sensation in the anus and in rectum; fissures with bleeding and smarting and burning pains. Hæmorrhoids sore and burning. Prolapsus ani. Thirst for much water to drink and often. Pain across the lower pelvis and bladder, relieved by bending forward when sitting; worse from motion. Weakness and emaciation. Inactivity of the rectum (*Alumina, Antimonium, Arnica, China, Ignatia, Kali*

carb., Nux vom). No desire for stool for days and weeks. Chronic constipation. The constipation of *Natrum mur.* is similar in many respects to that of *Lycopodium.*

Nux vom.: Hard, difficult stool, insufficient, often streaked with blood, dark brown, hard, knotty stools.

Before stool: Constant ineffectual urging. Painful sensation as if the rectum were firmly closed or narrowed. Pain in the head from pressing at stool.

After stool: Relief; qualmishness in the stomach and in abdomen with pressure upward, to diaphragm and throat, from accumulation of gas causing dyspnœa, discharge of flatus gives slight relief. Alternating constipation with diarrhœa. Hæmorrhoids painful and bleeding. Constipation of pregnant women and children, without any other marked symptoms. Constipation due to the abuse of coffee, peristaltic movements of the intestines diminished or reversed. Chronic constipation; all cathartics fail to produce an evacuation. *Anacardium* is in some of its symptoms similar to *Nux vomica.*

Phosphorus: Stools dry and hard, tough, slender, long, like a dog's. Very difficult. Sticking in anus, pricking in rectum between the evacuations; blood with the stool; violent tenesmus for some time after the stool (*Nitric ac., Merc. cor.*). Hæmorrhage from the anus or rectum; headache while pressing at stool. Darting pains from coccyx up the spine to the vertex; the head being drawn back by it; cutting in anus and abdomen. Violent pain at anus with movement of flatus in abdomen and a constant but unsuccessful desire for stool. Heat of the hands and anxiety relieved by warmth. Tearing in rectum and soreness after stool; rectum feels as though it was obstructed by something during the passage of the stool; the stool not being hard, or the rectum feels contracted. An acrid sore pain is felt in the rectum, continuing for some hours and extending up into the abdomen. Sore pain in the hæmorrhoids for several days and when sitting or lying, with violent pressure and stitches on rising.

Pulsatilla: Stool large and hard, difficult though soft. Alternation of hard and soft stools, of constipation and diarrhœa.

Before stool: Ineffectual desire (during menses).

During stool: Pain in the head while pressing at stool; diffi-

cult expulsion with painful urging and headache. Inactivity in the intestines. Bitter taste and excess of mucus in the mouth. Nausea and sour eructations. Tendency to catarrh, aggravated from fatty food, pork, cake, rancid butter, ice cream or from intermittent fever suppressed by *Quinine*

Sepia: Stools hard, knotty, insufficient, scanty, like sheep's dung; difficult, covered with mucus. Retarded with discharge of blood.

Before stool: Frequent ineffectual desire, or only an emission of flatus with mucus.

During stool: Pain in rectum extending to the perineum and vagina. Shooting, tearing in rectum and anus. Great straining before the stool, covered with blood and mucus is discharged.

After the stool: Sensation of a weight in the anus, burning in rectum and anus; hæmorrhoids. Tingling in rectum with itching in anus; oozing of moisture from anus. Constipation of pregnant women and of children, when manual assistance has to be rendered. Chronic, obstinate constipation after *Nux* and *Sulphur* have failed to cure. Easy and profuse perspiration. Yellow saddle over the bridge of the nose.

Silicea: Large, hard, light colored masses; difficult expulsion even of a soft stool.

Before stool: Feces remain a long time in the rectum, as if it had lost the power of expulsion, with sensation of soreness. Obstruction of the bowels from inactivity of the rectum with pain and ineffectual desire.

During stool: Prolonged effort, which renders the muscles of the abdomen sore, but when partly expelled, the stool slips back into the rectum. Protruding hæmorrhoids which become incarcerated.

Gastralgia with hiccough and glairy vomiting. Flatulence, eructations, drowsiness, languor, cold extremities, loss of appetite, slow and painful digestion, often a canine hunger, which cannot be satisfied. Stitches and shooting pains in the anus. Constipation before and after the menses. Face pale, earthy, copious sweat about the head, abdomen large and hard (*Calcarea carb.*). Aversion to warm food. Loss of expulsive force with a large but soft stool.

Sulphur: Stools hard, knotty, dry and dark; insufficient, chestnut or olive shaped; alternation of constipation and diarrhœa.

Before stool: Frequent desire with ineffectual urging, the effort at stool is so painful that patient dreads to attempt it Prolapse of the rectum.

During stool: Straining and bloody discharge.

After stool: Prolapse of the rectum. Lancinating pains from the rectum upward. Burning, sore, stinging, itching, pulsating pain in anus. Standing still for any length of time is unendurable, frequent hot flushes, burning on the top of the head and in the soles of the feet. Hungry at 11 a. m. Abdomen bloated with incarcerated flatulence; pains throughout the abdomen with sensitiveness to touch. Chronic constipation with hæmorrhoids. Constipation of pregnant women and of newborn children.

Any remedy in the materia medica may be indicated in the treatment of constipation and cure it, but this treatise, I fear, is too long already, yet I must not forget to mention *Opium* and *Plumbum,* both especially useful in the constipation due to paralysis of the rectum and often indicated in the constipation of the aged.

CLINICAL CASES.

Clinical: A travelling salesman had taken all the cathartics he knew of without result, although he had frequent ineffectual desires for stool. For want of time to question him regarding other symptoms, and as he had taken physics galore, I gave him *Nux vom.* 30, three powders, to take these and call again next day. He did not call till a month later, saying: That physic I had given him had fixed him up all right. He had taken a dose that evening and the next morning, after rising and before he could take his breakfast, he had to go to the toilet and had a good movement. When on his way to New York he had to leave the "L" to seek a place of refuge, and had another good movement, and again when he reached his office in the city; none of the stools were diarrhœic, and his bowels had been in fine shape ever since, and now he would like some of that same medicine to take along in case he needed it, as he had to go on the road again.

Rhus tox. cured a man of his constipation who could always bring on an easy evacuation by taking a good walk when constipated.

The symptom of *Aloe:* Urging for stool, but only hot flatus escapes with relief (also *Spigelia, Ruta, Capsicum, Colchicum, Magnesia carb., Mezereum, Natrum arsenicum.*) Has led me not only to cure diarrhœa but also constipation, chronic ulcer of the leg, to reduce an enlarged prostate and clear up the foggy vision. Have cured with it a diarrhœa of twenty years' standing.

Mr. S., æt. 60 years, had suffered for thirty years with constipation and hæmorrhoids; had been treated a good deal and had several operations on the latter with only temporary relief. He came to me in December, 1909, saying he had no symptoms, but he knew he was not as he ought to be and wished to be cured. I told him it would take a long time to cure him if he had no symptoms. He said he would give me two years; did not expect to get well any sooner, since he had been sick so long.

Under remedies: *Nux vom., Calcarea carb., Sulphur* and others he improved somewhat during the winter, but the constipation and the hæmorrhoids remained practically the same.

In April, 1910, he contracted a cold, with these symptoms: Severe cough, worse out of doors, better in the house, worse lying on side, and shooting, cutting pains in the hæmorrhoids with each cough, better from hard pressure, direct on the hæmorrhoids.

He received six powders of *Kali carb.* 200, to take one at bed time, and recovered completely in a few days.

I saw him two years later, when he told me he had never been troubled with anything since; had remained perfectly well.

THE TREATMENT OF GONORRHŒA.

There is no royal road to the cure of gonorrhœa. This seems to be a very stupid and trite saying, but it is a fact, not yet sufficiently well known. If a man has scarlet fever, he does not expect to be well by Saturday, when the family returns from the country. If he has pneumonia, he engages a nurse, and increases his subscription to the church debt. But if he contracts gonorrhœa, his first remark always is: "Try to get me fixed up as soon as possible, Doc." "Doc" is quite willing, but "as soon as possible" is not "immediately."

The first cases that come to the new physician in a town, especially if he is a beginner, are venereal ones. The reason is obvious; he is thought to have brought from his college, with his diploma, the most recent knowledge concerning disease. The young physician is anxious to make a good impression. If he is led into suppressive measures, in the care of a gonorrhœal discharge, he will regret it. His joy, and his pride in himself at his skill, will last about twenty-four hours. Always there may follow epididymitis, bubo, prostatic involvement, and stricture. The patient will never forget. Stricture, following gonorrhœa, is always the result of faulty treatment and never of the disease itself. All gonorrhœas are curable, but none, to my knowledge are ever quickly curable. We must remember, however, that not all urethral discharges are gonorrhœal.—*Frank Wieland, M. D., in the Clinique.*

RATANHIA.

Concerning this little used drug, *Ratanhia,* Dr. T. F. Allen (*Quarterly N. A. J. of H.,* May, 1878) said:

Mr. C., æt. 47, over-worked, spare, of a nervous temperament, had been troubled by some inactivity of the bowels for a long time, but without large accumulations of hardened fæces. For this he had taken no medicines, for the last three or four weeks has had constantly increasing distress in the rectum and anus, protrusion of the rectum after stool, great heat with frequent but ineffectual efforts to evacuate the bowels and bladder. When he applied to me for help, I found him suffering from fissures of the anus (three or four deep and angry ones), and also from several superficial but very sore and raw abrasions of the mucous membrane, extending as far as the sphincter ani, and also a little beyond into the rectum. He complained of a sensation as if the rectum and anus were "all twisted up, followed by most violent cutting pains, not only after an evacuation but at other times."

Pain, after stool, as if splinters of glass were sticking in every direction into the anus and rectum, with great heat; these pains so intense that he could not keep quiet.

Sensation, after stool, "as if the rectum protruded, and then suddenly went back with a jerk and most horrible pain."

Frequent ineffectual desire to urinate.

Fluttering of the heart.

Desire to die during the pains.

Relief, after a stool, by hot water, so that he always sat for a quarter of an hour in a sitz-bath as hot as he could endure. Relief only while in the bath.

He received *Silicea* 200, Dunham, which gave him great relief for two days, after which the trouble was as bad as ever. I then prescribed *Ratanhia* 3d, three times a day, and in a week the patient reported as follows:

"No pain since the first night after the last medicine; no more protrusion of the rectum; no trouble with the bladder, but at times a little soreness after a stool." An examination showed still some abrasions, but very small; *no fissures could be found.* In another week the patient was absolutely well.

Hartlaub and Trinks gave the following characteristics of *Ratanhia:*

"Burning in the anus lasting a long time after a hard stool that was painful, so that she cried out, accompanied by protrusion of varices.

"Burning in the anus like fire, preceding and accompanying the diarrhœa."

The drug, so far as known, was introduced into Europe, Spain, in 1796.

Remember it in next anal fissure case presented.

ECHINACEA A NEGLECTED REMEDY.

Dr. Ralph R. Mellon, of Rochester, N. Y., read a paper at the Rochester meeting of the Institute from which the following is clipped (*N. E. Med. Gazette*):

"During the past year I have had opportunity to see a clinical result with *Echinacea* that is pregnant with suggestions. Much as I should desire to discuss this case in detail, the length of my paper dictates that I abridge it. I wish merely to direct your attention to the phases of it which are germane to my theme. Following an operation for appendicular abscess, convalescence from which occupied about six weeks, after an intermittent period

of three relatively healthy months the patient developed a fever resembling typhoid. A protracted period of unsuccessful treatment for this disease was followed by a decidedly intermittent type of fever ranging from 95 to 105 degrees. From a thoracic puncture, from the sputum and from the blood, an organism closely resembling a streptothrix was recovered, but which on extended study promises to be *B. fusiformis.*

"Operation revealed a perinephritic abscess. The wound steadily discharged very foul pus and soon infected the margins of the incision, producing a sloughing gangrenous type of inflammation which clinically proved very intractable. For many weeks the fever continued practically the same as before operation, with no signs of abatement. As a last resort Dr. Bradstreet—whose case it was—administered *Echinacea,* five drops t. i. d., with favorable results almost immediately. In about sixty hours the temperature settled to normal and the patient has proceeded to recovery without further incident. Pathologically speaking, the fusiform group of organisms produces what was formerly known as hospital gangrene. The well known sloughing ulcer of Vincent's angina is typical of the lesion produced. Compare, if you please, the pathogenicity of *Echinacea* and its application is obvious. I wish to reiterate that I cannot scientifically say that *Echinacea* cured this case, but I can speak with conviction of the recreancy to duty of a school of medicine that is complacent enough to remain static in the face of such experiences. I tell you, gentlemen, that such things are actually exciting to me because of the train of suggestion induced, because of the inscrutable dynamic power which *may* be locked up in our own drugs. To use a favorite expression of Dean Hinsdale, 'If there is a God in Israel' surely he will not hold a school guiltless which spurns the regenerating influence of such experiences. But in themselves they prove nothing; they are incomplete and uncontrollable."

MANGIFERA INDICA.

One of the therapeutic facts that I have learned from my eclectic friends is the powerful astringent effects of *Mangifera indica,* the East Indian mango tree, in the sphere of mucous mem-

branes generally. We would like to tell a story or two about this remedy.

The patient was the wife of one of my old clients and had reached her forty-fifth year. Never have we seen such anæmia, such weakness, such breathlessness upon slight effort. Her husband and I had about given up all hope of ever seeing her regain her health. The evident cause was persistent uterine hæmorrhages that had persisted for two years.

A uterine fibroid was at the bottom of things, but our gynæcological consultants had refused to operate on account of the patient's low hæmoglobin index. They told us that operation would be followed either by death or by a fatal phlebitis. We were told to get her into a better condition, but neither we nor they could accomplish this. I shall never forget my many experiences beside her bed, and my sure conviction that her hæmorrhage could not be stopped; then her long struggle back to just enough strength to enable her to rise again. I hardly know what good eclectic fairy suggested to my mind the expediency of using the mucous astringent properties of mango bark, but on one troublous evening I did give it to her and next morning to my astonishment I saw for the first time a real therapeutic effect on her case. I never had further difficulty. I could always control her hæmorrhages after that. Two years later menstruation ceased. She is a rosy matron now and her one sorrow is her ever-increasing avoirdupois.—*Dr. O. S. Haines, in Ellingwood's Therapeutist.*

(The eclectic dose is from 15 drops to a drachm in water, teaspoonful of the solution several times a day.)

CALENDULA.

In the "New Archiv, III., Part 1," Thorer, of Goerlitz, resuscitates *Calendula* from oblivion, and differentiates well between *Arnica* and *Calendula*, saying that the former is properly homœopathic to contusions, sprains and bruises without solution of continuity of the soft parts, whereas the true province of *Calendula* is recent wounds with or without loss of substance. The effects of *Calendula* on the process of cicatrization seems to be

very favorable. Homœopathic surgery possesses in *Calendula* a new remedy (this is written in 1847), which presents the advantage of causing very slight suppuration, a circumstance of no small importance in the cure of extensive wounds, where there is often exhausting suppuration, lasting a long time and consuming the strength of the patient.—*Lilienthal.*

SOME KEYNOTE INDICATIONS.

E. V. Ross, M. D., Rochester, N. Y.

Cina: Gets hungry in the night and must have something to eat, with worm affections. The chief characteristic of *Cina* is: Gets hungry soon after eating.

Psorinum: Hungry in the middle of the night and must have something to eat. Always hungry during headache, which is > while eating (*Anacardium* > while eating but < after).

Selenium: Gets hungry in the night, if she does not get up and eat a cracker or something, has headache in the morning. 40m. Think of this remedy when the patient gets very hungry with headache any time, especially if it occurs in habitual tea drinkers (*Sanguinaria:* Hungry *before* headache > after eating).

Sulphur: Gets so faint and hungry in the night that they must get up and eat something, which relieves the faint, gone feeling in the stomach. Has a ravenous appetite, but if he does not eat has headache, lassitude and necessity to lie down.

CASE TAKING FOR STUDENTS.

The subjoined article by Dr. Guy B. Stearns illustrates a phase of his work as attending physician to the Flower Hospital and as professor of materia medica in the New York Homœopathic Medical College and Flower Hospital.

The cases presented to the students for prescription are at the same time subject to searching examination at the hands of able diagnosticians. In this manner most convincing demonstrations of homœopathic efficiency are afforded.

The Editor.

The work of the interns and students in the hospital wards shows the great need of special teaching in case taking; left to themselves they seldom obtain from a patient all the symptoms necessary for making a correct prescription. Instead, they prescribe on superficial indications, which results in frequent changes of remedies, in infrequent cures, and in much that is unhomœopathic.

None of the usual directions for case taking supplies the requisite method for getting both the clinical and the remedy data. To meet this problem, all the indications on which most homœopathic prescriptions are made were assembled; these were found to fall into natural groups, and they thus formed a system which, when schematized and followed by the student in his questioning of the patient, produced most gratifying results. Students who knew very little of either Homœopathy or materia medica have, by following the instructions, obtained so accurate a picture of the case that even in obscure cases they have accurately and understandingly chosen the correct remedy, even when it was an uncommon one.

The following cases were taken and prescribed for by students. The clinical and the diagnostic work were under the direction of a clinical instructor. A complete physical examination was made, including laboratory findings and the use of all necessary instruments of precision; from these findings and from the case history the diagnosis was made. Then, from the case history, were selected the indications for the homœopathic remedy. These were studied from the Repertory and Materia Medica under the direction of the materia medica instructor, all the remedies relating to the case being compared, until the one covering the totality of the symptoms was found.

From each case worked out in this manner the student obtained a practical idea of the proper way to take a case, of the meaning of the totality of the symptoms, and of each remedy studied.

The first case was that of a woman æt. 23, admitted on a Tuesday morning; on the previous Sunday evening she had had a chill and on admittance the left lower lobe was found consolidated; temperature, 104°; pulse, 128; respiration, 36. The second pulmonic sound was markedly accentuated, pulse was

hard and bounding, and her systolic blood pressure was 200. All the physical findings pointed to a bad case of pneumonia. The urine report later showed albumin and casts, which accounted for the high blood pressure. The following symptoms were obtained: Sharp pain in region of apex of the heart, going through to the back, worse from coughing and worse from lying on either side; dry, hacking cough, worse at night; thirst for large amounts; lips red and full; tongue thinly coated, white; skin oily; feet burning on soles so that she kept constantly moving them to find a cool spot; restless and anxious. Actually this case required no study, because all the symptoms were so characteristic of *Sulphur*. A pain going through any part of the body, especially the left chest and the eye, should lead to the study of *Sulphur*. *Sulphur* 200 was given in water every two hours. Twenty-four hours later her temperature had become normal, and in two or three days all physical signs had disappeared. This recovery was by lysis. There was still evidence of kidney trouble when she left the hospital. *Sulphur* may be given during any stage of pneumonia, although it more frequently comes in the delayed resolution types. Care in obtaining all the symptoms of a case would lead to giving *Sulphur* oftener because really indicated, and seldomer on the much-abused indication, "When apparently well-indicated remedies fail."

Another case was pneumonia in a widow æt. 39. For six weeks she had been feeling run down, and ten days before admittance had had chills, bone-pains, painful hacking cough, and buzzing in the ears. Five days before admittance, stitching pain in left ear followed by a bloody discharge which later became thin and yellow. Examination showed consolidation of left upper lobe, crepitant rales and a dry, pleuritic friction rub over the middle right lobe, axillary line, a perforated and discharging left ear drum and the right drum head red; temperature, 104°; pulse, 130; respiration, 45; heart four inches to left of mid-sternum, but functionating well. Her symptoms were: Sharp pain in right side of chest, axillary region, aggravated by coughing and worse from lying on right side; cough frequent, greenish, scanty expectoration; dull frontal headache relieved by pressure; thirst moderate; tongue had thick yellow coat; bad taste, water tasting

particularly bad; face moderately flushed, of a dull red color; mentally, she was subdued and placid. This case was not easy to prescribed for. The outstanding features were: The left-sided condition, the greenish expectoration, the frontal headache better from pressure, and the water tasting bad. Starting with frontal headache relieved by pressure, *Belladonna, Bryonia* and *Ferrum* appear with a few other remedies having no relation to the case. A brief comparison of the three remedies named above showed *Ferrum* to cover all the symptoms, even to the discharging left ear. Under *Ferrum* 30 her temperature went to normal by lysis in forty-eight hours. Her lungs cleared promptly, though a few days later a thrombus formed in her right illiac vein, which detained her in the hospital for several weeks.

Ferrum is not a frequently-used remedy in pneumonia. Timothy Field Allen mentioned it for the florid cases.

Water tasting bad is worth remembering as an indication.

Another case was an Irish servant who had an infective arthritis following suppurative tonsillitis. Her tonsil trouble began sixteen days before admittance, and in five days the abscess broke. Three days later pain and swelling began in the right knee and later the right wrist was involved. Her teeth, gums and throat were in very bad condition, and were sufficient presumptive evidence of the source of the infection. Her heart was normal. The right knee-joint and the right wrist were the only joints affected, they being swollen and only slightly red and hot. Her quinsy had been right-sided. Her pains were indescribable, and came on only from midnight to 6 a. m. She was very restless with the pain, and her easiest position was to sit up and let the arm hang down. Also she was better from warmth. There was only slight fever. She craved cold drinks and ice cream. The most characteristic points of this case were the relief from holding the arm down, the aggravation from midnight to morning, and the unmistakable right-sidedness of the symptoms.

Under "holding the arm down" are found prominently *Aconite, Baryta carb., Conium, Ferrum, Ledum, Rhus tox.* and *Sulphur;* of these *Acon., Con.* and *Sul.* are right-sided. None of these seemed satisfactory, so the interne waited until night and observed her when the pains came. Her face was flushed and she

became very anxious about the outcome of her disease as night approached, and from this he took his cue and gave *Acon.* 3x. The result was to her miraculous, and the next day she praised her doctor with all the wealth of her Hibernian vocabulary. This certainly did not look like an *Acon.* case on the face of it, but the mental condition was the balancing factor. *Aconite* is not as well understood as it ought to be. In years to come that interne will realize what a brilliant prescription he made. Relief from hanging the arm down can be added to our keynotes for *Acon.*

Another interesting case was acute articular rheumatism in a young Swedish woman; she was of the pure Scandinavian type; her right ankle, knee, elbow and wrist were affected, and she had been under treatment for a week before admittance. Her pains were not very severe, and she complained but little. Her symptoms were: Dry lips and mouth, without thirst; general aggravation after midnight; the pains were not constant but came on gradually and went the same way. Her heart extended four inches to the left of the mid-sternum, and there was marked accentuation of the second pulmonic sound. Heart complication was diagnosed, and this was confirmed a few days later by the development of a murmur at the apex. The only remedy that came out in a repertorial study having dry mouth without thirst, right-sided condition worse after midnight with rheumatic symptoms was *Pulsatilla.* But this did not fit her mental state, which was placid and unconcerned, nor did she suffer from her pains like *Pulsatilla.* So, starting from a new angle and considering the character of the pains, "coming and going slowly," *Kalmia, Nat. mur., Phos., Plat., Spig., Stannum* and *Sulph. ac.* were studied. Taking into account the heart involvement, it did not take long to select *Kalmia* as best fitting the case, even though the patient's pulse was rapid instead of slow. Her response was very prompt and she was well in a few days, though her heart lesion remained. However, she had had previous attacks of rheumatism, and undoubtedly the heart trouble was of previous origin, as I do not recall a case of valvular trouble occurring in rheumatism which did not clear up where the case was treated homœopathically, excepting in those cases where the lesion had existed before.

These four cases are chosen as examples illustrating the practical working out of what was conceived to be the best way of teaching Homœopathy.

Kent's Repertory and Hering's Condensed Materia Medica were used on the ward. The repertory was used to eliminate all but the group of remedies most nearly covering the case. The actual selection was made from the materia medica.

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THE NATURE OF DISEASE.

By Stuart Close, M. D., Brooklyn, N. Y.

It has been said of Homœopathy that it is "not a theory of disease but a theory of cure." It is a taking phrase, but like many other such epigrams, it embodies only a half truth, and half truths are fatal to right thinking. It can easily be proved by reference to the writings of Hahnemann that a theory of disease lies at the very foundation of Homœopathy. This theory, based upon the general philosophical conception of the unity, universality and supremacy of Life and Mind, out of which grew Hahnemann's physio-dynamical doctrine of the Life Force, was an anticipation by more than eighty years of the biological theory propounded in 1897 by Virchow, the great German pathologist.

Virchow's Cellular Pathology, in which he summed up his long lifetime of research and study, was until recently the highest medical authority on the subject. Virchow reached the conclusion that "pathology is but a branch of biology; that is, that disease is merely *life under altered conditions.*" This conclusion has been pronounced "the most important achievement of the nineteenth century," and to Virchow, in recognition thereof, almost royal honors were granted.

Eighty-four years before Virchow published his famous dictum, namely, in 1813, Hahnemann, in his "Spirit of the Homœopathic Doctrine," and elsewhere in his writings, used the following expressions: "To the explanation of human life, *as also its twofold conditions, health and disease,* the principles by which we explain other phenomena are quite inapplicable." Again he says:

"Now as the condition of the organism and its healthy state depends solely *on the state of life* which animates it, in like manner it follows that *the altered state, which we term disease,* consists in a condition altered originally only in its vital sensibilities and functions, irrespective of all chemical or mechanical principles, in short, it must consist in an altered dynamical condition, a changed mode of being, whereby a change in the properties of the material component parts of the body is afterward affected, which is a necessary consequence "of the morbidly altered condition of the living whole in every individual case."

"Disease will not cease to be (spiritual)—*dynamic aberrations of our spirit-like life,* manifested by sensations and actions; that is, they will not cease to be *immaterial modifications of our sensorial condition* (*health*).

Thus, in terms almost identical with those of his great compatriot, Hahnemann stated the present accepted biological conception of disease, and, in so stating it, anticipated, by nearly a century, one of the profoundest conclusions of modern scientific thought.

There are other subjects in which Hahnemann, by marvelous foresight and intuition, anticipated the conclusions of modern science. Among them were certain of the discoveries of Koch and Pasteur.

In 1883 Koch was sent by the German government on a special mission to India to study Asiatic cholera. He discovered, and was able to demonstrate the presence, in the intestines of cholera patients, of a spiral thread like bacterium, which readily breaks up into little curved segments like a comma, each less than 1/10,000 of an inch in length. These microscopical living organisms multiply with great rapidity and swarm by the million in the intestines of such patients. Koch showed that they can be cultivated artificially in dilute gelatine broth and obtained in spoonfuls. He also showed that cholera could be produced in animals by administering to them a pure, concentrated culture of these germs, although it was only done with great difficulty, after many experiments. He, therefore, held that the germs were the cause of cholera.

Other investigators, however, for a time, failed to duplicate

his results, and refused to accept Koch's conclusion. Pettenkofer, of Munich, who did not believe that the comma bacillus was the effective cause of cholera, to prove his contention, bravely swallowed a whole spoonful of the cultivated germs. His assistants did the same, and none suffered any ill effect. This somewhat spectacular demonstration did not impress others, however, many of whom realized that it must be necessary for the human intestine to be in a favorable or susceptible condition, an unhealthy condition, for the bacillus to thrive and multiply in it.

A little later, Metchnikoff, of Paris, repeated Pettenkofer's experiment. He swallowed a cultivated mass of the bacilli on three successive days and had no injurious result. Others in his laboratory did the same with the result of only a slight intestinal disturbance. But of a dozen who thus put the matter to the proof in the Pasteur Institute *one individual acquired an attack of the Indian cholera,* which very nearly caused his death. That put an end to such experiments, and conclusively demonstrated that Koch's comma bacillus is really capable of producing true cholera, *when right conditions exist.*

The announcement of Koch's discovery made a furore in the medical world. Glowing hopes of cure were based upon it, soon, alas! to be disappointed. It seemed such a simple proposition in those days: "Kill the germs and cure the disease!" At last cholera was to be "stamped out!"

It was very easy to kill the germs—in a test tube; but to kill them in the living organism of the cholera patient without killing the patient was quite a different proposition, as they very soon learned. In spite of all attempts at cure based upon such crude reasoning, cholera continued its ravages with undiminished mortality. Now hear what Hahnemann said more than fifty years before all this happened.

When Asiatic cholera invaded Europe in 1831 and began ravaging the population it was realized that it was of the utmost importance to learn its modes of propagation and extension. Hufeland, the great leader of medical thought in Europe at that period, believed and taught that cholera was of atmospheric-telluric origin, from which there could be no protection. Against this awful error Hahnemann protested in a vigorous essay on "The Mode

of Propagation of the Asiatic Cholera," in which he held that it was "communicable by contagion only, and propagated from one individual to another." Illustrating and explaining its mode of origin and propagation he says: "On board ships, in those confined spaces, filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of *those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists.*" He refers again and again to *"the invisible cloud"* that hovers around those who have been in contact with the disease, *"composed of probably millions of these miasmatic animated beings,* which, at first developed on the broad marshy banks of the tepid Ganges, and always search out the human being."

Consider this amazing statement, in which Hahnemann again, by more than a half century, anticipates the conclusions and demonstrations of modern science.

Remember, *Hahnemann had no microscope* That instrument, except in its crude form as a magnifying glass, used as a sort of plaything, did not exist. His conclusion was a deduction of pure reason, from observed facts, which he states at some length in his essay. Moreover, Hahnemann by an exercise of that same thinking faculty which his wise old father had so carefully trained in his childhood and youth, in the old home in Meissen, also discovered and announced the true curative remedies for the disease, and that before he had ever personally seen a case.

It was reserved for Koch, who had a microscope, to demonstrate the absolute truth of Hahnemann's idea. Whether Koch had read the writings of Hahnemann on this subject, is open to question. They were published in book form, and were to be found on the shelves of any great library, accessible to all students. If Koch and Pasteur had read and were familiar with the teaching of Hahnemann they have not been so frank as Von Behring, who, more recently, publicly acknowledged his indebtedness to Hahnemann for the idea of his diphtheritic antitoxin, and declared that no other word than "Homœopathy" will adequately explain its *modus operandi.*

I have dwelt somewhat upon this subject, not only because it

shows Hahnemann's priority and supremacy as an original investigator and thinker, but because we have in this cholera episode a complete illustration of the homœopathic teaching in regard to the nature of disease.

The first proposition is that *disease is not a thing but only a condition of a thing;* that disease is only a changed state of health, a perverted vital action, and not in any sense a material or tangible entity, to be seen, handled, or weighed, although it may be measured.

Those who think they have been following me closely, warm in their interest in the identification of the comma bacillus as the cause of cholera, are doubtless puzzling their brains to reconcile that identification and demonstration with the statement that "disease is not a thing but a condition of a thing." Has it not been demonstrated that the bacillus is a tangible thing? Those who think that have overlooked an important point in my statement, and by so doing have identified the conditioning and the conditioned, which is a violation of the rules of logic.

The foundation is a condition for the house, but it is not the house nor the cause of the house. Much less is the house identical with the foundation. The bacillus is a condition for cholera, but it is not cholera, nor the cause of cholera, in or of itself. It is only one of several factors in the production and propagation of cholera, all of which must be considered if we are to form just conclusions about the nature of disease. For instance, there are sanitary conditions to be considered, with all their numerous implications; there are social and moral conditions, including facilities and modes of transportation and inter-communication between nations, communities and individuals, to be considered. There are also atmospheric and telluric conditions. It is to be noted that it was only after many trials by administration of the bacilli-cultures that one individual was found who succumbed to the attack. With him there was a condition of individual susceptibility, and *that susceptibility was the essential condition for him,* as it is in all such cases.

Those who did not observe that point were caught napping as many others have been when dealing with such subjects.

Philosophically, we must discriminate between cause and effect,

between power and product, between that which acts and that which is acted upon. We must also learn to realize that power, the force that acts to cause or produce effects, is always invisible. We see the wonders of the realm of dynamics only with the eyes of the mind. We know the existence of force only by its manifestations and phenomena. We know gravity, chemical affinity, electricity, life, mind, health, disease, only by their phenomena. We must not let the phenomena which we perceive with our organs of sensation, blind as to the existence of the invisible power which produces them, nor think that the visible is the all of existence. The tumor, the eruption, the ulcer, the pain, or the fever which we see or feel, or the germ or bacillus which the microscope reveals, is not the all of disease. Back of all these lies the all pervading life principle of the organism, which primarily acts and is acted upon.

Functional or dynamic change always precedes tissue changes. Internal changes take place before external signs appear. We do not see the beginnings of disease. Neither do we see disease itself, anymore that we see life or mind, for disease, in the last analysis, is primarily only an altered state of life and mind, manifesting itself in morbid functions and sensations, which may or may not lead to destructive tissue changes.

All action is conditional. No force or agent acts unconditionally. Our cholera illustration teaches that no pathogenic micro-organism acts unconditionally. No germ or bacillus is the sole or absolute cause of any disease, but only a proximate or exciting cause under certain conditions. Other predisposing, contributing, antecedent causes must exist before the germ becomes operative. Numerous Klebs-Lœffler bacilli may be found in the throats of perfectly healthy people who have been in contact with a diphtheria patient, and an examination of the nasal or pharyngeal secretions of anyone of us at this moment would probably reveal the presence of numerous pathogenic organisms from the inhaled dust of the street. But we are not thereby endangered beyond the ordinary chances of life, because nature has her own means of protection against all such outside morbific influences. They are harmless to us because the element of morbid susceptibility to these particular germs is absent in the great majority

of individuals. The vital resisting power of the healthy individual is superior to the infecting power of the bacilli, or any other form of infecting agent, under ordinary conditions. It has been well said that "the best protection against contagion is good health."

It behooves us, therefore, to understand what Hahnemann means by "the sick" in the first paragraph of the Organon, where he says that the first and sole duty of the physician is to heal *the sick;* and what he means in the third paragraph where he says that the physician should distinctly understand *what is curable in disease.*

In paragraph six he tells us that in *each individual case* we are to observe only what is outwardly discernible through the senses, that this consists of *changes* in the sensorial condition or health of body and soul revealed to our senses by *morbid signs or symptoms;* and that these morbid signs or symptoms, in their entirety, *represent the disease* in its full extent; that they constitute the true and only conceivable *form or picture of the disease.*

In paragraph seven he tells us that, essentially, the *disease is the suffering of the "dynamis,"* or the life principle of the organism; that the symptoms by which this suffering is made known constitute not only the sole guide to the choice of the curative remedy, but are, in themselves, the only condition to be removed in the cure. They represent "that which is curable in disease."

In paragraph eight he states the general principle in logic that *when an effect ceases we may conclude that the cause has ceased to act.* He says that when every perceptible symptom of disease or suffering of the vital force has been removed, the patient is cured.

Note carefully exactly what he says here. He does not say that when every tangible or visible *consequence of the disease* has been removed the patient is cured, but that disease is cured *when every perceptible sign of suffering of the dynamis* has been removed.

The patient whose disease has produced a tumor or morbid growth may be perfectly cured by homœopathic remedies, and still have his tumor left, precisely as he may have a scar after the perfect healing of a wound.

The tumor is not the disease, but only the "end product" of the disease, as it were. The tumor is not the object of homœopathic treatment, but the disease which precedes and produces the tumor. The tumor, in the course of successful treatment, may or may not be absorbed and disappear. It depends upon the state of the patient's metabolism.

If the patient's vitality has not been too much exhausted by long illness and faulty living or treatment, and if his powers of metabolism are equal to the task, the tumor, or the effusion, or the infarctus or whatever it may be, will be absorbed, as frequently happens in cases treated by skillful prescribers. I have myself seen this happen many times. But if the contrary is the case, the tumor, or other morbid product, constitutes a merely mechanical condition which we may turn over to the surgeon for the exhibition of his manual dexterity and technical skill—*after the patient has been cured of his disease.*

There is another class of cases where medicine and surgery must go hand in hand because of lack of time; where, from seeing the case too late, mechanical conditions have come to constitute a menace to life. But even here skillful homœopathic prescribing greatly lessens the danger in operating and increases the chances of a happy outcome in the cure of the patient.

The mere removal of the tangible products of disease by mechanical means, as in the case of tumors, or the suppression of the external visible signs of disease by topical applications, as in cases of eruptions and discharges, not only does not cure the disease, but does the patient a positive injury and renders the case inveterate or more difficult to cure, if it does not directly lead to the death of the patient in some cases, from the complications which result from such suppression. Disease is only *cured* by the internally administered similar, potentized medicine, with due regard to the proper auxiliary psychical, hygienic and mechanical treatment.

Disease is primarily a disturbance of the *vital force,* represented by the totality of the symptoms of the patient. It is a purely dynamical disturbance of the vital powers and functions, which may or may not ultimate in gross tissue changes. The tissue changes are no essential part of the disease, but only the product

of the disease, which, as such, is not the true object of treatment.

Cure, from the homœopathic point of view, consists in "the speedy, gentle and permanent *restitution of health,* or alleviation and obliteration *of disease, in its entire extent,* in the shortest, most reliable, and safest manner, according to clearly intelligible reasons," or principles.

To remove *some symptoms* of disease and mitigate some other symptoms is not to remove or obliterate the disease itself in its entire extent. From the standpoint of the patient's comfort it is merely palliation. Whether that palliation makes for the patient's well being or not depends upon circumstances and how it is done. We may palliate symptoms and make the patient more comfortable by the use of well selected homœopathic remedies, or by a judicious and conservative surgical operation; and that may be all it is possible to do in a particular case. Palliation is permissible and all that is possible sometimes. But there is a right way and wrong way to palliate. The wrong way of palliation leads to *suppression* of symptoms, or metastasis to more important organs. That is always bad for the patient, because it leads to further complications and suffering. The right kind of palliation is *curative as far as it goes, i. e.,* it is achieved by the *application of the curative principle;* but in the nature of the case, or exigencies of the situation, cure in the complete sense may be impossible, because the case has passed beyond the curable stage. We must learn to distinguish between incurable disease and disease which has reached the incurable stage. There is no such thing as "incurable disease." All diseases are curable before they have reached a certain stage; and that does not necessarily mean that we must "begin to treat a child three hundred years before it is born," as Dr. Oliver Wendel Holmes wittily, but pessimistically, said.

Suppression of disease is the removal of the external symptoms of disease by external, mechanical, chemical or topical treatment, or by means of powerful drugs, given internally in massive doses, which have a direct physiological or toxic effect, but no true therapeutic or curative action.

The suppressed case always "goes bad." As an example of mechanical suppression, frequently observed and verified, take the surgical obliteration of a rectal fistula resulting from an ischio-

rectal abscess in a tubercular patient, without having previously submitted the patient to a successful course of curative medical and hygienic treatment. What happens in such a case? The local, visible rectal symptoms are removed, or suppressed. The fistula is gone, but what about the patient? Presently the disease which, up to the time of the operation may be said to have been tentatively expressing itself in the rectal lesion, to the temporary relief of the organism and protection of vital organs, now breaks out in the lungs and hastens the patient to an untimely grave. A possible curable case has been rendered incurable and a patient's life sacrificed because the physician or surgeon has failed to recognize the true indications in the case. The abscess and fistula act as if they were the "vent" or "exhaust" of the disease, affording temporary safety to vital organs. Close the exhaust and an explosion follows.

The practical bearing of the foregoing considerations appears when we come to the treatment of disease. If we regard the external manifestations as the all of disease and make them the sole object of treatment we are likely to lose sight of the logical relation between cause and effect, overlook important etiological factors, invert the natural order and direction of treatment and end by using measures which can result only in failure or in mere palliation instead of cure. Such treatment fails because it is one-sided and superficial. It is not guided by knowledge of the true nature and causes of disease and their relation to its external manifestations.

Almost anyone may learn how to drive an automobile, but without a knowledge of the nature, source and mode of application of its motive power and means of control he is likely to be left helpless by the roadside if anything goes wrong with his motor. Life is the power which runs the human automobile, and he who would run it successfully and be able to adjust and repair it when things go wrong must know the nature and laws of that power.

248 Hancock Street.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

THE FOUR COMMONEST KIDNEY CONDITIONS.

CLIFFORD MITCHELL, M. D.

In my experience in Chicago and vicinity the four commonest kidney conditions are stone, acute nephritis following infections, chronic parenchymatous nephritis, also related more or less obscurely to infections, and chronic interstitial nephritis, including or understanding by this term arteriosclerotic nephritis or the so-called cardiovascular renal complex. (It must be understood, however, that none of these conditions is as common as the acute parenchymatous degeneration of the kidneys which take place during any acute infection, but as this condition is a subtle pathological one without classical extra-urinary symptoms pointing to organic changes in the kidney, we do not consider it in the category of purely renal diseases of primary origin in the kidney. See below.)

Of the four conditions mentioned above stone is in my experience the most common, broadly speaking, that is among the class of persons able to visit the physician's office. It is possible that we do not realize fully the extent of calculous disease in this limestone district of Chicago and vicinity. We may overlook calculous conditions in their early manifestations regarding them as digestive or nervous in their cause. Oxaluria, for example, before the actual formation of the stone may give rise to many and puzzling symptoms likely to be referred by both patient and physician to the nervous system or gastro-intestinal tract.

One or two cases may be cited which have been of interest to me.

CASE 1.—Student at the college, was unable to sit through a lecture because of great urgency to urinate and frequency of urination. I examined his urine and found many, various and large crystals of oxalate in it, persistently occurring. Found that

he ate several apples every day. Forbade him to eat apples, also prohibited other articles of diet rich in oxalate. The urinary trouble soon ceased.

In any case in which the urine is rather scanty, of high color and of high specific gravity, it is well to look for oxalate crystals, and if such a patient is not well, or complains of obscure symptoms, the diet should be regulated. I have noticed recently that cocoa is said to be rich in oxalic acid.

Case 2.—A middle aged man came into my office on advice of the janitor of the building, more from curiosity than anything else, as he said he had no urinary trouble, but was for years afflicted with "spinal irritation." He had spent one thousand dollars or more in "doctoring" in America and Europe and had obtained no relief. Had had the moxa treatment in vogue years ago in Europe but without avail. He saw no reason for an examination of the urine except for the fact that his urine had never been tested. This struck me as odd, so I prevailed on him to pass urine for examination. While doing so he heard what he called a "click," and on examining the contents of the glass container I found in it a calculus, small, hard, warty, and very rough. This stone was apparently of the oxalate variety. The interesting feature of the case was that the urine otherwise was normal, showing nothing of interest; no crystals, no pus, and no blood.

Following the passage of the stone the constant pain in the back, which he had had for years gradually wore off. Had him under observation for three years afterwards, but there was no longer any trouble.

The acute nephritis following infections is most always correctly diagnosed by the attending physician. The puffy face, swollen eyelids, waxy skin, œdema, and scanty, "smoky" urine are so strongly suggestive of the condition that the case seldom escapes recognition. On the other hand, a positive diagnosis may sometimes be made, without due consideration of all the factors necessary, in the course of any acute infection where albumin and casts are found in the urine without other important features.

(In all acute infections at the time of the greatest formation of toxines the kidney is necessarily affected by the passage through it of these irritating toxines, and albumin and casts may

appear in the urine leading the physician to believe that nephritis is setting in. But if the clinical features of nephritis, mentioned above, are absent, if the albumin is but a trace, and especially if the tube casts are more numerous than usually accompany the trace of albumin, and are nearly all or all coarsely granular, in such cases we are not warranted in assuming the presence of an acute nephritis. The condition is one of acute parenchymatous degeneration of the kidneys, and due to the sudden rush of toxines through them, and will subside in case the infection runs its course and recovery from infection takes place.

When the toxines are eliminated the albumin disappears from the urine and the casts gradually disappear. The most common cases of this sore are seen in connection with sepsis pneumonia and jaundice. In jaundice great numbers of bile-stained coarsely granular casts may be seen, which, as a rule alarm the attending physician. But these casts disappear from the urine when the patient recovers from the jaundice, assuming that his kidneys were healthy before the attack. Pathologically, the difference between such a condition and an acute nephritis is to be found in the absence of vascular changes that is in the acute parenchymatous degeneration the congestion and hæmorrhages of acute nephritis are absent.)

One of the saddest things in practice, however, is the care of chronic nephritis that comes like a thief in the night some months or years after an infection. These are the cases so-called of chronic parenchymatous nephritis, or "Bright's disease" with dropsy, pale frothy urine and albuminuria. Whether there is any way of preventing them is one of the greatest problems we have to solve in all kidney study. There is apparently no way of permanently curing them, and the best we can hope for is a prolonged stay of the fatal issue. Distressing instances of this nephritis occur in pregnancy. The development of this chronic and eventually fatal condition suggests more care in the after treatment of infections than is now practiced in the case of young persons who make apparently good recoveries from the infections. It occurs to me that study of condition of the blood after infections might reveal something of therapeutic importance, inasmuch as we see chronic parenchymatous nephritis develop often

in so-called anæmic persons. It might be, therefore, that the discovery of a persistent anæmia following an infection with the treatment for the same might be of some clinical value. The insidious development of this chronic nephritis is so well known as to need no further comment. Something should be done in the way of study of the patient before the grip of the malady is fastened on him.

The cases which we used to call chronic interstitial nephritis are in these days regarded as cardio-vascular renal in that the heart, arteries and kidneys are said to be simultaneously affected. That is the kidney condition is no longer regarded as the primary one, and in many cases it may be difficult to prove a primary kidney lesion. But this much is to be said: there are in my experience two well recognized clinical classes of as yet non-dropsical patients who manifest a high blood pressure with a little albumin and but few casts in the urine. One class is more persistent in the matter of all these findings, and is not at all amenable to treatment. The other class has intervals when the albumin and casts are either absent or only occasionally present, and the subjective symptoms are not marked, but every now and then there occurs what has well been termed a "renal crisis," when the albumin increases, the casts increase and the patient becomes seriously ill, may even go into coma, from which, however, he may recover and a general amelioration set in.

These cases make the physician much prognostic trouble, especially if he sees the case in a renal crisis for the first time. For the doctor is likely to give an unfavorable prognosis and the patient to surprise him by rallying from the attack.

On the other hand, the patient of the first class, if stricken with convulsions or coma, does not recover from it.

I think the matter of prognosis in such cases of such importance as to warrant the consideration of these two classes of the so-called cardio-vascular renal complex. The intermittent variety being the one which may show surprising recuperative power on part of the patient, and the steadily progressive one being also surprising in the lack of power to improve, no matter what is done. Sweats are the main thing in the way of treatment, but I have seen cases in which it is practically impossible by any safe

means to obtain diaphoresis. When such is the case, the patient is in a dangerous condition.

The Value of Urine Analyses in Pregnancy.—In an article in a previous number of the RECORDER we took the ground that untoward happenings in pregnancy were to be predicted from analyses of the urine. An interesting confirmation of this view was recently had in the case of a patient in whose urine every now and then the ratio of urea to ammonia would drop down and it would be necessary to put the patient on strict non-nitrogenous diet with rest, and other treatment, in order to bring up the ratio. On one occasion during twenty-four hours the ratio of urea to ammonia fell to ten to one. Trouble was, therefore, expected at the time of confinement, if not before.

When the patient went into labor the expected happened. By the time of the second stage uterine inertia, which is one of the most constant phenomena in cases in which a low ratio of urea to ammonia has been noted in the urine, took place and was marked. Aid was, therefore, given the patient by manual pressure on the fundus. Next came post-partum hæmorrhage, but this being also expected it was controlled by massage and hypodermic medication not more than ten or twelve ounces of blood in all being lost. The case was in the hands of Dr. Gilbert Fitzpatrick, and both mother and child were saved and are doing well.

The Value of Capsicum in Acute Congestive Conditions.—From a surgeon in the United States Army we learn that the army doctors are giving capsicum with great success in the treatment of acute colds and congestions, finding it much superior to the German coal tar preparations (aspirin, salicylate, etc.). The dose is one grain in capsule every two hours, and it is said that three doses will break up a heavy cold. One of the most noteworthy effects is the production of a copious stool rendering catharsis otherwise unnecessary.

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EDITORIAL NOTES AND COMMENTS.

It is with much trepidation that the editor takes up the burden of the editorial work of the Recorder where Dr. Anshutz left off. The latter had been associated with the Recorder so many years that it seems impossible that he is associated with it no more.

We regard it as a privilege to have known Dr. Anshutz, and we look back with pleasure at the times when we spent many profitable moments in conversation with him. His good-natured chaffing, his kindly manner, his warm heart will long be remembered by us.

Bœnninghausen and Alternation.—Bœnninghausen is one of the men who did pioneer work for Homœopathy, mighty work, too, and the collection of his many papers under the title of *Lesser Writings* (Bradford), covering 350 octavo pages, are exceedingly interesting, and at times curious, reading. (Incidentally cheap at $1.50.) A man may read a book and unless he is a very careful reader much will escape him. For example, we never realized what an alternator Bœnninghausen was until we took a second survey of the volume in question. For example, on two open pages before us are eight prescriptions, and of these seven are of two remedies, generally 30th to 200th, given in alternation. To be sure this was not the rule with him for on another two pages of same article are fourteen prescriptions, and of these but five are of two remedies to be given in alternation. The paper in question is on "Typhoid Fever and High Potencies." This

does not prove that alternation is right, but it shows that a great master in Homœopathy employed it extensively and successfully.

Repertory Absurdities.—The *desires* and *aversions* of our patients are frequently of great importance in the search for the remedy. The strong craving for salt of both *Natrum muriaticum* and of *Phosphorus;* the marked desire for sugar and sweets of *Argentum nitricum, Lycopodium* and *Sulphur* are cases in point.

As a rule, these cravings are strong, hence abnormal, and are, therefore, to be considered in the making of the prescription. We must, however, confess to a sense of mirth when we reflect upon the symptom as found in the repertory of dear old von Bœnninghausen, *desire for German rolls—Aurum metallicum.*

Now even at the risk of the appearance of disloyalty, we declare a strong penchant for German rolls, and the editorial mouth is flooded with salivary secretion as the editorial brain pauses to reflect upon the many enemy rolls masticated in times gone by. Visions of Café Bauer on Unter den Linden float before us.

Yet the only possible reason which we can put forward why *Aurum metallicum* should be so unceremoniously coupled to German rolls is the fact that it takes crude preparations of *Aurum* to secure them. This is one of the instances where the high potency finds itself taboo.

Of course, knowing as we do the relationship, therapeutically, of *Aurum* to states of mental depression, it might with some show of propriety be argued that the sadness of *Aurum* is at once dissipated by the ingestion of German rolls; in this manner the desire for these delectable morsels could perhaps be explained.

On the other hand, the cynical reader may suggest that *Aurum* is therapeutically related to specific troubles, and that, therefore, one who exhibits a strong liking for German rolls has already been tainted by the wages of folly. Hence German rolls must be related to specific diseases!

The editorial brain is overcome by the thought—and the dinner gong is sounding. We smell the rolls from afar.

Toleration in Medicine.—We recall a state society meeting some fifteeen years ago at which several cures of malarial cases with

homœopathic remedies in high potencies, were reported. The physician who read the paper has since passed to the great beyond. He was an honest man, filled with enthusiasm for the cause of Homœopathy, in which he believed. The cures which he had undoubtedly made were models of their kind and eloquently demonstrated the superior efficiency of the law of similars.

Yet, in the discussion which followed the reading of the paper, this man was held up to ridicule by several of his colleagues whose criticism soon assumed a degree of vindictiveness, painful to behold. It has been said that of all the learned professions Medicine is the most bigoted, the most intolerant, and the narrowest. Alas! this unseemly wrangling of medical men seemed to justify the charge.

But in the years which have passed many things have changed, much has been learned and a broader spirit of tolerance and humility has entered the minds of men. Rarely if ever, do we to-day witness such exhibitions of childish temper in our medical meetings. The spirit which prevails is one of broad toleration and respect for the opinions and beliefs of others. Not that we always agree, for this would be fatal to progress; but we are ready to listen patiently to that which our neighbor may have to say.

In this frame of mind we are able to advance and the truth which we are all seeking, is left unhampered and unbound. So let us, with our Homœopathy, be always tolerant of honest criticism, let us strive to eliminate the doubtful and the irrelevant by holding fast to those things which have been proved to be true and by proving those in which we believe, but which as yet have not been demonstrated as facts. There is much work to be done, and it is proprely a task for the homœopathic profession to perform. To stand still means stagnation, and stagnation soon ends in death.

Mental Symptoms.—The mental symptoms of any case, when well expressed, are as we all know, of paramount importance in the making of a homœopathic prescription. Hahnemann long ago taught the value of mental symptoms. Hence, in the taking of

the case, the physician should always place emphasis upon the mental side of the symptom picture. Physical diagnosis, supplemented by laboratory diagnosis, is always to be carefully considered by the prescriber. Indeed we know that Hahnemann himself, when we take into consideration the embryonic state of diagnosis and pathology in his day, was a most painstaking diagnostician.

Diagnosis insures us against committing therapeutic absurdities, enabling us to determine what can or cannot be done; in short, it points out the confines of our therapeutic ability. To know what is curable in disease is, in a sense, to know diagnosis. To know materia medica is to know that which is curative in drugs. The end results or end products of disease are seldom curable by medicinal therapeutics. They must be removed by other therapeutic procedures, such as surgery, for example, although such removal may not necessarily be regarded as a cure.

The more a disease is expressed in terms of end products, the less curable will it be by internal remedies. In fact, subjective symptomatology in these cases is practically absent; therefore, when this is so, Homœopathy does not apply, as a rule. When the symptoms of the patient, not the symptoms of his disease, are well expressed, Homœopathy is supreme. Mental symptoms under such conditions may become the deciding factor and should, therefore, be carefully elicited. A case of simple anæmia, for example, in a young woman, may show symptoms strongly suggestive of either *Natrum muriaticum* or of *Pulsatilla.* Both remedies have many points of resemblance. Both, for instance, have the mental symptom of sadness preceding the menses. But the mental state of *Pulsatilla* is easily differentiated from that of *Natrum muriaticum* when one recalls that the former rather likes sympathetic coddling, whereas the latter is annoyed by it and wishes to be let quite severely alone. This difference in the mental pictures of these two common remedies may, therefore, be the deciding factor between them and thus pave the way to a successful prescription.

A proper appreciation of the importance of mental symptoms in the treatemnt of the sick belongs to the art of prescribing. He who has mastered this art becomes the most successful homœopathic prescriber.

The Aid Homœopathy can Give to Surgery.—We recently were called to see a patient upon whom a laparatomy had been done some weeks before. The operation had been successfully performed by a skillful surgeon, but whether owing to a flaw in the material employed for suturing, or whether due to deeper causes, an abscess developed in the line of the incision, causing severe pain and suffering to the woman, already depleted by the circumstances of her operation. The usual symptoms of severe inflammatory reaction were present, including a temperature of 104°. Evacuation by the surgeon of a cupful of greenish pus brought a prompt fall in the temperature and a lessening of the severe pain, yet the woman still suffered severely. No remedies, homœopathic or otherwise, had been given, the surgical technique being considered sufficient.

The taking of the case from the standpoint of the homœopathic prescriber revealed the following symptom picture, the patient being permitted and encouraged to tell her own story without interruption: Frightful visions upon closing her eyes, of being pursued, of dreadful figures coming toward her to injure her, of falling from a high place into deep water. A sense of apprehension or anxiety; uneasiness. General perspiration during the night when sleeping. Thirst for very cold water. General amelioration and a sense of increased well-being after a prolonged sleep. Marked prostration and discouragement.

Of course, *Phosphorus* was given with prompt relief and dissipation of the terrifying visions. Three or four days later the purulent discharge from the deep abscess cavity became thick and yellow, creamy in appearance. The patient craved the cool open air. *Calcarea sulphurica* was now given with undoubted benefit in limiting the amount of pus and in facilitating healing of the wound.

Yet neither of these remedies had occurred to the surgeon, to whom the subjective symptomatology of the patient meant absolutely nothing. Very few of our surgeons to-day have more than a cursory acquaintance with the homœopathic materia medica and are limited to a superficial knowledge of such remedies as *Belladonna, Bryonia, Hepar sulphur* and *Silicea.* This neglect of the very thing which can aid them most, the homœopathic

materia medica, is amazingly shortsighted, especially so when we stop to consider that every physician seeks to increase the patient's resistance, and in infection, for example, to increase by every means possible the manufacture of antibodies in the patient's blood. This is the very thing which Homœopathy does. Wheeler, of London; Watters, of Boston, and Mellon, formerly of Ann Arbor, long ago showed by exact laboratory methods that the homœopathically indicated remedies, even in very infinitesimal doses, are capable of raising the opsonic index.

Our surgeons are masters of their craft, but they will never be truly great physicians in the broadest sense, until they cease to regard the human form as a demonstration field for the exhibition of their technical skill. They have still to learn that the patient is behind his disease, so to speak, and that the individuality of the patient must be taken into consideration, if ideal cures are to be made. No surgical case should ever be deprived of the help which the skillful prescriber can so many times give. For surgery and medicine to thus go hand-in-hand is teamwork of the highest order indeed!

Antitoxins Condemned.—In a communication to the *Medical World* Dr. J. D. Harrigan, of Carmel, N. Y., a good "regular" graduate of Bellevue, writes, among other things:

"Personally, I would just as soon risk snake poison any time as any of the antitoxins.

"Were the deaths from these substances fully and correctly tabulated, the gross number would startle even the medical profession out of its smug complacency.

"No proteid substance whatsoever should enter the system except via the natural channels, then to be taken care of properly and submitted to the process of chemical change known as digestion. Then and only then is the human body safe to receive it without too much disturbance."

Editor Taylor gives him a lecture for this "faulty reasoning."

PERSONAL.

The editor of THE HOMŒOPATHIC *RECORDER* will particularly welcome articles and case reports for publication, which demonstrate the scientific character, efficiency and superiority of homœopathic therapeutics.

Physicians of all schools are anxious for practical facts which can be used in daily practice. The matter of *pathy* is of secondary importance to them. THE HOMŒOPATHIC RECORDER has always been broad, liberal, tolerant in its policy and rightly so. It hopes to continue in this policy. It will not advocate extremes of any kind; it will be neither a high nor a low potency journal. It will seek and welcome truth wherever it can be found; but it will reserve the right to refuse articles which are hopelessly out of step with modern progress in medicine. Homœopathy is a science, its practice is an art. Homœopathy can stand and has nothing to fear from the most rigid inspection which can be brought to bear upon it; but its philosophy must not be misinterpreted or misapplied. There have been times when it has needed protection from its friends as much as from its avowed enemies.

THE
HOMŒOPATHIC RECORDER

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In the London *Lancet* for September 15, 1917, is a most excellent contribution to our knowledge of nephritis, as found under war conditions. The article is of so important a nature, at a time when our own troops are entering the conflict in increasingly large numbers, that the editor feels warranted in giving it in full.

We cannot refrain from commenting, however, upon one or two salient features of this careful study, which pertain more particularly to treatment. In considering the etiology of war nephritis, the authors state that lead, arsenic and zinc can be ruled out at once as causative agents. To the homœopathic prescriber this statement is naturally of interest, since all three of these metals are of value in the treatment of this disease in some of its phases. *Plumbum* would more especially occur to us in the treatment of the chronic interstitial form of nephritis in which a large amount of pale urine of low specific gravity is commonly present. *Plumbum* tends to produce slowly advancing cirrhotic changes in the body tissues, degenerative changes, in other words, very similar to those found in this disease. A study of its subjective and objective symptomatology will confirm this statement.

Arsenic, of course, is of great value in either the acute or chronic form of parenchymatous nephritis and would seem to be exquisitely homœopathic to some of the cases of war nephritis.

Zincum naturally commends itself in the cases in which the milder uræmic symptoms may be present. Recall, for example, the fidgety, restlessness, the jerkings and twitchings, the constantly moving feet and the occipital headaches of this remedy.

Apis mellifica quite naturally would be another remedy of prime importance in the acute cases of war nephritis. Remember

the œdema, the pale waxy skin, the whining delirium, the fever without thirst, the decreased or entirely suppressed urine.

Terebinthina is another remedy we imagine which would give a good account of itself in these cases. The bloody, smoke-colored, scanty urine, the burning pains, the tympanitic abdomen, etc., well warrant the assertion.

Cantharis, Mercurius corrosivus, Dulcamara and *Natrum sulphuricum,* the latter two when we consider the possible exciting causative factors of cold and dampness. *Phosphorus,* too, would no doubt frequently be required. Let us also call attention to *Carbolic acid* and *Kali chloricum,* the chlorate (not the chloride) of potassium.

In short, the wealth of homœopathic remedies at our command in the treatment of war, or of any other form of nephritis, contrasts strikingly with the poverty of therapeutic agents of our O. S. friends, whose main reliance appears to be upon calomel, time and catharsis.

It goes without saying that a milk diet, as recommended in the article, is of paramount importance.

Let homœopaths always keep in mind, however, the greatest of all of Hahnemann's cautions, to "treat the patient, not the disease!"

We commend the *Lancet* article to the earnest attention of our readers.

WAR NEPHRITIS.

By C. E. Sundell, M. D., Lond., M. R. C. P., Lond., Temporary Captain, R. A. M. C., and A. T. Nankivell, M. D., Lond., D. P. H. Camb., Temporary Captain, R. A. M. C.

This communication is based upon the study of 250 cases of nephritis which have come under the personal treatment or supervision of one of us (C. E. S.), and upon the pathological investigation of the last 50 of these (A. T. N.). The figures quoted below refer to 160 of those cases whose records are available.

It is proposed to deal with the subject under the headings of Clinical Aspects and Pathology, and to review the various work which has been done upon its etiology.

CLINICAL ASPECTS.

Seasonal Incidence.—Our own cases reached their maximum in the months of January and February. This is contrary to the observations of other writers and is probably to be explained by an increase in the military population from which this hospital draws its sick; during these months divisional units were "resting" in the neighborhood.

Age Incidence.—The average age of our last 160 patients was 31 years. The disease was commonest in the decade 25 to 35; 8 per cent. of the cases, in which a history of previous disease could be excluded, occurred over the age of 40.

Previous Renal Disease.—A history of this could rarely be obtained. Of 160 cases, 6 certainly and 2 probably had suffered from a previous attack of nephritis. Of these, 2 gave a history of nephritis while on active service, one six months, the other 12 months previously; 4 had had acute nephritis in civil life; 2 gave histories of scarlet fever with delayed convalescence within the preceding five years.

Nature of the Duties on Which the Patients Were Employed.—Of our 160 cases 10 per cent. had never been in the front line; while the remainder had all served at the front, in many cases such service had been discontinued for a period of weeks or months before the onset of nephritis. Three of our 250 cases occurred in officers. The average stay in France of our last 80 cases was 7½ months; 5 cases occurred before the fourth month.

Associated Conditions.—Some degree of bronchitis was a constant feature; it was often a serious complication, and in two of the fatal cases was responsible for death. Septic infection of the skin in the form of impetigo or a superficial wound was present in 12 of our cases. Trench-foot was present in two cases. Quinsy preceded the onset of nephritis by five days in one case. (Contrast Citron.[6])

Type of Case.—There are all varieties in the severity of the disease, ranging from the slight attack with little or no œdema to the typical and fatal case. It seems possible that slight atypical or abortive cases, who suffer from an undiagnosed malaise, may recover without admission to hospital.

Mode of Onset.—The appearance of the more striking symptoms is so impressive that it is only occasionally that the patient

volunteers the statement that he had been indisposed for any time before he was compelled to "go sick." Careful inquiry will, however, in a large majority of instances, elicit the information that there has been some departure from the normal health for two or three days before the onset of the acute symptoms. Such slight prodromal symptoms include headache, backache, "a cold," and a feeling of fatigue after slight exertion; some degree of bronchial catarrh is practically constant at this stage. Alimentary symptoms are rarely mentioned, and it is unusual for complaint to be made of any alteration of urine or micturition during the prodromal period, but some patients speak of "scalding" as having occurred from the very commencement of the illness. The following symptoms and signs are found in every typical case: œdema, dyspnœa, headache. Very common, but not invariable, are backache, limb-pains, slight pyrexia, and scanty micturition. Probably if these patients came under observation at the earliest stage of the disease these symptoms would be more often in evidence.

Œdema.—This always affects the face; it may be confined to this situation or involve the whole body. The positions in which it is found are, in order of frequency, face, feet, hands, lumbar region, scrotum, and abdominal wall. Ascites and pleural effusions are uncommon except in those patients in whom the disease tends to run a prolonged course. The duration of the œdema is very variable—usually it disappears rapidly; if the case is not seen during the first three or four days it may already be entirely absent; we have seen it disappear completely within 36 hours of the onset. Associated with the œdema an almost characteristic flush of the skin is often seen; it is not a cyanosis, but a red flush resembling early sunburn. In our experience this appearance has been most noticeable in patients suffering from capillary bronchitis.

Dyspnœa.—Some degree of respiratory distress is constant. Most of the patients describe the onset as quite sudden; the man may parade in full marching order without discomfort, and fall out a few minutes later, quite unable to march after the column has gone a few hundred yards. Many of the men, however, when closely questioned, state that they have noticed gradually increasing shortness of breath for two or three days before the occur-

rence of the dramatic attack. In a large proportion of cases this shortness of breath, slight and gradual or sudden and severe, may precede the appearance of facial œdema by several days. When at rest the condition is one of hurried respiration rather than a true dyspnœa: it lasts for several days and may persist after the disappearance of œdema. Cheyne-Stokes respiration is not seen except in conditions of severe uræmia. Urgent respiratory distress while the patient is at rest may occur if the disease is complicated by severe bronchitis or as a manifestation of uræmia. Two of our seven deaths were due to sudden uræmic dyspnœa.

Headache.—All our patients suffered from dull headache, most commonly frontal, often occipital, rarely vertical. This is one of the earliest symptoms and is often of long duration. An increase in its severity has been noted as a herald of uræmia. We were unable to demonstrate a definite relationship between the degree of the headache and systolic blood pressure. Its disappearance is accompanied by a sense of well-being which cannot, in our opinion, be entirely due to the relief from a moderate though persistent pain.

Cough.—All our patients suffered to some extent from cough, often accompanied by a considerable amount of expectoration, the sputum being usually frothy and liquid, except in those cases which were complicated by purulent bronchitis.

Backache.—This is practically constant; rarely severe, it persists for several days. It is localized to the loin, and does not radiate; it is variously described as a dull ache, a weight or a load on the loins.

Abdominal pain is occasionally complained of; in our experience chiefly in those patients who suffer from uræmic symptoms. It is transient and variable in intensity and position.

Limb-pains.—These are common but transient. Nothing approaching in severity or persistence the "shin-pains" of trench fever has been met with. This point is of some clinical importance, for in many cases of trench fever albuminuria occurs during the first few days. The limb-pains of nephritis are present only in the early stage of the disease; they disappear with the return of the temperature to normal.

Urine.—In the first days oliguria or suppression is the rule—this is usually of a few days' duration only, and is frequently fol-

lowed by polyuria which persists after all obvious œdema has disappeared. Frequency and scalding are not uncommon during the first few days. Incontinence of urine in non-comatose patients occurred in two cases in our series. This symptom has been noted by a German observer. In 250 cases true dysuria with hypogastric and penile pain was present; these may have been "lower tract" affections as described by Abercrombie.[8] They recovered without special medication.

Albuminuria is constant at first but may be remarkably transient; it has a tendency to vary from day to day irrespective of diet changes. No information as to its ultimate persistence is given by the cases of our series, for they were too short a time under observation.

Hæmaturia.—Naked eye examination reveals the presence of blood in rather less than half the cases. Its amount is even more variable than the albumin, but it may be most persistent. The microscopical characters of the urine are described under the heading of "Pathology."

Temperature.—Moderate pyrexia for a few days is the rule: its duration is brief and relapse uncommon. In the presence of associated disease, such as sepsis or severe bronchitis, the pyrexia is more definite and sustained; but with these exceptions war nephritis may, after the few days at the onset, be regarded as an afebrile disease.

Pulse.—The pulse-rate is little altered. It may rise to 90 or 100 and remain at this figure for a week or 10 days, but persistent tachycardia has been a very rare symptom. In two cases it occurred without any other apparent cause.

Blood Pressure.—The hæmodynamometer was not used in all cases, and experience has convinced us of the fallacy of relying upon digital impressions in estimating blood pressure. The highest record obtained was 210 mm.: this was met with in a uræmic case, in the presence of which complication readings of 150-180 were not uncommon. In mild and quiescent cases no striking rise of blood pressure was met with.

Eye Changes.—Captain R. Graham Brown, R. A. M. C., kindly reported upon 35 consecutive cases. The fundus was normal in 29, while in 6 slight blurring of a portion of the disc margin or papillœdema was present. All these patients had facial œdema.

The retinal change and the facial œdema appeared to clear up at the same time. No case was under observation at a sufficiently late stage for chronic changes to be manifest. Transient blindness occurred in 2 cases as one of several uræmic symptoms. Difficulty in reading was complained of by a few patients early in the disease, and some of these had slight blurring of the disc; but it is doubtful whether this disability could not be explained by general causes.

Complications.—Only two serious complications were met with —bronchitis and uræmia. The importance of the former is very great, and its presence has a very adverse influence upon prognosis.

Uræmia is seen in about 8 per cent. of the cases. Its onset is usually early in the disease; it may afford the first manifestation. In only 2 cases of our 160 did it occur after the tenth day. The common manifestations of uræmia are torpor, severe headache, nausea, vomiting (always to be regarded as a danger-signal), and convulsions. Uræmic convulsions in this disease present several interesting features. They come on with very little warning, they are very violent, they usually occur quite early in the course of the illness, and, paradoxical as it may seem, are to be regarded on clinical experience as of good prognosis provided they are not fatal within the first few hours. Our experience has been that those patients who have had severe uræmic convulsions calling for active measures and causing considerable alarm have, after a few days of semi-coma, passed on rapidly towards almost complete recovery; their albuminuria has ceased, the flow of urine has been re-established, and there has been a speedy return of a sense of well-being. Chronic uræmia, giving rise to a prolonged state of cheerful busy delirium bordering on mania, occurred in two cases who ultimately returned to apparently normal mental health.

TREATMENT.

Treatment has been mainly expectant or aimed at the removal of complications as they arose. Diuretics were rarely used and seemed of no value. Diaphoretics were employed in a few cases, but it is doubtful whether they had any influence on the course of the disease. It is remarkable how these patients sweat without drug treatment. It is the exception to find the skin dry after the first few days. Hot packs were rarely used; they seemed of

doubtful benefit and, by adding to risk of chill, a real danger. Fluids were not restricted, but the patients were not encouraged to drink more than they desired. No attempt to wash out nitrogenous material by flushing the system was made. A reason for avoiding copious drinks is the effect which the intake of large quantities of fluid has upon the blood pressure. Purgation was used, but was never drastic. Calomel gr. iii. at night followed by a saline purge in the morning was the routine. Occasionally an enema was empoyed at the commencement of the treatment.

All cases were kept for three days at least on a rigid milk diet. Three pints per diem were allowed. After this time if the albumin showed signs of diminishing, if blood was no longer visible to the naked eye in the urine, if the quantity of urine was normal, if the blood pressure was not raised, and if headache was not troublesome, an increase in the diet was allowed—toast, biscuits, a flavoring of tea in the milk, rice-milk (a fluid form of rice pudding made without eggs). In no case did the patient's condition call for a return to strict milk diet.

While uræmic danger-signs were present the strict milk diet was enforced. The treatment of uræmia followed the usual lines —venesection, intravenous infusion of saline, and lumbar puncture. The last operation is of the greatest benefit; it is necessary to perform it under chloroform anæsthesia on account of the uncontrolled movement of the patient; the removal of six or seven drachms of fluid is followed by a striking improvement. The fluid is usually under slightly increased pressure, but it is possible that this is due to the anæsthesia.

Opium in the form of morphia or omnopon was given freely and with benefit in uræmic cases; its diaphoretic effect was very noticeable.

In the chronic form of excitement bromide, even in large doses, had little or no effect; opium had to be substituted.

PROGNOSIS.

Our observation of these cases has been too short to allow any opinion as to their ultimate prognosis to be formed, but certain points bearing on their immediate prognosis have been noted. The coexistence of a severe degree of bronchitis is of bad omen; four cases died and the partial recovery of others was delayed greatly. The coexistence of sepsis did not seem to have any ad-

verse influence. The presence of uræmic symptoms varied in significance. The cases that showed great sleepiness during the first few days did as well as those who did not show this sign. Uræmic convulsions, as has already been noted, if not immediately fatal, were shown by experience of several cases to be of good prognosis. Persisting mental changes, which may be regarded as uræmic in origin, however, were associated with persistence of albuminuria and hæmaturia long after the normal date for their disappearance. The blood pressure in the early stages gave little guidance. Some patients with a systolic pressure of 180 mm. Hg. made as rapid a recovery as those in whom the pressure was not raised. As a herald of approaching uræmia sustained high blood pressure may be regarded as of importance. Pressure-readings during or immediately after a convulsion are probably of little value, as they must be influenced by the muscular exertion involved in the seizure. As no patient was allowed to get up before his evacuation from this hospital no information is available as to the possible return of albuminuria in non-albuminous cases after apparent recovery and on the resumption of the erect posture. Temporary increase of the albumin occurs commonly in cases still confined to bed without change in general symptoms and appears to be independent of changes in the diet.

PATHOLOGY

The urines from 50 cases of war nephritis have been examined since February of this year. Concurrently with these, 44 urines, both from normal individuals and from men who were patients in hospital, have been examined as a control.

All cases of war nephritis showed casts in the urine. The casts were hyaline, granular, fatty and blood, the first two being the most common. As would be expected, the more definite the clinical symptoms the larger was the number of casts. Again, all cases of war nephritis showed the presence of many degenerate endothelial cells in pronounced distinction to urines obtained from men suffering with other illnesses where endothelial cells were few or absent. The presence of casts and of endothelial cells is, in our opinion, sufficient microscopical evidence on which to diagnose this form of nephritis. The endothelial cells are of all shapes and sizes, but are most commonly spherical, varying from about

10*u*. to 35 or 40*u*. They show vacuoles, one or more nuclei, and are invariably granular in appearance. They are in all stages of degeneration. Occasionally one has been seen to bud, and it is common to find one bursting open and the intracellular protoplasm being distributed into the surrounding fluid. It seems to us that these cells may be similar to the "amœba urinata granulata," described by other writers.[1] [2] They have never shown any true amœboid movement, however, and are exactly similar in appearance to endothelial cells from pleural effusions or to those found in the fæces in chronic cases of dysentery. They stain well in moist preparations, especially if the urine sediment has previously been washed in distilled water. As has been said, their presence in the urine of cases of war nephritis is invariable, nor are they found in any number in other conditions. We had two cases, however, of injury in the loin, where although the kidney was not damaged microscopically endothelial cells were found in the urine. These were, no doubt, due to the fact that the kidney substance was disturbed by the force of the original wound shock or by toxin absorption from the wound. This was confirmed by microscopical examination in one case.

In mild cases of war nephritis a few only of such degenerate cells will be found in the centrifugalized deposit of the urine. In a serious case many may be found in each field of the microscope (objective 6 X eye-piece). One of our cases who at first showed no definite clinical signs gave no endothelial cells in the urine, but as his symptoms of nephritis developed the endothelial cells appeared. These bodies persist in the urine after the patient is apparently well—even when the urine shows no casts; and perhaps they may be of value not only in the diagnosis of a doubtful case, but also in determining whether a man has had war nephritis in the past. How long they persist we are at present unable to say.

Thirty-six out of these 50 cases showed red blood corpuscles in the urine. The amount of blood did not appear to indicate the severity of the attack. One of our most serious cases had very little; other clinically mild cases showed much blood. The determination of the presence of red blood corpuscles was made microscopically on the centrifugalized deposit of a fresh specimen.

Twenty-two men had albumin in the urine, and the urines of

the remainder—28—failed to give the nitric acid or boiling test for albumin.

A few red blood cells, a few casts and endothelial cells in a low specific gravity urine would hardly be sufficient to give a definite and appreciable chemical test, and here we would like to urge the importance of examining microscopically the centrifugalized deposit of urine, since in the absence of this definite examination it would be possible to miss many slight atypical or convalescent cases. Renal tubule cells and cells from the renal pelvis, in all stages of degeneration, were found in 9 cases out of the 50. Leucocytes, more in number than could be accounted for by the blood in the urine, were present in 3 cases.

Of the series of negative cases taken concurrently with those of war nephritis, none showed either casts, or more than a very few endothelial cells. Five had albuminuria; 1, who was possibly suffering from a renal calculus, showed renal pelvis cells; 5 had blood in the urine; 4 showed excess oxalates, and 7 had leucocytes. Of these 44 cases 7 had definite inflammation of the urinary tract, without, however, the endothelial cells found in the nephritis cases.

No cultural results were obtained ærobically or anærobically—either from the urines or from two cases whose venous blood was examined.

Blood films were made and differentially counted in 15 cases with the following results: Small mononuclears ranged from 16 to 30 per cent., with an average of 22.2 per cent.; large mononuclears from 8 to 18 per cent., with an average of 13.3 per cent.; finely granular polymorphonuclear leucocytes ranged from 47 to 69 per cent., with an average of 62.1 per cent.; and eosinophiles were from 1 to 5 per cent., with an average of 2.4 per cent. "Mast" cells were not counted differentially, but were present frequently. No myelocytes were observed. Basophiles were found occasionally. No obvious change was noted in the red cells and no parasites were observed. The blood counts individually were typical of the so-called protozoal blood count with large mononuclear increase, and in addition to this most of the cases showed a slight eosinophile increase. Citron[6] in his cases records an eosinophilia up to 10 per cent.

Two specimens of the cerebro-spinal fluid from cases of uræmia were examined. One was apparently a normal fluid, the other

showed excess of small mononuclear cells and contained 0.022 per cent. of urea. Aerobic and anærobic cultures failed to isolate any pathogenic organism. Only one case of war nephritis has died out of this series of 50. At the postmortem the kidney was found apparently normal and not appreciably enlarged—it certainly was not the enlarged and œdematous kidney of ordinary acute nephritis, and showed no intense engorgement such as is found in early scarlatinal nephritis. No macroscopic changes were evident. Parts of one kidney were fixed in formalin 10 per cent. and mounted in paraffin. Sections were cut of these and were specially stained and examined for micro-organisms and for protozoa. None, however, were observed. Sections stained with hæmatoxylin and eosin showed the following points of interest. The nephritis was irregular in distribution; parts of the kidney seemed absolutely normal—one field, for example, showed healthy kidney tissue, and yet the field next to it showed definite evidence of disease. The nephritis is both tubular and glomerular. Many of the glomeruli were almost entirely destroyed or swollen and degenerate and filled with endothelial plugs. The cells lining Bowman's capsule showed almost equal destruction, as did the cells of the convoluted and straight tubules. Some of these latter were found filled with casts. Between the glomeruli and among the tubules were patches of interstitial hæmorrhage. The smaller arterioles in the affected parts of the kidney showed endarteritis. The nephritis was, in other words, focal and not diffuse. This has also been observed by Pick.[4]

Of the total number of our clinical cases (250 in all) there were seven deaths. A post-mortem examination was made on each of these, although, with the exception of the case described above, no microscopical investigation of material was possible, in the absence at the time of laboratory facilities. The most striking feature was the small departure from normal in the naked-eye appearance of the kidneys. Four cases had suffered from severe intercurrent purulent bronchitis with consequent circulatory embarrassment. No case showed evidence of chronic renal disease. Patchy pallor of the cortex was noticed in two cases. Moderate enlargement was seen in one case: the others showed no macroscopic changes except for slight blurring of the cortical structure in one case. These patients had died between the fourth and seventeenth day of illness.

ETIOLOGY.

It is proposed shortly to consider the various hypotheses that have been advanced on the etiology of war nephritis and to discuss the validity of each.

Damp, cold, and exposure have been suggested by many writers as predisposing causes or even as the immediate causative agents of nephritis, Hirsch, at the Austro-German Medical Congress at Warsaw,[3] Pick,[4] and others lay special stress on this exposure theory. During the Franco-Prussian War, in which a German authority states that there was much nephritis, it is interesting to note that the chief fighting took place in wet weather. But against this we have the incidence in the American Civil War, 1861-'63, when the cases were most frequent in the summer months. Again, Rose Bradford,[5] notes that cases were few in the British Expeditionary Force until March and April, 1915, and that their incidence in the summer of that year was especially high. Taken together, all these conflicting observations do not favor the supposition that damp, cold, and exposure are essential epidemiological factors.

Forced marches have been suggested as a possible cause by Th. Rumpel.[6] Certainly prolonged fatigue may produce albuminuria; but this is only transitory, and there is no evidence that this passing albuminuria predisposes to disease at a later date. As a predisposition to renal disease it is as unlikely a factor as a surfeit of green apples is a factor in the cause of mucous colitis. Typical war nephritis occurs among people who have been subject to no excessive muscular fatigue—*e. g.*, hospital nurses and orderlies and patients convalescing from some other disease and from injury.

Streptococcal tonsillitis was suggested by Citron[7] as a cause. We find no incidence of this, nor does Abercrombie in his paper[8] give any support to this hypothesis. A few of our cases, but a few only, had a streptococcal infection—viz., impetigo; but the majority did not show this.

Singer[9] considers that dysentery is a predisposing factor, and also that protective inoculation against enteric fever may lead to a stirring up of other organisms which had hitherto been quiescent. No other writer has, as far as we can learn, considered dysentery to be a factor in the epidemiology of war nephritis, nor

do our own cases lend any support to this view. Again, there is nothing in the suggestion that inoculation or vaccination predisposes a man to nephritis. Troops at home are not affected with nephritis, although they are vaccinated and inoculated against enteric.

Lead, arsenic, and zinc have been accused of being the causative agents of this condition. They can be ruled out at once. The cases do not develop any of the well known symptoms caused by these poisons, and Mackenzie Wallis[10] has been able to show by ultra-filtration that the urines of cases of war nephritis do not contain salts of the heavy metals.

Thornley claims[11] to have isolated a small Gram-negative diplococcus from the blood of cases of war nephritis. As far as we can discover, this work has not been confirmed, and our own blood cultures showed no such micro-organisms. Mackenzie Wallis[10] considers that there are powerfully toxic agents in the urines of cases, and that the organism may be ultra-microscopic. He has not succeeded in producing the typical disease in animals.

That the affection originates in the lung tissue has been suggested by Dunn,[12] who described changes in the lungs similar to those seen in cases of irritant gas poisoning. It is possible that the pathological changes noted by this observer were the result of the purulent bronchitis, so often a complication, to which attention has been drawn already. It seems rather to be an intercurrent affection than to have any causative influence on this disease. Exposure to irritant gas could be absolutely excluded in the majority of our own cases.

McLeod and Ameuille[13] conclude that the disease is due to deficiency of certain elements in diet and to the consumption of excessive protein. They think that this is the most likely explanation of transient albuminuria, and that it may contribute towards the development of the more severe cases. They are supported by Gaud and Maurice,[14] who consider that fatigue and deficient food elements are the most important factors in the causation of war nephritis.

In the face of so many conflicting facts and theories regarding the epidemiology of this disease it may safely be said that the cause is still unknown.

The possible infective nature of nephritis is suggested by the

following points: there is frequently a febrile onset; the disease, according to Abercrombie,[8] relapses in about 2 per cent. of cases, which is one of the characteristics of protozoal infections; the slightly raised eosinophile count and the marked increase in large mononuclears support this hypothesis.

Rose Bradford[15] and also Pick[4] have drawn attention to the comparative immunity of officers to war nephritis, and the former has also reported the complete immunity of the Indian troops to this disease. The Indian troops suffered from all other war diseases, including bronchitis, but not from nephritis. These facts suggest that British officers and Indian troops share something in common, or avoid something equally, which influences the onset of war nephritis. In the British Army officers and men at the front line live under almost similar conditions: all drink from the same water supplies; all breathe the same polluted air and live under the same unpleasant conditions. The officers do, however, eat fresh food. Even in the trenches during the Somme battle salads and fruit were seen in officers' dug-outs. When out at rest officers buy fresh food and vegetables and are able often to obtain new milk; in other words, they supplement their rations. This applies equally well to officers living on the lines of communication or at the base; probably they have a "ration mess," but certainly they supplement their rations with fresh food. The soldier, however, does not do this. He draws his rations, but has little or no opportunity, even if he desires to do so, of purchasing fresh eatables. The Indian troops were accustomed to eat fresh meat newly killed and not the frozen or canned meat of European troops. They had fresh milk and not the tinned variety. So, in common with British officers, the native troops obtained fresh food.

It is perhaps a suggestive fact that in the urines of cases of beri-beri Hewlett and De Korté[16] found a body similar in appearance to the endothelial cell. We, too, have found endothelial cells in the urines of cases of beri-beri imported into France with Asiatic labor.

The hæmaturia of war nephritis, which is often persistent, is reminiscent of that which occurs in mild cases of scurvy. It is interesting to note that the majority of cases had been in this country, and restricted living rations, for about seven months.

Experience of work with front-line battalions has impressed upon both of us the frequency of boils and skin eruptions, the scorbutic origin of which is suggested by their great improvement when a lime-juice ration was instituted. The objection may possibly be raised that the maximum incidence of the disease corresponds with the summer weather and the fruit season; this is met by the fact that fresh fruit and vegetables in France are beyond the financial resources or cooking abilities of the average soldier.

Careful consideration of all the views discussed above leads us to think that war nephritis may be attributed to some error in metabolism due to dietary deficiency. Our own observations would suggest the possibility of this, although we feel that our hypothesis is as yet by no means proved.

We wish to express our thanks to Major A. B. Smallman, D. S. O., R. A. M. C., for his kindness in affording us access to the publications of other writers upon this subject.

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The following most excellent article by Dr. Louis Fischer, taken from *The Therapeutic Gazette* for February 15, 1918, is confidently presented to our readers.

The homœopathic prescriber can easily round out Dr. Fischer's clinical pictures by adding the symptomatology of such valuable remedies as *Calcarea carbonica, Calcarea phosphorica, Phosphorus, Silicea,* etc.

Therapeutically, at least, from the standpoint of drugs, we certainly have the advantage here. Attention is herewith called to the use of such endocrinous preparations as Thyroid and Pituitary extracts. Homœopathically given, as far as our present knowledge will permit, in potencies such as the 1x, 3x, 6x and 30th, these glandular extracts are producing highly encouraging results, and there are best of reasons for believing that their beneficial effects are in accordance with the law of similars.

Homœopathic physicians should make a careful study of endocrinous therapy, and all endocrinous preparations should be subjected to thorough homœopathic provings:

FAULTY METABOLISM OF FOOD ELEMENTS DUE TO DEFICIENT VITAMINE.

By Louis Fischer, M. D., Attending Physician to the Willard Parker Hospital, New York.

Many children are brought to the physician showing marked pallor of the skin; their muscles are flabby, and they perspire easily. Examination of the blood shows a secondary anæmia. There is imperfect metabolism of the fat, protein, and carbohydrate elements of the food. The stool frequently contains mucus, and shows an undigested condition. The weight remains stationary, or there is but slight gain during many weeks. These infants show symptoms of a disordered nervous system; they are peevish and dissatisfied by day, and restless at night. Something is lacking, and this something must be supplied or a "deficiency disease" develops. Such condition is usually manifested

by a structural weakness in which bony and muscular defect is found.

Scientists have for years claimed that scurvy was caused by abstaining from fresh vegetables, or from a too generous use of boiled or canned foods. The absence of a live factor was known theoretically. It remained for Funk and his collaborators to demonstrate experimentally that beri beri could be produced by feeding polished rice, and could be cured by feeding unpolished rice. They further demonstrated the presence of a crystalline substance which could be isolated, and to which the name of "vitamine" was given. This vitamine when absent from food is responsible for the development of scurvy. Funk further found that when the vitamine necessary for the proper metabolism of food, and especially of carbohydrates, was absent there results therefrom a condition described by him as a "deficiency disease."

Vitamine can be supplied to the body by giving autolyzed yeast. This has been the subject of clinical and experimental study, and was published in *American Medicine*, November, 1916, by Stark and Edelman.

To determine whether or no the active substance was a complicated product of a protein or phosphatide nature, Funk subjected yeast to the hydrolyzing action of 20 per cent. sulphuric acid for twenty-four hours. It is known that this concentration of acid acting for the above-mentioned length of time hydrolyzes all the ascertained existing complex products, as, for instance, proteins, polysaccharids, nuclei acids, and lipoids. The work done by Funk in conjunction with Cooper* showed that yeast treated in this way possesses very nearly the full action of the original yeast. At the same time this gave a hint as to future procedure and led to the introduction of autolyzed yeast as a curative agent by Cooper.†

My personal experience with autolyzed yeast in liquid form and with vitaphos in dry form dates back one year. My results were published in the *New York Medical Record* of July 7, 1917.

The following series of cases will show the types of cases selected wherein deficiency disease of one or another form existed.

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*Cooper and Casimer Funk, *The Lancet*, May 4, 1911.

†Cooper, *Biochemical Journal*, June, 1914.

India H. was seen by me in consultation with Dr. Wrenn at the Ossining Hospital, in March, 1917. The infant was asphyxiated at birth, cyanotic, and resuscitated with the aid of a pulmotor after fifteen minutes. Forceps delivery; external traumatism, slight facial palsy. Weight, 5½ pounds at birth. No food was taken during the first four days; later food was refused.

When first seen the infant was emaciated, and there was marked icterus neonatorum. Temperature, 98.6° by rectum; respiration, 72. To sustain strength gavage was ordered. There was marked dulness on the right side, lower lobe, and rigidity of the extremities. The stomach was lavaged with bicarbonate of soda, 1 drachm to a pint of warm water, and the infant fed by gavage every three hours, one-half drachm of condensed milk in two ounces of water, gradually increased to 1 drachm in 3 ounces of water. One drop of adrenalin was given morning and evening. Colonic injections of saline solution were given at a temperature of 105°, two times a day. Convulsions were present. Intracranial pressure was relieved by means of lumbar puncture, and 10 cc. of slightly opalescent spinal fluid withdrawn. The infant relaxed and convulsions ceased. The appetite improved, and the infant gained in weight about 4 to 6 ounces a week. This rate of gain continued during the summer. During the first two months skimmed milk and peptogenic milk powder were given. The feeding was then changed to whole milk, granum, dextri-maltose, and water. In conjunction with this restorative diet, 1grain of vitaphos was given three times a day. Spinach juice was given for its antiscorbutic effect. The dose of vitaphos was increased until 2½ grains were given three times a day.

Liza S., born December 24, 1916, at the Lutheran Hospital of this city, weighed 4 pounds at birth. First baby, full term. Was breast-fed about four weeks; later fed on milk and barley water; still later granum was given.

When seen by me the infant had marked signs of rickets, beaded ribs, asthmatic wheezing, seborrhœa capitis, a tendency to constipation, head sweating, and a bulging fontanel. The tongue protruded, and there was marked backwardness in development. A restorative diet, consisting of cereals, vegetable and fruit juices, was given. The weight increased and a general improvement was noted. Owing to the low weight at birth it was thought ad-

visable to aid the assimilation of food by supplying vitamine in the form of autolyzed yeast. Endomycin was accordingly given in doses of 10 drops three times a day. This dose was gradually increased until the infant received 50 drops three times a day.

Owing to the rachitic condition the intestinal and other internal secretions were very sluggish, and accordingly laxatives were frequently administered. In the beginning of treatment 1 grain vitaphos powders were given twice a day, later three times a day. This was continued for two months. As the infant's development increased a larger dose was given, until at six months of age 2½ grains were given three times a day. In addition to stimulating the internal secretions, it had a mild laxative effect. After several weeks of treatment a better tone was noted and the general nutrition was improved. Cod liver oil in 5 to 10 drop doses distressed the stomach, causing eructations and very loose stools. Vegetable juices acted as an excellent restorative. Spinach juice, and later, spinach pulp, was given at six months of age, also mashed carrots and baked potato. Orange juice was given for thirst. One month after this diet was begun the profuse head sweating ceased, the hard and dry scybalous stools improved, and the vomiting gradually ceased. This treatment was continued about five months.

Eleanor L., born October 24, 1916, was seen by me when five months old. She then weighed 9 pounds and 10 ounces. She had had colitis, jelly-like and long mucous shreds in the stool, and evidences of intestinal catarrh, such as excoriation at the anus, a slight prolapse of the rectum, and the appearance of general emaciation, due to malnutrition. The muscles were soft and flabby, and the infant was not thriving. Skimmed milk was given; later maltose was added. Six teaspoonfuls of spinach juice gradually increased to 12 teaspoonfuls was given daily. After one week spinach pulp was given and whole milk was substituted for the skimmed milk. Baked potato and spinach pulp were alternated daily. Vitamine was supplied by giving 2 grains of vitaphos three times a day. This was continued for one month. The colitis improved after one week's treatment. The infant gained steadily, both in appearance and weight. In June, two months after treatment was begun, the weight was fourteen

pounds. Two teeth appeared at the age of seven and one-half months, and there has been a general improvement in growth since that time. The vitaphos was gradually increased until, during the third month, 5 grains were given three times a day. It was then discontinued.

Sylvia G. was referred to me by Dr. Harry Goldman with the following history: Forceps case with convulsions soon after birth. Breast-fed eleven months and weighed at the age of thirteen months 17 pounds. Has always suffered with torpid internal secretions; always had dry scybalous stools. Cannot stand nor talk, and shows no evidence of intelligence. Is backward in both mental and physical development.

Lumbar puncture was performed and the cerebro-spinal fluid examined by Dr. Frederick E. Sondern. His report follows: The specimen consists of approximately 15 cc. clear fluid without coagulum, but containing a few small fine grayish specks believed to be debris. The cell count is within the normal limits, being 3 per cu. mm. The cysto-count shows the usual mononuclear cells of the cerebro-spinal fluid. The globulins are not increased. No organisms of any type can be found.

Because of the peculiar backwardness and the possibility of a tumor in the cella turcica, an X-ray was taken. This proved negative, but a thickened condition of the cranial bones was noted. The report of Dr. Wm. H. Stewart follows: Stereoroentgenographic examination of the head of Sylvia G., January 17, 1916, reveals a distinct abnormal thickening of the cranial bones; particularly is this noted in the vertical plate of the frontal bone and in the posterior portion of the orbital and the occipital.

Upon examination of the roentgenograms it can be readily appreciated how a definite interference with the normal expansion is present. It is this, I think, which gives the peculiar form to the child's head.

The ophthalmoscopic examination showed a pallor of both optic nerves, the fundi otherwise normal.

Lecithin was ordered, one drachm of Fairchild's solution given three times a day. This was continued for over two months with no apparent improvement. One grain of thyroid extract with one-half grain of the pituitary extract was given for the follow-

ing three months with decided advantage. The stool became more regular and the scybalous character gradually lessened. The general condition, such as circulation, intelligence, and strength, improved. At this time the diet consisted of vegetable puree, such as baked potato, spinach, peas, and carrots. The yolk of hard cooked eggs was given for its fat and lecithin content, and was well assimilated. Dentition, long delayed, made rapid progress; likewise the child, then at the age of three years, commenced to speak and also to walk. Vitaphos had been given in 2½ grain doses three times a day with exceedingly good result. But my greatest reliance in this case has been on the persistent use of the internal secretions and the diet. The child has been a source of considerable anxiety as the prognosis was hopeless from the beginning, and various opinions given all agreed that nothing could be done.

Frances G., born November 27, 1916, was three months old when seen by me. Weighed 5 pounds at birth, 7¾ pounds when three months old. Was premature five weeks. Had had alternate feedings of breast milk and Nestle's food. The infant was restless, had head sweating, and greenish stools containing mucus and occasionally yellowish-white casein particles. The circulation was stagnant; arms, legs, and face markedly œdematous. The urine contained albumin and traces of sugar. Nestle's food was discontinued, and in its place skimmed milk 2 ounces, maltose 1 drachm, and water 3 ounces was given alternating with the breast. The substitute feeding improved the stools and satisfied the infant, but did not increase the weight. Autolyzed yeast (endomycin) was ordered, 10 drops three times a day, and 5 drops more each day until 50 drops were given three times a day. This was continued, in all, about five weeks. The infant appeared brighter and gained in weight. The food was increased ½ ounce more every two weeks until 4 ounces of skimmed milk, 2 ounces of water, and 1½ drachms of maltose were given. At six months the infant was weaned, and whole milk substituted for skimmed milk in the formula. The faulty metabolism of both fat and protein seemed to improve after two weeks of the autolyzed yeast treatment; likewise the gain in weight was steady, the stools became more homogeneous, and contained less mucus and fewer curds.

SUMMARY AND CONCLUSIONS.

When we feed food deficient in vitamine, be that the human breast or cow's milk, such feeding will result in structural deficiency which may remain throughout life. The earliest manifestations and symptoms to watch for are profuse sweating, restlessness, irritability, wakefulness night and day, stationary weight or slow gain, and constipation with hard, dry, scybalous stools showing imperfect digestion. In these stools fat curds and casein lumps can frequently be seen. This class of cases if seen early and the symptoms carefully noted will rapidly improve under the influence of restoratives such as the vegetable juices, especially those containing iron, like spinach, lettuce, salad, Romaine and Swiss chard; also small doses of cod liver oil, but it must be the pure oil, undiluted, 3 to 5 drops morning and evening, gradually increased. Autolyzed yeast in liquid form, or vitaphos in tablet or powder form, is an excellent restorative. Milk to which is added the crushed yolk of hard cooked egg, or milk to which several teaspoonfuls of baked potato is added, can be given with advantage to correct the above-named symptoms. Orange juice should be given as early as the second month if these symptoms appear. When they are neglected, then such deficiency diseases as rickets and scurvy in a susceptible body usually result.

PRESCRIPTION AIDS FROM BŒNNINGHAUSEN.

By Maurice Worcester Turner, M. D., Brookline, Mass.

There has always been much speculation regarding the proper method of using the Bœnninghausen "concordances." While Bœnninghausen gave suggestions in the preface of the Therapeutic Pocket-Book for the use of the concordances, yet he did not give full directions. Consequently, as these suggestions are meagre, they have been overlooked and so the use of the concordances has languished.

Nevertheless, while some Homœopaths have made use of the concordances they have usually, at the same time, felt that there was something, in or about them, that they did not understand, which, if explained, would be of inestimable help.

Let us see what Bœnninghausen says in regard to the concordances and possibly, from that, we may be able not only to understand the scope of this part of the Therapeutic Pocket-Book,

but also, by its help, be able to make use of the concordances in therapeutic case study.

In speaking of his concordances Bœnninghausen says: "In studying the materia medica, which I consider the fountain-head of Homœopathy, these concordances have been of the most decided importance to me, as they have not only led me to understand the *genius* of the medicines, but also to select with more certainty the proper remedies, and to determine the order of their successive exhibition, particularly in chronic diseases."

Here, then, are three applications of the concordances. First, the grasp of the genius of the medicines; second, greater certainty in selection, and, third, sequence. These three uses can best be comprehended if one first recalls how Bœnninghausen's repertory is constructed. Therefore, I will briefly outline its arrangement.

In the Therapeutic Pocket-Book there are seven separate and, at the same time, related sections. They are:

First. *Mind and Soul,* whose rubrics, though few, cover all moral and intellectual variations.

Second. *Parts of the Body and Organs* or "Location."

Third. *Sensations and Complaints,* comprising those in—

a—External and Internal parts of the body in general.

b—In Glands.

c—In Bones, and

d—Of the skin and external parts, which are thus grouped under one general heading and not divided into four separate parts as in Dr. T. F. Allen's Bœnninghausen.

Fourth. *Sleep and Dreams.*

Fifth. *Fever,* including—

a—Circulation of the blood.

b—Cold stage (chilliness).

c—Coldness.

d—Heat.

e—Shuddering.

f—Perspiration.

g—Compound fevers.

Sixth. *Alterations of the State of Health,* that is—

a—Aggravation according to time.

b—Aggravation according to Situation and Circumstance, and

c—Amelioration by Position and Circumstances, and, lastly,

Seventh. *The Concordance of the Medicaments,* to use the old phraseology.

These sections are not all as clear-cut as the names seem to indicate, but, for the sake of completeness, encroach on each other. Thus the second—*"Parts of the Body"*—contains details in the way of "Sensations," which properly belong in that, the third, section, but could not be given as well there.

In each "concordance" these seven sections are represented and the harmonious relation of the remedy to others is given under each section.

Now the three applications of the concordances, of which Bœnninhgausen tells us, and a few words more, further along in the same preface, is all we have in the way of instruction concerning the use of the concordances. What help can be derived from these brief directions?

First. "The grasp of the genius of the medicines." Bœnninghausen puts it that in studying the materia medica the concordances were of decided importance to him, as they, among other things, led him to understand the genius of the medicines. This we also can do. The basis of such study is the help afforded by the concordance in comparing the remedies. Certainly one way, and, perhaps, the most satisfactory way, to study materia medica is by comparison.

This brings us to the second use, "to select with more certainty the proper remedies," which would be a logical result of the comparative study of the materia medica.

So far we can, in both ways, follow Bœnninghausen's suggestions and thus gain all the benefit from remedial comparison and increased certainty of selection that the concordances offer. There is nothing obscure nor difficult to follow here.

The third application of the concordances may be summed up in the one word, *"sequence,"* that is, the sequence of the remedies. Bœnninghausen says "particularly in chronic diseases," yet we find the concordances useful also in pointing out the next remedy in acute affections.

This, the sequence of the remedies, is the most important of the three uses of the concordances, and possibly the one which has seemed obscure, but as to there being anything hidden, I

feel that is a mistake. The concordances are to be used in this regard, that is, to find the "next remedy," in the ways I shall soon point out. The almost always satisfactory result obtained from using one of them in indicating the remedy to follow is due to the wonderfully accurate and comprehensive manner in which they are compiled and not to there being anything concealed or esoteric. The hidden thing is the knowledge of the simplicity of the method of using them.

How many physicians are non-plussed when it comes to the selection of the following, that is, the "next" remedy!

Having selected the first medicine for a case with accuracy and worked out its action in various potencies, or if the symptoms change substantially, new ones developing,—either case demanding a change of remedy,—it is here that the difficulty comes.

To meet these new and trying conditions there are the instructions in the Organon, or Hering's advice in regard to the importance of the new symptoms that have appeared; and, besides, the suggestions at the end of each remedy in some of the materia medicas, notably in the Guiding Symptoms, as to following remedies, and elsewhere, all of which is very helpful.

Yes, it is all helpful, but it is not as specific as are the concordances in this respect and besides it takes much less time to use the concordances, as I hope to show, and time often is of importance in a case.

Truly we cannot have too much help in this matter, and as it was with special references to the sequential relation of remedies that the concordances were constructed we frequently find in them the assistance we need and which we have sought for, unavailingly, elsewhere.

To my mind this is the great use to which the concordances may be put; in fact, as I have said, for which they were made, and this help may be obtained by using them, without undue waste of time or effort.

Take, for example, the arrangement of the concordances of two remedies, *Aconite* and *Belladonna*. Here almost, at a glance, one can see the careful way in which the relation of these remedies, to each other, was noted.

These medicines, *Aconite* and *Belladonna*, have many points of

contact, but it will be seen, on examining their concordances, that while under *Aconite* the sequential relation of *Belladonna* is shown, yet in the concordance of that drug there is little if any indication of such relationship—sequential—of *Aconite* to *Belladonna,* which we know seldom if ever occurs.

The concordances of both *Aconite* and *Belladonna* show distinctly that relation to the remedies which bear to them respectively a chronic relationship, that is, to *Sulphur* and *Calcarea.* And so it is throughout this part of the Therapeutic Pocket-Book, in regard to remedial relationship.

Incidentally there are two things in the concordances to which I wish to call attention. The first is in the way of correction. In the Allen edition of Bœnninghausen the sixth section of each concordance has been changed. Originally this sixth section or rubric was in two parts. This is the rubric corresponding to the sixth part of the main body of the Therapeutic Pocket-Book covering the "State of the Patient According to Time and Circumstance." In the original the first part of this rubric related to "Aggravation According to Time," and the second to "Aggravation According to Circumstances and the Ameliorations." Dr. T. F. Allen put these two parts together. Certainly they are more useful in the original form, that is, separated.

The second matter is that in each concordance in section seven, which Allen has called "Other Remedies," we have in reality a concordance of that particular concordance as section seven, in the divisions of the whole work, is the section of the "Concordances of the Medicaments." Thus in each concordance of the concordance there is a resumé of what has gone before in that particular concordance. This rubric is often of great help and may be the only one to be used.

How *are* the concordances to be made use of in relation to the sequence of remedies?

That depends upon the case and so, unfortunately, no hard and fast rules can be given. Something may be said, however. For example, the concordances may be used either with or without assistance from the first part of the Therapeutic Pocket-Book, as the case requires.

Generally a concordance is to be used alone, taking, as the first

rubric, the one which covers the "part affected." Thus if it be a mental case "Mind" is used first, or if the *part* be elsewhere in the body then the rubric of "Localities" is first taken, and so on. I use the rubric headings, in reference, as given in the Allen Bœnninghausen.

The following is an illustration: In the study of a case in which *Silicea* had helped, the concordance of *Silicea* was used, together with the first part of the Therapeutic Pocket-Book. The rubric of "Localities," in the *Silicea* concordance, was taken, then the various "Sensations" presented by the case, and, lastly, the special "Aggravations" in the case. These gave *Calcarea* as the remedy to follow. Not only did the materia medica, when consulted, confirm this, but also on exhibition, it proved to be the simillimum.

In another case with mental symptoms of *Hyoscyamus,* in which that remedy helped for a time, but finally failed to improve the case further, the concordance of *Hyoscyamus* assisted when used as follows:

The first rubric taken was "Mind." Here *Belladonna, Cannabis Indica, Stramonium* and *Veratrum album* are the leading remedies, with *Glonoine, Lycopodium* and *Opium* next. As a skin efflorescence had recently developed the rubric of "Skin" was next consulted. These two rubrics gave *Arsenicum* 4, *Belladonna* 6, *Lycopodium* 5, *Phosphorus* 2, *Rhus* 2, *Sulphur* 3.

Further study, in the materia medica, showed *Lycopodium* to be the remedy. It not only cleared up the eruption in proper order, that is, first, but soon the mental state also.

Another illustration of the use of the concordance is one in which *Lachesis* was helping a joint case, but, after being exhibited in rising potencies, at last the patient failed to respond. Then in the *Lachesis* concordance "Localities" was taken. After that rubrics for the "Sensations," "Modalities," and "Concomitants," that were present in the case then, were selected from the first part of the Therapeutic Pocket-Book. The resultant remedy—*Pulsatilla*—took hold at once and cured.

This was successful, of course, but the study could have been much shortened by taking just three rubrics in the *Lachesis* concordance, that is, "Localities," "Sensations," and "Aggravation,

Time and Circumstances," to use the rubric headings, as altered, in the T. F. Allen Bœnninghausen. This gives *Pulsatilla* ahead of any other remedy—based upon the analytic value—as expressed by the different type.

I give this example in both ways because it shows the simplicity and rapidity with which the concordance can be used and also indicates how accurate the result may be.

There remains, then, to speak of those cases in which one makes use of the seventh rubric—tenth in Allen—which, as I have said, corresponds to each concordance as a whole and which I have called the *concordance of the concordance.*

In certain ill defined cases, that is, partially developed symptomatically, which may be said to have failed to localize, it is often the only rubric to use. One may get enough suggestion from it alone, or it may have to be helped out, as it were, by other rubrics in the concordance or even, exceptionally, by the first part of the Therapeutic Pocket-Book, in a way similar to that I have already indicated.

The key to the special concordance to be used in a case consists in the name of the remedy last effective in that case. It matters not how this remedy was selected—whether by Bœnninghausen, by some other repertory, or in some other manner or even as to the potency in which it was exhibited—the deciding point being that the remedy affected the case favorably, that is, it was homœopathic.

Take a case coming from old school hands that has had, for example, either *Ferrum* or *Colchicum* (*Colchicine*). It may or may not be evident that the remedy has worked out its usefulness. It isn't necessary always to give one antidote, in such an instance, though that is one of the things to be considered. As the medicine has helped it is possible that if it be given in potency that there will be a further response to it. If when the remedy be thus exhibited there is no reaction the concordance of that medicine may be of help.

Therefore in such a case there is a choice between these three procedures—that is, antidote, repetition in a different potency, or reference to the concordance.

From what has been said I hope it is clear that a concordance

may be used in several ways. Particularly is it of value in selecting the "following remedy," which it does with accuracy and with the minimum expenditure of time and effort. Also, because of its comprehensive grasp of the sequential relation of remedies, it is quite likely to suggest, in its workings, a medicine, to follow, which would not be thought of, without the aid of the concordance, except after laborious study, and which will be found, in the large majority of instances, to be the desired simillimum.

Those who use the Therapeutic Pocket-Book and, likewise, make use of its concordances, should add, if they have not already done so, the use of the eighteen groups of "concomitants." They, too, are included in the Therapeutic Pocket-Book. These help to increase the accuracy of the remedy selection and decrease the time and effort required for its discovery.

As a paper of mine, on this subject, has already been printed, in the *Medical Advance*, I will give only a short example here:

Take the case of an unmarried woman of thirty, whose menstrual flow comes too early, is scanty, bright, and without clots. All the associated symptoms—concomitants—which are hardly characteristic, occur *before* and *after* the flowing. During the flow, and in the interval between periods, she is free from symptoms. The relief during the flow suggests a small group of remedies—a half dozen. Note, please, that in the working out the remedy finally selected is one of the six, though the modality of amelioration during menses was not used in the study except infrequently. While *Bovista* (15), *Phosphorus* (17), and *Sepia* (15), cover this syndrome in Bœnninghausen, *Phosphorus* most markedly, yet a reference to the materia medica shows *Sepia* to be the "most similar," which is therefore given. The concomitant rubrics here are "before" and "after" menses.

This use of the concomitant rubrics makes available symptoms which would otherwise, from their commonness, be difficult to find in the repertories and which, if found, would, for the same reason—because they are common symptoms—be valueless for prescription purposes.

These common symptoms are available because of what may be called their *mass,* or concomitant, *value.* When grouped in this

way under "concomitant symptoms" they thus collectively indicate a remedy, that is, a remedy which is more or less likely, as the case may be, to develop extraneous symptoms associated with various morbid states. The concomitant or *mass value* of each remedy, as estimated by Bœnninghausen, is indicated in the concomitant rubrics, as is the remedy value in the rest of the Therapeutic Pocket-Book, by the different size of the type.

Bœnninghausen speaks in regard to the rubrics of "Concomitant Complaints," as follows: "Convinced of the importance of the symptoms which occur simultaneously with others, and form with them a group of symptoms, I have increased for a great many years the secondary symptoms in the Materia Medica Pura, by adding to them every secondary symptom occurring in my own experience, as well as in that of others, and their number has increased so incredibly, that I have been able to abstract from them general rules. By these rules it is proved with great certainty that one remedy inclines much more than others to certain secondary complaints: that these last do not take exclusively this or that form, but that in general *every kind* of complaint which is at all related to the sphere of activity of the remedy, may be its attendant, although its true characteristic secondary complaints attend it most frequently. This discovery, proved by long experience to be true, has led me to bring the "Concomitant Complaints" together under *one* head, where the order of the remedies has again been pointed out by means of a different point; and whenever those secondary complaints require to be taken into consideration in the treatment of a case, they will have to be looked for among the peculiarities of the remedies, which are simultaneously indicated, in a greater or lesser number."

It would seem that this explanation is as full and clear as could be desired.

The following list of these "concomitant" rubrics may be helpful, as they are renamed in the Allen Bœnninghausen and many of them are, therefore, unrecognizable. The page number and the rubric heading under which they are given in the Allen edition follow in form thesis:

Mental—Concomitant Complaints (Drugs which have Concomitants of Mental Symptoms, p. 23).

Nose—Concomitant Complaints (Accompanying Symptoms of Nasal Discharges, p. 49).

Stool—Complaints Attending (Troubles Before Stool,—During,—After, p. 90).

Urine— Concomitant Complaints (Troubles Before,—At Beginning of,—During,—At Close of,—After, p. 100).

Menstruation—Concomitant Complaints (Before.—At Beginning of,—During,—After, p. 109).

Leucorrhœa — Concomitant Complaints (Accompanying Troubles of Leucorrhœa, p. 111).

Breath—Concomitant Complaints (Respiration, Accompanying Troubles of, p. 114).

Cough—Concomitant Complaints (Troubles Associated with Cough, p. 120).

Yawning—Concomitant Complaints (Associated Troubles, p. 240. See Aggravation, Yawning, p. 310).

Complaints Preventing Sleep (Sleep Prevented by Various Symptoms, p. 240).

Waking—Concomitant Complaints (Waking, Associated Symptoms, p. 241. See Aggravation, Waking, p. 306).

Sleepiness in the Daytime—Concomitant Complaints (Sleepiness During the Day, Associated Symptoms, p. 243).

Sleep—Concomitant Complaints (Associated Symptoms, p. 245. See Aggravation, Sleep, During, p. 300).

Sleeplessness—Complaints Causing (Symptoms Causing Sleeplessness, p. 246).

Fever, Cold Stage—Concomitant Complaints (Symptoms During Chill, p. 256).

Heat—Concomitant Complaints (Heat, Associated Symptoms, p. 259).

Perspiration—Concomitant Complaints (Sweat with Associated Symptoms, p. 265.'

Compound Fevers—Concomitant Complaints, Before,—During,—After the Fever (Compound Fever,—Before,—During,—After, p. 268),

These concomitant rubrics, as well as the concordances, appeared originally in the Therapeutic Pocket-Book. They were, unfortunately, either unappreciated or soon forgotten—probably both.

No other repertory contains anything that approaches them. Partial rubrics of this kind, in other repertories, have been evidently copied from Bœnninghausen.

Being unique, practical and accurate, it would seem that the help of both the concordances and concomitants should be invoked, when possible,—first, because of the saving of time their use insures; second, because of the accuracy their use adds to the prescription, and, lastly, because the precision derived from their use also adds a scientific element to the prescription which is, unfortunately, too often lacking.

Those physicians who are able to elicit characteristic symptoms in every case, at whatever stage the case may be, have, of course, no need nor use for either the Bœnninghausen concordances or concomitants.

Many of us, on the other hand, have to cure, if possible, chronic, and sometimes, acute, diseases occurring in patients whose symptoms are devoid of characteristics, no matter how carefully we examine or question them, either at the first scrutiny or later, when the action of the remedy has ceased. At such times the concomitants or the concordances may be of great help.

There seems to be no valid reason for avoiding these aids in prescribing, which have, by Bœnninghausen's genius, been worked out and arranged and which are available for our use and assistance. All that is required of us is to learn how to make use of them.

I trust that what I have given here may help some one in the use of both the concordances and concomitants. The aid given by them is too valuable to be ignored, too important to be neglected. While they are not needed in every case yet the accuracy of remedy selected which results from the use of the concordances and concomitants in those cases to which they are suited is something which every physician longs for and for which every physician should strive.

With these prescription aids in Bœnninghausen at hand, and a knowledge of the ease with which they may be applied, it is one step nearer to that ideal simplicity in prescribing which all in the profession desire.

786-788 Wash. St., May, 1917.

SOMETHING OF INTEREST.

By Eli G. Jones, M. D., 331 Main St., Buffalo, N. Y.

The death of Dr. E. P. Anshutz, editor of THE RECORDER, was a great *shock* to me. I had learned to *love* the man for his many little acts of kindness to me. He was one of *my* kind of men for he was *broad* minded and *liberal* enough to see all the *good* outside of *his* own particular school of medicine. He was always ready "to give honor to whom honor was due." The article in February RECORDER, by Dr. T. L. Bradford, was a *beautiful,* an *eloquent* tribute to the memory of EDWARD P. ANSHUTZ. It seems very strange to me that with *all* the *many* discoveries in medical science, with all the *brilliant* men in the profession within the past one hundred years, that our doctors have never been able to tell if a person *was in pain or not* they simply had to take the patient's *word* for it. I have made this *discovery,* that if there is *pain* in any part of the body there will be a *tension* to the *pulse* (be it ever so little) and a *contraction* of the *pupil* of the eyes.

If there is *no* tension to the pulse and no *contraction* of the pupil of the eyes, *there is no pain.*

I have also made another *discovery,* that there is a *great difference* between the *pulse* of the right and left wrist. The pulse of one wrist will tell us of the *vitality,* the constitution of our patient, the pulse of the *other* wrist will tell us of the *local* disease or injury (whatever it may be), the real, the *true* condition of the sick person when the time comes by proper treatment that the pulse of *both* wrists are *alike, full, strong* and *regular,* the patient is near well.

It has been said that we "can't tell whether a person is sick or well *without* a physical examination." I have discovered this fact, that if the *face* has a *healthy* appearance, a *clear, bright* expression to the eyes, tongue *light red,* moist and *cleaning,* pulse *full, strong* and *regular,* the muscles of the arm *firm,* not flabby, the person is in normal health. Then a *variation* from the above must be *disease* in some form. The above is, I believe, one of the most *important* discoveries of the century. Some of the most prominent physicians in this country and across the Atlantic are *testing* this discovery in their practice. *Try it out* in your practice, dear reader, for there is *more* in it than you may *realize.*

I have received a very kind letter from the Surgeon General U. S. Army and the Surgeon General of Canadian Army, and Secretary of War for England, thanking me for calling their attention to the above facts.

I am *too old* to do "my bit" in this great war, but there are many of my students and medical friends in the service of our country. I feel confident that any soldiers placed under their care will be *well taken care of.*

I am often asked the question, "What specialty would you advise me to take up?" Before a doctor takes up *any* special work he should have several years' experience in general practice; he should be a *good* "all round" physician; he should *know* materia medica.

If he takes up any *special* work, he should put himself under the *personal* instruction of a doctor who has built up a reputation *in* that specialty by the *cures* he has *made.* When a physician lets it be known that he is a *specialist* in *any* department of medicine he is then *supposed* to be an *expert* on that subject. To not only be able to make a *diagnosis* of the disease, but to be able to outline a *definite* treatment first. *Some* of our would-be specialists are like our political reformers, "they are reformers *that don't reform!*"

Some of our young *men,* when they graduate from a medical college, have an idea that they would like to *specialize* in some branch of medicine, so, if they have the *price,* they go to Europe to "study wine and women," and, ostensibly, to pick up some information about a particular line of medical work.

In due time they return to their native land and blossom out as a *full fledged specialist;* what they *don't* know about that particular subject would fill a good sized book.

What our profession needs and what the public need at the present time are men who have developed a *definite* treatment for the diseases *common* to our country. Very many acute diseases, by improper treatment, have advanced to the *chronic* stage, and here is a *splendid* chance for the doctor who will *study* and develop a *definite* treatment for *chronic* diseases. There are 20,000,000 people in the U. S. suffering from *some* form of chronic disease.

There is another very *important* specialty, and that is, materia medica. A physician who *knows* materia medica is a *"Tower of strength"* in the sick room, and in consultation will prove a *"Godsend"* to his brother physicians. Any doctor who would learn how to *read* the eye, pulse and tongue *intelligently,* both as a means of *diagnosis,* and to find the *indicated* remedy, would have the *whole* field to himself and *no competition.*

Whatever may have been said *against* the homœopathic school of medicine by its enemies, there is one *fact* remains, that is *worthy* of our consideration, that in every community where there is a *good* physician of *that* school of medicine he usually gets the *wealthy* and intelligent people for his patrons. They are the *kind* of people that *appreciate* Homœopathy for they judge a man by the *results* of his treatment. When a hospital is needed in any of our cities there will be found plenty of wealthy people who *know* by *experience* the *value* of homœopathic treatment who will contribute *liberally* to the support of such an institution. It is not so long ago, that every justice of the Supreme Court of New York State was a Homœopath, *they* were men of *brains* and men who would *fully* appreciate the *success* of that school of medicine in *healing the sick.*

I am of the opinion that the *average* Homœopath in this country has *failed* to appreciate the *real,* the *true* value of his remedies, for the simple fact that he *don't* know *his* materia medica.

A homœopathic physician prescribed *Graphites* in a case of erysipelas. I said, *"Why* do you give that remedy, what is the indications for it?" He could not tell me, so I told him the *indication* for the above remedy in that disease.

A doctor should *never* prescribe a remedy for a sick person unless he is able to give an intelligent reason *why* he gives it and what he expects it to *do.*

Many years ago there lived a married couple in Maine that I knew, a doctor and his wife. The wife had her *own* ideas about the married state. They tacked up the usual card in their sitting room, "God bless our Home." In order that there might be no misunderstanding about *who* was to be the *head* of the family, she tacked up another card, "In OUR home, the rolling-pin gathers no moss."

The neighbors called him, "Man afraid of his wife." She had the husband under such *excellent* discipline that all she had to do was to give him the "matrimonial high sign" and he would shrivel up, lay down, roll over and play dead!

The morale of this story is that a man who starts out in married life as *Second* Lieutenant ought never to expect to be *promoted.*

I have seen cases where patients had a discharge from the rectum of yellow, bloody, or transparent *jelly-like mucus.* Sometimes the stools pass *voluntarily when* expelling flatus. The rectum *feels full* of heavy fluid, they go to the closet and only gas escapes.

Next time they *feel* like going to stool they *don't* go, and then afterwards they *wish they* had!

There is a sense of *insecurity* in the rectum, with a loss of confidence in the sphincter, and the patient cannot decide whether it is flatus or feces.

The above symptoms indicate *Tr. Aloes* 3x.

In reading the pulse of a patient the pulse feels *slow,* then it starts, and goes *quick* for a few times. Between the two, we have a *slow, irregular* pulse, that *intermits* every third, fifth and seventh beat. When you get that kind of a message over the wire (artery) it spells *"Digitalis."*

In reading the pulse of a young lady, it was a *thin, soft, empty* pulse, it means *Ferrum,* whatever the disease may be *called.*

In consultation with our doctors I sometimes let them *count* the pulse of the patient, take the temperature, ask the usual questions that they have been in the *habit* of asking. Then I sit down beside the sick person and *read* the pulse, read the eye, and tongue. In this way I get right *at the real* condition of the patient, and *find* the *indicated* remedy. A patient *may* try to *deceive* you, but the pulse will tell you the TRUTH. When you go into a barber shop the barber takes his brush and spreads the lather all over your face, into your mouth, ears and nose. Then he rubs the lather all over your face with his *hand,* not because it is *needful* (for it isn't). He does it because he was *taught* to do it *that way.* So it is with our doctors, they were taught to *count* the pulse, they don't *know* any other way. They never stop

to think how *foolish* it is, but they keep on doing it, as they were *taught* to do it.

Now suppose you have a case of *rapid* heart (tachycardia), pulse going so fast you can't *count*, then what will you do? When you read the pulse, it points like a finger board to one remedy, *Tr. Iberis amara* 2x, ten drops once in two hours. A *child* can *count* the pulse, but it takes a *man* of *brains* to read the pulse and tell what it *means* and *what* remedy is *indicated*. That is what I call "Arterial telegraphy" and it is something that should be *taught* in *all* our medical colleges.

I was *very sorry* to hear of the death of Dr. E. B. Nash; he was one of the *great* teachers of medicine. His book, "Leaders of Homœopathy," has been the means of bringing *very* many old school doctors out of *darkness into light!* He will *live* in his books and in the *hearts* of the *many* doctors he has *helped* to be *better* physicians. There are a *host* of homœopathic physicians in different parts of the world to-day that *owe* their *success* in healing the sick to the writings of Dr. Eugene B. Nash. "After life's fitful dream he sleeps well."

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

A CASE OF HYPERNEPHROMA.

CLIFFORD MITCHELL, M. D.

Having had the good fortune to see a case which operation disclosed to be one of a large vascular hypernephroma, the writer believes that the following fairly complete history and findings in the case previous to operation should be helpful to the general practitioner who may run across such a case and be puzzled by the apparent contradictions of the symptomatology.

The patient was a man 53 years of age, married, of sedentary habits during the last ten or eleven years, but a milkman by occupation for ten or more years prior to that. Family history nega-

tive throughout, father and mother both alive and in the seventies, and no deaths in family as yet anywhere. Patient's habits always good, no dissipation for the last ten years, and at present not even smoking. Teeth had been attended to a year ago, seven crowns in all.

The occupation of milkman followed for ten years or more had been one of hard work and patient's first sickness was noticed five years after giving up the milk business and going into an office.

Seven years previous to date of consulting the writer he was seized suddenly with a severe pain in the back down the outside of the hip but not at all following course of ureter. At this same time his urine looked dark. He went to bed and stayed there a week, then when the backache left him and the urine became clear he got up.

He was well for a year after that when suddenly another attack of backache and dark urine came on, which lasted for two days.

Another year went by and again he had an attack lasting a few days. After three years he had attacks twice a year for three successive years. In the sixth year he had five or six attacks, and in the seventh year attacks every now and then hence the consultation with the writer.

At present the backaches are not severe but the urine is much more bloody than ever before noticed. It hurts him on the left side when in bed. He is most comfortable in bed when lying on his back or half way on his stomach. Has hacking cough, especially in winter, but no tickling and doesn't raise any sputum. Has recently had night sweats. Appetite not good but tongue clean. Belches a good deal. Breath offensive.

As regards the urinary symptoms the urine is normal between attacks of pain, but at those painful times is bloody, and, of late, has been bloody even when the pain has not been marked. Recently he has found himself unable to void urine while in the erect posture, and has to lie down to urinate. There is no pain, no burning or straining. No stoppage of the stream while urinating. Sometimes while standing up he feels a "bearing down" in the genital organs.

The urine at times looks, as he described it, like the water in which beets have stood. Long liver-like looking clots are passed. The long stringy clots have been passed for three years.

On being asked why he did not attend to the bleeding long before this, patient rather reluctantly admitted that once a surgeon wanted to remove the left kidney but that he (the patient) preferred to try Christian Science, which, proving unsuccessful after a year's thorough trial, he now consulted a medical man again. He claimed that cystoscopic examination had been positive, "something" having been found, he didn't know what, but that X-ray of the kidneys and bladder was negative.

Physical examination by the writer showed an undersized person who, if younger, would have been suggestive in appearance of renal tuberculosis. He was only five feet, one inch tall, maximum weight 145, present weight only 125 pounds, the fifteen pounds having been lost in the last two years. There was no pain or sensitiveness on pressure over either kidney and never had been. He rises only once or twice at night to urinate.

His temperature was 98.5°; his pulse 115, small and regular; his blood pressure, systolic, 115; there was no enlargement of the left ventricle, no accentuation of the aortic second sound.

The urine analysis was interesting and as follows: Quantity of urine in 24 hours only 340 cc. eleven ounces. Specific gravity 1020, reaction acid, fifty-three degrees. Per cent. of urea, ammonia and phosphates high, 2.7, 0.1 and 0.19, respectively. Uric acid and chlorides low (presumably because of diet, avoiding meat?). Indican reaction moderate, acetones negative, sugar negative.

The urine was dark in color, plainly suggesting blood in appearance. The albumin was small in amount plainly due to blood. Less than one-half of the first mark on the Esbach tube was obtained.

Microscopically, the urine showed at a glance that the blood came from the kidneys. There were a few uric acid crystals and only a few leucocytes, the mass of the field being renal blood. There were many and large clots in the urine. One object looked like the fragment of a granular tube cast, but casts were not present in number sufficient to identify.

Patient was given a gentle but firm order to consult a surgeon at once for cystoscopic examination with catheterization of ureters. Was told he "might" have a stone, but his family was warned that the possibility of a malignant growth must be considered.

After due diagnostic precautions operation was undertaken and a large, highly vascular hypernephroma of the left kidney removed. Patient made good recovery.

OUR CONTRIBUTORS.

We take pleasure in announcing that Dr. E. H. Grubbe, the pioneer roentgenologist of Chicago, will contribute a series of papers on X-ray therapy for this department, beginning with the subject of cancer of the uterus.

We are also promised a paper or two from Dr. Leroy Thompson, from whose article on iritis we present excerpts in the present number. Dr. Thompson specializes in eye, ear, nose and throat.

THE X-RAY TREATMENT OF UTERINE CANCER.

EMIL H. GRUBBE, M. D., CHICAGO, ILL.

It is well to understand that X-ray treatment of uterine cancer is, like every other therapeutic measure used in this condition, somewhat limited. When X-rays are used exclusively, they will not cure except when the disease is still localized. Patients showing regional—*i. e.*, gland involvement—are not favorable subjects, and therefore strictly curative effects should not be expected in these cases. The same can be said for cases which exhibit cancer cachexia. No therapeutic agent known to-day should be expected to cure such cases.

We shall also do well to remember that, in cases deemed suitable for X-ray treatment, the X-ray is seldom used all by itself; certain surgical procedures should be used in order that the best ultimate results may be obtained. Furthermore, as most cases referred for X-ray therapy belong, as a rule, to the hopeless or inoperable class, in which the chance for cure is very remote

by any method of treatment, it is wrong to suppose that X-ray treatment will produce magical curative results.

Conservative X-ray operators do not claim that the X-ray is the sole agent for the treatment of cancer, but they do claim that, at the present time, enough cases have been under observation for a long enough period of time to allow us to state that X-ray treatment of uterine cancer is of considerable importance, and should therefore demand our careful consideration. Medical literature records a large number of clinical cures and quite a few absolute cures. Reliable observers have made these reports, and so they should not be questioned. The difference in results, as observed in present-day reports, when compared with those of several years ago, is due to a better understanding of the subject. To-day we select our cases and at the same time use a better technic.

Surgery, as an exclusive means for eradicating uterine cancer, is not so successful that we can afford to neglect the aid which other therapeutic agents may offer. Conservative gynæcological surgeons state that 50 per cent. of all cases of cancer of the uterus come too late for ideal operative work, and of the operable cases only 50 per cent. are symptomatically cured following the use of the knife and actual cautery. This would indicate that the usual surgical measures need considerable assistance.

The surgeon must not ignore the fact that the X-ray is a powerful remedy which can be used following surgical operations in uterine cancer to make recovery more sure and also more rapid. Surgery can assimilate the therapeutic properties of the X-ray without losing one iota of credit. The X-ray aids surgical procedures—it does not supplant them. With the help of the X-ray the surgeon will do many things which he could not do before.

(*To be continued.*)

IRITIS.

LE ROY THOMPSON, M. D., CHICAGO, ILL.

The following is an excerpt from a paper published in the *Journal of Ophthalmology, Otology and Laryngology,* Novem-

ber, 1917, but which really is of interest to the general practitioner of medicine as well as to the eye specialist. "Iritis is a local manifestation of a constitutional condition." (The causes are syphilis, gonococcal infection, tuberculosis, dental infection, tonsillar infection, sinus infection, genito-urinary, non-venereal, combined infections, etc. In a very few per cent. of cases can no cause be found.)

"A report on 500 cases of iritis from the records of Wills Eye Hospital is given by C. W. Jennings and Emory Hill (*Ophthalmology,* April, 1909). Report shows that syphilis, rheumatism and gonorrhœa caused 92 per cent. of the cases.

"This is where your careful history taking will show itself. A man may have a gonorrhœal discharge and a sore eye at the same time, but will never connect the two unless the ophthalmologist is keen enough to find it out.

"In so far as the different laboratory returns are at hand, I govern my treatment accordingly, but until everything has been reported upon I withhold my final opinion and prognostication in the case.

"I do not treat syphilis or gonorrhœa or rheumatism or infected teeth; in fact, I do not consider any oculist capable, regardless of what his reputation, experience and ability may be in his chosen line of work, of caring for properly and scientifically the complicating factors which we find in every case of iritis.

"If my patient has a plus Wassermann I send him to a man who specializes in the treatment of syphilis; if he has gonorrhœa or prostatitis or cystitis he is referred to a genito-urinary specialist for treatment; if a rheumatic condition is proven to be present a physician who treats such cases is called in. Of course, it goes without saying that a dentist is always required to care for any faulty family condition found in the teeth.

"I would like to report just one case to illustrate:

"NAME: G. G. ADDRESS: Illinois. AGE: 25 years. DATE: February 5, 1917. OCCUPATION: Prize fighter. HISTORY: Has had eye trouble for several weeks with almost unbearable pain for the past ten days. Recurrent attacks of iritis and irido-cyclitis, which had been treated at different times by different specialists (men of reputation) in different parts of the country with no re-

sults. FINDINGS: Pterygium in both eyes towards the internal canthus; marked tenderness over ciliary body; contracted pupil which did not react to light and accommodation.

"My routine examination was carried out and I found the man suffering from a gonorrhœa which had been improperly treated, in fact, had never been cured. As soon as the assistance of a competent genito-urinary man was obtained the eye began to get well, and he has had no recurrence to date of any kind whatsoever.

"This patient stated that in no instance did any oculist ever suggest any general examination or ask if he had ever had gonorrhœa, to say nothing of questioning him as to the present condition of his sexual organs.

"The question might be raised as to the probable expense placed upon the patient in these numerous laboratory and other examinations required. I will say this, that I have never yet asked a favor from laboratory or consultants which has not been freely granted which makes it possible to obtain this service for the deserving patient either gratis or for a very small consideration.

"CONCLUSIONS.—No physician who limits his field of work to the eye, ear, nose and throat should undertake to treat constitutionally anyone suffering from iritis without the assistance of the general practitioner or specialist who cares for the contributory factors in the case. Team work is absolutely essential, both in diagnosis and treatment, and without it very unsatisfactory results are obtained, both from physician's and patient's standpoint.

"Systematize and standardize your examination; do not prognosticate until your search for etiological factors is complete. Take the proper time to care for each individual and that combined with a very small amount of research ability will save you many embarrassments.

"30 No. Michigan Blvd."

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EDITORIAL NOTES AND COMMENTS

Homœopathic Physicians in the M. O. R. C.—The homœopathic profession has responded nobly to the country's need for medical men, and some eight hundred of our physicians have entered the Medical Officers' Reserve Corps. The army medical service does not recognize any distinction of school or pathy, but demands character, ability and loyalty of its medical officers.

Many of our homœopaths have already been advanced in rank for merit in their work. This circumstance in itself proves that no discrimination, by those in authority, against our school has been shown.

The present is not the time for propaganda, it is the time for whole-hearted, continuous effort. Nevertheless, our homœopathic officers need not close their eyes to the fact that the therapeutic storehouse with which their school is so richly endowed offers abundant material to aid them in the treatment of the sick. To be sure, the army medical service does not supply voluntarily or upon requisition homœopathic remedies, but our medical officers should provide themselves with pocket cases of the more important remedies in daily use.

The indications for such remedies as *Aconite, Belladonna, Arnica, Hypericum, Bryonia,* etc., do not change, and are just as reliable when depended upon "somewhere in France" as when relied upon "everywhere at home."

It would be a graceful thing for our various sectional and local societies to gratuitously provide those members who have

entered the army medical service with pocket cases of homœopathic remedies.

Homœopathic Prescribing in Our Homœopathic Base Hospitals and Units.—It would be interesting at this time to know how far homœopathy is applied in our several base hospitals and units. We have been assured and we have excellent reasons for our belief that no discrimination against Homœopathy or its therapeutics has been indulged in by the surgeon-general or by other officers in authority.

We realize, of course, that the individual homœopathic physician who has entered the army medical service has no choice in the matter of prescribing when he is under the orders of a superior medical officer. This is but natural and entirely in keeping with military discipline. If his superior grants him therapeutic latitude and freedom his is the opportunity to take advantage of them.

In our base hospitals, however, the matter can be and, in at least two instances of which we have personal knowledge, is of a very different character. Here homœopathy should be relied upon to the fullest extent, in each and every case to which it legitimately applies. If ever there was a golden opportunity to advance the interests of homœopathy, now is the psychological moment! The time and hour have come; homœopathy is on trial before those in authority. If they are to be convinced of the truth and justice of our claims, we must be the demonstrators. Should we fail, let us forever after cease our clamor for recognition and adoption!

As a little straw will show from whence the wind is blowing, so one or two little circumstances have apparently shown us that some of those to whom our interests have been entrusted are not measuring up to the requirements. We hope sincerely that we may be mistaken and, for the sake of our homœopathic profession, we trust that our suspicions may be wrong.

An editorial in the Charlotte (N. C.) *Medical Journal* for February invites attention, as the subjoined excerpt will show:

Infinitesimals.

"To say that there are any genuine homœopaths to-day is

erroneous. The true Hahnemaites are non est. Every so-called homœopath is really an eclectic. They don't confine their practice to infinitesimals of granules and dilutions, but use opiates, calomel and quinine when indicated. They know they cannot affect a cure in serious cases unless they use potent remedies. To call their sugar granules potentialities is absolutely fancied. If it were not for diet, rest, and nursing, aided by the "vis medicatrix," they would utterly fail in healing the sick. If the laity knew how these 'dilutions' are made they would not be tolerated."

Of course, we may overlook the evident educational deficiency in this editorial writer, though we cannot refrain from suggesting that in his case at least, the "indicated" remedy would appear to be O. S. doses of a prolonged course in English composition and grammatical construction.

It is, however, too bad that there are still to be found among our allopathic friends those who condemn us and our therapeutic knowledge and methods, without showing in their criticisms the slightest indication of any real knowledge of our science. The truly big men in the old school, such as von Behring, Huchard, Cabot, Mayo and others, frankly admit the truth of the law of similars and the honesty of those who endeavor to the best of their ability to follow it.

The abolition of sectarianism is truly to be desired by all practitioners of the healing art, but its coming will surely not be hastened by such an outburst as cited above, or by the further mouthings of our Charlotte friend, as witnessed below:

"To be homœo granules and dilutions are a fraud so far as curative effect is concerned, but we will meet their humbugery by prescribing concentrations which accomplish positive results.

The fact that there are ninety-nine regulars to one homœo ought to convince anyone that scientific men never adopt the "similia similibus curantur" system, or theory. If it were scientific and curative there would be but few regulars. The more knowledge, investigation and skill a physician possesses the more certain he will be to condemn homœopathy as a fraud. It is a strange thing that people will risk their children to homœo treatment, but will not risk themselves. Their plea is that their medicines are so easy and palatable to administer. We must meet

those people's pleas, by seeing to it that we recommend medicines that 'children cry for.' F."

Quod erat demonstrandum!

Magnesia Phosphorica.—Given low or high, is indeed a friend to the woman suffering from dysmenorrhœa, when the pains are of a neuralgic, spasmodic character, cramp-like and are relieved by pressing a hot water bag against the lower abdomen. The remedy is quick in action and perhaps more palliative than curative, but it is pleasantly surprising to see the quick relief it will give in suitable cases.

Where similar pains are present, but with relief more from doubling up than from heat and especially where the causative factor anger or chagrin is present, *Colocynthis* is to be preferred.

With marked nausea, particularly if aggravated by riding on cars or boats, and with colicky pains in the hypogastric region, we would prefer *Cocculus indicus* as our remedy. The woman feels seasick.

Do not forget *Xanthoxylum fraxineum* in dysmenorrhœa, when the pains radiate down the course of the anterior crural nerves. This remedy is the prickly ash.

Cistus Canadensis.—Here is a little remedy, the rock-rose, ice-plant or frost-weed, which we fear is shamefully neglected by physicians. Rarely if ever do we see this remedy mentioned by our throat specialists, to whom it ought to be of particular interest.

In cases of acute or subacute, or even chronic catarrhal pharyngitis, a study of this remedy will be well repaid. When the throat feels dry and inflamed as though it would crack, with a constant inclination to swallow saliva or food and drink to relieve this dryness, *Cistus* should be thought of. Sensations as of coolness in the throat and as though sand were in the throat are likely to be present. Heat and dryness are, however, of most importance, and the relief of the symptoms from eating and drinking is striking. The throat is sensitive to the inhalation of cold air. Dry, irritating cough is prominent, and roughness of the voice may be present. We frequently have occasion to prescribe this remedy with happy results.

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ACONITE

It would seem as though the subject of *Aconite* is so trite that further presentation of it is superfluous; yet on the other hand, any subject looked upon from another viewpoint is sure to have increased and renewed interest for us.

If we delve into Jahr's Forty Years' Practice, a remarkable book by the way, which every homœopathic physician should possess, we are struck by the frequent mention of *Aconite*. No doubt the administration of this remedy, in the past at least, was overdone, yet we have a feeling that to-day the remedy is not prescribed as frequently as it should be.

We must, of course, not look upon *Aconite* as a *fever remedy* solely, for such a conception of its genius is painfully narrow. Neither must we relegate it to acute conditions only, for while it is undoubtedly true that the pathogenesis of this drug is essentially violent, sudden, stormy and of short duration, it remains a fact that in some chronic disorders *Aconite* has shown itself to be of surpassing value.

In neurasthenia, *e. g.,* the various phobias have often been modified and controlled by *Aconite* in the hands of some of our ablest clinicians and prescribers.

It is, therefore, in the light of the preceding observations that the following admirable essay upon *Aconite,* taken from the *London Homœopathic World* for March 1, 1918, is herewith presented:

Aconitum napellus—Monkshood: Tincture of whole plant (including root), when beginning to flower.

Aconite had an old-time reputation for causing sweating and

relieving certain cases of rheumatism and sciatica, but precision in its use is due to the provings of it on the healthy which were made by Hahnemann. It is most closely associated with the early progress of Homœopathy (and early antagonisms thereto), because largely by its use, Hahnemann and his followers were able to dispense with the blood-letting fashionable till after the middle of the last century for almost every disorder. Modern research has isolated an alkaloid *Aconitine* from *Aconitum napellus,* and allied species yield similar substances: *Delphinine,* the alkaloid of *Staphisagria* is similar in effect to *Aconitine* but less poisonous. *Aconitine* is a very deadly poison: many of the symptoms of the *Aconite* pathogenesis are due to this alkaloid, but there is little doubt that other constituents of tincture of *Aconite* count for a good deal. Specially to be noted is the presence of Phosphate of iron (*Ferrum phosphoricum* q. v.): the provings are of the tincture and when they are suitably matched with cases it is the tincture or a potency of it that should be preferred as the remedy.

Aconite first stimulates and later depresses sensory nerve endings, more especially those of common sensation. As a result reflex sneezing, coughing, salivary secretion and vomiting occur: but some stimulation of medullary centres also is not unlikely. It seems to act upon the circulation by first (in relatively small doses) stimulating the medullary inhibitory heart centre and so producing a slow pulse: possibly also it acts on the vaso-constrictor centre: at any rate, as will be seen, the provings bring out a marked condition of relatively high tension. *Aconitine* experiments have been mostly made on animals, and with increasing doses, so that the finer effects of the more gradual provings cannot be expected. Large doses of *Aconitine* appear to act directly on the heart, producing a quick, irregular pulse, with lessened conduction of impulses and finally fibrillation of the ventricle and death. In these circumstances the blood pressure tends to fall, with occasional temporary rises to a fair though not great height. The respiratory centre is affected early and directly and its depression causes dyspnœa and sometimes death before the heart fails.

Since the publication of Dr. Ringer's Materia Medica (a volume

of perennial interest to the homœopathist as a "conveyor" of certain instances of homœopathic practice) *Aconite* has been praised by orthodox physicians for febrile conditions, but its use seems if anything to be less frequent among them to-day. The explanation of its disuse has a certain significance. From Hahnemann onwards the homœopathist has known that *Aconite* is of great value in febrile disorders whenever the rise in temperature is associated with definite symptoms, whenever in fact the case as a whole is "similar" to the *Aconite* provings. Its value is as great to-day as ever: but if other *Aconite* symptoms are not present, the mere presence of fever is no sufficient indication for the remedy and its use will be followed by disappointment. It cannot be too often reiterated that Homœopathy seeks remedies for individuals not for the names of diseases, and to use *Aconite* as a "febrifuge" irrespective of any other symptoms is neither Homœopathy nor good practice. Dr. Ringer gave quite precise indications for its employment, but the haphazard routine use of the drug has led to its discrediting by many, and high authorities to-day have no recommendation for it: yet for the homœopathist it reigns as supreme as ever, an invaluable remedy for suitable cases of disease. Its true spheres of action must now be made clear.

Aconite is a remedy of powerful but short-lived action and correspondingly is most suitable to diseases that set in suddenly and violently, but run a brief course. The violent storm which quickly passes is the type of disease to which it corresponds most closely. It will be found of value in a few more chronic cases (neuralgia, etc.), when detailed symptoms of drug and disorder can be matched, but most often it is called for in acute and subacute diseases, and among them those of sudden onset and immediate violence.

An acute disease is one wherein the body resistance is swiftly mobilized, wherein the issue is not long in doubt, and victory for one side or the other a matter of days. Such a disorder is, as we say, a self-limited disease and the possibilities of natural recovery considerable. Nothing is more difficult in therapeutics than to estimate the real effect of drugs in such a case, but the very power of resistance that causes the difficulty of judgment is an

enormous enhancement of the physician's ability to help. Since recovery in any case can only take place through a pre-arranged bodily machinery and since the effect of any remedy can only be exerted along this pre-existing channel, it is clear that the more powerful the machinery the better it may be influenced by a drug stimulus. The body always possesses reserves of resistance to disease, and, broadly speaking, drug therapeutics are attempts to use these reserves: in acute diseases they are usually being mobilized fairly effectively without the help of remedies, but clearly there is room for efficient action if it is rightly directed. In some cases it is conceivable that the extra stimulus of a well-chosen remedy may make the difference between victory or defeat: in many more cases it affects the speed and ease of recovery, and judgment as to the value of a drug in many acute diseases will depend more on the character of the process of recovery than on the bare result of life or death. If there is no adequate machinery of resistance to respond, no drug will avail, since no drug brings in any new force but only influences pre-existing forces. But a drug stimulus may bring the forces to bear more swiftly, and even sometimes bring into action reserves, which without its aid would be unused, or used too late. For with such knowledge as we possess of bacterial diseases it is readily conceivable that if the (necessarily limited) power of resistance could be used at once in great volume, it might overwhelm the enemy, but used in driblets against an increasing foe may prove ineffective. Yet the total power used might well be less in the first instance than to the last. Vaccine therapy works with some such conceptions behind it and drug therapy (at least in homœopathic hands) is influenced by similar considerations.

Aconite then is pre-eminently a remedy for acute conditions. Fever will nearly always be present of a kind to be presently described. Now modern research has brought us to consider fever largely as a reaction to disease by no means always (or even usually) unfavorable. The practice (still too common) of attempting to reduce a fever without regard to any other symptoms is seen to be faulty when it is known that anti-body production is frequently more effective with a raised temperature. Fever is of many types, and wisdom seeks to adjust the appropriate remedy to each type.

The mechanism that regulates body temperature is complicated, and a high thermometric reading may be due (no doubt is due) now to one cause now to another. But when it is a response to a call for increased anti-body production it is likely that the result is obtained through the action of the cerebral heat-regulating centres, and there are grounds for thinking that *Aconite* influences these centres. Homœopathic experience finds the drug to correspond to acute affections in apparently strong, healthy, often full-blooded subjects, where the attack of disease meets with a violent response. The young need it more often than the old and respond to it swiftly. After its successful administration the temperature often falls at once and the storm subsides. Two explanations are possible: if the rise of temperature was to enhance anti-body production, its rapid fall after *Aconite* (with return of the patient to health) might mean that the *Aconite* had so encouraged this process that the raised temperature was no longer needed. But since the drug appears to act mainly on the cerebral centres this is unlikely: it is more probable that the initial rise was, strictly speaking, unnecessary, that the body was equal to the emergency without it, and that the disturbance was of the nature of a false alarm. The effect of *Aconite* may then be to quiet this needless disturbance, thereby leaving the field clear to the forces of recovery. The nearest analogy would be that of a beleaguered city with a frightened civil population whose disturbance hampers the garrison. *Aconite* would correspond to the forces of persuasion and confidence, that should quiet the civilian anxieties, and leave the soldiers to do their own work more effectively.

Whatever the final explanation the homœopathist is seldom in doubt as to the true indications for *Aconite*. They were accurately summed up by the late Dr. Hughes in the one word "tension." There is tension of the arteries with the pulse full, strong, rapid, sometimes finding relief in arterial hæmorrhage from the nose or hæmatopysis. (When *Ferrum phosphoricum* is indicated there is even greater tendency to hæmorrhage and the pulse, though full and rapid, is not of so high pressure). There is emotional and mental tension showing in great anxiety, restlessness, fear of death. The last is specially characteristic. It is often a quite unwarranted fear, out of all proportion to the

gravity of the case to the physician, but the best subjects for *Aconite* are frequently those who are seldom ill, and it is notorious that these patients are nearly always inclined to be unduly alarmed about their condition and chances of recovery. The anxiety causes much tossing about and restlessness, with considerable mental exaltation or violent delirium, though the latter is more characteristic of another great remedy for acute conditions, *Belladonna.* The patient may predict the hour of approaching death, but the prediction is only a symptom of the fear and anxiety, not a piece of clairvoyance. There is much heightened sensibility; pains appear to be severe (numbness may replace pain), and the special senses respond to stimuli more violently than is normal. These cardinal symptoms, therefore, restlessness, anxiety, fear and exalted sensitiveness, with rigor and a sharp rise of temperature, and a full, hard pulse are the main features of the *Aconite* case. They are especially apt to be found in patients of a quick, lively, sanguine temperament, who enjoy, as a rule, good health, and they are apt to appear in disorders that follow injury, shock, fright or surgical operation or chill, especially the chill of cold, dry, bitter winds. The mechanism disturbed by these external causes appears to be largely that of the adrenal secretion, and the heightened pulse tension of the *Aconite* case is another hint that *Adrenalin* may be playing a part in the pathogenesis. Since the days of Pasteur it has been known that chill is an accessory, not the immediate cause, of such illness as pneumonia or acute rheumatism, but the observer will frequently find a marked difference in symptoms that follow exposure to cold east winds or the wet Southwest weather. The body reactions clearly differ in the two cases, and consequently often require different remedies. It is the symptom complex that follows the chill of the bitter East wind that so often requires *Aconite.*

Aconite symptoms are common in children, among whom febrile attacks are frequent, which readily yield to the drug and do not proceed to any definable disease. But the early stages of measles, or scarlet fever, may present symptoms resembling those of *Aconite:* the administration of it then will not prevent the development of the disorder but will generally rob it of much anxiety. If measles or scarlet fever call for *Aconite* at first and

receive it, the case usually proves a mild and straightforward one, though often requiring other remedies as new symptom pictures appear. On the other hand, influenza, diphtheria, enteric, seldom call for *Aconite*. A violent reaction is usually absent with these profounder system poisons, and their characteristic remedies are to be sought elsewhere. Spasmodic laryngitis in children will often require it: sudden spasm figures prominently in the *Aconite* pathogenesis. Acute pneumonia or pleuritis or rheumatism may set in with general symptoms that indicate *Aconite*. It is rare for *Aconite* to suffice for the whole course of such an illness, though occasionally a lobar pneumonia will seem to respond marvellously. *Veratrum viride* is a drug characterized by great arterial excitement, muscular twitching and spasm, and this remedy is reported experimentally to increase the opsonic index to the pneumococcus. Its use at the beginning of pneumonia undoubtedly sometimes aborts the attack. Occasionally a similar effect seems to follow the use of *Aconite* (see *Ver. vir.*). In any case if *Aconite* be well indicated in commencing pneumonia, pleurisy, or acute rehumatism, its use will greatly relieve the symptoms (replacing blood-letting) and the drug that next becomes indicated as the symptom picture changes acts all the more effectively. After exposure to chill a dose or two of *Aconite* is a sound prophylactic measure, and it quickly masters symptoms (physical or emotional) following fright or injury.

Good subjects for *Aconite* are frequently full-blooded, even plethoric, and in later life when arterial tension rises and apoplexy becomes a possibility, the drug is often called for to meet emergencies. Its effect is too transient to deal with the actual arterial changes for which remedies like *Barium* are better adapted, but it is invaluable for times of special stress. After cerebral hæmorrhage, if tension remains high, it will deal with it at least as well as blood letting.

There is some evidence that after prolonged and gradual poisoning *Aconite* affects finally the spinal motor centres and it has been therefore recommended for acute anterior poliomyelitis. Broadly speaking, homœopathic experience does not find it very frequently indicated in this disease, but if the general symptoms called for it its possible pathological tissue-relation would add

weight to the decision. Failing the general symptoms, it is doubtful if the pathology alone should be allowed to determine the choice of it.

Dr. Hughes valued *Aconite* for acute (ulcerative) endocarditis on the ground of its (undoubted) direct action on the heart. But here again most homœopathic observers agree that it is seldom symptomatically indicated and its use disappointing. Such endocarditis is a bacterial disease, and the main hope lies in combatting the cause through the body resistance mechanisms. There is no evidence that *Aconite* affects these: any effect it could have would be as a possible direct stimulant to the heart, that is to say, palliative not curative.

Not only the effects of chill, but those of great heat cause disturbances that may be corrected by *Aconite*. Its characteristic tension may be found after sunstroke or headaches from exposure to the hot sun: even sudden summer diarrhœa in children may need it and yield to it. It is the suddenness of attack and symptoms of tension that suggest the remedy.

Sudden disturbances of special senses (especially that of vision) dependent probably on vascular temporary defects (high tension), can be swiftly relieved by *Aconite* and sudden inflammation of the eye structures after exposure to strong light or other stress will be benefitted.

It is a great reliever of pain, especially when recent, aggravated by exposure or emotion, and accompanied by the characteristic restless tension. The pains that call for it are very severe; tearing, cutting, accompanied often by numbness or tingling. They may follow the course of nerves, or centre round joints; joint pains are < motion and rest generally >, but at night about midnight there is usually a severe aggravation, and the characteristic restlessness prevents relief. The restless insomnia of the aged, even without pain, is often much helped by *Aconite*.

Generally speaking the patient who needs *Aconite* does not feel chilly or desire heat. Fresh air > headache which is < warm room. With fever the warmth of the bed is intolerable and the bedclothes will be thrown off. Unquenchable thirst is a prominent symptom: everything but water tastes bitter.

Sulphur is the deep acting remedy, which has the closest rela-

tion to *Aconite,* and whenever a case has indicated *Aconite* and done well on it up to a point, *Sulphur* will generally complete the cure. *Sulphur* may also be used if *Aconite* seems to be indicated yet fails to relieve.

Aconite being a remedy of swift action and limited range requires, as a rule, somewhat frequent repetition. It has been praised in all potencies and appears to answer indications in all.

SCHEMA.

General Symptoms:

< night about midnight: < warm room or warm covering, > uncovering: < motion in spite of restlessness.

Restlessness: anxiety: fear: fear of death, of crowds, even of going out into streets. Sad presentiments. Complaints that follow exposure to hot sun or cold piercing wind. Tension, emotional and physical, rigor, spasm.

Head:

Burning headache < sun, > cool air. Vertigo on sitting up in bed or rising from seat. Vertigo on stooping.

Special Senses:

Great sensitiveness to light, to noise, to odors. Epistaxis, arterial blood.

Alimentary canal:

Burning, tingling, numbness of tongue and throat: dryness of mouth and throat: unquenchable thirst, all things but water taste bitter: < wine or stimulants: burning abdominal pains: summer diarrhœa.

Painful urging to urinate: urine scanty, burning.

Sexual System:

Menses suppressed after fright or chill with great excitability and restlessness.

Respiratory System:

Hoarseness: laryngeal spasm; cough dry, hard and ringing. Hæmoptysis, bright red. Stitching pain in chest < deep breath.

Circulatory System:

Cardiac oppression and anxiety. Palpitation, sense of fullness and constriction. Pulse tense, frequent, full.

Locomotor System:

Tearing pains < motion. Numbness and formication of arms

(especially left) and legs. Pains < night but restlessness.

Skin:

Profuse sweating which > symptoms. Sweat on cheek if sleeping on it.

Sleep:

Insomnia with restlessness. Insomnia of the aged.

NATRUM MURIATICUM, PHOSPHORUS AND SEPIA; COMPARISONS AND CONTRASTS.

By John Weir, M. B., Ch. B. Glas., Assistant Physician to the London Homœopathic Hospital; Compton Burnett Professor of Homœopathic Philosophy and Prescribing.

Sepia, in many respects, stands midway between *Natrum muriaticum* and *Phosphorus,* both of which, it would appear, enter largely into its composition. Many of its symptoms are probably derived from the one, many from the other; and it is both interesting and helpful to compare and contrast them.

All three drugs profoundly affect the *blood,* but in widely different ways.

Natrum muriaticum impoverishes the blood, and produces anæmia, emaciation, weakness.

Sepia produces venous stasis and engorgements, and thereby ptosis of viscera, and weariness and misery.

Phosphorus produces hæmorrhages: bleedings from nose, gums, ears, stomach, intestines; small wounds bleed much, as Kent used to put it; blood does not coagulate.

But though broadly the sphere of action of these three drugs when pushed is so different, yet symptomatically *Sepia* owes much to, or shares much with, the one or the other; and it is often difficult to diagnose between *Sepia* and *Nat. mur.,* or *Sepia* and *Phos.,* in the treatment of the sick.

First, mentally:

Sepia has the *Phos.* apathy and indifference, but intensified; indifference to loved ones, to relations, to her own children till she may even hate them.

But with this *Phos.* apathy and indifference, *Sepia* has what

Phos. lacks, and that is the intense irritability of *Nat. mur.*—the intolerance of sympathy and consolation, the weeping worse consolation, the irritability about small things, the intolerance of noise, the sensitiveness to music. With *Nat. mur., Sepia* in her bad moods hates company—wants to get away and be alone; and yet with this has a touch of the *Phos.* "fear when alone," for *Phos.* is in terror when alone, and seeks company.

All three drugs are over-sensitives—affected by heat and cold, sun and light.

Sepia has the *Phos.* chilliness and worse for cold, but yet *Sepia* cannot stand a stuffy room. Perhaps it is the cry of her venous state for oxygen—a craving for air shared by other venous drugs, such as *Pulsatilla* and even the chilly *Carbo veg.,* which demands open windows and asks to be fanned.

And *Sepia,* with all her chilliness, has flushes of heat, and derives somewhat from the *Nat. mur.* intolerance of heat.

For *Nat. mur.* cannot stand heat, light, sun.

Sepia is worse for artificial light.

Phos. has photophobia in the highest type.

Sepia, with *Nat. mur.* loathes fat. *Phos.* and *Nat. mur.* crave salt; therefore,*Phos.* and *Nat. mur.* are useful for persons who crave salt, or who are poisoned by salt.

Sepia and *Phos.* are greatly affected by thunder: so is *Nat. mur.,* but in a much less degree. In *Phos.,* the nervous drug, terror predominates; in *Sepia,* thunder means fear and headache (but it is interesting to note that one of *Sepia's* provers was relieved and became cheerful when it thundered and lightened).

Sepia and *Nat. mur.* develop flickering and unsteady vision, and that peculiar migraine symptom, "fiery zigzags."

In *Sepia* and *Phos.* smell is very acute.

Sepia (with *Colch.*) is nauseated by smell of cooking; or, with *Sepia* and *Nat. mur.,* smell may be diminished and lost.

Sepia and *Nat. mur.* have hemicrania markedly.

Sepia has coldness of vertex; *Phos.* has coldness of cerebellum.

Sepia and *Nat. mur.* have terrific headaches: violent headache, as though the head would burst. In *Nat. mur.* especially, when coughing, it seems as though the forehead would burst.

In *Sepia,* waves of pain roll up and beat against the frontal bone on the right side; but there is hemicrania both sides.

The typical *Phos.* headache is more "dull," and in *Phos.* vertigo predominates.

In face and appearance the three drugs, typically, are very different.

The typical *Nat. mur.* face is greasy.

The *Sepia* face is sallow and discolored, with brown blotches on forehead, nose and cheeks, the classical "*Sepia* saddle" astride the nose.

The *Phos.* face is waxy, or earthy, sunken and pale; or an œdematous face, puffed under the eyes. The skin of the *Phos.* face is tight.

The *Sepia* face is relaxed, like all *Sepia.* Kent says: "You seldom see *Sepia* indicated in the face that shows sharp lines of intellect.

In form, *Phos.* is the long narrow type. *Phos.,* delicate in mind and body, has fine long hair and eyelashes and a long, slender chest. *Phos.* is very nervous and hightly strung.

The *Sepia* type is also long, with narrow pelvis. *Sepia* as a woman and a mother suffers much. In *Sepia* everything tends to congest, and bulge and sag.

Sepia and *Nat. mur.* develop deeply cracked lips.

Phos. and *Nat. mur.,* salt lovers, are very thirsty: and that one can realize readily. One knows the thirst produced by salt food; and *Phos.* paste is used for killing rats, because the intense thirst it induces brings them out in search of water, to die in the open, and not in their holes.

Sepia has the *Phos.* gnawing, empty, sinking feeling, but greatly intensified—the "all gone" sensation—the hunger after a good meal. *Sepia* is better for food; has headache better for food, nausea better for food—and also worse for food. The nausea and vomiting of pregnancy come greatly within the sphere of *Sepia;* but where only cold food and drinks are tolerated, or where there is a craving for ice, the remedy is *Phos.* and not *Sepia.*

The typical effect of the three drugs on the anus is very different. *Nat. mur.* has anus contracted; hard fæces that tear. *Sepia* has a congested aching anal region; hæmorrhoids; congestion and violent aching. *Phos.,* in the anal region, has a "rare and peculiar

symptom," very diagnostic of the drug, when it occurs. In *Phos.* the anus may stand wide open; diarrhœa, with fæces oozing from a wide-open anus; stool as soon as anything enters the rectum. Of course, *Phos.*, the hæmorrhagic drug, has bloody stools, and also, from its ability to affect the liver and produce jaundice, grey and white stools.

Sepia is predominant in its abdominal and pelvic symptoms; the key to them all is, congestion, weakness, heaviness, sagging, bearing down, prolapse: too much weight with indifferent support.

Nat. mur. and *Sepia* share their back symptoms: the characteristic agony of backache, *relieved by pressure*. They hold the back; they press the back. *Nat. mur.* lies on a hard pillow or book, pressed into the back.

Phos. (with *Lyc.*) has burning between the scapulæ; *Sepia*, on the contrary, has a sensation of a cold hand there.

Sepia is one of the drugs with patches of coldness—local coldness: coldness between scapulæ—an icy-cold hand there; coldness of vertex (with *Phos.*); coldness of knees at night; icy-cold feet, as if in cold water up to the knees; hands hot and feet cold, but if feet get hot hands get cold.

Phos., with all its coldness, has burning palms, and the *Phos.* patches are patches of heat; burning palms, burning between scapulæ, burning in spine, burning in stomach.

In nature, *Phos.* glows and gives light without appreciable heat, but in fine subdivision combats violently in air; and in potencies chilly *Phos.* causes and cures intense burnings.

Sepia and *Phos.* greatly affect the liver; *Sepia* congests it, of course; *Phos.*, as we know, inflames it. Both produce jaundice, and are useful for jaundice.

Sepia and *Phos.* both perspire profusely; *Nat. mur.* also, but *Nat. mur.* is relieved by perspiration. *Sepia* and *Phos.* both have drenching night-sweats.

But *Sepia*, besides local coldness, has local sweats: sweat axillæ, offensive often; sweat back; sweat bends of joints; sweat genitalia.

And now to recapitulate, giving a brief drug-picture of the three, so comparable in symptoms, so unlike in broad outlook and action.

The *Sepia* patient is mentally slow, apathetic, indifferent; incapable of exertion, physical or mental. Is very sad, weeps, hates company, sympathy; her one craving is to get away alone and be quiet. The noise of her children drives her to distraction. She cannot bear it. She has lost her love for her husband. Only wants to be let alone, and to be quiet. Noises affect her; music. She has lost energy, memory, initiative. She wants to get away from everything, and to be let alone.

She is cold, faint, hungry, weary, heavy; but stifles in a close room and grows faint. Stomach, liver, womb are heavy and congested, and sag. She cannot stand. She grows faint if she has to kneel. With icy feet and legs, with sweat in axillæ, etc., there is one curious amelioration—*Sepia* is *better from violent exercise* which warms her up, and causes the blood to circulate, for the time, more normally.

And *Sepia,* with all her chilliness, has flushes of heat, as if hot water were poured over her, with redness of face, sweat and anxiety. So *Sepia* comes in for menopause symptoms also.

Sepia profoundly affects the female genitalia, and produces every kind of irregularity of menstruation and every kind of leucorrhœa; always with the characteristic bearing-down sensation, and congestion and prolapse.

Sepia, in chronic diseases, is a long-acting, deep-acting remedy. It does its work best in unit doses, only repeated at need, after months (three to four months, as a rule). Hahnemann, in his "Chronic Diseases," details the cure of a chronic headache with *Sepia.* After the first dose, the attacks became less frequent and less violent. Another dose stopped the headache for a period of a hundred days. At the end of another hundred days a slight attack came on, for which a third dose of *Sepia* was given, "and it is now seven years," he says, "since the headache has completely disappeared."

The symptoms of *Sepia,* as we have seen, are very clear-cut and definite; perhaps because the provings have almost all been made in the higher potencies, 30, 200, 1,000 and 6,000; only a few provings were made with the 3x. None are from poisonings, as is the case with *Phos.*

Sepia is one of the monuments to the genius of Hahnemann,

not only by abundantly proving his discoveries as to *potentization, the single dose,* the *waiting till reaction* is over, etc., but also because it is to him we owe a drug of which such a careful and successful prescriber as Dr. Gibson Miller, of Glasgow, can say: "If I were allowed only one drug to work with, I would choose *Sepia.*"

I think it is prescribers who work most closely along the lines of Hahnemann, who get most out of, and find most use for *Sepia.*

Of *Sepia,* Hahnemann says: "This brown-black juice, which, before me, had only been used for drawing, is contained in a bag in the abdomen of the sea-insect, *ink-fish* (*Sepia oclopoda*)."

Hahnemann spotted the drug in this way. He had an artist friend, ill with some obscure disease, which Hahnemann had found himself powerless to help. One day, watching his friend painting with sepia, Hahnemann noticed that he was continually moistening the brush in his mouth. It flashed into his mind that this might be the cause of his illness, and in spite of the man's protestations that the pigment was harmless, he insisted that the brush should be kept out of the artist's mouth; when the mysterious illness passed away.

Then Hahnemann "proved" *Sepia.*

The typical *Phosphorus* patient is slow, chilly, apathetic, yet is afflicted with every anxiety and fear—fear, alone, fear in the dark, fear of thunder, fear of horrible faces that look out from dark corners, fear that something is going to happen, fear of death. *Phos.* has cravings: for cold drinks, cold food, seasoned food, for ice creams and ices, for salt and salt food; has aversion to hot food and hot drinks. The vomiting of *Phos.,* as we said, is relieved by cold drinks, which are vomited as soon as they get warm in the stomach. No other remedy has that. *Phos.* has great thirst, but for cold drinks. It has sinking and emptiness. *Phos.* has burning pains in the stomach, like *Ars.;* but unlike *Ars.* the *Phos.* stomach pains are better for cold drinks. The burnings of *Ars.* are relieved by heat. Besides the burning pains in the stomach chilly *Phos.* has, as we said, burnings elsewhere—burning in palms, burning between the scapulæ, burning in the spine, like zinc; burning in lungs and chest. Another peculiar symptom of *Phos.* is the regurgitation of food by mouthfuls. *Phos.* inflames the liver, and with *Sepia* produces jaundice.

In *Phos.* poisonings, we are told, "tuberculosis frequently develops; at times also lobar pneumonia, terminating in gangrene of the lungs and pyohæmia," and *Phos.* is one of our most useful drugs in pneumonia and phthisis *in Phosphorus patients.* It selects especially the right lung and the lower lobe. It causes, of course, hæmorrhage from the lungs, streaky sputum, prune-juice expectoration. One of its marked symptoms is constriction of the chest. Another, hoarseness and aphonia, worse towards night. Great dyspnœa.

The chest symptoms predominate in *Phos.,* the pelvis symptoms in *Sepia. Phos.* has heaviness of the chest, as if a weight were lying upon it; distressing anxiety and pressure in the chest, amounting to real suffocation.

The open-anus symptom has already been noted.

Phos. affects the bones to necrosis, choosing especially the lower jaw and the tibia. *Phos.* produces anæmia and emaciation. With *Phos.* there are hæmorrhages from every organ and tissue: nose-bleed, ears bleed, gums bleed, ulcers bleed. Hæmorrhages from stomach, intestines, kidneys. Hæmorrhagic patches on skin; a condition of purpura hæmorrhagica for which *Phos.* is our most notable remedy. Here it compares with *Crotalus. Phos.* has fever at night with ravenous hunger. Another peculiar symptom, regurgitation of food in mouthfuls. *Phos.* cannot lie on the left side or on painful side. Hahnemann says *Phos.* acts best on patients who suffer from chronic loose stools or diarrhœa. *Phos.* craves heat, except for stomach and head. It loves to be rubbed, and, we are told, mesmerized.

Hahnemann warns us, that "*Phosphorus* is a most powerful antipsoric, but it can be seldom used with advantage when the genital organs are weak, or when the sexual desire is depressed, or when the menses are delaying, or when the vital powers are weak and exhausted."

And now, last of all, for the drug picture of *Nat. mur.:* In mind, irritable; irritable over trifles, depressed, weeping, hysterical, but always worse for consolation; irritated by any attempt at sympathy. Indifference to pleasures. Ailments from disappointed affections. *Nat. mur.* is the drug that falls in love with the wrong person. As Kent expresses it, "falls in love with the

coachman." Aversion to company and better alone. Over-sensitive to noise, to music, to the sun, to light and heat. Headaches, with loss of vision; with fiery zigzags. Terrible headaches and neuralgias. Bursting headaches. *Nat. mur.* is one of our great headache remedies; periodical headaches, headaches that begin at 10 a. m., and go on to the afternoon. *Nat. mur.* has anæmia, wasting; emaciates downward. Wasting about the collar-bones. We noted the greasy face, the cracked lips. *Nat. mur.* has herpes about the mouth; a mapped tongue. The cravings are for salt, for bread, or, on the other hand, aversion to bread. There is also aversion to fat, and to slimy and slippery things. *Nat. mur.* has pain in the back, relieved by pressure, lies on a book or a pillow to relieve the backache. This may lead you to the remedy in fevers. *Nat. mur.* has a notable time-aggravation, is worse from 9-10 a. m., in malaria, fevers, headaches, etc.

It is one of our most valuable drugs for persons who have had much malaria and much quinine. Valuable not only for the fever, but for lung troubles subsequent to malaria and quinine.

It has a curious urinary symptom, cannot pass water unless alone. It is a great remedy in enuresis.

Burnett pointed out that salt can cause cataract. His attention was drawn to the fact that young horses could not be reared in certain salt marshes, as they all developed cataract.

Nat. mur. is not so much an organ remedy—it affects the whole body.

If we get a patient < heat and sun, irritable < consolation and fuss, desiring salt and hating fats, the remedy will be *Nat. mur.* whatever the ailment.

All three remedies, *Nat. mur., Sepia* and *Phos.,* are deep-acting, long-acting remedies, but their length of action is not the same. *Sepia* acts from three to four months: *Phos.,* generally, from four to six weeks; *Nat. mur.* often, for many months.

Kent says of *Nat. mur.:* "It operates very slowly, bringing about its results in a long time, as it corresponds to complaints that are slow, that are long in action. This does not mean that it will not act rapidly: all remedies act rapidly, but not all act slowly: the longest acting may act in acute disease, but the shortest acting cannot in chronic disease. Get the pace, the periodicity of remedies."

Of *Natrum muriaticum*, common salt, Hahnemann says: "Considering that salt, when ordinarily used, has no pernicious effect upon the organism, we ought not to expect any curative influence from that substance. *Nevertheless salt contains the most marvelous curative powers in a latent state.*

"The transmutation, by means of the peculiar mode of preparation adopted in Homœopathy, of a substance like salt, which is apparently inert in its crude state, into a heroic medicine, the use of which requires the greatest discrimination, is one of the most convincing proofs of the fact that the peculiar processes of trituration and succussion restored to in Homœopathy, bring to light a new world of power which Nature keeps latent in crude substances. Those processes operate, so to say, a new creation."

CASES.

Sepia in Rheumatoid Arthritis.

Woman of 42. (Sent by an outside doctor to the out-patient department of the London Homœopathic Hospital.) September 9, 1915: Cannot sit, walk, or stand without pain. Can only get across the room with help. Was brought up to hospital in a bath chair. Cannot feed herself. Has to be helped to dress and undress. Worse in the night: gets rigid. Cannot even pull up her bedclothes. Knees, knuckles affected, etc. Says she never had rheumatism till after an operation for fibroid in July, 1914. This illness began in May of this year after pneumonia.

Has burning pain between the scapulæ; as if scalded, tender, as if raw. Cold, clammy hands. Worse evening and night. Cold night sweats. Very much worse for washing and bath. Worse noise. Very nervous: startles. Her children get on her nerves. Hast lost interest in things. Easily weeps; weeps with her pains. Headache before thunder. Not much affected by weather, damp or dry.

The case was roughly worked out: the choice of drugs lay between *Lyc.*, *Nit. ac.*, *Phos.*, and *Sepia*. She was a warm patient, *now* (against *Nit. ac.*, *Phos.*, and *Sep.*). Though the mentals were *Sepia!* But one thinks of *Sepia* less for rheumatism. The burning between scapulæ suggested *Lyc.* and *Phos.* Worse afternoon, and warm patient settled it for *Lyc.* She got *Lyc.* 30.

which did no good. Later *Nit. ac.,* which did no good. Later *Phos.,* which did no good.

On December 16, reconsidering the case, the mentals (of highest value in the grading of symptoms), her children get on her nerves, has lost interest, worse for noise, startles; also the symptoms, worse for bath and washing, cold night sweats, were *Sepia,* so on December 16 she got *Sepia* 30, one dose.

January 20, 1916: Better, except for her feet. "The last medicine was better," she said. February 17: Much better, except for knees: and ankles swell a little. Otherwise *very* much better. Says, "It is a remarkable change, for she could not walk when she came here." Has had headache for fourteen days; *Sepia* 30, one dose. March 30: Says left arm is bad: left side bad. (Here evidently the potency was not high enough, as the drug was not holding so long, or nearly long enough for *Sepia,* which seldom needs to be repeated for three or four months.) So, *Sepia* 200, one dose. May 11: Much better this time. Headache at first. No medicine. June 1: "Feet and knees still bad." Patient's hands are normal now to look at, and she walks with very little limp. No medicine; too soon.

Patient did not come again for seventeen months, and then on November 1, 1917, only came for some stomach trouble and headache. Says she has been so very much better, she did not need to come. There is still a slight swelling left knuckles. She walks about like anybody else. "Dr. ——— (who said she would never walk again) sees her trotting about." Complains of nothing but stomach and head now; *Sepia* 200, one dose.

This crippled patient had only two doses of *Sepia* 30, and one of the 200 to cure her. They were on December 16, 1915, *Sepia* 30; February 17, 1917, *Sepia* 30; March 30, 1917, *Sepia* 200. It is interesting to notice how much longer the reaction to the 200 held. The 30 only held her for two months, then one month. The 200 only needed repetition after seventeen months, and not for the same complaint.

Case Exemplifying the Value of Sepia in Cough.

Sepia is not one of the medicines commonly prescribed for cough, where its sphere is limited, yet very definite: and most people turning up the provings would be surprised, I think, to see

these cough symptoms standing there in the highest type. "Cough mostly in the evening, in bed. Cough which affects the chest and the stomach greatly. Cough from tickling in the larynx, without expectoration. Cough in the evening, before going to sleep, from 8 to 9 o'clock, continually until she expectorates, and then the cough stops. Much cough with expectoration, only before midnight, as soon as he gets into bed, not during the day. Short hacking cough in the evening, only after lying down. Spasmodic cough. She cannot sleep at night on account of incessant cough. Short dry cough that seems to come out of stomach. . . ."

Woman, aged 54. April 8, 1916: Dry, hacking cough, as if it would split her chest. Has had it off and on for many years. Cough worse before meals; worse lying down at night; must sit up. Feeling in the throat as if a feather were there. Cold sensation over a limited area on left chest. Obstinate sneezing for several years, even without a cold. Prolapse of uterus for the last five years. (Patient has a fibroid tumor.) Patient is chilly, yet cannot stand a close room. Is very sensitive to music. *Sepia* 30, one dose. June 1: Cough *very* much better. Hardly ever sneezes. Womb much better, she says: "Prolapse quite gone. July 21: No cough. Prolapse recurred to some extent. *Sepia* 30, one dose. October 13: Very much better in every way. Hardly ever sneezes. No real cough to speak of. Prolapse not troubling her. No medicine.

December 6, 1917: In the last fourteen months she has needed two more doses of *Sepia* for the prolapse (which "goes back, almost within a week each after a dose"), but she has no more cough or sneezing.

Headache of Forty Years Standing: Nat. Mur.

Woman, aged 58. December 6, 1910: The patient gave a history of life-long headaches, which kept her in bed for two days every fortnight. There was heaviness all over the head, as if cased in iron; worse in a warm room; better for tying the head up; lying; rest; being alone. Headache worse in the sun, throbbing in character. Appetite was good. Aversion to rich foods and fish. *Generals:* Worse for warmth; summer; the sun. Faintish in hot weather. Worse for thunder, which gave her a head-

ache. Patient had fear of the dark, was always in a hurry, was sensitive to impressions; very touchy; matter-of-fact. This worked out at *Nat. mur.,* which was given in the 200th, a single dose, on December 6, 1910.

Ten days later reported a very considerable upset from the medicine, but now felt much better. March 3, 1911: Not had a bad headache since last note. No heaviness or caged-in feeling. April 7: Practically had no headache, only slight touches at times. She was much better in every way. May 16: Complains of some giddiness on first lying down. No headache to speak of. A bad thunderstorm had no bad effect on her, as formerly. As she was hardly so well in herself, she got her second dose of *Nat. mur.* 200, five months after the first. April 22, 1912: Been awfully well. None of the old headaches, but lately a few slight ones. Quite different in temperament, and feels she is "alive now." *Nat. mur.* 200, a single dose, was given. March 19, 1913: No headaches now. Thunder does not affect her. But as she was weak and depressed after a turn of influenza, *Nat. mur.* 1m. was given. November, 1917: Patient has never again been troubled with her old headaches. She is very well in every way.

Migraine of Twenty Years' Standing—Nat. Mur.

Man, aged 47. July 2, 1913: Attacks usually every two months, lately three in a month. The onset is sudden, with defective vision in parts. It gets worse, till he cannot distinguish objects. Then fiery zigzags. The headache may be on one side of the head or the other. The pain is dull, and is confined to one spot. He has taken a good deal of aspirin. Headache leaves him seedy for two or three days. Headache better for lying down; must lie down. Better for closing the eyes. Worse for motion, for noise; worse for flashes of light, which may even start it. Apt to be preceded by flashes of light. Patient feels the heat very much, is better in cold weather. Very nervous and retiring in disposition. Aversion to being alone. Depressed, and apt to worry about business. Very emotional to music.

There could be no hesitation as to the remedy. Blinding headaches with fiery zigzags, in a warm patient, nervous and retiring in disposition, and very sensitive to music; so *Nat. mur.* 30 was given on July 2, 1913, in three doses, six hourly.

September 27, 1913: "Slight return of migraine, slight as to pain, but no difference as to sight. I never had the faintest trace of it in Switzerland, though did everything and climbed everything I wanted to. Not had such a delightful holiday for years, free from all anxiety as to the trouble." Attack very soon passed off, and spirits generally good. *Nat. mur.* 30 was repeated. March 18, 1914: Not had the slightest return of headache since last note, but feeling run down, due to pressure of work. *Nat. mur.* 30 repeated. January 13, 1916: Return of migraine, after freedom for two and half years. Has had a good deal of worry lately. *Nat. mur.* 200, a single dose. August 4, 1916: Two slight attacks lately, due to the heat and hard work. *Nat. mur.* 200, a single dose. May 19, 1917: Very slight attack; feeling run down. *Nat. mur.* 1m., single dose.

Natrum Muriaticum in Asthma.

Man, aged 27. September 8, 1916: Came complaining of a cold hanging about him for the last two months. Always subject to colds and asthma. Often hay fever in the morning, after moving about, with much sneezing, which soon passes off. Shivers with it. The hay fever is only whilst he is in England; he has been in the tropics for several years and has had much malaria, taking *Quinine* daily. The asthma was chiefly in the evening, but otherwise there was nothing very distinctive about it. The chest was distinctly emphysematous: liver and spleen were not enlarged.

He was very jumpy, shaky, and timid. Worse in the sun; during thunder; at the seaside, which aggravated his asthma. He had a craving for salt. His malaria was of the 10 A. M. type. Every one of these symptoms suggests *Nat. mur.,* and the history of malaria and *Quinine* settled the question. *Nat. mur.* 30, one dose was given.

September 26: Very much better. Feels different altogether; stronger. Nervy feelings nearly gone. Chest: though still wheezing, respiration much freer. He also reported the return of some old symptoms: itching at anus; excessive flatulence. (This confirmed the choice of the remedy.) October 19: Been better and stronger. Nervy feelings quite gone. Feels he has got a reserve of force to fight against them. Cold gone for the

past two weeks. Chest, only the faintest suggestion of a wheeze. Can do more work in the day now. The itching at anus and the flatulence have both disappeared. Still no medicine. October 31: Still very well. No cough. No tendency to asthma. "Tried to take a chill, but did not succeed," he says. Has lost his timidity. Much more cheerful. Still no medicine. 1917: January 21: (Reports from Africa.) Nervousness non-existent. Slight attack of asthma and bronchitis, which he quickly threw off. Has taken no *Quinine,* and felt the heat less, and the cold night winds did not trouble him. No real attack of fever, and feels generally well.

N. B.—The importance of *Nat. mur.* in these cases with a history of malaria and much *Quinine cannot be over-estimated.*

Phosphorus—In Neuritis.

Here are two cases showing the action of *Phosphorus* in neuritis:

No. 1.—Woman, aged 51. First seen February 28, 1917: Ill for two years with pain in the nape of the neck; much worse recently. The pain shoots down to scapulæ; it burns also, and is associated with a feeling of dislocation. It is worse for carrying a parcel, worse on becoming cold, better for hard pressure, better at night. Headache in vertex, if tired or worried; eyes feel strained. Headache is better in the dark, when lying down, after eating, resting, after short sleep. Worse for noise. Flatulence, with an unnatural craving for food at times. Emptiness, even to faintness, at 11 A. M. Desire for sweets and salt, and aversion to fats and oysters. Sleepy when going to bed, yet wide awake as soon as the light goes out. She is a very chilly patient, and hates the wind; upset by snow: is depressed, and relieved by sympathy. She likes company; is apprehensive; indifferent at times, even to her own people.

On working the case out, there is one drug, and one only, that comes through, and that is *Phos.* So she was given *Phos.* 30, three doses, six hours apart. She came back on March 21 feeling very much better in every way. Hardly any headache. Flatulence much less. Feels and looks very much better. Pain considerably less. No medicine given. Next report was April 18. Pain practically gone. As eight weeks had elapsed, and there was still *some* pain, the medicine was repeated in the same

potency and dose. On July 26, she wrote, "Your last medicine cured me. I am very grateful. The relief is not to be told."

No. 2.—Man, aged 39. Came on March 1, 1917, with a history of pain for the last six weeks in right arm, all along the course of the musculo-spiral nerve. There was no history of rheumatism, and general health had been good; though he was of a nervous temperament, and inclined to worry. There was some wasting of the muscles of the arm. The pain was worse for grasping, for carrying, even an umbrella; worse lying on the sore side; worse hanging arm down; whilst shaving; worse at 4 A. M., when it woke him. Unable to write because of the pain. His arm was better at rest. He had no general symptoms at all, except a craving for salt.

The choice of the remedy lay between *Phos.* and *Carbo. veg.*, and the latter was first given, in the thirtieth potency, three doses, six hours apart. It helped him to a certain extent, but not enough to justify waiting any longer: so on March 13, *Phos.* 30 was given in three six-hourly doses. March 21: Improving greatly. April 4: Very much better. Writes and shaves without ever remembering his pain. December 1: Remains perfectly well. The medicine never had to be repeated.—*The British Homœopathic Journal.*

Editor of the Homœopathic Recorder.

Dear Sir:

I have read with much interest Dr. W. J. Hawkes' article on anti-typhoid inoculation in the February number of the Recorder. I have a son who expected to enter the army service to do his bit in some capacity and all inoculations take readily with him. He came near losing his arm following vaccine inoculation for small-pox. I suppose he will have to submit to the anti-typhoid inoculation if he volunteers for any branch of the army service. I would like to know if any of the Recorder readers know of any way in which this could be avoided or of any medicine he could take that would antidote the action or effect of the anti-typhoid vaccine. I know his constitutional condition so well and that in all probability it will cause severe illness and probably be followed by some serious, or, perhaps, fatal illness.

St. Albans, Vt., April 15, 1918. Dr. Esmond.

PHYSIOLOGY AND DRINK PROBLEM.

To those who are in the habit of *thinking straight,* without prejudice or hysteria, the following article from the London *Lancet* for March 2 will be of value, especially so at this time of national stress, when country-wide prohibition is a possibility. —EDITOR.

Measures have been adopted in the several belligerent countries to combat the influences of alcoholism on national efficiency, and amongst these the most interesting to the social reformer is probably the system of regulation which has been enforced in our own country by the Central Control Board, a special department set up to deal with liquor traffic under the Defence of the Realm Act. Those who have observed the work of this Board, as well as the public utterances of its chairman, Lord D'Abernon, will have had little hesitation in concluding that the success which has attended its operations has been due in the main to the fact that, unlike previous efforts to deal with the questions involved, the policy of the Board has been based from the outset on a strictly objective study of the problem; it has been adjusted to facts as they are, and has not been framed to fit the conceptions of prejudice or enthusiasm.

Such an attitude implies clear recognition of the predominant importance of the physiological factors of intemperance; and it has been, indeed, from the first distinctive of the Control Board, as may readily be gathered from the character of its regulations, to lay special stress on this aspect of the drink question. Formal and explicit evidence of this characteristic has now been given by the publication, under official auspices, of a study of the physiological action of alcohol. This work, which is essentially a review of the existing state of knowledge on the subject, has been prepared by the Advisory Committee appointed by the Control Board in November, 1916, under the chairmanship of Lord D'Abernon, the other members being Sir George Newman, M. D., Professor A. R. Cushny, Dr. H. H. Dale, Dr. M. Greenwood, Dr. W. McDougall, Dr. F. W. Mott, Professor C. S. Sherrington, and Dr. W. C. Sullivan. The representative character of the

Committee guarantees the soundness and impartiality of the views put forth; and we have a further assurance on this point in the fact that, as Lord D'Abernon mentions in the preface which he has contributed to the volume, the primary object of the writers was to prepare the way for further research—that is to say, the critical analysis of existing evidence was not undertaken with a view to establishing comprehensive or final conclusions, but rather for the purpose of determining in what direction further evidence must be sought before such conclusions can be drawn. The work is thus a statement of our ignorance as much as of our knowledge, and this adds largely to its educational value, inasmuch as nothing has contributed more to confusion of opinion in regard to the drink problem than the perpetual promulgation of views and theories based on erroneous or inadequate data. It must help materially to clarify the issues if the limits of real knowledge are more justly appreciated. The spirit and temper of the book should also do much to promote in the general public —to whom it is specially addressed—a more intelligent apprehension of the subject by freeing its discussion from some of the false associations which naturally attach to any question that has long been a theme of controversy. As an illustrative instance of the value of the work in this respect we may indicate its treatment of the old and futile question, "Is alcohol a food or a poison?" with the implied assumption that the qualities of a food and the qualities of a poison are necessarily opposed and mutually exclusive. The Committee have dealt effectively with the fallacies underlying this mode of stating the case, and have disengaged the real point at issue by showing that what should properly be asked is, In what precise sense can alcohol be described as a food, and under what condition does it act as a poison? To these questions the Committee give replies as positive and definite as the present state of scientific knowledge permits.

The provisional conclusions of the Advisory Committee of the Control Board are briefly these:

1. Alcohol is undoubtedly a food, in the sense that its combustion in the body can supply a considerable part of the energy needed by the organism.

2. Unlike other foodstuffs, it cannot be stored in the system

in altered form, to be used as required, but remains as alcohol in the blood and the tissues, on which, if present in excessive amount and over prolonged periods of time, it exercises a deleterious influence.

3. By reason of this latter characteristic alcohol cannot safely be used as a large element in the diet without risk of injury to health, and it is on this account, and also because of its disturbing effect on nervous functions, quite unsuitable as a staple food for industrial workers.

4. Its action on the nervous system, which is the chief *raison d'etre* of the ordinary use of the alcoholic beverages, in health and in disease is, with the possible exception of its effect on the respiratory centre, essentially narcotic and not stimulant.

5. The moderate use of alcohol by the average normal adult is physiologically unobjectionable, provided that it is limited to the consumption of beverages of adequate dilution, taken at sufficient intervals of time to prevent a persistent deleterious action on the tissues.

These conclusions furnish a solid basis for the discussion of the wider issues of the drink question, and—what we have already indicated as the special object of the Committee's labors—a starting point for further research regarding numerous points, many of them of immediate practical importance, as to which no precise and reliable data are at present available. It is satisfactory to learn from Lord D'Abernon's preface that such work is already in progress, and that the Committee are already in possession of the results of experimental investigations concerning such questions as the effect of dilution on the action of alcohol, and the difference in inebriating effects between beer, wines and spirits. The publication of the present report is to be welcomed, therefore, not only for its intrinsic value, but for its promise of a further application of science to the solution of the liquor problem.

IN THE TRENCHES.

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

Once upon a time there lived in a country town in one of our States of the Union a young man. He *thought* he would like to be a doctor, it was an easy job, and that doctors make all kinds of money. Farming did not appeal to him, for he was too *strong* to work, so he persuaded his father to send him to a medical college where they grind out doctors at so much per head. The professors quizzed him now and then to find out what he *didn't* know about medicine and the different "ologies." At the end of the four years the professors deducted out what he didn't know about medicine from what he *did* know, and from that they managed to strike an average, then they tagged him M. D. and cut him loose on a patient and long suffering world. This young man was strong for the *ethics* of his profession, he would sooner have violated *all* the Commandments in the Bible than the "Code of Ethics." The Council of the A. M. A. was to him a kind of *fetish,* a god "before whom every knee must bow and every tongue confess, and every sucker give up his dust." He had long since decided to locate in his native town, for he felt that the community needed a man of *his* ability. The other doctor there was a "back number," a "has been," so far behind him professionally that he couldn't see his dust! Unfortunately his first patient was his mother. She had a swelling come on the back of her neck. This gave the young M. D. his opportunity to show those country boobs what a *real* doctor was like. He *counted* her pulse (it had taken him four years to learn how to do it properly), he took her temperature, glanced at her tongue, pinched and squeezed the swelling on her neck until his mother told him "where to get off." He wrinkled his forehead, rolled his eyes up in his head, scratched his head to agitate his brains and "speed up" his thinking machine. In short, he went through all the "Motions" he had seen the professors go through at the medical college. To see him act you would think he was a "sure enough" doctor. He said, "It would not be ethical, neither would it be wise to give a diagnosis of this case without sending away a piece of the growth to a pathologist and get his opinion."

The father did not *enthuse* over this idea, for it meant that the old man should go down in his pocket and "give up" five dollars to pay for the examination, so the whole matter was held over for future action.

Meanwhile a neighbor called in; she was one of these good old souls found in every country village, she was weak on the *technical* knowledge of medicine but *strong* on common sense.

They asked her to look at the old lady's neck. She said, "Why that is a *boil;* you want to put on a soap plaster and draw it to a head."

In due course of time the boil came to a head and discharged freely.

Then the father had an interview with the amateur doctor; it was *exciting* while it lasted, for the old man was *strong* on language; in fact, "language was his long suit." He said, "I have paid out almost $3,000 to make a doctor out of you. Now what do I get for my money? You can't tell a boil when you see it. You might *possibly* have made a farmer, but you are a damned poor doctor!"

I am of the opinion that now and then the Almighty turns out a physician, and when he does it is a *finished* product, and not a false alarm.

I have in mind a man of that kind who practiced in Plainfield, N. H., over forty years ago. His name was S. E. G. Beers. In his boyhood days his parents were so poor they could not give him much of an education, but he had a taste for medicine. It was his habit to read all the books on medicine that he could get hold of. He lived close to the great heart of nature, and knew the medical properties of the trees, plants and flowers of the country. From time to time he was asked to prescribe for some neighbor or friend, and he was always *successful* in his treatment. His practice extended into all the adjoining towns. If he once got a family they never left him. If any of them moved away, 50 or 75 miles from him, they never *thought* of having any other doctor.

It was my privilege to meet him in consultation several times, and I always learned something from his book of experience. His ideas were *original* not copied out of medical books. I have

seen him perform a post-mortem examination as skilfully as I have ever seen one performed. He was a man of strong personality, he would command the respect and confidence of a sick person as soon as he entered the sick room. This man never graduated at *any* medical college. Yet he was what every *few* doctors are, a *physician,* one *fitted* to *heal* the *sick.*

I have in my time known of several doctors who acquired a national reputation for their *success* in healing the sick, yet they never *saw* the inside of a *medical* college!

For a case of simple sore throat there is no better remedy than *Kali mur.* 3d x, three tablets once in two hours. In *hoarseness* as a result of a cold *Kali bichromate* 3d x is *the* remedy, three tablets once in three hours. If we have a case of *loss* of *voice,* with a feeling of *soreness* and *rawness* of the throat, *Causticum* 3d x is the remedy, three tablets once in two hours.

Loss of voice at the monthly period, *Tr. gelsemium* 3d x, five drops once in two hours. Loss of voice every time the patient is exposed to *heat, Antimonium crud.* 3d x, three tablts once in three hours.

In *hoarseness* made *worse by talking,* with a cough that is worse at *night* and when lying on the *left side, Tr. phosphorus* 3d x is the remedy, five drops once in two hours.

When there is slight *hoarseness* and patient has to hawk up *tenacious* mucus, there is *rawness,* soreness in the throat and some cough, there is a sensation of a splinter lodged in the throat, and *wart-like* excrescences, which feel like *pointed* bodies when swallowing. Public speakers and singers have this *kind* of throat trouble. The above symptoms indicate *Argentum nitricum* 6th x, three tablets once in three hours.

In patients where the throat and neck are very *sensitive* to the slightest touch, everything about the throa *distresses* them, they must have clothing *loose* round the neck. _ *ty* swallowing or swallowing of saliva or liquids, *aggravates* a great deal *more* than swallowing *solids.* This calls for *Lachesis* 30th.

When there is a sensation of a *lump* in the throat which *cannot* be swallowed, *Tr. gelsemium* 3d x is the remedy, five drops once in two hours.

The *retention* of *waste* within the system is one of the ways in

which disease appears and the diseases that may appear in this way are about 200. At first there is drawing or *contraction* of the skin, it is of a *bluish* or purple color. There is shivering or *chilly* sensation, *sneezing* profuse, nasal and lachrymal secretions. The skin feels *harsh* and *dry* to the touch. There is *stiffness* and *soreness* of the muscles, high temperature, coated tongue, *headaches,* constipation, loss of appetite. In reading the pulse, if we find it *hard, full* and *quick,* we know that *Aconite* is the remedy needed. If we have a *full bounding* pulse with a *globular* feeling as the artery strikes against the *fingers,* we think of *Belladonna* as the remedy indicated. If the pulse is a *full, bounding* pulse with *tension,* we know that *Tr. veratrum vir.* 1st x is *indicated.*

If the pulse is *full and soft* then *Ferri phos.* 3d x is indicated.

If the pulse is *full, rapid, soft, compressible,* we think of *Tr. gelsemium* as the remedy indicated.

If we find the pulse *hard and quick, Tr. bryonia* will be indicated. There are certain symptoms that go *with* each of the above remedies that make the indication for the remedy just as much *stronger,* but the student of materia medica should learn to *read the pulse,* for in *nine* cases out of *ten* it will tell him what remedy is *indicated.*

Did you ever notice the *ears* of your patients? Remember that *gastric* irritation makes the ears *red* or purple.

A *weakened* vitality makes the ears look *weak, pale* and sometimes *transparent.* All diseases that affect the *general* circulation write their language in the *eye.* If the pupil is *dilated,* it indicates an apathetic, drowsy, nervous state. If the pupil is *contracted,* nerve *tension* and *irritation* are present.

A congested or *blood-shot* appearance of the eye with *drowsiness* indicates *headache.*

An *angry, irritated* appearance of the eyelids and *gluey* exudates indicate a *septic* condition of the blood.

A *wild, staring, excited* appearance of the eyes denote that the person either *has* been *insane* or is *liable* to be in the near future.

Diseases write their language in the *face, eye, pulse* and *tongue,* and it is our business as physicians to *interpret* this language *correctly* or else we shall *fail* in the successful treatment of the sick,

a *healthy* looking complexion, a *clear, bright* expression in the eyes, a tongue *light red,* moist and *cleaning,* a pulse *full, strong* and *regular,* the muscles of the arm firm, not flabby, and we say the person is in *normal health* and so they are. Therefore, a *variation* from the above must be *disease* in some form; just keep the above *facts* in your mind *when examining a patient. Pain* in any part of the body will show itself in the *eye* and *pulse.*

There will be a *tension* to the pulse, and *contraction* of the *pupils* of the eyes. *No* tension to the *pulse,* no contraction of the pupils of the eyes, *no pain.*

This is a discovery of *my* own very often verified. I would like to have the readers of THE RECORDER *try* out this fact in their practice and report the result of their findings to THE RECORDER.

In reading the pulse of a patient read the pulse of *both* arms, and notice the *difference.* The pulse of one arm will tell you of the vitality of constitutional conditions of your patient. The *other* arm will tell you of the *local* trouble, the present, the *real* condition of your patient. That is another discovery of my own. In talking with a very intelligent doctor who has learned to read the pulse as I do, made the remark to me, "If I should tell one doctor of the great difference between the pulse of the two arms and what it *meant,* they would say *I was crazy.* Yet he has *verified* the above fact *very* many times in his practice, and from it learned the *real* the *true condition* of his patients, and what remedy or remedies were indicated. *Try this out* in your practice, it is one of the *most important discoveries* of the *century.* Some of the older readers of THE RECORDER will remember the "blizzard of '88."

I lived in Paterson, N. J., at that time, and I wanted to make a professional visit to a town in S. W. N. J. I left Paterson on the 8 a. m. train for Jersey City via New York to Susquehanna R. R. It was very cold and blustering weather. The train went along all right until we got nearly to New Durham then it was stuck fast in the snow. Trains on the Erie and Morris and Essex R. R. were stalled near us. We lay there until 3 o'clock in the afternoon. I told the conductor "I was going to get out and walk into Jersey City." He said, "No man can *live* two feet

in front of the engine." But I took my grip and started on; when I arrived in front of the engine I thought the cold wind would take me off my feet, but I pushed on in the *fearful* cold until I got *chilled through,* then I went into a saloon where there was a hot fire. I took two cups of hot coffee then started on my walk of four miles into Jersey City. I took my time about it, and arrived at the Penn. R. R. station after 5 o'clock. The passengers staid in the depot two days and two nights. (No trains running on that R. R.) We slept in the cars and got our meals where we could. On the third morning they made up a train on the Susquehanna R. R. for Paterson with two mogul engines.

We ran along pretty well until we got nearly to Hackensack, then the train ran into a drift of snow and stopped. The train backed up and started full speed to buck that drift. We could feel the engine strike the drift, then something happened, and we all piled out of the train to see what was the trouble. The front engine had tipped over on its side. We could look down under the engine and see the body of a young man who had been riding on the engine with the engineer, he had been killed by the shock and escaping steam of the engine. As the train could go no further another passenger and I started to walk over the hills to Paterson (eleven miles). We arrived there after a *long, tedious* time, *ploughing* through the snow drifts. Thirty years have come and gone since that time, but the "blizzard of '88" will *live* in my memory while life lasts.

QUININE IDIOSYNCRASY IN FIVE CASES.

Sinton reports on five cases of quinine idiosyncrasy in the *Indian Medical Gazette* for September, 1917. He points out that MacGilchrist in his investigation of the cinchona derivatives found that the order of lethality of the cinchona alkaloids to guinea pigs was (*a*) cinchonidine, (*b*) quinine, (*c*) cinchonine, and (*d*) quinidine, cinchonidine being the least lethal.

MacGilchrist also found that "as regards unpleasant by-effects of these alkaloids buzzing in the ears was most frequently associated with quinine and quinoidine; amblyopia with quinine and cinchonine; diarrhœa with cinchonine if administered over a

week, and nausea with quinoidine. Cinchonidine even in large doses caused no unpleasantness of any kind."

A number of the above points are brought out in the cases recorded below:

Case 1.—B. K., European, aged thirty years, suffering from malaria. On the first day of his illness he was seen with a temperature of 103° F., and had taken quinine acid hydrochloride 10 grains two hours previously. Another dose of 10 grains was given the same night.

On the second day the morning temperature was 100.4°, and 10 grains of quinine were given. A similar dose was taken in the afternoon, and in the evening his temperature was 102.4°. It was then noticed that his face was slightly swollen, but as there were a lot of sand flies about, it was thought that it might be due to their bites.

On the third day the temperature was normal, but as there was very marked œdema of the face and eyelids and severe headache was complained of, the quinine was reduced to 10 grains daily and saline purgatives were given. The œdema did not go down for several days.

In this case the idiosyncrasy took the form of a marked œdema of the face and eyelids, although only 40 grains of quinine had been given in two days.

Case 2.—B. S., Dogra, aged twenty-eight years. When the regiment was paraded for prophylactic quinine on service this man objected to taking it as he said he always got a rash all over his body and very severe headache after taking quinine. Quinine sulphate, 10 grains, was, however, given in tablet form, and in about one hour's time he returned to hospital complaining of great itching and had a very marked urticarial rash all over his body. This rash lasted for four or five hours and was accompanied by a very severe headache. The buzzing in his ears lasted two days.

Case 3.—A. S., Mohammedan, aged thirty-eight years. After a dose of 5 grains of quinine sulphate in solution, this man developed severe vomiting and diarrhœa in about half an hour, and a diffuse urticarial rash appeared all over his body after one hour. This rash lasted five or six hours. He complained of vertigo and

severe headache, and stated that similar symptoms had developed on previous occasions when he had taken quinine.

As he had a malarial infection cinchonidine sulphate, 5 grains, was given; it produced a similar result but not in so marked a degree. His fever disappeared under treatment with tincture of cinchona, iron, and arsenic.

Case 4.—D. S., Sikh, aged twenty-two years. After the administration of quinine sulphate, 5 grains, he had severe vomiting and diarrhœa with profound prostration. An urticarial rash appeared all over his body and his eyes became very congested.

This case is of interest because cinchonidine sulphate in doses of 5 grains did not produce this effect.

Case 5.—H. B., Jat, aged nineteen years. His history was that when given quinine as a prophylactic he had become semi-comatose and had severe vomiting and diarrhœa.

Cinchonidine sulphate, 5 grains, was given in solution, and after fifteen minutes he was carried back to hospital in a collapsed condition. He was semi-comatose, his face and conjunctivæ were very congested, his pupils dilated, and his eyes turned up.

His skin was cold and clammy, his pulse imperceptible at the wrist, but heart beats 80, and his temperature 95°. Vomiting and diarrhœa were severe. An ounce of brandy was given and hot bottles applied. After about twenty minutes he became conscious and complained of chilliness and severe headache. In a few hours' time an urticarial rash appeared on his body. His urine contained no albumin or blood.

On the next day he had recovered except for headache and buzzing in the ears, which lasted several days.

This case was very similar in character to one described by Van Poole, except that in his case the pulse was rapid.

It is interesting to note that so small a dose of cinchonidine sulphate caused such a profound disturbance, although it is the least lethal of the cinchona alkaloids.

These last four cases seem to be typical of the toxic effects of quinine on a susceptible subject.—*The Therapeutic Gazette.*

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

OUR CONTRIBUTORS.

In this issue we have articles by Dr. C. Gurnee Fellows, Eye and Ear specialist, of Chicago, Ill., from Dr. H. O. Skinner, pediatrician, St. Paul, Minn., and Dr. E. H. Grubbe, X-Ray specialist, Chicago, Ill.

FOCAL INFECTION.

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

The medical profession is quite as apt to run into fads as is any other class of people; yet, although a man may not be a faddist, he certainly must pay attention to the developments that occur in his profession from time to time, which, attracting a good deal of attention turn out to be worth really serious investigation, although those not vitally interested call them fads.

One of these fads is the subject of this sketch, namely, focal infection. As among the profession, appendicitis is recognized as a cause of general ill health, we, the eye, ear, nose and throat men, have stood by for a while and listened to the tale of appendices being taken out once, twice or three times, according to reports, and think we realize that the question has now been settled; all the profession understanding the general plan of treatment in such cases.

The nose and throat man is often criticised for claiming that so many general infections are due to suppuration of the sinuses or infection in the tonsils. Upon superficial examination, the nose may be free from special swellings and the tonsils free from inflammation; the examiner, therefore, decides they should be excluded as a cause of systemic toxemia.

When, however, a man who sees such cases all the time examines them, he carefully shrinks the tissue of the nose with co-

caine and adrenaline, follows it by careful inspection with the aid of a probe and the use of a suction pump, thereby being able to withdraw fluids from the various sinuses, does the transillumination and, as a final recourse, has an X-Ray picture taken. By this method he very often proves the lack of thorough drainage or the presence of pus in some of the numerous sinuses.

In examining the tonsils he retracts the pillars, takes the probe-pointed tonsil hook, everting the tonsil from its bed and by careful manipulation can express secretion, fluid, pus and cheesy exudate. When a culture is taken of any pathological material thus obtained, either from the tonsil or nose, and develops to be one of the family of streptococcus or pneumococcus, or one of the many forms of diseased germs, we have a confirmation of our diagnosis.

It has been proven by careful investigation that the removal of such tonsils and the drainage of such sinuses is followed by improvement of the patient, giving him a more normal blood count, increase of elimination, building up of the nervous system and often a rapid return to the normal, though the former condition had been one of long standing.

The nose and throat man does not expect to make a good general physical diagnosis and it is no more to be expected that the general man should be able to make a diagnosis where the skilled specialist is needed.

It must, therefore, resolve itself into what is now becoming more and more prevalent: the combination of the medical man and the specialist, for neither can get on well without the other. What we want is the truth and what the patient is after is the result. This is obtained by careful scientific diagnosis and treatment.

RICKETS.

DR. H. C. SKINNER, ST. PAUL, MINN.

Rickets is defined by Koplik to be a disease of nutrition causing well-marked changes in the structure and form of the growing bones.

This is so correct that many physicians ignore other manifestations of the trouble until bony changes are evident, making their diagnosis months too late.

The exact etiology is still undetermined, some authorities laying it all to bad hygiene, others to confinement, some to lime or fat deficiency or carbohydrate excess, and some to a digestive disturbance from any wrong feeding which interferes with assimilation to the extent that there is deficient absorption of food elements that may not be deficient in the food ingested. All of these are factors, but in my observation the most important one is the fat deficiency.

The physician should be on the watch for rickets whenever he finds one or more of these possible causes, correcting them as soon as they come to his notice.

Again, rickets exists as soon as the nutritional disorder exists and can be detected before gross bone lesions are evident. The early symptoms are anemia, shown in the skin and mucous membranes; weakness; free perspiration, especially about the head; nervous irritability, and delayed closure of the fontanelle and eruption of the teeth.

The appearance of these symptoms in the presence of causative factors means rickets and treatment should be instituted at once. The possible causes should be removed. The diet should be made as rational as possible. Fat is best supplied in the form of cod liver oil. The most commonly indicated remedies are: phosphorus, calcarea and silica.

Phosphorus is indicated by both symptomatic and physiologic action, and best administered in doses of 1/200 gr., three times daily, in the cod liver oil. It is is also given in combination as in the phosphates and hypophosphates of lime, soda, iron, etc.

X-RAY TREATMENT OF UTERINE CANCER.

E. H. GRUBBE, M. D., CHICAGO.

To be permanently successful, any method of treating uterine cancer must completely do away with every cancer cell. It is a well-known fact that surgery cannot make certain of the removal of all cancer tissue, much less every cancer cell. Therefore some other agent which will reach out, find, and destroy these isolated, distant cells must be used in order that the outcome of treatment may be good.

The knife, the cautery, electric desiccation, even radium com-

pounds, are undoubtedly valuable and necessary agents in the therapy of cancer. But all of these are purely local remedies, while the X-Ray is a regional remedy—*i. e.,* its therapeutic effects can be spread out over a vast area as compared with the aforementioned agents. Uterine cancer, when diagnosed, is usually regional—has gone beyond the stage when it could be considered a local disease; therefore logically the indications for X-Ray therapy are very frequent.

It has been proved over and over again that the X-Ray exerts specific influence over cancer tissue. Cancer cells absorb X-Rays more readily than do normal cells, and they are consequently made less resistant to the inhibiting and destructive effects of these rays. Cancer cells are changed to connective tissue cells under X-Ray influence.

The discovery that filters, especially those composed of metal, would practically protect the skin from X-Ray burns was of great importance in advancing the subject of the use of X-Rays in gynecology. By the aid of this discovery very large doses of the rays can be given through the skin and other healthy tissue without seemingly affecting them detrimentally. I wish, however, to caution you not to conclude that the use of filters makes X-Ray treatment absolutely fool-proof; that it is only good and never harmful. Now, more than in the past, greater skill and judgment are required in giving X-Ray treatment.

(*To be continued.*)

ANEMIA OF THE KIDNEYS.

CLIFFORD MITCHELL, M. D.

We are prone to consider anemia of the kidneys secondary, as it were, to other conditions, as, for example, pernicious anemia or general anemia from hemorrhage, from obstruction of the renal artery, as by embolism or through pressure from tumors or fibrous bands, but there are other reasons for kidney anemia, which we sometimes may forget. Prominent among these is hysteria. This peculiar condition may cause anemia of the kidneys by stimulation of the vaso-constrictor nerves bringing about spasmodic contraction of the renal arteries. Such cases may be puz-

zling, as the principal clinical feature referred to the urinary tract is scanty, which, when examined, does not necessarily show evidences of nephritis. A recent case presented the following remarkable history: The patient was a woman about 35 years of age, who, at the time of the death of her husband, became, presumably, hysterical, and did not pass a drop of urine for several days. After a time the renal secretion was established in slight degree, but for many months very little urine was passed. I obtained a 24 hour collection of it a year after it became scanty and found only 180 cc. in all, of specific gravity 1029, acidity 34 degrees, urea only four grammes in 24 hours, other solids correspondingly low, indican reaction marked, but no abnormal constituents. There were only two grammes total of chlorides. The patient complained of occipital headaches, sensitiveness over right kidney, had subnormal temperature, and blood pressure, but practically no appetite; lived on buttermilk. She was able to be up and about, but during an entire year had not the ability to pass the normal quantity of urine in 24 hours and four times became unconscious and apparently comatose from which she recovered after sweats were given her.

GLYCURONATES IN THE URINE.

CLIFFORD MITCHELL, M. D.

Glycuronic acid occurs in urine in the form of conjugate glycuronates that is coupled with potassium sulphate (much as indoxyl occurs as indoxyl potassium sulphonate) and the intensity of intestinal putrefaction is thought to be better measured by supplementing the indican tests with those for the glycuronates than by resting content with the indican reaction alone. With this end in view I tried some years ago to present to the profession a ready clinical method of determining the amount of glycuronic acid in urine which should fit in with my improved method for the recognition of indican. Owing to various circumstances I was unable to complete the work to my satisfaction, but I succeeded, however, in interesting my friend, Dr. Fritz C. Askenstedt, of Louisville, who has elaborated my ideas and obtained by long and patient investigation a ready clinical test for the glycuronates. Instead of using, as Goldschmidt and myself did,

an alcoholic solution of alpha-naphthol, Askenstedt has hit upon the idea of substituting glycerine for the alcohol inasmuch as alcohol interferes with Askenstedt's method which is as follows. Dissolve one gramme of c.p. alpha-naphthol in ninety grammes of c.p. glycerine, thus obtaining a one per cent. solution. This is the reagent used in connection with c.p. hydrochloric acid, of specific gravity 1.19. The suspected urine is always diluted before it is to be tested. To one part by volume of the urine add the difference between the figure one and last two figures of the specific gravity of the urine in cc.'s of water. Thus if the specific gravity of the urine is 1020 add to 1 cc. of urine 19 cc. of water. Mix well and pour out 10 cc. of this diluted urine into a test tube, preferably one provided with a white background, which can be obtained in Chicago of dealers in chemicals. To the 10 cc. of diluted urine add one or two drops of the one per cent. alpha-naphthol solution in glycerine, and also 10 cc. of the c.p. hydrochloric acid. Mix by inverting once or twice and set in a cool, dark place, for twelve hours. At the end of this time observe the color of the liquid, holding it up against a white background, if necessary. The presence of glycuronates in excess is indicated by a blue color somewhat like that of indican with Obermayer's test, but not so intense. Normal urine shows no color at all.

The value of this test is especially in pediatrics to determine whether children are properly nourished or not since the urine of abnormally nourished infants almost always is rich in glycuronates although indican may not be recognized by the usual tests for that substance.

A number of cautions must be observed in the use of the glycuronate tests as above described. A large number of drugs form glycuronates in the urine hence the patient must not take drugs such as are listed in my *Modern Urinology,* while the glycuronate tests are being made.

Diabetic urine, if tested for glycuronates, must be diluted according to the per cent. of urea and not according to the specific gravity.

Those wishing to read Askenstedt's original article will find it in the *Journal for Laboratory and Clinical Medicine,* Volume III., No. 5, February, 1918.

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EDITORIAL NOTES AND COMMENTS.

Skepticism in Medicine is largely the product of modern scientific investigation. *Post hoc, ergo propter hoc* is a formula no longer to be relied upon when applied to medical, and, especially, therapeutic, phenomena. Our friends of the O. S. have charged us with blind adherence to the implication of this phase—and, be it honestly admitted, with justice many times. Let us not forget that there is such a thing as the *vis medicatrix naturæ*, without which no recovery is possible. What medicine does, is to stimulate this force, and it matters little by which name you call this. Where there is no reaction possible, little or nothing can be done, homœopathy does not apply and the descent to the Elysian fields is swift. With this vital force, the patient may and usually does recover, often in spite of, rather than on account of, the remedies of his physician—or are we physicians so expert that we strike a "bull's eye" every time? The homœopathic prescriber who uses more than one remedy at a time, who alternates remedies, or who uses adjuvants may get results; but he cannot for the life of him tell with any degree of certainty to which remedy in particular, to ascribe his results.

This kind of prescribing satisfies many physicians and brings them much reward. By their grateful patients they are crowned with laurel wreaths—often to the amused disgust of the cynical bystander. So be it! After all, human nature is credulous, as well as frail and the sage pronouncement of the immortal P. T. Barnum still applies.

Laboratory workers, particularly in bacteriology, pathology, serology, immunology, etc., are, as a class, great skeptics. Your true laboratory worker is his own most severe critic. He denies the apparent truth of his research work and findings, until the cold, merciless light of science has established their correctness beyond peradventure of doubt. He is, therefore, as a rule, a therapeutic nihilist, loath to acknowledge any good in drug therapeutics.

Now, in the main, this attitude of mind is admirable and entirely correct: but we must insist that, were the law of similars put to rigorous laboratory test by our O. S. friends, their therapeutic pessimism would be greatly modified. Homœopathy demands, primarily, that drugs to be used in the treatment of the sick be first proved upon healthy human subjects. *No research work in any O. S. laboratory does this!*

Animal experimentation, we do not now refer to vivisection, is of great value in corroborating and extending the knowledge obtained by testing drugs upon humans; but can never take the place of the latter method. Until our friends of the other persuasion adopt this method, they will continue to miss the great living Truth embodied by homœopathy.

But we, the homœopathic profession, have a very great responsibility here also. Our work in drug proving, excellent though it is in some of our colleges, falls far short of what it should be. We are still compelled to prescribe many undoubtedly valuable remedies on unscientific, unreliable and meagre information. Many of the so-called *provings* are no *provings* at all, but are collections of hasty generalizations and loose clinical observations.

In consequence, when such remedies are employed they do not produce the results claimed for them by their over-enthusiastic advocates. Hinsdale, of Columbus, Ohio, has shown this in his work in the proving of *Lycopus virginicus.* So with *Arsenicum iodatum,* which is a routine remedy with many of our physicians in cardiac asthenia. Since in these cases rest in bed is most essential and is commonly enforced at the same time, how do these prescribers know whether the rest or the remedy is to be credited with the beautiful effects.

With all of our enthusiasm, let us be honest! And let enthusiasm be tempered with good, sound, common sense.

Antimonium Iodatum.—The *Iodide of Antimony* is one of the numerous compound remedies which have never received a careful Hahnemannian proving. There is a wealth of therapeutic material to be found among the compound remedies of the homœopathic materia medica, but, at present, this material is either neglected entirely or used in an empirical manner. Our several laboratories of materia medica in our homœopathic colleges can do us a great service by proving these drugs.

The homœopathic physician who aspires to be an artist in his work of prescribing has needs to be a sort of medical philosopher many times and, like the artist at least, must possess a fund of imagination. Dull, indeed, is the brain which lacks imagination! Yet the latter must be tempered by a saving sense of wisdom, based upon knowledge gained by study and experience.

With a knowledge of the action and therapeutic range of *Antimonium tartaricum* and with a similar knowledge of *Iodine,* it is easy to construct a pathogenetic image of the combination of *Antimony* alone and *Iodine.* To a certain extent this image of the imagination will be true, but is not to be implicitly relied upon until repeated clinical experience has verified it, or careful provings have been made.

Such clinical experience as we have had with this remedy shows it to be related to pulmonary and bronchial diseases, such as subacute and chronic bronchitis and the stage of resolution, particularly when slow or delayed, of pneumonia. Symptomatically, we find a weak and somewhat sweaty patient, inclined to be dull and drowsy and at times nauseated, with anorexia and a tongue coated yellow, especially at the base. These symptoms are, of course, suggestive of the element *Antimony.* Now add to these, more or less, thirst, moderate temperature, denoting the presence of inflammation in either bronchia or pulmonary structure, or both; thick, yellow, rather scanty muco-purulent sputa and you have the *Iodine* element in mind. An inclination for the cold air completes the picture.

Under these circumstances *Antimonium iodatum* may be re-

lied upon to do most excellent work. Given in a reasonably high potency, 30th or higher, it will work best, we believe.

Hale mentions the use of this remedy in uterine hyperplasia. On theoretical grounds the suggestion would seem to be good; personally we have had no experience with it, but our experience in the cases, as above outlined, shows the remedy to be of undoubted value.

Let us give it a careful, scientific proving!

The Chicago Homœopathic Post-Graduate School and Clinic.—Almost anything may happen in Chicago, a city to which all roads may be said to lead. There was a time when Chicago boasted the possession of several homœopathic colleges; but with the increasing demands of modern medical education, all but one have passed away. Hahnemann Medical College continues, as a well equipped, ably manned institution, whose faculty are a unit in the belief that the requirements of present day medical teaching must be more than met, if success is to be achieved.

As in every other undergraduate medical college, however, the numerous "ologies" are crowding the purely homœopathic side of the curriculum hard. With the more or less limited endowments which most of our nine homœopathic colleges throughout the country enjoy, it is obviously impossible to place sufficient emphasis upon the department of materia medica and applied homœopathic therapeutics. Other fundamental subjects, such as pathology, bacteriology, physiology, chemistry, etc., demand much time and large amounts of money; for in these subjects full time, paid, highly specialized instructors must be maintained. Be it said to the credit of our colleges, that they have at all times shown a keen desire to keep themselves in the forefront of medical education.

But, as our good friend, the effervescent Baker, of Philadelphia, has shown, the smallest amount of money has always been spent upon the departments of materia medica, in our homœopathic colleges. Baker possesses a marvellous talent for figures and we have always stood in awe of his breezy manner in juggling mathematics. He should have become an efficiency expert attached to some huge corporation!

Consequently, the teaching of homœopathy is bound to suffer in proportion, as that of the other subjects is improved. Some happy exceptions to this general statement have, within the past two or three years, begun to show themselves; notably so in the College of Homœopathic Medicine of the Ohio State University, at Columbus. Here that strange combination of rural simplicity and modern erudition, in the massive form of Albert E. Hinsdale, is fast looming as the great hope of homœopathy, which shall yet steer it from the rocks ahead.

But broadly speaking, no undergraduate homœopathic medical college at the present time can or does give all the instruction in homœopathic philosophy, materia medica, repertory analysis and applied homœopathic therapeutics which it should and which is necessary for the making of an expert homœopathic prescriber. Stuart Close, some years ago, in an able and scholarly article, pointed out the absolute necessity for the post-graduate school of homœopathy.

While it lasted, the school of the late James T. Kent produced some able men and women, some of whom are now attached to the new post-graduate school in Chicago. As with all intensely zealous students, some of these allowed their zeal to outrun their common sense and the homœopathic school was to this extent enriched by the addition of medical extremists and visionaries, whose baleful influence is with us yet.

Our good Chicago friends are withal a well balanced lot and, if they can command sufficient financial support, the Chicago Homœopathic Post-Graduate School ought to become a power for the highest good in the homœopathic profession. If they are as wise as we believe them to be, they will interpret homœopathy in the language of modern scientific medicine and in their clinical demonstrations will employ every method and aid to modern diagnosis. For in this way only can they convince the really worth while student.

The most advanced men and women in the O. S. to-day are practically therapeutic nihilists—if they can be shown that homœopathy is, as we of the homœopathic school believe it to be, truly scientific, they will welcome it with open arms. Men such as Cabot, of Harvard, and Charles Mayo have frankly admitted

the truth of the homœopathic law and have declared vaccine therapy and serum therapy to be more or less exemplifications of it.

But if we persist, as we have done in the past all too frequently, to hedge homœopathy about with the irrelevant details of a perverted mystical philosophy, our cause will continue to repel the earnest investigators of knowledge and truth. Let us not twist the philosophy of Hahnemann out of all semblance to that which he intended it to be. With this spirit, our Chicago colleagues will succeed! Without it their cause is hopeless! We wish them well!

An Instrument of One String.—We have always believed that our allopathic brethren are honest, but cannot escape the conviction that they are, unknowingly, ignorant, as it were, enveloped in Egyptian darkness "that can be felt." The text of this is a long paper in their official *Journal* in which it is said that "*Digitalis* and the *Tincture of Digitalis* are best suited for the treatment of cardiac diseases" excepting a few cases in which some other means "must be employed temporarily for immediate effect." The human body is the most intricate organism, machine if you please, known. The heart of this organism is the center on which all depends, yet our darkened brethren have but one tool for its repair! Is not that the darkness of Egypt "that can be felt?"

Salvarsan.—Looking over some old journals, about seven years back of the present advance, we found a statement by a Dr. Marks, of Frankfort, A. M., Germany, concerning Ehrlich's "606," now "Salvarsan," in which he says that Ehrlich claims that "a drug will never be found which will completely destroy all the parasites in the body with one or two injections that will be without its dangers." This brings up the ancient question: Which was first, the egg or the chicken, or, to put it in other words, were the "parasites first' or the disease?" Does killing the parasite cure the patient? This is some problem for our medical science. It goes to fundamentals as science must to be science and not theory.

PERSONAL.

Lives of editors oft' remind us of mistakes which they will make
In the reading of the proof sheets with which printers liberties take.
But in Dr. Turner's article, we alone are all to blame,
Hence we publish the *errata,* even though it seems a shame
To admit our guilt in this wise, when with justice we might say
That our good friend's manuscriptum, was in a most devilish way;
For Turner's writing deserve a medal, carved of ox-hide thick and round;
If in future he'll write plainly, mistakes as these, will not be found!

Brookline, April 25, '18.

Dear Dr Rabe:

I've just looked over my article in the RECORDER and find several typographical errors—probably on account of my writing. At any rate here is the list, and if you think best perhaps they might appear as "errata" in the next issue.

Very truly,

M. W. T.

Page 171, seventh line from top, "that" should be "their."

Page 171, nineteenth line from top, "aggravation according to circumstances and the amelioratons" should be "aggravation and amelioration according to circumstance."

Page 173, twenty-ninth line from top, "one" should be "an."

Page 174, twenty-sixth line fom top, "infrequently" should be "inferentially."

Page 175, seventeenth line from top, "others" should be "another."

Page 175, twenty-sixth line from top, "point" should be "print."

Page 175, thirty-seventh line, "form thesis" should be "parenthesis."

Page 177, thirtieth line, "selected" should be "selection."

THE
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THE SUPPRESSION OF DISEASE WITH ILLUSTRATIVE CASES.

By Harvey Farrington, M. D., Chicago, Ill.

Ask any old school man if there is such a thing as the suppression of disease, and he will laugh at you. Ask the average hohœopath and he will probably tell you that it is a delusion—one of Hahnemann's theories long ago exploded.

And yet, it is so clearly in accord with the laws of nature and confirmatory evidence is so readily obtained, that it is difficult to imagine how anyone possessing ordinary common sense can deny it. The human organism is so constructed that deleterious or waste matter is constantly relegated toward the surface, that is, through the kidneys, bowels and skin. This is a plain teaching of elementary physiology, a fact that is almost self-evident. If this be true of "normal" waste matter, which is poison if it be left too long in the system, why cannot it be true of the miasm or poison of disease?

But it would seem that common sense may be applied in every branch of science and every art except the science and art of medicine. Here fad and fancy must rule—the ideas and theories of a few who are looked up to as "authorities." For centuries physicians have been suppressing, covering up, driving in, and when more serious conditions affecting internal organs result, they are treated as entirely new diseases. It has always been a mystery to me how men of learning and apparently sane minds could do this when, in the case of acute exanthemata, they take every means to prevent repercussion of the eruptive manifestations of the disease. Every old grandmother knows that if the

rash of measles or scarlatina fails to appear at the proper time serious consequences are inevitable. Every physician, no matter what school or "pathy" he professes, appreciates the danger and applies every means at his command to develop the eruption. The condition here is acute and the effects of the suppression are more quickly apparent. But is there any real difference between it and the chronic except that the effects in the latter may not appear for months or even years? To an unbiased mind there is not. The crux of the whole matter lies in the fact that the so-called "regular," and many homœopaths for that matter, consider the skin and other lesions as due to infection and purely local. The only logical treatment, therefore, is to kill the bacteria causing the infection.

The following cases have been selected from a goodly number not only because they are positive illustrations of the baneful effects of suppressive treatment, but also because the records are accurate in every detail.

Case 1. In the summer of 1897, while serving as interne in Kent's Post-Graduate School Dispensary, Philadelphia, I was called to see a child of about three years of age, in convulsions. It was the first case of the kind that I had seen, and I sat and watched it for some time, not knowing exactly what remedy to give. The child had whooping cough, and with each paroxysm the face turned a bluish red, the breathing ceased, the body stiffened out, the hands twitched, the thumbs were flexed forcibly against the palms. At times the cyanosis was so great that it extended down over the neck and chest. How long it took me to decide on *Cuprum metallicum* I cannot remember, but I noted one curious fact. Between the attacks a rough scaly patch on one cheek would gradually assume a slight reddish hue, and would become distinctly red in splotches, if the interval lasted for an hour or more. Metallic copper in a high potency cured both spasms and cough, and as improvement advanced, the patch developed into an angry looking sore the size of a silver dollar and another smaller in size appeared on the other cheek. The mother explained that the baby had had a similar eruption before it was taken sick and that she had "cured" it with zinc ointment. An acute disease will often cause the disappearance of chronic

symptoms, but in this case the latter were driven in some time before the acute became evident, and undoubtedly had much to do in determining the convulsions. *Cuprum* is an excellent remedy, not only in whooping cough and convulsions, but covers the convulsions following the suppression of an eruption. But having reinstated the eruption it was not sufficient to cure it. This was accomplished in a few weeks by *Calcarea carb.*

Case 2. One of the most striking instances is to be found in the case of Mr. E. H. D., æt. 24. His first visit was November 3, 1901, when he related the following symptoms: Subject to tonsillitis, hair falling badly, nasal catarrh, greenish discharge; gums receding, pain in the stomach several hours after a meal, relieved at once by eating or a hot drink. Worse from coffee and in cold weather; profuse sweat in axillæ and occasionally on feet; offensive. He received one dose of *Petroleum* 50m. I believe now that it would have been better had I started with a lower potency so as to give a longer range from the lower upwards. But sometimes we bungle through to a fortunate outcome. Mr. D. reported November 21st that the stomach pain continued about the same for a week and then began to improve, and that shortly after that an eruption, which disappeared in November, 1898, under the action of some kind of salve, had broken out in its original location—the left side of the scrotum and contiguous thigh. He had forgotten to mention it at his first visit and vouchsafed the information that he had had the distress in the epigastrium ever since the November of three years ago. He improved on this single dose for two months and then the pain began to reappear. Another dose of the 50m was given, January 5th, but it did not hold and was followed on January 24th by a dose of the mm. The relief was not marked. By the middle of February he complained that he was not getting any better and I yielded to his importunity to the extent of giving a powder of *Magnesia phos.* 200th (B. & T.). He was helped so much by this remedy that it was repeated April 18th and June 10th. However, although the stomach pain was better I realized that the *Magnesia phos.* was not suited to the constitutional state and began a restudy of the case. The eruption on the scrotum had disappeared, but he now complained of itching about the rectum.

August 28th, *Petroleum* 50m., one dose. No medicine until December 16th, when the same potency was administered with evident amelioration until about the first of the year. Then followed a series of remedies, *Sulphur, Carbo veg., Silica, Psorinum,* given on varying indications and over a period of three months, but the record contains no mention of the distress in the stomach. The patient was apparently well until early in May of 1904, when he gave the following symptoms: Gnawing pain in the epigastrium has returned, when severe it extends into the chest, back and shoulders; is always relieved by eating; bowels rather loose; earache when exposed to cold wind; itching and moisture around the rectum; fine rash in axillæ; palms of hands dry and scaly or covered with small vesicles, oozing a sticky fluid when ruptured; offensive foot sweat; occasional nose bleed. A powder of *Graphites* 35m. started improvement at once. It was repeated in the cm. potency, July 15th, in the dmm. (Swan's), September 26th, 1905, and not again until January of 1906. Mr. D. then left the city and I heard nothing of him for nearly four years. On a business trip to Chicago he had suffered an alarming hæmorrhage of dark blood from the bowels and consulted Dr. Frank Billings, of this city. The latter easily recognized it as a case of duodenal ulcer, but as the patient still pinned his faith to Homœopathy, he came to me for medicine. His old "stomach pain" began again a week or so before the hæmorrhage. One more dose of the *Graphites* in a very high potency and a special dietary regime for awhile completely cured him, and at this writing, over ten years after, he seems perfectly well. A small patch of the original eruption appeared on the scrotum, lasted for a few days and faded away, proving the real cause of all his years of suffering.

Case 3. On the 29th of June, 1915, a boy aged 17 was brought to the office. His appearance was striking—it did not require a second glance to see that there was something radically wrong. His mouth hung partly open so that saliva trickled down the chin; his eyes were dull and the lid edges red; his face pimply and spotted with blackheads. He had had recurrent attacks of what was diagnosed as appendicitis when eight years of age, and these were cured by old Dr. Chaffee, of this city; also a light case of scarlet fever when fifteen and annual hay fever.

On October 14th, 1914, he began to twist like St. Vitus' dance—the mouth would be drawn to the left, the head to the right, and later, motions of shoulders and arms and stiffening out of the lower extremities were added. Under old school treatment these symptoms gradually subsided. But on January 15th, or about two weeks previous to his visit to my office, a new condition appeared—he would fly into a rage, strike or claw at anyone or any object near him, or clutch convulsively with the hands, throw the arms about and occasionally pound his face with might and main. During this performance his eyes were wild and staring and pupils dilated. These attacks ended almost as abruptly as they began. He would sink down limp and sometimes apparently unconscious for a few minutes and on regaining his senses, seemed extremely penitent. Usually they were occasioned by a reprimand or when the boy was denied some simple whim. For instance, while riding beside his mother in an automobile that she was driving, he suddenly struck her in the face, breaking her glasses and cutting her painfully, simply because she refused to turn in the direction that he wished her to go. Then he was immediately penitent and with tears protested that he was sorry and would not do it again. His whole nature was changed. Formerly he was kind and gentle and never used profane language. Now he swore frequently, often without provocation. The attacks could sometimes be aborted by diverting his attention, as by reading to him and by music.

He received a powder of *Tarantula cub.* cm. and placebo.

In a week's time the mother reported spells less frequent and lighter. Improvement continued until about the 18th of July when he had a bad spell. But he was better in a general way, needed less watching and indeed he looked better. There was less drooling, he had a more intelligent expression and showed more snap.

His next visit was August 23d. Under this date the record states: "The twitching of the face and shoulders returned soon after the last visit with entire absence of spells until a day or two ago. He had his hay fever in July and again in August, but much lighter than usual." *Tarantula* 4 cm., one dose and sac. lac.

On September 19th he was brought to the office and exhibited

a miliary eruption about the arms and legs which he said itched considerably. His general condition was good. He was given a placebo.

His remedy was repeated in the 4 cm., October 24th, after a light spell. From this date, until March 12th of the present year, the boy took no medicine. He seemed to be entirely free of the peculiar mental outbreaks, did well at school and was an entirely different boy about the house. But now the eruption complained of in September was becoming troublesome—it itched and burned especially in the warmth of the bed. This in addition to the pimply face, red lid edges and brilliant vermilion of the lips, naturally led to a prescription of *Sulphur*, which completed the cure.

It seems to me the evidence in this case is clear. The natural expression of a diseased state was turned back by the allopathic treatment, remained quiescent for a time and then reappeared in a far more serious form—indeed one very much like dementia præcox. The remedy, *Tarantula*, which should have been given for the original chorea, reversed the procedure and even went so far as to develop a still more ultimate expression, a psoric eruption. The *Sulphur* might have been given September 19th, but improvement was so marked at that date that the spider poison was not interfered with, and the wisdom of this was proven by the fact that it had to be repeated on October 24th.

Case 4 is an instance of how a so-called infection can be driven in to the detriment of the patient. Mr. O. Q., a man of about 35 years of age, consulted me in the absence of his family physician (also a homœopath). The whole buccal cavity, nasal passages, the tear ducts and even the edges of the lids were highly inflamed and discharged a thick, yellow pus. The gums were spongy and bled on the slightest touch, and saliva flowed profusely. Here and there over the tongue and lining membrane of the mouth were little white vesicles which burned and smarted on taking any food or drink, whether it was cold or hot. In some places they seemed to have ruptured to form ulcers. The eyelids were swollen and somewhat everted and the left one drooped a little. He was thirsty, had a craving for salty things though it was torture to eat them; he was irritable and despondent. He

stated that he had had a similar condition a year before and in addition, some ulceration on the scrotum and glans penis. His physician had diagnosed it as streptococcic infection, and although he gave him homœopathic remedies, chiefly *Mercurius sol.* 6x, he also used local washes of some kind. It took six weeks to heal the affected areas, and the drooping eyelid had remained ever since. Note this because it is important. One dose of *Natrum mur.* 1m. (B. & T.) with the usual placebo—was quite sufficient to clear up the mucous membranes in less than two weeks, and the drooping eyelid returned to its natural position. Whether we apply the term "infection" or not to a case like this it makes no difference. Treatment by external means will do harm, unless Nature reasserts herself as in this case of Mr. Q.'s. Some will claim that his second attack was merely a reinfection. This is disproven by the fact that the ptosis, something that he had never had before the first attack, was cured by the *Natrum mur.*

It matters not, as was said, whether we use the term of infection or some other, but it is sometimes interesting to watch a series of well-selected remedies unravel and cure a mixed infection, as noted in the following:

Case 5. E. A. P., æt. 26, developed a urethral discharge about March 10th which the physician in the town where he was stopping diagnosed as purely streptococcic, two microscopic examinations having failed to reveal the presence of gonococci. He submitted to injections of "potassium salts of some kind" and protargol and the discharge disappeared in two weeks, but he did not feel quite himself. He was constipated and his stomach was not quite right. Then about April 23d of this year he was taken with a severe spell which was supposed to be ptomaine poisoning due to chicken hash he had eaten. This was followed by tonsillitis, which subsided only to be replaced by swelling and painful stiffness of joints. He was confined to his bed for a fortnight, when being able to travel, he hurried back to Chicago. He was still constipated with ineffectual urging. This seemed to start a slight discharge. He was stiff and lame all over but especially in the arms and calves of the legs. The tendons of the elbows and knees felt as if shortened so that he could not fully extend them. He was better on continued motion and worse when cold.

Dribbling after urination, burning on beginning to urinate. I could not help giving him *Rhus tox.* He got it in the 10m. on May 10th. As might be expected it relieved him greatly. By May 15th he was free of all lameness except a little in the right arm, but he was greatly worried because his sore throat was trying to return. There was also some new symptoms—he felt "grippy," as though he were catching cold; weak and heavy all over, and strange to say, the stiffness in the right arm was now worse from motion. *Gelsemium* 200th (B. & T.) and a bottle of blanks.

May 20th (I quote from the record): "The *Gels.* brought back the old discharge, which is profuse, and relieved all general symptoms; even the bowels are better. But a bubo is starting in left groin (had one there in previous attack but forgot to mention it). Burning on beginning to urinate. Here our patient was back again to where he started. *Cannabis sat.* 200th, one dose followed in three weeks or so by another, has removed urethritis and bubo, and he has passed a strict examination for entrance into the U. S. Army. The discharge on its reappearance was found to be alive with gonococci, but there was absolutely no sign of the streptococci previously reported.

30 No. Michigan Boul.

IF NOT HOMŒO.—WHY NOT?*

By Dr. V. I. Baldwin, Amboy, Indiana.

This is a critical period in social, civil, institutional and religious life. It is a transitional period—old things are passing away—not necessarily because they are old, but because they are wrong in principle and unfair in practice. Some new things, too, shall pass away during this period, not because they are new, but because they are immature or fractional. They are not true to facts. They won't work.

Institutional, educational, economic, legal and even religious standards are changing—they must change, and well they do. Truth is the only verity, but our relation to and comprehension of truth does change. Truth may be suppressed, ignored, spurned

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and defied, but it can not be utterly crushed. Regardless of our attitude or position with reference to any truth, I maintain it is the direction of our movement, our momentum that counts. It is not am I hot or cold as to a few fundamental facts, but am I facing the facts with energy and intentions.

This Government is not asking me whether I am a citizen, but am I loyal to its colors. It's not a question as to whether I believe the doctrines of my church, but do I practice them. It's not a question, my doctor friends, whether I am a graduate of a homœopathic college. The question is, do I follow the law of cure at the bedside of my sick patients.

If not, why not? That's the question. I look about me and I wonder if there is anything fixed under the sun. Is law, like most of our scientific formulas, a changeable point of view. Can't any two of us, regardless of time and circumstance, reduce any given set of factors into a similar solution? Why do I have to fight to live? Why can't I formulate an equation of life relationships that will always stand? Is disorder and confusion a periodical necessity? Does every great movement have the experience of the pendulum and of the tides? Are the things we thought were real; the principles we thought to be eternal verities—all counterfeit or a delusion? Does truth become untruth and untruth truth? Is this the matter or is it in *us?*

I look about me and see men who want freedom and peace and prosperity fighting for autocracy and for the overthrow of democracy.

I see men who believe in certain religious tenets barter their souls for a mess of pottage.

I see men, small and great, who would pay any price for health and comfort—mortgage it all—not only for themselves but for untold generations for the siren's song for an hour. I see professional men, yea, even homœopathic brethren, who would capitalize their special privilege under homœopathic insignia very highly, who would spurn the single remedy and simple attenuation as impractical and obsolete. In fact, some even are ashamed of the cognomen homœopath. In the State of Indiana we have some 300 or 400 men who are graduates of homœopathic colleges and yet scarcely 100 are willing and glad to affiliate with this

annual meeting body. To these I bring this question: If not Homœopathy, why not? You will admit with me there never was a time when there were so many *pathies* in dealing with the sick *as now*. And withal there never was a time when there were more disappointments in hoped-for results as now. Each new heralded panacea for the ills of mankind has its day and passes away.

The latest farce, the Buckrum theory, on which has been builded a number of sure cures, is passing. The over-done theory of subluxations as the cause of disease is having its reaction. 606 is more and more quoted with a question mark. Surgery at the best has only claimed to remove the extraneous factor in complicating real disease. Hydropathy and climatology are only adjuncts in the true cure of sickness.

Orificial philosophy, which is the most interesting and promising of recent therapeutic prophecies, is insufficient of itself, as anyone who knows and tells the truth will admit.

All of these are good and very good in their place. But they do not cure the sick, nor does their use conflict or contradict the facts involved in the right use of the homœopathic method in curing true sickness.

In the light of all these isms and pathies let me ask the question, Is Homœopathy something real, definite and permanent? Is there really an issue or principle involved that justifies the time we take and the sacrifice we make to sustain the doctrine? If so we must define it, mark clearly its limitations, set forth in a simple, comprehensive way its fundamental philosophy and demonstrate its efficacy when indicated in practice. If we can not do this we are failures in practice and our philosophy a farce. General confusion, public disrespect and disapproval and personal humiliation are inevitable.

I take this opportunity to declare that there are several things that menace our professional success and integrity; among these is ignorance of the fundamentals of our philosophy, indolence in its application, a selfish commercialism and professional infidelity.

By ignorance I do not mean that in general culture and learning we are not above the average compared with our fellows of other callings and professions. I think we are. But I do mean that

with reference to important fundamental truths relative to our peculiar therapeutic philosophy we too often show an all too superficial knowledge of the real phenomena of disease and its cure.

In the first place *we forget*. On the side let me suggest the reason of our forgetting. It is because we fail to read and reread *our key* to our philosophy—Hahnemann's Organon—and, let me say in passing, that if ever a poem, a song or a picture was inspired, this book was inspired, for if ever man wrote better than he comprehended that man was Samuel Hahnemann.

The homœopathic method of cure depends on a homœopathic philosophy, and I wonder how many of us have this in mind at the bedside. May I repeat, in brief, the fundamentals of that philosophy in respect to which we are gathered to-day? In the first place we assume that the objective man whom we serve and for whom we prescribe when sick is but the projection of an immaterial, invisible vital force within, and any deviation from the normal in the objective man is attributal to a disturbance primarily of spiritual essence.

Furthermore, whatever applies to the human organism likewise applies to all inanimate as well as animate creation.

The vital element that is capable of acting or being acted upon is *never* the objective material substance which is tangible to the senses. It does not have taste and color and bulk. In other words, the *created* is not the *creator,* the body is not the man, but the projection of the invisible, immaterial man-essence. No man ever saw, touched or tasted *Bell., Bry.* or *Rhus tox.* They have seen the *Bell.* plant, tasted the *Bell.* tincture; the plant has bulk, the tincture is bitter, but neither of these has anything to do with *Belladonna* any more than the color of the skin or bulk of body has to do with human character.

Belladonna is a vital, immaterial substance, whether you exhibit it in the plant, the crude tincture, the 6th dilution, or the 200th potency. It is always the same except in toxicity.

In the same sense the human organism is not the man, it only exhibits the man. The man is within, invisible, immaterial. The visible man is a created, assembled, organized end product. Any deviation from the normal in this human organism then is neces-

sarily incident to some disturbance of its vital force, which disturbance in the organism is made manifest only by signs and symptoms, and it is by means of these that disease states are classified and the seriousness of the sick state is determined by the relative importance of these signs and symptoms. Experience has taught us that symptoms which indicate changes in the neutral state are most significant if not most important.

So far we have been studying vital force in its relation to biology and animal chemistry. This knowledge is important, it is necessary, but it is only the ground work on which to base the further developments in the study of homœopathic practice.

In this connection it is observed that the forces that disturb or affect the vital force within the human organism most positivey and directly are dynamic forces. This is not only true in the *cure* of sickness, but also in the *cause* of sickness. Every dynamic force in existence is represented or exhibited in some objective substance. Tubercular dynamics is exhibited in the tubercular bacilli; typhoid dynamic is exhibited in typhoid plasmodium; belladonna dynamic in the belladonna plant juices; aurum, argentum, platinum dynamics in the inorganic minerals substance as named. What I have been trying to say is this, that in all substance it is the dynamis of that substance that counts, that works, and we can only recognize the dynamis of any elemental substance by the exhibition of that substance when administered to or upon the human organism.

Furthermore, the dynamic force represented in every unit of matter will effect the human organism somewhat some way, and so far as I am concerned, what that effect is and what it amounts to is the all important subject matter of any true materia medica.

We do observe that drugs disturb the human organism, not only *to cause* a certain set of morbific symptoms but also to remove or cause to disappear from the human organism certain morbific symptoms when administered in proper attenuation at proper intervals. But also we have observed that certain disease states or manifestations are changed, substituted or removed in the action or presence of other disease states. Now the interrelationship of these dynamic forces, playing on one another, is the key to the heart of the questions we have raised. Observation

and plain experience is the infallible oracle in the determination of any therapeutical conclusions at which we may arrive.

Hahnemann stated his conclusions on his observation on these matters in Par. 26 in this way: A dynamic disease in the living economy of man is extinguished in a permanent manner by another that is more powerful when the latter bears a strong resemblance to it in its mode of manifesting itself. Also he says in Par. 25, in reference to drugs that the particular medicine whose action upon persons in health produces the greatest number of symptoms resembling those of the disease which it is intended to cure possesses also in reality the power of curing in a radical, prompt and permanent manner the totality of these morbid symptoms, that is to say, the whole of the existing disease.

Here is the *crux* of the homœopathic philosophy. What nature will do in removing one disease by the substitution of another of similar character and corresponding symptomatology we can do by creating an artificial drug disease, which resembles in expression the rational disease to be treated.

On this premise we have builded a homœopathic practice, in other words, for the cure of constitutional and functional sickness, which is dynamic in action. We have recommended the homœopathic method of symptom similarity as the only true and reliable method of cure, and now it can be said that a homœopathic physician is a medical practitioner who consciously practices homœopathy when homœopathy is indicated. A man who practices homœopathy and does not know that he practices homœopathy is not a homœopathic physician. A man who practices homœopathy when homœopathy is not indicated is not a medical practitioner in the true sense, and, therefore, not a homœopathic physician. A man who will not practice homœopathy when homœopathy is indicated is neither a medical practitioner in the true sense nor a homœopathic physician. Only he who consciously practices homœopathy when homœopathy is indicated is a homœopathic physician.

It happens that homœopathy may be indicated at some period throughtout the course of any disease, whenever the constitution of the patient becomes affected. It also happens that at some period throughout the course of a disease, antipathy, with its

palliatives, and allopathy, with its mechanical eliminants, may become indicated. Hahnemann plainly stated, in language not to be misunderstood, that every reasonable physician will first remove removable causes (Organon, 5th edition, note to paragraph 7); that local mechanical conditions are to be treated surgically (paragraphs 29, 186); that in acute, dangerous conditions of disease, in emergencies, antipathic and hygienic palliatives are permissible and useful (note to paragraph 67, paragraphs 262 and 263). With Hahnemann himself, as must be the rule with all truly scientific physicians, homœopathy was one method of treatment, the curative method of constitutional therapeutics (paragraph 70).

We must draw a line between true sickness and artificial sickness, between morbidity and pathology, between functional permanency and mechanical deformity or trauma. On this diagnosis depends the character or method of one's therapeutic procedure.

Here is where not only we, but practitioners of all other methods, have made *fools* of themselves. We have tried to grind every complaining patient that came to our office through the same mill. We have abused our privilege, sometimes because of our prejudice, unwilling to acknowledge the benefits to be derived, therapeutically, by any other method than our medical method. We have failed to diagnose the case. In recent years I have seen sick folk get positive relief from many distressing troubles by mechanical manipulation through the service of the osteopath and the chiropractor. True, I've seen him fail—many, many times. I've seen almost miraculous results come from the service of the orificial surgeon. True, I've been disappointed sometimes. I've seen the surgeon save and bless many human sufferers. I've seen him fail. I've seen the magic influence of simple faith bring back the color to the cheek and the sparkle to the eye. I've seen one man deliberately die when help was near, because he cared more for fidelity to a religious tenet than he did to reason or friendly favors. Every one of these methods has a place and a field of service; there is room for all when all are in their proper place.

Right here let me say in none of these capacities, be they ever so good, and any doctor who is qualified is justified in the use of

any or all of them when indicated, but in no sense and at no time do these services indicate that he is a homœopathic physician, nor, on the other hand, if he conscientiously and intelligently uses the method of symptom similarity as his therapeutic agent when that is indicated, is he any the less a homœopathic physician because he uses any of these in his larger capacity as a physician?

What we need to-day is more thinking, studying, discriminating, diagnosticians, and fewer time-serving, one-ideaed, dollar-loving faddists and fakirs. We will all admit that the dividing line is not always clear cut, the conveniences are not always accommodating, the finances are not always sufficient, but the closer we hold to positively indicated therapeutics, without prejudice or commercial consideration, the greater will be our success, and all the stronger will be our confidence in one another and our interest in our patients.

Let us remember that homœopathy is not a law. It is a science. It is a therapeutic method. Pathology is a science. Pharmacology is a science. Homœopathy is the bridge that connects the facts of pathology with the facts of materia medica or pharmacology. Homœopathy is a therapeutic method in which symptom similarity can be shown between the effects of the drug action and the effect of the action of material disease. There is no such thing as homœopathic remedies, per se; there is no such thing as homœopathic pathology any more than there is such a thing as allopathic drugs or allopathic pathology. There is no such thing as a homœopathic dose or an allopathic dose. The dose is a matter of pharmaco-therapeutics. It may be given for a dynamic, mechanical or chemical effect. Whether it is used homœpathically or allopathically depends not on the dose or the drug but whether it is applied according to the method of symptom similarity. In which instance it would affect the diseased parts entirely, by correspondence, or by the method of contrast, in which instance it would affect the diseased part in one particular only. To apply the homœopathic method will require a knowledge of all the facts about disease and all the facts about drug action. Without these you can not hope to find the happy correspondence which means cure. Study to show thyself approved unto men. Indolence here means failure, loss of confidence, con-

fusion. Gambling on a guess at the patient's expense. You may have graduated from a homœopathic college so-called, but unless you make a searching study of every new case, until you find the corresponding picture of drug proving and disease phenomena manifest in similar symptoms, you can not and will not use the homœopathic method of cure, and are not, in such instance, acting in the capacity of a homœopathic physician. Let me say another word on the subject of commercialism in medicine. Few of us are able, and none of us, perhaps, follow our profession solely for the love of the cause or out of a spirit of philanthropy, but one thing is sure if we have commercialized our calling and forsaken our respect for the homœopathic method save as it serves as an instrument to gather coin, we have corrupted the very foundation of our professional career. Regardless of the great number of isms and pathies that have sprung up on all sides, the fact remains that for the ultimate cure of constitutional sickness, the homœopathic method is now and always will be the only hope, the only resource. Homœopathic colleges may pass away, even homœopathic physicians, so-called, may be drawn from the professional roster, but the cure of sickness by the homœopathic therapeutical method will be known and practiced as long as men have sense to know truth from error and conscience to feel the sense of duty. There is and never will be a substitute for homœopathic therapeutics where the homœopathic way is indicated. If this method of cure so-called, falls into disrepute, I say in closing, that it will be because of the infidelity of so-called homœopathic physicians, we will have sold our birthright for a mess of pottage, which God forbid.

CUPRUM ARSENICOSUM: THE EFFECT ON THE EXCRETION OF WATER BY THE KIDNEYS. AN EXPERIMENTAL STUDY.*

By S. W. Sappington, M. D., and John G. Wurtz, M. D., Philadelphia.

Some time ago, our attention was attracted by the frequent clinical observations of the efficiency of *Cuprum arsenicosum* in the kidney state vaguely known as uremia. In the medical wards,

*Bureau of Materia Medica, A. I. H., June, 1917. Report from the Hering Research Laboratory, Hahnemann Medical College, Philadelphia.

in post-operative cases in the surgical wards and, particularly, in the maternity department, testimony was freely forthcoming regarding the great value of *Arsenite of Copper* in uremic patients. Among many practitioners and in a number of hospitals we were led to believe it had become routine to give this remedy in cases of nephritis, especially when uremia had developed or seemed impending. To our own knowledge this practice has obtained among physicians for at least twenty years.

Coincident with the use of *Copper arsenite* in this sphere, it was noted that there was a marked increase in the amount of urine excreted and that this increase roughly paralleled the improvement of the patient. So constant was this increased urinary output in nephritics that some clinicians extended their observations by employing the drug as a diuretic in water-logged heart cases and reported brilliant successes in this field. As the remedy was used without individual selection, but routinely on all cases of the described kidney and cardiac types, one might argue or at least suspect that its value in both kidney and heart incompetence is chiefly dependent on its diuretic action. Or, on the other hand, one might opine that we had a drug of wide usefulness in a great variety of individuals acting as a diuretic in the sick, because in the healthy prover it causes a diminution or suppression of urine.

If we turn to the provings for information regarding the effect of *Cuprum arsenicosum* on the urinary excretion or the kidneys, we obtain little satisfaction. In the provings on the healthy, especially those of Dr. Blakely, and in the records of poisonings, statements regarding the action of *Copper arsenite* on the urinary output or the kidneys are conspicuously absent. In a number of the hospital cases in which excellent results were reported, we had opportunity to examine the original records and these showed in many instances a progressive increase in the amount of urine excreted and in some a very striking increase. Unfortunately this bit of positive evidence was clouded by the fact that these cases received in addition other drugs or adjuvants such as enteroclysis, to which might be attributed the diuretic effect. Again, pregnant cases admitted in dangerous uremic states had been delivered, and had received *Cuprum arseni-*

cosum from the time of admission, and had left the hospital well. But no record had been kept of the urinary output and such cases cannot be scientifically admitted in evidence.

With these views of the whole matter, our experimental idea was to administer the drug to a number of healthy provers and observe simply the effect on the total amount of urine excreted either in the way of increase or decrease. From a number of students in the Hahnemann Medical College of Philadelphia, we selected nine as desirable provers. They were divided into three groups of three each and observed fifteen days as to their urinary output. The provers had no knowledge of our methods or the drug they were taking. For the first five days, all three groups received a *Placebo* in the form of tablets of sugar of milk colored with *Chlorophyl* so as to resemble the *Arsenite of Copper* tablets. For the second period of five days, the first group took two tablets of the 2x trituration of *Cuprum arsenicosum* every two hours; the second group took one tablet of the 2x every fifteen minutes for eight doses and then two tablets every hour; the third group, two tablets of the 2x three times a day. The 2x trituration was employed on all provers because this is the potency always employed and one with which such excellent results were observed in the sick. The first group of provers took about three times as much of the drug as the third group and the second group about twice as much as the first group. For the third period of five days, the *Placebo* of the first period was administered to all nine provers. The students were instructed to pursue their normal habits and take their ordinary diet without restrictions. They were to make note of any radical departure from normal habits and likewise of any special symptoms during the proving period. Arrangements were made by which practically the entire twenty-four hour excretion of urine was daily collected from each man.

The idea of the three periods is apparent. The first period without drug was to allow the men to establish a normal output of urine and to become so accustomed to the proving routine that they would be free of diuresis of nervousness or excitement. The second period exposed them to the immediate effect of the drug. And the third period permitted observation of cumulative or protracted effects of the drug.

Ordinary symptoms were not sought and were only incidentally brought to our attention when the student thought they were striking or unusual. For instance, one prover noted diarrhœa, very unusual for him. Another complained of peculiar dreams. Unfortunately, the symptoms in both these men occurred during the first period when they were taking no drug. In general, it may be said no outstanding symptoms came to our attention during and after the drug period. In carefully noting the twenty-four hour amount of urine, examinations were also made as to reaction, specific gravity, albumin and sugar, but the results were altogether negative.

TABLE I.

Prover	First Period	Second Period	Third Period	Dose
A	1825 cc	1470 cc	1630 cc	Two Tablets every two hours.
B	947 cc	1060 cc	775 cc	
C	812 cc	769 cc	865 cc	
D	1068 cc	953 cc	987 cc	One tablet every fifteen minutes for eight doses, then two every hour.
E	1330 cc	1297 cc	1112 cc	
F	790 cc	735 cc	1010 cc	
G	989 cc	1050 cc	1009 cc	Two tablets three times a day.
H	2309 cc	1920 cc	1636 cc	
I	937 cc	843 cc	875 cc	
Total average:	1223 cc	1131 cc	1099 cc	

The relation of the drug intake to the urinary output is seen in Table I. The table shows the average twenty-four hour amount of each of the three provers in each of the three groups during each of the three five-day periods—before, during and after the drug. And, finally, the general average for all of the nine men during each of the three periods. Table II. is a similar exhibit, except that the first two days of each period are omitted

TABLE II.

Prover	First Period	Second Period	Third Period	Dose
A	1825 cc	1308 cc	1500 cc	Two tablets every two hours.
B	803 cc	933 cc	661 cc	
C	845 cc	725 cc	900 cc	
D	1023 cc	996 cc	1050 cc	One tablet every fifteen minutes for eight doses, then two every hour.
E	1175 cc	1336 cc	970 cc	
F	908 cc	630 cc	853 cc	
G	961 cc	1000 cc	908 cc	Two tablets three times a day.
H	2273 cc	1608 cc	1651 cc	
I	870 cc	913 cc	875 cc	
Total average:	1184 cc	1049 cc	1034 cc	

in drawing an average. The latter table, it was thought, would eliminate the psychic element of the first period and allow the drug a little time for action in the second period. For the sake of completeness, Table III. is added, giving the daily amount of urine passed by each prover during the fifteen days and his average for the entire time.

TABLE III.

Date Nov.	A	B	C	D	E	F	G	H	I
10	1750	1375	800	1080	1725	700	660	2425	1175
11	1700	850	725	1200	1200	525	1200	1300	900
12	1700	900	825	1560	900	550	1140	2300	710
13	1825	700	710	750	1150	1000	735	2600	650
14	1750	810	1000	760	1275	1175	1010	1920	1050
15	1575	1225	870	750	1325	1030	1025	2000	750
16	1850	1275	800	1025	950	650	1225	2775	725
17	1075	775	700	1090	1425	1110	975	2200	915
18	1000	950	650	725	960	150	825	1100	850
19	1850	1075	825	1175	1325	....	1200	1525	975
20	2150	900	875	850	1375	1665	1020	1325	800
21	1500	1000	750	1000	1075	825	1300	1900	950
22	1575	610	800	1250	800	625	925	1800	1000
23	1025	800	1000	850	850	875	1050	1325	900
24	1900	575	900	....	1260	1060	750	1830	725
Average 15 days	1615	921	815	1004	1173	852	1002	1888	878

A, B, C took two tablets every two hours.

D, E, F took one tablet every fifteen minutes for eight doses, then two every hour.

G, H, I took two tablets three times a day.

Scrutiny of these tables, especially the first two, convinces us that *Cuprum arsenicosum* in the doses given had practically no effect in either increasing or decreasing the amount of urine in nine healthy men. It will be observed that, in general, the largest amount of urine was passed in the first five-day period; considering the psychic element, this was to be expected. It will further be observed that in some provers the total of the third period was greater than in the second and in others the second period exceeded in amount the third. But the differences either way are not marked and, considering the total average of Table I. and II., it will be apparent that the differences between the second and third periods are very slight and practically negligible.

In short, and avoiding tiresome detailed discussion, we would venture the statement that *Arsenite of Copper* in the 2x given over a period of five days in varying doses to nine men exerted no effect upon the total amount of urine.

In expressing this opinion, we do not wish to go beyond it. It may be that in other provers, and in other doses and over longer periods, the effect would have been different. The method of administration, however, was approximately that by which excellent results were reputed to be produced in the sick. It may be that the drug does not possess such action in the healthy, but has such potency in the sick. The Hahnemannian principle, however, is that the indications for drug prescribing are to be sought in the effects of these drugs upon the healthy. The reply to this criticism is that the provers were not those susceptible to *Cuprum arsenicosum* or that the drug's diuretic action is not a homœopathic one. It is true that we did not attempt to select in our provers those that might be called the *Cuprum arsenicosum* type and this for the simple reason that we do not know what that type is. We do not find it in the provings. And in the reports of Dr. Blakely and his confrères, as well as other provers, symptoms seemed to be elicited regardless of individuality. If we assume that the action of the drug is not homœopathic, we may class it with the diuretics such as *Digitalis* or *Apocynum*. It is well known, of course, that a drug may act in the sick and not on the healthy, as, for example, antipyretics which reduce a febrile temperature, but not a normal one. On the other hand, diuretics may act on the well and the unwell. Thus *Caffein* will cause diuresis in both the sick and the healthy.

In the first part of this paper, we remarked on the absence of urinary symptoms in the provings and records of *Copper arsenite*. From our investigation of the subject, we have received the impression that the belief in this action of the drug rests purely on a clinical or empiric basis. As far as we could ascertain there is no experimental, prover's or toxicological record of such action and we are therefore forced to conclude that the observation is entirely a clinical one. This, of course, does not in any way lessen its value if the observation be an accurate one. But we would suggest that clinicians furnish more convincing and tangible evidence of the diuretic action of *Cuprum arseni-*

cosum than we have been able to find in their records and thus put on a firm foundation this important pharmacological characteristic of a homœopathic drug.

Conclusions.—1. The clinical observation of the diuretic action of *Cuprum arsenicosum* was not confirmed, under conditions cited, in the provings on nine healthy men.

2. Clinicians should carefully review their data in this matter to either confirm or refute the reputed action of this drug.

We wish to express our appreciative thanks to the students who, at the expense of considerable time and trouble, made this study possible. We also wish to thank Dr. Bornemann for supplying the *Placebo* and the *Arsenite of Copper,* and Dr. Haines for data on the provings.

DISCUSSION.

Dr. Rudolph F. Rabe, New York, N. Y.: This excellent paper shows us the necessity for just such scientific work to give us the proper value of the various remedies which have crept into the materia medica in an empirical way. *Cuprum ars.* is given empirically with a claim for certain results resting on indications which do not agree with the accurate information which we now have. Therefore, it is just this kind of work these men in Philadelphia are doing that will place these remedies on a scientific basis. We must have this kind of work. These men are to be congratulated and I hope that they will give us more work of the same quality.

Dr. Haines: This experiment of Professor Sappington and Dr. Wurtz, done so carefully and methodically and reported so accurately and without exaggeration, ought to serve as an example to clinicians and therapeutists when the latter are reporting their cases and claiming their results. We should talk less vaguely and we should substantiate our findings, whenever it is possible.

It is the first absolutely proven statement that has been made regarding the action of the drug upon the kidney, with which I am familiar; and if it does not explain the good results we have been able to obtain from *Cuprum arsenicosum* in renal inefficiency and uremia, it will help us to work out that explanation at some later day, when some one else shall take up work on the remedy.—*Journal of the A. I. H.*

CHINA OFFICINALIS

Donald Macfarlan, M. D., Philakelphia

Jesuit bark should always be of a perennial interest to the members of our school of practice, as it was through the ability of its singular pathogenesy to cure an analogous state in those sickened by malaria that homœopathy took its birth.

A re-proving, moreover, always serves a purpose. It helps to precisionize practice, it sifts away the chaff from the real grain, it gives a personal and intimate knowledge of true symptomatology expressed in our everyday lingo of the street, a circumstance never attained by the most prodigious study of the various materia medicas alone. Baron Swedenborg states in his writings that the difference between one who has more knowledge and one who is really wise is, that the latter has his knowledge sublimed through the school of experience. It's the difference between the man who takes a correspondence school course in the art of running an aeroplane and one who can run one. I presume, however, that there is no such course!

As far as the writer is aware none of the following knew they were making a proving: hence, there is nothing imagined. This is a matter of the first importance in getting at the truth, the whole truth and nothing but the truth, and after the best fashion—popular current expression.

The following is what was unfolded and may be of interest to the reader:

EMOTIVE AND SENTIENT SPHERE.

In the morning everything "got black in front of eyes." On walking around felt dizzy, as if she would fall (30th). Feels like working, but cannot; he lacks ambition (30th). So drowsy he can hardly keep his eyes open (30th). Drowsiness from reading in the evening after supper. Cannot read then for five minutes, about (30th). The medicine makes the prover feel weaker (30th). The dizziness is worse in the morning and when on the feet.

N. B.—All the other observations also made with the 30th dynamization.

HEAD.

Awful neuralgia on vertex (right side); feels as if the top of the head would fly off; is steady and sharper at times. Cannot see anything—*as if was looking against a sun-rise; pinkish and glowing.* Mistiness of vision. Sharp pains over the left eye (intermittent). Left eye very sore (constant smarting). Could hardly see at all with either eye. Hard, yellow, crusted matter has gummed the eyes when waking (?). The eyes feel dry; lids seem to stick fast to the eye-ball (no lubrication)—eyeballs ache, particularly in the morning—scalding lachrymation affects the skin around the eye (?). An awful burning and watering of the eyes. Almost blind with an amelioration in a dark room. On awakening the eye muscles are so weak has to pull them apart. Dull, steady, frontal headache. Very sore on the top of the head to the touch. An actual toothache was brought on and the pain was constant. (In a sick man noise in the right ear was improved.)

THROAT.

The phlegm is very hard to raise. Eructations remain in the throat ten to fifteen minutes.

STOMACH AND ABDOMEN.

Five brownish, soft, and offensive evacuations are produced during the day. Bowels are looser and the amount is increased. Very hungry all day long. Weight in the stomach after eating. Brownish stools a little soft and easily passed. Gaseous eructations, which can be tasted (the eructations remain in the throat 10-15 minutes) (cf. Materia Medica of von Lippe). Hard to keep from vomiting, due to gagging, tight cough. Belching of gas, which relieves (cf. Materia Medica of William Boericke). After eating, gagging, then tasted eructations. Easily voided stools (neither tight nor loose). Belching. Fullness of stomach, as if prover had eaten heavily, although little taken. Bitter, bilious taste in the mouth. Sleepiness after eating.

BACK AND BODY.

Backache above ilia develops; always dull; is intermittent. After supper pain in the left chest; on lying down a dull, catch-

ing, intermittent pain. Pains in the left anterior chest, sharp and intermittent. Pains across kidneys sharp and intermittent. Pains all over the body were pretty sharp (were nocturnal in point of time). Around the back knife-like pains. Sharp kidney pain worse on movement. Pain across the kidneys sharp and constant. When lying on the right side at night, pain in the side almost prevents prover from getting out of bed.

EXTREMITIES.

Pain in the left wrist sharp and intermittent. The left arm "felt dead." Intermittent sharp pain near the right ankle. Knife-like pains around the right shoulder. Shooting pain in the left shoulder.

RESPIRATORY.

Sneezing quite often (7 to 7:30 P. M.). The rhinorrhea is watery and nocturnal in time. When she takes a breath it catches her in the left lung and it is a knife-like pain. Cannot lie on the left side. Pressing pain in the left lung. A male prover could not take a deep breath: left lung involved (9 to 11 A. M.). Did this start previously the night before (?). A gagging tight cough: hard to keep from vomiting.

(It appears to the writer that the lung symptoms of the remedy bear a very close analogy to *Lycopodium*. The volume of von Lippe gives a fine description of *China's* effect on the respiration. When the consensual symptomatology is in agreement it should be a fine remedy in certain cases of pneumonia).

SLEEP.

Night-mare about 11-12 o'clock, prover thinks; very disagreeable.

SKIN.

Skin all over sore to the touch.

URINE.

Proving diminishes the frequency of nocturia, a condition possibly "normal" to the individual. Proving changes urine from a hydrant coloration to a rusty hue.

FEVER.

For the last week drinking much more water because of his feverishness. Every morning nearly, prover gets up in a moist perspiration, a condition ameliorated by crawling into bed and getting warm. This made him late for his daily work, he told me. Prover wakes at night in a perspiration; prover states that he perspires more in the cold.

MODALITIES.

Dizziness *in morning and when walking.* An aggravation from bending over; can hardly straighten himself from so doing. Aggravation at night (?). A strong modality is *worse after eating;* at that time appears (1) the weight in the stomach, (2) the sleepiness, (3) gagging, then tasted eructations.

HEALING THE SICK.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

What first attracted my attention to the *new* school of medicine many years ago was the mortality statistics. In those days physicians at the end of the year made out a report of the number of patients treated from different diseases, the whole number cured and the number of deaths under their treatment. I was also much impressed by the "clinical reports" in the eclectic and the homœopathic colleges showing their *success* in healing the sick. It gave me an opportunity to compare their success with the *want* of success in the clinics and hospitals of the regular school. It gave me the impression that the *old* school were *weak* on therapeutics, they failed to give their students a *definite* treatment for *any* disease. They did not teach their students how to *cure* anything. The students sent out from the *new* school colleges were taught first of all the *definite* action of drugs a *definite* treatment for the *diseases* common to our country. As a result of such teaching they went out into practice with *confidence* in themselves and a *fixed* belief in their *remedies* to *heal* the sick. In *every* epidemic that has swept over this country the *new* school physicians have been on the "firing line," they have *met* the disease and *conquered* it. When we had the epidemic of diphtheria

in 1866 the old school used to burn out the throat with Nitrate of silver, and *lost* about every case that they treated.

The homœopathic physicians with their treatment *rarely ever lost* a case from *that* disease. In the early part of the 60's we had an epidemic of cerebro-spinal meningitis. The old school doctors treated the disease with morphine internally, and ice applied to the spine, and *lost* nearly every case. The homœopathic physicians met the disease and *conquered* it with their *definite* remedies. In that epidemic Dr. Baker, of Moravia, New York, cured *sixty* cases of *all* malignancy without the *loss of a single case.*

In 1853, during an epidemic of yellow fever in Philadelphia, Pa., the mortality under old school treatment was *eighty per cent.* In the same year in Natchez, Miss., the homœopathic physicians, Drs. Holcomb and Davis, treated 555 cases of yellow fever with only 43 deaths. The regular school have repeatedly declared pneumonia to be an *incurable* disease. The Public Health Reports for June gave 358 cases of pneumonia in 45 cities of the U. S., and 214 deaths, a mortality of *over sixty per cent.* The homœopths in *their* treatment of pneumonia have never had a *mortality of over five per cent.*

When we had an epidemic of infantile paralysis not long ago the old school doctors became hysterical in their fear of the disease, they simply *did not know what to do to cure it.* At the same time reports were coming to me from different parts of the country from homœopathic physicians of their *success* in *curing* the disease. The above facts will give the reader something to *think* about. It is our business as physicians to *heal* the sick, and it is our *duty* to use *every* means in our power to accomplish *that result.* We can't afford to plead *ignorance* of the most *common* remedies of *all* schools of medicine for we can't tell *when* we may *need* them in our battle with disease. No matter *where* the remedy comes from or *who* has used it we *want* it if it will *help* us to *cure our patient.* We can't afford to let our prejudice against *any* system of therapeutics *warp* our judgment and prevent our getting the *right* remedy to *cure* our patient. The most *successful* physicians in our country to-day, the men who have the *best* reputation, the men who have the *biggest* practice,

are *broad* minded, *liberal* men who want to do their *whole duty* by their patients, they *want* and will *have* the *best* there is in medicine for their patients. They are a "tower of strength" in the sick room, they are the men whom the people have learned to *depend* upon when sickness and death "hovers over their dwelling." These men are *physicians,* they are men who are *fitted* to *heal* the *sick.*

The homœopathic system of therapeutics has become so *popular* in this country that very many regular physicians use the remedies in their practice, and, as a rule, they are manly and *honest,* and give "*honor* where *honor* is due.' But there are other physicians of *that* school who make a *claim* to the people that they use eclectic and homœopathic remedies in their practice. They do this in order to get the practice from families that are favorably disposed towards the new school. I have taken the trouble to *investigate* some of these men and I found that they never used any *new* school remedies. They could not give the *definite* indication of a *single* remedy. They were guilty of the very *worst* form of quackery, for they were obtaining *patronage* under *false pretenses.* Such men should be watched and reported every time.

In March I met Dr. E. Edmonston, of Hillsboro, Ohio, in consultation. Dr. Edmonston is a "live wire," her practice covers a territory twenty-five miles around. She has *more* patients than *any* doctor in her field of practice. This is another example of what can be done by a doctor who has a *working* knowledge of the materia medica of the *five* schools of medicine. They become almost *invincible* in their *power over* disease. The doctor told me of the value of Tr. Liatris Spicata (Button snake root) in dropsy. She gives a teaspoonful of the Tincture in a pint of water, and has the patient drink it all in the course of the day. She says "it will start the water every time."

I had a lady patient past the middle age, she has "spells" when her lungs feel as if they were *closed* up. She keeps *coughing* to get her breath. The heart feels *heavy* and *weak,* as though it would stop beating. She has an all-gone feeling as if each breath would be the *last.* The pulse of the right arm showed marked weakness but rapid. The other pulse intermits, and shows vitality

much below par, and a *weak* heart. I saw her have one of those spells. I called it "spasmodic bronchitis," and I gave her Tr. Lobelia 1st x, 10 drops, repeat dose in fifteen minutes if needed. One or two doses would *relieve her.* For the weak heart I gave her Tr. Cactus. 10 drops before meals and at bed time. I gave her Natrum sulph. 6th x, three tablets, once in two hours, to *cure* her of the difficulty of breathing. The above treatment strengthened the heart's action and cured the spasmodic bronchitis. Don't forget Natrum sulph. 6th, once in two hours, in your cases of asthma, especially if *worse* in *damp* weather.

I had the pleasure of meeting Dr. Edward H. Wilsey, of Chesapeake City, Maryland, in consultation in April. I have *rarely* met with a physician so well up in materia medica as he is. In his treatment of the sick he shows *excellent* judgment. The doctor is president of his state society. There was a time when we were able to tell a good deal about a sick person's condition, but the *vitality* of the sick person was an *unknown quantity. Now* we know by the *clear,* bright expression of the eye, and the pulse of both wrists being *full, strong* and *regular,* that their *vitality is at par.*

A doctor will meet with a patient now and then and they don't know, and the doctor is not *sure* whether the sick person is any better or not. Doctor will say, "How do you feel to-day?" Patient will say, "Oh, I don't know," or "I don't feel any better," or "I guess I am about the same."

Then the doctor will begin to wrinkle up his forehead, scratch his cranium, and wonder *why* that last remedy did not make the patient better. Now there *is* a way of finding the real condition of your patient, and they can't *deceive* you and you can't be deceived *yourself.* The tongue will tell you of the patient's stomach, if it is in a normal condition or not, also if the patient is *digesting* his food. The muscles of the arm, whether *firm* or flabby, will tell you if your patient is gaining or losing weight. Now look at the eye, for *all* diseases that affect the circulation write their language in the eye. If there is no *dull* expression to the eye, no *red veinlets* in whites of the eyes. no *dilation* or *contraction,* no *pearly* tint to thewhites of the eyes, then your patient is *better.* Now read the pulse, if the pulse of *both* wrists is full, strong and

regular, your *patient is better*. For the pulse will always tell you the *truth*. If you know how to read the eye, pulse and tongue, it will enable you to get right *at* the *real* condition of your patient. They *can't* deceive *you* and you can't be deceived *yourself*.

A lady past the menopause complains of *internal* heat, wants to kick off the bed clothes at night. In the morning she complains of *cold* hands, they *prickle* and feel *numb*, dead. Tr. *Secale* (Ergot) 3d x is *the* remedy indicated, 10 drops once in three hours. It made her *very* much *better* in a few days.

In reading the pulse of a lady who had enlargement of the spleen, she *thought* she "wasn't any better." I found *no* intermission to the pulse of either wrist. I knew from *that* fact that she was better, that the enlargement of the spleen was very much *smaller*. An examination of the spleen proved to me that I was *right*.

When there is or has been a *drain* upon the system from some disease in or *outside* the body, it will *show* itself in the eye, by a *pearly tint* to the whites of the eye—you get that kind of an eye in cancer *after* it has ulcerated, whether in or out of the body, also in constipation, diabetes, Bright's disease, chronic diarrhœa, etc., when the *ulcerated* or diseased surface takes on the *healing* process, or the *drain* from the system is being *checked* up by proper remedies. You will see the change in the appearance of the eye, for the *pearly* tint is gradually *fading* away.

The above is *practical diagnosis*, something *every* doctor *ought* to know, but he *don't*, and it should be taught in *all* our medical colleges—but it won't be—because the professors rather have their students spend their time squinting through a microscope looking for *bugs* until they become "bug house." All this time is *wasted* that should be *used* in teaching those young men *how to cure the diseases common to our country*. The professors in our medical colleges have a *fearful responsibility* on their shoulders, for it is their *business*, and should be a matter of *duty* with them to see that these men they send out from the medical colleges are *prepared* to treat *successfully* the diseases *common* to our country. In my travels around the country when I see that the most *common*, the *ordinary* cases found in *every* community are *not* being *cured* by our doctors I realize the fact that there is some-

thing *wrong* with the *teaching* in our medical colleges. I have asked many of our young men just graduated as an M. D., this question, "How many *diseases* do you feel *sure* in your *heart* and *soul* that you can CURE. That is the *crucial test* that every young doctor *should* undergo before he goes out into the world to practice as a *physician.*

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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THE X-RAY TREATMENT OF CANCER.

EMIL H. GRUBBE, M. D.

The knife always has been, and properly so will be, considered the first and quickest means for the removal of localized cancer, but if, for any reason, surgery cannot be used, then X-ray should be used. It seems to be a matter of fact that there always will be a large number of women with cancerous uteri who will absolutely refuse the benefits which surgical measures may have to offer. For these women other methods of treatment must be available. X-ray treatment offers much, and should be advised to patients in this class.

There are three classes of uterine cancer in which X-ray therapy may be used:

The *first class* comprises those cases of primary or local cancer, which, because of heart disease, constitutional disease, or because they absolutely refuse surgical measures, cannot receive the benefits of surgery.

The *second class* includes all post-operative cases. In this class the X-ray is used as a prophylactic to prevent the possible recurrence of the cancer.

The *third class* consists of the inoperable and hopeless cases. In this class the X-ray is used for its palliative effects.

It should be assumed that all cancers will return, no matter what therapeutic agents are resorted to in removing the tumor. The return of the cancer is the rule—not the exception. For this reason prophylactic X-ray treatment should be given in every case subsequent to the operation. This is so serious a problem that *no exceptions ought to be made.* How often we hear that in a given case the removal of the entire cancer mass as well as the adjacent lymphatics was accomplished, and yet the patient died from cancer. The limitations of surgery are due primarily to the

fact that the knife or the cautery are purely local methods of treatment, and do not cope with the metastases, except as they may be found near the main operating field. The most capable surgeon will find that it is simply impossible to remove every gland involved, no matter how radical the operation. X-rays, on the other hand, can be used in as many separate localities as may be deemed necessary, and thus all metastatic areas can be placed under treatment. It would appear, then, that, no matter how radical any operative procedure may be, it should be followed by intensive X-ray treatment. Only in this way will the case receive adequate treatment. Only in this way will we do our whole duty, not only to the patient, but to surgery.

When used post-operatively, X-ray treatment should be started as soon after the operation as is possible. Inoperable as well as border-line cases should all be given the benefit of X-ray therapy. This is practically the only treatment which can be relied on to ameliorate the most disagreeable symptoms, and at the same time gives the patient a chance for at least a symptomatic cure.

I have been able to obtain symptomatic cure of well-established uterine cancers even with extensive involvement of the adjacent lymphatics. These cases have, however, been few. Occasionally I have been able to produce results which appeared most brilliant. Let me cite just one case. Nearly twenty years ago Drs. Bailey and Shears referred a woman to me for X-ray treatment. She had been operated upon. An exploratory laparotomy had been performed, and a carcinoma was found involving the fundus of the uterus and adjacent parts. She was in such physical condition that it was thought best not to go on and excise any of the diseased parts. Her condition was absolutely hopeless. After a number of X-ray treatments a very decided X-ray reaction was produced. This, together with the otherwise poor state of the patient's health, caused us no end of worry. After several months' time, however, she began to improve, and then (all the improvement having been credited to the previous heroic treatments) we once more placed her under the X-rays. After again producing a cumulative effect, the patient was discharged symptomatically cured. She is living to-day. There has been no sign of recurrence in all these years. This case taught me a very important

lesson. No matter how gloomy the prognosis, we should consider it our duty to go on with treatment, for we may turn a seeming therapeutic failure into the most startling success.

CASES OF INOPERABLE CANCER OF THE BLADDER.

CLIFFORD MITCHELL, M. D.

Among the legion of sad cases which we see in our specialty of urinary diseases those of inoperable cancer of the bladder are the saddest, when we consider "what might have been."

Two cases have come to our notice recenly. Case 1 was that of a man, farmer by occupation, 57 years of age, whose maximum weight had been 200, and who had been a person of powerful build and rugged health all his life until of late. His trouble began about one year before consulting me when he noticed that he was passing a little blood in the urine. He "doctored" for this until he suffered so much from pain and frequency that he was led to consult the writer. He presented the history of having passed large clots of blood in the urine within the last year. He was sensitive to pressure over both kidneys and towards the spine; pain on urinating was felt first at the end of urinating, later during the entire micturition; there was dribbling, and had to rise every hour at night to urinate. He was troubled also with what he called indigèstion, apparently due to gas formation in the bowels. His teeth were good. He complained of "piles" but had passed no blood per rectum. His bowels were constipated but he had a good appetite. His principal complaint was that standing still hurt his back and bladder. He felt no pain in the region of the kidneys even when riding over a rough road. He was, when seen, still working every day on his farm. He had nearly one degree of temperature but otherwise the ordinary physical examination showed nothing of interest.

On the other hand, the urine was somewhat enlightening; there were quite a number of leucocytes and of red blood cells but no blood corpuscles like those we find in kidney affections. Hence the diagnosis of bladder condition was made with the usual suggestion of the possibility of a growth and of the imperative need of immediate cystoscopic examination, which revealed a carcinoma

which was pronounced inoperable by the surgeon to whom the patient was referred.

In this case the symptoms of pain were more prominent than the condition of the urine accounted for. He had pain in the back and in the bladder, urination was painful also. He had lost 30 pounds in six months. The amount of blood in the urine was so small as not to be visible to the naked eye.

This case bears out the dictum of a noted surgeon who recently has said that **every case of blood in the urine of a man over forty should be regarded as indicating cancer until the absence of cancer is proved.**

In another case pronounced inoperable cancer of the bladder the urine showed pus, microscopically, the number of leucocytes being large, and a few red cells. There was a considerable amount of bladder epithelium from the middle layers in this case and much bacterial development. This patient died in about eight months from the time the urine was examined.

Both these cases are interesting because of the fact that in each instance the urine findings were not those of serious hematuria, very little blood being found in either. But it is also important to observe that there were red cells microscopically in the urine of both cases, that these red corpuscles did not appear to come from the kidneys, and that both patients were over forty years of age.

THINGS WHICH DEFEAT THE ANALYST.

In previous articles in the RECORDER we have animadverted somewhat severely upon the lack of care exercised by patients in providing urine for chemical and microscopical examination. This lack of care is shown in some cases by nurses, internes, and physicians as well. The latter, however, are often more or less excusable, as directions must often be given hurriedly, and since patients are not always particular to follow directions even when carefully given. The writer has long desired to accompany his reports of analysis with some sort of data as to the condition of the urine when received and acting upon the suggestion of Mr. H. A. Toren, of Grand Rapids, an experienced printer, has finally evolved a method by which the person sending the urine, or the

physician advising the analysis of the urine, is provided with a statement of the fitness of the urine for analysis at the time it is received in the writer's laboratory. Printed slips are furnished with the report of the analysis. These slips read as follows:

IMPORTANT.

Dear Doctor:

Please notice that the positive negative findings in this report are *not necessarily conclusive* because of:

- ☐ Low Specific Gravity.
- ☐ Bacterial Decomposition.
- ☐ Presence of Ammonium Carbonate.
- ☐ Apparent Presence of Substances Due to Drugs taken by the Patient.
- ☐ Age of Specimen.
- ☐ Lack of Information.
- ☐ Lack of Sufficient Quantity to Work With.
- ☐ Possible Presence of Foreign Substances from Bottles Used.
- ☐ Fecal Contamination.
- ☐ Kind of Preservative Used.
- ☐ Delay in Forwarding, Causing Change in the Specimen.
- ☐ Fact that Specimen is Not Representative of the Usual Condition.
- ☐ Fact that Specimen was Voided on Rising.
- ☐ Single Specimen.
- ☐ Quantity for Day and Night Proportionately Too Small for Use in Analysis.
- ☐ Bottles Broken in Transit.

CLIFFORD MITCHELL, M. D.

In using this slip to accompany the report the writer places a cross in the square before the thing which may tend to defeat the purpose of the analysis. The words "positive, negative" are so printed that one or the other may be crossed out with a stroke of the pen. Thus if a negative report on albumin is rendered and the specimen is of low specific gravity the word positive is crossed out and a cross placed in the first square. If there appear to be salicylates in the urine the word negative is crossed out, and a cross placed in the fourth square. If there is not enough in-

formation in regard to the specimen both the words positive and negative may be crossed out and the cross placed in the sixth square.

Attention is particularly called to the last paragraph but one in which the two words "day, night" occur. It is a favorite habit of nurses to send two small bottles of urine for analysis with statement of the amount voided in both day and night. It usually happens that the day is four to five times the amount of the night, but the nurse seems to think it improper to furnish unequal amounts of the urine hence sends exactly the same amount of the day as of the night, and often not enough of either. This causes the analyst much annoyance when he comes to mix the two in proper proportions for the quantitative analyses now made in careful examination, as *e. g.*, pregnancy.

The thirteenth square draws attention to another trouble most often due to the patient, who finds it most convenient to bring down the first urine voided on rising. This specimen of urine is very likely to be free from albumin, from sugar, and from blood, when these three substances at best are present only in small amounts at certain times.

MISCELLANEOUS.

CLIFFORD MITCHELL, M. D.

Epididymitis.—In a reprint sent us by Dr. J. MacKenna, of Chicago, we notice the following conclusions: Surgical interference is necessary only when the patient is suffering excruciating pain. When this procedure is carried out, it is quite necessary to divide the fasciæ so as to free the tension from the testicle as well as from the epididymis. Patients are less apt to be impotent if the posterior wall is divided carefully and the pus drained off than if pus is left for nature to absorb. A blind-stab operation is that of a faker and should not be considered. It is not enough to expose the epididymis and drain it; all the fasciæ should be free.

It is not necessary to split the epididymis but only the infected chamber which stands out clearly.

Renal Dropsy.—This is a difficult condition to treat hence we

quote the formula published by Ellingwood in his February *Therapeutist:*

℞. Normal Apocynum .....dr. iii.
Normal Apis .....m. xxx.
Potassium acetate .....dr. v.
Nephroson .....q. s. ad oz. iv.
M. et Sig.—Teaspoonful every three hours.

Another formula in the *Therapeutic Digest:*

℞. Normal Apocynum .....dr. iv.
Normal Cratægus .....oz. i.
Potassium acetate .....dr. iii.
Simple elixir .....q. s. ad oz. iv.

M. et Sig.—Teaspoonful every three hours.

Urinary Antiseptics.—We notice an article by Detwiler in the *New York Medical Journal,* in which he classes arbutin as an urinary antiseptic on account of the formation of hydraquinone in the body when it is administered. Hence the value of infusion of uva ursi, which contains arbutin. Moreover, the uva ursi acts better than arbutin alone and should be given in doses of fifty grains of the infusion four times daily. Detwiler claims that the infusion of uva ursi is equal in value to boric acid in killing the bacillus coli in alkaline urine. He advises it to be used together with boric acid.

For staphylococcic cystitis with alkaline or acid urine he uses sandal wood oil. It is best to make the urine acid if alkaline.

Delicacy of Benedict's Test for Sugar in Urine.—From experiments conducted in our own laboratory it is evident that Benedict's test gives a perfectly plain reaction with one part of glucose (Merck reagent) dissolved in 6,000 mills of water. When the amount is 1 to 8,000 the reaction in our hands was negative. Toren's contention that the mixture must be boiled three minutes instead of two has been proved by us so many times as to require no further comment. Benedict's reagent does not reduce itself when proper cleanliness is observed in the technique of the test. It will reduce, however, in many cases of pregnancy, even in urines of low specific gravity, showing that in the urine of

pregnancy, even before the appearance of lactose, there is a reducing substance often present in small amount not always yielding any bubbles when fermented by yeast. Inasmuch as the urine of pregnant women does, however, at times show a yeast fermentable sugar we conclude that the reducing substance above referred to is glucose, unless Askenstedt's glycuronate test shall prove it to be a large amount of glycuronate.

LACTUCA VIROSA.

Some time ago *Lactuca virosa* was being praised as a galactagogue by Dr. Rauterberg. I wish now to make known another virtue of this seemingly unimportant drug, by its efficacy in colic.

For many years I had suffered off and on with pains in the abdomen and in the back, which, I think, were brought about for the first time after taking some *Asarum europ.* as a kind of proving; at least I never noticed those pains before that. I tried many homœopathic remedies to get rid of them, without success; the only help I got was by bending forward, as if trying to touch the floor with the finger tips. But last February I got an attack that was peculiarly severe and had the following peculiarity: about 3 A. M. I would awake with a severe pain in the abdomen and in the back, the abdomen being very tense, the pain cutting and slightly relieved by eructations or by passing some wind. This attack of colic came several times in succession at the same time, at about 3 A. M., lasting till about 5 A. M., robbing me of sleep, and besides being quite painful.

Nux vomica has pains early in the morning, colic at 3 A. M. and I tried it, but without benefit, although it is a remedy I have sometimes used with great benefit on myself in digestive troubles; but this time it was "no good." *Lactuca virosa* was called to my attention; I put 3 or 4 drops of the mother tincture in a tumbler of cold water and took a few swallows, when lo and behold! the disagreeable pain was entirely removed within 48 hours, the amelioration beginning at once.

Those who possess Ide's Times of Aggravations, translated and published by Dr. Boger, and found also in Shedd's Clinic Repertory, might insert this item in the "Time Table" of ag-

gravations, for future use. Of course, one swallow does not make a Summer, but if this symptom, although a curative one, proves reliable in its modality, we may gain a useful friend in time of need.

From an enlarged edition of Culpepper's herbal I copied the following about *Lactuca virosa*, the great wild lettuce: "This plant grows to 5 or 6 feet high. From wherever the plant is wounded, there flows out a milky juice, which has the smell of opium, and its hot bitter taste. The young plants are in their greatest vigor in the month of April.

Virtues. The smell and taste of this plant is so much like opium that it has induced those who have examined it to give it instead of opium, as it possesses its virtues in a high degree, without any deleterious quality whatever. A syrup made from a strong infusion of it is an excellent anodyne; it eases the most violent pains of the colic, and other disorders, and gently disposes to sleep, etc."

Culpeper says of lettuce: "The Moon owns them, and that is the reason they cool and moisten what heat and dryness Mars causeth, etc."

A. A. Ramseyer.

Salt Lake City, March 5, 1918.

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EDITORIAL NOTES AND COMMENTS

Knowledge Is Power.—We recently attended a meeting of one of our homœopathic county societies at which a symposium on pneumonia was held. To this symposium had been invited one of the physicians of the city department of health, and to him it fell to present a brief report of the latest results of scientific research in reference to pneumonia and its treatment. The physician was a young man, clean cut, of quiet, unassuming manner, who soon showed by his unhesitating, easy speech that he was the master of the subject he had been called upon to present. Speaking without notes and referring now and again to two illustrative wall charts, he held his audience from the first and received their enthusiastic applause.

His brief address explained in well chosen words the division into four groups or types of pneumonia, the methods of diagnosis of these types and the therapeutic application of antipneumococcic serum, more particularly to type I. He pointed out how, in this latter type, the mortality had been reduced from approximately 24 per cent. to something like 5 per cent. He stated how, in types II. and III. serum was of very little or at least doubtful efficacy, and that the mortality of type III., for example, was extremely high, some 60 per cent. as we recall it.

His entire address was a calm, convincing recital of facts—of things done and accomplished. There was no tinge of boastfulness nor any effort to draw unwarranted or fanciful conclusions. As we sat and listened to this modest young man, we

could not help but admire him and we realized that we were in the presence of one who knew and who, knowing, was just by so much more an influence, a well-spring of power, in the world of science.

Neither could we help thinking and, later in the discussion which followed, voicing the thought that here lies one of homœopathy's golden opportunities—which, alas, she has thus far failed to grasp or perhaps even to perceive. Consider for a moment, what an overpowering argument for the truth and superiority of the law of similars would be an array of facts and figures based upon series of fifty or a hundred cases of pneumonia, diagnosticated and typed in accordance with the methods as set forth by this health department physician. Consider the immense practical value, for example, of the knowledge that certain of our homœopathic remedies are especially applicable to cases found in types I. or II. or III.

We all believe that pure, unadulterated homœopathic therapy can show even better results than present day serum therapy; *but can we prove it?* We all know, if we are honest with ourselves, *that we cannot!* And we never will be able to furnish to an eager scientific world any proof worthy of the name until we adopt the recognized methods of modern scientific research.

This is a task for our best manned and fully equipped homœopathic hospitals, not a work to be done by the individual homœopathic physician. Our school has the young men, willing and able to do this work, in conjunction with our older materia medicists and clinicians; but as yet we, as a school, show few signs of giving suitable encouragement and support to our laboratory workers..

Small wonder indeed that many of these are slowly but surely permitting themselves to be enticed away from us and to more fertile, friendly fields. No wonder, either, that our state societies, our county and local societies are complaining of the apathy of their members, when, as is so frequently the case, starvation mental rations are served at these gatherings.

Let us not forget that we no longer live in the time of Samuel Hahnemann, and that if we are to survive and remain an influence and power in this world we must interpret homœopathy

in the phraseology of the day and secure our results in the light of modern methods. All the unsupported assertion of superiority with which we are too often wont to lather ourselves will not avail us. Indeed, knowledge *is* power!

The Deadly Serums and Vaccines.—A short while ago we rejected an article with the above title by one of our subscribers and contributors. The reason we gave for refusing to publish the article was, that its author displayed an absolute ignorance of even the elementary principles of bacteriology, serology and immunology.

Among other unwarranted statements which this diatribe contained, the following is an illuminating example: *"Thus follow their use eruptive diseases, tumors, and, lastly, cancer or tuberculosis,* and this is modern medical science's claim to be approaching nearer and nearer to homœopathy." (Italics ours.)

What evidence or proof have we that eruptive diseases, tumors, cancer and tuberculosis have followed the use of sera and vaccines? Where are our statistics? In which laboratories or hospitals has this matter received analytical investigation?

Even granting that the statement may, perhaps, be true in some particulars, have we any right to assert that it is true, without supporting evidence?

When will we cease to consider trained investigators of the old school to be fools, knaves, or worse? Have we contributed so much to the advance of modern medical research that we can afford to pass judgment upon our brothers of the allopathic persuasion?

We believe, and rightly so, that we have a priceless possession in the law of similars, but we cannot hope to jam it down the throats of those who differ from us. The sooner we proceed along the lines of modern science, the sooner will homœopathy be acknowledged and adopted.

But let us give up the mud-slinging of our childhod days!

Consultations Among Physicians.—There is much about the etiquette of consultations among physicians which appeals forcibly to one's sense of humor, provided, of course, this saving sense

is part of the mental make-up of the medical man. We are all familiar with the physician of rather pompous mien, usually adorned with hirsutic camouflage, whose risibilities cannot by any possibility be aroused. Taking himself so seriously, his egotism sticks out from every part of him, until he metaphorically at least, resembles the prickly surface of the porcupine and on closer acquaintance has quite the same effect. With such a consultant the drama of consultation is portrayed with all the time-worn props and accessories and the poor, bewildered, mystified patient is duly impressed by the ceremony of the occasion.

The latter, unfortunately, is by no means always productive of real good, though frequently lucrative to the consultant who has been called upon to play his part in the farce. But human nature is weak and delights in being deceived. The more costly the deception, the greater the satisfaction of the patient who has invited it, is apt to be. The learned medicos have agreed upon the nature of the illness and upon its likely course—and now the patient may die in peace, surrounded by his satisfied, albeit grief-stricken family and friends.

Among homœopathic physicians, however, be it said to their credit, the question which receives the greatest consideration at the consultation is that of the necessary remedy. Not that we homœopaths neglect the matter of diagnosis, but such is the confidence in the action of drugs of the average homœopathic physician, that the question of the similar remedy is naturally uppermost in his mind. This is as it should be, for is not the physician's highest duty the healing of the sick? He who can cure, is of greater use than he whose sole claim to recognition, is his ability to make a skillful diagnosis, however necessary and important the latter may be.

Well do we remember the wonderfully accurate diagnoses which were made before admiring groups of students by Prof. von Leyden in the Charité in Berlin, to be substantiated a day or two later by a striking exhibition of the patient's eviscerated organs, reposing on a japanned platter of ample dimensions, looking for all the world like "Kalter Aufschnitt."

With true Teutonic efficiency, the entire performance was conducted on schedule time and, rest assured, no essential item was

omitted. But how often did we wonder whether the timely administration of some simple homœopathic medicine might not have at least postponed, indefinitely perhaps, the involuntary portrayal by the hapless patient of his own thanatopsis.

Some years ago, in consultation with an O. S. brother, conducted, according to the usual stereotyped rules, a final agreement as to the diagnosis of the disease was amicably arrived at. There followed a brief discussion of the treatment, with the parting advice of the funereal consultant to consult the text-book description of the treatment of the ailment in question, as more than this, no one could do. Shades of Chopin! We almost expected to hear the doleful notes of his wonderful funeral march burst forth. Text-book treatment, to which anyone might resort, trying one remedy after another in the hope, usually vain, that something would hit the case!

How different the picture of another consultation, between two homœopaths, over a case of broncho-pneumonia. To both physicians *Kali carb.* and *Silicea* instinctively appeared. The pros and cons of each were weighed and *Silicea* selected. No mere empiricism here, no resort to text-book treatment, but calm analytical thinking, guided by a fixed immutable law of cure! Of such stuff is homœopathy made, its refinement of texture appealing to the higher intelligence of those who really think for themselves.

PERSONAL.

MATERIA MEDICA MEN ELECTED OFFICERS OF ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The regular annual meeting of the Illinois Homœopathic Medical Association was held in the Hotel Sherman, Chicago, May 7th to 10th, inclusive. Dr. A. L. Blackwood, professor of materia medica at Hahnemann Medical College and Hospital, Chicago, was elected president, and Dr. Theodore Bacmeister, formerly of the materia medica department of the Chicago Homœopathic Medical College and of Hahnemann Medical College, was elected secretary. The choice of these officers by the Association is giving great satisfaction to the homœopathic profession of Illinois, and we predict will result in an augmentation of the attendance. Dr. Blackwood is well known all over the country by virtue of his series of textbooks on the homœopathic treatment of diseases published by Boericke & Tafel, Philadelphia.

Dr. T. Bacmeister served as secretary of the Chicago Homœopathic Medical Society for a number of years, and has been president of this society for the last year. He is a good example of the younger set of homœopathic leaders whom Dr. George Royal, of Iowa, is so anxious to see come forward. Dr. Bacmeister served when young as an interne in the hospital of Dr. J. M. Lee, of Rochester, New York, and was associated with Dr. A. C. Cowperthwaite in teaching materia medica at the Chicago Homœopathic Medical College. Dr. Bacmeister is a graduate of the Homœopathic Department of Michigan University and a disciple of Dean Hinsdale.

The Association also elected Dr. Annie Whitney Spencer first vice-president. She is one of the most successful women homœopathic practitioners in Illinois, residing and practising at Batavia.

The second vice-president is Dr. T. Edward Costain, secretary of the American Institute of Homœopathy.

It will be seen from the above that the Association has chosen strong executives, officers whose fealty to the homœopathic cause is beyond criticism.

The following letter from the Surgeon General's office in Washington, to the editor, needs no addition or embellishment. The facts speak for themselves and are compelling in their deep significance and importance.

Our readers are, therefore, urged to consider the contents of

this communication most earnestly. Unselfish service to our country in this world crisis, is the paramount duty of each one of us.—EDITOR.

MEDICAL RESERVE CORPS.

Editor of the HOMŒOPATHIC RECORDER.

1. I wish to call to the attention of the profession at large, the urgent need of additional medical officers. As the war progresses the need for additional officers becomes each day more and more apparent. Although the medical profession of the country has responded as has no other profession, future response must be greater and greater. The Department has almost reached the limit of medical officers available for assignment.

2. I am, therefore, appealing to you to bring to the attention of the profession the necessity for additional volunteers. So far the United States has been involved in the preparatory phase of this war. We are now about to enter upon the active, or fighting phase, a phase which will make enormous demands upon the resources of the country. The conservation of these resources, especially that of man-power, depends entirely upon an adequate medical service. The morning papers publish a statement that by the end of the year a million and a half of men will be in France. Fifteen thousand medical officers will be required for that army alone. There are to-day, on active duty, 15,174 officers of the Medical Reserve Corps.

3. Within the next two or three months the second draft will be made, to be followed by other drafts, each of which will require its proportionate number of medical officers. There are, at this time, on the available list of the Reserve Corps, an insufficient number of officers to meet the demands of this draft.

4. I cannot emphasize too strongly the supreme demand for medical officers. Will you give the Department your assistance in obtaining these officers? It is not now a question of a few hundred medical men volunteering for service, but it is a question of the mobilization of the profession that in the large centers of population and at other convenient points as well as at all Army camps and cantonments, boards of officers have been convened for the purpose of examining candidates for commission in the Medical Reserve Corps of the Army. An applicant for the Reserve should apply to the board nearest his home.

5. The requirements for commission in the Medical Reserve Corps are that the applicant be a male citizen of the United States, a graduate of reputable school of medicine, authorized to confer the degree of M. D., between the ages of 22 and 55 years of age, and professionally, morally and physically, qualified for service.

6. With deep appreciation of any service you may be able to render the Department, I am

J. C. Gorgas,
Surgeon General, U. S. Army.

Editor of the Homœopathic Recorder.

Wilkes-Barre, Pa., April 20, 1918.

What a lot there is that we never knew and never will know. And what a heluva lot we have known that we have found necessary to un-know—what?

If forty-eight years of active practice and close observing have given me any real knowledge I can hand it out in few words.

Chemistry, bacteriology and mutilation will never make good when compared with the intelligent forces of the indicated remedy, the minimum dose, and the observance of clean, decent living.

What we need is Homœopathy, and then Homœopathy, and then *more* HOMŒOPATHY.

Fifty years ago not much *but* Homœopathy was taught at Old Hahnemann. To-day not much *homœopathy* is taught at Hahnemann.

And from what I can learn this holds good of most of the homœopathic colleges.

Our recent graduates seem so obsessed with the glittering non-essentials to successful Hahnemannian prescribing that we are fast losing our identity as a school, and unless we soon have an old-fashioned revival of faith in the therapeutics of the "old timers" we are doomed to be wrecked on the rocks of clap-trap and materialism.

J. Arthur Bullard, M. D.

200 So. Franklin St.

THE
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HOMŒOPATHY, THE ONLY SCIENTIFIC AND ACTUALLY CURATIVE SYSTEM OF MEDICINE.

By F. H. Lutze, M. D., Brooklyn, N. Y.

The obsequies of Homœopathy have been published so often in the medical journals of the old school that it seems to be time to refute them and prove that Homœopathy is very much alive and will live to see the day in the no distant future when it will be the only legal system in the practice of medicine. Truth may be long suppressed but can never perish.

There can be but one right way, all others must be more or less wrong. Only one straight line can be drawn between two given points.

The truth of anything lies in the practical application of it with the following real good and lasting results and Homœopathy will stand this test pre-eminently. Tests at the bedside of patients will give convincing proof of this.

That Homœopathy did not become at once and is not even now the only recognized legal practice of medicine is due:

1st. To the natural perversity of human nature, which is inclined to believe in follies much quicker than in actual truths. People in general require training in each direction ere they can see the truth in that line. They want to be fooled, as Barnum used to say, and it is the truth. Antitoxine for diphtheria, antityphoid serum for typhoid fever, a special serum for each disease according to its name; this seems so plausible, so rational, that it takes like wild fire. And yet no greater folly could ever be imagined. The same suit of clothing in size and shape for all

persons, young and old, lean or stout, with the name of Jones, the same for all the Millers, the same for all the Smiths, treating a phantom, disease, which has no existence by itself, and is at first simply a dynamic derangement of the organism, widely different in each person and letting the patient linger or die.

And to give medicine for the prevention of disease is as ridiculous as the building of a bridge for a river that has never been seen, nothing known of its width, depth, force of current, and condition of bottom and shores, which may never have to be crossed, never even seen. That highly educated people and even doctors in high government office believe in this nonsense, simply proves: That education is no bar to error or folly. Strict honesty, good common sense and sound judgment, all this with great kindness of heart, like the lamented Abraham Lincoln, tower high above education. Sanitation is the only preventive of disease; this alone prevented the return of yellow fever in Havana, Cuba; in New Orleans and Memphis.

2nd. The great unheard of novelty of this doctrine. It was too much for the learned doctors and professors to comprehend. That a remedy which had caused the symptoms of a disease when taken in material doses by a person in normal health, could cure that same disease presenting those symptoms, when of natural origin, if the same remedy were given in very minute, infinitesimal doses, that required the giant mind of Hahnemann to evolve and grasp.

3rd. The very small, infinitesimal dose of the remedy, recommended by Hahnemann, as compared with the very large, complex and powerful doses of that time, made Homœopathy seem foolish and ridiculous. Disease was then and is to-day considered a powerful monster and to require massive doses to combat.

Yet we all know that the air we inhale is more necessary to sustain life in us than food. We could not live many minutes without it. And yet it is colorless, tasteless, odorless, intangible and well-nigh imponderabe. This proves, at least, that quality is of vastly more importance than quantity.

Roses and lilacs have caused hay fever and asthma in persons passing even at some distance.

A growth of poison ivy has caused vesicles in clusters and erysipelas in persons passing at a long distance. The poison of the plant carried to them by the breeze blowing over the growth toward them cannot be detected in the air in any other way. Both the latter show the power of infinitesimals in nature, as also the wonderful effect of sunlight on everything on this earth, 93 million miles from its source.

4th. The difficulty of the application of Homœopathy in practice. The old school doctors who could descend so far from their lofty theories as to try Homœopathy gave the remedies, as had been and still is their custom, for the arbitrary name of the disease, a phantom, all cases of disease of the same name were the same and identical to them, all were given the same remedy and in material doses as well. The identity and peculiarity of the patient were entirely ignored, hence he lingered or died and Homœopathy was a failure.

To get the patient's symptoms, then find the remedy in the homœopathic materia medica, presenting a similar group of symptoms, then give that remedy in a very small minute dose to the sufferer, that was not rational and withal too much trouble. Besides the homœopathic materia medica was filled with imaginary symptoms, which they had never seen produced or cured by it. That they could not see any such results, such symptoms, because they always jumbled a large number of remedies and large amounts of each drug in one prescription, this they failed to see.

Not many years ago I had four cases of scarletfever in quick succession. Case 1. The surface of the skin smooth, scarlet red and burning, hot to the touch. Throbbing headache, dilated pupils, throat sore and red on inner right side and tender to touch, externally, on that side; very irritable. Temp. 104 degrees. *Belladonna* cured. Case 2. The discoloration of the skin was bluish, surface smooth, body not hot to touch. Temp. 103½. Headache. Throat sore to touch on left side, externally. Sensation of a lump in the throat, which goes down on swallowing but returns at once. Throat constricted. A few minutes after falling asleep he awakens breathless, has to make a special effort in order to breathe again; cannot bear anything tight about the neck. *Lachesis* cured. Case 3. Surface of the body has a bluish

discoloration, the bluish parts are raised above the other parts of the skin, due to the swelling of the cellular tissue and lymphatics, tongue coated light brown with a red triangular tip, the apex of the triangle pointed backward, burning in the throat, great restlessness, must move to get relief from the pains. *Rhus tox.* cured. Case 4. A boy, æt. 10 years, presented all the symptoms of dysentery. Stools small of mucus and blood with great tenesmus and straining, continuing long after the evacuation, severe pain in abdomen. *Merc. cor.* cured this in three days when all the symptoms of the smooth scarlet red variety of scarlet fever appeared, which was cured by *Belladonna.*

These cases were cured in from five to eight days so perfectly that the parents would not believe they had been ill with scarlet fever; they had not been sick enough for that, had lost apparently no weight or strength till desquamation set in, the skin peeling off in long strips.

The remedies were given in the higher potencies. No other remedy or combination of remedies could have cured them in the same manner. Large and strong doses of the same remedies would have endangered the lives of these patients.

But nothing convinces more or better than actual personal experience, and I know of no substance more suitable for this purpose than the table salt, *Sodium chloride,* or *Natrum muriaticum.* It has been in daily use all over the world since time immemorial, as an addition to the food, never produced any ill effects unless too much had been added to the food when it might cause great thirst. It may, therefore, be said that in the crude state it is inert, has no medicinal virtue or effect, and for this reason as also for the ease wherewith it can be prepared as a homœopathic remedy by anyone, thus preventing any error or trickery, to be eminently suitable for this test. Hahnemann was the first one to introduce it as a remedy, proving, testing it on himself while in good health and showing its great and wonderful power to heal the sick. A number of Austrian physicians, who could not believe what Hahnemann had published regarding the effect of common table salt on the human organism, in the 30th potency, on healthy persons and cure the sick when these symptoms presented themselves in them, formed themselves into a proving society,

tested salt on themselves in the 30th potency and were convinced. It had acted better even in the 30th potency than in the lower.

To prepare it for medicinal use: One-half ounce of ordinary table salt is dissolved in an ounce and a half of boiling distilled water, filtered and allowed to crystallize by evaporating it at a temperature of 122 degrees F. to free it from its associate salts. The crystals are allowed to dry on blotting paper. One part by weight of the dry crystals are dissolved in nine parts by weight of distilled water, enough to fill the bottle about one-half full, cork the bottle firmly, take it in the right hand and give two or more strong blows against the left hand or some other yielding substance, so as not to injure the hand or break the bottle.

Ten minims (drops) of this solution are added to ninety minims (drops) of distilled water given two or more blows as directed above for the first solution; that is, succussed twice or more times and this gives the first potency. One minim of the first potency added to 99 minims of distilled water (or alcohol if the potency is to be preserved for future use) enough to fill the potentizing bottle one-half full then succussed as before, and this gives the 2d potency. This may be continued till any desired potency is obtained, and it will prove active and a wonderful remedy to heal the sick. Substances which are inert in the crude state, like salt, charcoal, silica, lycopodium, have been found most beneficial, most curative in the highest potencies.

Any potency desired of any remedy may be obtained from Boericke & Tafel, Homœopathic Pharmacy, and will be perfectly reliable and true to the label and mark on the cork as to potency by those who do not care to prepare it for themselves.

There is no power to heal the sick, no force in these potencies which is not also contained in the crystals of salt, *Sodium chloride,* or *Natrum muriaticum,* but in the crystals it is like a strong man bound by chemical union. By the process of potentiation, succussion (not simply shaking) and trituration the crude substances are so finely divided that they cannot be discovered by either microscope or spectroscope, and thus its benign dynamic forces are set free and able to act on the human organism, beneficially and powerfully, and its poisonous qualities are elimi-

nated as in *Arsenic, Belladonna, Phosphorus,* etc., and these potencies are no longer subject to chemical laws as the crude original substance; *Phosphorus,* for instance; sugar globules saturated with a high potency of *Phosphorus* and allowed to dry may be kept in a paper capsule in a drawer for a year and will then still be found to act as *Phosphorus* and not as phosphoric acid.

Here follow some of the symptoms produced by common table salt in the higher potencies when taken by persons in good normal health and also have proved reliable guides to cure the sick. To give all the symptoms thus produced and have been found thoroughly reliable in healing the sick would fill a book of quite some size. They have been experienced on a great number of provers. No one single person could develop all these symptoms, but when a group of these symptoms are present in a patient potentized salt will positively cure the patient.

The symptoms of common table salt following here were experienced by persons in good health taking this remedy in the higher potencies to learn its effects on the human organism. It required a number of them to bring out even these few symptoms, for no remedy can effect all persons in the same manner or the same part of the body.

MIND: Sadness, weeping with palpitation and intermittent pulse; when trying to comfort him gets angry and feels worse; get angry at trifles, hateful, vindictive. Hypochondriacal, tired of life; likes to dwell on unpleasant occurrences. Forgetfulness, loss of memory.

SENSORIUM: Vertigo on rising from bed mornings, with nausea, colic and trembling of limbs. Trembling after abuse of tobacco.

HEAD, INNER: Headache with a sensation as of cold wind blowing through the head. Headache mornings on waking, and moving head or eyes; worse from mental exertion and warmth; relieved from sitting still and perspiration. Tearing, shooting in the head, as if the head would burst, must lie down. Throbbing in the head evenings, everything becomes black before the eyes on stooping or moving. Tearing, shooting headache, preceded by obscured vision, face red. Throbbing as from little hammers in forepart of

head on waking every morning, worse from reading or talking. Violent jerks or shoots through the head, intermittent pulse, very thirsty. Pain as from a nail driven in left side of head. Headache from root of nose to forehead, with nausea and vanishing of sight, worse moving head or eyes. Headache from sunrise to sunset, worse at noon, right eye congested, right-sided headache, comes on at 10 a. m.

Outer Head: Hair falls out when touched, more so near forepart of head, while scurf on scalp.

Face: Oily, shining as if greasy, face red with headache.

Eyes: Black spots before the eyes, sight dim as if looking through gauze, eyes give out on reading or writing, letters run together, look blurred. Styes in corners of eyes. Inflammation of the whites of the eyes with sensation as if the balls were too large; as of sand in the eye. Catarrhal affection of margins of lids, red with burning.

Ears: Buzzing, roaring, humming in ears, ringing of bells, chirping. Deafness after *Quinine*. Drawing stitches from ear through neck and shoulders. Painful cracking in ears on masticating.

Nose: Profuse nosebleed from stooping or coughing, very liable to take cold. Fluent coryza alternating with stoppage of the nose; loss of smell and taste.

Face: Neuralgia recurring periodically, especially after checked ague. Face sallow, great thirst. Upper lips swollen, cracked, rhagades bleeding. Face yellow, pale, wan, pasty. Blisters, single, like pearls around the mouth. Great swelling and burning of lower lip followed by a large vesicle which next day forms a scab. Deep crack in middle of lower lip.

Teeth and gums sensitive to warm and cold things, pain in malar bones, worse chewing. Teeth sensitive to air and touch, gums bleed easily.

Tongue: One side numb and stiff; children slow in learning to talk.

Mouth: Tongue coated with red insular patches; blisters and vesicles on tongue. Painful vesicles on tip of tongue. Pro-

fuse watery saliva salty. Blood blisters on inside of upper lips. Mouth feels dry but is not.

THROAT: Sensation of a plug in the throat, muscles weak, food goes down the wrong way.

APPETITE AND THIRST: Constant thirst without desire to drink, excessive hunger, especially for supper; feels better when stomach is empty.

STOMACH: Burning heat rising from stomach. Heart burn after meals. Fainty sinking, gone feeling in epigastrium. Griping and cramps in stomach, painful to pressure, red spot on pit of stomach.

ABDOMEN: Distended, daily colic, obstructed flatulence. Loud growling in abdomen, viscera feel loose when walking, sensation of heaviness from navel downward with leaden heaviness across bladder and pelvis, tight feeling of skin from hip to hip. Costiveness, stools difficult. Burning in rectum during stool, chronic loose stools. Throbbing and shooting in rectum and anus, anus excoriated. Does not know whether flatus or fæces will come; alternating and papescent stools; obstinate constipation, unsatisfactory on alternate days. Hæmorrhoids with stinging pains, moisture oozing from anus.

URINE: Incontinence, urine comes away when he sat down day or night. Must wait a long time for urine to start, especially if others are near. Violent desire to urinate, involuntary if delayed, or when coughing, sneezing or walking.

MALE SEX ORGANS: Great irritability of the sexual instinct with physical weakness. Paralysis after sexual excesses. Itching and excoriation between scrotum and thigh on left side.

FEMALE SEX ORGANS: Aversion to coition, which is painful; great dryness of vagina. Every morning great pressing and pushing toward genitals, must sit down to prevent prolapse. Anxious, sad or headache before, during or after the menses. Menses too late and scanty or too early and profuse.

VOICE AND LARYNX: Child is slow in learning to talk; accumulation of transparent mucus in larynx. Ill effects of long speaking.

Breathing: Anxious and oppressed, better in the open air, and exercising arms. Attacks of suffocation. Breath hot.

Cough: From tickling in pit of stomach, with bursting pain in forehead or beating as of little hammers. Cough worse from rapid motion, deep inspiration, lying in bed or on empty swallowing.

Heart and Pulse: Constriction of heart with intermittent pulse with weak faint feeling. Pulsations of heart shake the body. Irregular beat of heart, slow and again quick, missing every third beat.

Neck and Back: Throat and neck emaciate rapidly. Beaten, bruised, cutting feeling with pulsation. Pain in small of back as if broken, better from hard pressure and from lying on it.

Upper Limbs: Trembling of hands when writing, skin of hands especially about the nails dry and cracked; warts in palms and back of hands itching; weariness in arms, fingers are asleep and tingle.

Lower Limbs: Trembling of lower limbs on rising from sitting, better on walking. Children slow in learning to walk. Lack of vital warmth, hands and feet cold. Cracks between toes; feet emaciated, tarsal joints of feet feel bruised, twitching of muscles of thighs, limbs restless, must be moved constantly. Ulcerative pain in feet when touched or on walking, swelling and burning of the feet.

Sleep: Sleepy, but cannot sleep; sleeps by day, sleepless at night. Dreams of robbers in the house and will not be convinced to the contrary till search is made.

Chill, Fever and Sweat: Chill with thirst, drinks much at a time and often. Chill begins in the feet and small of the back, at 8 or 10 to 11 a. m., lasting till noon, lips and nails blue, bursting headache, nausea and vomiting. Frequent creeping chills about 5 p. m. followed by heat and sweat.

Heat: Long lasting heat with great weakness; must lie down. Increased thirst for much water and often. Hydroa on upper lip, single like pearls. Heat lasting all the afternoon with violent, bursting headache, gradually relieved during the perspiration.

SWEAT: With aversion to uncover and thirst, gradually relieving all pains except the headache, which may continue during the sweat. Sweat sour. Intermittents after the abuse of quinine. I have cured more malarial fevers and cured them quickly with this than with any other remedy.

SKIN: Yellowish color, dry, dirty, livid, shrunken, cracking all over the body. Herpes about the mouth, anus and thighs and arms, hands and feet. Moist oozing, nettle rash on entire body. Blotches with itching and white scales on scalp. Crusts with deep cracks. Eczema from eating too much salt.

Now if you are honestly desirous of learning the truth of Homœopathy take this remedy, *Natrum muriaticum* (ordinary table salt), potentized at least to the 30th potency, take it in small doses, frequently repeated, and you will see and be surprised at the result. Or try your own preparation on a patient under direction of a good homœopathic physician (for no one can paint a fine picture though he have all the colors, brushes, etc., of an artist, unless he has studied the art of painting) and you will see a rapid and perfect cure effected.

If all doctors would only know and remember:

That the patient must be treated (and not the disease according to its name as when giving antitoxine to every person for diphtheria), and that every patient differs very much from every other one, hence each one may require a different remedy.

That every patient is much more susceptible than a healthy person to the effect of medicine as well as to touch, motion, food or all other influences, and that the graver the disease the less medicine he can stand.

That disease is only a dynamic disturbance of the normal functions of the organism (not a monster), and does not require large doses of powerful and poisonous drugs to combat, and that even after pathological changes have taken place a very small dose of the proper, indicated remedy will cure the patient.

In short, when all doctors have become strict and sincere homœopaths then few persons will die except of old age or accidents. Thousands are now dying daily from serums so-called, opium, morphia, quinine, digitalis, etc., large doses and mixture of drugs.

THE HOMŒOPATHIC PRINCIPLE: ITS UNIVERSAL APPLICATION.*

By James W. Ward, M. D., San Francisco, Cal.

The significant movement in therapeutics known as *Homœopathy* falls in the main, within the period of the nineteenth century. It is seldom, however, that the turn of a century mark happens to coincide exactly with the beginning or the end of a great epoch, either political, religious or philosophical. This period in medicine to which I refer began virtually in the year 1796 with the publication by Hahnemann of his first essay, "On the New Principle." This century is brought to a close in 1893 by the introduction of serum therapeutics by Behring. They are the natural boundaries of this first "Homœopathic Century." It was an age characterized by a restless spirit of inquiry—a century of challenge. A new life was awake and stirred in the minds of men. Traditions which had long been venerated became the objects of searching investigation and criticism. Ancient authority was no longer regarded as the court of last appeal. The old beliefs which failed to justify themselves at the bar of experiment were discarded. The foundations of time honored systems seemed shifting and uncertain. There was insistent demand for the fair play of the individual judgment. There was also a constant reference to the light of reason, the inner illumination shining bright and clear, in contrast to the shadows of empiricism, or the false and flickering light of dogmatism of the century before. In this period there developed the spirit to reduce the problems of medicine to the basis of simplicity and to take common sense view of treatment. It was a great movement toward the practical. During this century treatment found its highest expression in the use of drugs. This expression was ever that of faith in and search for other and more remedies. The art of Homœopathy molded the dominant school to the use of smaller doses, less complicated formulæ, and impressed the public with the value of simpler treatment.

Serum treatment proved the first suggestion to the old school

*Bureau of Homœopathy, A. I. H., 1917.

that the philosophy of Hahnemann was capable of visible application and gave a perspective to the homœopathic world of its wider significance. There exists no less belief in the efficacy of remedies in the homœopathic ranks since the development of serum therapy, yet in a measure it has retarded drug experiments and analysis through a diversion of effort.

I shall address myself in this discussion to three interrogations:

I. Is the homœopathic principle correct in conception?

II. Can the application of Homœopathy be made universal?

III. How can the individual practitioner contribute toward its universal application?

To review:

Is the Homœopathic Principle Correct in Conception? If the principle be correct in conception, still it may have natural limitations. If it be universal in operation, it must at once be correct in principle and be limitless in application. The whole controversy of Homœopathy must find here its solution. Nothing has as yet been advanced to disprove its correctness. The earliest homœopaths believed it to cover all drug treatment. Their abiding faith in the principle and their indefatigable attention to symptomatology as their guiding star developed a school of practitioners whose keen discernment of drug values has given to the school of to-day its very art. The doubts in drug values of our day were not born with us but were even more acutely analyzed long ago. The vision of earlier homœopaths was through the same perspective as ours. The advanced knowledge of our day through bacteriology and pathology have signally failed to disprove or weaken the theory upon which we make application of the indicated drug. Is *Baptisia* more applicable to-day in typhoid fever because Mellon has shown its effect on the Eberth bacillus? The symptomatology remains the same,—its application just as effective then as now.

Hahnemann applied drugs first to chronic diseases and at a later period to acute disorders. Homœopathy has been said to be a jumble of symptoms with no scientific basis for existence; to be all sail and no anchor. Were it not for the vast experience of the discerning prescriber, this might prove a barrier to progress. Thanks to advancing laboratory researches, this fear is now

unwarranted. If I were to picture a decline in the homœopathic school of the twentieth century, it would be approached from within. There was a time when the contempt, ridicule and persecution of the Cæsars and Napoleons of allopathy threatened to deliver Homœopathy to the "limbo of decay," or, as in our generation, seize the reins of state and national control of educational institutions in medicine on the pretext of higher education, and to lay waste the accumulated work of a century. Such a destruction would have come by the Huns and vandals from without. That which we have to fear is not the enemies of our cause from without, for their efforts have only served to unite the school in common defense; rather that which is more vital is from the seductive influence of preferment which has encouraged the Huns and vandals from within our ranks, educated and fostered by our institutions, to estimate collateral subjects in medicine above the cure of disease by homœopathic remedies.

To accept this pessimistic view would be to leave out the main factor, namely, the substantial basis and value of the law of similars in therapeutics, elaborately proven by clinical tests. This proof never can be quite obliterated, even in the mind of the poorest observer if he has had reasonable experience in the use of homœopathic remedies. Could such an observer ever deny that *Aconite* or *Bryonia* are of value? No! It has been the purpose of our school to study the evidence in favor of this law clinically and to determine the limitations of its workings. We have gone far enough to discover that the law reaches far outside of any other known therapeutic boundaries, and that its uniformity of application is as great in one part of the world as in another. The nihilism in old school medicine is shown by the recent edition of the United States Pharmacopœia, where so many useful drugs unproven by them, have been omitted for no other reason than considered useless in the opinion of some inexperienced committee man. Our range of drugs with their defined uses offers the opportunity to preserve drug therapeutics to medicine. It is quite possible that the mission of Homœopathy is to accomplish just this task, as well as point the way to uniform indications. A reaction toward the recognition of drug values will ultimately come if we prove true to our trust.

We have laid great stress in the past on the analytical study of drug effects and although not perfectly accomplished (with the product—the process is correct) the result is a vast storehouse of useful knowledge. We are now at a time in our history when the barrier raised by scientific exactions must be shown surmountable by synthetical methods and physiological explanation of drug action and symptomatology in accordance with laboratory research. The result will then be the hypothesis and the proof, that the drug picture is the truthful complement of the disease picture. The synthetical conception of Homœopathy must be pushed to the front; following the law then to curative results will be a richer service. You know how it is with the century plant. It lives and grows but generations come and go before it blossoms. Science is not a century plant, but a plant of millenniums. Homœopathy took root in the days of Hippocrates, but nearly two thousand years passed away before it blossomed. We to-day see something of the beauty of the flower, but the complete unfolding is not yet.

The discovery of radium by the homœopaths, Doctor, and Madam Curie, opened a new field. It was at the close of this first homœopathic century (1896) that definite experimental work in radioactivity was developed. Radioactivity as a science may yet offer much in proof of homœopathic pharmaco-dynamics. The earlier use of radium proved disastrous largely, it is believed, through excessive dosage and lack of selection. Abderhalden has shown that medicaments out of harmony with the tissues fail of absorption or are changed before their absorption or assimilation with the blood current. The fact that homœopathic remedies are known to act clinically in marked attenuation is substantiated by M. Perrin, who found that the mean kinetic energy was independent of the mass. In fact, the extraordinary movements of the smallest visible particles was in marked contrast with the small and sluggish movements of the large particles. The nearest approach to the divisibility of matter in the human body from the recent viewpoint, is in the regarding of electrons to be the composition of cells. The real energy of matter from the physicist's researches leads to the belief that its subdivision is limitless. Dr. Albert Abrams has shown by the biodynamometer "the almost un-

believable fact that the mechanic subdivision of drugs or their dilution will augment their radio-active potency." This would appear to be "the first positive experimental evidence of the latter contention."

The same author in a brilliant effort sought to disprove the infinitesimal dosage and, like Hahnemann in his experiments with Peruvian bark, proved the values which he endeavored to overthrow. He has shown that "all electrons are characterized by uniformity of vibrations." The unit of energy is an ohm. *Aconite* diluted 100 times has its radio-activity increased 78 times, whereas a dilution of 50 was only increased 24 times. The potentiality of calomel 1/100 was increased 76 times, and a 1/200 gr. of the same drug was increased 110 times. *Belladonna* diluted to 6x was increased 303 times. Furthermore, the same author has shown that "the vibratory rate of specific drugs corresponds to the vibratory rate in disease." "It was found that the vibratory rate for syphilis is 20 and that mercury and potassium iodid is likewise 20. The vibratory rate of gout is 4 and that of *Colchicum* is likewise 4; that the rate of polyarthritis is 3 and that of the salicylates is also 3. The vibratory rate of malaria, like quinine sulphate, is 10." Again we have the evidence of the laboratory to demonstrate from the angle of synthetical confirmation the correct conception of attenuations, intimately linked with homœopathic conception of the law of similars.

It is in this particular work that the materia medica laboratory as a part of materia medica teaching in our universities will cast lustre upon Homœopathy. Consider for a moment how vastly interesting and important the study of drug effects becomes from the occupational and laboratory points of view, stimulating a thirst for knowledge which leads to practical results for everyday service in the industries, especially lead, copper, arsenic and mercury.

If Homœopathy has given stimulus to the analytical science of practical medicine, it will receive in turn extension and improvement from it.

The domain of Homœopathy, as we now conceive it, can be fairy well stated to include all functional disturbances. Functional disturbance is the basis of all disease and as such, func-

tional restoration is the essential of all treatment. In the light of my own experience the indicated remedy will modify a self-limiting disease 50% of the time as to clinical course, and very often palliate the incurable. When this can be definitely stated beyond scientific rebuke, a long step will have been attained toward bridging the chasm of schools. My contention is that Homœopathy has no competitor. It is not offered as a rival of any other mode of treatment. It is complementary to surgery and manual therapeutics and at times even to palliative measures, and is supreme in curable disease. An illustration of the combination of palliative and curative measures is demonstrated by the intra-spinal injection of the indicated homœopathic remedy and adrenalin in conjunction according to the successful treatment of poliomyelitis anterior shown by Prof. J. T. Simonson and S. Anson Hill. Science must ever turn towards universality of treatment. A school of practice which seeks to attain universality must carry on its front a general and all-embracing idea.

Von Grauvogl attempted to supplant the word Homœopathy by the expression, "therapeutics according to nature's laws." The expression "according to nature's laws" is disappearing as the laws of nature, one by one, are being discovered. In time nothing but the word "therapeutics" will remain—nothing but our single drug therapeutics, for all physicians; then will the law of similars have risen to its undisputed sway over the world of therapeutics. Therefore, as long as and as far as the law of similars obtains in functional disease, so long and so far must these treatments be designated "Homœopathic."

Can the Application of Homœopathy be Made Universal? The most striking feature in the Roman triumphal procession was the absence of Pompey's statue; so that most remarkable circumstance connected with the present epoch in medicine is the absence of any apology or argument for a modern therapeutics. Twentieth century medicine in general owes vastly to Homœopathy. It has worked a real and scientific therapeutical awakening alike from the synthetical and analytical point of view. It has replaced syncretism and hypothesis and offers a true medicine of indications. Hahnemann carried to the highest point of perfection the value of indications, for he substituted *positive directions*

for abstract and false hypotheses; gave us a formula from facts by legitimate induction, thereby making obvious the synthetical part of practical medicine as its most important object to next attain. In fact, the first thing to be done in homœopathic treatment is to make sure of the indication for the remedy. To do this is to prepare the most complete picture possible of the symptoms experienced by the patient and of all the circumstances that may have an influence on their development and existence. The physician should record these in a note book always with him for this accurate citation. He then has the image in writing which permits of no important omission. To get thoroughly interested in the work this must be a daily practice at office and bedside for use in noting real and positive indications. In short, it is a brief of your case. How else can accuracy be obtained, retained and justified.

This kind of work should follow, not precede, a diagnosis. It is apparent how immensely practical the application of this method will gain in precision with the physician acquainted with all modern diagnostic technic. He will stand at the bedside equipped with practical skill instead of being a mere copyist of symptoms. The wide-awake homœopathic prescriber must be abreast of the latest up-to-the-minute knowledge belonging to the internist and surgeon. It is equally true that the knowledge of diagnosis, pathology and bacteriology is the complement of the application of Homœopathy. It is thus these truths unite to form a perfect science.

"The induction of the physicist is founded on the stability of natural laws. Hence, it follows that his conclusions are always hypothetical. The laws of nature could never be established except on the universality of facts, whence it follows that the physicist when deducing an unknown fact from a few known facts, never obtains more than a probability greater or less." There is very little in medicine susceptible of proof beyond a possible doubt. The conclusions of to-day may become the basis for the doubts of to-morrow.

If the law of similars has the same value as the inductions of physical science, then we should view the law of similars as the basis of modern therapeutics. Homœopathy has changed since

its enunciation and may be still further changed, for no man can assign limits to the progress of science. The revelations of bacteriology as evinced in serum therapy have signalled a larger application of the law of similars. The knowledge of pure drug effects may be extended by contact with bacteriology, pathology and the experimental laboratory. It grows upon us as we investigate the relationship of drug provings to the newer pathology and bacteriology. Study the symptoms of *Rhus, Baptisia, Lachesis, Hepar* and *Secale* as they relate to the infections, with all the pathology included in the analysis. Study the symptoms of *Tarantula, Plumbum, Ranunculus, Aconite* and *Gelsemium* to the lesions of the nervous system. A classified symptomatology, adapted to general and special pathology, will throw fresh light on a pure materia medica, the sphere of which will be enlarged by observation and experiments. Then those drugs which we have proved useful, clinically, will be handed over to the laboratory for the determination of their physiological action and their experimental confirmation.

Hahnemann and his followers to the present day have sought to discover the nature of medicines, to give rules for their use and reasons for their efficacy. This art of fulfilling indications, of adapting the remedy to the disease,—this art arising out of observation and experience, this master method, this wise eclecticism is not a dream. It is indeed the very creation of experimental therapeutics.

The conception of the value of external symptoms as an expression of the internal disease makes it possible for a remedy or remedies, as indicated, to cure both the local and internal phenomena associated; this, because of universal adaptability and application.

The application of the law of similars has suggested a reform in the administration of medicines. The use of the single medicine by the old school to a larger degree is our advance. The infinitesimal dose no longer belongs exclusively to the homœopathic school. It is now an every day experience to hear that the first shock produced by a medicine on the organism is far less violent when a small dose is given. Therapeutic action, yet undetermined in every instance, is vitally concerned with cell life,

its functions and clinical changes. It is therein that reactionary changes must occur to occasion transformation of energy of disease to the resistance against it. Our method of identifying the true action of drugs, while still crude, is pointing toward "physicochemic transformation," as a fundamental truth, now known and largely admitted by laboratory experimenters.

In every case the discrimination is between the palliation of symptoms to the end of life or the use of such remedies as shall cause nature to react for the real cure. In each case a severe test of judgment is involved in dealing with the individual problem.

Indeed, this question is before every practitioner. Its solution will be measured by his earnestness and his intellectual perspective. Palliation will exist just as long as disease is imperfectly conceived by the physician and patient. If the patient can be made to realize that a symptom is the cry of a suffering organ directing the physician to interpret its meaning, and through that interpretation the selection of a remedy to cure, then, and only then, will mere palliation be discarded. A certain palliation by harmless adjuncts as heat, cold, position, air, water, etc., must be accepted as demanded by intelligence of both physician and patient.

What is disease? Disease is the alteration of the organism which manifests itself by symptoms, subjective and objective, of any organ or part of the body. We may truly say that Hahnemann only considered diseases in their relation to materia medica, having in a word adapted diseases to remedies. Hahnemann reversed the medical problem by asking what sort of a patient has this disease. This he did from an exaggerated fear of seeing Homœopathy degenerate into generic indications. The fear of one evil often draws us into a greater one and we of this generation must not allow the great value of symptom matching to be sidetracked; rather should we develop it in the light of modern pathology. The symptoms of the materia medica must be analyzed and explained to the modern student if we expect attention and belief. It is not enough to state that *Aconite* produces fear and restlessness, but why? It is not sufficient that *Sulphur* drives the prover out of bed at early morning or that

the odor of stool follows him as if he had soiled himself, but why? All valid symptoms of drug action are susceptible of physiological explanation. They must be forthcoming. A work of the future on homœopathic practice must be adapted to modern conception of disease. Truth in pathology should be no more sacrificed to therapeutics than truth in therapeutics to pathology. The reconciliation of these two orders of truths is perfectly legitimate and should point the way to a better system of medicine. If Hahnemann failed in the process in his day, his manner of laying down indications to be followed at the bedside is none the less true and positive.

The formula of Homœopathy is as old as medicine. The particular and far-reaching thing Hahnemann did was that he drew a specific relation between indications and treatment, consequently the key to therapeutics. An idea is born in the mind of a man of genius; it takes possession of his initiative and becomes so identified with himself that it measures his comprehension and extension of the idea.

The law of similars is only a means of reducing to order the confused state of therapeutic knowledge.

Apart from Homœopathy and its influence on modern medicine, the relationship of drugs to treatment is entirely arbitrary.

The homœopath confines his attention to the actual symptoms of any case and bases his prescription on the palpable and obvious, rather than on the recondite and hypothetical. The observant prescriber does not use the mere unthinking canting of symptoms but attends to the characteristics and essential symptoms rather than the general symptoms common to many diseases and many remedies.

Although the totality of symptoms is our guide, yet to obtain a correct image of the disease, we collect all symptoms, objective and subjective, and we use all the possible diagnostic aids to enable us to give these symptoms their due sequence and therapeutic importance.

It is now an old charge made against Homœopathy that it disregards all the aids of diagnosis and revels in a mere catalogue of symptoms.

The objection is as readily refuted as it has been reiterated.

Homœopathy has had and does have its shortcomings, yet it is a nursery of capital truths in therapeutics.

Neither Homœopathy nor allopathy is all true or all false, but they are truths complementary to each other and should have respectful association and affiliation. Medical truths must be brought together to form a whole so that each may appear in evidence and receive illustration from various branches of medical science and to an agreement with them.

The highest expression of Hahnemann's work was the substitution of experimental for hypothetical therapeutics. In recent years the dominant school has swung into line towards experimental therapeutics, as the result of the bacteriological laboratories will demonstrate. Hahnemann's work really rested on a physiological hypothesis, basing the relation of indications and treatment on the general law of similars demonstrated by drug experiments. Hahnemann actually created the world's first physiological laboratory for drug examination.

In a disease we may conclude that the medicine acts upon the same parts as are affected by the natural disease and in a similar or analogous manner; such a medicine is the *similar* of the disease in question and though it may have many other actions, in the small doses in which we exhibit it, it has only the power of influencing the parts that have this susceptibility abnormally exalted by illness. In the phraseology of the laboratory, the tissues become sensitized to the indicated remedy. The curative powers of drugs must be ascertained by provings; the laboratory and clinical experience must verify their range of action.

In seeking the universal application of Homœopathy it is eminently important that the homœopathic pharmacopœia should be recognized as fundamental knowledge of drug effects. It is not enough that *we* recognize it. There should be general recognition, especially important if our rights as a school of practice are to be safeguarded under the "Pure Food and Drug Act" changes and regulations. The National Pharmacopœia is by no means satisfactory to the liberal old school practitioner. A pharmacopœia broad enough to be truly national should include all substances having therapeutic values rather than be narrowed by elimination. Satterthwaite, in a most illuminating paper, remarks that

"The United States Pharmacopœia is not fitted to be our guide, either in faith or in practice. Even the last edition fails to recognize some of the drugs which may be used with advantage, while it puts its seal on others that should have no place in any national pharmacopœia: in fact, it would be impossible to treat diseases of the heart or vessels successfully if restricted as to the choice of remedies by those made official, while in some instances the particular preparations of the drug and its dosage are open to serious criticism."

It is clear, therefore, from eminent authority quoted, that no satisfactory basis has been reached for making drugs official or for estimation of their value. It points to the futility of regarding with fixed conclusions the efficacy of any drug except by the experimental system. It is an attempt to state the certainty of therapeutic values within a certain range of drugs with as much assurance as the treatment of disease according to name. Such a therapeutic system is not allowed to grow naturally, enlarging as experience suggests; rather it is subject to the pruning and elimination guided by whims of personal prejudice on narrow observation.

How much have old school therapeutics advanced during recent years. Let us see:

Reynold Webb Wilcox says that the advent of the Ninth Decennial Revision of the United States Pharmacopœia, "the law book of old school medicine and pharmacy," should have been the greatest step in progress, but "it bears evidence of the internecine strife which characterized its production." Of course, no work of composite authorship will be universally accepted because such a book must necessarily be "a compromise between the broadly educated and the narrow and local practitioners."

"The accessions are as follows: Diacetylmorphine (heroin), creosote carbonate, emetine hydrochloride, diastase, phenolphthalein, theophylline, theobromine, sodio-salicylate, dessicated hypophysis, sodium perborate, betaeucaine hydrochloride, oxygen, nitrous monoxide, calcium lactate, quinin and urea hydrochloride, antitetanic serum, vaccine virus, petroselinum, dwarf pine needle oil and especially aspidoserma, new preparations of caffeine, the sodio-benzoate of arsenic, sodium cacodylate, aethy-

morphine, agar, bran, mineral oils, trinitrophenal (which is picric acid to the uninitiated), phenyleinchoninic acid (known as atophan), terra silica purificata or purified Kieselgube (and it should indeed be purified), and sodium indigo-tindisulphonate (a harmless dye). One is surprised to find uranium nitrate introduced while convallaria and cactus are not recognized." Homœopaths have successfully practiced medicine a lifetime without most of these combinations. We do not object to their place in the pharmacopœia, but we do object to the exclusion of our far more useful drugs.

We are surprised at the discovery of petroselinum, picric acid and silica, so long valued in homœopathic practice. The question is not whether the old school has omitted convallaria or cactus or introduced drugs; rather, what has Homœopathy *not* done to require this search for chemical compounds. The ingenious pharmacist is now guiding the physician to his remedies, their uses and their values. Is it not because of our deficiencies in prescribing and more precisely demonstrating the value of our well proven remedies? Every correct prescription should speak out a declaration of positive results.

How Can the Individual Practitioner Contribute Towards Its Universal Application? Every homœopathic physician must specialize in Homœopathy. Whatever may develop as time advances, the fact remains that the law of similars now stands the test of every day application. It requires, however, the same accuracy of application as in the days of Hahnemann, who always sought verification from his books as he applied the law in practice. If Hahnemann used his Materia Medica and Repertory, should we not also?

Homœopathy, because it is a science, is not easy. Its materia medica takes into account materials near at hand and bids us work out their values. The scientific formula is clear but we meet in its application the resistance of its interpretation.

Just as electricity runs along a good conductor without giving evidence of its presence, but is converted into light and heat by the resistance of carbons, so it is when we recognize at the bedside certain essentials, that it awakens reflection and effort to reach out for that positive light in therapeutics.

With a clear interpretation of the correct remedy we are as sure to get response in curable disease, and very often in the incurable, as the magnetism which turns the needle to the pole. Homœopathy is to be judged in the light of the whole. I lay emphasis on the fact that if we have a wrong idea of the whole, we distort and make meaningless the parts; therefore, to grasp the medical art correctly, it must be accurate and comprehensive. Homœopathic philosophy is simpy intelligence. All intelligence works backward. Hahnemann started with the idea of creating a working principle in therapeutics and the end was a method of cure, while the means to that end were remedial measures. The fundamental truths of Homœopathy are as unchanged as when the "Organon" was given to the world. Truth shines the brightest in just such a time as the present when therapeutic advances of the laboratories all emphasize the correctness of interpretation of Hahnemann's philosophy. No generalization of methods can ever succeed in the practice of Homœopathy; it ever must remain a study of details in symptom correspondence. Each prescriber must work it out for himself. No man can know for another, or choose for another, or study for another. To give case symptoms over to the office nurse for repertorial study is to make dross of the values from its accumulated storehouse of knowledge. Each man must solve his own problems, if he is to perfect himself. The individual prescriber must contribute to the building of Homœopathy's good name by realizing the importance of the unit he represents to the sum total of knowledge. Fundamentally Homœopathy is vitally concerned with the removal of the cause as emphasized by Hahnemann.

To do eminent work in internal medicine, the homœopathic physician must have absolute faith in the curative value of drugs. He must have ample materia medicas, comprehensive repertories and a range of at least 100 remedies. Good work is possible only by ample facilities at hand and prescriptions thoughtfully made. The time consumed within recent years upon laboratory branches has robbed the present day graduate of the time formerly spent upon materia medica and as a direct result he has less enthusiasm and knowledge. This knowledge must be acquired later because it is essential for bedside success. The

young physician must recognize that intelligence and education in Homœopathy means the acceptance of the experiences of others. This willingness to accept expert experience of drug values from their elders is the sign of the educated man in therapeutics.

The study of our materia medica is quite the most practical study that can be undertaken. As in clinical instruction in medicine, there is no symptom or method of investigation which can with safety be neglected, so in the study of a drug there is no pathogenetic symptom or any one of its modalities that may not present itself as a guide to a prescription.

Let me illustrate. Recently in consultation a woman came under observation, subsequent to a fall a fortnight before upon the back and hips, developing a marked vesical trigonitis with dysuria, vertigo and prostration. Very poor headway was made in differentiation of the remedy until of her own accord she said, "I feel the sensation as if drops were falling from my heart." Recognizing this symptom as belonging to the pathogenetic effects of *Cannabis indica,* immediately the whole picture of the drug was disclosed. By comparison with the materia medica, every symptom found its place in the recorded pathogenesis. The slow passing of hours, the vertigo and brain pressure, the frequent small delivery of urine with burning, sometimes dribbling, the inability to walk or use her legs, with the stiffness and tired aching noted in the provings. On attempting walking, sharp pains would dart up her legs. Every symptom disappeared within a week from commencing the use of *Cannabis indica* 3x. Here the single symptom suggested the correct remedy.

And the metaphor may be carried a step further. The classical description of a disease contains the classical symptoms of the disease; it does not profess and cannot contrive to take account of that personal element which is present in every case of that disease. The classical symptoms of cystic trigonitis were present as shown by cystoscopic examination, tenderness of trigone, blood, pus, and deep bladder epithelia were present, but the classical description of the bladder involvement could not necessarily include in the case the peculiar features of the remote but

associate symptoms as previously described calling for the simillinum. To have treated this patient locally without regard to the general and the particular symptoms of the patient would have come short of the speedy restoration. It follows that the choice of the remedy is of equal importance with the diagnosis of the disease in homœopathic treatment and that each of the two mental processes is best begun from its own starting point. The two negatives, in photographic language, being taken separately and the prints compared to determine their similitude.

Again, very rich values would come from the homœopathic physician working among the old authors of our school regarding the therapeutic hints. It would be a matter of pride as we review our literature. Do you know that Hahnemann published his first materia medica in the Latin language? Do you know that in the various languages throughout the century there have been forty-seven editions of the "Organon?" Do you know that homœopathic journals have been published in twenty-eight cities in eighteen countries? Do you know that during this homœopathic century there have been close to five hundred homœopathic medical periodicals in many languages? Do you know that the homœopathic library of the University of Michigan contains four thousand homœopathic volumes? The value of a homœopathic volume is well appreciated in searching antiquarian book stores and observing how few are for sale. A volume of homœopathic therapeutics has always a value, which speaks well in these days when the ordinary medical book five years old is scarcely worth the paper on which the knowledge is written.

Let me emphasize to you that the most powerful agent for the progress of our school to-day is the evidence of cures made based upon clear remedial indication.

Assuming equal clinical knowledge, it is not enough that the homœopathic physician does as well as his confrère of the old school. He can and should make earlier and surer therapeutic cures. In order for permanent respect as a scientific method, the remedy selection must not be too hastily or carelessly made; the remedy must be given sufficient time before change to bring systematic reaction. It should not be expected, when pain or insomnia exist, to act as a narcotic whose detrimental effects you seek to avoid.

The propaganda must be evidence, ever more clinical evidence in the light of modern analysis. Each physician is a unit in this work of structure building of the index of cures. What have you done through the years of your practice in recording cures by your remedies? Have you left a record of your work based upon the use of a single remedy at a time, prescribed on indications? These records should be the story of your professional work. Our school should develop the stories of the homœopathic materia medica cures in concrete form. The young doctor can learn by stories from the scrap book of your experiences. Reforms and advances in any line of endeavor are best effected by stories of work accomplished. Such stories are the record of the victories for Homœopathy. Let each physician illumine his mind with results, for there is nothing that succeeds like it. If you cannot talk honestly about your recurring victories through the use of homœopathic remedies, can you blame the young doctor for questioning the superiority of our therapeutics? Can you blame the laity when they seek and do not find from observation clear cut difference among the allopathic and homœopathic prescriptions and their results?

A collection of the stories of what *Bryonia* has done in disorders of the serous and mucous membranes: of *Phosphorus* in diseases of lungs, glands, bones and blood tissues; of *Gelsemium* in the cerebro-spinal affections, and so on to the end of remedies and their indications! These would be an index of results. If these reports were properly written in mass and well edited, they would prove a living evidence of the growth and enduring work of the homœopathic school. The real doctor wants "to get results." How can he acquire better that essential knowledge than by looking up similar cases and authorities? The habit of using more than one remedy at a time must stop if ever the homœopathic school makes its undeniable impression upon the medical profession or among the laity. It will be only through accuracy in diagnosis, clear elimination as far as possible of the causes of disease, and finally precision in the choice of the remedy, that homœopaths can ever hope to gain that recognition which their accumulated knowledge justifies. Certainly it is now, if ever, that a century of homœopathic existence should speak out in no

uncertain terms. It matters little whether the homœopathic school endures as a school in the final analysis, but it must remain as such until its philosophy is approved and its recorded results recognized. This will come only through earnestness, accuracy and honesty in reporting.

When Corinth was sacked by the Romans, as the temples burned, the statues of the gods, made of gold and silver and bronze, melted and fused together into a common alloy which was known as "Corinthian bronze," and had such peculiarly delicate tints and qualities that its value was priceless.

It may be conceived that in the destruction of the old time therapeutic beliefs, the values of which have survived through the experience of the centuries, is to be vivified by the enlightenment made possible only through the law of similars.

This may be a new way of looking at things and it requires something besides thinking to take this view. No one can follow truth without being an actual hero, for the multitudes do not go that way; they follow authority.

Remember the experience of Columbus when he dared to live up to the evidence which proved to him that the world was round. Derided by his contemporaries, he steered his ships toward the west with nothing to guide him except the great truths which science had revealed. Was the courage of that man a small achievement?

To be a hero in battle may be merely to follow the footsteps of a great company of patriots who have achieved glory, but to be alone on an unknown sea, where the very laws of nature seem to be changing and the most trusted friends call you crazy, and then to dare every peril, inspired by the faith in the unseen country, is sublime! This should be an adequate aim for the homœopathic school. The old therapeutic belief from which Hahnemann set sail on his voyage of new discovery was the material shore. It was the kingdom of brain paths, where bigotry and selfishness were not sovereigns, but tyrants. It has been the prevailing view of the dominant school that there was no other therapeutic land except that circumscribed by the variable records of experience. Homœopathy has given evidence that there is a world of uniform experience leading to truth, a scien-

tific formula in therapeutics, whose pointings have blazed the way for laboratary confirmation and whose achievements emphasize the breadth of the homœopathic law of cures. I beg you to follow Hahnemann!

—*Journal of the A. I. H.*

391 Sutter St.

READING THE FACE TO FIND THE INDICATED REMEDY.

By Eli G. Jones, M. D., 1331 Main St., Buffolo, N. Y.

Disease writes its language in the *face* as well as the eye, pulse and tongue. The student of materia medica must learn to read the *face,* for oftentimes it will tell him what remedy is *indicated.*

When we see a child with chronic *redness* of the eyelids, or *sores, cracks* and *crusty* nostrils and corners of the mouth, it makes us think of *Antimonium crude* 3d x.

A lady may have an *ashy, pale* or greenish face. There is rush of *blood* to the *face,* she *blushes* at the slightest emotion. The lips are *pale* and all mucous membranes pale. *Ferrum* 3d x is the remedy *indicated.*

When we see a patient with *brown* spots on the forehead, white of the eyes yellow, with *yellow* around the mouth, it makes us think of *Nux vomica.*

If the face is anæmic, *flushes* easily, eyes always *bloodshot,* with *hurried* and labored breathing, it indicates *Ferrum phos.* 3d x.

If the face is very *red,* eyes *wild,* staring, pupils *dilated, throbbing* of carotids, *Belladonna* is the remedy indicated.

When we see a person with *pale,* earthy complexion, with *sunken* cheeks and hollow, *blue* around the eyes, *Tr. berberis vulgaris* is the remedy called for.

A woman with *sandy* hair, blue eyes, *pale* face, mild, *gentle* and *yielding* disposition, inclined to *grief* with *submissiveness,* needs *Tr. Pulsatilla.*

A woman with pale, *sallow* face, *sunken* eyes, a *pearly* tint to *whites* of the eyes and *dark* rings around the eyes, throbbing headaches, *sweats* at least exertion, needs *Tr. China,* 20 drops in half a glass of water, a teaspoonful every two hours.

A face with greasy, *oily* skin, eyes appear *wet* from tears, *cracks* in the upper or lower lip, fever sores around the mouth, indicates *Natrum mur.* 6th x.

A person may have a sad, *gloomy, irritable* appearance of the face. They look as if they had not *slept all night.* They need *Natrum sulp.* 6th x.

During dentition, or in cases of cholera infantum, the child may have *spasms.* If the *thumbs* are *clenched*, face red, *eyes turned down,* green, *slimy* discharge from the bowels, pulse *small, hard* and *quick,* you will find that *Tr. Æthusa cynapium* 3d x will be *the* indicated remedy.

In typhoid fever when the *face* has a *dark* red, *besotted* appearance, eyes *injected,* tongue coated *brown, dry,* especially in the center, *Tr. baptisia* will be the remedy indicated, 20 drops in half a glass of water. Give a teaspoonful every hour.

When we see a woman with a *yellow* saddle across upper part of cheek and nose, with yellow spots on the face, it indicates one remedy, *Sepia* 6th.

When you see a girl or woman with *dusky* appearance to the face and *dark* color under the eyes lookout for ovarian trouble, and *Tr. Thuja* will be *the* remedy indicated.

Blueness of the skin, especially of the *eyelids, lips, tongue* and *nails* (cyanosis) makes us think of *Digitalis.*

A person may appear *stupid* with *grief*, face has an *anxious* look, face is wrinkled, it has a worn, very haggard look, *hopeless* look, the hair turns *grey.* The above symptoms indicate *Phosphoric acid* 1st x.

In some diseases like pneumonia, typhoid fever, cholera, etc., you may have symptoms of *collapse, cold sweat on forehead* with face hippocratic, nose *pointed*, skin *blue,* purple, cold as *ice,* cold breath and sweat, the *whole body icy cold.* These symptoms indicate one remedy, *Tr. veratrum album* 3d x.

In *brain* troubles of children the face may be *vacant,* thoughtless, *staring* eyes, *eyes wide open,* insensible to light. *Boring* the head into the pillow, *rolling* from side to side, *beating* head with the *hands.* For a child with the above symptoms *Tr. helleborus niger* 3d x is the remedy, a dose every hour.

A decided *increase* in the flow of *urine* is a *favorable* symptom.

and with this symptom there will be a general *improvement* in the case.

In nervous debility in young men, when they are depressed and *gloomy,* he has a *wornout* appearance. The face is *pale,* the nose *peaked,* eyes *sunken* and surrounded by *dark* rings. In a case like the above *Tr. staphisagria* is *the* remedy, 30 drops in four ounces of water, one teaspoonful every two hours.

In jaundice when the skin is *copper* colored, with a tinge of *green,* eyes yellowish green, *Tr. chionanthus* is the remedy, 10 drops once in three hours.

If a tall, slender person, fair skin, *delicate* eyelashes, fine *blonde* or red hair, *quick* perception, *very sensitive* nature, they are of the *Phosphorus* temperament. You may see a person with very *red* lips, red as vermillion, look as if they would burst. The face has a *dirty* appearance, as if they never washed. They are stooped over, rather sit than stand. Don't *like* to be bathed, feel *worse* after a bath. Such patients are good subjects for *Sulphur.*

You may meet with a person who is constitutionally *fat,* or inclined to *obesity.* The skin is *white,* watery or *chalky* pale, and is generally *cold, soft and flabby.* There is an aversion to *open air,* the least *cold* goes right *through her.* She has *cold, damp feet.* The above symptoms indicate *Calcarea carb.* 6th x.

When we see a *withered,* dried-up, *old* looking man, *children* that look like *little old men,* it makes us think of *Argentum nit.* 6th x.

If you meet with a woman that is taking on *flesh* pretty fast, with *delayed menstruation,* also *constipation,* with a *coarse* complexion, has *acne* on the face at each monthly period, she needs *Graphites* 6th x.

You may have a patient with hair frowsy and tangled, splits, sticks together at the tips; hair cannot be combed smooth; *eyelashes* loaded with dry, *gummy* exudation; *agglutinated* in the morning; turn *inward* and *implant* the eye, especially at outer canthus; tendency to *"wild hairs."* The above symptoms indicate *Borax* 3d x.

I am quite well aware that I do not give *all* the indications of the above remedies, for I only intend in this article to give the *facial* indications of each remedy.

A *fixed, staring expression* to the eyes denote that a person either has been *insane* or is liable to become so in the near future, and it indicates *Kali phos.* 3d x as the remedy *needed.*

You may have a *desperate* case of diphtheria, scarlet fever or typhoid fever, when the patient is constantly *boring* into the nose and *picking* at the lips until they *bleed.* There is a very *excoriating* discharge that *burns* every part that it touches. The throat, tongue and mouth are *sore* and *raw,* the lips *cracked* and *bleeding.* The above symptoms indicate one remedy, *Tr. arum triphyllum* (Indian turnip) 3d x.

In bad cases of scarlet fever we may see the eruption *slow* in appearing; it is of a *livid* hue, and when pressed out with the finger, it returns very slowly. If diphtheria complicates this condition we have a *livid* appearance of the throat, *grayish* exudation, great swelling, both internal and external, with an *ichorous* discharge from the *nose* and *sordes* on the teeth. The above symptoms indicate *Tr. ailanthus* (Tree of heaven) 3d x.

In he beginning of a case of cerebro-spinal meningitis when the *severity* of the symptoms is a pronounced feature of the case, the patient falls into a *stupid,* non-active state, he is *cold, the* surface of the body and lips are *cyanotic* and pulse *weak.* With such symptoms you need a remedy that will bring about a *reaction* so that you may be able to *see* the picture of the remedy that will help you cure your patient. *Ammonium carb.* 3d x will bring about the *reaction.*

When you see a person with *freckles* on the face, *cold nose* and ears, head large, *thin* neck, face full of pimples, skin sallow, greasy looking, it makes us think of *Calcarea phos.* 3d x.

If you see a person with *red* nose and ears, always *rubbing* them, *anxious* and apprehensive as if something were *going* to *happen,* it indicates one remedy, *Natrum phos.* 3d x.

There are certain *forces* at *work* that will make *this* year the BANNER YEAR OF HOMŒOPATHY. The editor of *The Truth Teller,* Battle Creek, Michigan, is doing a *grand* work in *educating* the people, showing them what Homœopathy *has* done, and *can* do for them when they are sick. It shows up *all* the *weak* points of the *old* school, and is telling the people what they are *not* doing to *heal* the *sick.* It is a paper *every* homœopath should

read and circulate among his *patrons,* for it will *make converts to Homœopathy.* It is a very rare thing in these *modern* times to find a *surgeon* who knows very much about materia medica, as a rule, they are *weak* on therapeutics.

It is a remark I often hear, "He is a good surgeon but *weak on therapeutics.*"

I have been reading a book on "Homœopathy in Medicine and Surgery," by Dr. Edmund Carleton, published by Boericke & Tafel. This doctor was evidently a *skillful* surgeon, yet his book tells me that he *knew materia medica.*

His *good success* in the *medical* treatment of external and internal cancer, appendicitis, cataract, diphtheria, pneumonia, fevers, etc., is *positive* evidence to me that he was what very *few* doctors are—a *good* prescriber and a *skillful* physician. I have gleaned *many valuable hints* from the book.

THE CAUSE OF CANCER, TUBERCULOSIS AND ARTERIOSCLEROSIS.

There is much being said on the subject of the cause of the above named diseases, but nothing I have read seems to suggest what I believe is the real cause. Before these diseases manifest themselves there must be a foundation for them to make a beginning, and that foundation must be disease. To my mind syphilis furnishes the disease on which these diseases may make a beginning. When gonorrhœa is first contracted the patient applies to a physician to get relief from his suffering. The physician prescribes an injection. The discharge is soon dried up and the disease locked up in his system, and in this way lays a foundation for these other diseases to get a start. Syphilis, whether acquired or hereditary, will produce the same results. But there are persons who have syphilis who may never suffer with any of the diseases herein named. I believe that the physician who prescribes an injection for a gonorrhœa has done his patient a great injury.

Laws have been passed in a number of states looking toward the control of this horrible scourge. If all persons having syphilis were prevented by drastic laws from contracting mar-

riage, this would go a long ways in the prevention of much suffering among future generations. Start at the beginning; stop the spread of syphilis and we will soon find a lessening in the number of persons afflicted with the diseases referred to. As to treatment, I believe our efforts should be directed, first, to the cure of syphilis. When this has been accomplished it will then be time to give attention to the other troubles. There would be no use in outlining a course of treatment. Every physician has his particular methods and thinks they are best, and some of them are quite good. But the important thing in the treatment is to start right.

Very truly yours,

CHAS. C. CURTIS, M. D.

San Pedro, California.

DATURA STRAMONIUM "JIMSON WEED."*

By Dr. Walter M. Yost, Rochester, Penna.

Found in waste places, and was named by Indians the White Man's Plant on account of its clinging to waste heaps near civilization. Is an old remedy, first proven by Hahnemann. Our tincture is made from the powdered seeds. The plant is not poisonous to goats or cows, but the milk becomes poisonous, also it is poisonous to the human family.

Clinically, this remedy is not used as frequently as indicated because in our hands we overlook its indications and reach for the *Belladonna* bottle when *Stramonium* would give much better results. Let us get fixed in our mind, first, that *Stramonium* is a deep-acting remedy. By that I mean that its indications are most frequently found arising from some deep-seated condition. An example of what might be cited in a basilar meningitis coming on after a suppressed ear condition, there being present a severe pain through the base of skull and upper spine; the forehead is wrinkled, the pupils are dilated, the eyes are glassy and staring. There may be scarcely any fever, and I might add that there may be a history of an old mastoid or necrotic condition of

*Read before the Beaver County Homœopathic Medical Society.

the ear. There will be present one of the chief characteristic symptoms of this remedy. The patient is afraid in the dark, wants a light in the room; still is unable to bear bright light. Turns his back to light and wants company.

Another symptom which is rather characteristic is painlessness with most complaints, but this, of course, does not apply in conditions arising from suppuration, which, as a rule, are never painless; but this symptom derives its value from the efficacy of this remedy in certain manias and nervous conditions not commonly associated with pain. Although in low typhoid fever we find retention of urine without pain, which suggests another sphere of usefulness for this remedy, that is old men cannot pass urine unless they strain continually. If they stop to take a breath the urine ceases to flow try *Stramonium.*

To, in a brief way, compare *Bell., Stramonium* and *Hyoscyamus.* It will be seen that *Belladonna* in more superficial diseases come quickly and go just as fast; more like a cyclone. *Stramonium* has also violence and intensity but there is always some more serious condition lurking in the background giving rise to the storms. It may be syphilis or suppressed rash or discharge, but always think of that sinister something causing it. *Hyoscyamus* stands third of these three with less fever and violence, and has been called the therapeutic tadpole, that is, mostly head.

Talcott observes that related to other remedies the domain of *Stramonium* is quite distinct. He says: "Now remember this group of facts, *Bell.* is fierce and brave; *Stramonium* is wild and cowardly; *Hyos.* is jolly and companionable, often obscene; *Veratrum alb.* is hopeless and despairing or wildly plaintive, beseeching for his salvation which is apparently lost.

The *Stram.* patient cannot look at mirror, water or any similar bright or reflecting surface, it brings on a choking sensation or convulsion which immediately suggests its usefulness in hydrophobia. Still there is not a fear of water like *Bell., Hyos., Canth.* And hydrophobia convulsions with consciousness is another condition greatly suggestive of these remedies. And under this heading may be classed the spasmodic asthmatic conditions which are helped by this remedy and most frequently used for this condition by smoking the leaves either alone or with nitre.

Remember also its usefulness in chorea and stuttering.

Stram. is above all the remedy afraid to go home in the dark, first, because he fears darkness, and, second, because he is unable to navigate very well in the dark or with his eyes shut, which is a strong indication in locomotor ataxia, and right here is a spinal condition which has suggested its use in infantile paralysis. This remedy, like *Bell.,* is adapted to young, plethoric, light-haired persons, and according to Farrington, acts better on children and the very young than *Bell.* The. delirium predominant with this remedy is accompanied by terrifying hallucinations, sees objects and animals (usually dark ones) springing from every corner. If a child, cries for mother when she is beside it, pupils widely dilated. If an adult, he is decidedly loquacious and wavers between a merry mood and a terrified one, and the motions of these patients are graceful as opposed to jerky.

The tongue of *Stramonium* is one of *Bell.,* red or whitish and covered with fine dots red dots and is dry and arched in some cases, being swollen and hanging out of mouth.

Stram. may excite a nymphomania during which a woman arduously chaste becomes exceeding lewd in her songs and speech, and Farrington states that a strong odor suggesting an animal in the rutting season is about these women at such times.

The stools of *Stram.* are very offensive diarrhœas, perhaps yellowish, but first of all offensive.

The dynamic antidotes are: *Bell., Hyos.* and *Nux vomica. Stramonium* is also useful in bad effects from *Mercury* and *Plumbum.* Large doses are antidoted by lemon juice or vinegar.

A HEPAR SULPHUR CASE.

By Dr. R. C. Ghose, Calcutta, India.

Mr. S. C. Dutt, then (1913) a student, very dirty, studious, mentally over-sensitive, quarrelsome, over-sensitive to everything, could not tolerate cold air, extremely hypochondriacal, very careful with his food and drink, could not bear to be uncovered nor like to have baths every day even in hottest weather, had the following symptoms:

Never in his life could he clear his bowels except by adopting

some of the old school methods—he had been especially victimized by—*Calomel.* I watched him for about a fortnight and noticed liver and spleen troubles were his everyday complaints. Complained of horrible skin troubles. Every winter they would break out. Could not bear his clothes to touch the affected parts. Sometimes dared not even to take an ounce of allopathic mixture without having it slightly heated lest colds should settle in his chest and bring him to pneumonia. Just see what a horrible change the old system can establish in an innocent human being. *Hepar* cm., one dose, cured the case miraculously in a very short time, although he was given *Sac. lac.* in 10 gr. doses every morning and evening for about a fortnight. Since that time I have never heard him complaining any of the above mentioned troubles. Those who have seen him six years before are rather astonished to see him so improved in body and mind; but what a pity the Indian educated class are so much mesmerized by the old school friends (friends or foes?) that it is rather a kind of humiliation on their part to accept the greatest benefit derived from the immutable law of similia. "What our remedies have done one hundred years before, what our remedies are doing to-day, they will do a thousand years hence." This seems to be ridiculous to most of the Indian up-to-dates. They want every day something new. They want luxurious treatment which must undergo a penalty of large sums of money to cure a simple case of cough or fever, and they want any and every so-called disease to be thoroughly analyzed for which, and for which *only,* the old school friends are so dear and near to them. I have to travel very often in Moffusil towns to attend cases most of which are discharged by the allopaths as "refusals." Hearty thanks to Dr. E. G. Jones for his comments in December issue of the RECORDER.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

25 East Washington St., Chicago, Ill.

ACIDOSIS AND ACIDITY OF THE URINE.

CLIFFORD MITCHELL, M. D.

Confusion may be caused by the fact that all writers do not agree on the precise definition of the term acidosis. Many years ago Haig, of London, fired the first gun in the campaign against acidosis by "spotting" uric acid as the enemy which caused most of the ills of humanity. Later, Cammidge, also of London, defined acidosis as a condition in which there is an accumulation of various acid metabolites in the body owing to a failure on part of the body to eliminate them.

Cunningham also supported the acid metabolite theory of Haig and Cammidge, and in this country Martin Fischer, of Cincinnati, has given the theory wide circulation by his indefatigable work in writing and reading papers. Fischer lays stress upon the fact that acids absorb water, and carries out the metabolite theory to considerable extent, claiming that such acids in the renal cells absorb water and cause the kidney to swell,—so-called colloidal swelling.

The acid metabolite theory of acidosis is a convenient one, and appears to simplify the etiology of a vast number of ailments, and also to simplify therapeutic means for combatting an infinite variety of conditions, suggesting as it does merely antacid treatment for such widely differing clinical conditions as neurasthenia, skin diseases, nephritis, pneumonia, gastro-intestinal ailments, etc. To the observant clinician such a panacea for human ills is absurd, as it goes without saying that not only the variety of diseases but the peculiarities of the patient receive no attention in the rush for the soda barrel.

Hence it is not without satisfaction that we notice a new theory of acidosis or rather a greater attempt at precision in definition in the writings of various American observers who reject in toto the claims of those who insist upon the accumulation of acid

metabolites, and who explain acidosis as a condition merely in which there is a drain of alkalies from the body. Acidosis, according, for example, to Sellards, of Harvard, may be defined very simply and correctly as a diminution of the reserve supply of fixed bases (sodium, potassium, calcium, magnesium) in the blood and other tissues of the body, the physio-chemical reaction of the blood remaining the same, that is, unchanged, except in very extreme conditions.

True acidosis is a rare condition, clinically, and we should not assume the presence of it merely because the urine happens to be rather highly acid. True acidosis, that is, the condition of loss of alkali from the body, occurs in Asiatic cholera, in the terminal stage of diabetes mellitus, in the pernicious vomiting of pregnancy, and in the last stage of certain cases of nephritis where uremia is marked. Occasionally it appears in cirrhosis of the liver and in the so-called food intoxications of children.

The assumption that acidosis is the thing to be treated in a large number of common clinical conditions met with is absurd. Moreover, the use of sodium carbonate is condemned by Sellards, especially, who says: "A spurious idea has gained access to the literature that the normal sodium carbonate is much more effective in relieving acidosis than the bicarbonate." The safe dose of sodium bicarbonate is several times greater than we can employ in the case of the carbonate, since the carbonate is toxic and caustic compared with the bicarbonate.

Moreover the fact that alkalies may relieve acidosis is by no means due to the fact that they neutralize acids, but because they have the property of carrying carbon dioxide to the lungs, thus relieving the overloaded tissues. Hence it follows that the finding of an acid urine is by no means an indication that there is a drain of alkalies from the body, therefore it is not necessarily an indication for the administration of alkalies. The urine may be hyperacid from a number of causes. Chief among these is the eating of meat freely, the diminution of the volume of the urine from any cause with no loss of specific gravity, as in sweating, dropsy, diarrhœa, etc.

In treating an acid condition of the urine, therefore, some little care must be exercised in regard to the cause of it. We have

seen urines acid in the summer time owing to a fondness of the person for acid drinks, as acid phosphates, lemon phosphates, etc.

If, however, there is no dietetic peculiarity of the patient causing an acid reaction of the urine, and if this is persistent, especially if the urine deposits uric acid crystals, it may be advisable to pay some attention to the condition. Diluting the urine by the drinking water or other fluids will often clear up the uric acid deposit. The acidity of the urine should always be reckoned in terms of hydrochloric acid per 24 hours, since at times in the day the urine is more acid than at other times. The total HCl equivalent for the 24 hours is about 1.5 gramme or less, and if the total equivalent rises to 2.00 grammes this, in our experience, is too high, although many assume the figure 2.00 to be within the normal range. Thousands of determinations made by the writer show the total equivalent 2.00 grammes to be unusual and practically always to occur in conditions where there is a marked pathology of some sort, provided that no acid drinks are taken by the patient.

When, therefore, the total hydrochloric acid equivalent mounts up around 2.00 grammes, it is well to take up the matter of diet with the patient to reduce the amount of meat and of salt, to increase the amount of vegetables in the diet, since the urine of vegetarians is usually only feebly acid in reaction, and also to give fruits not too sour as, for example, ripe grapes and peaches. If, in spite of these precautions in diet, the urine remains highly acid all the time, it is allowable to give alkalies cautiously, as, for example, sodium citrate, which is, on the whole, the least objectionable alkali with which the writer is familiar, beginning with two grain doses and increasing to such a point as is necessary to keep the HCl equivalent down to about 1.5 gramme or less per twenty-four hours. Women are more susceptible to irritation from hyperacid urine than men, and it is always advisable when they complain of burning on urination, etc., to make the determination of acidity per 24 hours in terms of HCl.

If care is taken in the way of examining urine, it will be found that high acidity is a comparatively rare clinical condition; by this we mean a high HCl equivalent in a 24 hours' volume of urine amounting to about 1,200 mils, that is, 40 ounces. Increase

the urine, therefore, if it is scanty, by giving fluids freely before assuming "acidosis."

That certain bodily conditions are, however, in some way related to a high urinary acidity, there appears to be reasonable clinical ground for believing. Thus the writer relieved a cough in a young woman who had been afflicted with it for years merely by the treatment outlined above. In this case, however, there was real increase in acidity, the HCl equivalent being high and in the writer's experience therapeutic measures depend in great degree upon the indication afforded by this rise in equivalent.

THE QUANTITATIVE DETERMINATION OF SUGAR IN THE URINE.

CLIFFORD MITCHELL, M. D.

In spite of various errors and fallacies connected with the quantitative determination of sugar in the urine we find the ordinary clinical methods fully adequate for the management of our cases of diabetes, and there is really no clinical call for greater accuracy than we now possess. It is not a commercial question in which a fraction of one per cent. means thousands of dollars. The only thing required of a clinical process is that it shall unerringly point to amelioration or aggravation, and that the progress of any case from day to day shall be recorded by us in general terms of better or worse. As a matter of fact, however, some of the ordinary clinical methods for determining sugar in the urine are surprisingly accurate, much more so than there is any clinical need for. In order to generalize about the quantitative determination of sugar in the urine one must analyze at least a few thousand specimens before committing one's self to positive assertions not supported by concrete examples.

In order to obtain such concrete examples I took the trouble recently to compare the analyses, by different methods, of the urine of a typical case of diabetes mellitus of long standing. The patient was a woman, sixty years of age, who was passing 3325 cc. of urine in 24 hours of specific gravity 1029, and containing evidently, therefore, a large amount of sugar. The urine was first examined by the polariscope with the result that a figure

about half way between six and seven per cent. was obtained. The urine was next diluted with nine parts water and examined by the quantitative method of Benedict, a very sharp end reaction being obtained when the technique of Toren was followed out. The Benedict quantitative gave exactly six and one-half per cent. of sugar. The Roberts' differential density fermentation process was then tried without any "checks" at all, as we have not found these necessary at the ordinary temperature of our office which does not vary greatly. The specific gravity after fermentation was 1002, showing a loss of 27 grains to the ounce or a per cent. of 6.32.

The Einhorn method was not tried, as we learned many years ago to prefer the Roberts' method when the amount of sugar in the urine is evidently large. But we have also learned that the Einhorn instrument is clinically indispensable for our work in urine analysis as a **time saver** when we wish to be informed about a small quantity of a reducing agent, no other instrument with which we are familiar taking its place by way of telling us whether we have a yeast fermentable sugar or not. Use of the Einhorn instrument in the incubator with another Einhorn as a check with water and yeast is of value in our hands as a detector of small quantities of glucose.

The method of Roberts has not only been found trustworthy by us in many hundreds of cases in which we have tried it but has also been approved of by Koelensmid, who claims to have investigated its merits. The only trouble about it is that some little care must be taken about forming a habit of reading the figures on the urinometer. But inasmuch as an error of one or two points on the urinometer makes only a difference of one or two grains per ounce the matter is not a serious one, hence, clinically, it is "fool proof."

The method of Benedict is in our hands the best titration method. Occasionally we can not obtain a clear end reaction, but this is only when the amount of sugar is small. In urines containing much sugar there is almost always polyuria, such that the per cent. of sugar is greatly in relative excess of other solids, hence the error from the various normal reducing agents, those bugaboos of the theorists, is so small as to be of no clinical con-

sequence. Anyone who can not manage his diabetic cases with Benedict's quantitative solution can hardly be a practical technician.

The Benedict quantitative method checks up well with C. P. glucose dissolved in water or in normal urine, the latter, of course, diluted with nine parts water as in the case of the clinical testing. This is a more severe test than dissolving the glucose in water since normal urine contains a certain per cent. of reducing bodies other than glucose.

For clinical purposes there is, therefore, no need of any greater accuracy than we now possess, and in the great majority of cases our quantitative clinical methods are far more accurate than there is need for. Since, after all, what we desire to know, principally, is whether the amount of sugar is greater or less than one per cent. To keep the urine practically sugar free or containing certainly less than one per cent. of sugar is the essence of modern treatment.

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EDITORIAL NOTES AND COMMENTS

Pathognomonic Symptoms Versus Symptoms of the Patient.—It is axiomatic in the philosophy of homœopathy that patients, rather than their diseases, must be prescribed for if success is to be gained. There are no specifics for diseases and there is no royal road to cure. Each case must be considered by itself as a new problem to be solved. The key to the solution lies in the recognition of the symptoms of the patient himself and which characterize the individual who is afflicted rather than the disease itself. Two cases of herpes zoster, for example, may appear to be practically alike in appearance and location, yet one may require *Rhus tox.* as its remedy, while the other may need *Ranunculus bulbosus.* The individuality of the patient will express itself sufficiently to make the distinction between these two remedies clear.

Thus individualization is of supreme importance in homœopathic prescribing and can only be employed by those whose knowledge of homœopathic materia medica is good or who are willing and able to properly study their cases. To tag diseases with groups of usually indicated remedies has a certain practical value; but the knowledge of such remedies must be used with care and must not stop with them.

An old country doctor of the old school not long since made the remark, "That a good doctor must know six times as much about what to do for the patient as about what ails the patient." There is an immense amount of horse sense in this pronouncement, as anyone knows who has seen the lamentable

failures of some of our ablest diagnosticians. Which induces the further remark that many of our medical colleges are to-day graduating embryo scientists instead of good doctors.

Of course, a happy mean between extremes is the object to be sought. Some homœopathic physicians, most able materia medicists and prescribers, still make the mistake of improperly interpreting the symptoms of their cases. We still find them trying to cure the impossible or endeavoring to fit remedies to conditions to which these in no way can apply. Mechanical conditions which should belong to the surgeon or other specialist, or which demand palliative remedies outside of homœopathy, are prescribed for in accordance with a total misconception of the philosophy of homœopathy. Failure in such instances is inevitable and sometimes reflects disastrously, not only upon the physician, but what is worse, upon homœopathy itself.

We recently were asked to prescribe for a patient who had been under the prolonged, though distant care of one of our ablest Hahnemannians. This physician had visited the patient once, but had done most of his prescribing by mail—in itself often a risky method. He was thoroughly familiar with the case, had selected his remedies with care, but the woman continued to grow worse.

Our examination of the patient showed the case to be one of simple cardiac decompensation, in which state the patient had progressed until she was thoroughly waterlogged and almost unable to breathe. Her symptoms were those common to all such cases and to be expected in them. The rapid, feeble, irregular and intermittent pulse, the œdema of the extremities, the ascites, orthopnœa and pulmonary œdema all betokened mechanical breakdown of the cardiac apparatus—the pump was badly out of order and no reaction was possible unless the pump could be, to some extent at least, fixed. Of symptoms peculiar to the patient herself, there were none. Her individuality was, as it were, almost hopelessly submerged and certainly unable to express itself. To attempt to fit a so-called homœopathic remedy to such a condition was to misinterpret the plain teachings of Hahnemann himself.

Accordingly, the infusion of *Digitalis,* two drachms every three hours, was confidently ordered. The beneficial effect was soon

made manifest and rapid improvement followed. Later, fifteen drop doses of the homœopathic tincture of *Digitalis* were prescribed at longer intervals and subsequently this dose was reduced to ten drops.

To-day the patient is entirely comfortable, with a regular, strong, though still too rapid pulse. She has a mitral regurgitant murmur which will, of course, remain. Absolute cure is out of the question and ultimate breakdown is to be expected, but—— Death has been cheated for the time at least, and the patient is once more able to go about in peace and comfort. Whether we choose to consider this an illustration of simple direct cardiac stimulation or as an example of a homœopathic action based upon the secondary symptoms of the drug *Digitalis* and demanding, therefore, large or at least appreciable doses of this drug, matters little. The patient was rescued from inevitable death and this happy result was the object of the physician.

The case is cited in detail, for the reason that we have seen so many failures in similar conditions to which highly potentized remedies had been mistakenly applied. Homœopathy has again and again been injured through just such perversions of its wonderful philosophy. The moral to be drawn is to the effect that all of us should study the Organon more and know the proper limitations of our science and art. That paragraph of the Organon (par. 3) which states that the homœopathic physician should know that which is *curable in disease* as well as that which is *curative in drugs* is one to which we all should pay much more thoughtful attention.

The Army Medical Service.—In the previous month's issue of The Homœopathic Recorder appeared a letter from the Surgeon General calling upon the medical profession for more physicians and surgeons. This letter recognized distinctly and for the first time officially, our national organization, the American Institute of Homœopathy. In itself this recognition is a distinct gain and compliment to the homœopathic school.

In the army medical service no discrimination against homœopathic physicians has been shown, and, indeed, it is entirely a question of the fitness and ability of the man and not a matter of

"pathy." The army needs and must have more and more medical men. To obtain them is the duty of our national and state organizations, through whose committee chairmen or secretaries any desired information may be had. Right here is emphasized the need for closer affiliation between our state and sectional, as well as county societies and the American Institute of Homœopathy. In organization only is there efficiency and strength, and these advantages to homœopathic physicians throughout the United States can be secured, if they will but support their societies and promote a strong federation of the various societies with the national organization.

The quota assigned the homœopathic profession is approximately 6 per cent. or three hundred men. Wherever, in any community, a homœopathic physician enrolls for service, it will be necessary to provide for other homœopaths to take his place and carry on his work; not only with the idea of fairness to him, but also so that the community may not be without a representative of our school.

The age limit for physicians is 55 years. It is to be hoped that a sense of loyalty to country will impel all those who possibly can do so, to enroll in the Medical Officers' Reserve Corps.

PERSONAL.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

This Association held its thirty-ninth annual meeting at the Revere House, Narragansett Pier, R. I., on June 26 and 27.

Owing to war conditions the attendance was rather smaller than in previous years, but the meeting was characterized by the usual zeal and earnestness of the members and by an even greater spirit of fellowship and harmony than has heretofore prevailed.

The president of the Association, Dr. Theodore H. Winans, of Mexico, Mo., opened the session by reading an able address, entitled "Life Force." The Bureau of Clinical Medicine was this year the largest and numerous, most able and interesting papers were read, some of which will appear in THE HOMŒOPATHIC RECORDER in due time.

Among those which deserve special mention may be cited "Clinical Experiences," by Dr. Erastus E. Case, of Hartford, Ct.; "Cases Illustrating a Method of Teaching," by Dr. Guy Beckley Stearns, of New York; "Clinical Cases," by Dr. K. A. McLaren, of Toronto, Can.; "Clinical Reports," by

Dr. D. C. McLaren, of Ottawa, Can., and "Subjective Symptoms in Cardiac Conditions," by Dr. D. E. S. Coleman, of New York.

In the Bureau of Surgery two instructive papers by Drs. Thos. G. Sloan, of South Manchester, Conn., and D. C. McLaren were read. As is customary in this Association, all papers were thoroughly discussed and many practical points were brought to light. The I. H. A. discussions are, in fact, a miniature post-graduate course in homœopathic philosophy, materia medica and therapeutics, and those who attend these meetings feel well repaid for the time spent at them. Dr. Case reported a stubborn cough aggravated by smoke promptly relieved by *Mentha piperita,* and called attention to the fact that *Euphrasia* has a similar symptom.

Dr. Frank W. Patch, of Framingham, Mass., mentioned that *Mentha piperita* is an excellent remedy in insomnia when the same thought "keeps revolving round and round in the mind."

No meeting of the I. H. A. would be complete without the presence of that staunch old homœopathic veteran, Dr. Edward Rushmore, of Plainfield, N. J. Dr. Rushmore is a charter member, and although the oldest, is one of the most active and keen in discussion and debate.

Neither would the session seem at home without the drolleries and quips of its *enfant terrible,* Dr. Philip E. Krichbaum, of Montclair, N. J., who this year disported himself in a valuable Navajo blanket but recently woven by the Navajos of New Mexico. What with a Kentucky accent and varicolored robe P. E. K. made a marked, if unique, impression.

Friend Coleman, "the alphabetical Dan" of the great metropolis, braved the briny waves of Narragansett Bay, unafraid of possible Teuton submarines or raiders. But Danny has been in training with such champions of strength and right as B. F. Roller and Alfred McCann, and so fears nothing but mephitic odors which may contaminate his inseparable box of potencies.

Hence all those present voted the convention an extraordinarily successful one. As president for the year 1918-1919 Dr. Guy Beckly Stearns was elected; Dr. K. A. McLaren was elected vice-president, and Dr. William W. Wilson, of Montclair, N. J., was re-elected secretary and treasurer. Dr. Wilson deserves great credit for his secretarial work and efficiency heretofore shown, and both he and Dr. Patch deserve praise for their labors in publishing the 1916, 1917 transactions of the Association.

The thanks of the Association are due Drs. Philips E. Krichbaum and Henry L. Houghton, of Boston, for their willingness to assume the burden of any extra expense in publishing the transactions of the Society. R.

Dr. Mary Florence Taft announces her retirement from practice and her removal from Newtonville to No. 985 Charles River Road, Suite 403, Hampstead Hall, Cambridge, Mass. Dr. Frederick S. Keith, of Hartford Street, Newton Highlands, whom Dr. Taft most cordially endorses, will take her practice. Telephone, Cambridge 7046.

THE
HOMŒOPATHIC RECORDER

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THE COLLEGE PROBLEM AGAIN.

By Stuart Close, M. D., Brooklyn, N. Y.

News from the Educational Front is disquieting. Reports from various sources again call attention to the perilous condition of the few remaining Homœopathic Colleges.

The Boston University School of Medicine, one of the oldest and most prominent homœopathic schools in the country, announces that it has abandoned the teaching of Homœopathy and will hereafter exist solely as a college of regular medicine. By this means it hopes to end its institutional troubles and prosper.

Affairs in the New York Homœopathic Medical College are known to be in a critical condition. It is embarrassed by debts, deficits and delinquencies. It is at present without a Dean, and there are serious differences as to what policy should be followed in the choice of the next Dean. One party stands for the appointment of a medical man, and another for a business man. No one in sight wants the job.

According to the recent report of the Alumnus Trustee, formulated after an unprejudiced investigation of the affairs of the college, the standards of scholarship and grade of students have fallen so low that the college "has established an unenviable record in the number of failures of its students before the various State Boards."

The causes assigned by the Alumnus Trustee are : 1. Low fees, which have attracted students who have failed in other colleges. 2. The belief that it was easier to pass examinations here than elsewhere, attracting a low grade of students. 3. Crowding classes beyond laboratory capacity. 4. Advancing students con-

ditioned in sophomore subjects to senior classes. 5. Failures to collect fees when due, allowing students to come to time of graduation who are in arrears. 6. Weakness of the department of materia medica in its laboratory teaching; and 7. Failure of the other departments to co-operate with the department of materia medica.

Such is the outcome of a ten-year herculean struggle by the New York College under Dean Copeland to maintain itself financially and educationally, under the theory that the principal requisite of success was money—and then more money. During the last ten years not only have classes been the largest in the history of the college, but large sums of money have been provided by various means, and a splendid new modern private pavilion, costing over a quarter of a million dollars, has been added to the hospital equipment, the profits from which should go far toward paying the necessary expenses of the institution. Nevertheless the college finds itself to-day in jeopardy of its life as a homœopathic school.

Every other homœopathic college in the country has had and is having a similar struggle for existence. Several have succumbed, and the end is not yet.

What is wrong with our Educational System?

Many observers have seen more or less clearly where the weakness of our colleges lies, but have not seen the real cause of the weakness nor how to cure it.

Symptoms are numerous, but the real disease has not been correctly diagnosed. Many specialists, each looking at the patient from his individual standpoint, have diagnosed local conditions and recommended treatment accordingly, but not one of them has been able to make a general diagnosis. Treatment has been directed toward particular symptoms, with the usual result of failure to benefit the patient.

The physicians of the Boston College, after many years of palliative treatment, have pronounced the disease incurable and abandoned the case. Homœopathy is dead and buried so far as the Boston College is concerned.

Dr. Blackman, the honored, faithful, many times re-elected Alumnus Trustee of the New York College, sees many, perhaps

all, of the particular symptoms of the disease in his patient, and even sees the general effect in what he calls the "weakness" of his college, yet he fails to make a general diagnosis, and his proposed treatment is merely palliative, which cannot, in the nature of things, effect a cure.

"We are not at present sufficiently impressing, either our students or our friends," he says, "that we are making tangible progress in the development of *the only thing that can possibly justify our existence—the teaching of Homœopathy.*"

"It is mental strabismus," he caustically adds, "to say that our sole function is to turn out doctors."

"What we need," he says, "is the means to teach materia medica from the laboratory standpoint, and the importance of this department should be paramount in the College."

Dr. Blackman appears, however, to realize the inaccuracy and unfairness of trying to saddle upon the department of Materia Medica the responsibility for the unfortunate state of affairs in the College, for he says:

"No one can question the ability, efficiency or earnestness of our teachers of Materia Medica, but they are handicapped by lack of funds and *the proper co-operation of other departments in the College.* They should have the utmost support of every department in the institution."

This brings us to a subject of vital importance.

Why have the teachers in the department of Homœopathy in our colleges not received the support of their colleagues in the other departments?

There must be a reason for this acknowledged failure to support this most important department, and perhaps a deeper reason than is commonly recognized.

It cannot be justly attributed to mere personal differences between members of the various departments, nor to any inherent or necessary antagonism or incompatibility between the principal subjects taught. Of the members of the other departments in any homœopathic college we probably may say with equal truth what Dr. Blackman says of the department of Materia Medica in the New York College:

"No one can question the ability, efficiency or earnestness of

our teachers." They also are able, earnest, qualified men, interested in Homœopathy and presumably above petty personal jealousies and antagonisms. They are loyal to their colleges and desire to be loyal to Homœopathy. They desire their colleges to be successful and have proved it by their devotion, self-sacrifice and hard work. The true reason for their failure to cooperate will develop as we proceed.

It is true that personal differences and friction sometimes arise between the best of friends, but they are usually found to be due to some misunderstanding which a little kind consideration will reveal and clear away. Such a condition, I believe, exists to-day in our colleges. *There is a misunderstanding of the fundamental purpose for which a homœopathic college exists,* and out of that misunderstanding has arisen all the trouble.

The correction of every one of the particular errors and abuses pointed out by Dr. Blackman and others would not solve the real problem which confronts our colleges.

The reasons and causes usually stated for the parlous state of affairs are, in my judgment, only secondary causes, or conditions. The primary cause, the real disease, lies deeper, far deeper, and it is a disease affecting all the homœopathic colleges, varying only in some of its local symptoms.

The disease of the colleges appears to be chronic. Like all chronic diseases it is complicated and baffling to anyone who fails to make a complete analysis of the case. A chronic disease presents many symptoms in many different parts. Local treatment of one part serves only to cause metastasis to some other part. The patient does not get well, but returns again and again for treatment.

A chronic disease is not necessarily an incurable disease. Contrary to the general impression, the two terms are not synonymous. But a chronic disease must be approached from a different standpoint, studied differently and treated differently from an acute disease. It is not sufficient to treat parts. The case must be viewed and treated as a whole. General principles must be applied.

A chronic case is composed of a primary infection and many groups of secondary symptoms, appearing, disappearing and

reappearing more or less frequently during a long period of time and under many different conditions, but all of them dependent upon the existence of some underlying, constitutional tendency or predisposition to diseases which may be inherited or acquired.

Unlike acute diseases, a chronic disease has no inherent tendency to get well, but tends constantly toward dissolution. Nature unaided is incapable of removing it. Nature may bring about partial recovery from one or several acute outbreaks but the patient ultimately succumbs.

Nature never cures. She only brings about recovery. Cure is solely the work of Art. But Art is more than the mere imitation of Nature. Art is a *creation* of the rational thinking mind.

It follows from these considerations that a chronic case must be studied inductively. A complete analysis must be made. All the facts must be found and every fact must be taken into consideration. The facts must be classified with due regard to their natural relations. In one word, the case must be *generalized* according to the methods of applied logic. Thus only do we arrive at a true diagnosis, without which there is no reliable basis for curative treatment.

The point of view, then, is historical. The method of approach is logical. The method of treatment is empirical, that is, guided by definite principles logically derived from facts of observation and experience, rather than by assumed principles or accepted theories.

The history of the case, properly taken, gives us the facts from which we form conceptions of its causes, origin, development, character, intensity and duration. Observation, employing all recognized means and methods of examination, broadens or corrects our conceptions and confirms the historical findings. Study and reflection enable us to arrive at conclusions as to the best method of applying the principles of treatment. By this general method, then, let us approach the case of our distinguished patient.

As the situation is essentially unchanged, let me repeat my analysis of the College situation substantially as I made it in November, 1913, in an article, entitled "The Educational Problem of Homœopathy," published in the *Medical Century*.

For purposes of illustration I use the medical laws of the State of New York and the New York Homœopathic Medical College, reminding my readers that what is true of New York is true, in the main, of other States and colleges.

1. Medical education in New York is controlled by a State Board of Medical Examiners acting under the authority of the Commissioner of Education and a Board of Regents of the University of New York, upon whom the American Medical Association and the Rockefeller Institute exercise a powerful influence.

2. The State determines what subjects shall be required, how long they shall be taught, establishes the standards to which both teachers and students must conform, and enforces them by making the issuing of a license to practice dependent upon the result of a special examination held by its Board of Medical Examiners.

3. The examinations in the studies required by the State Board cover eleven principal subjects in general medicine. Anatomy, physiology, chemistry, bacteriology, pathology, diagnosis, hygiene, sanitation, surgery, gynæcology, and obstetrics.

It will be noted that the subjects of materia medica and therapeutics are not included in this list of required studies.

To these studies, colleges of the dominant school add instruction in the various forms of treatment recognized by them, and many specialties, requiring the services of a large number of extra teachers and assistants. The full curriculum is calculated to tax the powers of the average student to the utmost limits. In fact, it exceeds the powers of the average student, and is intended to do so. The design of the promoters of the present curriculum is frankly stated to be to exclude the student of average ability and draw only those of extraordinary powers. The profession of medicine in the dominant school is over-crowded, and this is the means taken to remedy the evil.

4. The State Board does not recognize Homœopathy in any way. It does not require nor hold examinations in any branch or subject of Homœopathy, nor give credit for any work done in such branches. Time spent upon them by any student is wasted, so far as having any bearing on the right to examination or the right to practice medicine is concerned.

5. The State Board does not recognize a Homœopathic College, as such, but solely as a medical college. If it complies with the legal requirements as a college of general medicine (determined by the Board itself) it is allowed to exist nominally as a homœopathic college.

6. The New York Homœopathic Medical College as it exists to-day is a college of general medicine trying to comply with the severe and increasingly severe requirements of the Regents in its teaching of the required branches. In addition to these, like the "regular" colleges with which it is competing, it teaches physiological materia medica and toxicology, mechanical therapeutics, including electro-' hydro- and radio-therapeutics, vaccine and serum therapy and "autotherapy," it gives courses of instruction in the more important specialties, such as ophthalmology, otology, laryngology, rhinology, proctology, neurology, dermatology, anæsthesia, orthopedic surgery, genito-urinary surgery, mental and nervous diseases and medical jurisprudence, and, finally, in addition to all these, it gives instruction in the theory and principles of Homœopathy, homœopathic materia medica and applied homœopathic therapeutics. Its course is completed in four years, and until recently, the proportion of its students who passed the Regents' examination was as large as that of any other college.

7. For several years past the requirements of all medical colleges, irrespective of school, have been made so severe, and the standards have been raised so rapidly, that many of the smaller colleges, even of the old school, have been and are being forced out of existence. The course of instruction is so extensive, the requirements so severe and the subjects so numerous that even the exceptional student of the old school college may well almost despair of accomplishing it all in four years of the hardest kind of work. To successfully meet the requirements of *the Regents alone* will severely tax the powers of the average student. With the added branches it becomes impossible for him in the time allotted.

8. Suppose, now, that the homœopathic college authorities add to this already over-full curriculum three difficult and important subjects, vital to Homœopathy, involving several elaborate courses

of lectures and instruction by, say, six or eight special teachers and clinicians, none of which is required or recognized by the Regents. Suppose, further, that the college authorities, after giving place in their schedule to these three great subjects, with their six or eight teachers, attempt to set and enforce as high a standard in these studies which are *not required* by law as they are compelled to set and enforce in the subjects in general medicine which *are required*. That is the situation in the New York Homœopathic College, and, with minor differences due to local conditions, in every other homœopathic college in the United States to-day.

Consider what this means to the student seeking to enter the medical profession through the doors of the homœopathic medical college. When the not-required is brought into competition with the required; when the college requirement is pitted against the State requirement; when sentiment, opinion and theory are made to contend with the law and facts, what will happen?

Let us analyze the psychology of the situation.

I will state facts as I observed them, during an experience of four years as Professor of Homœopathic Philosophy in the New York Homœopathic Medical College.

9. The student body of the New York Homœopathic Medical College is composed mainly of men of fair average ability, with a sprinkling of men of higher order.

10. The teachers are sincere, able and well equipped men, who do not spare themselves in their work.

11. The instruction given by the New York Homœopathic Medical College in the subjects in general medicine is well up to the standard set by the State.

12. The department of Homœopathy is manned by teachers known to be able and willing to teach Homœopathy as it should be taught—some of them men of national reputation for mastery of principles, perfection of technique and purity of practice.

13. A certain proportion—I will not venture to say how large—of the matriculants who choose a "homœopathic" instead of a "regular" college consciously or subconsciously reason in this way:

"The regular colleges give a very hard course, and the re-

quirements are very strict; the students have all they can do to get through. The homœopathic college teaches the same branches as the regular college, and in addition, teaches the homœopathic branches. The homœopathic students pass the Regents' examinations and are admitted to practice. Hence, something must be done by the homœopathic colleges to make it easier for its students *in all the branches.*"

Can any fault be found in that deduction?

Many students have admitted to me that they entered a homœopathic college because they had been led to think that the course was easier, or that they stood a better chance of getting through. Let me hasten to add that these students admitted that they had been disappointed in their expectations. They found the course very difficult; *but most of them got through*—homœopathic subjects and all—and were graduated.

How do they do it? How do these men of only average ability do all that the students in allopathic colleges do, and learn Homœopathy besides? Answer—they don't.

Where, then, is the accommodation, the lightening of the pressure, the facilitation of progress? Is it in the department of general medicine or in the department of Homœopathy, or in both?

What is the attitude and course of the men who teach the homœopathic branches?

What is the attitude of the other members of the faculty?

These are delicate questions, but the critical situation requires that they be truthfully answered, for the very life of Homœopathy as an institution is involved.

14. Let it be premised that every teacher in the department of Homœopathy is honestly struggling to live up to the ethical obligations, but that he is constantly beset by perplexities, difficulties and obstacles which are actually insurmountable, because they are inherent in the present form and scope of the educational organization. It is the *system* which is at fault. An impossible task has been set and in struggling vainly to perform it both teachers and students become demoralized, perhaps without realizing it.

The teachers know that instruction in Homœopathy is not

required, that all the work of the students done under them is entirely gratuitous, so far as any State requirement is concerned. They know that their only hold upon the students is a moral or sentimental one, dependent upon their power to interest, cajole or to terrify with threats of college penalties.

15. What the teachers know some of the students will very soon learn and pass it on to others. A new class will not be within the college walls a month before every member of it will be more or less cognizant of the actual status of Homœopathy in the college and before the Regents. Many of them knew it before they matriculated, and calculated upon it. They learn that the obligation to pass the homœopathic branches is only a college requirement, and that these branches have no bearing on their standing with the State Board, which is the final arbiter of their medical destiny.

16. They know that if they can pass the examination of the State Board they will be licensed to practice medicine, irrespective of their standing in their own college in the homœopathic branches.

17. They believe that if they pass the examination of their own college in only the required branches in general medicine, and are otherwise legally qualified, graduation will not finally be denied them.

18. They believe that under such circumstances graduation cannot legally be denied them.

19. On the other hand, they know that their faculty, and particularly their teachers of Homœopathy, honestly desire them to learn Homœopathy, and that the teachers have it in their power to make things disagreeable for them in college if they fail to give at least a reasonable degree of attention to the homœopathic branches and make a fair attempt to master them.

20. The outcome seems to be a sort of tacit compromise. The students attend as many of the lectures on Homœopathy and the specialties as they can, and, in the class room, endeavor to absorb what is taught. Outside the class room there is no time for study of these subjects, and practically none is given them. The teachers are as lenient as possible, and strive to keep the interest, sympathy and attention of the students.

21. Appeals to college, class or personal honor serve at first to stimulate some of the students to almost superhuman efforts. But soon, as the demands in the required subjects become more pressing and the students realize their limitations, interest in other subjects begins to flag; attention loses concentration; attendance becomes tardy, partial or irregular; quizzes fail and a state of general demoralization ensues. Naturally, under the circumstances, any attempt at discipline by these departments arouses only resentment, ridicule, or insubordination and the teacher who attempts it does so at the peril of losing his hold on the class entirely.

22. No one realizes more fully than the teachers the enormous demands made upon the students by the accepted medical curriculum. Their sense of justice requires them to recognize the obligation of the college, having received these students and accepted their fees, to give them such instruction in the required branches as to make their acceptance by the Regents at least reasonably certain, due diligence on the part of the students being predicated, of course. They cannot require unreasonable or impossible things of the students. They know that it is impossible for the students to give the same diligence and maintain the same standard in the homœopathic branches, and some of the specialties which are not required by the Regents, as they do in the branches of general medicine which are required. To attempt to enforce it would be to violate their judgment, their conscience or their feelings.

23. An effort is made to lighten, or shorten, or simplify, or modify the course in some way, so as to bring it within the limitations of the student, and to let up, insensibly, in the rigor of the quizzes and examinations, and mark more generously. Standards are not and cannot be maintained.

24. The members of the faculty who teach the required branches in general medicine, serene and secure in their official position, and backed by the law, naturally and rightly magnify and emphasize the importance and necessity of their several subjects. They are in a position to demand and enforce respect and attention, and the students know it. Standards are or may be maintained.

25. Side by side with Homœopathy, as taught in the department of Materia Medica, the college, in other departments, teaches other forms and systems of therapeutics.

Quite naturally, in view of all the emphasis laid upon the legally required branches in general medicine, does the student infer that these are practically as well as legally the most important.

Quite naturally, too, in view of the elaborate demonstration of the extra-homœopathic methods of treatment, and the emphasis laid upon their "modern" and "scientific" character, does he infer that they must be superior to Homœopathy. Why should he not do so? He has had no experience to teach him otherwise. He can judge only from appearances, and appearances are all against Homœopathy.

Under such conditions the teacher of Homœopathy is working under overwhelming disadvantages. Homœopathy, at best, is not spectacular. It does not readily lend itself to mechanical or spectacular demonstration. It makes only the quiet appeal to reason, judgment and experience. It makes but a poor showing, superficially, against the elaborate technique and showy equipment of the laboratory and operating amphitheatre, with their appeal to the senses and emotions. One might also say that it requires a certain type of mind, a certain philosophical clearness of perception and openness to conviction, to appreciate or understand Homœopathy. It is a type of mind not met every day. The qualities which go to the making up of a good homœopath do not exist in every medical student, and he in whom it does not exist has no business to be in a homœopathic college. They are qualities which can be cultivated and developed when they do exist, but the conditions must be favorable even then. Such conditions do not exist, and cannot exist, in any homœopathic college as now organized.

Everyone is conscious that something is wrong in the colleges, but few seem to see clearly either the cause or the remedy. All sorts of criticisms are made, but they are based upon a total misunderstanding of the actual conditions in the educational world.

Under existing conditions things cannot be other than they are.

I repeat, it is the system which is at fault, not the men. The men in the college, faculty and students alike, are doing the best they can under the conditions. The remedy is to change the conditions and adopt a new and exclusive method of education.

THE REMEDY.

Under existing legal and educational conditions a college teaching general medicine to undergraduates should not try to teach Homœopathy.

Homœopathy has no standing under the educational law. Introduced into the curriculum of a college organized to teach general medicine, it immediately becomes an element of discord, an interloper, for reasons already shown. Harmony and progress under such conditions are impossible. In the contest which follows Homœopathy invariably goes to the wall, fighting for existence, and unable to do more than barely save her life. Fortunate, indeed, is it that she has, thus far, been able to do even that.

It is not fair, and it is not necessary, that the teaching of Homœopathy should be submitted to such conditions as I have pointed out. There is another and better way.

Homœopathy should stand alone. A homœopathic college should be, in fact, what it is in theory and name, a college of Homœopathy.

The student should first get his education in general medicine in a college organized for that purpose. He must be able to give his undivided attention to that great task until completed. He must comply with existing laws regulating medical education in order to get his license to practice.

The wisdom of those laws I do not question, nor do I repine as some have done at the failure of our school, through its representatives, to prevent the abolition of the former separate State Boards and with them, our legal standing as a school. They builded better than they knew. I accept it cheerfully, because I see that it leads to a better way, the only right way, and that is the way of the *Post-Graduate College.*

The student of Homœopathy, like the student of general medicine, must also be able to give his undivided attention to the subject in hand, for it is a vast subject itself, with vital rela-

tions to many other departments and subjects in medicine and surgery, which should make up the post-graduate curriculum. Interest and desire must be created by homœopathic preceptors before the student enters any college.

To such a school the student will come intelligently, and when Homœopathy is presented to him adequately, under favorable conditions, he will be teachable.

In no other practicable way can the necessary conditions be fulfilled save in the establishment of Post-Graduate Colleges.

Is Homœopathy to become extinct as an institution? The future looks dark, but to the eye of faith it was never brighter. A new day is dawning. Homœopathic education, in its essential features, will revert to the method of the early days, under Hahnemann, Hering, and Lippe, typified in Hahnemann's school in Leipzig, in the Allentown Academy, and later in the Philadelphia Post-Graduate School of Homœopathics, organized and conducted by Dr. Kent and his colleagues.

Personal instruction by preceptors will again come into its own. Students will be indoctrinated in Homœopathy before they enter any medical college. Post-Graduate Schools of Homœopathy will be established, and open their doors to willing, intelligent, and qualified seekers of a true education.

Young men, graduates of recognized colleges of general medicine and older physicians who have fulfilled all legal requirements and are free to choose which methods of therapeutics they will follow, will come and fill their modest halls.

They will be taught the pure principles and practical methods of accepted and authentic Homœopathy by men who are competent teachers and worthy followers of him whose name we all delight to honor, and "the last days will be better than the first."

Three untried courses are open to our remaining colleges, by either one of which they may meet the crisis and avert the catastrophe which threatens them and enter upon a career of harmony, prosperity and honor.

1. They may abandon their course in Homœopathy, as the Boston University School of Medicine has done, and become simply a school of general medicine, which God forbid!

2. They may abandon their course and policy as preparatory

schools leading to graduation in medicine and licensed to practice by the Regents, and reorganize as general Post-Graduate Colleges, open to all graduates in medicine. As such they may give as full and elaborate a course in Homœopathy as they desire, and add as many other special, elective courses as they desire and can arrange for.

At one stroke they are thus freed from a multitude of paralyzing difficulties, restrictions and limitations, not the least of which is the domination of the State Board of Regents, the Rockefeller Institute and the American Medical Association. As private schools for the Post-Graduate instruction of registered physicians, they are free from all oppressive legal and political regulations as to "full-time-paid professorships," entrance requirements, length and character of instruction, etc., with all their accompanying problems.

3. They may abandon their preparatory course as before, and become simply Post-Graduate Schools of Homœopathy for graduates in medicine. In doing this they would retain their departments of Materia Medica, with such other departments and specialties as lend themselves naturally to the teaching, illustration and demonstration of Homœopathy in all its branches, which would be their sole function.

The proposal to establish *de novo* Post-Graduate Colleges of Homœopathy has heretofore been met by the objection of the great initial cost of the necessary college plant and equipment, and the lack of hospital facilities in a new and independent institution. Under either the second or third proposed plan we already have in each instance the entire plant, hospital included, in good running order, only requiring reorganization of its teaching department and adjustment to the changed conditions to make it an ideal Post-Graduate College of Homœopathy.

The legal measures necessary to effect the proposed changes in the name and functions of any homœopathic college without affecting its corporate, financial and property rights, can doubtless be worked out by competent lawyers without much difficulty. I leave that part of the problem to them.

MEDICAGO SATIVA.

By Alexander L. Blackwood.

Three years of clinical observation has caused alfalfa to occupy a most prominent place in my list of therapeutic agents. This is not to be wondered at when we consider its composition as given by the United States Department of Agriculture:

Water	8.4	per cent.
Ash	7.2	" "
Protein	14.3	" "
Crude fibre	25.	" "
Nitrogen, free extract	42.7	" "
Ether extract	2.2	" "

In the ash we find the following salts: Lime, potash, magnesia, phosphoric acid, and sulphur. When we study the effects of these salts on the human organism, as only he who is familiar with the law of Similars knows how, we must be impressed with their physiological importance. Each one of them has such a prominent place in cell metamorphosis that this remedy must have merit. This is brought more forcibly to our attention when we consider the demineralized condition of our diet, and when we note the profound influence of alfalfa as a food on the young animals of our farms, as well as the beneficial influence it has on the poorly nourished, anæmic and rickety children of our households.

We have here the *lime* with its profound action on the nutrition of the glands, the bone, the cartilages, the blood, and these especially in children and youths when there is defective growth, scrofulous affections, with a general torpid condition of the system. The *potash,* through its combinations, has a notable action on the brain, nerves, muscles, and blood cells; the combination of *kali phosphoricum* assists the nerves to retain their vital properties for a long time and very completely. The *magnesia* has a most important place in the life of the muscles, nerves, bone, brain and teeth. In the *Phosphoric acid* we have a remedy for the depressed nervous and physical states when the patient is weak, apathetic, obtuse, and torpid, with poor memory and brain fag. The eyes are dull and sunken, and have blue circles.

The face is pale and sickly: there are bleeding gums: he craves juicy things: paralytic weakness along the spine and extremities.

Last we have *sulphur*, so often forgotten in a study in deficient reaction, especially in the stooped, lank, uncured, individuals who are always tired and look old. Their stools are changing in character, mushy or offensive.

Several years spent as a member of the Board of Education and a daily study of the children impressed upon me that something was required to meet their impoverished condition and establish a better physical condition as a basis for their mental. The defective osseous development, the lack of muscular development, the prevalence of goitre, enlarged tonsils, adenoids, appendicitis, and caries of the teeth each demands something. My attention was called most forcibly to this subject by an article by Leonard Williams, which appeared first in the Folia Therapeutica and quoted in full in the Medical Review, May, 1910, in which he deals most extensively with the fixation of the calcium salts of the body. In this connection I was also much interested in Waller's (of Birmingham) investigation in the great increase in dental caries as well as the spread of infectious disease, all of which he attributes to deficient calcium salts, and in turn their normal stimulus of thyroid metabolism. In this connection it may be interesting to quote from Ringer and Sainsburg Therapeutics when they say "experience" has shown that lime water or carbonate of lime is a valuable remedy in deficient nutrition and in convalescence from various diseases, its good effects being most marked in children suffering from rickets and malnutrition, continuing they say, "one point may be noticed here confirmed both in theory and experience, namely, that small doses will do as much as large ones." We should not infer that the calcium salt is the only one disturbed.

As might be anticipated, a marked disturbance in the nutrition of the young is a field in which this remedy has a most beneficial influence. In many of these there are present the symptoms of rickets, and many cases coming under this heading might be mentioned, but one only is given:

Baby H., twenty-nine months of age, was brought to the office with a history of never having been well: it could not walk, sit or creep, and the body was so poorly nourished it presented the

appearance of a skeleton. A Wassermann reaction was negative; the home surroundings were all that could be desired, as the child had been in the hands of physicians who had gone into every detail and yet without any special benefit, and the mother came with her diagnosis of rickets of a most stubborn type. The perspiration of the head, the tumid belly, stools of a foul odor, and usually constipated, but not always, the lack of ability to walk, crawl, or sit, the absence of teeth were suggestive. The mental development was delayed. The muscles were soft and flabby. The ribs were beaded at the junctions with the cartilages, and a typical rickety rosary was present. The long bones were not much involved, as the child had never been able to use them. The bones were tender. The child was hot and restless at night, throwing off the clothes. It had been under excellent treatment, both from a hygienic, dietetic and medicinal standpoint. Yet improvement was not satisfactory. This child was given three drops of *Tincture of alfalfa* before meals and on retiring. The child was brought back in two months, and again in four months, there being a continuous improvement throughout.

It is not in children alone that I have noticed its efficacy, but in youths as well. My case book contains the records of many youths whom it was found necessary to take from their high school tasks, as they were unable to continue their studies on account of their health. There was general complaint of a poor appetite and no desire for food of any kind. They grow rapidly physically, but there is a decided slowing of the mentality. They are subject to pain and aches, their headaches are not benefited by the usual remedies, as *Calcarea phos.* and *Natrum mur.* Under the use of this remedy there was increased appetite, improved digestion and a more normal condition of the bowels, and the patients speedily regained the health and vigor which should characterize youth.

Another class of patients in which it is indicated is in the overworked and over-nursed mother. It may be that her pregnancies have been frequent, and she finds her health declining, that her milk is inadequate, both in quantity and quality, and as a result the babe is not thriving; this remedy will then benefit her.

During the past winter Dr. Hastings has made a most extensive and painstaking proving on several of the students at the

Hahnemann College (Chicago), while I made observation on three persons beside myself. In all these observations there are certain symptoms that stand out prominently. The uniformly good appetite, good digestion and normal action of the bowels when but small doses were taken. A loss of appetite and a disturbance of digestion with frequent cramps and pain in the abdomen when large doses were taken. In some cases constipation was a marked symptom. One prover to whom I administered it in increasing doses stated that she had never had a headache before, but that a dull headache developed above the eyes every time she took the medicine. Another feature which was prominent was in reference to the urine, which showed an increased elimination of solids and an increased acidity. This is in keeping with clinical observations made by other physicians. There is no doubt regarding its diuretic action, as many have reported making an infusion of the green leaves for those complaining of headache of a rheumatic, muscular character, attended with the excretion of but a small quantity of urine, which was highly acid and contained large amounts of urates. It is a recognized diuretic when given in increasing doses, in cases of dropsical effusion about the ankles with inactive kidneys, dry skin, and in old men it allays the irritation and frequent urination which attends the enlarged prostate, when accompanying the above symptoms.

9151 Commercial Ave., Chicago, Ill.

THE VENEREAL DISEASE PROBLEM IN THE NAVY.

Prophylaxis and Treatment as Carried Out at the Naval Training Station, Puget Sound, Washington.

E. D. Hitchcock, M. D., Assistant Surgeon, U. S. N. R. F.

E. D. Hitchcock, M. D., Assistant Surgeon, U. S. N. R. F.

At this time, when the health and strength of the men in our army and navy is of the very highest concern to us all, the following article taken from the *Medical Sentinel* will be read with interest by RECORDER readers.

It is not our purpose here to comment upon the matter of treatment of venereal disease, but rather to call attention to the

undoubted value of prophylaxis, for no matter what the therapeutic method may be, the old adage, *"An ounce of prevention is worth a pound of cure,"* still holds good:

It is a common belief among the civilian population that the percentage of venereal disease in the navy is very high. This belief, no doubt, is due to the fact that reliable statistics in the navy are available while in civil life, few cases are noted and reliable statistics can not be obtained.

It may be of interest to note here reports from medical officers in the army, examining national army men just out of civil life on their arrival in camp. For white troops the cases of all venereal diseases has ranged between five and six per cent.; for the colored troops over twenty per cent. These are all cases contracted prior to enlistment.

Immediately following the declaration of war, many young men entered the service who were entirely ignorant of the dangers of venereal disease. A veneral situation which was serious loomed ahead, with nearby cities harboring large numbers of lewd women.

The desire for secrecy and false ideas of sex have blinded us to the true situation in our large communities. The first great step in eradication of the venereal peril was long ago taken by science when the true cause of the three venereal diseases was discovered. Little real progress has been made since that time in the control of these diseases.

With this situation in view, the navy plan of handling recruits has been carried out at this station, which is as follows:

1. Educational prophylaxis.
2. Artificial prophylaxis.
3. Placing all venereal cases in detention until cured.
4. Frequent inspection of men for hiddden venereal diseases.
5. Punishment provided for men who failed to take prophylaxis or report disease.

EDUCATIONAL PROPHYLAXIS.

The Secretary of the Navy has made instruction mandatory and directs that such education shall be given so that no man shall acquire disease or lose his health through ignorance.

We believe the dangerous consequences of venereal infection should be neither minimized nor exaggerated. We must avoid exciting an unfavorable curiosity or giving a false sense of security. The question is presented to him in a fair, straightforward manner. The physiology of sex is gone into and explained. The three venereal diseases are then briefly described and the men are told that these diseases are caused by germs which grow when placed on suitable soil. It is pointed out to him that ninety per cent. of prostitutes are diseased a part or all of the time, and that the dangers of intercourse with them is very great.

Through entertainment and athletics we supply an outlet for the natural high spirits of the men. I believe that there is a great field in education, with the returns large, if given at the proper age.

The following table shows a marked falling off in the percentage taking prophylaxis coincident with the plan of intensive education:

Average complement.	Prophylaxis given.	Percentage taking prophylaxis.
2425	1202	49.5
2230	2600	116.5
2100	1328	63.2
2180	561	25.7
1809	198	10.9
2000	104	5.2

The navy type of prophylaxis is used at this station. Men returning from liberty who admit exposure are immediately instructed to wash the external genitals with tincture of green soap. A two per cent. solution of protargol is then injected into the anterior urethra and held there for five minutes. A thirty-three per cent. calomel ointment containing one per cent. carbolic acid is then rubbed over the glans penis.

We have found plain calomel ointment ineffectual against chancroidal infections. The number of cases has been greatly decreased since the addition of one per cent. carbolic acid.

With a view of determining the efficiency of medical pro-

phylaxis and its limitations, the following table has been compiled; at the time of taking prophylaxis each applicant is required to state the number of hours since exposure.

Hours subsequent to exposure, failures, infections and percentage of infections:

Hours subsequent to exposure.	Number given prophylaxis.	Number of infections.	Percentage of infections.
1	36	0	0.
2	90	0	0.
3	62	1	1.61
4	110	1	.99
5	99	1	1.01
6	186	2	1.07
7	111	2	1.80
8	585	16	2.73
more than eight	2317	43	1.83

The above table shows the benefit of medical prophylaxis within the first few hours following exposure. The delay in taking prophylaxis accounts for our rather high percentage of 1.8 following this treatment.

Many eminent men claim that prophylaxis does more harm than good, as it gives a false sense of security. I have questioned men who have contracted disease following prophylaxis and have never heard this taken as an excuse.

It is a rational procedure and I believe that if every man could be given a prophylaxis injection immediately following exposure, a big step would have been taken in eradicating this scourge.

ISOLATION OF CASES.

In the navy, this is an easy procedure and accomplishes a double purpose. It removes any danger of spreading the disease, for no liberty is allowed the men until cured. It places all venereal cases in one clinic and under one control where treatment is administered until cured.

The average duration of a series of 166 cases under treatment has been 18 days. Of these, 24 men came into the service diseased and 41 patients presented histories of previous infections.

In this series, 126 were infected by prostitutes, while 22 were infected by "street walkers," and 18 through clandestine channels. Eight developed epididymitis, one bilateral. In the other seven, the left epididymis was involved. These cases run a temperature for a few days, but quickly subside with rest in bed, light diet and local applications once daily of guaicol and glycerine, equal parts.

Our treatment of acute cases of gonorrhoeal urethritis is as follows:

The patient is ordered to immerse the penis in a hot water bath for 15 minutes at a time, three times a day. Sodium bicarbonate, grains 10, is given three times daily with eight ounces of water. As soon as the discharge subsides, which is usually on about the fifteenth day, injections of argyrol, five per cent., or irrigations of potassium permanganate 1-4000 are started. I believe there is great danger in too early interference in a case of acute gonorrhoea, and even chronic cases must be handled very carefully or complications will arise.

Men who are suffering with acute gonorrhoeal urethritis and receive brig sentences and confined with a bread and water diet are greatly benefitted. The discharge quickly subsides and complications are practically unknown.

The treatment of acute and chronic cases of gonorrhoeal urethritis are too well known for me to take your time with a lengthy treatise on this subject. I desire, however, to emphasize the benefit derived from immersing the penis in a hot water bath. Normal salt or antiseptic solutions can be placed in a small receptacle and the patient instructed in its use. This method facilitates drainage and causes an increased secretion from the mucous membrane lining the urethra. This treatment is of special advantage where swelling and tenderness are marked, and I believe tends to hasten the disappearance of the organisms.

In a group of 37 cases clinically appearing as chancroidal infections that were given the Wassermann test, eleven proved to be syphilitic.

It is interesting to note that the initial lesions have proven in but few instances to be typical of a chancre, as is usually

described, but may closely simulate any form of sore and be easily mistaken for innocent chancroidal. Indolence is fairly characteristic, there is some surrounding edema of the tissues, but the lesions are not always indurated. In a number of cases where there has been induration of the lesion, a persistent negative Wassermann has occurred and patients have not developed other signs or symptoms under long observation.

It is suggested that all sores on the penis be held to be syphilitic until proven innocent by a Wassermann reaction. In the handling of chancroidal infections vigorous treatment is required. The penis is immersed in a bath of bichloride 1-500 for one hour, then dried carefully, and if the lesions are small they are touched up with 15 to 25 per cent. silver nitrate solution and packed with iodoform powder. This treatment is carried out three times a day with the exception of the silver nitrate, which is used only once a day.

Should the lesion be well advanced and the penis swollen and tender, it is immersed in a warm solution of hydrogen peroxide of half strength for ten minutes, after allowing a pledget of cotton moistened with a two per cent. cocain solution to remain on the area long enough to deaden the pain which results from such irritations. The lesions will now be found free of pus or crusts.

Strong caustics are useful, but care must be taken that crusts are not formed and dam the pus beneath, back into the lymphatic channels, resulting in bubo formations. Moist applications of Dakin's solution .25 to .5 of one per cent. have been found very useful in the early stages, resulting in rapid healing of the lesion, but in advanced cases is practically worthless.

INSPECTION OF MEN.

In the navy the sex problem is handled above board and in an open manner. The men are inspected at least twice a month for hidden venereal diseases and proper punishments provided where prophylaxis has not been taken or disease reported.

We as a people have too long covered up the true venereal situation. But now that war is on we must face it squarely. At a time like this I believe we should handle it from a true scientific standpoint without reference to the moral side.

The Government of Western Australia, by an amendment to its health act which went into effect December 8, 1915, established a public system for the diagnosis and treatment of venereal diseases and provided adequate punishment for failure to seek treatment or continue same until cured. The physician likewise is required to report cases to proper health authorities with punishment provided for his failure to do so.

The measure takes ample precaution to prevent the treatment of venereal diseases by any person other than a qualified physician. It stops absolutely the advertising or circulation or the sale of medicines intended for the venereal diseases or of literature bearing in any way on their treatment.

This act is drastic but logical. It protects the individual, but requires his treatment for the public good. Perhaps this act will provide a pattern for us to follow.

Ultimately every case of venereal disease among the men in the army and navy, if traced back, will find its origin in a similar case among the civilian population. Here lies the opportunity for the physician in civil life to do his "bit" and put through proper measures for the control of venereal diseases.

Navy Yard, Puget Sound, Wash.

MENINGITIS IN CHILDREN.*

By Harry R. Plummer, M. D., Beaver Falls, Pa.

Meningitis (in children hitherto healthy or not very sick) begins in the majority of cases with certain prodromal symptoms which in themselves are not pathognomonic of meningitis, but if several occur together should arouse suspicion.

For example, a child two or three years of age begins to lose interest in play, becomes moody, and all the efforts of its family to please it fail. At times it is peevish, loses its appetite and frequently, but by no means always, vomits. There is usually at an early date disturbed, broken sleep, lighter than in health.

At this stage physical examination discloses nothing definite,

*Read before the Beaver County Homœopathic Medical Society.

the tongue is somewhat coated and the temperature is slightly elevated to 100° or a little higher; pulse and respiration are normal, or in the presence of fever, only slightly hurried, and we, therefore, often regard the attack as a digestive disturbance, an error which even the experienced observer cannot always avoid. Doubt concerning the diagnosis does not persist, as a rule, longer than two or three days. Then the failure of the prescribed treatment indicates the seriousness of the disease. It is evident that the child grows constantly weaker, more apathetic, scared. He is no longer interested in his play, appears languid, lies down, wants to go to bed in daytime. He lies there half awake or perhaps falls asleep and arises after awhile apparently refreshed; but this does not last long. At times the child sighs, but to the question whether anything hurts, even children four to six years of age seldom say definitely that they have headache; more frequently they complain of being tired, pains in the legs (in the tibiæ) or abdomen.

Physical examination even at this time usually discloses an indefinite pulse anomaly, which, with the advance of the disease, soon becomes more evident, and is numbered among the most constant symptoms of meningitis. The pulse is irregular and uneven, especially after moving about, changing position etc. The pulse rate is not altered in the same manner in all cases; seldom somewhat increased (corresponding to the low fever), occasionally a little diminished. Increased tension and pulsation of the membrane of the fontanelle; in children with patulous fontanelles indicate the commencement of increased intra-cranial pressure. In older children exaggerated tendon reflexes and hypertony of the muscles of the extremities appear as its symptom. Very soon the child takes to bed. The clouding of the mind becomes protracted and deeper; sleep is not sound and quiet, but the child often lies half asleep, with half closed eyes. Its head and brow, occasionally the whole body, are often moist, as is the case in a sleeping, healthy child. This dozing is interrupted at variable intervals by monotonously repeated movements, as pinching the lips or bedspread, by peculiar sucking or chewing motion, by deep sighing inspirations or short piercing cries or shrieks. Great fright at sudden noises, sudden brilliant illuminations, or touch indicates

that besides somnolence there exists hyperæsthesia of the sensory organs. From a slight stiffness of the neck at first, even at this time, there succeeds firm retraction of the head, so that it bores into the pillow. Increased hypertony of the muscles with heightening of the tendon reflexes accompanies this feature. The abdominal muscles are contracted causing the "boat shape" appearance, however this symptom so significant in older children, is often lacking in infants; on the contrary, it is often replaced by a marked distention of the abdomen. The same holds true of constipation, which in older children is almost constant and of higher degree than can be explained by the reduced amount of food taken; in its place we much more frequently find in infants, at least in those artificially fed, severe diarrhœa.

The pupils are usually contracted, often uneven and either do not react or react slowly and incompletely to light. Usually the half open eyelids disclose the eyeballs, now rolling irregularly, now in conjugate deviation, or now making verticle nystagmatic motions. At the same time there is usually a severe pericorneal conjunctivitis in the form of vessels extending to the limbus.

Constantly deepening obscurity of consciousness is the next evidence of the progress of the disease. The patient lies in deep coma, generally unable to swallow. The head has ceased boring into the pillow. The extremities hitherto rigid or shaken by clonic spasms, gradually relax. The patient being unable to cough, the respiration becomes audible, rattling and, as the end approaches, often assumes a periodic character. The pulse becomes rapid. The temperature rises to 104° F. or higher or may become subnormal.

The sweat glands, formerly active, cease to functionate; the skin is pale, often grayish or brown and desquamating. This condition continues until, in deep coma, and with tracheal rales and thready, running pulse, the patient dies.

Report of a case, i. e., "hydrocephalic alimentary intoxication." By alimentary intoxication is meant a condition resulting from the poisonous effects on the system of food which has not been disposed of properly or properly digested.

There are four principal types, *i. e.,* cholera, saporace, respiratory and hydrocephalic. This latter form with which nervous

symptoms are associated because of its irritative and paralytic stages is similar to tuberculous meningitis. It may appear suddenly or may appear in a more lingering form.

NOTES FROM PARKINSON'S RARE OLD HERBAL, 1640.

Althæa officinalis. Marsh Mallow. Young leaves of the common and fine cut mallows. French Mallows, and garden hollihocke were eaten as a salad to mollify and open belly, green or boyled. The leaves boyled in wine, vinegar, or broth with parsley or fennel rootes helpeth open body, some apply warmed to belly for same purpose, and convenient in hot agues. Allayeth paines from constipation. Some increaseth flow of milk in breasts. Decoction of the seede of Mallows, marvelous in diseases of the chest and lungs that proceed from hot causes, and the ptisicke.

Juice drunk in wine helps women to easy delivery. Pliny saith, a spoonful of juices of any of the mallows shall that day be free from all diseases, and it is good for falling sickness. Syrup and conserve of flowers for same diseases, and to open body when costive. Leaves bruised upon any place stung by bees, etc., and deadly spider phalangium, takes away the paines, rednesse and swelling, and Dioscorides saith decoction leaves and rootes good for all poisons, and poisons are soon vomited. Poultice of leaves boyled and bruised and bean flour added and oil of roses special remedy against hard tumours and inflammations o impostumes, and swellings of cods and eases the pain, as against also hardness of spleen, or liver to be applied. Juice boyled in old oil and applied, taked away all roughness of skin, and falling of hair, scurf, etc., or dry scabs in head or other parts. If anointed therewith or washed with decoction same is effectual against burns and scalds, and to help disease, St. Anthony's fire and all hot red swellings. Flowers boiled in oil or water and honey and alum added, gargle for sore mouth or throat. Pliny saith beaten with nitre and applied draweth out thorn or pricks. Rootes and seedes boyled in wine good for excoriations of guts. Hippocrates gave decoction of rootes to those about to faint and

wounded through loss of blood, and applied the same with honey to the wounds. He gave rootes boyled in wine to those injured by falls and bruises, for had bones out of joint or swelling and pain in muscles, sinews, or arteries, good for ulcers or sores in any cartilaginous place. The seed of mallow good for the stone, a dram given in powder and repeated it will help. Used by the Turks to procure rest and sleep. Heal green wounds.

Note.—In this village two persons afflicted with piles cured themselves by sitting over a hot decoction of marsh mallow leaves.—D. W.

Garlic and Onion. (In view of the prominence recently given to garlic in the healing of tubercular and other wounds, it is interesting to read what John Parkinson has to say of the herb.)

Kill worms in children if water in which they have been steeped all night be drunk fasting. Help inveterate cough and cut tough phlegm. Juice stuffed into nostrils purgeth the head. Formerly considered a cure-all for falling sicknesse, cramps, convulsions, piles or other cold diseases.

Wake Robin. (Lords and Ladies—Wild Arum.) Fresh rootes bruised and distilled with milk, sovereign remedy for skin, removing all blemishes, not to be left long on any place. Leaves among clothes keepeth away moths, green leaves bruised, laid upon boils or plague sores draws out the poisons. An oz. of the dried rootes taken in a few days to-gether helpeth rupture; leaves dried or greene, stinking sores and polypus—water in which the roote has been boyled applied to eyes, cleanses them from any film that grows over and mistiness. Juice of the berries boyled in oil of roses, dropped into the eares, easeth the paines, good for piles; cleanses the skin from all blemishes, stays the spreading of sores, goode for hollow ulcers and fistulas, good for drunkenness.

Parkinson duly notes the homœopathic action of the plant in the following sentence: allays sharp shooting pain upon tongue that it causeth.

Saliva.—Garden sage, stays bleeding woundes, cleanses foul ulcers, and stayeth itching of coddes, if bathed therewith. Agrippa saith if chilling of women whose wombs be too slippery,

unable therefore to conceive, shall take juice of sage with a little salt for four days before they company with their husbands, it will help to conceive, and cause birth to be retained. In Cyprus after the great plague women were forced to drink the juice of sage to cause them to be more fruitful. Orpheus saith three spoonfuls juice taken fasting with honey stayeth fretting and casting up of blood. For consumption these pills recommended. Spikenard and ginger each 2 drams seed of sage slightly toasted at fire 8 drams, of long pepper 12 drams, all to be powdered finely. Let there be so much juice of sage added as make it into a mess formable for pills. Take a dram each morning fasting and also at night. Matthiolus saith profitable for all paines in heade of cold and rheumatic humours and pains of joynts, inwardly or outwardly. Helpeth epilepsy therefore, drowsie evil, such as are dull and heavy of spirit and have the palsie. In defluxions and distillations of this rheum and diseas of head and chest, leaves sage and nettle bruised and laid to-gether upon the impostume that rises behind the eares, assuage and helpe it much. Sage with wormwood helpeth bloody fluxe. Pliny saith procureth women's courses and stayeth them coming down too fast. Good to help the memory by quickening the senses. They are persuaded in Italy that sage must ever be planted near rue for fear of toads and serpents breeding under it, and infecting it with their spittle. The danger whereof is recorded by Boccacio of 2 friends that were eating the leaves of that sage under which a toad was found to abide were both killed thereby, and the poet joineth them both to-gether to have wholesome drinke saying, "Salvia cum ruta facisent tibi pocula tuta." Sage of good use in the time of the plague at all times. Especially the small sage (which I think our people called sage of virtue) the juice thereof drunke with vinegar. Sage used in May with butter, parsley and salt, frequent to give health to the body, and sage ale also, and for teeming women subject to miscarriage, gargles with sage, Rosemary, honeysuckle and plantain boyled in water or wine with honey and allome put thereto to wash sore mouths and throats or the privies. Warms cold joynts and sinues with palsie and cramps, commended for paines in sides, wind, if the grieved place be fomented with decoction in wine the warm herb when boyled be also laid thereto.

Tobacco, English. Apply a leaf to head to ease paines. Seeds much more effective to ease toothache than seer of henbane. Herb bruised and applied to King's Evil helpeth effectually in 9 or 10 days. Juice fasting—4 drops—cures dropsie which purgeth up and downwards. Distilled water before fit of ague to cure; green herb bruised cures any green wound, kills lice in children's heads. Cures foul sores.—*Homœopathic World.*

THE CONSULTING PHYSICIAN AND THE PHYSICIAN WITH WHOM HE CONSULTS.

By Eli G. Jones, M. D., 1331 Main Street, Buffalo, N. Y

There are times when a physician feels the need of counsel. There may be something difficult or obscure about the case he is attending, or he has failed to find the right remedy to cure the patient. Then, again, the family may be dissatisfied with the progress of the case, and ask for counsel. On very many cases, I am sorry to say, another physician is called in merely to bolster up the opinion of the attending physician, to confirm the diagnosis, to put his seal of approval on what has been done for the patient. He reports to the family with a great deal of satisfaction that "the consultant agrees with my diagnosis, and he says that I am doing all that can be done for the patient."

I have known of doctors being called in consultation on a case where they told the attending physician one thing in the consultation room, the family something else, and the neighbors something entirely different. Such men are not to be *trusted,* and are not the *kind* of men to call in consultation.

What should be the *real* object of calling another physician in consultation? There can be but one answer to that question: to help a doctor *cure* his patient. If he can't do that, why call him in consultation?

I have in my practice had to call for counsel a few times, and at such times I always chose a doctor whom I thought knew *more* about the case than I did. I always selected a doctor who had a *reputation* for *curing* his patients. It made no difference to me whether he agreed with my diagnosis or not. If I was *wrong* in my diagnosis, I wanted to know it; but, most of all, I wanted his advice as to *how* to *cure* my *patient.*

I have known of doctors who, when called in consultation, would be all right in the consulting room, agree with all the attending physician had to say. They would pat him on the back, and tell him he was "a good fellow, and knew his business." but when this same consulting physician got a chance to talk *alone* with some member of the family, he would say: "Of course, you know, the doctor has not had much experience, and don't understand cases like this. I am very sorry that you did not call me at first, for I could have saved the patient," etc., etc.

How many good doctors have been "stabbed in the back" and undermined by the *devilish insinuations* of the consulting physician? This happens so frequently that we often ask ourselves the question: "Is there *honor* and *decency* in the medical profession?"

In conversation with a medical friend of mine he mentioned a prominent consulting physician (since dead) he said of him: "Whenever he is called in consultation he always tries to get the patient away from the attending physician." This form of *treachery* is *not* an uncommon thing among our doctors, "more's the pity."

A doctor who has a mania for "operations" is not a *safe* man to call in consultation, for his hobby is surgery; he can't *see* anything outside of that. A physician's reputation depends *solely* upon the *cures* that he makes. Every *cure* that he makes, either alone or through the advice of a consultant, adds just so much to his reputation, and binds the people more *closely* to him. Therefore, in a difficult or critical case he will naturally call on a physician as counsel whom he thinks will *help* him *cure* his patient.

A *good* consulting physician is a *broad-minded,* liberal man, a progressive man, one who is "up to date," who has the *best* there is in medicine, a doctor who has had wide experience in the successful treatment of difficult cases. If a physician *cannot cure* the diseases *common* to our country, he will not be of much *help* to you in the consulting room. Very many doctors called in consultation are well posted on the technical part of their profession, but are *weak* on therapeutics. Such men are not of much use in consultation. A *narrow* minded, bigoted man, a

one-idea man, the man with a *fad* or *hobby* will *not* likewise be of much help to you in the consultation room.

Now the doctor who *knows* materia medica is a "tower of strength" in the sick room, a *God-send* to a brother physician in the consulting room. A friend of mine in discussing a certain physician said: "When that doctor has counsel he always calls Dr. ———, and that doctor *loses* about every patient he treats. Of what earthly use is such a man in the consulting room? If he can't *cure* his *own* patients, he certainly can't *help* anyone else to cure *theirs*.

A physician who is building up a *reputation* upon the *cures* that he makes is building upon a *solid* foundation. A doctor of *that* kind is a *safe* man, a good man, to call in consultation, for his skill, his knowledge in the art of healing the sick, will be of *real,* practical help to you.

Most of us know that *book* knowledge of materia medica is one thing, but actual *clinical* experience with the remedies is an entirely different thing. Therefore, a real knowledge of materia medica must be learned by *testing* the remedies at the bedside of the sick. This is the *acid* test of what a remedy will really do for the sick.

In my study of materia medica I took up the best book I could secure on materia medica of a certain school of medicine. I studied it early and often, until I had a *working* knowledge of the remedies of that particular school of medicine. Then I practiced that system of therapeutics *exclusively* for several years, in order to *test* the remedies myself at the bedside of the sick. In this way I have, at different times, practiced for several years the regular, eclectic, homœopathic, physio-medical, and biochemical schools of medicine. This is the *only* method to *study* materia medica, if you want to *know* it. To accomplish this task it has taken me nearly fifty years, but it has been time well spent, and now in the "sere and yellow leaf" I can say, as in the Talmud: *"I know my power, because I have learned from many teachers."* I would not part with the knowledge that I possess of the materia medica of *all schools of medicine* for the wealth of a Rockefeller, for it is *the* thing that has helped me to do *things* in my profession; it is *the* thing that has *helped* me to be of

real assistance to a brother physician, when he sent out an "S. O. S."

A physician who *knows* the materia medica of *all* schools of medicine has infinite resources to draw upon in his battle with disease. In his *power* over disease he becomes almost invincible, for he can most always find a remedy to *fit* the case, and thereby save human life.

In my time I have been called into forty States of the Union in consultation with physicians of all schools of medicine. When I am called in consultation with a brother physician I always keep this *one* thing in mind, that my *business* there is to try and *help* him *cure* his patient, and I concentrate my mind on the *one* thought, to give him the *best* there is in me. I take just as much *interest* in *trying* to *cure* the case as if it was my own patient, and when the sick person gets well I am just as much *pleased* as if it had been my *own patient.*

Doctors do not always carry out the advice of the consulting physician. I have seen remedies given and something done absolutely contrary to my instructions that *interfered* with the remedies I had suggested, thereby lessening the chances of the patient's recovery.

The consulting physician and the family physician must, first of all, have *confidence* in each other. They should be *open* and *frank* with each other at all times and in all places. The treatment *mutually* agreed upon in the consulting room should be carried out carefully and honestly; if not, then of what use has the consultation been? When a course of treatment has been agreed upon, a schedule should be made out, outlining *how* and *when* each remedy prescribed is to be administered, as well as written instructions that may be necessary to serve as a guide for the nurse. The family physician gives the schedule to the nurse, and she is expected to carry out the plan of treatment in the written instructions.

It sometimes happens that different members of the patient's family will "butt in," criticise or find fault with the treatment, and say how *they* think the case should be treated. In such cases it is best to pick out some one in the family generally the head of the family (the most level-headed person), and give him or her to

understand that the nurse has her definite orders, and that she *must not be interfered with.*

You may be called in consultation with a physician and find his treatment has been entirely *different* from what you would have given, but be chary of your criticism. There are times when *"silence is golden,"* and this is one of them. You may say, "Now, doctor, if this was my case, I should treat it so and so."

If you are called in consultation with a doctor of a different school than your own, unless you *know* the materia medica of *his* school of medicine, you cannot talk *intelligently* with him about the remedies he has used. Therefore, any criticism from *you* on his treatment of the case would be in *bad taste* and entirely out of the question. Some consulting physicians endeavor by their talk and manner to impress the family with the idea that they are "It;" that they "know it all," and that the family physician is a mere cypher in their estimation. If you *are* a *smarter* man than the attending physician, rest assured the family will find it out without *your* taking *special* pains to inform them of this fact. The American people are intelligent, and they can generally tell a *real* physician when they meet him.

A consulting physician should be *very careful* what he says to any of the family or the patient. Where he is in consultation he should give the impression to the family that he *respects* their family physician, and has *confidence* in him. If he can do so, it is always *best* to say something *nice* about the doctor and about his treatment of the patient. This leaves a *good* impression upon the minds of the family and family physician. A *foolish* grin, a *sneering* remark (behind the doctor's back) has been like a "stab in the back" to many a good doctor, and has helped to undermine him in the *confidence* of the family.

There are certain *individual* rights that every American citizen has, and they are a *personal* matter with him, (1) To choose his own church, his own form of religion; (2) what his politics shall be and what party he shall identify himself with; (3) what school of medicine he shall belong to, or what system of therapeutics he shall practice. I repeat, these are *personal* matters, and you have *no right* to ask a doctor "what school of medicine he belongs to" any more than you have to ask him what church he belongs to, or what political party he is identified with.

Oh, if we could only *forget* our isms and pathies, all our prejudices, our petty jealousy, and only remember that we are *physicians* here *to heal the sick,* what a grand world this would be, and how much *good* we could accomplish for God, for our profession and for *suffering* humanity!

CUPRUM ARSENICOSUM.

Editor of the Homœopathic Recorder.

The experimental study of this drug by Drs. Sappington and Wurtz, reprinted in the June, 1918, Recorder, brings to the fore several questions not yet satisfactorily decided, and emphasizes the need of more light upon the physiological action of drugs, both upon the healthy and upon the sick. Art is long and time it fleeting. It will be a long time before "the Art of Healing" is perfected. Most of the objections to a definite conclusion from their experiments are noted by the experimenters.

(1) In *other provers* and (2) over longer periods the drug might have been effective in producing enuresis. The authors do not attempt to give, except by intimation, *the causes, or conditions of enuresis.* (a) Mental states; (b) action upon the heart *Digitalis* (?); it may be from another cause combined or alone that *Digitalis* acts; who knows? They mention *Apocynum. Apocynum* seems to have increased the urine and at the same time *depressed the heart action.* [See Knapp's proving in Allen, Vol. I., pp. 426-427.] Three out of four provers had increased urine, but in one case not until the *eighth day.* In one case (No. 2) for a part of the time there was an increase, and at another time there was a decrease. There are no other symptoms of the heart given than depression. Evidently *Apocynum* acts in some other way than upon the heart to increase the urine, unless heart depression has that result.

How it acts seems to be guess-work; let us not indulge in guesses, the field is too large.

In the *Cuprum arsenicosum* provings, say our authors:

(3) The provers may not have been susceptible; or

(4) The drug may act upon the sick and not upon the well.

(5) (Some) diuretics do act upon the sick and also upon the well (*Caffein*).

Now against all the confusing objections we have some brilliant clinical reports of the use of this drug in dropsy of heart origin. What is the conclusion?

(1) That these clinical reports may represent physiological facts; actual drug-effects of therapeutic value.

(2) That these brief provings only prove that the experimenters got no positive increase in the urine, as of undoubted drug effects, in the experiments they conducted.

(3) They do not disprove the clinical observations. Hence we stand exactly where we stood, therapeutically, before the experiments were made.

As already indicated they were very far from exhausting all the possible grounds upon which to ban provings of *Cuprum arsenicosum.*

M. W. Vandenburg.

June 20, 1918, Mt. Vernon, N. Y.

THE SPECIALISTS' DEPARTMENT.

EDITED BY CLIFFORD MITCHELL, M. D.

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THE MOST IMPORTANT URINE FINDING.

CLIFFORD MITCHELL, M. D.

It may be audacious to assert in cold type what is really the most important urine finding of all since all the pathological constituents of urine are of such importance that to rank one above the others is likely to throw a heavy burden of proof upon the individual essaying it. But we are ready to assume the responsibility of making the statement that, on the whole, the most important finding of all in urine is BLOOD. Albumin in urine may or may not be of paramount clinical importance. Sometimes it is and sometimes it isn't. Sugar, ditto. Bile is always an important finding, but not unless it is plenty, and even then other clinical findings are of equal merit, or will sooner or later be manifest. But blood in urine is the king of all pathological devilment. Excepting in the case of a menstruating woman who can diagnose her own case without medical attention, **blood in the urine is always a serious and often a dangerous finding.** Especially dangerous because a fatal malignancy of the urinary tract may be present with so little blood in the urine that the patient fails to see it with the naked eye. Those who are looking for ready tests by which constituents of the urine may be recognized without elaborate appliances can not be accommodated by any simple tests for traces of blood. The benzidine test for blood coloring may be plainly positive in urines which are absolutely normal in color and appearance. Again, the benzidine tests for blood coloring matter may be negative in cases in which the microscope, after long centrifuging of the specimen, may find just a few blood corpuscles or blood shadows. But these few corpuscles may turn out to be of the utmost importance.

All things considered, the writer spends more time, takes more trouble, and finds more difficulty in deciding whether a specimen of urine contains blood or not than in any other procedure in urinary analysis.

Let us emphasize our view of the importance of blood by citing some cases from our practice.

Case I.—Patient, a man 72 years of age. For many years had the usual symptoms of enlarged prostate, and used the catheter. Urine showed for several years pus only. After a time he noticed what he thought was a reddish stain on his clothing where drops of urine fell. Examinations of his urine from that time on showed at times a few red blood corpuscles. Seldom any gross amount of blood. Patient eventually died from cancer of the prostate.

Case II.—Man of 70 with the usual history of enlarged prostate. On examination of urine showed normal color, cloudy urine containing pus and bacteria. Close search showed a few red blood corpuscles. Operation for removal of prostate showed malignancy of same.

Case III.—Patient, man 40 years of age; history of good health until recently when he had attack of abdominal pain running down into scrotum. General signs of nephritis absent. Urine, however, showed albumin in small amount, and tube-casts, hyaline, and granular, with a few waxy. Close search found red blood corpuscles, which were very few. In view of the blood and pain the writer refused to make a diagnosis of nephritis, insisted that the case was a surgical one, and after a number of doctors had been consulted, operation finally showed cancer of the kidney and other internal organs. This case is noteworthy because of the age of the patient who was only forty.

A dozen or more other cases could be quoted in which blood was found, hence in view of the increase in number of the cases of malignancy we reiterate our assertion **that the most important finding in urine is blood, and that blood in the urine of a man of forty or upward should be assumed to mean malignancy until the contrary can be proved.**

DIURETICS.

CLIFFORD MITCHELL, M. D.

It is true that a diuretic is often scientifically and theoretically to be classified under the general heading of a palliative, and in some cases it is strictly a palliative and nothing else. It must,

however, be admitted that in other cases profuse diuresis seems to have a curative effect. An interesting example of the latter is to be found in the occasional cure of lumbago by the diuresis brought about by alcoholic beverages. Thus a friend of the writer who had been carefully abstemious for a long period of time was promptly relieved of a severe attack of lumbago by just one cocktail.

The medical profession is interested in diuretics. Hence we shall publish from time to time in this department observations upon such diuretics as come under our notice.

Considerable attention is now being paid to **calomel** as a diuretic. For the edema due to cardiac disease a trustworthy diuretic is said to be equal parts of powdered digitalis leaves, calomel, and powdered squill, in three-grain doses after meals.

Hydropsin is the name of a diuretic recently put out containing tinctures of digitalis, apocynum, apis, and pilocarpus. Given in doses of one dram. This should be serviceable in certain cases of obstinate renal dropsies so difficult to treat.

Theocin-sodium-acetate has its followers and is advocated in all forms of dropsy **except where the renal function is seriously impaired.** Hence means should be taken to ascertain about the renal function before using it. The writer's test for renal function has already been published in the RECORDER. The dose of the theocin-sodium-acetate is from one and one-half to three grains three or four times daily; best given after meals. Nausea caused by it can be relieved or prevented by giving small doses of menthol beforehand.

ANSWERS TO CORRESPONDENTS.

CLIFFORD MITCHELL, M. D.

Our department in the RECORDER brings us letters from different members of the profession asking for information regarding various matters which seem to have aroused interest. One of the letters reads as follows: "A woman, a mother, is dead. She was pregnant, about eight months, and apparently in perfect health, yet out of a clear sky came the fatal eclampsia, from which she died in spite of interference with labor, and all possible attention, medical and surgical. Is the ordinary examination of urine

as conducted by physicians capable of eliciting sufficient information to foretell such an attack of eclampsia?"

In answer to this question we can only say that if the ordinary examination of urine referred to merely consists of the making of tests for albumin and sugar such tests would in some cases not be conclusive if negative. That is to say, absence of albumin, for example, from the urine of a pregnant woman is not conclusive, in that convulsions may occur without albumin being found in the urine until such convulsions have taken place. It is unsafe to rely upon the appearance of albuminuria as a sign that convulsions are impending. Toxemia of pregnancy is, however, in our experience of now nearly ten years in length shown by calculation of the urea-ammonia ratio made by simple tests already described in full in the RECORDER. Not one case of unexpected convulsions has been reported to us by those accoucheures who are using this ratio as a guide. We feel safe in recommending it.

Dr. Karl Greiner, of Sparta, Michigan, writes us that he enjoys our department in the RECORDER, and requests that we give the most common urinary tests in such a way that the practitioner can use them to the best advantage, saying that it is impossible for a doctor in general practice and out of touch with a laboratory to surround himself with all the apparatus and innumerable chemicals used in modern urinology.

In answer to this request let us remark that much can be learned from simple physical tests of the urine. For example, a urine of low specific gravity, say, less than 1015, and of pale color, will foam when shaken vigorously, but the foam soon subsides, while if such urine contains albumin the foam will be more plenty and will last a long time. Hence when urine is conspicuous for its foam always suspect presence of albumin, and test it with cold nitric acid by contact, which is the easiest test for the general practitioner, involving the use merely of a test tube and bottle of strong nitric acid. One objection to this test is the fact that most of the nitric acid now obtainable turns yellow from formation of nitrous acid, which nitrous acid reacts with urea in urine forming a cloud of bubbles which may obscure a trace of albumin. If fresh nitric acid is used, there will be no trouble, but when the nitric acid bottle has been standing exposed to light on

the doctor's desk for years it is unfit for the detection of small amounts of albumin, as in cardiovascular-renal conditions.

Bile in the urine is easily recognized by the peculiar color in which reddish tints occur and by the amount, color and persistence of the foam. The color of the foam is best recognized by comparing the foam of the suspected specimen with that of the foam of normal urine. The foam of normal urine is entirely white but that of the biliary urine has a greenish-yellow cast.

Sugar in urine is infallibly shown by a high specific gravity in urine of light color. Urine yellow, light yellow, or pale yellow of specific gravity 1025 or over is likely to contain sugar. But if the color is red-yellow or dark yellow this is not the case necessarily. A large amount of urine in 24 hours, say, 2000 cc. or over, of high specific gravity is sure to contain sugar. Urine which is clear when freshly voided but which becomes cloudy and muddy when chilled contains a sediment of urates, and if the sediment is a rich rose-red or pink-red the sediment is significant pathologically, but if merely milky or muddy in color is not likely to be of importance. Urine which is cloudy when voided and when warm is so because of the presence of bacteria or phosphates or pus, sometimes from presence of blood. Bacteria do not settle easily so that the urine remains cloudy on standing. Phosphates settle, soon leaving more or less clear urine above, an easily disturbed sediment, and are usually of no significance unless the urine smells of ammonia. Pus settles soon and forms a dense whitish sediment not easily disturbed. Blood settles more slowly and the urine above it is likely to be reddish from the hemoglobin dissolved in it.

Another correspondent whose name escapes us, has requested articles on acidity and alkalinity of urine. The RECORDER for July, 1918, contains an article by us on acidity of urine, and we have reviewed the question of acidosis in an editorial in the *Clinique* for June, 1918.

The matter of alkalinity of the urine can be discussed as follows: Clinically, the most common cause of alkalinity of the urine is retention in the bladder with resulting decomposition. The urine is often alkaline, after vegetarian diet, but as this does not cause the patient any trouble he does not consult a physician

for it. On the other hand, when the urine is retained in the bladder and becomes alkaline from decomposition and formation of ammonium carbonate, the latter is irritating and the patient seeks the doctor. Such urine has the odor of ammonia when voided, turns red litmus blue, and under the microscope shows the large coffin-lid crystals of triple phosphates. These crystals when plenty can be seen without the microscope. Let the urine stand undisturbed for several hours, then hold up the bottle next to an electric light so that the light strikes the sediment of the urine, and the glittering of the crystals may be seen just as the sparkling of diamonds is noticed in the light. Such a condition in freshly voided urine is always pathological, occurring in cases of stone of the bladder, paralysis of the bladder, and enlarged prostate with retention. Prostatic patients void urine of a horribly persistent and penetrating dunghill odor. The best thing to remove this odor from a room has been found by the author to be Nicine Disfectant made in Chicago by the Nicine Company.

This brings us to an important general observation to the effect that there is no excuse for a urinous odor in a doctor's office or laboratory. The Nicine Disinfectant, which in itself is not offensive in odor, will absolutely remove all traces of urine odor from any place with which it comes in contact. Facetious friends who have been in the habit of referring to the writer's laboratory as a sanctum odorum have "canned" their jokes since we discovered Nicine.

In the treatment of alkalinity of the urine, stone or enlarged prostate must be considered. If due to paralysis of the bladder systematic catheterization is to be employed. For rendering the urine acid, ACID SODIUM phosphate may be employed in fifteen grain doses. The objection to this drug is that it is not fool proof. By that we mean that drug clerks will hand out the ordinary alkaline phosphate when the acid phosphate doesn't happen to be included in their half-education. Hence it may be better to prescribe sodium benzoate or better still benzoic acid in five grain doses. Corn silk, in teaspoonful doses of a good fluid extract or tincture, may also be employed as a general diuretic and demulcent in such cases. Boric acid in glycerine and water may help colon bacillus cases where pus and alkaline urine are the features.

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EDITORIAL NOTES AND COMMENTS

An Old Friend.—There is no tincture of *Arnica* which surpasses our homœopathic tincture, and we doubt whether there exists any which equals it. The remedy itself, whether in tincture or potency, high or low, is indeed a friend tried and true.

On the farm, when without a potency, we have used a few drops of the tincture in a half glass of water, and of this have given, or, we may add, with becoming humility, taken teaspoonful doses every hour or so, when sore and bruised, after an unusually hard day's work in the fields.

The good effect is always forthcoming and likewise amazingly rapid. We recall a farm hand, before the war (they are all farmerettes to-day), who attempted to negotiate the back of a Texas broncho. A battered well-house and a badly bruised and swollen thigh with a meek embryonic rider were the startling and swift results. The deep blue of the good-sized lump upon the thigh bore eloquent testimony to the severity of the pony's treatment. *Arnica tincture,* internally and externally, in the form of a hot compress, saturated with the remedy in the strength of a teaspoonful to a quart of water, was the gentle Æsculapian method employed to restore peace, comfort and tranquillity, and be it said with absolute satisfaction and promptness.

The late Henry C. Allen, good old Doctor Allen, of Chicago, whose like we shall never see again, called *Arnica* the dynamic homœopathic antiseptic, and with justice. Our older homœopaths employed this remedy as a routine measure in their post-

partum cases, and felt confident that no sepsis could arise where *Arnica* had been used. It certainly relieves the bruised soreness of the woman who has passed through a difficult and tedious labor.

Why is it that to-day so few of our obstetricians realize the advantage to be gained from the use of even a few of our simple homœopathic remedies, properly prescribed? Modern midwifery certainly does everything *for* the patient, but often *leaves* the patient out of consideration, paradoxical though this statement may seem to be. Are we not at times in danger of becoming ultra-scientific and so making ourselves ridiculous? Perhaps, who knows! So let us apply our homœopathy whenever it legitimately applies, and let us not forget the good old friends, such as *Arnica*.

Senega, or snake-root, is a valuable remedy in pulmonary diseases, and one we believe, often passed by for other more common but less suitable medicines. The chest and respiratory symptoms of *Senega* will well repay study, and are sufficiently peculiar or striking to make their remembrance easy.

A recent case will best illustrate the most common sphere of usefulness of the drug in question. Mr. S., somewhat over fifty years of age, complained of pronounced weakness and cough. He had been running a temperature for several days, the thermometer indicating a mark of 100.5 to 101 degrees at times. He further complained of a distressing cough which sounded racking and tearing in character, yet with a certain degree of looseness as though there were much phlegm to be brought up. Such, however, was not actually the case, for the sputa were scanty and white in color. With the cough there was sticking pain in the sides of the chest, under the right clavicle and under the scapulæ. Deep inspiration increased this pain. The man was evidently sick and certainly looked it. Talking was an effort, and provoked coughing spells every moment or so. Physical examination of the chest showed a simple bronchitis. The pulse was 95.

Senega, 6th centesimal, was given every three hours with speedy relief and entire cure within four days.

For such a case *Bryonia* is often mistakenly given, but *Bryonia*

has a dry cough aggravated by entering the house or a warm room. The sticking pains are, of course, very similar. *Phosphorus* may have either a dry or a loose cough, but with this remedy the cough is worse from cold air or on first going out into the open air; worse from lying down, especially on the left side, and usually has as an accompaniment a sensation of weight or heaviness in the chest with a desire to draw a deep breath to relieve this. To be sure, more extensive and more numerous comparisons with other remedies can easily be made, but we wish to emphasize the fact that *Senega* is possessed of an individuality quite its own which need not be confused with that of any other drug.

Avena Sativa.—When a horse "feels his oats," as the saying goes, he is apt to act up and show that he is in fine fettle. His movements are quick, agile and vigorous, and his capacity for work decidedly increased. His power of endurance is certainly enhanced.

Small wonder then that the homœopathic tincture of oats, *Avena sativa,* has the same invigorating effect upon the human animal. In the common vernacular of the age it may be said to put *pep* into a man and in certain mildly neurasthenic patients who feel mentally and physically fatigued, with difficult mental concentration and hypersensitive nerves, this remedy in ten drop doses, taken in a little water, is often of great service. Certainly this use of the medicine seems unhomœopathic, and whether the beneficial action is based upon the law of similars or not we cannot say, since no proving worthy of the name has been made of it. Our use of it is, therefore, no doubt, frankly empirical. It is said that too large doses will produce occipital headache; if so, the presence of such a headache under other conditions, might be a useful indication. It ought to receive a careful proving.

The Medical Reserve Corps.—Attention is again called to the need of the army for physicians and surgeons. The homœopathic school is responding patriotically to the call of Surgeon General Gorgas, yet still more men will be required for the constantly in-

creasing number of our forces. The United States have indeed established a remarkable record in placing more than one million men in France by the first of July of this year, and thousands more are each month going across. Hence more and still more medical men must enroll to aid in the care and treatment of the sick and wounded we must necessarily expect to have.

The subjoined information regarding service in the army will be of timely interest:

Volunteers will probably be accepted immediately and commissions forwarded. The slip inclosed with the commission should be signed and returned without delay. Orders may then be expected in fifteen days, unless immediate service is requested or an emergency arises. Initial service is usually at a training camp. This is usually the hardest assignment, because of the necessity of changing so many established habits and because a great deal of training must be accomplished in a minimum of time —the standard period being three months, but the present emergency often tending to shorten the course. Physicians should realize that, as soon as they have accepted their commissions, they are under military orders, and must obey promptly and exactly, without question, and conform to regulations new to their experience and which they must take pains to learn.

The average 1,000 men commissioned in the M. R. C. is subject to the following losses before or shortly after becoming available for active duty: 31 for physical disability, inaptitude, 13; domestic and community needs, 4; deaths, 3; resignations, 10; total, 61. Study this list; it will assure you of two things: that there is little reason to fear that you cannot make good in military service and still less chance to get out of the service for any reason because, after entering, you find that it involves some genuine sacrifice and hard work.

Salaries are $2,000, $2,400 and $3,000 for the respective ranks of first lieutenant, captain and major. Foreign service gives an increase of 10 per cent. and an allowance in lieu of quarters will now be given to all actually maintaining homes for genuine dependent families, amounting to between 20 and 25 per cent. The necessary initial equipment costs somewhere from $150 to $250 and, for the most part, represents clothing, bedding, etc., which

would have to be bought anyway. Not more than $50 can be considered as an ultimate expense. Routine personal expenses and renewal of equipment will cost $50-$100 a month, $75 being a fair average. The relative inexpensiveness of military life in war is mainly due to the necessity of living a simple, industrious life. Young men have a good chance to enter the regular Medical Corps and are eligible to promotion to the rank of captain after a year.

PERSONAL.

The Middletown (N. Y.) State Homœopathic Hospital, on the evening of June 28th, held its graduation exercises for the nurses, as well as an alumni reunion. A most enjoyable evening was spent and was made more interesting by the presence of Dr. C. Spencer Kinney, of Easton, Pa., who delivered the graduation address to the nurses.

Dr. Kinney was, for many years, a member of the medical staff of the Middletown State Homœopathic Hospital and since 1900 has conducted the Easton Sanitarium for Nervous and Mental Diseases, at Easton, Pa.

His appearance in Middletown was much in the nature of a homecoming for the genial doctor, who is known far and wide by a host of warm friends.

The record of cures of mental cases, of our State homœpathic hospitals, Middletown and Gowanda, is a most enviable one and speaks eloquently for the superiority of homœopathy in the treatment of the insane.

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THE DIAGNOSTIC AND THERAPEUTIC VALUE OF SYMPTOMS.

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

I think that it has been the universal experience of men doing surgical specialties that too large a per cent. of the cases coming to them have been too long neglected. In other words, there is a tendency on the part of certain general practitioners of all schools of medicine to procrastinate in dealing with certain surgical conditions until such procrastination becomes dangerous. Indeed, the question of diagnosis has become to all scientific physicians the great desideratum in the treatment of disease. It is true that the homœopathic physician, basing his prescription, as he does, upon the totality of symptoms, has a tremendous advantage over the man, who, treating the disease instead of the patient, deems it imperative to make a diagnosis before he can intelligently treat his case. This I say is a tremendous advantage and I sincerely believe that many diseases can be arrested in their incipiency, thereby preventing them from becoming organic, by the properly applied homœopathic remedy because of its specific action upon the tissue or tissues involved. Symptoms are but the language of disease; and if the law of similars is a dependable law in therapeutics, it is clearly possible intelligently to treat disease long before an accurate diagnosis is possible.

To illustrate: The specific action of *Bryonia* upon the serous membranes of the body; the specific action of *Apis* upon ovarian tissue; the specific action of *Phosphorus* upon lung tissue; the specific action of *Rhus toxicodendron* upon the muscle tendons; and the specific action of *Arsenicum* upon the mucous membranes

are but familiar illustrations of the advantages of the law of similars in the prevention and cure of disease. Who can tell how many pleurisies, pneumonias, cancers, ovarian tumors and attacks of rheumatism have been prevented by the timely administration of these and other homœopathic remedies selected in accordance with the law of similars during the premonitory stage of disease whose sole manifestations are subjective phenomena.

The foregoing are some of the *advantages* of this law as you and I comprehend it. The *danger* of relying upon it absolutely is, however, not to be ignored. The sooner we of the homœopathic school come to realize the diagnostic as well as the therapeutic importance of symptoms the better will it be for us and for homœopathy. I do not believe that there is a specialist in the homœopathic school who has a more abiding faith in the value of the properly selected homœopahic remedy than have I. On the other hand, I am fully alive to the importance and necessity, if we are to place homœopathy squarely upon a scientific basis, to recognize the limitations of the law of similars, which can only be done by thoroughly comprehending both the objective and subjective diagnostic import of symptoms.

So long ago as 1897 I presented, as Chairman of the Bureau of Gynæcology of the American Institute of Homœopathy, a paper under the caption of "The Limitation of Therapeutics in the Treatment of Gynæcological Diseases" in which I emphasized this point. Again, in 1913, before the Bureau of Homœopathy of the Institute I presented another paper under the caption of "The Value of the Homœopathic Remedy in Gynæcological Practice" in which I called attention to the danger of a too abiding faith in the homœopathic remedy in the treatment of disease Again, in 1915, under the caption of "A Plea for a Practical Up-To-Date Repertory," I incorporated a page of what seemed to me, at that time, an ideal repertory, in that there was enumerated after every symptom under which certain drugs are listed, and in rubrics, the pathological condition or conditions which might give rise to such symptom or symptoms. By way of illustration: Under the head of "Leucorrhœa" we find in the repertories this symptom: "Flesh colored discharge like washings of meat, offensive or non-offensive," which is a symptom of *Nitric acid.*

Now I would include in rubrics before this remedy is recorded, "diffuse sarcoma or fundal mucosa," for this particular kind of discharge, while not pathognomonic of sarcoma of the endometrium, is very characteristic of some form of malignant disease.

Under the head of "Greenish leucorrhœa," which is covered by a number of remedies, including *Mercurius, Pulsatilla, Sepia,* and *Thuja,* I would place in rubrics the word "Gonorrhœa."

Under the head of "Backache preceding and attending leucorrhœa," which is likewise covered by a number of remedies, including *Helonias, Kali bichromicum* and *Cimicifuga,* I would place in rubrics," kidney lesions, oxaluria, spinal congestion, anæmia, lumbago and organic disease of the spine. All of which would be suggested as causative factors to the prescriber, if he failed to relieve that particular symptom by the remedy, and put him on the track of the cause or causes of the backache, which require for its relief more radical measures.

Another symptom found in our repertories is "Cervical erosion bleeding easily," which is covered by *Aluminum, Argentum nitricum, Mercury* and *Kali bichromicum,* but which may be a most suspicious symptom of malignancy and, therefore, I would place in rubrics "simple abrasion or beginning malignancy," thereby placing the alert physician on his guard.

All this to show that this is a subject which has long interested me, and I have been very much in hopes that some of our materia medica writers would create a repertory along the line suggested. However, such a work, if intelligently written, must necessarily be a composite work written by co-operating specialists and internists. A work of this character, too, would necessarily have to be, so far as diagnosis is concerned, merely suggestive and in no sense an encyclopædia. It was, therefore, with unlimited pleasure that I reviewed for the first time the splendid volume, entitled "Index of Differential Diagnosis of Main Symptoms," by Herbert French, M. A., M. D., F. R. C. P., London, who is physician, pathologist, and lecturer at Guy's Hospital, as well as consulting physician to the Radium Institute. It is a volume of over 900 pages, published by Wm. Wood & Company, of New York, and nearly 150 of the 900 pages are in the form of

an index or repertory. Indeed, the work is nothing more than a repertory of symptoms, both subjective and objective, and I do not believe that any physician, let alone any homœopathic physician, can afford not to have it upon his reference shelf. There is no medical man so proficient in diagnosis as not to find it invaluable. It is, of course, no more possible to use a repertory of diagnostic symptoms intelligently without a thorough knowledge of disease or diseases than it is to use a homœopathic repertory intelligently without a good working knowledge of homœopathic materia medica. But there is no man so expert in diagnosis as to be at all times able to interpret unusual and peculiar symptoms any more than is any man so well versed in homœopathic materia medica as to be able to carry in his mind the remedy or remedies indicated when unusual symptoms present. Hence the value of this splendid repertory of symptoms.

By way of illustration: "Pain in umbilical region" will be found in our materia medicas and in our repertories under the head of *Phosphoric Acid.* You and I, of course, know that perhaps in the larger number of instances this symptom is a transient one and will disappear without any treatment other than dietetic, but when it is permanent or unusually severe it may mean any one of a number of things, some of them being of most serious import. Let us then turn to this repertory of symptoms and, under the head of "pain in the umbilical region," we will find listed: Umbilical hernia, sebaceous cyst, new growth, eczema, intertrigo, divarication of the recti muscles, cyst of the omphalomesenteric duct, tuberculosis, peritonitis, carcinoma of the pylorus or carcinoma of the colon, tabes dorsalis, lead poisoning, tumor of the spinal column or the cord, caries and compression, myelitis and phthisis. All of these conditions are properly differentiated the one from the other and the wisdom of first reviewing these several causes, if the pain does not speedily yield, is held self-evident. I have, on more than one occasion, found such pain due to a small strangulated hernia, the gut having become gangrenous because of the neglect of the attending physician to make a thorough physical examination.

Let us take another symptom under the head of *Anacardium.* In our materia medicas and repertories we find as a keynote symp-

tom the following: "Indigestion characterized by pain relieved for one of two hours following a meal." This particular symptom may result from a simple functional disturbance and, indeed, even if due to organic disease, may be permanently abolished by *Anacardium*. But to the surgeon it is one of great import and at once suggests the possibilities of a *duodenal ulcer*, the explanation being that after the ingestion of food the pyloric opening is temporarily closed thereby preventing the acid secretions from the stomach coming in contact with the ulcer; or the presence of the food in the stomach excites the flow of bile, which is alkaline, and, therefore, reduces the hyperacidity of the gastric juices, thus affording temporary relief. But to place ourselves on guard let us again refer to "this repertory of symptoms." Here we shall find not only the lesion I have given as one of the causes of this particular symptom, but also, under the caption of "The Differential Diagnosis of Functional and Organic Dyspepsias" (page 316), and with many cross references, the classic symptoms of each particular condition giving rise to indigestion, including cancer, gastritis, dilatation of the stomach, gastroptosis, hour glass stomach, hyperchlorhydria, affections of motility, affections of sensation, the dietetic causes, the mental causes, the emotional causes, etc. Then there are given the various methods of examining the stomach.

Again, under the head of "*Cuprum*," we find as one of the keynote symptoms, "cramps in the calves of the legs." Now let us turn to "Leg—cramps in," pages 66-465. Here we shall find that it is not infrequently due, when persistent, to a peripheral neuritis, which condition is ushered in with pain and cramps in the limbs, followed by wasting, which may reach an extreme degree.

Under the head of "Nausea and Vomiting," we find in our repertories a number of remedies, the more prominent being *Antimonium crudum, Argentum nitricum, Arsenicum, Carbolic acid, Kali bichromicum, Cocculus, Carbolic acid, Nux vomica, Pulsatilla* and *Ipecac*. Under the same heading let us turn to page 763, our Index of Differential Diagnosis, and there we shall find enumerated the many causes of nausea and vomiting, which are briefly differentiated, thereby placing the physician carefully on his guard both as regards diagnosis and prognosis. Some of the

causes, beginning with the œsophagus, are malignant diseases, fibrous stricture, spasm, pressure from without as aneurysm and new growths, idiopathic dilatation, diverticula, etc. Then follow many causes classified under the chief headings of Central, Reflex, Visceral and the Central Nervous System, the sub-headings being so numerous that I have neither the time nor the space to enumerate them.

"Pain in the abdomen with collapse" is a symptom produced by *Æthusa, Camphor, Cuprum* and *Veratrum album,* as well as by a number of other remedies, and this particular symptom, like many others, may be purely temporary or functional in character due to the ingestion of improper food; or it may be of most serious import. Let us see what our diagnostic repertory says. On page 802 we find that this particular symptom may be due to some abdominal injury, to acute pancreatitis, to arsenical poisoning, to biliary colic, or embolism of the pancreas, to ruptured ectopic pregnancy, to gall-stones, to a gangrenous appendix, to hæmorrhage into the pancreas, to intestinal obstruction, to a movable kidney, to a perforated duodenal or gastric ulcer, to peritonitis, to a ruptured aneurysm, to a simple colitis and may even result from long continued nausea and vomiting.

Let us take so common a symptom as "Metrostaxis." You will find in your repertories many remedies called for in dealing with menorrhagia and metrorrhagia; but the *significance* of the hæmorrhage in a given case from a diagnostic viewpoint is of tremendous importance.

Let us turn to page 392 of the work in review and we shall find enumerated for us, with the possible causes nicely differentiated, a list which includes uterine bleeding in the new born, malignant involvement of the corporeal endometrium, polypi, senile endometritis, senile granular vaginitis, secondary postpartum hæmorrhage, extra uterine gestation, malignant growths of the cervix and of the vagina; and cervical erosions.

If every prescriber when he meets with an unusual case of metrostaxis were to turn to these causes and refresh his knowledge of them, thousands of lives would be annually saved in the United States alone by the prevention and cure of malignant diseases which are now permitted to pass beyond the pale of operative surgery before they are recognized.

It has been my effort to give you as briefly as possible my own personal reasons for feeling tremendously indebted to Dr. French and his collaborators for the creation of this splendid work. Although thoroughly up to date, he has given nothing in the way of diagnosis that cannot be found in any other up to date work devoted to the subject, including the splendid volume of Dr. Clarence Bartlett, of our own school. It is the manner in which Dr. French has arranged his subject matter, together with the repertorial index, which makes it so intensely practical as a reference work. Nothing like it has, to my knowledge, been produced. Its context begins with "Accentuation of Heart Sounds" and ends with "Yellow Vision." Its index begins with "Abdomen—cramps affecting" and ends in "Zygomatic Muscles, weakness in." There are innumerable cross references in both the context and the index, which are all properly paged and almost any symptom will be found indexed under several headings. All of the medical specialties are included in the volume.

"THE VALUE OF SUBJECTIVE SYMPTOMS IN CARDIAC CONDITIONS."

By Daniel E. S. Coleman, Ph. D., M. D., Professor of Materia Medica at the New York Homœopathic Medical College and Flower Hospital.

The great value of *subjective* symptoms has always been recognized by homœopathic physicians since the birth of our school. Their superiority over *objective* symptoms is apparent to all careful prescribers. Even in skin diseases, where objective symptoms must necessarily play a prominent part, the sensations outrank them in importance. This fact was impressed upon my mind when I was a student.

It was the custom of that great dermatologist and keen prescriber, the late Dr. Henry M. Dearborn, to assign students to cases appearing at the dispensary. We were supposed to diagnose and suggest remedies. A fellow-student and I were sent from the lecture room with a patient. Our diagnosis was herpes zoster, but we were undecided as to the remedy. The characteristic lesions, *vesicular,* suggested *Rhus tox.;* but the *sensation* and *mo-*

dality, burning pain relieved by heat, pointed to *Arsenicum*. We concluded to ask Dr. Dearborn to decide. He selected *Arsenicum*, because the subjective symptom, *burning pain relieved by heat*, was more important than the objective symptom, vesicular eruption. The case made a rapid recovery.

The vast amount of cardiac clinical material offered at the Metropolitan Hospital caused me to become deeply interested in diseases of the heart. When my interneship at that institution was fulfilled some sixteen years ago, I had received considerable practice in the detection of murmurs. My present experience as visiting physician keeps my ear in training.

I had not entered private practice very long before discovering that many patients in whom I heard pronounced murmurs suffered with little or no distress and are now still living years hence with no apparent weakening of the heart muscle. On the other hand, I observed that cases presenting marked subjective sensations, regardless of what the stethoscope revealed to the ear, were in a dangerous condition.

Sir James Mackenzie, in his classical works upon the heart, lays stress upon the great importance of *subjective* symptoms and the *response of the heart muscle to effort*. He proves that the prognosis must be based upon these. He shows also that if we are to obtain a true knowledge of heart conditions we must observe the same cases through a number of years. Few examinations of a large number of patients, while it may train the ear to great accuracy in the detection of objective signs, can never give one a true insight into cardiac conditions. A physician who devotes himself exclusively to hospital practice will not become really efficient in this most important branch of medicine.

It is not the object of this paper to enter into an abstract, lengthy consideration of heart diseases, but to present a few cases to illustrate the value of *subjective symptoms in cardiac conditions*.

Case *I.*—Female, age thirty. 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 to business. Systolic murmur heard at the second right intercostal space, transmitted to

the neck. Systolic murmur heard at the apex transmitted to the left. Under *Cactus grand.*, *θ*, ten drops in half glass of water, two teaspoonfuls four times daily, she improved rapidly, and *all* subjective symptoms disappeared. The valvular murmurs still remain, of course.

I informed the patient that she must not exert herself unnecessarily, but that her valvular condition (aortic stenosis and mitral regurgitation) was not the most serious cardiac lesion. The *subjective* symptoms were such that she should use reasonable precautions against weakening the heart muscle, however. This patient went along for many years suffering no distress with occasional medication and ordinary precaution against fatigue. A short time ago she became extremely tired and nervous from overwork and I advised a complete rest.

The *objective* symptoms remained practically the same throughout the entire period of my observations, with a moderate variation of the rapidity and force of the heart beat. The remedy, treatment and prognosis were based upon the *subjective symptoms*, the true index to cardiac efficiency.

Case II.—One night Morpheus was driven from my couch by a call from a patient suffering from angina pectoris. The following symptoms presented themselves. Most pronounced *dyspnœa and fear, constriction in cardiac region, aching of left arm* and *cold sweat*. I mixed ten drops of the tincture of *Cactus* in about a half glass of water and gave two teaspoonfuls every five minutes. I follow Dr. Rubini's suggestion as regards dosage. *Marked* relief was obtained from a few doses. After this I diminished the frequency of the medication. In an hour she was completely free from distress. She has never had another attack, but takes *Cactus* whenever there is a suspicion of relapse.

It is significant that the *objective* symptoms in this patient were very slight.

Case III.—Many years ago a brother physician and a fine homœopathic prescriber was thought to be near death from valvular disease.

The sense of *constriction* was the most prominent symptom. *Cactus grand.*, prescribed by himself, palliated his condition perfectly (he always carries it in his pocket), and he is alive to-day and in active practice.

Case IV.—Female, age 72. Tuberculosis of the lungs and cardiac degeneration. The sensation of *constriction* about the chest appearing prominently at times, would promptly disappear under the action of *Cactus*.

I could repeat many similar cases in which this valuable heart remedy has been of the utmost service. The indications for its use are *subjective*. The experiments upon guinea pigs, conducted at the Colllege of Physicians and Surgeons, New York, were most misleading. The experimental scientists concluded that *Cactus* had no action upon the human heart because no symptoms were produced upon guinea pigs.

The provings of that keen observer, Dr. Rubini, of Italy, showed what a truly valuable cardiac remedy *Cactus* really is. It would be difficult to produce the *sensation of constriction in the cardiac region as of an iron band, aching of the left arm, anxiety,* etc., in a guinea pig. When the experimental scientists learn that it is necessary to know the action of a remedy upon the healthy human body before it can be applied curatively, one school of medicine, and one alone, will exist.

Do not think that I disapprove of the experimental pharmacological laboratory. Such is not the case. I favor all methods tending to increase knowledge. I do claim, however, that animal experimentation plays but a small part in the development of homœopathic medicinal therapeutics, and to base our knowledge of drug action upon such experimentation is absolutely devoid of logic.

Case V.—Male, age 60. Great sense of fulness in the chest and throat. It was with the utmost difficulty that I detected a *slight* murmur, systolic in time, and heard over second left intercostal space. I was very careful in my examination and used a Bowles stethoscope. Patient remained in moderately good condition for a number of years under such remedies as *Lachesis* 30, *Nux vomica* 30, *Cactus grand.*, etc., prescribed on existing indications. He was warned against over-exertion. One day he complained more than usual of the fulness above mentioned. There was no apparent change in the objective symptoms. I again warned him against exertion. Next day he ran up the elevated road stairs and dropped dead on the platform.

If I had been guided by the *objective* symptoms I would never have warned him of his danger, which he finally so fatally disregarded. Our reputation as physicians often hangs upon such a warning.

Case VI.—Male, age 44. Patient suffered with marked neurasthenia presenting a multitude of subjective symptoms. His most prominent symptom was pain, burning and heaviness in occiput with vertigo. Sometimes he would have pain or burning over the left epigastric or abdominal regions. He was troubled with constipation, etc., etc. Urinary analysis showed traces of albumen, a few pus cells and epithelia from convoluted tubules of kidney containing fat granules and globules. Blood pressure varied from 140 to 170. He presented no valvular lesions and the apex beat was moderately strong. Patient was under my care for about four years, during which time I was able to improve his condition without completely removing all his disagreeable sensations. Last November he developed dyspnœa, aggravated by walking, dry cough, and pain about cardiac region. Notwithstanding that the objective symptoms of heart trouble were almost lacking, excepting a slight weakening of the apex beat. I warned him against exertion. Previous experience had taught me the value of *subjective* symptoms. *Laurocerasus* and, later, *Cactus,* relieved him somewhat, but he still complained of some pain and distress. On December 14, 1917, his wife called me hurriedly by telephone. He was suffering great pain in cardiac region after a walk. Before she finished her message, he was dead. This was another evidence of the great prognostic value of *subjective* symptoms.

Case VII.—Female, age 40. Dyspnœa on slight exertion, weakness so great that she could not go out and attend to business. Systolic murmur at apex transmitted to the left, systolic murmur at right intercostal space transmitted to neck.

I prescribed *Cratægus, θ,* five drops, four times daily. *Cratægus* does not work well in potency. This cured all her *subjective* symptoms and she is now strong and attending to business. Of course, the murmurs remain. When the subjective symptoms disappeared the patient was better notwithstanding the continuance of the murmurs.

Case VIII.—Male, age 79. Cardiac dyspnœa, palpitation and weakness. Greatly relieved in a short time by *Crataegus θ*, five drops, four times daily.

I could relate many more cases in which the *objective* symptoms were very insignificent, but where the *subjective* symptoms stood out prominently, but time is limited

I will now present a few cases where the *objective* symptoms were pronounced, but where the *subjective* symptoms were slight or absent:

Case I.—Male, age 78. Patient came to me about thirteen years ago for an examination. I found the heart beat very slow, 54 per minute. I heard a *marked* systolic murmur at apex transmitted to the left. All these years he has suffered little or no distress, is most active in business, has played tennis, could chin himself on a horizontal bar six times a few years ago, runs for street cars, possesses a good tenor voice at the present time, writes his own songs, etc. It is only very recently that he developed any pain in the cardiac region, but it is not marked and has improved under treatment. He is a remarkably strong, active well-preverved man to-day.

Case II.—Male, age 37. April 14, 1912. Patient, who has a most responsible position, was extremely overworked. He had a dull headache, nervousness, raw throat (due to cigarettes), constipation, no appetite, etc. There were no symptoms indicating heart trouble. Upon examination I discovered a marked systolic murmur at the second right intercostal space transmitted to the neck, and a marked systolic murmur at apex transmitted to the left.

During the years that he has been under my occasional care, chiefly for nervous indigestion due to overwork, no subjective cardiac symptoms have developed. He works extremely hard, goes into high elevations like Denver, and smokes immoderately. He feels better to-day than he has in years.

Case III.—Male, age 37. Patient, strong and active, expert tennis player, free from all subjective sensations. He wished a physical examination before applying for entrance to the officers' training camp. He was most desirous of entering the army. On examination I discovered a systolic murmur at apex

transmitted to the left. He was terribly disappointed. Because of the utter absence of *subjective* symptoms notwithstanding his extremely active life, I decided that he was fit for army duty and advised him to apply for examination. He was passed by the local examiners and sent to the officers' training camp. After three months' strenuous training he was in fine physical condition and developed no *subjective* symptoms. He was finally rejected because of the murmur. I believe this man would have been a valuable aid to his country. The medical officers did not wish to take a chance, however.

Case IV.—Strong, active, young man, professional wrestler and athlete, applied for a physical examination last fall. He was engaged in physical instruction. After very strenuous wrestling he would notice a very slight shortness of breath. No other *subjective* symptoms were present. Upon examination I discovered a mitral regurgitation. The murmur was pronounced. Any one familiar with the science and art of wrestling knows what a strenuous sport it is and how a normal man will soon become winded. The only symptom it produced in this patient was a slight dyspnœa. However, I advised him to save himself as much as possible.

During my seventeen years' practice I have been surprised at the number of patients having systolic murmurs heard at the apex, and I agree with our celebrated English colleague, Sir James Mackenzie, that many of them are physiological. Graham Steel said that "no one dies from mitral regurgitation." Dr. Mackenzie has proved that other factors such as myocardial disease and impairment account for failure of the heart to perform its function. He writes in his attractive style "What is essential to us as physicians is to recognize that a systolic murmur whether variable or persistent may be of no significance as far as the future of the patient is concerned, and that when it is the only abnormal sign present and the response to effort is good, it implies neither cardiac disease nor cardiac impairment."

It is important to note that the diastolic or pre-systolic murmurs (mitral stenosis and aortic regurgitation) lead to heart failure by embarrassing the heart. The detection of these murmurs is of importance in the prognostication of what is likely

to develop as impairment progresses. For example, the presystolic crescendo murmur heard at the apex shows that the mitral stenosis has not progressed beyond the earlier stages. When the mitral diastolic diminuendo murmur appears, it shows that the condition is more advanced, and when these two murmurs merge into one diastolic diminuendo-crescendo murmur continuing through the entire diastole it shows that the stenosis is far advanced. The *subjective* symptoms will be present to show the exact condition of the heart muscle, and it is on the severity of these that the prognosis is made. The majority of our prescriptions are based on the *subjective* symptoms.

Such facts prove the value of subjective symptoms in cardiac conditions.

SHREDDED NERVES AND SOME CAUSES—A LITTLE PREACHMENT FOR THE DOCTOR'S PATIENT.

By Edwin F. Bowers, M. D.

There are as many causes for shredded nerves as there are things that happen to the human body. Any one of these, if harped upon long enough, may be sufficient to fray the cord and spoil the physical harmony that exists between sound nerves and healthy bodies.

A rash and impetuous hair cut may bring about an attack of neuralgia that will leave the entire nervous system shaken and unstable for weeks.

An outstanding and obstreperous bunion, trying the patience and endurance of old Prudence Patience herself, will ravel and tangle more nerve fibrils than Horatio ever dreamed of.

And everything between the hair and the toes that rubs the fur of life the wrong way, that makes two irritations grow where none grew before, and that puts undue strain and stress on any part of the complicated electro-chemical machine we call the body, may develop a more or less aggravated attack of shredded nerves.

The most frequent cause for "nerves," however, is poison—poison of the most deadly character—generated as a result of fermentation and decomposition of food products, and because of

failure to get rid of the broken down and worn out organic material through the skin, kidneys and bowels.

No cure of the trouble is humanly possible unless this cause is first corrected. But to correct it requires the most careful regulation of the diet, and of everything that has to do with the feeding habits.

Those who are accustomed to cry "hold, enough," only when they cannot possibly hold any more will have to learn that "feeding" doesn't mean "stuffing." Also that every article of unnecessary food taken into the system acts only as a handful of ashes would act if carefully sifted into the running gear of an automobile.

What a man's gorges cost him in extra strain on his digestive apparatus and organs of elimination he little recks. But what it may ultimately cost him in a yapping, skidding, frightened set of nerves he is in a fair way to find out.

A limited diet containing a proper balance of "nerve foods"—milk, meat, eggs and whole wheat bread—together with plenty of green vegetables and fruit, and not too much sugar, pastry or starchy food, is the ideal diet for anybody, but it is indispensable for one who has played fast and loose with his balance in the nerve bank.

A dozen glasses or more of hot or cold water should be drunk daily to prevent poisons from accumulating in the system and to help wash out those which have already accumulated.

To blunt the edge of nerves with "booze" is another effective method of inviting nervous disaster. For alcohol has the same soothing effect upon shredded nerves that a red rag has upon a bull. The delusive "kick" of a cocktail is merely a pleasing way of garroting and gagging a friend in need who is trying his best to tell us what to do, or to leave undone, as the case may be. By choking him and stuffing a gag in his mouth we may insure silence for a while. But when he gets loose, which he will during the inevitable "reaction," he'll yell louder and more enthusiastically than ever.

This also is true of excessive smoking. Most men have a certain toleration for tobacco. But when this point is passed the irritated nerves tell about it in no uncertain terms. Sleepless nights and shaken days help drive the message home.

Insomnia is another persistent and aggravating cause for "nervousness." In fact, insomniacs are almost invariably neurasthenics, and vice versa. All the king's horses and all the king's men cannot put a batch of scrambled nerves together again unless they can first be put to sleep. So necessary is sleep to the knitting of the raveled sleeve that almost any means resorted to secure it, short of actual drugging, is good means.

Perhaps one of the best of these is the protracted warm bath—at about body temperature—used for a half hour or more just before retiring. This has a remarkable tendency to equalize the circulation and to relieve the hot heads and the cold feet that are frequently at the top and bottom of an attack of sleeplessness.

It must not be forgotten that most humans who have become softened by civilization can't sleep quietly in a bed that refuses to be quiet. Or that doubles them up in the middle—like a jackknife.

In fact, we are only now beginning to realize the importance of what might be called the "technic" of sleep. This has been brought about in large measure by the recently developed and ultra sensible cult of the "separate bed," and its manifest advantages for the promotion of health, comfort and sound sleep.

Also, with some nervous individuals a light, easily digested meal, taken just before retiring, sometimes helps to coax the drowsy god into camp.

But bromides, veronal, hypnotics and nerve sedatives should never be used unless the family physician has sanctioned and advised their use.

Persistent overwork is another frequent cause of nerve shredding. Overwork throws into the blood stream an excessive amount of waste material and "fatigue poison," which irritate and depress. For this reason it is the most common cause of hardening of the arteries and of blood pressure conditions, which, in turn, are a prolific source of nervous troubles.

Overwork is also responsible for food bolting—one of the most pernicious practices that ever cursed civilization. For no one can be the happy, healthy possessor of a noiseless, frictionless nervous system who feeds himself in five minutes and then rushes back to the job, fatuously believing that his stomach is full of teeth.

Heaven knows the poor stomach bears up marvelously well under its perennial outraging, but even a worm will turn over. So why wonder that occasionally the insulted gastric organ will throw up both hands with a despairing moan and become an anarchist?

Yet a lack of exercise is also a prolific source of nervousness. Nature gave us muscles and cells for use, and if we don't care to use them she tries to store them full of fat, or slough them off, or shrivel them up.

A judicious amount of exercise brings about a better nutrition not only of the muscles, but also the nerves that control the muscles and of the involuntary activities that are back of all living processes. In other words, nerves are nourished not by the food alone, but by the amount of nerve-forming material brought into contact with them through a brisk, healthy circulation and clean blood.

Also nerves should be thoroughly aired in order to be sweet and wholesome. For if the body is poisoned with carbon dioxide and other "end products" of cell decay the nerves are the first to suffer by it. Oxygen is the fire that burns up the rubbish, and it is the one thing we take into the system of which we can never get an overdose.

Pure air—breathed deep into all the lung cells day and night—will sometimes perform veritable miracles in the care of neurasthenia, especially if it be taken away from home, in new surroundings and in the company of interesting people.

No one who suffers from nerves should neglect to have a thorough examination made of the eyes. A wrongly focused, persistently used pair of eyes can waste more nerve energy in an hour than the system can recuperate in a day. When it is remembered that one-third of all our brain energy is devoted to the service of the visual centers it can readily be understood why the squandering of this energy may be reflected through the nervous system.

Worry, whether real or fancied, is another powerful nagger of nerves. Libraries have been written and religions founded upon the means for muzzling this predacious pirate, this robber of reason and thief of tranquility, but in every instance we get back to two principles—avoid and don't.

If you can't keep clear of the cause of worry, "forget it." Anything that will help bring about this condition—whether it is Marcus Aurelius or Weber and Fields—is admirable, commendable and desirable.

The "nerve starvation" so frequently alleged as a cause for nerve exhaustion may be any or all of these reasons we have been discussing. Wrongly balanced diet deficient in phosphorus and phosphates, overwork, autointoxication, living next to the elevated or to a girl who is abusively practicing on a piano, a pack of chickens or a howling hound in a neighbor's yard, the next payment on the automobile—anything, in fact, that irritates the nerves and disturbs the physiological equilibrium may cause shredded nerves.

To cure them all that is necessary is that we find out their cause and correct it, after which we must live normally and happily ever after.

LIFE FORCE.

By Theo. H. Winans, M. D., Mexico, Mo.

Which is more real, life force or the products of life force? Where shall we find life force? If we take the wings of the morning and fly to the uttermost parts of the earth, we can find no place where it is not. If we go out from the earth and visit systems of worlds ad infinitum, we can find no place where it is not. With the microscope we can not find where it is not.

Where is the starting point of a product? Not in the shell of the acorn, which protects the kernel. Not in the kernel, which is but food stored with which to begin the building of the tree. In the kernel we find the embryo oak. We put our glass upon it. We magnify it still further, and further still till we find what we found with the telescope, worlds and systems of worlds revolving around each other with spaces between them as great—relatively as great—as in the outer world.

Talk about small things! Size is relative. As one has said, "If, in an instant, we and everything else would become twice as big, we would never know it." I will add, or so small that we lived in the microscopic world.

The kingdom of force is within us and the all-powerful king

dwells in his kingdom. If he is pervert in my kingdom in this body of mine, there will result or may result one or more of the products of disease. Correct this perversion and all manifestations of disease will disappear. "True and permanent correction must be made in causes, not in results." Correction in results is never justifiable except when must be made for mechanical reasons, because it throws the trouble back on the other and perhaps vital organs.

The size of the dose that corrects is not measured by the size of the body, giving a horse a horse-sized dose and a baby a baby-sized dose. The life force acts with the same power in embryo as in maturity, in the microscopic world as in the telescopic.

The material of the dose is but the menstrum. It is not a large dose of material that gives one small-pox or any other disease, nor a dose of material that turns a perverted or deranged vital force into order.

Dr. W. P. Wesselhœft said in addressing this body in 1897, "We are not working with matter, but with forces, derived from matter." Fincke said, "High potencies have nothing in common with matter. Matter but holds these forces as a vessel holds water."

The advocacy of forces found in material as our remedies, is that which gave this society birth. This, with the fact that some of our men were falling away from this second discovery of Hahnemann, which Fincke calls, "His momentous discovery potentiation, the greatest and indisputable discovery of Hahnemann," and he quotes Ameke as calling it, "One of the most important inventions, which ever human genius has brought to light." He says, "Remedies so prepared exert an action which cannot be obtained by crude drugs." Ameke said, "The most poisonous substances are transformed into beneficial, never injurious remedies and become powerful instruments of healing in the hands of educated physicians." He might have added, as we all know, that also so-called inert substances are so transformed. More precious than gold is a potency of gold to a sick man who needs that remedy. Fincke said, "The remedy to be administered must be selected according to symptom simility in dose, and preparation adapted to the susceptibility of the organism, and similar to the life force."

Fincke speaks of the men who fell away from this second discovery of Hahnemann as being "diverted into a blind alley from which they will have to turn back into the main road of increasing knowledge."

Why do these forces cure? Hahnemann says it is because they produce a deeper and stronger similar disease—similar action of patient's vital force. Why do they produce a stronger similar action and why does that cure? If I were to try to answer this question I might run into theory, and, as I wish to have nothing but facts in this address, I will answer the question by asking another. Why does the voice carry farther on a wire charged with electricity than on the same wire not so charged? Why ask *why* about facts? That the remedy that produces similar symptoms cures, is a fact known by all testers. That the higher potencies or attenuations are as much more potent than the crude material, in many cases in curing the sick, as the charged wire is more potent than the uncharged wire in carrying the voice, is a fact, and can be as easily proven.

Of all the easy things to demonstrate in medicine, these truths that we advocate are the easiest. I will show how easy. Fortunately for us there is at least one disease we can use in the demonstration where we cannot differ in the diagnosis. One disease that produces in all people who have it such exact similarity of symptoms that every patient so afflicted can be cured with one and the same single remedy. One disease not caused by "germs," proof that no disease is caused by germs. A theory, the germ theory, that can not explain all diseases is false. The factor, *susceptibility,* makes this disease like all other diseases with regard to cause. This disease is produced by poison ivy. For this disease we have a remedy that given to well people has produced similar symptoms. With one dose of this remedy, or, at most, a few doses, say, four or five doses, given a few hours apart, say, four or five hours or six or eight hours apart, near enough together to act as a single impulse, the potencies of these powders being anywhere from the C. C. to the C. M. or higher, or possibly lower, I have not tried the lower, and we will cure every case. I have found a few in whom the C. M. seemed necessary. At least it acted much quicker than the C. C.

I challenge any "regular" "Doubting Thomas" to send me one hundred cases of poison ivy, and if he will not believe I use the potency agreed upon, we will begin with the crude material and he may see it run up on one of the machines, and I will cure every case as I have done for thirty years with these infinitesimals of the Homœopaths, and so quickly that there can be no doubt about the efficacy of the remedy used. As one of our Allopathic physicians said when asked why he could not do it if I could. "We know he can do it, but we don't know what he gives." Another Allopathic physician said the same thing about my curing suppurative tonsilitis without the use of the lancet, "We know he can do it, but we don't know what he gives."

I have used the same remedies that Kent used and that Reed, his private pupil, used, filling up the bottles for thirty years, as they would get low, as Reed did and as Kent did for, for I don't know how many years. Long enough to make them infinitesimals, no matter from what potency they were started.

There is another sickness,—sea sickness or train sickness—where the symptoms are so similar in every person who gets it that some one of our remedies that have produced similar symptoms in its proving will, I think, cure or prevent every case. I have used it in both train and sea sickness and so far know of no failure. I have had failures with another remedy which has, however, cured and prevented many cases.

Spasmodic croup furnishes us an excellent chance, as does tonsilitis, erysipelas, diphtheria, cholera, tuberculosis or cancer. If we are allowed to consider the patient only, not giving name of disease, we will prove the efficacy of a high potency or attenuation in palliation or cure with any remedy in our possession where the symptoms of the patient are near enough similar to those that the remedy has produced in so-called healthy persons. None are absolutely healthy.

No more perfect method of cure can ever be found than Homœopathy, because it is based upon a law of Nature. Any one demonstration of the thousands that have been made since Hahnemann, proves it. Any homœopathic physician of long practice can present almost numberless demonstrations. Homœopathy, with cessation of violations of nature's laws, cures all curable pa-

tients—any patient whose vital force is not too vitiated by heredity or otherwise, no matter what his disease may be named.

To-day surgery is in the saddle. I will say a word about that. The American Medical Association has elected for its president this year Dr. Chas. Mayo, a noted surgeon, thus exalting surgery to the chief place in medicine. And the A. I. H. made the surgical clinic the great feature of the last Rochester meeting, thus giving surgery first place. Fifteen tonsillectomies! Does this society think that any of them were necessary? Hysterectomy for cancer! Removal of kidney for cancer! Correction in results!! They are in a blind alley.

There is another blind alley into which some of our patients, if not our doctors, have gone and that is into using nothing. A former patient of mine went off into this alley and took no medicine for twenty years. One after another of her leaders and teachers succumbed to the "Grim Reaper," Death, yet she held bravely on till one day I was sent for. She had been suffering for three weeks, night and day, with neuralgia. She had had the treatment of her practitioners, which was better than the treatment the so-called "regulars" would have given her, for these "regulars" acknowledge that they can do nothing for neuralgia except to lull, dull, and deaden the pain with an anodyne. "I have called you," she said, "but I don't want to give up my belief." "You don't have to. Belief has nothing to do with law." "We are allowed," she said, "to call a doctor to find out the cause, that we may direct our attention there. We have not known the cause. We think *that* may be the reason that none have been able to help me. What is the cause of this awful pain?" In three days *Rhus tox.* c. c. brought the report: "Better except at night. Pains come regularly now towards night and rage all night. I walk the floor with the suffering. In the morning it is all gone." The periodicity led to *Verbascum,* a few doses of which, in the c. c. potency, brought the patient into my office in another three days, with the report, "I am about well. I don't need any more medicine for neuralgia. Now I want to see what you can do for my piles." Another prescription cured the piles. Then she came and said, "I have had a bad breath for twenty years. Can you do anything for that? I told her that I would

need many symptoms that would converge to one remedy to do that. Then she went away. To detail what she had probably been denying for twenty years did not seem to be what she wished to do. Correction must be made in her perverted vital forces before she can have a body without a bad breath.

When we all get back from blind alleys into the main road of increasing knowledge, progress will be made in medicine equal to or surpassing the progress made and being made in surgery. When Hahnemannians have kept in this main road for many hundred years, instead of one hundred years, we may not have reached a perfect application always of nature's law, "Similia Similibus Curantur." When we have made it perfect there will be still fewer death certificates for a homœopathic physician to sign.

We invite all physicians who believe in Homœopathy to become members of the I. H. A., for with malice toward none and charity for all, we shall continue to stand for the principles that gave this society birth, until these principles, side by side with democracy, shall prevail throughout the world. "We can do no otherwise."—*Presidential Address, I. H. A., 1918.*

WHAT DO YOU REALLY KNOW ABOUT HEALING THE SICK?

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

A physician may have spent four years in a medical college; he may have received the degree of Doctor of Medicine; he may be a legalized practitioner of medicine; he may be a member of one or more medical societies, a professor in some medical college, but what does he *really know about healing the sick?*

When a doctor graduates from a medical college he is *supposed* to know the cause, symptoms and treatment of several hundred diseases, but how *many* can he *actually cure?*

When a young man or woman graduates from a medical college, the faculty certify to the fact that they believe that the student is *qualified* to practice medicine, but *is* he? That is a vital question that should give our teachers of medicine something to think about. If he or she *can't* cure the diseases common to our

country, how can you *conscientiously* say that the student is *qualified* to practice medicine?

The professors in our medical colleges have a *fearful* responsibility on their shoulders, for it is their *business,* and it should be a matter of *duty* with them, to see that these young men and women who are sent out from the medical colleges in large numbers yearly are prepared to treat *successfully* the diseases *prevalent* in our country. We have all the way from 25 to 150 professors in the medical colleges. They are supposed to teach about all the "ologies" in the dictionary; but of what real value are all the courses of instruction if they fail to teach the students a *definite* treatment for the diseases common to our country?

A stream is no higher than its fountain-head; if a professor in a medical college is himself unable to successfully treat the diseases prevalent in our country, it is obvious that he will be unable to impart healing skill to his students.

A physician's reputation is based, or should be based, solely upon the *cures* that he makes. His usefulness in any community *depends* upon his *ability* to heal the sick. I know from an extensive experience and observation that the *average* physician in this country is *weak* on materia medica; he has only a *superficial* knowledge of the subject. Some of our medical colleges have cut out materia medica from their curriculum. Thus it is that our young men and women are being sent out into the world to practice medicine without a knowledge of the *definite* curative action of drugs; they are *handicapped* in their treatment of the sick, for the simple reason that they have *not* been taught a *definite* treatment for the diseases they are certain to meet in every-day practice. Is it any wonder, then, that with this *kind* of teaching so many of our doctors become *disgusted* with the practice of medicine, and, finally, become nihilists or drugless healers? The medical colleges that fail to teach definite medication to their students, as well as those medical colleges that declare there is no such thing as a definite medication for diseases by eliminating the Chair of Therapeutics, are largely to blame for this condition of things.

It is the custom of the merchant every year to take an account of stock to determine its quantity and value, and thereby his

yearly profit or loss. It would be a good thing, likewise, for our doctors to take an inventory of stock to find out how much they *really know about healing the sick.*

Now suppose, dear reader, that an epidemic of pneumonia, typhoid fever, infantile paralysis, cerebro-spinal meningitis or la grippe should sweep over this country, are *you prepared* to *treat* each of these *successfully?* If not, then it is your *duty* as a physician to *fit* yourself to treat the above-mentioned diseases *successfully,* or else you have *failed* in your duty to *suffering* humanity. You cannot plead the *excuse* that you don't know *how* to treat such cases successfully, or that you were not taught *how* to treat them in the medical college from which you graduated. There are text-books that will tell you *how* to treat such diseases succesfully, and it is your *business* as a physician to *study* them, and be prepared to meet the diseases named above, as well as others—and *cure* them.

It is said it is "the unexpected always happens in medicine," and that a *good* physician should expect the best and be prepared for the worst. There are certain diseases that are liable to occur *unexpectedly,* like lightning out of a clear sky. The *good* physician is *prepared* to meet any *emergency* that may arise in the "family circle:" he is a "friend in need," a "tower of strength" in the sick room. He is the man upon whom the people have learned to *depend* when sickness occurs and death hovers over their dwelling.

Now suppose you were suddenly called to a case of tetanus, hydrophobia, blood poisoning, gall-stone colic, uræmic or puerperal convulsions, would you know *how* to *treat* and *cure* such cases? You know our country is being taught the lesson of "Preparedness." Now it is likewise up to us, as medical men, to learn our lessons of preparedness and develop the necessary skill to *treat* and *cure* the diseased conditions that may arise in *everyday* practice.

Among some of the other diseases common to our country may be mentioned cancer, consumption, diabetes, Bright's disease, spinal irritation, dyspepsia, ulceration of the stomach or bowels, rheumatism, diphtheria, tonsilitis, appendicitis, hydrocephalus, et cetra. These are diseases that may be met with at any time,

and a *good* physician should be *prepared* to treat such cases *successfully*.

In this article I propose to present diseased conditions to the reader as they may be met with in every-day practice. If a doctor is able to meet these conditions and treat them *successfully* it is a pretty *severe test* of what he *really knows about healing the sick*. When a doctor thoroughly knows his materia medica he will know *definitely* what to do for a sick person. It enables him to prescribe for the sick rapidly, intelligently and successfully. Remember *this fact,* and it should be burned into the *brain* of every medical man: *"That theories may change, fads may come and go, but the true, the definite indications of a remedy never change."* They are the *same* yesterday, to-day and forever.

We prescribe a remedy because it is *the* remedy *indicated* in that *particular* case. We *expect* results and we *get* them. That does away with *all* guess work and uncertainty; it reduces the *business* of prescribing for the sick down to an *exact* science, and that is what we *mean* by *"definite* medication."

You may be called to see a little child. The mother will tell you: "Doctor, this baby won't give me any peace; he *cries* all the time. The only way I can keep him quiet is to carry him; the moment I put him on the bed, he starts to cry." There is *one* remedy indicated, which, if administered will *quiet* that child, and give the mother rest. Do you know what it is? Don't give the little baby any "dope," but give it the *indicated* remedy.

A woman may tell you she flows too much at the monthly period. That as soon as she gets up in the morning she starts to flow. The blood is dark, tarry, passing in clots. Upon examination we find inflammation of the os uteri, a thickening of the cervical canal, which is as hard as cartilage, with retroversion. She has a yellowish, fœtid leucorrhœa between the monthly periods. We call it chronic metritis. The condition indicates *one* remedy, and that will cure her. Do you know that remedy?

Men at or passed the middle age are sometimes troubled with chronic enlargement of the prostate gland. Many physicians send such patients away to the surgeon to be operated on. The above condition indicates *one* remedy. If you knew that remedy, you would have many such cases to treat.

One of the most common diseases we find is spinal irritation (spinal hyperæmia), but the average doctor can't diagnose it, or treat it successfully when he sees it. A cure of *one* such case will often *make* a doctor's reputation in his community. Do you, dear reader, know how to treat such cases? Very likely not, for you were not *taught how* to cure spinal irritation in the medical college you attended.

The most common condition met with in *every-day* practice is *indigestion,* and the symptoms will be as follows: In an hour or two after eating the patient will have a *sour* taste. *pressure* in the stomach, bloating; patient feels as if her clothes were too *tight;* wants to *unloosen* her clothes. This is an American disease, and every doctor should know *how* to cure it. The above group of symptoms point like a finger-post to *one* remedy, and the doctor who *knows* materia medica will readily recall the remedy.

Intercostal neuralgia is another very *common* disease, but very *few* physicians know *how* to cure it. You will meet such cases that have been the rounds of the doctors, and they may come to you, hoping that you will be able to cure them. The above condition indicates *one* remedy, and that remedy will *cure* the patient so *quick* it will please you. Can you name this curative remedy?

You may have a case where the anus is cracked and fissured; piles protrude, bleed and are very sore. The patient walks the floor in agony of pain for an *hour or two after each stool, even after a soft stool.* This is one of the very many cases where a doctor needs just the *right* remedy to *cure* and thereby gain the *confidence* of the sick person. The above condition points directly to *one* remedy, and you, doubtless, know *that* remedy?

You may have a case of chronic diarrhœa in an old lady. She has a desire for stool in the *morning* as soon as she gets up and *moves around.* The passage is *sudden,* urgent, gushing, painless, with much *flatus* and of a brown color. You will like to cure such cases when you meet them, and your patients will appreciate the cure. This condition calls for *one* remedy, and that remedy will *cure.* Can you give the name of this remedy?

Ferrum is often prescribed in anæmia when it is *not* indicated.

and, as a result, your patient does not improve. When *Ferrum is* indicated you will know it by reading the *face, tongue* and *pulse* of the anæmic patient. The face, tongue and pulse tell you *definitely* when *Ferrum* is indicated and when it will *cure* your patient. Do you, dear reader, know the *definite* indications for the remedy *Ferrum?*

In reading the pulse of a patient, you may find *quickness* of the pulse *without* strength. The patient complains of *weakness* more than any other symptom. It indicates *one remedy*—do you know what it is?

In reading the pulse of a patient at or passed the middle age, we may find it *weak,* with a *marked interval* between the pulsations. This peculiar character of the pulse warns us that paralysis has already taken place some time previously, or is about to take place, and it points to *one* remedy. Do you know what it is? The knowledge may be the means of prolonging the life of someone near and dear to you.

Women at the menopause may have hot flashes, weakness and perspiration. This condition calls for *one* remedy, and that remedy will help them from the start, for it is the remedy *indicated.* Such cases are so common that every physician should know how to cure them.

A large majority of cases of displacement of the uterus are caused by *enlargement* of that organ, the uterus sags down from its *own weight.* There is one remedy that will *reduce* the enlargement of the uterus and help you *cure* your *patient,* and *you should know* what that remedy is.

An old lady may consult you about a delicate condition. She will tell you that every time she coughs, sneezes or laughs, the urine *passes involuntarily.* This indicates one remedy, and when you cure such a case your patient will *appreciate* your skill.

It is *success* in curing the *little* things, the *simple* ailments of your families that helps to make you *solid* in any community. Every *cure* you make binds the people more *closely* to you.

You may be called to a case where a man has had a fall or injured his head in some way. The patient suffers from *mental trouble since* his injury. This indicates *one* remedy. Can you name it?

You may have a case of anæmia, where the pulse is *rapid, intermittent.* The patient eats well, but is *losing* flesh. This kind of pulse with the other conditions calls for *one* remedy. If this remedy is administered, your patient will get *better* from the *start.*

When you see a patient with *bloating* of the *upper* eyelids, swelling of ankles; patient has to get up in the night to urinate, it means kidney trouble, and it points unerringly to one remedy.

The above are just a few cases, taken at random, that are liable to occur in any physician's practice, and embodies a fairly stiff "quiz" to find out what he *really knows* about *healing* the sick.

To be a physician is to *know* materia medica; not the materia medica of *one* school of medicine, but of *all.* When we know *all* materia medicas, we have infinite resources to draw from in our battle with disease. Over twenty-five years ago I realized what our medical colleges were *not* doing for their students, and that our doctors should be taught, first of all, the *definite* indications of remedies; also a *definite* treatment for the diseases they meet in *every-day* practice. It was then I began to *teach* physicians, and I have continued in such work ever since that time. I have never tried to *convert* a doctor to *any* system of therapeutics. All I did was to try to *help* him become a *better* physician, to help him do *more* for the sick than he had been doing.

My book, "Definite Medication," was given to the profession in 1909, to serve as a guide in the *definite* treatment of the sick. It is now used as a daily reference by doctors in all States of the Union and in thirty-five foreign countries.

What I have written is a heart-to-heart talk with my readers, based upon an experience of almost half a century in the practice of medicine. It is an *honest* opinion of one who *loves* his profession, and one who loves his fellow-man; from one so broad-minded and big-hearted that he can recognize *all* physicians as *brothers,* and extend to them the right hand of fellowship.

THE SPECIALISTS' DEPARTMENT

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Electrical Treatment of Infantile Paralysis.—Dr Emil Grubbe, the pioneer Roentgenologist, of Chicago, has recently turned his intelligent attention to the treatment of infantile paralysis by the use of electricity. In an article published in the *Illinois Medical Journal,* issue of December, 1917, he says:

"I have been able to produce decidedly beneficial results in cases where the paralysis had been of over ten years' standing. This will appear reasonable when you recall that every muscle is connected with more than one nerve centre, and, although one particular center may be completely out of order, others may be only partially without function. Remember that regeneration of nerve tissue is natural and needs only slight but proper assistance in order that permanent beneficial results may be brought about. Therefore, it may be said that it is never too late to begin electrical treatment in any case of paralysis. Of course, in these old cases improvement should be expected only after many months' continuous treatment, but, even so, if then we obtain fair control of the muscles of a seemingly dead arm or leg we certainly have won back a precious function. So the usual hopeless view of the patient or those in charge should not be encouraged.

"In conclusion, do not understand me to claim that electricity is a magic cure for infantile paralysis. It is not. It is not offered as a quick method for restoring withered muscles, but its early, patient, persistent (not spasmodic) use will bring rewards not obtainable by other means. **Electricity is the only logical and natural remedy available at the present time.** There is no substitute for it, consequently it should be used in the treatment of every case of infantile paralysis.

"I predict that the electrical treatment of this disease will be, just as was the x-ray in therapeutics, eventually appreciated. Yes, eventually, but why waste two decades of time as was done in the case of the x-ray? If, eventually, why not now?"

Seasonable Hints.—From various contemporaries we learn the following, which, at this time of year, is of interest to us: First, that **prickly heat** may be cured in three days by local use of a two per cent. solution of copper sulphate, applied with a sponge, two or three times daily. **Ivy poisoning,** so common at this season, may be greatly helped by the local application of a solution of soda bicarb., six drachms; powdered borax, two drachms; carbolic acid, two ounces, in one quart of rose water. The mixture is filtered before being used and applied freely. If the inflammation is great a cloth wet with the solution may be kept in contact with the parts affected. **How to get rid of flies** is another matter worth considering, especially in the early fall, when they tend most obstinately to get in-doors and stay in. Spraying rooms where flies are many with a mixture of equal parts oil of lavender and water is one way of getting rid of these pests, as flies hate lavender. Fly poison may be made by mixing together one tablespoonful of cream, one of ground black pepper, and one of brown sugar. This should be put in a saucer and left on the sill of a window, which has its shades up, all other windows of the room being darkened.

"Systematic poisoning or trapping of flies is a valuable supplementary measure. One of the best fly poisons is **formaldehyde,** a forty per cent. solution diluted with five or six times its volume of water or milk. Place the mixture in shallow dishes, preferably with a few pieces of bread, where flies are numerous and eliminate miscellaneous supplies of water so that thirsty flies are mostly compelled to drink the poison. This may well be used about stables and in sheds if not in dwellings."—(*Health News.*)

How to Kill Cockroaches.—Various methods are recommended, but the one thing upon which the writer relies is **chloroform or carbon tetrachloride.** The latter is now much cheaper than chloroform. All that is necessary is to watch the roaches until a number of them are seen together then sprinkle them with the tetrachloride, which quickly kills them. The writer also pours tetrachloride, which is not inflammable, down any holes or crevices from which the roaches have been seen emerging. This brings Mr. Fritz Roach and family out of his "dugouts" in double quick style, and as the vermin come out they may be sprinkled

and killed at once with the tetrachloride. Another way of getting rid of them is described by Dr. John Dill Robertson in his *Health Bulletin,* of Chicago, to be the following:

"One of the simplest and most effective ways of ridding premises of these pests is that of dusting their runaways with commercial sodium fluorid mixed in equal parts with flour. Numerous tests with this agency have been made by the Bureau of Entomology of the United States Department of Agriculture in bakeries, lunchrooms, milk depots, etc., and always with satisfactory results.

"A good way to apply the mixture of sodium fluorid and flour is to use a dust-gun or powder-blower, such as may be purchased at an drug store. Also, the mixture should be thoroughly dusted over the shelves, tables and runways. The immediate effect will be noticed that the insects will come out of their hiding places and, after rushing about in a frantic manner for a time, become paralyzed and soon die. The dead or paralyzed cockroaches may then be swept up and burned. As a rule, premises can be ridden of roaches by this method in twenty-four to forty-eight hours. The government experts also tell us that the sodium fluorid acts as a contact insecticide and as a stomach poison. The same mixture will kill caterpillars that have been fed on foliage that has been dusted with it."

Ptomaine Poisoning So-Called.—In these days almost any severe attack of indigestion masquerades under the name of ptomaine poisoning. In our opinion ptomaine poisoning is not so common as is believed, the person affected with the so-called poisoning being in many instances ripe for an attack of indigestion more likely due to faulty dietary. In the hot weather of August and early September food used should be given more than ordinary attention. In the New York *Health News* some very sensible suggestions regarding food are published, which it is well for us doctors to recommend to the laity, as follows:

SUGGESTIONS FOR PROPER CARE OF FOOD.

Milk.—Should preferably be purchased in the bottle. If delivered loose, put in a clean, scalded utensil and keep it covered. Place in a cool spot, free from odors, as soon as it is delivered.

Milk to be kept longest, should be left undisturbed. If the source is not good, Pasteurize the milk (155° F. for thirty minutes) or boil it. If milk has soured, it is still wholesome; do not throw it away.

Butter.—Keep in a cool place, free from odors.

Cheese.—Cheese grows moldy. Keep in a cool, dry place. If dry, grate, to use for garnish or in scalloped dishes.

Eggs.—Wipe with a dry cloth before putting away. Keep cool.

Meat.—Remove meat from paper as soon as it is received. Cover and store in a cool place. Be sure no flies can touch the meat. Wash or wipe meat with a cloth wrung out in cold water, before cooking.

Cereal, Flour.—These tend to grow wormy. Keep in clean, covered containers in a cool place. If insects are found, remove the meal at once from other food. The flour or cereal could be sifted, heated thoroughly in the oven, and still be used.

Bread, Cake.—Keep in a well ventilated tin box. If mold growth starts, cut off affected portion and put remainder in a hot oven long enough to dry the surface.

Vegetables.—Keep in a cool place. If withered, place in cold water.

Lettuce may be washed carefully, shaken free from water, and shut into a tight tin can or pail or put in a paper bag, and stored in a cold place. If kept for more than twenty-four hours, rinse well, wash out pail and repeat the method.

Fruits.—Keep the skin unbroken. Use first those which are not quite firm. Separate rotting fruit from perfect fruit as soon as possible.

Berries should be picked over, and spread over a large surface, to lessen contact and prevent crushing from their own weight. Berries will not mold as quickly if covered with sugar.

Lemons often spoil if cut. Pierce one end with a fork, squeeze out the required juice, and put the rest of the lemon in the ice box. Lemons which are spoiling may be squeezed and the juice cooked with a syrup, and bottled for future use.

Cooked Food.—Cool the cooked food quickly and place it in the refrigerator, or in a cold cellar, covered. Do not allow it to stand in a warm room. Use as soon as possible.

Dry Supplies.—Keep in covered cans or crocks in a dry, clean place.

Miscellaneous Notes on Cancer.—Workers in **coal tar** are likely to develop cancers of the skin. A Japanese pathologist has produced cancer by painting the ears of rabbits with coal tar for long periods of time. Of all causes of cancer of the skin the greatest is the irritation produced by light. The number of cancers compared with the number of moles is small, but the **dark blue-black mole** down in the skin is the dangerous mole. Many cases of carcinoma of the breast and of recurrences of the same are said to be symptomatically cured by the X-Ray. Marked symptomatic improvement of cancer of the womb may be obtained in some cases by use of radium. Fifty per cent. of cases of cancer of the large intestines occur in the **rectum** and the early diagnosis should always be made and can be made of bowel cancers by use of the proctoscope and sigmoidoscope. Carcinoma of the uterus may be suspected by the early symptoms of **irregular hæmorrhage.** Better surgical results may be obtained in cancer of the uterus than in that of any other organ.

The Kind of Doctor They Want in France.—According to General Gorgas, in a speech made in June, specialism is over-done in the war zone and the cry there is for the general practitioner, "the man who can pull a tooth, cure cramps, bind up a wound; in fact, do anything that comes along." In our humble opinion it is about time that this need were more universally realized, as the tendency of modern medical education is to over-train students to such an extent that specialists are developed at the expense of the community, students realizing that to attempt to grasp all that is taught is impossible. There should be a medical college course in the commonest procedures of medical and surgical practice, such that, at least, 75 per cent. of the ailments met with in general practice can be studied. Such a course might be called **a general practice course** and a special degree might be granted to the student qualifying in this course, which would enable him to practice medicine under suitable limitations to be determined by the various State boards. In the writer's opinion there is no chance of this being done—for obvious reasons.

Skin Diseases Due to Foods.—Certain foods by allergy are said

to cause skin diseases, especially in children: these are egg white, wheat, milk, beef, strawberry, oat, tomato, fish, almonds, pork, buckwheat, and oyster. The list pays no attention to the relation of sweets, which, presumably, causes skin irritation in another way. But it is true that all sorts of skin lesions occur in diabetes and that certain persons can bring out skin eruptions at will by eating sufficiently of sweets.

Causes of Asthma.—Foods are said to be among the things which cause asthma and among these are alleged to be egg white, wheat, almond, oat, chicken, corn, walnut, beef, rye, haddock, pea, and peanut. Other causes of asthma by allergy are horse dander, cat hair, dog hair and the aureus and albus variety of staphylococcus, as well as the streptococcus.

Cause of Hay Fever.—Among various causes of hay fever the dust of the dried oil-free meal of the castor bean, known as "castor pumice" and used by gardeners as a fertilizer, has been known to cause it.

Glandular Preparations in Nephritis and Diabetes.—Hyman, in the *Medical Record,* states that epinephrin is "very efficacious" in the acute nephritis following infections, especially scarlet fever. The same writer warns against the use of thyroid preparations in circulatory diseases and diabetes.

Psoriasis.—So much difficulty is encountered in the treatment of this malady that we refer our readers to a new method used, it is claimed, with success by one doctor, namely, storaxol locally and tablets of what are known as the Four Chlorides internally. (Boericke & Tafel supply both these preparations.)

The ointment contains storax, resorcin, menthol, camphor, phenol, and lac sulphur. The chlorides are those of iron, quinine, arsenic, and mercury.

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EDITORIAL NOTES AND COMMENTS.

Pulsatilla in Suppressed Plasmodial Fever.—The importance of *Pulsatilla* in malarial disease, mismanaged or suppressed by *Quinine,* is, of course, known to all homœopathic prescribers. The remedy is often exquisitely homœopathic to the troublesome symptoms met with in this condition. We recently had occasion to administer a few doses of the 200th to a patient whose history showed a malaria of years before, finally downed by large doses of *Quinine.* This patient had ever since been troubled by a weak stomach and, of late, had complained of anorexia, restless sleep, vertigo and a sensation of a weight in the stomach. His tongue was heavily coated yellow, at the base, there was more or less dull frontal headache and a general amelioration of his sensations in the open air. *Pulsatilla* speedily relieved these symptoms, though failing to clear up the condition entirely. An every other day aggravation now became apparent, with dulness of the head and languor making their appearance at about eleven o'clock in the morning and lasting several hours. There was also some thirst, which had not been present before.

Natrum muriaticum 10m, Skinner, one dose, was now given and ended the case, which, incidentally, presents a real homœopathic cure; *e. g.,* symptoms disappearing in the inverse order of their coming.

In spoiled malarial cases, *Ipecac.* in the recent ones and *Natrum muriaticum, Pulsatilla* and *Sepia* in the chronic and suppressed cases, should always be thought of.

In the case cited above it was not possible to secure a specimen of the patient's blood, for the purpose of demonstrating the presence or absence of the *plasmodium malariæ*. When possible, this should always be done, as the final disappearance of the parasite establishes the reality of the cure.

Industrial Sources as a Means of Increasing Our Knowledge of Materia Medica.—In the New York Sun of August 3, 1918, is an interesting contribution signed "B.," entitled "The Unnecessary Increase in Cases of Lead Poisoning." The article shows knowledge of the conditions as they obtain in the arts and trades in which lead in its several forms is manufactured or employed and points out the precautions to be observed in the prevention of lead poisoning.

Of particular interest to physicians and especially to homœopathic physicians is the following excerpt: "The symptoms so familiar to lead workers—the colic, pallor, cramp and headache—were formerly believed to be due to the absorption of lead dust through the nose and lungs. During the last six months there are many signs that the fumes of lead, or, as some medical writers have said, the odor of lead, may be harmful. Thus it is reported that lead poisoning has resulted from the odor of lead paint, the use of cosmetics and of lotions containing lead. The fact that house painters in close, ill ventilated rooms, have suffered from lead intoxication due to the fumes confirms an old belief that an evil odor is injurious. Yet this idea has been scoffed at as a superstition. It is now founded upon scientific experiment and observation."

To homœopaths this is, of course, not surprising, but is pleasantly confirmatory of opinions and beliefs long held by them. For example, the violent skin effects of Japanese lacquer, which contains the juice of Rhus vernix, are well known. It is also of common knowledge to homœopathic physicians that very sensitive individuals are poisoned when they pass within a dozen yards of our common poison ivy, provided that the wind is blowing in their direction. It is true that the records of violent poisonings fail, as a rule, to show the finer effects and shadings of powerful drugs, necessary to the physician in his work of prescribing for

the sick. This fact was long ago pointed out by the lamented J. T. Kent, yet careful study of "trade poisonings" will greatly enhance our knowleldge of materia medica. We need only point out wood alcohol as a case in point, or bi-sulphide of carbon.

Hinsdale, of Columbus, has studied the effects of some of the common drugs used in industry, by going directly to the various manufacturing plants, where he has been able to question and observe the workers at first hand. The knowledge gained in this manner is of inestimable value to homœopathic physicians.

Another quotation from the article under consideration is of decided interest:

"The medical examination of lead workers is another regulation, and its enforcement has led to the discovery of some facts about the health of these men. One fact, which is vouched for by English inspectors who have observed it and followed its teaching, is that there is some connection between high blood pressure and lead poisoning. In the factories under this inspection if an applicant for work has a blood pressure of over 140 he is rejected. In this way the factory has been kept free from sickness of this kind. The lesson to be learned from the most recent investigations is that the prevention of lead poisoning is largely a matter of constitutional disposition and habits. If both are sound the risk is very slight."

Here we have confirmatory evidence that lead produces tissue changes found in degenerative processes such as arterio-sclerosis and interstitial nephritis, in which diseases a high blood pressure is characteristically found. Hence we have an excellent scientific reason for the administration of *Plumbum* in potentized form to patients suffering from these diseases, provided, of course, that the latter have not progressed to the stage of absolute incurability. Even then homœopathic palliation can often be obtained. Every homœopath knows the classical indications of *Plumbum* in these conditions, they need not be set forth here.

In this connection we well remember the dictum of dear old Dr. Timothy Field Allen, to whom we personally owe a debt of gratitude for the inspiration to study materia medica, that *Plumbum iodatum*—the iodide of lead, is a very useful remedy in the acute exacerbations of chronic degenerations of the spinal

cord. So let us, therefore, in grateful memory of his herculean labors, strive to advance the work so ably done by him and let us not omit to go to trade sources for an increased knowledge of our truly wonderful materia medica.

Post-Climacteric Symptoms.—These can be better handled by the homœopath than by his O. S. brother, whose armamentarium is lamentably deficient in remedies of any real value.

Lachesis naturally presents itself for first honors and is, perhaps, more often required than any other remedy. Hot flushes, followed by sweat; vertex pressure or headaches; mental depression on waking in the morning; intolerance of any pressure or constriction, especially about the neck; an aggravation of all symptoms on waking from sleep are, of course, the more important and classical indications.

Sepia is another valuable remedy, particularly in the woman of relaxed tissues whose pelvic organs are more or less prolapsed, as the result of frequent child-bearing, and who, in consequence, complains of bearing-down pains or sensations with lumbar backache, relieved by firm pressure. Tearfulness and mental depression, with a sort of apathetic indifference to things and persons about her; goneness at the stomach; faintness and often nausea, relieved by eating, though made worse by the odor of food or of cooking, are further indications.

Sulphur will often be needed. Its well-known symptoms scarcely need repetition, but intolerance of heat; burning of the soles of the feet at night in bed, with an inclination to uncover them; faintness at the stomach at 11 A. M.; poor appetite, but much thirst; redness of muco-cutaneous outlets; rough skin prone to eruptions with itching and burning, all made worse by the use of water or from becoming heated; surgings of blood to head and face, are some of the more common symptoms of this great antipsoric remedy.

To be sure, numerous other remedies may be required for special cases, as, for example, *Sulphuric acid* when internal trembling and weakness are pronounced: *Amyl nitrite* when hot flushes, pulsations and palpitation from any exertion are marked, etc.

Of the so-called organ remedies, the 3x trituration of the ovary

has proven of value in those cases in which hot flushes and nervous symptoms have been prominent, but in which the marked characteristics of the usual and well-proven remedies have been absent or negative. This remedy ought to receive a careful proving, so that its exact indications may be determined. In one case of amenorrhœa, in an otherwise healthy, youngish, unmarried woman, this remedy restored the menses and removed the marked tendency to sanguineous congestion to the head and face, which both *Lachesis* and *Sulphur* had failed to correct. In this case the menses had been absent for more than a year, after previous regularity. No organic reason could be found.

But in another case of prolonged amenorrhœa, during which the patient subsequently married and in whom examination showed an infantile uterus, this remedy, as well as extract of *Corpus luteum* in large doses, failed to restore the menstrual function. Nor has pregnancy occurred in this woman, in spite of every effort to facilitate its inception.

All of the "glandular remedies" need careful proving and, no doubt, will be of great value to us when their exact indications are known. *Thyroid* has received a very careful homœopathic proving and a resumé of this proving will shortly be published.

Gonorrhœa as a Constitutional Disease.—In the *Medical Record* of January 12th is an interesting contribution to our knowledge of gonorrhœa under the above named title. The article is by Dr. Burton Peter Thom, of New York, and several points made by him are worthy of citation. Thus:

"Gonorrhœa is generally considered, and in the majority of instances acts as, a purely local disease. It is well that this is so, for if grave constitutional symptoms were the rule rather than the exception it would be, considering its widespread incidence, one of the most destructive diseases that afflict mankind. Yet constitutional symptoms complicating a local urethritis are, perhaps, more frequent than is usually supposed; but as such they often pass unrecognized, or, rather, are diagnosed as due to some other cause."

The opinion herein expressed is of decided interest to those homœopathic prescribers who, although few and far between,

still adhere to the teachings of the Organon and treat gonorrhœa along purely homœopathic lines. The following quotation is illuminating:

"The conditions under which the infection becomes generalized are not well understood; nor do we know the frequency with which it occurs, except in gonorrhœal rheumatism, which averages about ten per cent. The subject is one which requires much more attention than it has hitherto received. The gonococcus possesses such a wide biological variation and the blood serum of different individuals varies within such a wide range of susceptibility to its influence that it is impossible to state with any degree of accuracy how frequently the infection becomes generalized. Theoretically it would seem to be of very frequent occurrence for the organisms to enter the blood stream; but it must be with almost equal frequency that they are destroyed before they can do any appreciable harm. The constitutional reactions, therefore, must take place only as the result of a particularly virulent strain of gonococci or where the patient's blood serum is of low bactericidal resistance. Formerly it was believed that systemic infection could occur only by way of the posterior urethra; but now we know that any mucous surface can be attacked by the gonococci, and from thence they pass into the general circulation and give rise to a gonorrhœal septicemia. It may, therefore, be reasonable to suppose that the presence of gonococci in the blood may not cause a sepsis until after a metastasis has taken place. This combination of sepsis with metastasis may be properly termed septicopyemia—which, in fact, it is."

Hahnemannian homœopaths have long held, that general infection, when it takes place in gonorrhœa, is the result of ill-advised local or, more correctly, suppressive treatment, which almost invariably leads to the so-called metastasis so often found.

A gonorrhœa which is allowed to proceed undisturbed by injections and which is, at the same time, homœopathically prescribed for, becomes a very benign condition to handle, although one which is usually tedious in its course. For this very reason many sufferers are bound to lose patience with their physicians and will seek other shorter methods—to their cost be it said,

many times. In cases homœopathically prescribed for, we do not see the frequent occurrence of posterior urethritis, epididymitis, orchitis, etc., nor do we meet with gonorrhœal rheumatism or stricture.

A gonorrhœal discharge will ultimately sterilize itself, so far as the presence of gonococci is concerned, provided no local measures for their destruction are employed.

Prescribers well know the difficulties of curing a chronic gonorrhœal discharge, particularly when the general symptoms of the patient are conspicuous by their absence; but they also know that a cure can be made and must be made if a real cure and not a mere suppression is to be attained. The latter has led to such wretched cases of chronic and incurable invalidism that none but those who will not see would be tempted to suppress an acute gonorrhœal urethritis. Gynæcologists estimate that, at least, seventy-five per cent. of the pelvic diseases of women are due to gonorrhœa and this estimate is probably too low. Most assuredly does it frequently happen that young husbands who believe themselves entirely cured innocently infect their recently married, unsuspecting and ignorant wives. Such cases are indeed, sad, but prove that the elimination of a visible urethral discharge does not necessarily mean a cure. As a matter of fact, a urethral discharge, which has been obliterated by some of the silver or other salts locally employed, often means that the gonococci have been sealed up in deeper pockets of the urethral mucous membrane, only to remain latent in their destructive activities and ready to set forth upon a campaign of dangerous violence when a favorable opportunity arises. Such violence is well described in the following paragraph, taken from the article in question:

"We will now consider the intense forms of generalized gonorrhœa, usually fulminant in character and often attended with a fatal result—gonorrhœal septicæmia, and its variant, gonorrhœal endocarditis. Gonorrhœal septicæmia may pursue one of several courses, depending largely upon the metastatic processes which take place. There is a pure blood infection which has a mortality of fifty per cent. and which cannot be distinguished clinically from septicæmia of streptococcic origin. This form may also resemble a meningococcic infection so closely that it can be dis-

tinguished only by the agglutination test which is positive in meningococcic sepsis either to autoserum or to the curative sera of Flexner or of Dopter. In this form of gonococcal infection it is to be noted that periarthritic symptoms may be present. I mention them in order to emphasize the fact that they must not be confused with gonorrhœal arthritis. Pleurisy and bronchopneumonia may also develop in these cases, but, as a rule, are rarely encountered."

And still further Dr. Thom says:

"A symptom complex that not infrequently terminates the septic condition is endocarditis. It may be rapidly fatal. It not infrequently happens that the septicæmia and the endocarditis are combined from the onset. In gonorrhœal endocarditis the left heart is almost always affected, especially the aortic orifice. The symptoms are typical—prostration, fever, sweats, rapid and irregular pulse, murmurs, dyspnœa, and cardiac erythism. In the malignant type, ulceration and proliferative vegetations occur on the valves, which not infrequently are broken off and carried away by the circulation to form emboli. The clinical picture just described is not always present. In very many instances the endocardial inflammation comes on insidiously with cachexia and signs of cardiac irregularity. These cases are, as a rule, ambulatory and mistakes in diagnosis often occur.

"From a study of the literature, which is becoming more and more extensive, it is evident that the local urethal disease not infrequently becomes general with symptoms which may assume a character similar to other generalized infections. While it must be borne in mind that comparatively few cases of gonorrhœa react in the manner just described, yet it is my opinion, based on considerable experience, that gonorrhœa reacts constitutionally much more frequently than is genearlly supposed."

Here, then, is evidence which cannot be gainsaid, that the results of a simple gonorrhœa may be, and, at times are even fatal. Homœopathic prescribers do not see these desperate conditions in cases which they themselves have treated from the beginning. Why? May it not well be, that the reason is to be found in the fact that such prescribers do not suppress, but cure their cases?

We believe that such is the case and have every reason for our belief.

Our Physicians in the Army.—A recent official letter from the office of the Surgeon-General to the deans of the various medical colleges asks for information concerning the minimum number of instructors necessary to carry on the teaching work of these colleges. It desires also to know just which teachers are absolutely essential and which can be spared for military service if need be.

This information is to be forwarded to Washington at once and is, of course, merely one step in the mobilization of the entire medical profession of the country. We are all needed in one capacity or another, in accordance with age, physical condition and special training or fitness. The sooner we enroll in our country's service, the better for us all, for then the Government will be in a position to exercise selective preferment so that each volunteer may be placed to do the work for which he is best fitted.

The War Department's plans call for an army of five million men and for this army some sixty thousand physicians will be needed. There are in the United States approximately one hundred and forty-three thousand medical men. All those over fifty-five years of age are expected to enroll in the Volunteer Medical Service Corps and from this corps, designed for duty at home, can be chosen those who are to carry on the teaching in our colleges and the work of our hospitals when the younger men have gone.

Here will be an opportunity for each alumnus to show his loyalty to his alma mater by substituting for some younger man in the college faculty. Already these faculties are feeling the effects of depletion, as many of their members have gone or are about to go. It behooves us, then, to be up and doing. The moment for action has come! Sacrifices must be made, of comfort and of money. The country needs us and must have us! Let us show that we are ready for the call!

It is easy to give advice; it is easy to urge others to do. It is easy for the editorial pen to write these lines and it is easier still for the Editor to urge his readers to enroll for service, since the Editor himself has applied for his commission in the M. O. R. C. and stands ready to serve his country whenever and wherever required.

PERSONAL.

Editor of the Homœopathic Recorder.

Some years ago I was called in consultation to a case diagnosed pneumonia. The patient was a man around forty, big, square-shouldered, six-footer. As I entered the room, I said: "Hello, Mr. Bell, what does this mean?" He *burst into tears,* and said: "It means Evergreen cemetery." Observing a vessel along side his bed into which he had expectorated contained a *thick, yellow-creamy mass,* I took him by the hand and said: "My boy, you will be well in two days." I returned to another room with the attending physician, and while he was telling me how he was giving *Acon.* for the fever and *Iodine* for the lungs, and asking me if I did not want to use his new stethoscope and *examine* the lungs, I put up *two* powders of *Puls.* 200, and said: "Doctor, give one of these powders to Mr. Bell, and if you see no improvement in six hours give him the other." Mr. Bell did not need the second powder, and I met him on the street two days after—*well!*

Gentlemen, that is *science,* that is Homœopathy, and Homœopathy is the science of *drug* therapeutics. It tried my patience to the limit to see and hear men on our side constantly harping on the necessity of establishing Homœopathy on a scientific basis, constantly comparing it to the discredit of Homœopathy with the much boasted and alleged *scientific* advancement of the old school. While much that is *useful* has come from the pathological researches of the old school no one cares to deny, but the conclusions and the therapeutic measures deduced therefrom are and have proven veritable absurdities. Along the line of sanitation much has been accomplished, but *sanitary* science is not *therapeutic* science. Preventive medicine is not *medicine* at all, it is sanitary medicine; has to do with curing or removing pathological conditions after they have become established. Sanitation has to do with *prevention.*

There are many branches on the old tree of science. Vanity

and egotism often induce a *branch* to feel and think that it is the whole tree.

In the medical profession we have many great men, great in surgery, obstetrics, eye, ear, etc., etc., and they all take a special delight in a ridiculous fling at Homœopathy. They vociferate on the wonderful advancement of their particular branch, and indulge in the unwarranted assumption that because they are clever in one branch that they are authority in all. To my mind this is all wrong. If I am interested in Homœopathy and practicing it is no reflection on me to try to clear the opacity of a crystalline lens with *Phos., Calc., Fluoric,* etc., and it does not detract from my standing in the profession because I may not be prepared to perform an iridectomy and lens extraction. The surgeon has nothing on me because I may not be able to perform an appendectomy and be he ever so skillful. He may be and generally is ignorant of the therapeutic power of *Bell., Bry., Merc.* and *Sulph.* to render his services unnecessary.

Gentlemen, the bone of contention is materia medica and *medical* therapeutics, and get the idea out of your head that a man can not be an earnest, honest, enthusiastic and zealous student of medical therapeuics based on the *homœopathic* materia medica and still know something about the other branches of medicine.

It is worth while to be a clever obstetrician to diagnose the presentation and to know when and how to apply the forceps. Now a man can know all these things and still know that *Bell.* will often obviate the necessity of instrumental delivery, and by the way, what is the pathology of that hot and dry vagina which retards delivery, and which is promptly relieved by a few doses of *Bell.?*

What is the pathology, what is there in a blood count, what could the thermometer, blood pressure instrument, all or any of the bugs discoverable by the microscope, and the various methods of staining that would lead one to *prescribe Puls.* or any other ℞.? What is there in all this wonderful laboratory research and the Widal reaction that would differentiate *Bry., Rhus tox.* or *Baptisia* in a case of typhoid?

No, no, gentlemen, let the shoemaker stick to his last. Let the

surgeon, sanitarian and the other specialists mind their own business, and let the specialists on materia medica fight their own battles, a fair fight in a clear field. Let it come from whence it may, let us be satisfied with nothing but the truth.

JOSEPH E. WRIGHT.

Aug. 21. 1918.

DR. M. H. WATERS DIES OF HEART FAILURE.

PHYSICIAN, ONE OF THE LEADERS OF HIS PROFESSION HERE, AND WELL KNOWN NATIONALLY.

Dr. Moses H. Waters, senior member of the American Institute of Homœopathy and a practicing physician and surgeon in Terre Haute for the past half century, died of heart failure at his home, No. 725 Maple avenue, Sunday afternoon at 3 o'clock. For the past six months his health has been failing, but his condition was not considered serious until the last ten days. He is survived by the widow, Mrs. L. P. Waters, one daughter, Margaret E., and two sons, Edward G. and Arthur M.

Dr. Waters was in his eighty-first year, having been born at Lowville, N. Y., July 26. 1837. He was a graduate of the New York Homœopathic Medical College and in 1861 enlisted as a member of Company K, Fifty-ninth New York Volunteer Infantry. After three years of service he received an honorable discharge from the army, at that time ranking as first sergeant of his company. He took part in the battle of Antietam and both of the battles of Fredericksburg.

PRACTICED HERE FIFTY YEARS.

At the close of his military service he completed his medical education and then started the practice of medicine in Peru, Ind. In 1868 he opened an office in Terre Haute and had continued his practice in that city until about one year ago, when he gave up active work in his profession.

During his life Dr. Waters was prominent in professional and civic circles. He was a senior in the American Institute of Homœopathy and an ex-president of the Indiana Institute of Homœopathy. In Masonry he was a member of Terre Haute Commandery No. 16, Knights Templar, and of Social Lodge No. 86, Free and Accepted Masons. He has served as president of the Terre Haute Science Club and vice-president of the Board of Children's Guardians, being a member of the board at the time of his death. For a number of years he was a director of the Y. M. C. A. and for a long term served as examining surgeon for the Travelers' Accident Insurance Company and was also a member of the Federal Board of Pension Examiners. He was general surgeon of Morton Post, G. A. R., and surgeon of the Union Veteran Legion.

ACTIVE IN CHURCH WORK.

Much of his energy was devoted to his church work, and the following appreciation was prepared by members of the First Baptist church of that city: "The members of the First Baptist church extend their most sincere sympathy to the family of Dr. M. H. Waters, who in ripe old age passed away to his reward Sunday afternoon. Throughout his long and useful life he took an absorbing interest in his church. In early manhood he was a charter member of the First Baptist church."

My Dear Doctor:

War activities have forced every organization, whether commercial, professional, manufacturing or recreational, to increase its expenditures.

The A. I. H. has never served a more useful purpose than its present activities at Washington denote, to wit:—

Recognition,

Co-operation, and

Important Committee Appointments.

We have a representative at Washington to take care of our interests—both of the men at home and in the service.

Dr. C. E. Sawyer, Chairman, Executive Committee of the A. I. H., as its representative, is a member of the General Medical Board, Council of National Defense, Secretary and executive officer of the Volunteer Medical Service Corps. There is no salary attached to the above appointments.

Dr. Sawyer is doing a wonderful work of tremendous importance in which you, individually, as well as the A. I. H., will surely benefit in a big way.

Every member of the Institute wants to do his part in this big undertaking. We MUST HAVE at least $5,000. We must have it NOW. Be generous in doing your bit and thus help the A. I. H. do its full part.

Indicate on form below the amount you want credited as your share in this remarkable work and SEND YOUR CHECK NOW.

Yours very truly,

T. E. COSTAIN,
Secretary-Treasurer.

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THE NATURE AND DIAGNOSIS OF CHRONIC HEART FAILURE.*

By G. Harlan Wells, M. D., Philadelphia.
Clinical Professor of Medicine in the Hahnemann Medical College and Hospital. A Clinical Lecture Delivered Before the Students of the Homœopathic Medical Department of the University of Michigan.

I have no excuse to offer you for asking you to direct your attention to-day to a consideration of the subject of chronic heart failure. First, because the death rate from diseases of the heart is exceedingly high among physicians, and, second, because it is a generally recognized fact that diseases of the cardio-vascular-renal system are rapidly increasing among people in all walks of life. The prevalence of chronic heart and renal disease among physicians is a lamentable commentary upon modern medicine. Scarcely a week passes that I am not called to see some physician broken down at the age of fifty or fifty-five years of age with cardio-vascular degeneration, left practically helpless at a time of life when a man should be in the full possession of all of his physical powers and enriched by years of practical experience.

That personal statistics are by no means unique is forcibly shown by statistics collected by Casper, who found that the num-

*In *The Hahnemannian Monthly*, for January, is an article by my friend, G. Harlan Wells, which is too good to pass by. We therefore reproduce it in THE HOMŒOPATHIC RECORDER, believing that our readers will find both instruction and interest in its perusal.—EDITOR.

ber of individuals out of a hundred reaching seventy years of age in the various occupations is as follow:s Clergymen, 42; farmers, 40; merchants, 35; physicians, 24.

The general increase in disease of the heart, blood vessels and kidney has been indisputably shown in the reports of the life insurance companies. Dwight states that 50 per cent. of rejected risks during the year of 1912 were for circulatory disturbances. Mr. J. H. Gore, President of the Acturial Society of America, states that there has been an increase of 50 per cent. in the death rate from diseases of the heart and kidneys at the higher age periods during the last few years. It is a curious fact that while modern hygienic measures have cut down decidedly the typhoid mortality rate and that of tuberculosis, etc., the mortality rate from diseases of the heart, arteries and kidneys has increased steadily. Fisk states that the increase since 1880 has amounted to 100 per cent. and examination of the physical condition of one thousand employees of banks, trust companies and industrial houses made under the supervision of the American Life Extension Institute reveals the following facts: Average age, 27; percentage showing organic heart disease, 16 2/10 per cent.; thickened arteries, 42 4/10; blood pressure, high or low, 26 per cent. Urinary changes, albumin, sugar and casts, 39 8/10 per cent. I have included in the above only those who were found to be moderately or seriously affected. Considerably more were found to suffer with circulatory urinary difficulties of a minor degree. I could cite innumerable statistics to prove the seriousness of the problem which we, as medical men, are compelled to confront, but time does not permit; sufficient has been said to indicate that American business methods, while a great success from a financial and productive standpoint, are proving a lamentable failure from a health standpoint.

ANATOMY AND PHYSIOLOGY.

As a correct understanding of the nature and treatment of heart failure is impossible without a knowledge of certain fundamental facts, I shall briefly review some important data in connection with the anatomy and physiology of the heart.

In the first place, it will enable us to get a clear understanding

of the heart if we regard it as a muscle, the function of which is specialized to a very high degree, but in all essential points it is a muscular organ. The arrangement of the heart muscle is extremely complicated, but in the main, the heart is made up of layer upon layer of muscle fibers, following a more or less spiral course. The connective tissue of the heart is extremely scanty and is chiefly collected in thin layers beneath the endocardium and the pericardium.

The heart receives its blood supply from the coronary arteries which have their origin in the aorta just behind the aortic valves. The branches of the coronary arteries are endarteries in Cohnheim's sense and their complete blocking off entails the death of the area which they supply. A certain amount of anastamosis exists, however, between the main branches, showing that a gradual closing of a branch of the coronary artery is partially compensated for by dilatation in some of the other vessels. Any obstruction involving the coronary arteries naturally interferes seriously with the nutrition of the heart muscle and many of the gravest forms of heart failure are dependent upon diseases of the coronary arteries.

A study of the physiology of the heart muscle has revealed many points of diagnostic and therapeutic value. The myogenic theory of the heart's action has been practically universally accepted. It can be readily proven that a heart entirely cut off from the central nervous system; in fact, an isolated heart placed in normal salt solution, will continue to undergo contractions in a rhythmical manner for many hours. The action of the nervous system on the heart has been proven to be entirely of a regulative character. Each fiber of the heart muscle possesses the following functions:

I. Stimulus production.
II. Excitability.
III. Contractility.
IV. Conductivity.
V. Tonicity.

By stimulus production we understand the capacity of the heart muscle to produce within its fibers a substance which is capable of bringing about stimulation of the fibre.

By excitability we understand the power of the heart to contract when stimulated.

By contractility we mean the power of the heart muscle to shorten itself when excited. With voluntary muscle the degree of contraction in response to stimulation varies in direct accordance with the intensity of the stimulus, but the cardiac muscle reacts to all stimuli whether great or small in exactly the same way. During systoli the power of contraction is lost and immediately afterwards is at a minimum.

During periods of rest the functions of stimulus production and of excitability rapidly recover themselves and, the longer the pause, the greater the amount of excitability and consequently a slight stimulus is able to bring about a contraction.

The function of conductivity, that is the power of transmitting the impulse to contract from one portion of the heart muscle to another, is common to all heart muscle, it is especially developed in the auriculo-ventricular bundle to which we will refer later.

The function of tonicity, that is the power of the heart muscle to maintain a certain degree of contraction even during periods of diastoli, is essential in maintaining the normal size of the heart. When failure of tonicity occurs, dilatation of the heart ensues.

A normal cardiac contraction begins about the sino-auricular node, situated in the right auricle near the orifices of the vena cava. From this point, the impulse travels to the left auricle and is then transmitted down the auricle-ventricular bundle to the ventricles. Normal cardiac action, consequently, depends upon the integrity and proper correlation of the various functions of the heart muscle and, consequently, when failure of the heart occurs, we may find one or all of these functions impaired.

WHAT IS HEART FAILURE?

In considering the subject of heart failure, it is important for us to disabuse our minds of the idea that the term is synonymous with valvular lesions or with gross forms of myocardial disease. Owing to the fact that the human mind is inclined to attach the greatest importance to that class of phenomena which most strongly affect the senses, cardiac murmurs and irregularities have come to occupy a place in the mind of the average physician

which is out of all proportion to their true significance. Seeing then that heart failure is a condition quite distinct from valvular disease and from gross forms of myocardial degeneration, the question arises: What is heart failure? Heart failure, from the modern viewpoint, may be defined as *that condition in which the heart is unable to maintain an efficient circulation when called upon to meet the efforts necessary to the daily life of the individual.* This statement, although perfectly simple and self-evident, cannot be too strongly impressed upon our minds, as a proper realization of its significance gives us the key to all practical diagnostic and therapeutic procedures. When we come to study the mechanism of the circulation we find that the motive force is the ventricular contraction. The heart muscle, therefore, supplies the force which maintains the circulation and any process that disturbs the functions of the heart muscle or any impediment of the circulation that increases the work of the heart, necessitates the expenditure of more energy on the part of that organ. So long as the heart can maintain a normal circulation despite the alterations above referred to, no symptoms are evoked, but if failure of the circulation results, certain phenomena arise which we call symptoms of heart failure. *It is therefore apparent that heart failure is simply inability of the heart muscle to maintain the circulation and this failure of the muscle is due to too great a strain being put upon it.*

CAUSES OF HEART FAILURE.

Viewed from this standpoint it is easy for us to understand how a great variety of conditions may bring about heart failure. For example, long continued periods of physical strain with insufficient periods of rest, may bring about heart failure through exhaustion of the heart muscle. Disturbances in cardiac rhythm impairing the force and regularity of contractions may result in exhaustion of the muscle and in circulatory failure. Arterial degeneration accompanied by high blood pressure may exhaust the heart muscle by increasing the force necessary to carry on an efficient circulation. Again, heart failure may be brought about by inability of the muscle to overcome the disabilities created by a damaged valve and, lastly, certain conditions unassociated with

any gross change in the cardiac structure, probably of toxic character, may produce functional disturbance of the heart muscle which leads to inability of the muscle to meet even ordinary demands that are made upon it and consequently exhaustion of the muscle and circulatory failure follows.

REST FORCE AND RESERVE FORCE.

As the heart normally possesses the power of maintaining an efficient circulation, not only when the body is at rest, but also under varying conditions of physical activity, we may, for purposes of clinical consideration, divide the power of the heart into what may be called "rest force" and "reserve force."

The "rest force" is the minimum force that the heart can exert to maintain the circulation at a level consistent with life. Impairment of the "rest force" produces those evidences of heart failure which persist when the body is at rest, such as dropsy, dyspnœa, etc., and the continuance of such impairment eventually leads to death. The "reserve force" is that potential energy of the heart which is called upon when the individual makes some bodily effort. The functional efficiency of the heart depends on the amount of this "reserve force," and it is by estimating the "reserve force" that we recognize the presence and degree of heart failure. Heart failure then invariably begins by exhaustion of the "reserve force" and proceeds until the "rest force" is encroached upon. Exhaustion of the latter force invariably results in death.

SUBJECTIVE SYMPTOMS THE FIRST INDICATION OF HEART FAILURE.

The early recognition of heart failure is a matter of great importance from a diagnostic and therapeutic standpoint. The physician who waits until œdema of the extremities, passive congestion of the liver and cardiac dyspnœa appear before suspecting that the heart is incompetent, is rarely likely to secure satisfactory results in the management of his heart cases. As the disturbances leading up to heart failure are at first purely functional, it is to be expected that the *early* symptoms are purely subjective and can be classified in the following manner:

SUBJECTIVE SYMPTOMS OF HEART FAILURE.

I. *Respiratory*—Shortness of breath, pressure over sternum, cough.
II. *Cerebral*—Vertigo, mental fatigue, headache.
III. *Gastro-Intestinal*—Flatulent dyspepsia, nausea, loss of appetite.
IV. *Cardiac*—Pain, palpitation.

It is perhaps unfortunate that disturbances of sensation so predominate during the early stages of heart failure, as it is an exceedingly difficult matter to estimate the full diagnostic significance of any subjective symptom. We can avoid a great many errors in this respect, however, by adhering to the principle of never basing an opinion on a single sign or symptom. Corroborative evidence should always be looked for, and from a practical standpoint, we may say that *any symptom indicative of heart failure is always accompanied by corroborative evidence, either subjective or objective.*

That group of symptoms most commonly met with in the early stages of cardiac failure are those referable to the respiratory system. They include shortness of breath, suffocative attacks, a sensation of tightness across the chest and perhaps a cough. It is, of course, obvious that many of these sensations may be produced in a healthy heart when forced to work beyond a certain limit, but it is the too ready production of them which indicates the failure in cardiac power. For example, a patient will complain that he finds himself very short of breath and perhaps has a painful feeling in his chest after ascending the stairway of his home—an act which he has been accustomed to do for years without producing any abnormal sensations. Or, again, we will find that walking a little rapidly or performing some slight physical exertion will produce some impairment in the respiratory act.

Paroxysmal attacks of breathlessness which suddenly awaken the patient from sleep and necessitates his sitting upright in bed, are by no means uncommon. The cough, which is usually dependent upon a secondary bronchial catarrh, may be dry or may be accompanied by the expectoration of mucoid or muco-purulent sputum.

The most common cerebral symptom in heart failure is an impairment of memory for recent events. Vertigo, especially on ascending the stairs, or after exertion, is frequently met with.

Accompanying the respiratory disturbances, may be pain around the heart or sensations of disturbed cardiac rhythm such as palpitation, thumping of the heart, etc. The character of the pain varies greatly and it may be referred to various situations, most commonly it is felt in the precordial region, occasionally in the epigastrium, or under the clavicle.

Palpitation is most common when the rate of the heart is accelerated and is particularly noticeable in cases of extra systole and auricular fibrillation.

Symptoms referable to the gastro-intestinal tract are frequently present, the result of venous congestion of the stomach, liver and other abdominal organs. Flatulence, with or without pain, is perhaps the most common, and by interference with the movements of the diaphragm may set up disturbance in the action of the heart or embarrass respiration. Loss of appetite, nausea and vomiting, constipation, and a feeling of soreness in the region of the liver, are very common phenomena.

After persisting some weeks or months, these symptoms may gradually progress until the more advanced evidences of cardiac failure manifest themselves, notably œdema of the lower extremities, cyanosis, enlargement of the liver, etc.

PHYSICAL SIGNS OF HEART FAILURE.

I. Disturbances in rate and rhythm of pulse (premature contractions, fibrillation, alternation).
II. Enlargement of the area of cardiac dullness.
III. Impaired muscle tone in first sound.
IV. Weakness or accentuation of second sound.
V. Murmurs of any variety.
VI. Passive congestion, œdema of legs, swollen liver, cyanosis.

While the subjective symptoms, especially those which are induced by exercise, are of the foremost importance in the recognition of early cardiac failure, there are certain objective phenomena of distinct corroborative value which should always be

carefully searched for. The first object of our investigation should be the pulse. Acceleration of the pulse to an abnormal degree after exertion is present in practically all forms of cardiac failure, except that associated with heart block. Disturbances in the rhythm of the heart are also of great importance. The most common types of arrhythmia found in adults being extra systoles and auricular fibrillation. Extra systoles of themselves are not inconsistent with a perfectly normal heart, but when found in conjunction with other symptoms of cardiac failure, they must be regarded as pathological. Auricular fibrillation is always pathological. Its existence indicates serious changes in the cardiac muscle and if not controlled it ultimately leads to exhaustion of the heart muscle and even to death.

Percussion of the chest shows that an enlargement of the area of cardiac dullness to a greater or less degree is found in a large proportion of cases of cardiac failure. Too much importance, however, should not be placed upon this finding, as pulmonary emphysema frequently occurs in cardiac cases, thus obscuring the area of cardiac dullness. While dilatation of the heart is almost invariably present in severe forms of cardiac failure, the condition may be quite well advanced before obvious changes in the size of the heart can be demonstrated.

The auscultatory findings are naturally of great interest and importance. The most characteristic alteration being a loss of muscle tone of the first sound as heard at the apex. The first sound becomes short and mushy in character, often simulating the second sound. The character of the second sound as heard at the aortic and pulmonary areas varies greatly. In some instances both of these sounds are feeble, while in other cases one or the other sound is distinctly accentuated.

Murmurs may or may not be present, but when present, are no criterion in themselves as to the degree of cardiac failure. We can form no opinion of the functional capacity of the heart from the character of the murmur present.—*The Hahnemannian Monthly,* January, 1918.

SOME THINGS WE MAY HAVE OVERLOOKED.

By Eli G. Jones, M. D., 1331 Main St., Buffalo, N. Y.

If I were obliged to depend upon one remedy in the cure of asthma, it would be *Natrum sulph.* 6x; dose, three tablets once in two hours. It is especially indicated if the asthma is *worse* in *damp* weather. I have known of cases cured where the patient had suffered with asthma for over thirty years.

Dr. A. C. Smith, Argenta, Arkansas, writes me of a case of tetanus that he cured by my treatment. He said, "If I had not had your book, D. M., I would have lost the case."

In a case of uræmic convulsions we must not forget *Cuprum arsenicum* 3x; dose, a two-grain powder every hour until relieved.

In reading the pulse of a young man, I said to him: "You practice masturbation, and have nocturnal emissions." He most emphatically *denied* it, but the next day his father came to me and told me that his son *did* practice self-abuse, and could not break himself of the habit. This proves what I have many times said: that the *Pulse* won't deceive you; it will tell you the *truth.*

Dr. Annie A. Anderson and her husband, from Chicago, called to see me recently. Dr. Anderson is a very *bright* woman who is *doing things* in the "Windy City." She has built up a splendid reputation by the *cures* she has made.

When there is *pain,* swelling, *dryness* or *cracking* of the right knee it indicates *Benzoic acid* 3x; dose, three tablets once in four hours.

When there is *stiffness, soreness* in the knee; it is swollen, and feels as if it had been *beaten. Berberis vulg.* first decimal dilution; five drops once in three hours, is the remedy.

When the knees *sink down* from *weakness;* there is cracking in the joints, *Cocculus Indicus* third decimal dilution is the remedy; dose, five drops once in two hours.

A physician going "overseas" with the Red Cross writes me for a remedy for sea sickness. When there is nausea which *extends to the head;* faintness, vomiting and *flow of saliva;* nausea with a sensation as if the "stomach *heaved up and down*" from looking at the pitching of the vessel, these symptoms indicate *Cocculus Indicus* 30x. It is a good plan to take one or two doses a day for two days before embarking.

It is strange how some of our doctors *will stick* to old ideas and old remedies that never *cure* anything, and which have long since become *obsolete*. The Regular School still clings to the theory that cancer is a *local* disease, and as long as they do so that school will *never develop a cure for cancer*.

Dr. John Hunter, a famous surgeon of London, England, gave this definition of what he considered a "cure of cancer:" "What I call a cure of cancer is an alteration of the disposition and the effect of that disposition, and not the destruction of the cancerous parts."

Dr. Hunter was exactly right, and just what I have been teaching for many years: that the *growth* we can see is only the *effect*, that back of that lies the *cause*, and that we must build up the *vitality* of the patient and fortify the system against the inreads of the disease. Dr. Hunter was a man who used *his* brains, instead of depending upon someone else. He was a blunt-spoken man, and often uttered the truth in language that was emphatic, if not very choice. He was called at one time to Paris in consultation. The case was one in which it would be necessary to perform a very difficult and dangerous operation. Dr. Hunter gave his opinion, but was overruled; the cutting was done, and the patient died. Hunter said to the other surgeons: "You damned fools; I told you what would happen if you persisted in holding on to your idiotic old theories, and now I hope that you are satisfied."

"It is quite true, sir," replied the Paris surgeon, "that the patient died, but it was a most beautiful operation, and followed the books to the letter!"

You see they *must follow the books;* the ancient *theory* had to be maintained, even though it *cost the life* of a *human being!* It will often happen in the practice of a physician that the authorities of *his* particular school of medicine will tell him that the disease is *incurable*. But bear this fact in mind: that *there is* a remedy *somewhere* for every disease, and it is our business as physicians to *find that* remedy, or else we have *failed* in our *duty* to our patients

In a case of acute general peritonitis in a lady 56 years old, a hard working woman of low vitality, I was at my "wits end" to

know just what to do for her, for the text-books—my Regular Eclectic and Homœopathic works on practice—told me that the prognosis was bad, that it was *"invariably fatal within a week."* This was not very *encouraging* to a doctor who had his reputation to make in a community. I just reasoned it out like this: "Here is a case of inflammation; now why not treat it as such and cure it?" My biochemic practice taught me how to do it. I put 5 grains of *Ferrum phosphate* 3x and 5 grains of *Kali muriaticum* 3x in a cup of hot water, and of this I gave the patient one teaspoonful every 15 minutes for an hour, then every half hour. Locally, I applied bags of hops and wormwood, which were changed every half hour. In 24 hours I knew I was *master* of the disease, and the patient got well. There will be times when your text-books will tell you that a certain disease is "incurable," but don't let that *discourage* you. Follow up your investigations in the text-books of the *other* schools of medicine until you *find* a remedy that will *cure your* patient.

One cure of a *difficult* or a supposedly hopeless case will establish your reputation in a community. The world *loves* a man who can *do things* in his profession; they have no use for the man who folds his hands and declares "it can't be done." How do we know *what* we can do, until we go at it with an *invincible determination* to *win out?* We should remember that the greatest battles of the world have been won by the general who *refused* to be defeated.

Some years ago I had a letter from a doctor in one of the Southern States, who asked me this question: "Will your treatment for cancer heal up any *sore?*" (There are times when we have to "answer a fool according to his folly," and humor the whims of a crank.) I had a letter from a doctor out in the far West, who was formerly a surgeon in the U. S. Army and a professor of materia medica in a regular medical college. He wanted to know "what is distilled extract Witch Hazel, and how is it made?" I once knew a doctor who graduated at one of the medical colleges in Boston. He was called to see a case of *supposed* cancer of the stomach. This doctor gave his opinion, and his decision was that he could not make a diagnosis of the case until he had first passed a *probe down into the stomach?*

You must understand that it took a four year graded course in

a medical college to turn out that kind of a doctor. I sometimes think it would be a good thing to start a kindergarten school of medicine where our doctors could *learn* the A, B, C of the healing art. When a man or woman has to spend four years in a medical college to learn about all the "ologies" in the dictionary, they are liable to have *mental indigestion* and develop *some* symptoms of "brain storm." Their mental faculties don't appear to function properly, even on the most elementary problems in medicine.

You may have a case of rheumatism, with *stiffness,* as if the muscles were *bound* or *contracted;* there is a *drawing, tearing* sensation, with weakness and *trembling* of the legs. This kind of rheumatism indicates one remedy: *Causticum* 3x; dose, three tablets once in three hours.

You may meet with a patient who will complain of an intense *itching* over the *whole* body, without any *visible eruption. Dolichos* (Cowhage) 2x dilution; dose, 5 drops once in two hours, is the remedy.

In your cases of chronic valvular disease of the heart don't forget *Calcarea fluorica* 3x; dose, three tablets once in three hours, in alternation with *Tincture of Cratægus;* dose, 10 drops once in three hours. This is a "safe and sane" treatment for the above condition. *Cratægus* is an "organ remedy" for the *heart,* just as much as *Chelidonium* is for the liver, or *Ceanothus* is for the spleen. There are *several* indications for *Chelidonium* as a liver remedy which are familiar to the reader. In my experience a well marked *tenderness* over the region of the liver is a *strong* indication for this remedy.

Don't forget this fact: if you see a man or woman taking on flesh pretty fast, not *healthy* flesh, but bloated; and if, in addition, you find an *intermission* of the pulse every third or fourth beat, look out for enlargement or engorgement of the liver or spleen.

In acute pyelitis *Tincture uva ursi,* 10 drops every hour is the remedy indicated.

In locomotor ataxia, when they *drag* one foot after the other; inability to walk, except with *eyes open;* the legs feel *heavy,* and

the patient *staggers* when he tries to walk, *Alumina* 30x is indicated; dose, three tablets once in four hours.

In prickly heat on the neck, face, back, chest, wrists, etc., with *stinging* and *itching, worse* from exercise, warmth or wine, relieved by rest and cool air, *Antimonium crudum* 6x is the remedy; three tablets once in three hours.

Some of your patients may be annoyed by bunions on the feet. A soap plaster made by taking Castile soap and moistening into a paste with water and then heating it should be applied to the bunion at night, then paint on the *Tincture of veratrum viride* three times a day. *Kali muriaticum* 3x is the indicated remedy to be prescribed; three tablets once in two hours.

You may be asked some time to prescribe for *corns* on the feet. If they are recent or painful, *Ferri picric* 6x is the remedy; dose, three tablets once in six hours. If the corn is inflamed or *ulcerated Nitric acid* 1x is the remedy; five drops three times a day. Paint the ulcerated surface with *Tincture of chloride of iron* night and morning.

A good treatment for gonorrhœa, if you get it in the acute stage, is *Tincture cannabis sativa.*

℞. Tincture Cannabis Sativa .....gtts. xv.
Aqua .....fl oz. iv.

Mix. Sig.—Teaspoonful once in two hours; also give *Natrum sulph.* 3x, three tablets every three hours. *Natrum sulph.* will also do for the second stage of this disease, with a *yellow* or *greenish* discharge. If *Thuja* 30x is given, 10 drops at bed time, it will help to rid the system of the gonorrhœal *taint.*

The above remedies make an *ideal* treatment for gonorrhœa. In all the years of my practice I have never used the *injection* treatment for this disease, and I don't *believe* in that *kind* of treatment. Some doctors have expressed doubt about gonorrhœa ever being *really* cured, but I had several years' experience in one of our big cities with *more* than *my* share of such cases, and it is my opinion that this disease *can be really cured,* if you go the *right* way about it.

The following article from the Weekly Bulletin of the Department of Health, City of New York, for March 9, 1918, is of interest, more particularly to those concerned with the health and welfare of our school children in larger cities:

"CANNED AIR" VS. FRESH AIR.

Much has been written about the advantages or drawbacks of different types of ventilating contrivances, and much money has been spent, especially in some of our public buildings, in installing devices designed to furnish a constant supply of air of the right temperature, proper degree of humidity, and of a sufficient degree of purity as shown by bacterial counts. Many of these devices have operated only when the windows were kept closed, and the supply of air thus furnished has been spoken of, not inappropriately we believe, as "canned air."

In order to arrive at some definite conclusion regarding the value of the various systems of ventilation, the New York State Commission on Ventilation some years ago undertook an investigation of the criteria by which ventilation could be judged, and the factors necessary to ensure adequate ventilation. As our readers probably know, many of the results obtained in the carefully controlled experiments conducted by the Commission were startling. They clearly showed that too little importance had previously been attached to movement of the air, and especially to a proper combination of movement, temperature and humidity. To many who followed the work of the Commission the results at first obtained were distinctly disappointing, for they appeared to nullify the claims made for the surpassing importance of real fresh air. Further studies, however, brought to light the fact that the appetite constituted a sensitive indicator of the character of the ventilation, and that, with this as a guide, real fresh air appeared to be preferable to "canned air," no matter how well the latter was washed, purified or tempered. Nevertheless, the advantage exhibited by fresh air under these conditions did not appear especially noteworthy. Moreover, the slight increase in appetite did not sufficiently account for the striking value of fresh air as demonstrated by years of use in the treatment of tuberculosis.

In order to obtain concrete evidence of the value of fresh air, especially evidence based on extensive observations with suitable controls, the Bureau of Child Hygiene in 1916 began an inquiry into the possible relationship between the prevalence of respiratory diseases among school children and classroom ventilation.* The study was made in co-operation with the New York State Commission on Ventilation, which had full control of the selection of the classrooms with reference to the type of ventilation to be included, the supervision of methods used in obtaining and recording all data concerning ventilation, and the final analysis of the results recorded.

This investigation among 5,533 pupils in 76 classrooms in 12 schools operated under three different types of ventilation, conducted during a five-months' period in the late fall, winter and early spring, forms the basis for the following conclusions:

1. In the closed window, mechanically ventilated type of classroom kept at a temperature of about 68 degrees F., the rate of absences from respiratory diseases was 32 per cent. higher than in the open-window, naturally ventilated type of classroom kept at the same temperature (about 68 degrees F.) and about 40 per cent. higher than in the open-window, naturally ventilated type of classroom kept at a temperature of about 50 degrees F. In other words, the children in classroms with closed windows and ventilated by mechanical methods were more subject to respiratory diseases severe enough to keep them from school attendance than were children who were in classrooms kept at the same or lower temperature and ventilated wholly by open windows.

2. In the closed-window, mechanically ventilated type of classroom kept at a temperature of about 68 degrees F., the rate of respiratory diseases occurring among pupils in attendance was 98 per cent. higher than in the open-window, naturally ventilated type of classroom kept at the same temperature (about 68 degrees F.) and about 70 per cent. higher

*Classroom Ventilation and Respiratory Diseases Among School Children," by S. J. Baker, M. D., D. P. H., American Journal of Public Health, January, 1918.

than in the open-window, naturally ventilated type of classroom, kept at a temperature of about 50 degrees. In other words, the children in classrooms with closed windows and ventilated by mechanical methods were more subject to respiratory diseases not sufficiently severe to keep them from school attendance than were children who were in classrooms kept at the same or lower temperature and ventilated wholly by open windows.

3. The relative humidity of classrooms, whether ventilated by natural or mechanical means, was not a causative factor in the occurrence of respiratory illness among school children.

CLINICAL CASES.

F. H. Lutze, M. D., Brooklyn, N. Y.

Case 1.—Clara J., æt. 3 years, had diarrhœa for four weeks and had been under the care of a homœopath, a very good prescriber, when brought to me, but there had been no improvement. Her symptoms, as given me by the father, were as follows: Stools frequent, painless, light yellow and very offensive. When I asked at what time of the day or night these were the most frequent, or the worst, he answered: They are the same all through the day, but never occur at night.

I gave the father three powders of *Petroleum* 1000 (Boericke & Tafel), and he gave Clara one powder at once, dry on the tongue; and directed him to dissolve the next powder in 12 teaspoonfuls of cold water, and then give the little patient two teaspoonfuls after each stool, and call again when the medicine was all taken. He did not return until some weeks later, and when I reminded him of his promise and failure to fulfill it he answered: "There was no need of it, for she got well with the second powder; I have the third one still at home, and since you have done so well for Clara, I come now to see if you can do as well for me."

Remarks: There are several reasons why the first doctor failed to cure this case. 1st. The very clear cut symptoms given to me may not have been present at that time, indeed the doctor's treat-

ment may have been necessary to bring these out so clear. 2d. The parents may have failed to give this symptom so fully. 3d. The doctor may not have been familiar with this very characteristic symptom of *Petroleum:* Diarrhœa only during the day, never at night, but had it been present and been given the doctor would have looked it up and easily found it in his books. Homœopathy, like gravitation, is a law of Nature, it never fails, but the doctor and more often the patient may fail at times to give all symptoms.

Case 2.—Mr. O., residing 25 miles from this city, called to get medicine for his boy, Willie, æt. 14 months, who had a diarrhœa. The stools were light yellow, frequent, painless, somewhat offensive and occurred only during the day, never at night. As he lived so far from the city, I gave him six powders of *Petroleum* 1000 to be dissolved in 12 teaspoonfuls of water, and to give him two teaspoonfuls after each stool. A week later Mr. O. returned and reported: There had been no change. Willie was the same as before. *Petroleum* 200.

April 20 he reported the boy was very much worse, having stools now at night as well as during the day. He thought the diarrhœa was due to a change of the milk supply (the boy being bottle fed), which had been made necessary by removal to his present residence, but thinking the aggravation to be due to the *Petroleum* 200 I gave him *Sac. lac.*

June 2d he phoned asking me to call and see the boy as he was no better. Arriving there I was told the boy had become steadily worse under my treatment, and on account of the great distance, they had called a local doctor, an allopath, who could and had called daily to see the patient. Under his care Willie seemed to improve, became very quiet, was no trouble to his mother, and became bathed in a perspiration (*Opium*), which the doctor said was a positive sign of his improvement. But when after three weeks the diarrhœa continued unabated the parents became impatient and wished to know the reason of it.

Just then a rumbling noise occurred in the child's abdomen, and could be heard all over the room, but the doctor applied the stethoscope to the child's abdomen, then said, after listening a while: That there was too much activity in his bowels, which would have

to be paralyzed, and proceeded at once to do this by giving him some medicine. After this the boy was in a constant stupor, not awake enough to take any nourishment; the diarrhœa and rumbling in the bowels continuing even worse; then I was called again, this time to see the little patient.

Hearing this history, I gave *Nux v.* 200, in aqua, two teaspoonfuls every hour to antidote the drugs taken. Remained over night and the following afternoon questioned the mother to get the present symptoms.

She thought her baby was a little better, not so drowsy; the stools of a dark bloody matter and mucus, with great straining, and as he lay in his bed I saw him biting viciously on a rubber ring attached to a cord about his neck. I asked the mother if he ever bit her, she answered: Indeed he does; often makes me cry out with his biting me. I saw his gums were swollen, bluish-red in color, some salivation; all signs of dentition. *Phytolacca* 200, 3 powders, to dissolve a powder in one-half glass of water, and give two teaspoonfuls every hour. It was all he needed to cure him after four weeks of injurious allopathic drugging.

Phytolacca decandra is a remedy of wide scope and ,though often used in the beginning of lactation for hardened breasts, caked breast, sore throat and bluish discoloration, etc., I believe it is not as well known and as often used as it should be. It is one of the foremost remedies in dentition, and on account of the great similarity of one of its symptoms to that of *Petroleum:* Stools light yellow, painless, offensive, and during the day only, never at night; as also that *Phytolacca* is not included in the late Dr. Bell's excellent monograph on intestinal discharges, I give these symptoms here:

PHYTOLACCA DECANDRA.

Stools: Thin, dark brown, copious of blood and what looked like the scrapings of the inner surface of the intestines. Involuntary, with straining, which continued even in sleep; at first yellow, then of granular matter, then dark, bloody matter. Bile from the bowels. Copious after cramping about the umbilicus. Liquid, dark brown. Light yellow

stools during the first few days, during the day only. Mucus, and bloody with tenesmus. Mucus soft and mushy with undigested food. Soft papescent. Dark papescent with undigested food. Dark, lumpy. Dysentery. Hard stools.

Before Stools: Violent cramping about the umbilicus. Griping in abdomen.

During Stools: Sickly feeling in bowels. Straining, which continued even in sleep. Pinching all the afternoon. Griping pains and cramps. Fearful tenesmus, could not leave the stool for a moment, the pains did not cease for a minute. Sickly feeling in bowels, but no tormina or tenesmus. Pains moving about in the abdomen. Pains in the stomach, worse from pressure, which made him cry out. Mucus stools with straining (painless stools).

After Stools: Faint feeling.

Aggravations: After vomiting, purging. Straining even in sleep. Diarrhœa for three mornings, after other symptoms had passed off. At 1 or 2 a. m. till after breakfast, after vomiting began. All night after the vomiting had ceased.

Amelioration: At night, the light yellow stools for the first few days. At night of pains with the stools. After the stools became watery (abundant stools). Mornings after breakfast and ceased after 2 p. m. Purging one and a half hours after taking the medicine, ceased after 5 hours. Purging 2 hours after, ceased after 6 hours.

Concomitants: Permanent hæmorrhoids. Peculiar heat in the rectum with burning in the stomach. In the middle of the night neuralgic pains shoot from the anus and lower part of the rectum along the perineum to the middle of the penis, followed in a few minutes by a neuralgic pain in the right great toe. Continual inclination to go to stool, with much urging and straining. Violent purging, severe and frequent. Involuntary stools with straining, which continued even in sleep. Had usually a full and satisfactory stool at 9:30 a. m. and another, at times, at 2:30 p. m., and unusually another natural stool at 7 p. m. The bowels, which had been unusually loose for

the past six weeks, have become more regular, since I began taking the medicine more constipated. Three stools during the day, the first one hard, preceded by griping, the others with pains moving about in the abdomen. Dull frontal headache extending backward over the head.

Remarks: The symptoms are clear and well defined, yet not often do parents or adult patients observe and give them to the physician. The light yellow stools during the first few days, occurring during the day only, are of great importance to remember, on account of the very similar symptom of *Petroleum.* Stools thin, light yellow, painless, offensive, but during the day only, *never at night;* differing in this from *Phytolacca.* But the great characteristic symptom of *Phytolacca,* which is always present in children during dentition and has also been observed in adults, the great desire to clinch the teeth or *bite* is usually mentioned by the mother, as she feels the pain of it and will also be noticed by the observing physician, if he can see the child; this will lead him to obtain other symptoms of *Phytolacca* and cure the patient.

This case No. 2 shows the great and wonderful power of the homœopathic, the indicated remedy, the great truth of the science of Homœopathy; after four weeks of drugging with *Opium* and other unsuitable, and, therefore, harmful drugs, it required but one small powder of *Nux vomica* 200 and two powders of *Phytolacca* 200 to cure the little patient completely and thoroughly.

Case 3.—Rheumatism. Mrs. A. M., a widow, æt. 60 years, had rheumatism in the right leg so severe as to make walking well nigh impossible. She had been to Vermont for six weeks under the care of her former homœopathic doctor, who had cured her a number of years ago of an attack of rheumatism, but had failed this time to benefit her in the least and thus returned to Brooklyn. The pains had commenced in the right foot and extended up to the right hip; the leg was cold subjectively and objectively, yet warm applications aggravated the pains; indeed, were unbearable. She was worse on awaking, especially so from an afternoon siesta; in fact, the pains would waken her. I gave her *Ledum palustre* 30, to take a powder three times daily. When she called four days later she was free from pain and the leg was warm. For a few remaining symptoms I gave

her *Pulsatilla* 200. She was well and felt and looked ten years younger. The remarks following case No. 1 apply to this case also.

Case 4.—November 28, 1917, Mrs. H. H., æt. 52 years, a widow, called, complaining of an eating (gnawing) pain in the stomach a short time after eating, usually relieved by eating a little, but at times this will cause nausea and even vomiting, followed by great prostration and cold perspiration. Two years ago she was confined to her bed for seven weeks, expectorating blood for a good part of this time, but her old school doctor carried her through this beautifully, but she had never been quite well since. The greater curvature of the stomach is indurated and tender to pressure. Appetite poor, she feels worse from cold food or drinks, from acids and onions, from 11 a m. to 2 p. m., much sour belching. She feels better after eating luncheon; for a time better in cold weather and in open air. Better at rest, lying on the right side and very irritable. She is very constipated, has to take a cathartic every other day.

Thoughts of cancer of the stomach passed through my mind, having had patients with such symptoms, which later on proved to be cancer, but gave her *Pulsatilla* 200, to take a powder three times daily dry on tongue.

December 3d she called again smiling. After taking the powders for one day she was free from all pain, had daily a natural evacuation of the bowels ever since and nothing further to complain of. Gave her *Puls.* 45 m., two powders and S. L. I know she has remained well ever since.

HOMŒOPATHY.

F. H. Lutze, M. D., Brooklyn, N. Y.

Homœopathy, like gravitation, is a law of nature, therefore, it is infallible. But, unlike gravitation, it requires two human agents in its action—the patient and the doctor, both of whom are liable to err and fail, more especially the patient.

If the doctor fails it is because he does not remember all of his materia medica (well nigh an impossibility). It is not so serious a matter, for he has his materia medica, repertories and other books of reference where he studies the patient's symp-

toms and refreshes his memory. A very careful homœopath will hardly ever prescribe without doing this.

The patient may fail in not giving all his or her symptoms, or not giving them correctly. This is a more serious failure, but this also can be overcome by the honest, industrious physician if the patient has *patience*. Thus Homœopathy is well nigh infallible.

DISEASE.

Disease is at first only a derangement of the human organism, changes in the organs occur only later. Disease is not an entity, a phantom, has no individual existence, is only a temporary condition of the person, expressing itself through the patient by signs and symptoms, differing from those of the person in normal health. Therefore, the patient only can be treated, she alone can be cured, not the disease. The signs and symptoms of the patient are the sole indications of his illness, and hence the only guide for the treatment, for his cure, and as every person, every patient, differs widely from every other patient and person, it follows that each patient must be treated according to his own individual group of symptoms; therefore, each patient requires a different remedy in order to cure him quickly and perfectly, and, therefore, no general remedy for any disease, according to its pathological name can ever be found, and for the same reason no remedy can be given for the prevention of any disease, for it is impossible to know before hand in which way disease may in the future attack a person; indeed, no disease of any kind may attack him in the time to come.

For all the above reasons it is impossible to prove that any Serum, Vaccine or any remedy protected a person against any disease, for comparatively only a few persons are attacked by serious diseases, especially if hygiene and sanitation are observed, but all persons are made sick and predisposed to disease by these injections of serum, vaccine, etc., which are made with the ridiculous and foolish idea of preventing disease thereby.

Every injection made into a healthy person lowers the vitality of that person, and thus predisposes him to disease, which he would otherwise never contract, as is shown by the results of these injections in the Army and Navy. What you sow that you shall reap.

COUNCIL OF NATIONAL DEFENSE—MEDICAL SECTION—WASHINGTON.

The Council of National Defense authorizes the following:

Many thousands of blanks for enrollment of the legally qualified men and women physicians of the country in the reorganized Volunteer Medical Service Corps are being mailed by the Chairman of the General Medical Board of the Council of National Defense. With the blank are enclosed a letter and a folder giving all details as to the organization.

The blank which applicants are asked to fill out reads:

APPLICATION FOR MEMBERSHIP IN THE VOLUNTEER MEDICAL SERVICE CORPS, AUTHORIZED BY COUNCIL OF NATIONAL DEFENSE, APPROVED BY THE PRESIDENT OF THE UNITED STATES.

(Spaces for date, full name, street, city and State addresses.)

1. Date of birth.
2. Place of birth.
3. If foreign born, when did you become a resident of the United States?
4. When and where naturalized? How?
5. Are you single, married, widower, or divorced? Nationality? Color? Height? Weight?
6. State high school, academy, college, or university you have attended, with dates of attendance, graduation and degrees received.
7. Give all literary or scientific degrees you have received and names of institutions granting them, with dates.
8. With what languages or branches of science are you familiar?
9. When and where graduated in medicine?
10. When and where licensed to practice medicine?
11. Name principal medical societies of which you are a member. (Do not abbreviate.)
12. What specialty of medicine do you practice?
13. Proportion of time devoted to specialty?
14. Clinical experience in specialty? Institution? No. of years?

15. State all past hospital services. Hospital. Capacity. Date.

16. Present hospital connections. Hospital. Department. Capacity.

17. School and teaching positions occupied in the past. School. Capacity. Date.

18. School and teaching positions now occupied. School. Department. Capacity.

19. State all past experience in industrial or railroad medicine and surgery. NAME AND ADDRESS OF PLANT. TYPE OF SERVICE (whether medical, surgical, occupational diseases, accident work, contract, practice for families of workmen, etc.). DURATION OF SERVICE.

20. State all present connections with industries or railroads. NAME AND ADDRESS OF PLANT. TYPE OF SERVICE (whether medical, surgical, occupational diseases, accident work, contract practice for families of workmen, etc.). TIME DEVOTED TO EACH PLANT.

21. State military, naval or public health experience you have had.

22. Are you a Federal, State, County or Municipal officer? (State exact designation of your office.)

23. Are you engaged in enterprises other than medicine? If so, what?

24. Have you followed any occupation, medical or otherwise, not already noted?

25. Have you previously been an applicant for entry into the United States Service? Service. When. Where. Result. (If rejected, state why.)

26. I have not applied for appointment in the Medical Reserve Corps of the Army, the Naval Reserve Force, or the Public Health Service owing to —— (check reason).

a. Physical disability. (State disability in detail.)

b. Over age (55). (State age in years.)

c. Essential institutional need. Name of institution. Position. Name and address of chief executive.

d. Essential community need. Approximate population. Number of physicians now practicing in your community.

e. Essential to Health Department. Name of department. Position. Name and address of chief of department.

f. Essential to industries. Name of plant. Position. Name and address of chief executive.

g. Essential to medical school. Name of medical school. Position. Name and address of dean.

h. Essential to Local or Medical Advisory Boards. Name and address of Board. Position.

i. Dependents. Number of dependents, including self but not employees. What proportion of your income or that of your dependents is derived from sources other than the practice of your profession? Do other persons contribute to the support of your dependents? Have you or your dependents other immediate relative who could provide support for your dependents?

j. Sex. (State your sex.)

k. Religious conviction, not a citizen, or other reasons. (State reason.)

27. Are you available for any of the following services:

a. Consultant. Medical Service. Surgical Service. Public Health Service. Special Service—What?

b. Institutional. Laboratory. Administrative. Medical Service. Surgical Service. Special Service—What?

c. Medical service for industries. Part time. Full time. Own community. Other communities. Kind of work.

d. Local or Medical Advisory Boards.

e. Reclamation of registrants rejected for physical unfitness.

f. Services to needy families and dependents of enlisted men.

g. Sanitation.

h. Miscellaneous service.

28. Check the Governmental service in which you would prefer to serve, if selected.

a. Medical Reserve Corps of the Army.

b. Naval Reserve Force.

c. Public Health Service.

NOTE.—Wherever practicable, your preference will be given consideration. However, the exigencies of war may render it

necessary to ask you to do service other than that indicated as your choice.

29. Personal references. (Name three, at least one physician.)

I hereby make application for membership in the Volunteer Medical Service Corps of the United States. I certify that, to the best of my knowledge and belief, the answers to the preceding questions are true and correct in every respect. I pledge myself to abide by the rules and regulations of the Corps; to apply for a commission in the Medical Corps of the Army, the Naval Reserve Force, or for appointment in the Public Health Service when called upon to do so by the Central Governing Board; and to comply with any request for service made by the Central Governing Board.

(Signature) .....

(Present post office address) .....

An outline of the purpose and scope of the Volunteer Medical Service Corps, contained in the folder, is as follows:

Volunteer Medical Service Corps Organization.

1. Provides means for obtaining quickly men and women for any service required.

2. Furnishes recommendations and necessary credentials to assure the best of medical service, both military and civil.

3. Determines beyond question the attitude of the individual toward the war.

OBJECT OF CORPS.

1. Placing on record all medical men and women in the United States.

2. Aiding Army, Navy, and Public Health Service in supplying war medical needs.

3. Providing the best civilian medical service possible.

4. Giving recognition to all who record themselves in Army, Navy, Public Health activities, or civilian service.

WORKING PLANS.

All matters pertaining to the organization will be under the direction of a Central Governing Board, authorized by the Coun-

cil of National Defense and approved by the President of the United States, and its affairs will be conducted from the general headquarters of the Volunteer Medical Service Corps at Washington, D. C., under the Council of National Defense.

OPERATING SYSTEM.

1. Central Governing Board of 25.
2. Forty-nine State executive committees.
3. One representative in each county in every State.

(NOTE)—(a) All men to be appointed to State and county committees preferably over 55.

(b) Each State executive committee to consist of five in the smaller States and one additional member in each of the larger States in proportion to each 1,000 medical inhabitants (to be nominated by State committee, Medical Secion, Council of National Defense, from among their own members).

(c) Each county of 50,000 population or under should have one representative. All counties having over 50,000 population should have one additional county representative for each 50,000 population or fraction thereof. All county representatives to be nominated by the State executive committee.

DUTIES.

Central Governing Board.—To receive and pass upon all appointments.

State Governing Boards.—To receive facts from county representatives and make recommendations to Central Governing Board.

County Representatives.—To submit facts to State Committees according to advice from Central Governing Board or State Executive committees.

Under the reorganization, every legally qualified physician, man or woman, holding the degree of Doctor of Medicine from a legally chartered medical school, who is not now attached to the Government service, and without reference to age or physical disability, may apply for membership and be admitted if qualified; whereas, the original organization admitted only those who for various reasons were ineligible to membership in the Medical Reserve Corps. The organization will mobilize the medical pro-

fession in order to provide for the health needs of the military forces and the civil population, and the recording and classifying of doctors will afford means of obtaining quickly men and women for any service required.

To date about 40,000 of the 144,116 doctors in the United States—not including the more than 5,000 women doctors—either are in Government service or have volunteered their services. Up to July 12 the Surgeon General had recommended to the Adjutant General 26,733 doctors for commissions in the Medical Reserve Corps. About 9,000 others who applied were rejected. With the 1,194 in the Medical Corps of the National Guard and 1,600 in the Navy, the total—38,527—constitutes 26.73 per cent. of the civilian doctors. Deducting those who declined their commissions or who have been discharged because of subsequent physical disability or other causes, the number actually commissioned in the Medical Reserve Corps stands (August 23) at 23,531, with several hundred recommended whose commissions are pending. Of the 23,531 there are 22,232 now on active duty.

The need of using wisely the service of the medical men, in view of the universal war activities, is indicated when it is known that in the five weeks ended August 2 there were 2,700 medical officers commissioned in the Army, Navy and Public Health Service—or at the rate of 540 per week. This rate at which enrollment is proceeding is the cumulative result of the operation of all the machinery which has been in process of setting up since the United States entered the world war. While the number commissioned in the five weeks mentioned may seem large, it is not much greater than the rate at which medical men have been receiving their commissions during the past year. There are now 28,674 medical officers commissioned in the three services—26,027 in the Army, 2,427 in the Navy, and 220 with the commission of Assistant Surgeon in the United State Public Health Service. Of the 2,700 commissioned in the five weeks ended August 2, there were 2,527 in the Army, 169 in the Navy, and 4 in the United States Public Health Service. Also, 40 doctors designated as Acting Assistant Surgeons have been taken on in the Public Health Service in the last two months, 21 for

work in extra cantonment zones, 14 for special venereal disease work, and 5 for marine hospitals. The 26,027 in the Army medical service comprise 933 in the Medical Corps, the regular Army service; 23,521 in the Medical Reserve Corps; 1,194 in the Medical Corps of the National Guard, and 369 in the Medical Corps of the National Army.

It is estimated that at least 50,000 doctors will be necessary eventually for the Army. It can readily be seen that with the enrollment of these active men, their places in communities and institutions must be cared for and the work, therefore, throughout the country must be so systematized and co-ordinated that the civilian population may not suffer. An important aspect is the need for medical men in the communities where munitions and other vital war products are being made.

The Volunteer Medical Service Corps, supervised by the Central Governing Board now named, will thoroughly care for these needs.

In connection with the mailing of membership blanks for the Volunteer Medical Service Corps to all legally qualified men and women doctors of the country, Dr. Franklin Martin, Chairman of the General Medical Board of the Council of National Defense, says:

"Great as has been the response to the appeal for doctors, it must be greater. It is imperative that every doctor not already in a Government service fill out, sign and return the blank to the offices of the Central Governing Board, Council of National Defense, Washington, at once. We believe thousands will do this, as they are anxious to be enrolled as volunteers for the Medical Departments of the Army and Navy before registration under the new draft law goes into effect. The appeal for enrollment in the Volunteer Medical Service Corps, which President Wilson has formally approved, is an official Governmental call to service. This will place the members of the medical profession of the United States on record as volunteers, available for classification and ready for service when the call comes."

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.
25 East Washington St., Chicago, Ill.

Herewith we publish, through the courtesy of *The Urologic and Cutaneous Review,* a most excellent article by our old friend, Dr. Louis Heitzmann, whose well known ability as a teacher of pathology in the medical department of Fordham University commands respect for anything which he may say. We are confident that our readers will find both interest and instruction in Dr. Heitzmann's article.—EDITOR.

THE PATHOLOGY OF KIDNEY LESIONS AND THEIR DIAGNOSIS BY MICROSCOPIC URINALYSIS

Louis Heitzmann, M. D., New York City
Professor of Pathology, Fordham Univ. Medical School
Fordham, N, Y.

From a practical standpoint the pathology and diagnosis of kidney lesions have always presented some difficulties and have been more or less unsatisfactory. Even to-day many practicing physicians are satisfied to group all inflammations of the kidney under the one heading of "Acute or Chronic Bright's Disease," and are liable to diagnose that condition whenever the clinical symptoms point toward an involvement of the kidneys, and an examination of the urine shows the presence of a varying amount of albumin. The layman considers "Bright's disease" an incurable affection, and the mere mention of that name by his physician is frequently sufficient to produce visions of an early or sudden death in the patient, with a strain of nervous symptoms, which often enough do more harm to him than the disease itself. Physicians are liable to forget that there are many cases of nephritis which run a mild chronic course, may last for many years, and need not interfere with the renal function to any great degree, as long as they remain confined to a small part of the kidney substance.

Even at the present time, examinations of urine are apt to be carried out in a perfunctory manner, and to remain confined to chemical tests for albumin and sugar, and possibly to a microscopical examination for tube-casts. When a trace of albumin is found, a drop of urine may be placed under the microscope and hurriedly examined with a low magnifying power for the presence of casts. Any formation which at all resembles a cast is then diagnosed as such, and the diagnosis of "Bright's disease" is at once made. That many extraneous features may resemble casts with low magnifying powers, and that mucus and harmless micro-organisms may conglomerate in such a manner as to resemble casts is not taken into consideration at all. Although no microscopical examinations are made more frequently than those of urine, none are more unreliable than these, in the manner in which they are carried out by the average clinical microscopist. Many a diagnosis of nephritis is constantly made in cases in which no nephritis is present at all.

On the other hand, many cases of nephritis may remain undiagnosed, because, at the time of examination, no appreciable amount of albumin could be found, and therefore no microscopical examination was made, or because even though a trace of albumin was discovered, no tube casts were seen upon microscopical examination.

Cases like the following are of almost daily occurrence: A young man who has been perfectly well all his life except for an attack of gonorrhœa, which he had long since considered cured, comes up for a life insurance examination and is rejected on account of the presence of a trace of albumin in his urine. He is told that he has a severe case of "Bright's disease," since albumin and casts are present. He goes to his family physician in a very nervous state of mind. The latter, who is unable to find any evidence of the presence of a nephritis, requests a sample of urine and usually receives the first morning specimen, which he sends to a clinical laboratory. The report upon this second examination is "perfectly normal urine." Such discrepancies occur constantly and the physician is in a quandary. He knows that his patient has never given any symptoms of nephritis and yet a third urine examination, possibly carried out by himself, again

shows a trace of albumin. In such a case the following facts are overlooked: First, that a trace of albumin may be present in the urine during the daytime when the patient is at work, and be absent in the first urine voided after rest. Second, that albumin in small amounts may frequently be present in cases where the kidneys are perfectly normal. The patient may have a mild chronic prostatitis with some pus corpuscles and epithelial elements in his urine, sufficient to account for traces of albumin. The so-called casts found upon a cursory examination with low magnifying powers of the microscope, may prove to be cylindroids and bacterial casts when carefully examined with a higher magnifying power—400 to 500 diameters.

Persons who are active workers and who live well may suffer from a lithæmic condition, which has produced irritation or even a mild congestion of the kidney, with the presence of a trace of albumin, but without any true nephritis. As soon as the lithæmia disappears through diet and simple treatment, all evidences of the so-called nephritis also disappear.

A temporary cystitis or pyelitis or even a pronounced vaginitis, when pus corpuscles are present in the urine, may cause the presence of traces of albumin. A diagnosis of a nephritis should therefore never be made upon the mere discovery of traces of albumin or a few cast-like formations.

Inflammations of the kidney are as varied as those of other organs; some are mild, of little significance, and yield readily to simple treatment, especially when the cause can be discovered and removed, while others are severe and dangerous and do not yield to any treatment. The term "Bright's disease" should never be used except in cases where inflammation is pronounced and all the clinical evidences of a nephritis are present. It would be still better to discard the term entirely. The mere presence of albumin in the urine does not necessarily mean the presence of a nephritis, while, on the other hand, even severe cases of chronic inflammation of the kidney do not necessarily show the presence of any albumin in every specimen of urine examined. Again, many cases of nephritis may exist without the urine ever containing any true tube casts.

These facts, although old, are constantly over-looked in gen-

eral practice, yet a little care in microscopical urinalysis with frequent urine examinations, when necessary, will promptly lead to a correct diagnosis of the presence or absence of a kidney lesion.

The pathology of nephritis is no more difficult than that of an inflammation in any other organ, if we bear in mind that the kidney is a compound tubular gland, which is subject to the same pathological conditions as any other glandular organ, and that the character of the inflammation depends to a great degree upon the nature of its exudate, which may be either serous, fibrinous or albuminous. In no organ have the inflammations received as many different classifications as in the kidney, yet they are no different than in other organs. Any inflammation in an organ composed of connective and epithelial tissue, like the kidney, no matter how mild, will affect all its component parts to a greater or less degree, so that it will be diffuse to a certain extent from the outset. The difference exists only in the degree in which the different tissue are affected. It is this degree, with the character of the exudate, which determines the severity of the inflammatory condition.

Since every inflammation of the kidney is found to be more or less diffuse in its character from its very onset, the term "diffuse nephritis" as one of the distinct varieties of kidney inflammation, is strictly speaking, incorrect. By this term "diffuse" is not meant that the inflammation affects the entire kidney uniformly, but only that all its component parts—connective tissue epithelium and blood vessels—at the seat of inflammation are involved. The degree of involvement, however, varies considerably in different cases. In some it is the blood vessels and glomeruli which are principally affected, in others the interstitial connective tissue, in still others the epithelia of the uriniferous tubules. In every inflammation certain degenerative changes are bound to occur to a greater or less degree and these are quite varied, but from a practical diagnostic standpoint they are of little significance unless they have become pronounced. It is only fatty and amyloid degeneration which become important in diagnoses, but not cloudy swelling, œdematous infiltration, hyaline or mucoid or even cystic degenerations.

The three important and essentially different varieties of ne-

phritis are those known as interstitial, parenchymatous and suppurative, each one of which may be acute or chronic, the first two also subacute. The principal points in the pathology of these varieties are the following:

1. In interstitial inflammation of a mild character an œdematous swelling of the connective tissue is present, with swelling and granular cloudiness of the epithelia and subsequent desquamation of the epithelial cells. The blood vessels show a more or less complete distention with blood corpuscles, without apparent alteration in the structure of their walls. The œdematous swelling of the connective tissue, as well as the desquamation of the epithelia, is due to a serous exudation from the blood vessels. On account of the serous exudation the epithelia may undergo degeneration. In severer cases, an inflammatory infiltration of the connective tissue occurs, with proliferation, desquamation and finally new formation of the epithelium.

When the inflammation has become chronic, the surface of the kidney is marked by irregular, shallow depressions or by granulations, the capsule being adherent in most cases. The irregular depressions are due to retractions of newly formed connective tissue, which is formed at the expense of the uriniferous tubules. Chronic interstitial nephritis invariably leads to a shrinkage—cirrhosis or sclerosis—of the kidney. The whole kidney is considerably reduced in size, and the irregularities on the surface are well marked. Both the cortical and medullary substances are much narrower than in the normal condition, and this is more especially the case in the cortex, of which, in advanced stages, only slight remnants are left, corresponding with the elevation on the surface. There is a partial destruction of glomeruli, tubules and blood vessels. The newly formed connective tissue is more or less regularly distributed throughout the kidney structure, the uriniferous tubules being in part transformed into connective tissue, while still retaining the outlines of their original configuration.

The obliteration of a number of the narrow tubules, including the ascending and descending branches, explains the clinical fact that persons affected with cirrhosis of the kidney void large quantities of urine almost destitute of salts. Numbers of the

convoluted tubules are also destroyed through the increased formation of connective tissue, while from others the epithelia are simply desquamated and appear in the urine.

2. In parenchymatous inflammations the surface of the kidney becomes partially or completely denuded of its epithelium, a coagulated albuminous or fibrinous exudate is formed upon the surface, there is considerable hyperemia of the blood vessels, as well as pronounced swelling and inflammatory infiltration of the connective tissue. In this variety there is a more or less distinct formation of casts, which in the interstitial variety are either not present at all, or, to a slight degree, only in the severer cases. In both varieties, there is an emigration of white blood corpuscles, which, however, is more pronounced in this than in the interstitial variety. Casts are the products of either albuminous or fibrinous exudation from the blood vessels with the additions of the swollen and destroyed epithelia. The epithelia lining the tubules become saturated with the exudate, swell, grow pale, and, finally, by coalescence of the epithelia thus degenerated, tubular casts are formed.

In chronic parenchymatous nephritis the kidney is more frequently enlarged than diminished in size. In some cases the surface is smooth and the capsule strips easily; often, however, the surface is nodulated, and between the nodules deep cicatrical retractions are seen. These retractions are never found uniformly over the surface, and the capsule is adherent to the retractions. The cortical substance is absent in those parts corresponding with the retractions of the surface, while in other places, the cortex may be unaltered or even increased in bulk. The pyramidal substance may be unchanged or may be diminished. To this partial destruction of the kidney tissue, which occurs in chronic parenchymatous inflammation, the term atrophy may be given, since in the most diseased portions only traces of the original kidney structure are left.

In the depressed cicatricial portions of the cortical substance a large amount of newly-formed connective tissue is found. There is no regularity in the arrangement of the connective tissue and only remnants of the former tubules are present, to-

gether with irregularly scattered sections of tubules, from which the epithelial lining has entirely disappeared.

In both the interstitial and parenchymatous varieties fatty and amyloid degenerations may be present, but are usually more pronounced in the latter than in the former. Fatty degeneration is liable to occur to a greater or less degree in the majority of cases of chronic nephritis, but is, as a rule, most marked in one form of chronic parenchymatous nephritis—the so-called large white kidney. Amyloid degeneration is liable to occur only in tubercular or syphilitic subjects. Cystic degeneration may also be present in both varieties, but is usually more pronounced in chronic parenchymatous nephritis.

(*To be continued.*)

Homœopathic Recorder

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EDITORIAL NOTES AND COMMENTS.

Brands of Homœopathic Prescribing.—Observation of the manner of prescribing drugs by many homœopathic physicians leads to the comments suggested by the title of this editorial. The stocks of remedies maintained by modern homœopathic doctors often compare quite favorably with those of the average pharmacy, in the kaleidoscopic therapeutic camouflage which adorns the overburdened and groaning shelves of the medical sanctum. With some physicians the doctrine of signatures, as evidenced by a veritable chromatic color scheme running through countless bottles and vials of multitudinous shades, seems to be the guiding spirit of remedial administration. Thus yellow pills betoken that the liver of some hapless patient is to be the object of attack, while pink pills suggest the sanguinary thought that an increased mobilization of vigorous red corpuscles is to be attempted. This kind of medical practice certainly has a sort of beatific simplicity to commend it, and indeed the adept in it soon finds himself a slave as it were, to a most absorbing game. Only those are disqualified from taking part, who are hopelessly color blind, a fault we believe which few physicians have.

Others are impressed by the advantages of co-operation and apply this principle to their favorite drugs. Combination tablets offer an attractive vehicle in which to ride this hobby, and the most marvelous and ingenious drug concoctions are dispensed by the devotees of this most popular fetich. Truly here we have therapeutic artillery developed to a high degree of skill, by means

of which the homœopathic rifle of the simplex brand has given way to remedial shrapnel of startling and various effects. Something, somewhere, somehow, is sure to be hit! Of this we may be certain; but when the smoke of battle has passed away, the damage inflicted may be greater than the advantage gained.

Still other prescribers of recent years have turned to elixirs, decoctions and tonics of ancient lineage, and these fluid remedies we understand, threaten to nullify the best intentions of our prohibition friends. As thirst assuagers these seductive liquids (we had almost said liquors) are most pleasant to imbibe and arouse, we are led to believe, a degree of stimulation quite vinous in character; wherein the patient finds himself in one long continued state of exaltation so long as he continues to indulge in the alpha and omega of his therapeutic tipple.

Yet other physicians, and these form a rapidly disappearing minority, conservative in their natures and beliefs, persist in doddering along, adhering to the good old fashioned homœopathic triumvirate, *simile, minimum, simplex*. Hours are spent by them in pouring over musty volumes of materia medica, laboriously searching for the open sesame which shall reveal to them the restoration to health, of their trusting patients. Repertories are thumbed backward and forward, pages of symptoms are written, careful comparisons are made, and finally a few little contemptible sugar pellets are placed upon the patien't tongue.

Then watch the marvels of Homœopathy unfold themselves, note how disorder and riotous pathological elements resolve themselves into orderly physiological units and how once more life's harmony is restored in all its pristine vigor. Great indeed is the mild power of true homœopathy, and still greater the satisfaction of him who employs that power wisely and well.

Yet all methods in use by physicians of the homœopathic school seem to have their strong adherents and the therapeutic jumble which frequently masquerades as homœopathy is bizarre indeed. What is needed is for most of us to go back to the real old fashioned, straight homœopathy of the fathers, when simplicity and firm faith prevailed. Twentieth century life is rapid and full of quick changes, which at times carry us completely off our feet.

The Proving of Drugs.—For homœopathy this is indeed a vital matter and presents a question over which the wisest minds may well ponder. Are our drugs to be reproved in the light of modern scientific laboratory methods, and if so, where? Who is to do this work, and more important than all, who is to finance it?

The reproving of our materia medica, whenever suggested, has usually aroused a storm of discussion, out of which no real agreement has come. The reproving of *Belladonna* by the O., O. and L. Society, under the able direction of Dr. Bellows, was a painstaking and most praiseworthy work, but one devoid of practical results, since it has failed to take the place of our old provings of this drug upon which we have relied for years and will continue to rely.

The difficulty seems to be that in our modern provings we lean too far to the grossly pathological and thus emasculate the drug beyond all recognition. We forget that the language of drugs must and does resemble the language of disease, and that disease is expressed first in the language of the patient, modified by his individuality and all that this implies.

All disease has a beginning and an end. The end is usually beyond hope of cure or even of postponement for very long; but the beginnings of disease are Nature's cries of distress, and these serve as signals to the prescriber, leading him to select the necessary remedy. An important point for us to remember is that almost any disease may be relieved or cured by a drug the pathogenesis of which is not known to include the pathology of the disease in question. Hence the wise dictum, "*Treat the patient not the disease!*" It is true that were the proving of such a drug carried far enough it might eventuate in a pathology similar to that of the disease. We know that this is so in the case of such drugs as *Mercury, Lead, Ergot,* etc., yet valuable though this knowledge is, it can hardly be said that through it we have been better able to cure diseases whose pathology most nearly resembles that of these powerful drugs above mentioned.

This pathology when far enough advanced or well enough established to make the recognition of similarity easy also forces the conviction that this same pathology is beyond the reach of cure. In other words, the time for cure has long since gone by

and we have come to the stage of disease end-products, in themselves beyond the reach, as a rule, of internal medicinal therapeutics.

Hence in our work of drug proving let us not lean too far to the side of gross pathology, but rather let the latter explain, whenever possible, the language of drug pathogenesis, subjective symptomatology upon which our prescriptions will always mainly depend.

Mobilization of the Medical Profession for War Service.—Elsewhere in The Homœopathic Recorder we present to our readers the plan and scope of the Volunteer Medical Service Corps of the United States, an organization perfected by the Council of National Defense, Medical Section, and approved by the President of the United States, August 12, 1918.

It would seem as though no urging is required to cause every duly qualified and registered medical man or woman to immediately seek enrollment in this national body of physicians, whose services during this great war may thus be placed at the disposal of the Government and country in the hour of need. In organization there is strength, and in systematized effort there is efficiency! Through the organization of the Volunteer Medical Service Corps the varying and manifold needs of the country can be quickly and satisfactorily met, so that no such breakdown in the civilian medical service can occur as that which befell our ally, Great Britain, when in England so many physicians had been enrolled for army medical service that in some sections the proportion of physicians to civilians was one to three and even four thousand. We are, fortunately, able to profit by the earlier mistakes of our British cousins, and the Volunteer Medical Service Corps is the outcome of careful planning and deliberation by those who have been charged with the duty of protecting the health of our army and navy and civilian population.

To homœopathic physicians it is a matter of particular gratification to know that an honored member of their own school has been chosen secretary of the executive committee and member of the central governing board. To those who know Dr. Charles E. Sawyer we need not emphasize his marvelous energy, his

untiring devotion to the best interests of country, profession and school, and his constant readiness to aid in every way possible those who may need his services. Serving without compensation, cheerfully and in the spirit of self-sacrifice, Dr. Sawyer is indeed performing a noble and patriotic duty.

Let each one of us as well do his duty by consecrating himself to this great national service for the country's good.

Taking Stock.—In the *Educational Number* of the *J. A. M. A.*, August 17, is an illuminating report of the Council on Medical Education concerning the medical colleges of the country and statistics regarding them for the year 1918.

We are, of course, naturally interested in the data concerning our own homœopathic medical colleges and present herewith some facts of decided interest. Thus in table 4 of the report, under the caption, "Medical College Attendance," we find that in the year 1880 homœopathic medical colleges had a total student attendance of 1,220. The high water mark was reached in the year 1900, when there were 1,909 students at homœopathic schools. Then began a gradual decrease in the number, until in the present year, 1918, we find a total enrollment in homœopathic colleges of but 540. This is the lowest number of students we have ever had, and compares significantly with the total enrollment of the non-sectarian (O. S.) colleges, which for the same year, 1918, have 12,727 students.

It is, of course, true that the number of medical students in *all* colleges has diminished within the past few years; thus in the year 1904 the total number of medical students in all colleges of the country was 28,142 as compared to 13,630 for the present year. Nevertheless, the report shows that the freshmen, sophomore and junior class enrollments show an increase for the current year, which indicates "that the college enrollments have largely been readjusted under the higher entrance requirements and, as was expected, the enrollment of medical students is again on the increase."

In Class A medical colleges, the total enrollment shows an increase. Of the total attendance for 1918, 93.4 per cent. were in attendance at the non-sectarian (O. S.) colleges, and 4.0 per cent. at the homœopathic medical schools.

The total number of graduates for the year ending June 30, 1918, was 2,670, a decrease of 709 below 1917. The number of graduates from the non-sectarian colleges was 2,454, or 680 less than last year. The number from the homœopathic colleges was 114, or 66 less than last year.

This is the lowest number of graduates from homœopathic medical colleges indicated in the report.

Of the 2,454 non-sectarian school graduates, 1,007 or 41.0 per cent. were reported to have baccalaureate degrees; of the homœopathic graduates 15, or 13.2 per cent. were so reported.

As to the number of medical colleges in the country, the report shows that since June 30, 1917, two new medical colleges have been reported, while eight colleges were closed by merger or otherwise. The present total number of medical colleges is 90, six less than last year. Of the ninety colleges, 79 are non-sectarian (O. S.), 6 are homœopathic, 2 are eclectic, and 3 nondescript.

Of the eight medical colleges reported as closed, we find Hahnemann Medical College of the Pacific, San Francisco and the New York Medical College and Hospital for Women, New York.

The report shows further that of the six homœopathic medical colleges now in existence, three are rated as Class B colleges. It is in this connection significant that the Boston University School of Medicine, a Class A college, has now dropped its homœopathic character and become non-sectarian.

Finally, it is of interest to note the distribution of our students of homœopathic medicine. Thus for the year 1917-'18 Hahnemann Medical College of the Pacific (the last year of this college), which has become an elective department in the University of California Medical School, had 11 students; Hahnemann Medical College and Hospital of Chicago had 51 students; State University of Iowa College of Homœopathic Medicine had 9 students; Boston University School of Medicine (no longer sectarian) had 58 students; University of Michigan Homœopathic Medical School had 36 students; New York Homœopathic Medical College and Flower Hospital had 170 students; Ohio State University College of Homœopathic Medi-

cine had 38 students, and Hahnemann Medical College and Hospital of Philadelphia had 140 students. The New York Medical College and Hospital for Women (now defunct) had 27 students.

Mark Twain once said that there are three kinds of lies—lies, damned lies and statistics, and it is notoriously true that the latter can be dexterously juggled by one skilled in their use until almost any conclusion may be arrived at. Yet the few facts as presented can hardly be disputed, even though, as Eugene Porter was fond of saying, they emanate from "our friends the enemy." To homœopaths desirous and anxious of seeing the interests of Homœopathy safeguarded and advanced, this report must indeed cause disquieting thoughts and misgivings concerning the future of the school.

It would seem, therefore, the part of wisdom for us to seriously take account of stock, note where our losses lie and the causes thereof, and then, if possible, apply the needful remedies. An ostrich-like behavior on our part, on the other hand, will most assuredly be fatal to our continued existence as a school of medicine worthy of the name.

The Mistakes of Men.—Devotion to a cause, when tempered by intelligent understanding and comprehension, tolerance and charity for the opinions and beliefs of others, is an admirable quality and one which may go a long way to further the development of the object of attachment. But blind devotion, without intelligence, comprehension or tolerance, no matter how zealous and earnest it may be, will often succeed in wrecking the cause to which it has been dedicated.

Homœopathy in its struggles for existence, beset by enemies within as well as without, has likewise suffered severely at the hands of some of its blind devotees, who have made of Homœopathy a fetich. To some of these followers of Hahnemann it is heresy and disloyalty in the highest degree to even think of, much less employ, any extra-homœopathic therapeutic measure, no matter how justifiable and necessary the latter may be. It is by no means infrequent, even to-day, for some layman to inquire whether the homœopathic physician *believes in surgery*.

We recently had occasion to make a careful physical examina-

tion of a patient in middle age whose history was of little aid in arriving at a conclusion, but whose abdominal symptoms evidently pointed to the presence of an old appendical lesion. A severe attack of pain some weeks prior to the examination had been relieved temporarily at least by a well selected remedy in the hands of another homœopathic physician. The correct diagnosis of abdominal conditions is by no means always easy, as many a laparotomy has revealed, and it is, therefore, no particular disgrace to the physician to find himself mistaken. Hence he is likely, whenever possible, to resort to any or all modern diagnostic methods, among which the X-ray stands highest, perhaps, for aid.

In the case above referred to resort to this diagnostic aid was urged and the possibility of surgical intervention pointed out. This declaration made, as it were, to a patient accustomed all her life to Hahnemannian Homœopathy at first brought forth an exclamation of surprise, which, however, was speedily changed to one of approval, when the patient was reminded by an accompanying friend that her mother had died of a condition which had been indefinitely prescribed for by a most able, but too bigoted, homœopath when that condition was in reality surgical in nature and entirely outside of the ability of Homœopathy to cure.

Such cases are tragic and, in this enlightened age, far too many. Homœopathic physicians should learn that Homœopathy cannot, except palliatively at times, apply to end-products or disease resultants. An abdomen full of pus needs the knife, not hours spent in repertorial search to find the illusive simillimum. A strangulated hernia calls for the surgeon, not for *Nux vomica,* because the sufferer may have had ineffectual urging to stool. Let us remember that when in any case the symptoms are purely those of the disease, diagnostic or pathognomonic in character, and not those of the patient, Homœopathy is likely to be of no service; that when the apparently similar and well-selected remedy produces no effect or brings but short relief, we are dealing with either an incurable or with a surgical condition, or, at any rate, with one which lies outside of the sphere of Homœopathy. Let us not mistake an aggravation of the disease for an aggrava-

tion of the remedy; let us not fail to examine the patient carefully, with a view to arriving at a correct diagnosis if possible. In last month's RECORDER, in his most able article, Dr. Wood pointed out the necessity for careful symptom interpretation and diagnosis. It is really surprising how much of interest we find when we look! No homœopathic cure was ever injured by a good diagnosis; on the contrary, such cure always commands confidence and belief when a correct diagnosis has been made.

Finally, let us not live up to the characterization which has so often been thrust upon us that "the medical profession is the most bigoted, the most narrow-minded and the most intolerant of any."

PERSONAL.

YE TOWN GOSSIP.

WITH APOLOGIES TO K. C. B.

LAST night it was dark and rainy
AS I went out to the stable and barn,
AND saw that the horses and cows were snug
FOR the night and that each had a bed,
TO be warm and comfortable and dry;
FOR during the day and always
THESE animals had faithfully done their duty
AND none had shirked or complained.
THE horse in the box-stall winnied as I opened the
STABLE door, which, to me, was a call for water,
WHICH I gave with a good-night pat, upon the
ANIMAL'S flank and received in return, a
KNOWING look and a nod of the head;
AND then the cows, on hearing my voice,
GOT up with a rattle of their stanchions
AND turned their big soft eyes upon me,
WAITING for a few more stalks of fodder corn,
WHICH I gave with much satisfaction.
AND then I went on to the hog-house and
DOWN the central aisle, with the pens on either side
WHERE the shoats, on hearing my foot-falls,
GOT up with a grunt and clamored, as hogs will do,
FOR still more food which I gave them.
AND then I closed the door, being sure that
ALL was well for the night,
WHILE the rain spattered against my lantern
AND into my face.
AND as I walked slowly back to my own comfortable
HOUSE and bed, a glow of satisfaction
CAME over me, with the thought
THAT those dumb animals,
ENTRUSTED to my care, were as happy
AS I imagine animals can be.
AND so, I blew out my light and wrapped
MYSELF in the covers,
CONTENTED with the world,
AND slept.
GOOD-NIGHT!

Dr. R. F. Rabe,

Editor THE HOMŒOPATHIC RECORDER,

New York City.

My Dear Doctor Rabe:—

In the last number of THE RECORDER Dr. Close makes a statement in the leading article that the Boston University School of Medicine "announces that it has abandoned the teaching of Homœopathy and will hereafter exist solely as a college of regular medicine."

I am not sure whether any official of the college has written you in regard to this statement or not, but in case it has not been done, I want to assure you that this statement is incorrect.

Of course, I know that Dr. Close would not have made it, had he been more familiar with the facts.

The Boston University, in its reorganized plans, will be the first institution in the country, so far as I know, to give comprehensive and thorough instruction in both homœopathic and so-called Old School therapeutics.

There has been throughout this reorganization no thought of abandoning Homœopathy. On the contrary, the intention is to strengthen the Homœopathic teaching wherever that may be possible. The lectures on Homœopathic Materia Medica will be continued exactly as they have in the past; the clinics illustrating the application of the Homœopathic Materia Medica in the Out-Patient Department of the hospital will be continued and strengthened.

Dr. Mary Parker, of Cambridge, has been connected with these clinics for several years and her name is ample assurance of the character of the prescribing that is done.

The change consists wholly in the addition of new Chairs covering Old School therapeutics comprehensively with clinical teaching in the Boston City Hospital. Both Homœopathy and "Regular" Medicine will be compulsory for the students.

What the result will be no one can, at present, foresee, but we do know that there is to be no relinquishing of our efforts to instill the truths of Homœopathy into the minds of our students.

Yours truly,

FRANK W. PATCH.

September 5, 1918.

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A PROVING OF THYROID GLAND.

H. P. Gillingham, M. D., New York.

Early in November, 1917, the Materia Medica Laboratory of the New York Medical College and Hospital for Women, which I have the happiness to direct, began a careful and systematic proving of thyroid gland, at the instigation, and with the financial assistance, of the American Institute of Drug Proving.

Volunteers from the student body of the college were called for. Five were selected, and one other young woman *not* a student at the college, making six provers. These were addressed by Dr. Rabe, who is Secretary-Treasurer of the Institute of Drug Proving, and by Dr. Dieffenbach, Vice-President and Trustee of our college, who impressed upon them the importance and the seriousness of the experimental work they were about to undertake.

I would like here to testify to the conscientious and capable and self-critical manner in which these six young ladies performed their work.

Each prover after signing a general release in favor of the college, was subjected to a rigid general physical examination, first by myself, then by Drs. Emily C. Charles and Sophie B. Scheele. Each was then examined as to urine by Dr. H. Trossbach (our college and hospital pathologist); as to blood by Dr. Lindsley F. Cocheu; as to eyes and ears by Dr. William McLean, as to nose and throat by Dr. Henry Lyding.

Personal and family histories were carefully gone into. Weight, measurements, T. P. R., blood pressures, acuity of special senses, etc., recorded. The provers represented a high average condition of health with such exceptions as will be noted later.

It is needless to say that none of the provers (nor, in fact, anyone except Dr. Rabe and myself) knew the identity of the drug to be proved.

It was ordered that the provers should adhere to their usual diet, but each was required to turn in every day a minute report of all food and drink ingested, qualitative and quantitative, that it might at once be determined whether or not the diet was responsible for any symptom arising. It may be said here that with the exception of one instance, it was deemed that no symptoms could reasonably be ascribed to the diet.

Prover No. 1 (the one from outside the college, 30 years) was an unusually healthy and generally normal woman. She developed *many* functional heart symptoms and many nervous symptoms. She took the 60x (two 1-gr. tablets t. i. d.).

No. 2, aged 21, robust and healthy, save for slight hæmorhoidal congestion and abdominal pain at menstrual period and occasionally slight menstrual headaches. Had a very slight enlargement of right lobe of thyroid. She took 6x, two 1-gr. tablets t. i. d. till seventh day, after which 12x same dose and rate.

No. 3, age 20, *very* good health, although with an habitually irregular pulse and generally nervous. Took 12x till seventh day, then changed to 30x, same dose and schedule as last prover.

No. 4 had a moderate enlargement of thyroid, being one of six sisters, all of whom have some thyroid enlargement. Not a very good history, but now, seemingly in perfect health. Took 1x, two 1-gr. tablets, q. 2 h. During the first week, while taking placebo, she caught cold, which became worse after starting on the drug, so she discontinued the proving for four days (4th, 5th, 6th, and 7th), during which time she recovered and resumed on the 8th day, taking 1x tablets, ij q. i. d., and on the 14th day changed to 3x tablets, ij q. i. d.

No. 5, aged 21, married, delicate type, poor history, but in good present health. Took 3x, 2 tablets q. 3 h.

No. 6, aged 21, good health, robust. Took 30x, two 1-gr. tablets, t. i. d.

The provers were individually under close official observation for 32-39 days, and under a less rigid observation for six weeks longer.

Matters of interest are, *e. g.*, the irregular pulse of No. 3 became gradually under the drug less irregular and finally became quite regular and has remained so.

No. 4's thyroid became, at first, larger, but midway in the proving began to recede, and is now much smaller than it was before. No. 2's very slight unilateral thyroid enlargement disappeared early in the proving.

In these instances the drugs seemed to be remedial.

The study of the blood pressure observations was interesting. Altogether there were 250 observations made. The most striking result of the conclusion forced on one is that a single reading, or two or three at intervals of days or weeks, has only a very limited value, and this because the variation is so markedly affected by slight and entirely commonpleace causes. The time of day, the time and relation of meals, with relation to water drunk, the intensity of the mental work preceding the reading, the fact that the reading had been preceded by a day of rest, menstruation, and the psychic factor—all have a decided effect in modifying the pressure, both systolic and diastolic, and it was found that this variability was as great among the controls as among the provers, and cannot be laid to the thyroid.

Pressures of our provers were, before the actual proving, *low*, the pulse pressure averaging 25. All had markedly cold hands and feet, and heart sounds were too weak. The first and immediate effect of the drug was to raise the pressure considerably (from 10 to 25 mm. Hg.), both systolic and diastolic; then after 2 to 4 days it dropped down some 5 to 15 mm. (systolic), but maintained a better level than before with a pulse pressure averaging 35 mm.

No. of symptoms: There were reported results, which, when separated into their component parts, represented over 900 symptoms.

Many of these were repeated in two or more provers—some in all six provers. By elimination of repetition, and of symptoms obviously not due to the drug, the number finally boiled down to 407. These have been arranged according to the Hahnemannian schema of anatomical rubrics.

The greatest number referred to the *Head*, of which there were

44; the Abdomen claimed 36; Stomach, 28; Heart, 27; Sleep, 25; Mind, 23; Mouth and Respiratory Organs, 21 each; Fever, 20; Eyes and General, 19; and so on down to Rectum and Anus, Stool and Urinary Organs, four or five each. The Skin had 11, and the Genital Organs had 9 symptoms, but these last are mostly very comprehensive symptoms, which it was deemed best to preserve as nearly as possible in the language in which they were reported.

A full and minute report has been rendered the American Institute of Drug Proving, who will, I believe, publish the complete proving in the near future. Time will permit now only a most superficial glance at the symptoms. I shall pick out from each of a few of the rubrics two or three characteristic symptoms, which will, perhaps, indicate the general character of the pathogenesis.

Mind (Emotional Sphere): Marked irritability of temper; nervous; apprehensive; depressed; as expressed in these two symptoms.

(1) "Very nervous, fearful and apprehensive. Anxious feeling of foreboding with cold and clammy hands."

(6) "Feel as if I could cry from the least provocation; very much irritated at little things; lost my temper with very little provocation; morose and sulky; wanting to be alone; could have cried from vexation."

On the intellectual sphere it seemed always depressing as in the following:

(3) "Difficulty of concentration, takes twice as long to study or read as formerly; absent-minded."

Head: Of the 44 symptoms, all but four or five were of pain,—and of these 30 were located in the frontal region. There was considerable variety among these—one or two will serve to illustrate.

(2) "Heavy throbbing headache worse in frontal region, worse concentrating mind, better out of doors."

(6) "Severe frontal headache, worse on right side, worse in warm room, worse from using eyes or studying, disappearing after taking a long walk in evening."

Most of the head symptoms were associated with sense of fulness, sometimes of high degree, as:

(2) "Great fulness and heat of head, worse at vertex, seemed as though head would burst from engorgement, with throbbing of temporal arteries, redness of ears, feeling of engorgement of eyes and dull stupid mind." (Morning 13th day.) The blood pressure of No. 2 at this time was running around 150 mm., having been affected by the drug more than that of the others.

The headaches were more pronounced in the morning and afternoon than during the evening or at night. They were perhaps rather more inclined to affect the left side. They were almost always worse from motion or exercise of any kind, physical or mental, always worse from heat or indoors, and correspondingly better in the cool, fresh air; often better from external pressure. Vertigo was only reported once.

Nose: Five provers developed rhinitis, but I can find no unanimity, either in the character or in the modalities, unless it be the generally expressed dryness of the nasal mucous membranes indoors, and fluent coryza outdoors, the discharge being profuse, watery and bland.

Face: Usually was redder than usual—sometimes decidedly flushed. No. 1 developed a queer symptom, viz., "A loose sensation in lips, unable to control them, as though the orbicularis oris was relaxed."

Mouth: All provers complained much of bad taste, disagreeable, nasty, slimy, metallic, bitter, sour, sour-bitter, etc. Generally worse in a. m. The tongues of all assumed unusual characters, Generally with a heavy white or grayish-white coating in centre, bright red edges or tip. Papillæ almost always enlarged and prominent. Sometimes showing through the grayish white centre: sometimes more conspicuous on the red tip, and margins. Dryness of the mouth predominated.

Throat: Dryness of the throat was marked in all provers. Posterior pharyngeal wall, uvula and faucial arch were much congested, red and dry, with rawness and burning in all provers from the 4th to the 24th days.

The posterior nares seems to claim the attention of several provers at times; with dryness and sticking pains there, worse on swallowing. The left side of the throat seemed more affected than the right.

Stomach: As usual, there was developed both increase and loss of appetite, but the increase more prominent. For instance, No. 5 for four days in the mid-proving reported "Appetite increased, not satisfied, no matter how much I've eaten." This prover developed an abnormal desire for sweets, though generally cared very little for them. Thirst for cold water was a prominent symptom, especially developed in prover No. 4, whose usual consumption of water is abnormally low. Among the many eructations, perhaps the most noticeable kind was that which relieved the nausea and pressure in the stomach. Nausea was a common and frequent symptom and, though occurring under different circumstances, was conspicuously worse while riding in the car. It was always better on going out into the cool air, as was the headache.

Abdomen: Throughout the proving there were many abdominal and pelvic symptoms—for the most part *painful* ones—generally described as "sharp," "cutting," "colicky" and "crampy." Pervading them was a sense of fullness—"as if the stomach (or abdomen) was full of gas, worse on pressure, worse on walking." Pains were generally better "bending forward," or "doubling up," and after the passage of flatus. There was a good deal of distention. There was a marked predilection for an area midway between the umbilicus and the Ant. Sup. Iliac spine on either side, especially on *right* side. (McBurney's point.)

There were developed marked pains—cutting in character, in pelvis, "as though in uterus—shooting downward into thighs." These described as "excruciating." An oft repeated observation concerning the abdominal pains and, indeed, of pains and sensations *anywhere*, was their fleeting character. Many were reported as "lasting only a minute or two," or as "momentary."

Several reports were made on the large quantities of flatus passed from the bowels, and it was often said to have the odor of H_2S.

Stool: The stool does not seem to have been much affected. Two provers reported diarrhœa once each, and one twice remarked on her constipation. The incidence in either case is so small that it seems not worth while to report the specific character.

Only two provers reported any urinary symptoms, and these were not very interesting.

Genital Organs: Menstruation.

No. 1. Habitually menstruates q. 31 day—menstruated fifteen days too soon.

No. 2. Habit was 29 days—menstruated six days too early.

No. 3. Usually q. 30 days—came one day too soon.

No. 4. Usually q. 29 days—came two days too soon.

No. 5. Usually q. 29 days—was two days late.

No. 6. Who always allowed 30 to 40 days to elapse between periods, conformed to her usage and reported an interval of 38 days.

On the whole, there was much more pain suffered during this proving—menstruation than is usual with these individuals—though *one* who usually has more or less trouble at beginning of period escaped pain entirely. It was she whose thyroid enlargement disappeared entirely and finally (so far) during the proving. The menstrual experience of each prover will be found reported in full in the published report.

Respiratory Organs: Here were developed some very good symptoms, as: The dryness of tickling in the larynx, provoking a dry, hoarse, barking, or whistling cough, sometimes violent and spasmodic, with cough aggravation in the morning, mornings after rising, from coughing, after waking in morning, in cold open air, on entering a warm room, in evening and at night.

A complex symptom developed by No. 1 (the prover who showed so many heart symptoms) and reported by her persistently, in varying terms, I will quote in full, as expressed from the 3rd to the 24th day. "Splitting pain in ensiform appendix, with accompanying nervous, sensitive feeling radiating from sternum towards both axillæ—returned almost daily throughout proving, with sundry variations, as: Sternal region felt sore, as though bruised, sensitive to touch, remaining after splitting pain had left; splitting pain in ensiform, ending with a quick throbbing pain in surrounding region. Splitting pain in ensiform followed by a few throbbing pains in apex of part, and *these* followed by a throbbing pain in left ovarian region (lasting two minutes); splitting pain in ensiform, with, or followed by, a disagreeable rapid thumping of heart and shivering feeling, all ending with one quick sharp pain in apex of heart, splitting pain in ensiform,

worse on adducting arms, or on inspiration, worse on bending forward; splitting pain in ensiform was *always* accompanied by a nervous, sensitive feeling in chest, and a bruised sore feeling in lower sternal region, which remained after the splitting pain had left, and the attacks lasted variously from 5 minutes to 14 hours." All provers experienced a sense of fulness in chest—generally with palpitation—with oppression and craving for fresh air.

Heart: The 27 symptoms pertaining to the heart were contributed by 5 provers, the only one having *no* heart symptoms being the one whose thyroid disappeared. It should be noted that this prover has been, apparently, benefited all around by the drug, having changed her weight, since beginning the proving, from 124 to 134 lbs.

The heart symptoms were *pronounced* in degree. They were of two kinds: (a) Sharp, sudden, sticking pains, and (b) palpitation, and the latter usually accompanied the former. Both were associated usually with sense of fullness in chest and nervous, apprehensive feeling—and feeling of being under *"high tension."*

The pulse rate was heightened.

In 4 there was painful swelling of lymph—nodes and *glands,* cervical and submaxillary and parotid mostly, while one of the others had pains of same character (sharp, cutting) in these regions, though the glands were not palpable.

Skin: There was much itching of the scalp and skin, worse by scratching and worse after hot bathing.

Sleep: All the provers had pronounced sleep symptoms; restless, disturbed, unrefreshing sleep—awakened by least and usual noises,—bad, even terrifying dreams—at night—while in daytime, unusual sleepiness.

Among the temperature symptoms, chilliness and coldness predominated. All contributed. Sometimes the coldness was general—sometimes partial, and then principally hands, feet, upper arms or upper body.

The *heat*—such as there was—was usually in *flashes.* Ascending to face and head, with throbbing in arteries of head and neck.

An interesting sweat symptom was the oily, musty-smelling sweat which a prover had at beginning of menstruation.

This summary will serve only to indicate the wealth of symptoms contained in the proving, and in a vague way to point the general trend of its action. I am sure the published report will repay close study.

Collaterally, a series of experiments were tried on guinea pigs, four being fed thyroid in different strengths. Two received the desiccated gland, and died in 5 or 6 days; another received 1x (that is one-tenth gr.) and died in about two weeks. A fourth received 3x, and, though he became ill, lived until killed after about five weeks of medication.

Each one was autopsied, as were controls. In all cases the adrenals were found affected, enlarged, hyperæmic, hæmorrhagic; and, in one case, burst open and necrosed, as well as very hæmorrhagic.

The spleens were hyperæmic and showed hæmorrhage. There had been arrest of intestinal peristalsis without impaction. The lungs were extremely congested. The right ventricle and *both* right and left auricles were full of black, unoxygenated blood.

There is enough in these findings to indicate the possibility of the drug having depressed the vagal centres.

This is a faithful field for further study.

THE SECOND PRESCRIPTION.

It is assumed, for the purpose of this essay, that the first prescription for the case has been made after careful homœopathic case-taking conducted in the Hahnemannian manner, or by means of painstaking repertory analysis. Presumably the case is a chronic one, since it is obvious that acute cases prevent little difficulty as a rule, inasmuch as they are generally self-limited or terminate rapidly in recovery or death and since the symptom-image is usually of easy recognition. By recovery we do not always understand cure, for Nature rarely if ever cures. Well chosen homœopathic remedies cure by restoring the physiological balance according to the law of similars, provided, of course, that the patient is capable of reacting and that the disease from which he suffers is a curable one. In paragraph 3, Hahnemann, in the Organon, cautions us to observe that which is curable in disease

and that which is curative in drugs, and neglect of this caution is one of the reasons for much of the loose prescribing done by homœopathic physicians.

Chronic diseases follow an inexorable course, never tend toward spontaneous cure or even recovery, are marked by acute outbursts or exacerbations upon slight provocation, have small pathologic beginnings, but gross pathologic endings. The latter are usually beyond hope of cure by any method, homœopathic or otherwise, are, therefore, subject to palliation only, which includes the use of homœopathic remedies applied to certain symptom groups and not to the totality of the case, as a rule, or which involves the employment of non-homœopathic treatment, generally surgical in character. Surgery is not truly curative, it saves life many times by removing obstacles to recovery, but from the philosophical point of view it is incapable of producing cures. Surgery removes end-products of disease or prevents disease from progressing to the extreme point of pathological change, but having done so, cure is still to be brought about by the application of suitable internal remedies. A diseased appendix which medicines have failed to cure represents the natural termination of a pathological process which has now become surgical in character, and to attempt to treat this end-product with remedies applied in accordance with the law of similars is worse than folly and an utter misinterpretation of the philosophy of Hahnemann. The same observation applies to many other similar conditions, especially those in which the formation of pus is present and where such pus cavities are in regions dangerous on account of this anatomical relationship. Thus an otitis media purulenta may fail of cure owing to late or to faulty application of a homœopathic remedy, and may, therefore, rapidly proceed to a mastoiditis. Even this may be overcome by a timely correct prescription; but if pus has formed, the sooner the surgeon is called upon to evacuate it, the better for the patient. Homœopathy at this point is of secondary importance; but, after the operation, again assumes its rightful place in restoring the sufferer to health.

The foregoing brief observations have been made merely for the purpose of pointing out that there is great necessity for proper discrimination in the means to be employed in the treatment of

the sick. Some of us go to the extreme of attempting to apply Homœopathy to every conceivable condition of disease, regardless of its applicability, and consider it high treason to depart from the alleged straight and narrow path. Others, and they are unfortunately in the large majority, allow the therapeutic pendulum to swing so far in the opposite direction that their "status homœopathicus" is in serious doubt.

However this may be, let us for the purpose of consideration and discussion assume that the first prescription, however chosen or made, was correct and that the patient has, therefore, improved. The question now arises, what is to be done next? If the symptoms which led to the first choice have totally disappeared and no others have come to take their place, obviously there is nothing further to be done, so far as remedy selection and administration are concerned. But if the symptoms have not entirely disappeared, though somewhat or even much modified, the second prescription ought to be a repetition of the first.

This is the point at which so many of us fail, in that we make the great mistake of changing to another remedy. Abraham Lincoln immortalized the dictum, "Don't swap horses while crossing a stream," and this advice is golden indeed! Many a case has been confused and hopelessly spoiled by an unwarranted switch to another remedy given by the too eager physician in his laudable desire to cure his patient as speedily as possible.

Hence, under the conditions just mentioned, the second prescription should be a repetition of the first, but here arises another question as to dosage and potency. We are now about to plunge into very deep water, but deep though it be, homœopathic physicians have always been known to rile it when the potency question was projected into the medical pool. We shall, therefore, be rather careful of the kind of plunge we take, so that we may be assured of serenely bobbing to the surface once more.

Where tinctures have been given, just enough of them should be used to produce improvement without arousing unnecessary by or side effects. The quantity will, therefore, depend upon the age, strength and resistance of the patient, the nature or severity of his disease and particularly upon the nature of the drug used. Obviously a smaller dose of *Aconite tincture* will have to be given

than one of *Pulsatilla,* for example. We have given twenty drop doses of *Avena sativa* with undoubted good results, but we would hardly try the same method with *Nux vomica.* In passing, let it be said that we have no patience with the idea that because a physician is a devotee of tinctures or low potencies he must of necessity be classed with renegades and traitors. Homœopathy is not a question of dose only. On the other hand, in cases to which potencies have been given, let us say from the sixth decimal on, the remedy is best repeated in a still higher potency, always provided that the action of the preceding one has fully exhausted itself. Here we prefer to give single or, as our British confreres term them, "unit" doses. We will admit that it takes some degree of faith and much courage to follow this posological plan on the part of him who has never tried it; but we must insist that our best cures have been made where the patient has been least often seen, and so has not been subjected to a frequent remedial bombardment.

Action and reaction are equal and opposite and when the latter has been aroused it must be permitted to develop itself to the utmost. Why interfere with it? Let us not kick at the departing dog, but let him amble on his way.

Each repetition of the remedy should, therefore, be permitted to do all the good of which it is capable. Where symptoms change, as they sometimes do, no second prescription should be made until the symptomatic turmoil has ceased. The symptom image will then become clear and make the choice of the next remedy easier and more certain. Where this change of symptoms is characterized by the appearance of old and perhaps forgotten symptoms, such reappearance is to be most favorably considered, since this denotes that the first remedy was correctly chosen and that the case is unfolding itself in the direction of ultimate cure. We have for example seen *Pulsatilla* reproduce a long since absent urethral discharge, although given for symptoms quite remote from such consideration. This leads us to remark that in spite of the agnosticism of many physicians, there is such a thing as the suppression of disease. It matters little whether suppression or metastasis is spoken of, the deleterious effect is the same.

The second prescription is likely to be made or found among a group of related or complementary remedies, and this relationship of remedies is best brought out by von Bœnninghausen in his repertory or therapeutic pocket-book. Thus *Aconite* and *Sulphur* are complementary, and the patient who requires the former for acute disturbances is quite likely to need the latter for his chronic condition. In the same way *Belladonna* and *Calcarea* are related, likewise *Ignatia* and *Natrum muriaticum* or *Nux vomica* and *Kali carb.*

Likewise, remedies are apt to be indicated in sequential order. Thus *Sulphur, Calcarea carb.* and *Lycopodium* form a useful triad, or *Pulsatilla, Silicea* and *Sulphur. Rhus tox., Sulphur* and *Calcarea* form another useful group. In these instances of remedy sequence, the second prescription is, therefore, easily made.

In those cases in which, following an apparently correctly chosen remedy, the patient, although relieved of some or even many of his more annoying symptoms, finds himself to be losing flesh and strength and where his physician discovers that in spite of symptomatic relief his disease is in reality progressing, we must realize that one of two things is true, either the patient is afflicted with an incurable disease, or he is suffering from a mechanical condition marked by an inability to react, such as cardiac decompensation, or from one which is surgical in nature.

Here again the acumen of the physician will come into play and his diagnostic ability and judgment will be severely taxed. Here also a knowledge of the natural history of disease is most essential. In the event that the condition is found to be incurable, the second prescription may be found to be a homœopathic palliative and may, therefore, be one of many remedies indicated by the most distressing or most prominent symptoms of the case. Frequent change of remedies will, however, now become necessary and this kaleidoscopic prescribing in itself is always suspicious of the presence of an incurable condition. Naturally, under these circumstances of incurability, non-homœopathic remedies may be demanded and their use is then justifiable; but let it be said that palliation is most often best given and euthanasia best promoted by our homœopathic remedies.

When a lack of reaction is apparent, as in cardiac decom-

pensation and the symptoms present are purely pathognomonic of this condition, no time should be wasted in the attempt to select a homœopathic remedy, since none will be found. Here direct stimulation of the heart muscle by *Digitalis, Strophanthus* or other cardiac drug is our only hope and even then a real cure is scarcely to be looked for. Where, on the other hand, in such a condition of heart failure, reaction, as evidenced by the symptoms of the patient himself, is still present, much may be expected of a homœopathic prescription and the second remedy should, therefore, be applied according to the law of similars. We well remember in such a case in which, in addition to the usual heart symptoms, those of *Kali bich.* were also present, this remedy brought most remarkable relief to the patient and kept her comfortable for some time.

Finally, where a surgical condition is made out, no second prescription will be attempted, but remedies will be applied in accordance with the symptomatic requirements of the case and only after the proper and necessary surgical measures have been taken.

In conclusion, we wish to make the plea for more earnest and general study of the fundamental principles of our science and art, for after all no matter how erudite we may think ourselves to be, no matter how much we may be led astray by the allurements of modern medicine, we always come back to the realization that the real cures are made only when the law of similars is invoked. By all means let us be charitable, tolerant and broad in our ideas, but let us not fly in the face of truth and principle. We all seek the truth, no matter how or where found and principle must, as in all things, be our guide, if success is to be won.

AN OPEN LETTER TO THE MEDICAL PROFESSION.

By Eli G. Jones, M. D., 1331 Main Street, Buffalo, N. Y.

Every loyal American citizen believes with all his *heart* and *soul* that the entry of the United States into the war means that the Allies will come out victorious, a dictated peace established and the world "made safe for democracy." Formerly regarded as a

nation of merchants, without vision or ideals; envied for our wealth, care-free happiness and geographical isolation, sneered at by reason of our convictions for democracy and human rights, which were thought to be a mere pretense, we will come out of this war with more honor, prestige, wealth and influence than we, or any nation in the history of the world, has ever before enjoyed. This will mean added responsibility; it will mean that more will be expected of each American citizen intellectually, morally, spiritually and progressively. He will be idealized as a man with a spiritual development stronger and freer than that possessed by any other man; he will be pictured as one so opposed to tyranny and special privilege that progress in art, science, literature, music, government, invention and medicine has become the very law of his being.

In a large measure the ideal American fulfills the above conception, but it cannot be truthfully stated that we, as a nation, possess every essential of this idealization; and before we do, a peaceful revolution must come and a reorganization of many of our institutions of government and learning take place. To the close observers of current events evidence accumulates that this "peaceful revolution" is in the making, that the crucible of war is molding human thought for world-shaking changes. It is causing more people to think in fundamental terms than at any time in the history of the world. This applies to "the folks at home," but more particularly to our marvelous soldiers now fighting on "The Frontier of Freedom." Letters come from them to the effect that if they survive this conflict their lives will be more real; that they will seek and work for real objects; that they will have infinitely more charity and love for their fellowmen, but little sympathy for the social parasite and privileged pretender.

Already our religious leaders are astir at the hints they have received from our soldiers that no longer are they satisfied with a "classified, stultified, statistical Christ;" that in the future Christian love and charity will mean Christ's love and charity—and no other, and that religion to win their support must be a living, breathing, human and aggressive reality.

Those readers who have failed to read between the lines of the foregoing may ask at this point what has all this to do with

medicine and the medical profession? As a profession we are very intimately concerned in these things, for evidence is at hand revealing that the subject of *medicine* is being turned over in the minds of the soldiers, along with other questions of politics and religion. They are writing of medicine to their "folks at home." I know from personal contact that "the folks at home" are thinking very deeply—more deeply than ever before—on medical and health subjects. They are asking questions, and when people are "giving their all" they have a perfect right to ask questions. Recently an American mother received word from "over there" that her son had died of pneumonia. A neighbor came to console with her, but the mother kept asking, "Oh, why couldn't they cure my boy of pneumonia; they have good government doctors?"

Dear reader, our boys on "The Frontier of Freedom" are fighting heroically for the freedom of mankind—and thinking fundamentally. "The folks back home" are bearing up and supporting them bravely—and thinking fundamentally, asking pertinent questions.

This war is unlike that of any other, consequently the reaction from it will be unlike that of any that have preceded it. The issues are clearly drawn: liberty or slavery for all the world. Liberty is so sure to win we need only concern ourselves as physicians as to how our profession will be affected by the post-bellum changes. Old customs, old laws and old ethics relating to our profession are certain to undergo a radical change. It will be a time for discarding old slaveries, a time for establishing new liberties and greater efficiencies politically, economically and socially.

While great progress has been made in the arts and sciences during the past 50 years, what of medicine? It has run along as placidly as the waters of a brook heretofore, but when the war is over medical progress will advance with the swirl, surge and speed of the rapids of Niagara. Are we foolish enough to think we can slow up this resistless tide to suit our accustomed rate of progress? Practical service to humanity will be the only excuse for the existence of our science.

Let us take counsel together and see what is our wisest course.

Believing that "Truth is the best buckler" at all times, and especially so at a time like the present, I will present the conditions as they exist to-day in our profession, which may help us orient ourselves and prepare us for the changes to come—the demands the people will make of our profession in the new era to come after the war's end.

It is quite true that our doctors possess aspirations to cure disease, and that they have been successful in coining them into prestige and wealth by giving their activities high-sounding terms, such as "great strides of modern medical science," "epoch-making discoveries," when, as a matter of fact, these "great strides" and "epoch-making discoveries" leave the ever-present question of *cure* exactly where it was before—unsolved.

As a profession we suffer both from foes within and foes without. We have the fistula of medical nihilism gnawing at the very vitals of our professional life. We have the political doctors, who would make it a crime for anybody but a standardized highbrow to save a human life; who would, if they could, make healing a close corporation, so that the public would be compelled to employ the doctors of one school of medicine exclusively, regardless of whether the doctors of that favored school were the best fitted or not, which would be a matter for the *born physician*—not the born *politician*—to decide. Medicine cannot be monopolized any more than art can be monopolized, and the attempts made to do so have hurt us as a profession.

We suffer from foes without the profession, for which we ourselves are solely to blame. By not becoming master of the diseases common to our country, our patients have lost faith in us. We have thus invited the drugless healers of all varieties to grow and fatten on our inefficiency. The drugless healers are prospering—make no mistake about that. We know of one in New York City (and he is not an isolated case) whose fee for making an "adjustment" is $20, and he is so busy it is extremely hard to make an appointment with him. Furthermore, these cults are investing their money freely in schools ,in books, circulars, journals, sending this literature into the homes of the people and educating them to cure themselves without drugs. The inroads these cults have already made in our practices will become more

serious at the termination of the war if we do not prepare to meet them in direct competition as healers of acute and chronic diseases—and beat them.

We have so neglected the everyday, common needs of the people that our position has become semi-official; we are being called in, more and more, simply to satisfy the legal requirements respecting medical attendance of the sick. Often people who do not believe in our skill call us in to keep their neighbors from gossiping, not as physicians to heal their sick. In England, even before the war, the people were learning to rely upon non-professional healers skilled in the practical application of remedies to diseased conditions. It is reported that these healers receive a fee many times greater than that paid the regular practitioner, who is employed to give the case a legal aspect, or perhaps, sign the death certificate, in case of a fatality. Is the noble profession of medicine destined to degenerate into a body of men who will be merely legalized signers of death certificates, while the more practical, but less technically educated, non-professional healers reap the large fees?

In our endeavors to create greater privileges for the profession we have become, to a large extent, the victims of false leadership—a leadership caring for naught, except the Almighty Dollar; a leadership insensible to the real needs of our doctors and callous to our finer instincts of manhood, freedom and fair play; a leadership incapable of comprehending the true function of the physician in our social and economic life; a leadership blind to the rising intelligence of the American people and deaf to their insistent cry for *real* cures; a leadership fostering in our doctors a false and dehumanized professionalism, so that we have lost the "common touch," the "friend in need" relation to our patients that formerly was one of the most noble traits of a family physician; a leadership that has fabricated our Code of Ethics into a monstrous weapon of tyranny and illegitimate discipline; and, when the occasion arises, a cloak to hide our professional delinquencies and our impotence to cure; a leadership with intellectual scope so limited and absolutely foreign to the distinctive brain power of *real* physicians that complete mastery of disease is declared to be impossible, except, perhaps, by the methods in

use by the medical Healots who have been incubated in institutions designated by our leaders and trained according to their false standards of medical education; a leadership so reckless of our professional reputation that it has created the impression that the useful and necessary sanitary laws regulating contagious and infectious diseases are a part of the functions of real physicians, whereas, it is the work of sanitarians and sanitary engineers, manning the public health boards of our States with subservient doctor-puppets, accentuating the importance and scope of their work, encouraging the usurpation of their lawful powers, and holding them up as the type of a leading physician, when, as a matter of fact, few of these office holders could obtain the public endorsement of a single reputable physician; a leadership so determined to complete the *enslavement* of our doctors that it has assumed control over our medical colleges, and so manipulated the curriculum of each that medical students are developed into second hand pathologists, bacteriologists, diagnosticians and jugglers of scientific problems, who are compelled to study useless courses to enable them to do the "stunt" of passing their state board examinations, instead of being fitted as physicians who can positively cure the diseases common to our country; a leadership so un-American in instinct that the magnificent work of American medical genius has been scorned and classed as quackery, while German doctors and dye-house products "Made in Germany" for the express purpose of being sold to "those American fools" have been lauded as the ultimate in curative efficiency; a leadership carcinomatous with the vested interests of American manufacturers of therapeutic rubbish designed to be sold to the medical profession; a leadership so completely abortive, contractive and stultifying to the normal spontaneity and progress of our medical authors that most of our current literature discloses a hang-dog spirit of authorship, their efforts degenerating into a mere gliding and mellowing of the standardized scientific jargon previously published, intolerably laborious, dry and inefficient—a Zeppelin of flatulence and unlawful insult to our intelligence.

The foregoing is a diagnosis of our professional ills and their etiology. We have allowed ourselves to be led by false prophets

upon the quicksands of therapeutic inefficiency. We have permitted them to set the limitations of our work. We have been led to glorify the medical nihilist, which means we have glorified the medical nonentities of our profession. We have been sensitive to the judgments of these false leaders, instead of to our normal conscience and God! We have been falsely led to seek for professional reputation within our profession that we might the more easily impress the public, which has been educated calculatingly to expect only the limited skill we had to offer them, and that if we failed to cure their disease there was no use in seeking a cure elsewhere.

What is the solution of our problems? The philosopher Barrow has said: "The proper work of man, the grand drift of human life, is to follow *reason,* that noble spark kindled in us from Heaven." And, defining clearly of what reason consists, John Foster has said: "All reason is retrospect; it consists in the application of facts and principles previously known."

Let us *regenerate* ourselves, let us retrace our steps, let us tell the truth and hold high the torch of *reason.* Let us *apply facts and principles* previously known to our profession. Medical literature is literally *glutted* with *facts* and *principles,* which, if applied to the cure of disease, will enable us to win back the *confidence* and *patronage* of the public, for no method, no cult of healing, no other means of drugless healing can cure disease so economically, so congenially, so thoroughly and satisfactorily as can the administration of the *properly applied internal remedy.*

We profess to be physicians, doctors of medicine, yet how many of us *know* the medicinal properties of the plants of our *own* country? We have neglected, as a profession, to study the medical properties of the trees, plants and flowers growing at the very doors under the shadow of "Old Glory." As loyal Americans, as independent, self-reliant Americans, it behooves us to investigate the remedies that grow and have been tested in the Land of Liberty. Paracelsus, the great teacher of medicine, has taught us the great importance of knowing the medicinal properties of the plants around us. He said: "A physician should overlook nothing; he should look down before him like a maiden, and he will find at his feet a more valuable treasure for all diseases than India, Egypt, Greece or Barbary can furnish."

The eclectic school of medicine was founded by Dr. Wooster Beach, a graduate of the Medical Department of the University of New York, a member of the N. Y. County Medical Society (regular). He published valuable books on anatomy, surgery, practice and materia medica. Dr. Beach used to advise his students to "*investigate* the remedies of *all* schools of medicine, and *select* any remedy that might be of value to him in healing the sick." During the past 100 years the eclectics have been testing the vegetable and plant remedies at the bedside of the sick (not in the laboratory), and they have found there are many remedies that do have a *definite* and permanent remedial action upon certain *abnormal* disease expressions. By the cunning hand and brain of that skillful chemist, Prof. John Uri Lloyd, these remedies are prepared in a *definite* form, so that the full *medicinal properties* of each plant is consistently obtained. These "Specific (definite) Tinctures" have been before the profession for nearly 50 years, and found to be *absolutely* reliable. They are in daily use by 30,000 physicians in the U. S. The medical profession owes Prof. Lloyd a *great* debt of *gratitude* for preparing the remedies of our *own* country in a reliable, *definite* form, and so convenient for prescribing. Let us be loyal to the land that gave us birth, loyal to the flag that stands for liberty everywhere. Let us, also, be loyal to American genius, and thus be true to our *best interests.*

The physio-medical (botanic) school of medicine are well posted on the medicinal properties of the non-poisonous vegetable remedies of America, for the reason that they don't use anything else in their practice. They were the first school to establish the fact that it was possible to relieve pain by sanative (non-poisonous vegetable remedies), instead of deadly narcotic poisons.

The homœopathic school of medicine was founded by Dr. Samuel Hahnemann, who discovered the therapeutic principle that "like cures like," the truth of which is constantly being verified by the leaders and independent investigators of the old school. At the age of twenty-two years Hahnemann was master of twelve languages. He was a highly educated man, and as a chemist he had no superior at the time in which he lived. He was a professor in a regular medical college, and he wrote something like

seventy original works on medicine and chemistry. He was a *physician;* his students delighted to call him "The Master." He has left on record this statement: "A physician who fails to use every means in his power to cure his patient is not doing his whole duty by his patient."

In the materia medica of the homœopathic school of medicine I have found remedies of such great healing power that they may only be compared in preciousness to diamonds and rubies, and so will you, dear reader, if you study their books with an open mind, with a mind ready to grasp the truth, a mind determined to apply that truth in everyday practice.

The biochemic system of medicine was founded by Dr. Schuessler in 1873. Physicians of all schools of medicine have tested, in thousands of cases, the Twelve Tissue Salts, which Dr. Schuessler discovered were constituents of the human body, and have found them to be absolutely reliable, when given as indicated.

One of the great teachers of medicine in his day and generation was Dr. William H. Burgess, of East Chattanooga, Tenn. His book, "New Field," was a new departure in practical diagnosis and medication.

Paracelsus taught us something of "organotherapy," that there are certain remedies having a selective affinity for certain organs of the body. Rademacher, in his book, still further developed this theory, but it remained for Dr. J. Compton Burnett to test this theory, clinically, in a great many cases, which are recorded in his books, "The Liver" and "The Spleen." From my own experience I am well satisfied that Chelidonium is an *organ* remedy for the liver, as Ceanothus is for the spleen and Cratægus is for the heart. It will pay any doctor well to study all of Burnett's books. They will help him *do things* in his profession.

The above resumé will serve as a guide for the reader who decides to use his *reason,* for the literature of the schools mentioned will give him *facts* and *principles previously known* about the healing art. I wish it understood that I don't hold a brief for *any* school of medicine; I merely wish to show you all the "therapeutic reserves" a doctor may draw upon in his battle with disease. It will add just that much to your medical knowledge, and what you really know about applied therapeutics is your

working capital. I have never tried to convert *any* physician to *any* school of medicine: all I have tried to do is to help him become a *better* physician. I always say to my students: "You may belong to any school of medicine that you choose; you may affiliate with any State or national medical society that suits your fancy, but when it comes right down to the business of prescribing for a sick person, forget all about your 'pathy' and give the remedy that will *cure your patient!*"

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, and for this reason lacks *confidence* in himself and in his remedies. I think I may be permitted to state this fact with exceptional authority and emphasis, for I have been teaching physicians from all schools for twenty-five years, and my experience has shown me their *weak* points.

Our medical colleges, instead of expending all their energies in teaching the students the *technical* part of their profession, must teach them the definite action of all the clinically tested remedies, and the *clean-cut* indications for the administration of each. When you show a student *how* to use each remedy and *when* to use it, and demonstrate what he is able to *do* with each remedy, you will create confidence in his mind that remedies, when administered according to *definite* indications, will *cure* diseased conditions. This accomplished, you will have also *created* an unshakable confidence in himself, without which a man can *never* become a *real* physician. The professors in our medical colleges should be men who have made reputations by their *success* in healing the sick. Such men—no other—are qualified to teach other men the art of healing. The most successful physicians, the men who have the *biggest* practice and the *best* reputation are those who *know* the materia medica; *not* of one school of medicine, but of all! Centuries before Christ a Hindoo physician, Sasruta, said: "He who knows but one branch of his art is like a bird with one wing."

Dear reader, I have not only outlined our professional *shortcomings,* but I have pointed out to you the *path* that leads to professional regeneration—to professional *success.* I believe there is near at hand the dawn of a brighter and better era for our profession, when all "isms" and "pathies" shall have been

buried and forgotten, when we shall come together as physicians, as brothers; aye, as Americans, with one object in view, to find the *best,* the most *definite* means of healing the sick. Our boys on "The Frontier of Freedom" are fighting heroically for the freedom of mankind—and thinking fundamentally. "The folks back home" are bearing up and supporting them heroically—and thinking fundamentally. Let us prepare ourselves to be worthy of our brother's closest confidence, let us become so *efficient* in our art that we can invite his most intelligent scrutiny into our methods and skill. As wise, intelligent and really honest men, let us not be swayed or governed by numbers, by majorities, by those of little faith, who charge the usury of self-respect for their support and association. Let us line up on the constructive side of life—of medicine—and so become *major* therapeutists, real builders in the Golden Age to come after this war is ended. Let our Code of Ethics be: to make a personal, independent investigation and clinical test of all therapeutic methods, and to use all, or such part or parts thereof, as have been found the most definite, the most rapid, the most simple, the most humane, the most congenial means of permanently healing the sick.

TRUTH IS MIGHTY AND SHALL PREVAIL.

Chas. C. Curtis, M. D., San Pedro, Cal.

"Truth is mighty and shall prevail." We have a few advocates of progressive medicine and that is well, but I believe that the only real progress we can make in medicine is to acquire a more thorough knowledge of our materia medica. For it is a sure thing that the physician who has the best knowledge of this system of medicine and uses it in prescribing for the sick will help the greater number to regain their health. So that I would recommend to all physicians whose life work is to relieve suffering and assist the sick to regain their health, that they acquire as perfect a knowledge of the homœopathic materia medica as they possibly can. There is much to learn and he who strives the hardest to reach the goal will find there is a new page every day. Therefore, the study will never be completed until we have prescribed for our last patient. This is progressive medicine, and no other system of medicine can match it. Hahnemann fought it

out against all opposition and accomplished a great work and died crowned with glory. Even to-day we meet those who are fighting Homœopathy, but they are the ones who know the least about it.

It is not true in this case that "where ignorance is bliss 'tis folly to be wise." To know our system of prescribing medicine broadens the intellect and gives a greater perception of what the Creator has given us to use for the good of the afflicted. In this case to investigate is to adopt, providing the person has sufficient intellect to comprehend.

Some months ago I was talking with a weak-kneed brother who had deserted Homœopathy, he said, because he had been snubbed so often by the old school. I felt that our cause had lost nothing. I heard another brother say that he would abandon the word Homœopathy for the reason that to use it in the presence of an allopath was like shaking a red rag in the face of a bull. I would say that since we have the only scientific system of prescribing medicine I would nail our colors to the mast head and keep them there. If they are offensive to anyone let that person go by on the other side of the road, for the place on which these colors stand is holy ground.

We will not surrender the truth. The great C. Hering wrote only a short while before his death: "If our school ever gives up the strict inductive method of Hahnemann we are lost, and deserve to be mentioned only as a caricature in the history of medicine." There are many thousands of physicians of our school now practicing the system which Hahnemann gave us, and there are many hundreds of thousands of people who can testify to the fact that they have received great benefit from this kind of medicine. Because of its superior methods Homœopathy has ridden out the storm for more than a hundred years, and I will predict that it will continue to bless the world for many hundred years to come. For forty-five years I have held our banner aloft and have proven the efficiency of our method of prescribing for the sick, and in all these years I have not lost one case of sickness from pneumonia or pleurisy, and for many years not one from diphtheria. All due to homœopathic prescribing. I am now seventy-five years old and appreciate more each year the great value of Homœopathy.

SPARTEIN SULPHATE: A PROVING.*

By Albert E. Hinsdale, M. D., Columbus, Ohio. Materia Medica Research Laboratory, College of Homœopathic Medicine, Ohio State University.

Spartein sulphate is the sulphate of an alkaloid obtained from scoparius, or broom. For many years it has been known that this drug has some kind of an influence upon the heart and it has been prescribed with indifferent results, during periods of popularity, which the remedy has from time to time enjoyed. The indifferent results and the conflicting reports as regards its value are due to a lack of accurate pharmacological data upon which to establish an intelligent therapy. Doubtless it is for this reason also that spartein has never been considered by the majority of the profession as occupying a definite place in the therapeutics of cardiac diseases.

During the past few years the remedy has attracted the attention of investigators and we now have a much better understanding of its action and uses. There is now a more or less general agreement among pharmacologists concerning some of the effects of spartein, yet authoritative experimenters and clinicans hold conflicting views as regards its other effects.

In examining the literature, the writer could find no record of the action of spartein upon the normal human being; it appears as though all studies have been conducted upon lower forms of life. It was thought that experiments upon the human might confirm or reject previous statements about the drug, and at the same time bring out new points in its action, that prompted our proving of the remedy.

Three healthy medical students participated in the proving. Previous physical examinations showed them to be normal in every way; the same persons had a year previous proven cratægus

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*Bureau of Materia Medica, A. I. H., Detroit, June, 1918.

†The Homœopathic Recorder is devoted to the advancement of our knowledge of old and new drugs, hence the subjoined report of friend Albert Hinsdale is fully entitled to be lifted bodily from the pages of the *Journal of the American Institute of Homœopathy* and to be presented to our readers herewith.

and lycopus. The drug used was obtained from Sharp and Dohme and was administered by mouth as follows:

For the first eight days of the proving, a dose of one grain was given at 6:30 a. m., another at 11:30 a. m., and the third dose was taken at 6 p. m. On the last two days the dose was increased to two grains, taken at the same times as before. The following are the effects:

1. The total amount of urine for 24 hours was increased. This was true for each prover. The average 24 hour amount of urine passed by all provers, previous to the experiment was 1011 cc. At the conclusion of the proving this became 1251 cc. The individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Average total amount of urine in 24 hrs. passed for 3 days previous to the proving	1083	1150	800
Average total amount of urine in 24 hrs. passed while taking drug (9 days)	1322	1403	1028

The specific gravity was scarcely affected. The drug produced no changes in the urinary excretion aside from influencing its total amount; the increase in volume appeared upon the second day, reaching an amount which was not materially decreased or increased throughout the remainder of the proving.

2. While under the influence of the remedy, the blood pressure of each prover was taken three times a day, one hour after each dose of medicine. The Tycos instrument was used. The effect of spartein sulphate was to cause a lowering of the systolic and diastolic pressures in all provers. The average systolic and diastolic for all provers for three days previous to the experiment were 119 and 82 respectively. At the termination of the proving these average pressures became 108 and 65. The average lowering of the systolic pressure was 11 mm.; of the diastolic pressure 17 mm. In every instance the fall in pressures began the first day that the drug was taken and continued to fall gradually as long as the dose was one grain. Two grain doses produced a correspondingly greater fall. Individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Average systolic and diastolic pressures for 3 days previous to the proving	116-76	131-90	112-79
Average for all provers, 119-82.			
Average systolic and diastolic pressures during the proving	103-63	115-71	105-63
Average for all provers, 108-65.			

3. During the proving the pulse was counted one hour after each dose. The normal pulse rates for the provers were obtained by averaging the morning and evening pulse rates, taken for three days, before giving the drug. A comparison with the normal, of the average pulse rate of each prover as it was daily influenced by the drug, showed that the rate was reduced in each prover. In two instances the slowing appeared upon the first day and continued until the drug was discontinued. One prover did not experience a reduction until the last two days, *i. e.,* until the dose had reached two grains. The individual records (condensed) are as follows:

	Prover A.	Prover B.	Prover C.
Normal pulse rate	74	74	71
Pulse rate during the proving:			
1st day	63	81	64
2nd day	69	75	64
3rd day	73	79	64
4th day	73	80	68
5th day	67	79	63
6th day	71	81	62
7th day	70	79	65
8th day	62	69	60
9th day	62	69	58

Upon the last day of the proving the average reduction in the frequency of the pulse rate was ten.

No symptoms of any kind, aside from those just reported, were elicited in our tests with spartein upon the provers.

Sphygmographic pulse tracings were taken several times a day

for each prover during the proving. The Dudgeon instrument was used and the tracings were examined by Dr. O. M. Cope, of the physiological laboratory of the University of Michigan. Dr. Cope gives, as he states, "an entirely unprejudiced report as I know nothing of either the patients or the drug used." His analysis reveals that the sphygmograms showed in general a condition of lowered blood pressure. This was quite marked in two of the provers; the first prover did not show this because of a faulty adjustment of the instrument as was later discovered. He classifies the pulse as "full," even a "bounding pulse."

The frog's heart is affected by spartein. In a large series of experiments a slowing in the heart rate was manifested in every instance. The slowing is about evenly distributed over diastole and systole, but the greater reduction is seen in the former. In some instances this diastolic slowing was very marked. Occasionally a stimulation was produced but the opposite effect was more frequently the case. These results were obtained by applying, each in a different experiment, various strengths of the drug made up in 0.7 per cent. saline, viz: 1 grain in 5 cc. saline, ½ grain in 5 cc. saline, and 2 grains in 5 cc. saline. One drop was applied to the exposed heart every 5 seconds.

By use of Cushny's turtle's heart myocardiograph the influence of spartein upon the heart of turtles was recorded. A slowing in the rate occurred in every experiment; no stimulation was produced but an increased tonus was a constant effect. The greatest effect was produced by applying one drop every five seconds of a solution composed of 1 grain of spartein sulphate in 2.5 cc. of saline. When the solution was as dilute as 1 grain to 2 ozs. of solvent no effect was produced. Since the slowing occurs after section of the vagi, but not after nicotine, it must be due to stimulation of the vagus ganglia.

If a strip of isolated turtle's ventricle, properly mounted and connected to a recording apparatus, is allowed to contract in a solution composed of ½ grain of spartein dissolved in 4 ozs. of 0.7 per cent saline, a slowing in the rhythm is produced. This occurs in what corresponds to the diastolic pause.

The blood pressure of the dog is lowered by spartein. For example, a typical experiment is as follows: A 19 lb. dog is ar-

ranged as usual for recording blood pressure by means of a mercury monometer connected to the carotid artery. A comparison of the normal with the changes produced by administering intravenously 4 grains of spartein dissolved in 10 cc. saline showed that the blood pressure is, on the average, reduced 26 mms. Immediately following the injection, and persisting for a minute or two, variations in the pressure occur; but there is a noticeable depression in the pressure (26 mms.) which then appears and remains about constant at this level.

These, and other experiments, lead us to draw the conclusion that spartein sulphate depresses the heart by poisonous action exerted on the myocardium and that this, with the stimulating action of the drug upon the vagus, account for the lowered blood pressure and reduced pulse rate. It is not a cardiac stimulant, at least nothing in our experiments would warrant this conclusion. In fact, the opposite is the effect.

From the findings we have obtained in our experiments we can agree with Sayre who states that the drug has diuretic properties and is useful in dropsy. We can not support his claim that the medicine is laxative. Our findings also agree with the statement of Green who attributes a depressing effect on blood pressure to the remedy. Cushny's statement that spartein sulphate renders the rhythm of the heart slow is in accordance with our results and we agree with Rankin that it slows the pulse, and that it is a cardiac remedy of efficiency. We can not agree with Blair who says that "the supposed influence upon the heart has been disproven" (although he credits scoparin with weak diuretic properties) nor with Cushny's statement that the drug raises the blood pressure. Rankin's statement that spartein sulphate raises the blood pressure is not in accordance with our findings. The best account of the action of spartein that has come to the writer's attention is that of Pettey who has considerable to say about its action and uses. Our findings agree with practically all that he gives for the drug's action and his therapeutic applications we have verified in so far as opportunities for so doing have presented themselves. We believe Tyrode is incorrect in his statement that spartein paralyzes the vagus.

It is not my intention to dwell upon the therapeutic applications

that may be made of this remedy. It is the duty of the experimenter to furnish accurate lists of drug effects from which the clinician may construct its therapy. Like many drugs affecting chiefly the heart it may be used either palliatively or homœopathically. The former use would be as an agent with which to combat arterial hypertension. That it will palliate, safely, arteriosclerosis I can testify from my own experience. Our provings of cratægus and lycopus showed that these two drugs lower blood pressure and are also useful in this condition, especially the latter.

The homœopathic employment of spartein would probably be in such conditions as have hypotension as a prominent symptom; the various infections, toxæmias, profuse hæmorrhage, shock and collapse.

I would especially emphasize the size of the dose. If the drug is to be non-homœopathically used, the minimum dose should be not less than ¼ grain by hypodermic or ½ grain by mouth. Doses as high as 2 grains by the mouth three or four times a day are perfectly safe; only disappointment can come from the use of much smaller doses. The texts and ordinary dose tables invariably give the dose too small to be effective. It is a safe drug and prompt in its action. It exerts a different action from digitalis. Digitalis strengthens the contractions and raises the blood pressure; spartein lowers the blood pressure and weakens the cardiac contractions.

I have made no attempt to give unwarranted prominence to what will always be one of our less frequently used and less important remedies. It is not a cure-all and its general sphere of applicability is such that at the best, only a few conditions can be benefited by its use. It is a remedy used almost exclusively, so far, to produce physiological effects, when it seems desirable that such be secured and without harm to the patient. Its strict homœopathicity to conditions would, of course, be those which presented symptoms similar to the effects of the drug. This would seem to be a symptom complex of unusual occurrence and of difficult diagnosis. One group of symptoms produced by the remedy suggests that it might be homœopathically indicated in cardiac conditions occurring during the recuperation from acute systemic diseases but with its use in any such conditions I have had no experiences.—*Journal of the A. I. H.*, Sept., 1918.

THE SPECIALISTS' DEPARTMENT

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THE PATHOLOGY OF KIDNEY LESIONS AND THEIR DIAGNOSIS BY MICROSCOPIC URINALYSIS.

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[*Continuation.*]

3. Suppurative inflammation represents the most intense variety of inflammation of the kidney, and is similar to suppuration in other organs. There may be either a number of small disseminated foci of suppuration with destruction of tissue, or one or more abscesses of varying size. Besides the areas of suppuration, the kidney may present the features either of an interstitial or of a parenchymatous inflammation. The suppuration may be either primary, starting as such, due to an invasion of pyogenic micro-organisms, or secondary, starting after the formation of another variety of nephritis or even ascending in character. As a rule, it is an acute process, but may last a long time and become chronic, especially as a result of a tubercular infection. When a circumscribed collection of pus becomes chronic, a dense connective tissue capsule may form around it, and the pus becomes inspissated into a cheesy mass. When the greater part or the entire kidney, including the pelvis of the kidney, is transformed into a purulent cavity, the term "pyonephrosis" may properly be used.

In accordance with this simple classification which is perfectly sufficient for all practical purposes, correct diagnosis can be readily made from careful urinalysis. In all cases of suspected kidney lesion urinary examinations must be both chemical and microscopical. The extent of the former varies in individual cases, but should always include the specific gravity, the urea

output, the presence and amount of albumin, the presence of an excess of indican, as well as the amounts of phosphates, sulphates and chlorides. These tests will be of considerable aid in determining the character of the kidney lesion, but the greatest stress must invariably be laid upon a thorough microscopical examination, and it is here that gross errors are constantly made. As long as such examinations are performed hurriedly with low magnifying powers, and are confined to a search for tube casts, so long they are practically useless for a correct diagnosis. A urine should always be examined with a power of 400 to 500 diameters, and diligent search made for all the features present, especially the varieties of epithelia.

Whenever an inflammation is present anywhere in the genito-urinary tract, leucocytes or pus corpuscles, as well as epithelia from the organs involved, which epithelia constantly desquamate in pathological conditions, are bound to be seen in the urine. The prevailing idea that epithelia in urine are useless for diagnostic purposes, is decidedly erroneous. While it is an impossibility to diagnose every epithelium found, a sufficiently large number to allow of a correct opinion as to the organ or organs involved, can be properly located. As regards kidney lesions the only epithelia of importance would be those from the uriniferous tubules, but since at least a few epithelia from the pelvis of the kidney and the ureter are almost invariably associated with the former, these, too, must be taken into consideration.

Epithelia from uriniferous tubules, as found in the urine, are small round or oval, and small columnar formations, the former much more common than the latter, and invariably present in every pathological condition of the kidney, no matter how mild. Round or oval epithelial formations are derived from the narrow and convoluted tubules, columnar epithelia from the straight collecting tubules of the kidney. To properly diagnose the presence of kidney epithelia, leucocytes or pus corpuscles, which are the smallest granular formations present in urine, must first be found. These may or may not show a nucleus in urine, depending upon the degree of granulation and the degenerative changes. They vary in size to a small degree only, never sufficiently, unless hydropic and pale, to interfere with the diagnosis

of kidney epithelia. The latter are usually distinctly nucleated and are about one-third larger in diameter than the pus corpuscles in a given case. Such formations are never present in a perfectly normal urine, and when they are found in even small numbers they indicate some pathological kidney lesion. While these round or oval, sometimes even slightly angular epithelia are always seen in cases of nephritis, columnar epithelia from the straight collecting tubules are only occasionally found, usually in the severer cases, in which a greater part of the kidney substance is involved.

Besides pus corpuscles and kidney epithelia varying numbers of red blood corpuscles are almost invariably present. In acute lesions these are seen in moderate numbers, while in chronic lesions they are scanty and need not even be found in every specimen. In many cases of interstitial nephritis true tube casts never at any time appear in the urine, and if so, in small numbers only. It is in parenchymatous nephritis that casts are invariably present in smaller or larger numbers.

Interstitial Nephritis.—In interstitial nephritis albumin is usually present in small amount only or even in mere traces, which, at times, may be overlooked entirely. In acute cases the specific gravity is, as a rule, higher than normal, while the amount of urine voided is slightly decreased. In chronic cases the amount of urine voided is invariably increased, sometimes to a great degree, the specific gravity is low, frequently below, 1,010, and the color pale.

Under the microscope the features present in an acute interstitial nephritis are moderate numbers of red blood corpuscles, pus corpuscles and epithelia from the uriniferous tubules. With these, a few rather large round, oval, irregular, lenticular, pear-shaped or angular epithelia from the pelvis of the kidney are usually associated, also a few round or oval epithelia, smaller than these, but larger than those from the uriniferous tubules, which are derived from the ureter. Tube casts are usually absent, except in severe cases, when a few hyaline casts and no others will be found. In chronic cases, red blood corpuscles are few or absent, while small, glistening, highly refractive granules and globules, partly lying free, partly within pus cor-

puscles and epithelia, are now observed. These are newly-formed fat granules and globules and are the more numerous, the more chronic the inflammation. They may be found in smaller or larger groups scattered throughout the field. When they are very numerous, they also completely fill the pus corpuscles and epithelia, and denote a fatty degeneration of the kidney. In the ... ere cases a few granular casts may be present, but often enough no casts whatever are seen.

Parenchymatous Nephritis.—In parenchymatous nephritis albumin is almost invariably present in comparatively large amount, and in many cases may be one-half of one per cent. or more. In acute cases the amount of urine is usually decreased, sometimes to a great degree. The specific gravity may be high and the color of the urine dark, this being sometimes quite pronounced, since hæmorrhages frequently occur. In chronic cases the amount of urine is also at first decreased, but later becomes more abundant, though never in as pronounced a degree as in chronic interstitial inflammation. The specific gravity gradually becomes lower, the color pale in the later stages.

Under the microscope tube casts in larger or smaller numbers are always present, together with pus corpuscles and kidney epithelia, usually also red blood corpuscles. The casts differ in acute and chronic cases. In acute parenchymatous nephritis hyaline and epithelial casts are constantly seen in at least small to moderate numbers, and in the severer cases in which hæmorrhages occur, also blood casts. Granular casts rarely appear until the inflammation has lasted for a number of weeks. In strictly chronic cases hyaline and epithelial casts are absent or few, while granular and fatty casts have now become the predominating elements. When a fatty degeneration of the kidney is present, fatty casts are abundant. In those cases in which an amyloid degeneration of the kidney occurs, waxy casts are found in varying numbers. Besides the casts, red blood corpuscles, pus corpuscles and kidney epithelia from the narrow and convoluted as well as from the straight collecting tubules are found in moderate numbers in acute cases; pus corpuscles, epithelia and fat granules and globules in chronic cases. In the latter, the fat granules and globules are always

abundant in the different cellular formations and free groups of fat granules are never absent.

Suppurative Nephritis.—In suppurative nephritis the urine is always cloudy, and a heavy sediment invariably forms. The specific gravity varies considerably, but is mostly below normal, and the amount of urine is diminished. Albumin is present in every case in moderate or large amount. The clinical symptoms are at times so vague that a positive diagnosis is generally possible only through a microscopical examination of the urinary sediment. The microscopical features usually clear up the diagnosis at once.

Under the microscope the pus corpuscles are found to be extremely numerous, but kidney epithelia are also as a rule abundant, and in the majority of cases not only those from the narrow and convoluted tubules but also columnar epithelia from the straight collecting tubules are present. Red blood corpuscles are abundant in acute conditions, scanty in chronic suppurations. Since a suppuration is always a destructive process, connective tissue shreds are invariably present besides the other features, and without these a diagnosis of a suppurative nephritis should never be made. Connective tissue shreds vary in size and number, and are made up of wavy, moderately refractive fibres, the individual fibres being rarely single, but conglomerated in the form of small, irregular bundles, which again form larger bundles. These fibres must be differentiated from mucous threads which are found in every urine and are of no significance. Mucus consists of pale, more or less regular threads or strings of different sizes. They are composed of pale, more or less parallel fibres, which, when large, may branch in different directions. With a little care mucous threads and connective tissue shreds can always be differentiated from each other. Casts may or may not be present in this variety of nephritis and do not form a diagnostic feature in suppurative nephritis. In chronic suppurations, fat granules and globules are never absent.

Renal Tuberculosis.—Besides these varieties of nephritis, tuberculosis of the kidney occurs frequently enough. Here the appearance of the urine is not characteristic, although the color

is usually pale, the urine is turbid and the specific gravity low. The amount of urine is increased, and a small amount, sometimes only a trace of albumin, is present.

Under the microscope the features are at first usually those described as found in cases of chronic interstitial nephritis. Later, evidences of a destructive process are found and connective tissue shreds in varying numbers are then seen. In many cases of renal tuberculosis, tube casts are entirely absent, while in others they are present in small numbers. The positive diagnosis can be made only when tubercle bacilli are found in the urine. In some cases these are fairly numerous, but in the majority of cases they are scanty, and a diligent search for them is often necessary when the presence of a tubercular condition is suspected.

Anomalies of Secretion.—Finally the so-called anomalies of secretion, of which the important and principal ones are lithemia and oxaluria, should be mentioned. Both of these conditions are of frequent occurrence, and may lead to the formation of concretions or calculi. Persons so affected will pass large quantities of uric acid or calcium oxalate or both, and the specific gravity of the urine is frequently high.

In lithemia crystals of uric acid are found in large numbers, and crystals of calcium oxalate are also present. An inflammation of slight or moderate severity is rarely absent so that all the features seen in such inflammations are usually observed. In the majority of cases the inflammation is slight only, and in the milder cases there may be a simple congestion with a small to moderate number of red blood corpuscles, a few leucoytes and a few kidney epithelia. In the severe cases hemorrhages may occur, and then red blood corpuscles are abundant. In oxaluria, which is perhaps even more common than lithemia, the specific gravity is invariably above normal, and the amount of urine is decreased. In some cases a specific gravity of 1,030 or 1,035, without the presence of any sugar, is present. The microscope always shows large numbers of crystals of calcium oxalate, in all shapes and sizes, and even in the milder cases, an irritation or congestion of the kidney and pelvis of kidney is rarely absent.

In the severer cases a nephritis, which, however, is not, as a rule, pronounced, is frequent enough.

It seems almost incredible that even at the present day so little attention is paid to more careful urinalyses. If this were done, many cases which present vague clinical symptoms and in which no correct diagnosis can be arrived at would be cleared up completely in a short space of time with the greatest benefit to the patient. Urinary analyses, which as they are generally performed are now often enough of doubtful significance, would then become of real value to the physician.—*The Urologic and Cutaneous Review, April,* 1918.

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EDITORIAL NOTES AND COMMENTS.

Radiographic Examinations of the Teeth.—The X-ray has been the means of clearing up the reasons for many an obscure condition and with the constant increase in the perfection of radiographic technic its diagnostic value becomes greater.

Modern dentists make free use of dental radiographs in their work, particularly those of them who specialize in orthodontia or in the treatment of pyorrhœa alveolaris. The latter disease is of decided interest to the general practician, for the reason more especially that it is very often the cause of many an unexplained case of rheumatism, so-called, or of neurasthenia. There are some physicians, if we may judge by the reports in various medical journals, who go so far as to insist that all cases of neurasthenia are caused by hidden pus pockets at the roots of the teeth. The medical profession is prone to "go off at half cock" anyway, so we must take such statements with a rather generous grain of salt. Still, it will not do to dismiss the statement as wholly unwarranted, for the experience of careful observers who are not easily stampeded, proves that there are cases of both rheumatism and of neurasthenia which have been cured upon the removal of previously unrecognized alveolar abscesses.

Our own experience would seem to add corroborative testimony, so that we are in the habit of suggesting to patients the necessity for radiographic dental examinations, in the diseases mentioned. In so doing we are merely following the impulse of common sense and the old Hahnemannian dictum, "tolle causam!"

Where the presence of pyorrhœa has been proven, it is not always necessary that the teeth should be indiscriminately sacrificed. This is, of course, a question for the wise dentist to determine; but the homœopathic prescriber can aid materially with such remedies as *Fluoric acid, Causticum, Hepar sulphur, Silicea, Calcarea sulphurica,* etc. Study of these and of other remedies suggested by general indications will prove of value. *Verbum sap!*

Hydrastininum muriaticum is an alkaloid of Hydrastis canadensis, the golden seal, and is an unproved drug so far as we are aware. In the third or sixth decimal potency, however, it has been extremely valuable in metrorrhagia, particularly that caused by fibroid tumors. In at least one case of uterine fibroid, carefully diagnosed, all hæmorrhage was controlled and evidently cured by this remedy. In several years there has been no return. In the absence of indications for other and better known remedies of our materia medica, this one should always be thought of, especially in uterine fibroid or bleeding caused by it.

The Thirstlessness of Phosphorus.—*Phosphorus*, as we all know, has among its numerous symptoms of importance that of burning, unquenchable thirst, particularly for cold water, which, when it becomes warm in the stomach, is vomited. Thirst for large amounts at rather infrequent intervals is also found in the provings of *Phosphorus*. This symptom suggests *Bryonia,* from which remedy, however, *Phosphorus* is easily differentiated.

A thirst for small amounts frequently repeated is also found, and this, of course, suggests *Arsenicum*. The latter is complementary to *Phosphorus;* they follow each other well. Both have sensations of heat or of burning, both are prostrated, restless and apprehensive. They must, therefore, be carefully compared.

We wish, however, to call attention to the fact that *Phosphorus* in acute fevers, no matter how caused, sometimes has absolutely *no thirst*. This is vouched for by the original proving of *Phosphorus,* and is found in *Hahnemann's Chronic Diseases*.

This thirstlessness of *Phosphorus* during fever, suggesting as it does, *Apis, Gelsemium* and *Pulsatilla*, should not lead us to pass the remedy by when other symptoms of the drug are present.

In a recent case of influenza with temperature of 103.8 and absolutely no thirst there were present rawness in the trachea and larynx aggravated on coughing, rather tight, painful cough, some degree of hoarseness, general soreness and aching and restlessness. Although there was no thirst, cold water gave momentary relief to the soreness of the throat. *Phosphorus* promptly turned this case into an extremely mild one.

In Kent's Repertory the adipsia of *Phosphorus* is given the lowest rank, and under the rubric, "Thirstless during heat," is not mentioned at all. Those who possess this repertory may do well to make a marginal note of this exception.

Variolinum in the Backache of Spanish Influenza.—During the present epidemic of this disease we have thus far found *Bryonia, Eupatorium perfoliatum* and *Rhus tox.* to be the most frequently indicated remedies, with our old friend *Gelsemium,* of course, not to be forgotten. The indications for these remedies are classical and need not be rehearsed. It is delightfully satisfying to watch the rapid response to any one of these medicines when correctly chosen. Under careful prescribing very few cases should get beyond us or run into pneumonia.

It has been our doubtful privilege to see several cases of Spanish influenza under the treatment of liberal homœopathic prescribers, if this euphonious though misleading term may be pardoned. How *Gelsemium* IX can "get by" with *Morphine sulphate* 1/8 gr. p. r. n., and *Codeine* I gr. ad lib., as unholy side partners, surpasses our understanding, unless as the genial and big-hearted Clarence Willard Butler used to put it, "It's a damned poor homœopathic remedy that won't go through a glass of whiskey." Speaking of Butler reminds us of our student days when, in a severe case of facial erysipelas, Butler gazed at the swollen, distorted and bluish-red countenance of the patient and then asked her how sleep affected her. The reply was brief and amply eloquent, and evoked from Butler the equally laconic injunction to our untutored self, to give the sufferer a dose of *Lachesis* 200.

We shall never forget the miraculously speedy cure which followed—but, gentle reader—Butler was a *prescriber,* and his kind are nowadays few and far between. All honor to his memory!

We started, however, to speak of *Variolinum.* A letter from Dr. Charles E. Johnson, of Sherman, Texas, calls our attention to the fact that in influenza he has found *Variolinum* to be very efficacious in the dreadful backache, resembling that of smallpox, and met with by him in several of his cases. The corroborative experience of others will be welcome and gladly published for the benefit of all.

Hospitalization of cases of influenza is all very well, provided that each patient is allotted a separate room, and under these conditions we might be willing to be *hospitalized,* always supposing that a good homœopathic prescriber could be in charge or, be it softly whispered, a modern allopath who gives no dope. But what is the poor unfortunate ward patient to do who is herded together with an indiscriminate assortment of strepto- and pneumococcic cases, which are blissfully spraying the surrounding atmosphere with the deadly salivary droplets we are told to be so shy of. Shades of Lister! What barbarisms are committed in the name of Science! And it is the year 1918!

The New York Department of Health under the leadership of the versatile Copeland tells us that if we *must* sneeze, to do so in our "hankies." Staid and law-abiding New Yorkers now brave the subway dangers with their pockets bulging with red bandanas, the supply of which is rapidly diminishing we are told. We ourselves have several times courted apoplexy or worse in a wild attempt to suppress a salutary sneeze, and are led to meekly suggest to our one-time Ann Arbor mayor, who now presides over the physiologic destiny of some 5,000,000 New Yorkers, that hereafter gas-masks be worn by all citizens, especially in the vicinity of the health department itself.

Vitamines and Cooking.—I have charge of two grandchildren, aged 6 and 3, who enjoy excellent health on a diet of porridge, bread and butter and jam, vegetables, eggs, boiled milk, and a little meat and occasional quantities of raw fruit. Except for the butter and fruit this is all cooked food. I know also some working class families who live in good health on bread, margarine, potatoes, jam, tea, trifling quantities of milk, and meat once a week. Here again nearly all the food is cooked. These children

ought not to be in such good health if it be true that vitamines, on the one hand, are necessary in small quantities for good health, and on the other that they are destroyed at a temperature of 100 degrees C.—that is to say, by cooking. It is important that, if cooking destroys vitamines, the public should be told the evidence on which the statement is based. There is much evidence to the contrary, as in the case of the good health of the Scotch and Irish poor of past times, who lived on little else than cooked oatmeal and potatoes. The evidence of the prevention of beriberi by a change from a diet of polished to unpolished rice is even more damaging to the view that vitamines are destroyed by cooking, for in both cases the rice is cooked. I am, sir, yours faithfully.—*The Lancet.*

This is of interest and brings to mind another closely related topic, that of food calories. We know several people who have literally gone daffy on the subject of food values, and these people will calmly lunch in a "Café des Enfants" on a plate of salad, a chocolate éclair and a glass of milk, provided that this ungodly mixture represents in mathematical terms the proper sum total of calories. Really it is to laugh! With all our Hooverizing we Americans waste more food through faulty selection and improper preparation than is commonly known or realized.

Half-baked physiologists in our elementary schools are cramming this calories fad down our children's throats, and it is no uncommon thing for children to refuse a really good, square meal on the ground that they have imbibed the requisite number of calories in the school lunch room and contained in a sandwich and one banana. Is it any wonder that our American girls are so often miserable cooks, or that the delicatessen stores are veritable meccas of the canned food devotees.

We should learn much from our French allies in this respect; perhaps our boys in khaki, on their return from "over there," will be the means of initiating much needed reforms in the art of cooking here at home. Let us hope so!

Use of Man in Experimental Work.—At last we have been discovered and the method of Homœopathy of proving drugs upon

healthy humans has been set forth by Dr. Arthur D. Hirschfelder, of Minneapolis, in an article, entitled "The Teaching of Pharmacology," published in *J. A. M. A.* for August 24.

The doctor states: Medical students have difficulty in grasping, assimilating and remembering the facts of pharmacology because they have too few pegs on which to hang them; and the value of the subject and its usefulness to them in after life suffers accordingly. I believe that this trouble is not inherent in the nature of the subject, and that it lies with us as teachers to remedy the defects.

I believe that we can do this partly by teaching the student how to study accurately the effects of drugs on himself, partly by basing our animal experiments and our didactic teaching largely on pathologic physiology, and by assigning to our student, at the time he is studying the formal pharmacology enough outside reading of clinical pharmacology to make him see for himself the usefulness of the subject.

USE OF MAN IN EXPERIMENTAL WORK.

I should like to begin by pleading for a more important place for man among the laboratory animals in routine teaching. He is just as good an animal as a dog or a rabbit. In the present state of affairs he is more plentiful, and he is cheaper; and to most medical students, especially when one experiments on himself or his fellow students, a great deal more impressive and a great deal more interesting. Just in proportion to this interest and to the associations in which it is clothed, the lessons learned in such experiments are the more impressive and the more lasting. Moreover, since we are training medical students to observe and treat patients, the experiments that they perform with accurate methods on themselves and on their fellows are also furnishing them with training and habits of applying equally accurate methods later in the treatment of their patients.

One of the most important lessons that they learn in this connection is the science of dosage. They take the drug in conventional dosage, and in most cases they get no effect. So they should be made to repeat the experiment, increasing the dose until an unmistakable physiologic effect is obtained. To avoid the

effects of suggestion, different types of drugs having opposite or nearly opposite actions, interspersed with some inactive ones, should be given to each group of students, and they should not be told what drug they have been working with until the true results have been obtained and checked off by the instructor.

Occasionally a student is encountered who has a mild idiosyncrasy; his exaggerated reactions to an ordinary dose quickly become the talk of the class, and the effects of this drug are fixed in their minds forever.

Such experiments bring the physiologic testing of therapeutic effects closer home to the student, and furnish him with the associations that render the impressions lasting."

Really it is quite remarkable that our friends, the enemy, are slowly but surely coming around to the homœopathic viewpoint. Of course, we must not expect to be given credit for priority—that would never do! But let us hope that mankind may eventually have the benefit of therapeutic advance, based upon a really scientific method of drug experimentation, to be found in the Hahnemannian way of drug proving. More power to the Hirschfelders of the benighted fraternity! May his like increase!

PERSONAL.

Baltimore, Md., October 2, 1918.

My Dear Doctor Rabe:

I shall appreciate it if you will insert the following in the next issue of the RECORDER:

After careful consideration it was decided by a majority vote of the Executive Committee to postpone the annual meeting of the Southern Homœopathic Medical Association at Knoxville for one year. The single reason for this is war conditions. A great number of our doctors have already entered military service and the recent draft affects many more. Uncertainty regarding the future of many of our most active members makes it impossible to insure this year the kind of meeting that the Southern is accustomed to hold. For that reason we deem it best to wait a year, and after our doctors have completed their services to the boys in khaki, we will hold a meeting in Knoxville that will be a meeting.

We desire to thank our bureau chairmen and the local committee at Knoxville for their untiring efforts under adverse conditions, to secure material for a program. Similar efforts next year will produce a program to their credit and to the everlasting credit of the Southern Association. When the annual meeting is finally held, headquarters will be, as advertised before, at the Saint James Hotel. Mr. J. C. Latimer, the manager, had prepared to entertain the Association in the unexcelled manner of the South. He will do this for us in 1919.

Yours very truly,

H. M. STEVENSON, M. D.,
President.

COUNCIL OF NATIONAL DEFENSE,

Washington.

October 16, 1918.

From: Volunteer Medical Service Corps, Council of National Defense.

To: Members of State Executive Committee and County Representatives, Volunteer Medical Service Corps.

Subject: Influenza Epidemic.

1. In view of the present serious epidemic which is sweeping over the country, the Volunteer Medical Service Corps earnestly invites your attention to the following important action:

Urge upon the members of the Volunteer Medical Service Corps that they instruct families under their care to guard against the epidemic by:

Thorough cleanliness of houses, premises, clothing, utensils, and personal cleanliness.

Avoid stirring up dust.

Wash; scrub; flush; sprinkle; and use soap and water thoroughly.

Gargle and spray the nose and throat with an alkaline antiseptic fluid frequently.

Co-operate at once to the fullest extent with the Local, State, and National Boards of Health. Urge and co-operate in preparing towns and cities for the epidemic by establishing emergency hospitals in suitable buildings, by districting communities, and apportioning or dividing medical forces comprising men and women physicians and nurses so that no portion of the community is without medical care.

Circulate as thoroughly as possible and explain to the public the warning and directions printed by the United States Public Health Service and by local health authorities.

Urge the importance of fresh air and the avoidance of chill and overheat.

In fighting the epidemic give no medicine and use no treatment which may depress the vital forces, especially the heart of the patient.

2. The Army and Navy are fighting and conquering Germans. We must fight and conquer germs without taking anything away from the Army and Navy. Don't ask the Army and Navy for medical and surgical supplies. Use simple utensils for sterilizing; the simplest kinds of beds and bedding; make your own masks and dressings, and fight for yourselves.

3. While the eyidemic is on, do no surgical operations unless absolutely necessary to save life.

4. In every way in your power urge the members of the Volunteer Medical Service Corps to co-operate to the fullest extent with the United States Public Health Service and with State and Local Health Authorities.

EDWARD P. DAVIS,
President, Volunteer Medical Service Corps.

Editor of the HOMŒOPATHIC RECORDER.

In the RECORDER for October appears a contribution from Dr. Frank Patch, of Framingham, Mass., which says the Boston University "will be the first institution in the country, so far as I know, to give comprehensive and thorough instruction in both homœopathic and old school therapeutics."

Of course, much might depend on what is termed "comprehensive and thorough," but this experiment has been tried before in the case of the Denver Homœopathic College, which became the Medical Department of Westminster University and went the Boston School one better in that it gave comprehensive and thorough instruction in Homœopathic, Old School and Eclectic Therapeutics. Being neither flesh, fish, fowl, nor good red herring, it soon gave up the ghost.

The National Homœopathic College, of Chicago, also tried a similar experiment, with a similar result. If I am not mistaken there were others.

It would seem as Walton says, "the calf that sucks two cows remains still a common steer."

Nearly all of our homœopathic colleges teach comprehensively and more or less thoroughly Old School therapeutics. All teach the physiological action of drugs, all teach palliation, all teach preventive therapeutics, all go one better than many old school institutions and teach in a thorough manner, toxicology.

Drug therapeutics is the specialty of Homœopathy, and in its entire field is better taught in homœopathic colleges than in the colleges of the dominant school.

Boston University may be able to carry water on both shoulders without spilling, but it is a fact that thus far has not been successfully accomplished.

It would seem from the "confidential pamphlet" sent out from Boston University, that it is the specialists who are now conducting that institution.

Nearly every specialist says:—"I find little use for therapeutics; in fact, I seldom prescribe any medicines at all."

Every practitioner of medicine knows, however, that a person suffering from any of the "specialties" is a sick person.

Very truly,

W. A. Dewey.

Ann Arbor, Mich., Oct. 19, 1918.

Sept. 14, 1918.

Editor of the Homœopathic Recorder.

Boston University announces that its medical department has been thoroughly reorganized and henceforth will be non-sectarian in scope and character.

Eminent physicians of the "regular" school will conduct courses in pharmacology and therapeutics and clinical teaching will be given in the Boston City Hospital and the Robert Bent Brigham Hospital. Homœopathic materia medica will be taught as heretofore, with clinical teaching in the Massachusetts Homœopathic Hospital and allied institutions.

The spirit of the times is to do away with sectarianism in things scientific. In accord with this spirit this school in 1918 announces that its curriculum has been made as broad and inclusive as is consistent with the medical science of the day.

J. Emmons Briggs, *Chairman,*
Committee on Reorganization.

THE
HOMŒOPATHIC RECORDER

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THE PRESENT STATUS OF HOMŒOPATHY.

By Milton J. Raisbeck, M. D., New York, N. Y.

For a period of over a hundred years homœopathic physicians have formed a relatively small group in the profession of medicine. They still form a minority and, according to the way of minorities, they tend to ascribe this position tc the prejudices and hostility of the dominant school. Have we been judged equitably or misjudged?

If an impartial inquiry were made and should reveal more simple ignorance of our aims than prejudice, and more indifference than hostility, it would behoove us to seek the pertinent causes of our present status within ourselves. We believe that a careful examination will show discrepancies between what Homœopathy ought to be and what it is, and that it should be undertaken with more calmness and less blinding enthusiasm, more humility and less self-justification than the tone of much of our current literature betrays. Humility is a source of strength and we need strength. If such an examination should lead to a storm of reactionary self-approbation, the time taken in making it would be lost, and it would indicate that our school is indeed the Sick Man of medicine, doomed to dismemberment and disintegration. And yet it cannot profitably be made in the sterile spirit of destructive criticism. Patience and forbearance with ourselves (often the most difficult to attain) and, more than this, frankness are essential if we are to find wherein our ideals and our realities differ.

In such an investigation we encounter questions of policy which have resulted in internal dissensions; as these differ in each hos-

pital and teaching center, they are apt to be accidental and extraneous. Deeper than these, in the very substance of our theory and practice, we find more general elements for fruitful study, such as our criteria of cure, homœopathic literature, homœopathic versus physiological medication, and our attitude toward the scientific spirit.* If this study is to be valid it must be fearless, made in the spirit of an open mind, and guided by a cardinal principle, that unless our criticism of ourselves is more unsparing and more searching than that of strangers, unless our standards raised from within are higher than those which can be imposed from without, we shall continue to deserve any discrimination against us that has not thereby been disarmed.

CRITERIA OF CURE.

A characteristic of the layman which distinguishes him sharply from the scientific investigator is his aptness to assume that *post hoc, propter hoc;* that a mere sequence of events in time involves a relationship of cause and effect. We meet this daily among our patients, even to the point of the ludicrous. And, to our dismay, we meet it far too often among our professional brethren. Our journals are redolent of cures that leave an aftermath of doubt. Because we know that the homœopathically indicated remedy ought to do what the writer claims in his case report, we too often assume (or the writer does) that the case report proves the remedy did so. We fail to remember that without our faith in the homœopathic remedy as a prerequisite, the proof advanced would lose nearly all its cogency. If we do fail to realize this, it is because our critical standards are low. And if we attempt to examine the facts from the point of view of an observer who has no preconceived ideas about the indicated remedy, who is neutral but skeptical, we shall find that in accepting criteria of cure, we as homœopaths have three principal dangers of which we must beware, the subjective symptom, the single case report, and reminiscent statistics.

Our knowledge and use of drugs center in drug provings. The characteristic of a proving—the disturbances in health produced by subtoxic doses of a drug, as recorded by the prover—

*These topics will be discussed in subsequent papers.

is the predominance of subjective symptoms. We match our drug picture with the disease picture almost exclusively on the basis of the subjective symptoms present in the patient. We exercise all our ingenuity in taking the case, which, in homœopathic parlance, means the really fine art of ascertaining all the patient feels, no more nor less than he actually feels, in just the peculiar and personal way in which he feels it. So important is this that those among us who are most successful in prescribing assert that when the case is well taken the remedy is easily and almost surely found. In striving for perfection in prescribing, we become engrossed in the subjective symptom, and here lies the first pitfall. Besides tending to make us neglect physical diagnosis, because we can find the remedy without physical examination,* it has also led us to accept the clearing up of subjective symptoms as a criterium of cure. We are asked with the rather crude emphasis of simplistic argument: "If a patient *feels* better, he *is* better, is he not?" as if the question were obviously unanswerable. It may be unanswerable, but it hides many a fallacy.

We cannot estimate subjective symptoms directly. How real and how intense was the pain that has been cured? For almost any given lesion we can all recall patients who have suffered excruciating pain and others who have suffered almost none. This difference makes it easier to "cure" some than others, and makes the cure much less striking and perhaps even less valid in some than in others. Furthermore, the veracity of the patient is a disturbing problem. Among the poorer classes especially, a natural desire to meet our wishes and to be agreeable, or simple timidity, modifies the subjective picture quite independently of our remedy. If to this we add suggestion, most potent, and, in fact, potent solely in the realm of the subjective symptom, our confusion is complete. If we cannot prove beyond peradventure of doubt that the symptom is present as described, how are we to prove that it is modified or accept as evidence of cure the

*Who has not noted that the best prescribers are apt to lay least stress on physical diagnosis and, vice versa, the most skilled in physical diagnosis rarely shine as prescribers? This mutual exclusiveness is due to faulty training and will be discussed later.

disappearance of the intangible? For practical purposes it may suffice to relieve our patient's discomfort, and we are glad enough to take his word for it, but we cannot ask our listener, who does not believe in dynamic drug action, to accept as proof of that action phenomena he cannot see, feel, hear, or measure. Case records based on subjective symptoms only are as convincing as the testimonials to the dubious virtues of patent nostrums.

The second element which vitiates much of the evidence advanced by homœopaths is the fact that it is made to rest, in many instances, on a single case report—another form of the ancient error of hasty generalization. Our current literature abounds in conclusions drawn from one, or two, or at most from a very small group of cases.

A single case may be a legitimate example of drug action and may be used to great advantage to aid the student in visualizing more distinctly, but when we endeavor to put upon a single case the burden of proving any statement whatsoever we fail signally in the eyes of any discerning reader. We are given to read a careful description of the patient's symptoms; we are told that such and such a drug was administered; and we are informed that the patient recovered, more quickly perhaps than such a patient in our experience ever recovered before. We are thereupon invited to believe that the case in question once more proves the immutable nature of our law of cure. The procedure, if not unconscious, would be an insult to our intelligence.

Each of us in his daily work can cite case reports, with the record of carefully prescribed remedies to all appearances well indicated, administered without effect. Does the presentation of such a case disprove our law of cure or even bring its validity into doubt? We can dodge the question by maintaining that our remedy here was not well indicated, but in all sincerity the single case that endeavors to prove the theory is not a whit stronger than the single case which, as we readily admit, cannot disprove it.

The apparent action of a drug in any single instance may be due to idiosyncrasy; or, which is still more probable, the patient in question may belong to that proportion of cases which are both benign and rapid in their evolution to a favorable outcome.

In the most severe epidemics some cases recover spontaneously and quickly, even after the menace of a dramatic onset. Nothing in the single case report can prevent the suspicion that our brilliant result is due solely to the unaided efforts of nature. We may feel differently about it but when an investigator in search of facts and not faith does not share our feeling in the matter we ought not to be surprised. In his eyes we resemble those engaged in psychical research who seize only upon coincidences and exceptions as their material of study, and ignore the vast number of experiments that fail. In speaking about our successes and remaining silent about our failures we further weaken our insufficient evidence, the final result to an impartial observer is unconvincing.

We believe and at bottom we are merely seeking confirmation of our belief. The atmosphere of faith does not lead to careful scrutiny but to eager acceptance of anything which may be found in accordance with our faith. We are seeking not for truth, which we feel confident we have already found, but for moral and mental comfort. A casual perusal of our current literature will reveal examples of all degrees of this attitude, from the reserve which lends some weight to the deductions made to almost egregious credulity, a vicious leaven which mars so many of our writings. The single case is utterly without significance; this is a second point our writers so often fail to take into consideration.

Arguments in support of Homœopathy are often impaired by a third factor which we may call "reminiscent statistics." Any one with a slight experience of medical meetings can recall the typical, perhaps venerable practitioner, who arises amid respectful silence to declare "that in his experience of over forty years of confinements he has not had a single perineal tear." The statement is beyond argument and a sense of either respect or hopelessness reduces protest to mere murmurs of dissent. If the same practitioner, or one of his fellows, were to arise and state that "in forty years he has not lost a single case of diphtheria, or of pneumonia, in using nothing but the indicated remedy," he would suscitate less protest and perhaps no murmurs of dissent. Nevertheless, both statements are of the same

intrinsic value and offer the same probabilities of truth. They constitute an effort on the part of the speaker to force acceptance of his reminiscences, on his own personal authority, as the equivalent of statistical proof of *similia similibus curentur*. Hahnemann could indeed say to-day: "I can cope with my enemies, but from my friends, O Lord, deliver me!"

The men who seek to demonstrate what Homœopathy can do by such statements do not realize wherein they weaken our cause. Hasty generalization, an obliging forgetfulness of failures, and a tenacious memory for successes have already been referred to in other connections. The most glaring feature of these statements is usually exaggeration; they often claim for the indicated remedy an efficacy bordering upon the miraculous. In this alone they tend to redouble that cautious skepticism which becomes more wary as the claims for Homœopathy are more wildly exalted. The real evils here, however, lie deeper for such statements would not have much more weight even in the absence of exaggeration; they would then be merely less ridiculous. They are valueless as evidence because we have reason to doubt, in all cases and *a priori*, the perspicacity of a single observer, the only exception to this being the case of experiments which can at all times be performed again by others. When clinical material is involved, such statements, unsupported by documentary evidence must be ruled out inflexibly, as they cannot be verified. It is hardly necessary to touch a more tender point in questioning the veracity of such remarks, for even the best and most sincere intentions could not make them acceptable.

If we rest our arguments upon the simple affirmations of individuals, however great their personal prestige, we build upon sand. And we cannot let statements of this kind go by unchallenged, however much we discount them for ourselves, for this does not prevent their disastrous effect upon those who do not share our convictions. Any inquirer from another school who meets with such *ex cathedra* utterances will lose his interest in Homœopathy as his knowledge of homœopaths and their ways increases.

It may be urged that these criticisms do not apply to all the records made by homœopathic investigators, as notable excep-

tions amply testify. These stand as exceptions, however grateful, and the majority remain, indicating the need for a campaign of education in our own ranks before we undertake the more extensive task of educating others. We must meet the old school on common ground by adopting the only standards that they themselves will accept in their own work. No remedy or method of treatment is given serious consideration by them until the claims made for it can be supported by unimpeachable evidence.* The evidence advanced is examined unsparingly in every aspect and from this crucible of mutual criticism, frank but cordial, uncompromising but usually without hostility, the facts emerge finally as definite acquisitions to the sum of medical knowledge.

The rules of this evidence are simple and if adhered to with sincerity of purpose they will enable our claims to command attention. The canons which must be followed to reach that end are fourfold; a positive diagnosis must be established in every case; progress must be recorded in terms of objective findings; cases must be presented in large series only; and data, as far as practicable, must be sponsored by a group of investigators, each competent in the aspect of the study that he covers, united in purpose, and checking up results mutually.

Diagnosis to-day is in many cases an exact science; this applies to syphilis, malaria, pneumonia, and any other diseases in which laboratory tests remove practically all uncertainty. We cannot speak of treating syphilis successfully unless we can secure, after positive Wassermann reactions, permanently negative ones, together with the disappearance of the clinical symptoms, both subjective and objective. Without a diagnosis based on laboratory findings, a discussion of therapeutic results is futile. Malaria is another instance of a disease in which slipshod diagnosis has too often invalidated our pretensions. Clinical cure with the blood infected, even by a dormant strain of the parasites, is an illusion, and the cure of cases in which no parasites were ever found is apt to be an illusion of another kind. When we speak of malaria we can mean only an infection by

*Articles in current numbers of the *Archives of Internal Medicine,* the *Journal of the American Medical Association,* etc., will illustrate this.

one of the strains of the plasmodium of malaria Cases of intermittent fever without this infection should be described as such; their treatment and cure is a far different matter and is a field in which the prowess of hydrotherapy and simple expectant treatment can compare very favorably with Homœopathy. Pneumonia is one of the latest diseases to profit by the recent progress made in diagnosis. At present the diagnosis of "pneumonia" no longer suffices;* we must state further whether our cases are of Type I, II, III, or IV, besides giving the precise nature of the bacteriological findings. This is necessary for us primarily as the mortality in the various types differs markedly. Our claims of cure of cases of a type in which the average mortality, under all methods of treatment, is very low, hardly represent a real achievement for the indicated remedy. Unless our diagnoses are incontrovertible, everything we claim is open to legitimate doubt. In diseases where laboratory tests which clinch the diagnosis do not as yet exist all the objective findings must be united as a solid basis for our diagnoses. This brings up the second rule of evidence, the need of laying stress upon the objective elements in every patient.

There are many ways in which doubt may be minimized in clinical evidence. Outside of definitive diagnostic tests, the laboratory is here again our best ally. There is usually no progress in any systemic disease without some recognizable changes, chemical or cystological in character, in the blood, spinal fluid, urine, etc. Reports of progress achieved in cases of kidney disease should be based on the varying relationship of the blood and urinary nitrogen, and all the other tests which can give definite data concerning the renal function and the degree of renal inflammation. In diabetes we should have records to show how the indicated remedy has modified the tolerance for carbohydrates, independently of dietetic or other measures. In cardiac conditions polygraph, electrocardiographic, and blood pressure records are the only possible proof of any real change in the patient's condition. The fact that the patient is still alive

*This applies naturally not to the work of the private practitioner whose principal object is to *cure*, but to our hospitals whose object should be not only to cure but also to *study* disease.

after our treatment may merely register one of the most common errors in prognosis. If claims are made concerning the results of treatment of superficial carcinomata and of diseases of the skin, photographic records should be presented. If any maintain that the gait of tabetics can be modified by the indicated remedy, cinematographic records, such as have been made in foreign clinics, are in order. In every type of disease there are methods of recording findings which do away with the uncertain element of individual observation and interpretation. If we do not remove this factor we weaken our position. Our object is to enable the reader to come to his own conclusions. Argument rarely or never produces conviction, whereas simple demonstration has often done so.

The individual case record, however complete, is only the first step in the right direction. Large series of cases are necessary to eliminate exceptions, non-typical reactions, or errors in interpretations. Twenty cases which illustrate the identical action of a potentized remedy in a particular type of disease reduce the margin of error appreciably; fifty or a hundred cases or more, would remove all legitimate cause for doubt.

In order to establish such records, the energies and authority of one observer cannot suffice. The co-operation with the clinician of a serologist and bacteriologist and of physiological chemist are essential. According to the nature of the cases, to these may be added the roentgenologist, ophthalmologist, cystoscopist, and others, until every aspect of the clinical problem has been covered, observed in each phase by a skilled technical specialist whose judgment will serve to keep the balance true in the final estimate of the facts. Co-operation preserves not only from actual error in facts, but also from the subtle doubt which may attach to the reports of a single investigator. Any individual may be mistaken, especially if one problem too constantly in view limits his horizon. We have heard of too many of the cures which one practitioner claims to have made and which we never seem to be able to reproduce in our own work. Each specialist is apt to see everything in the terms of his own specialty; we, as specialists in homœopathic therapeutics are open to this criticism the more, perhaps, as we realize it less.

We have a grave duty to Homœopathy. We have taken it as it was handed down to us. We have used it—and abused it—but we have done very little to establish it more firmly and to win for it the recognition to which it is entitled. The individual practitioner can do little beyond maintaining the conservative attitude which our dignity requires. Our hospitals and schools can do more. No further endowments are needed to make use of the clinical material which is offered there in abundance. The conscientious administration of the homœopathic remedy in our wards—and of nothing else when a homœopathic remedy is really indicated—the tabulation of results, substantiated by documentary evidence from the laboratory and from every source of clinical investigation, would within a year or two establish the statistical records necessary to command universal recognition. It will come to us when it is merited, but not before.

616 Madison Avenue.

CLINICAL CASES.

By S. W. Lehman, M. D., Dixon, Ill.

INTRODUCTION.

It is not the object of this paper to discuss glandular therapy but that we might better understand a syndrome of clinical manifestations often met with and sometimes not understood which is due to a disturbed metabolism under control of the suprarenal gland. There are two probable causes of this syndrome, first a disturbance of the glandular activity of the gland in which its product is either deficient or too profuse, and second, a disturbance of tissue metamorphoses, a state in which the cells no longer are able to take up the product of the gland even though it be in a normal amount.

This state is similar in character to the condition of the system in which the cells can no longer assimilate nor use *Natrum mur.,* although it be supplied in over-abundance.

The symptoms associated with a disturbance of suprarenal metabolism are acute and chronic.

SUPRARENAL CONSIDERED CLINICALLY.

Suprarenalin is an internal secretion of the suprarenal gland and is a normal, biological product of the system and its absence gives us certain biological symptoms that we should understand clinically.

Histo-genetically it is derived from the germinal tissue, its cortex from the meso-blast, and its medullary from the epi-blast. Anatomically, the kidney and the reproductive systems are later developments of this specialized tissue.

Biologically, it has two spheres of action. The meso-blastic cortex is vegetative, and it has influence over reproductive, circulatory and lymphatic systems.

The medullary portion has an influence over the function of the nervous system in its various activities. It is an emergency gland and responds to emotions such as fright, grief, worry, anger, etc. Its activities are also wakened when the system is in full reaction to toxins, specially of protein nature.

In acute diseases there is increased activity. High temperature. Active fermentation.

In subacute diseases, reaction is not marked. Temperature is not high, and there is the beginning manifestation of heart weakness. The mind becomes bewildered, evidences of auto-intoxication, and in chronic diseases there may be subnormal temperature, and, if the gland itself be affected, progressive asthenia, lassitude, weak heart, low blood pressure, vertigo, mental torpor, abdominal pains, cerebro-spinal pains, impairment of vision and hearing, delirium, coma and death.

THE PATHOLOGY OF THE GLAND AND THE SYMPTOMS RESULTING THEREFROM.

In order to better understand our proposition we may well study the pathology of the gland as far as it is known, and from those symptoms that are known we may make clinical deductions that are of great value in the treatment of the symptoms.

Following the tubercular degeneration of the gland before it has entirely consumed the gland, we may have sudden death following delivery in confinement cases, or after shock, especially surgical operations, etc.

Addison's disease has followed the removal of tonsils. Sudden

deaths following the removal of tonsils are too numerous and well known to every physician. In children up to 12, 14 and 17 years of age this is attributed to the status lymphaticus, but we find that the status lymphaticus is mostly in association with metabolic changes in association with troubles of the suprarenal glands.

GASTRO-INTESTINAL DISORDERS,

which are also a part of the picture of Addison's disease. is now being frequently found in soldiers returning from the strain of war. There is loss of weight. Indigestion. Decrease of acid in the stomach and general slowing down of the gastro-intestinal tract. The result of overwork, fear, fright, etc.

SYMPTOMS OF ACUTE HÆMORRHAGE INTO THE GLAND.

A child of six months awakes in the night, screaming, vomiting and diarrhœa, convulsions, high temperature, cyanosis or purpuric erythema or later purpura hæmorrhagica and as a complication the blood is toxic.

Almost the identical set of symptoms are to be found in severe infection, streptococcic sore throat, scarlet fever, erysipelas, and allied conditions.

HÆMORRHAGE IN A BOY OF FIVE.

Pneumonia.

Attacks of pain referred in the upper abdomen. Cri-cerebrali. Acute spasms occurred every ten to fifteen minutes. This picture will help us to understand some cases that we meet with at times that are rather puzzling.

The suprarenal glands are very susceptible to protein poison. Hence, on giving serums and vaccines, if the reaction is not perfect metabolically and the normal restored, the individual is made more susceptible to strain, nervous fear and the pre-tubercular stage is entered. Both metabolic tissues and gland tissues are lowered by acid proteins.

The duration of strain that they will undergo in the acute and infectious diseases is from five to twenty days. If the glandular secretion be decreased there is depression of or irritation of the sympathetic nervous system which affects the organs of the whole abdominal cavity.

In another syndrome of symptoms high blood pressure, hypertrophy of the heart, glycosuria, and the suprarenal capsures were found to be enlarged. The cortex is enlarged during pregnancy.

In old age or premature old age there is vertigo and arterial sclerosis and high blood pressure.

In food suprarenalin is found in milk, especially buttermilk and the express juice of raw beef.

In acute diseases sudden hyperpyrexia is the danger signal. If this be followed by symptoms of collapse, purpuric erythema, or purpura hæmorrhagica, we can be most sure that the suprarenal glands have been overcome.

CLINICAL SYMPTOMS OF ADRENALIN.

Testing for sufficiency. Emil Sergent, Paris. The white line.

Trace on the skin of the abdomen a rectangle or triangle or cross. The best field is the skin of the abdomen. The tracing should be superficial and without pressure. After about thirty seconds a pale band seems to be noticed, distinct and white. increasing in size. There is no red line.

CLINICAL CASES.

Children that have an acetone odor to the breath with slight vomiting indicates a disturbance of the suprarenal body. There is also present emaciation and the usual asthenic signs belonging to the signs of the absence of this product. There is also the usual white line with extreme depression from the beginning. The severe forms go on until death terminates the condition.

Case No. 1.—Lady, age 35, has never been well since a spell of typhoid fever. This means that convalescence was not perfectly established. There is frequent involuntary passage of urine, and after every lifting there is a hæmorrhage in the left lung which has been sore ever since the typhoid fever. *Suprarenalin* 6x and 12x removed most of these symptoms.

Case No. 2.—Lady has spells of beating and thumping in the abdomen. (*Sel.* after meals.) There is no pain but the sensation is so severe that she thinks that it will drive her crazy. She gets bronzed at this time and is very much aggravated by even

a breath of cool air. (*Kali carb.*) She also gets very hungry nights. (*Sel.*) *Suprarenal* in 6x relieved most of the symptoms.

Case No. 3—Man. Glands of the neck are very much enlarged. Patient had operation for enlarged gland of the neck but another is forming. Headache that comes on mostly in the afternoon. Not characteristic. It is associated with a bloating, distressed feeling in the stomach which comes on soon after eating. Lasts several hours. There was also a varicose limb of long standing accustomed to being swollen very much. After a course of treatment with *Suprarenalin* practically all the above symptoms disappeared, including the swelling of the ilmb.

Case No. 4.—Miss B. Heart symptoms. Heart becomes very rapid. Not irregular. It makes her very nervous and fidgety. She is conscious of the heart continually. Occasionally, however, it skips every fourth beat. When she first lies down she notices the heart symptoms very much. It also thumps at times. There is also a breaking out of boils on the neck and back. They do not mature readily. As soon as one goes, another comes. Throbbing sensation in the stomach reaching to the head. All these symptoms disappeared after taking a course with this remedy.

Case No. 5.—Acne. Large pustules on the face. Some contain as much as one-half thimble full of pus. The old ones looked bluish and the face is all scarred. The pulse is very rapid. Cured.

Case No. 6.—Epileptic. There was severe pain in the seventh cervical vertebræ. From this point it went to the head. Was dizzy as if falling forward. A peculiar feeling ascending from the stomach aggravated by storms twenty-four hours in advance. Following the administration of *Suprarenalin* the appetite was very much increased. Was very hungry while taking it. It removed the above symptoms and was a very great aid to a final complete cure.

Case No. 7.—Boils. On the forearms, mostly on the left arm. Was never vaccinated. They left after taking the 30x three times per day for a week.

Case No. 8.—Eyes aching in the back part of the eyeballs, dates from measles. Cured.

Case No. 9.—With a tubercular history. Light red, freckled

and bronzed skin, following scarlet fever, pulse rapid. Cheek bones very much enlarged. Pain in the back in the region of the left kidney. Soreness and tenderness along the spine. The soreness of the back soon disappeared and the pulse become perfectly normal with gradual abatement of most of the symptoms.

Case No. 10.—Grief. An old man. Brought on by sorrow and other troubles. Very dizzy. It starts in the back of the neck and goes into the head. A course with this remedy relieved him of all his symptoms.

Indications for the remedy: All ailments from grief, worry and financial affairs, with headache all night and morning. When the cerebro-spinal nervous system seems most involved.

Case No. 11.—Backache. External. To the lumbar vertebræ on either side. Aggravated by lifting and also by working. Aggravated nights. Aggravated after lying a while, gets very tired and sore. Often feels stiff as though he could not bend. These symptoms were relieved by 4x.

Case No. 12.—Mrs. B. Auburn hair, freckles. Interscapular pain, lower one-third of scapula in association with a severe neuralgia of the stomach. Removed by this remedy. There was also an eruption on the back which disappeared at the same time.

Case No. 13.—Large, dark-haired woman. Stomach trouble that was only relieved in part by *Nux vomica.* The symptoms were not recorded in order to show that the remedy may relieve stomach symptoms when *Nux vomica* is indicated but failed.

At first general symptoms: Exhaustion, somnolence, answer slowly, slightest movement was an effort, pale, thin, motionless like one dying, the rapid loss of flesh, extreme weakness, the pre-tubercular stage.

Then follow special symptoms: Asthenia is one of the first symptoms to appear. Great muscular weakness. An effort to do anything. Patient says that she is done for. That her strength is gone. That she is incapable of effort. Later any amount of work in sight causes absolute horror, even speaking and eating cause great fatigue. Patient lies down so as not to be able to move. You will often note these symptoms after some sort of mental shock.

Abdominal symptoms: Pains in the epigastrium, the loins, the kidneys, the muscles, the joints and the limbs or pains radiating

or lancinating from the suprarenal region as far as the groin. The pains simulate gastric crises. Sometimes the pains remain fixed in the region of the kidney and simulate lumbago. There is hyperesthesia of the whole abdomen. These pains usually appear after the onset of asthma.

Anorexia. Vomit. Diarrhœa frequently. Diarrhœa often disappears and reappears.

Skin and mucous membrane: Melanodermia is also preceded by asthma, as a rule, coupled with pain and gastric intestinal troubles. Should call our attention to this condition at once. It appears at first on the exposed parts of the body, face, neck, forearms, back of the hands. Next on the parts that are normally pigmented. The face has a smoky look, a brownish tint. At first they are limited to brownish patches. Later they resemble the mulatto. The lips, the gums, the tongue, the internal surface of the cheeks, any or all may have these black patches like the mucous membrane on the dog's lip.

In the infants, the infant refuses the breast. Is somnolent, followed by colic, diarrhœa, vomit, acetone odor to vomit and breath, emaciation, convulsions, and death.

The bottle fed children are likely to suffer from this cause. They are pale, emaciated, cold hands and flabby muscles, capricious appetite or no appetite at all. Low blood pressure, anæmic, pampered and emaciated.

In the growing youth, if there be hyper-development of this gland, there is over-nutrition, inordinate appetite. A child of six may appear as old as a child of ten and the growth is very rapid.

On the other hand, if the secretion be scanty, we have a poor state of nutrition. Under development. Easily exhausted. Status lymphaticus. Asthenia. Sensitive to cold. Lack of vital heat. Lack of tone in the tissues. Cold extremities.

A little later, in the adolescent period, we find the circulatory and heart action weak. There is tendency of adipose. Cold hands and feet. Hypo-development of the reproductive and circulatory systems. Aggravated by over-study, which soon brings on exhaustion. These conditions are brought on or exaggerated by any sort of youthful excesses and is followed by pallor, asthenia, exhaustion, etc.

In old age we have indigestion, diarrhœa, weak heart, atheromatous vessels, disturbance of the cerebral power, etc.

As an intercurrent remedy it has remarkable power in 12x or higher to resensitize the tissues so that they will react to present morbid conditions or to remedies which seemed formerly inert, and to nutrition. In all acute cases of severe infection as general lymphadenitis, erysipelas, or zymotic diseases where the temperature gets very high and the system begins to wane in its power of reaction and the outer surface begins to cool while the internal temperature increases, the heart becomes very rapid, weak and irregular. A purpuric erythema begins to appear and the urinary excretions are very much diminished or entirely stopped, is one of the strong evidences that the suprarenal gland has ceased to have power over the tissues of the body.

Lachesis is probably the usual indicated remedy. The system is now saturated with an acid protein material that is extremely poisonous.

If we would do the best for our patients we must now use a chemical antidote to this acid condition. The acetate of potash is one of the best, given frequently in small doses.

Likewise *potassium* or *sodium bicarbonate,* if the former is not at hand.

You will always find albumen in the urine.

After the toxic conditions have been controlled, and the temperature begins to recede, and the heart becomes more normal, it is then that *Suprarenalin,* 12x or 30x, will again resensitize the tissues so that the gland substance will regain control much sooner than otherwise.

You may also imagine this same condition in chronic cases, when the tissues have been changed by long-continued mal assimilation or perhaps too much medication of the poisonous variety and the suprarenal gland has become worn out in its effort to overcome these conditions which are manifested by a dark bronze skin, decreased urinary excretion, general lowering of the system, inability to perform the normal amount of physical labor, mentality likewise deficient. It is here also that *Suprarenalin,* 12x or 30x, or higher, will resensitize the tissues, create reaction where none had been before and aid the system to gain its normal equilibrium.

CLINICAL CASES.

By Dr. J. N. Sarkar, L. C. M. S., H. L. M. S., Krishnagar, P. O., Bengal, India.

APYRETICAL ECLAMPSIA OF CHILDREN.

Mr. S. Chatterji, M. A., B. L., Vakil's daughter, aged about seven months, was attacked with apyretical eclampsia; treated by the Civil Surgeon with an eminent M. B. Physician for four or five days without the least effect, rather the case grew worse. Then they told to the father of the patient in a mood of levity to try homœopathy. The young intelligent mother of the child proposed to treat the little one by myself. I had attended all along with my learned friends and marked the following symptoms:

The onset of the attack was about the time of new moon: pupils were dilated, later they contracted and remained so during the entire attack; during the attack the pulse became more and more accelerated and very small, with quick difficult breathing; for the first three days and nights the attacks occurred one after the other at short intervals; from the fourth day the paroxysm began from 10 p. m. to 10 a. m. Convulsions commenced at the fingers with coldness of the hand and feet, pallor face, clenching the thumbs, foam in the mouth, vomiting, constipation, liver and spleen slightly enlarged; there was occasional shuddering for a few minutes during the intervals of paroxysms. I began the treatment with *Kali phos* 6x, *Mag. phos.* 6x, *Calc. phos* 6x, alternately, every two hours, but with very little effect was seen on the next morning. I then prescribed *Cuprum met.* 6th, every two hours for the day, and *Silicea* 6th every two hours for the night, which cured the baby radically within three days.

Sairan Bewa got severe injuries in her thighs from a railway mishap; had it amputated after the accident: she enjoyed good health after the operation, except that she felt a pain in the deep muscles of her thigh. The able Surgeon D. N. Sen said there might be a piece of smashed bone, it ought to be removed by knife, this time she refused to be

operated on and sought other sources of remedy, and somebody came to me to know if I could do something good for her without operation. I gave him for her for the first week seven powders of *Silicea* 3x, and seven of 6x for the second week, and told him when suppuration would take place to come to me and report. At the end of the second week the man came and told me that perhaps pus has begun to collect, which aggravated the pain. I gave him for her two doses of *Silicea* 200th, one to be taken every seventh day, of which one dose threw off the bone and another cured the ulceration rapidly.

Babu Jagat Taran Mukharji, Zemindar's son Neru, aged about eight, was suffering from Kala-Azar (Black Fever), was treated for four months at Kalna by the Specialist, who has got a reputation, "the only man who can cure Kala-Azar." Unfortunately in this case all his attempts failed to cure the patient. The father of the child was disgusted and also exhausted in every way. He came here and gave me a chance. I gave him *Natrum sulph.* 6x, which cured him radically within a short time.

Kartik Chandra Modak's wife, aged about 26, was suffering from double quotidian fever, and was treated more than a month by a veteran allopath without effect. The fever came once in the morning and once in the evening; taste bitter; enlarged spleen. I prescribed *Natrum sulph.* 6x, once in four hours, which cured her very shortly.

The reader will please excuse me for my negligence in not having the particular symptoms noted at that time in the above two interesting cases, so I am unable at present to give all the guiding symptoms which led me to prescribe.

I have got great help in choosing the medicines for the above cases from Dr. Von Der Goltze's and Drs. Boericke and Dewey's Biochemic books. It will be a great boon to the Bengalees if Dr. Von Der Goltz will kindly permit me to translate his valuable book in Bengalee language. As I do not know his address I write through the RECORDER, expecting an early kind reply through this valuable journal.

THE UNBURIED DEAD.

By Guy Beckley Stearns, M. D.

In many towns throughout this country during the recent influenza epidemic numbers of dead lay unburied because of dearth of undertakers, coffins and grave-diggers. Of these dead the greater proportion were between the ages of 15 and 40. The epidemic causing this unprecedented condition of things came upon communities like a thief in the night, spreading evil from one person to another, vanishing only after all susceptible persons had been affected. It struck isolated mining camps on top of the Andes and fishing vessels which for months had been out of contact with the shore.

Boards of health assured the public that they had the epidemic under control; in reality, there was no control of the malady or of its spread. The utmost done was to dampen the conflagration by isolation of cases.

Vainly was the medical profession appealed to for aid.

Aspirin and acetanilid, adding their deadly depressive action to the peculiar prostration belonging to the infection, undoubtedly have contributed many to the group of unburied dead. Drastic catharsis, that relic of ancient superstition, has been an extra debilitating factor in the majority of the cases. Camphorated oil and heart-stimulants have added their quota to the pneumonia cases which lay awaiting their turn for interment.

Many wise physicians, early recognizing the harmful results of all drugging, gave no medicines but relied entirely upon nursing. Some of even these have made the mistake of subjecting their patients to too much bathing.

The best that very many doctors have found to say is: "If a patient have the infection badly he will die, no matter what is done."

While parents mourned and the people of the world stood aghast, is there nothing in medical science to lighten such a scourge? There is. Experience and experiment show that there are polychrest remedies covering the usual manifestations of disease, and it is among these that the drugs successful in this

epidemic are found. In a case where the suitable remedy has been given, and given sufficiently early, death does not occur.

In our eastern states the following have been the remedies most frequently indicated:

Arsenicum album. cures some of the worst cases which begin with prostration, pain in the forehead, burning throat, excoriating coryza, extreme thirst for small amounts, restlessness, and post-midnight aggravation; the patient is chilly and wishes to be covered, although the headache is relieved by cold water.

The keynotes to remember are:

Prostration.
Restlessness.
Thirst for small amounts.
Chilliness.
1 a. m. aggravation.

Close observers state that the most virulent cases occur among those who have had immunizing inoculation against typhoid and smallpox, and in these cases *Arsenic* has most often been indicated.

Bryonia cures the cases which have soreness of all the joints, which are tired, which want to be quiet; the cases which have bursting or dull headache; dry cough that hurts the head, the chest, or the abdomen; mouth dry, generally with thirst for large amounts (though often without any thirst), easy sweat, sharp pains in the chest or in other parts of the body, with aggravation of all symptoms from motion.

The keynotes are:

Great aggravation from motion.
Desire to lie curled up like a dog.
Mouth dry, with or without thirst.
Sharp pains in chest, and headache worse from coughing.
Dry, hacking cough.

Bryonia cures not only the influenza but the sometimes ensuing pneumonia with the above symptoms; in *Bryonia* pneumonia the patient wants to lie on the affected side.

Gelsemium cures the cases that have great languor, aching and chilliness in the back, lack of thirst, a band-like headache, and a besotted look, with heaviness or ptosis of the upper lids.

The keynotes are:

Besotted appearance.
Heavy eyelids.
Lack of thirst.
Chilliness of the back.

Eupatorium cures the cases which have great aching in the bones, chilliness, thirst and sweat.

The keynote is:

Aching in the bones.

Belladonna cures the cases which begin suddenly with flushed face, bright staring eyes, red and sore throat, and mental excitement. It covers the cases that relapse, where in the afternoon there is a sudden rise of temperature with the above-mentioned symptoms. Headache may be present with throbbing carotids and marked aggravation from jarring. These patients become actively delirious at night.

The keynotes are:

Active mental excitement.
Bright staring eyes.
Brightly flushed face.
Sudden onset in mid-afternoon.

Hyoscyamus cures the cases which have delirium at night, more of the typhoid type. They throw off the covers, pick at the bed-clothes, sing, talk with people not present, have dry, red tongue, dry lips, and sordes on the teeth. Patients who reach this stage before *Hyoscyamus* is administered may die, but when the trend is recognized early enough the remedy will save them.

In the pneumonias:

Bryonia cures the cases with the symptoms already enumerated.

Veratrum virid. cures the cases with high fever, foul breath, and with a red streak down the centre of the tongue.

The *Veratrum virid.* keynotes are:

Foul breath.
Red streak down the centre of the tongue.

Phosphorus cures the cases which have great oppression of the chest, tight cough, hoarseness, evening aggravation, craving for ice-cold drinks, and inability to lie on the left side. It cures cases which relapse and have hoarseness and a tight feeling in the chest;

also hæmorrhages from bowels and bloody stools as a consequence of drugs.

Antimonium tart. cures the cases which have blue lips; cold sweat on face; rattling in chest, which sounds as though, if only the patient could cough a little harder, the mucus would be raised. Particularly in children and in old persons.

Sulphur cures those cases which resolve slowly and which have the following symptoms:

Very red lips.
More thirst than hunger.
Restless nights.
Sleep in cat naps.
Feet burning so that the patient keeps trying to find a cool place for them.

Hepar sulph. cures cases with croupy cough having a loose edge; cases that are chilly and sweaty and with a craving for acid drinks.

Ipecac. cures cases having hæmorrhages from anywhere of bright blood, associated with nausea.

Capsicum helps cases that have had aspirin or other depressants and have become mentally and physically cold and depressed and blue, with burning throat, craving for cold water which causes chilliness when swallowed.

Camphor will save some desperate cases in which there is extreme prostration; profuse sweat, alternately hot and cold; and in these cases the patient, when feeling too hot, wishes to be covered up and, when feeling too cold, wants to uncover.

Iodine cures some of the desperate cases, especially where the lung remains solid, with high fever, much thirst, somnolence and hectic flush.

These remedies cover the majority of cases and will surely cure if given early enough. All cases, as soon as stricken, must go to bed. No aspirin, sweating, cathartics, quinine, Dover's powders or other drugs should be employed, for all that they do is to change the symptoms and mask the case, without being curative. Instead, have the patient drink plenty of water, eat only if hungry and then nothing except fruit, milk, and cereals, and stay in bed until all danger of relapse is past. Observe all the symptoms and select the nearest similar remedy.

The remedies should be used in dilutions from the 6x up, ten drops being put in a half glass of water, and one teaspoonful given every two hours.

Where the remedy corresponds exactly to the case, the 30th and higher dilutions act best.

The knowledge of how to use these and many other remedies burns in the souls of many men who earnestly desire to give that knowledge to the world; they cannot because it cannot be given unsought. It comes only through a study of drugs from the standpoint of their similarity of action.

One who sees disease as an entity for which a specific remedy can be devised never can have the knowledge of how to cure. Only he can gain it who recognizes:

1st. That each individual reacts to the infection according to the laws of his own being.

2nd. That his symptoms are the consequence of that reaction, and that they represent the body's attempt to get well.

3rd. That the body reacts as a whole, every tissue doing its part, and that the totality of the symptoms represents a single effort and requires a single drug for a cure.

4th. That the curative remedy is that one which stimulates a reaction in the body like the one that the body already is attempting in other words, causes symptoms like those already present.

5th. That the curative reaction of the body is a positive effort, *i. e.,* the protective mechanism is stimulated, not depressed; therefore, minute doses of the similar or curative drug must be used, in accordance with the law that small amounts of drugs stimulate while large amounts suppress.

Many remedies besides those mentioned correspond to individual cases. There is a curative remedy for every sick person, and God pity those whose doctors will not or cannot study drugs from the standpoint of similarity of action. In the practice of those who use the remedies in accord with the above indications there have been very few deaths, although the general death rate has been appalling. Had this method been universally employed there would not have been any congestion of the unburied dead.

180 West 59th Street.

TREATMENT OF INFLUENZA.

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

There is an epidemic of this disease in Buffalo; from 75 to 100 deaths are reported within twenty-four hours. I sent a letter to some of the most prominent papers giving my treatment for the disease; the following is a copy of the letter, as published in three of the principal newspapers:

"Timely and Excellent Advice of a Buffalo Doctor.

"TREATMENT OF INFLUENZA

"I have been through several epidemics of influenza and *never lost a case* in nearly fifty years' practice. It is one of the *easiest* diseases to cure if a doctor *knows* his Materia Medica.

"A peculiar condition of the atmosphere breeds certain diseases; when the weather changes the disease will have spent its force and *die out.*

"*Very* many people have been *frightened* by the stuff they read in the newspapers.

"The more *afraid* you are of the disease, the more likely you are to have it. Go right about your business and *forget* it is the surest way *not* to get it.

"If you should have *chilly* spells, and your nose feels *stuffed up,* great *thirst,* very *restless* and *feverish,* put five drops *Tincture Aconite* in half a glass of water, take one teaspoonful every hour. Put you feet in *hot* water, as hot as you can bear it, keep them in the water *for fifteen minutes.* Drink plenty of hot lemonade.

"If you have a headache, *throbbing* pain, head feels *confused,* feels *bigger* than it ought to, *top* of head feels *sore,* then add five drops *Tincture Belladonna* to the above *Aconite* mixture, take one teaspoonful every hour. When the fever *abates* and the sick person *sweats freely,* take two grains *Sulphate Quinine* every three hours.

"If there is a *tickling cough,* a feeling of *soreness* and *rawness* in the chest, take three tablets of *Kali mur.,* third decimal, once in two hours.

"If there is great *soreness* over the body, the *bones* feel as if

they would *break,* soreness in the *chest,* is obliged to *support* the chest with hands when he *coughs,* take *Tincture Eupatorium perfoliatum* (boneset), put twenty drops in half a glass of water, take one teaspoonful every two hours.

"The *best* medicated bath for *this* or any *other* disease is a pound of Epsom salts in the usual quantity of warm water in the bath tub. Use no soap, but scrub yourself all over with a coarse cloth. Take the bath just before going to bed at night. It will give the sick person a *refreshing* sleep.

"The remedies may be procured at the 'Homœopathic Pharmacy.'

"The above treatment for influenza may be *depended* upon, for it has stood the *test* of nearly *fifty years' practice.*

"Very kindly yours,

"Eli G. Jones, M. D."

As a result of this letter appearing in the daily papers of the city, there was a *great rush* to the homœopathic pharmacy in Buffalo to procure remedies to cure the influenza. Dr. Brown and his good wife had to work *overtime* to supply the demand for homœopathic remedies. It shows what a *strong hold* homœopathy has on the people of this city.

One of the *most* prominent physicians of Buffalo is making sixty calls a day; he is using the *above* treatment for influenza in *his* practice, and has *not lost a single case* from the disease.

Another prominent physician of this city (a student of mine) has had 100 cases of influenza and *no deaths.* He used the *above* treatment for his patient.

I sent a letter to Dr. Royal S. Copeland, Health Commissioner of New York City, giving the *above* treatment for influenza; it was also sent to the leading New York City papers.

If the treatment could only be *tried out* in this epidemic it would mean the *saving* of human *life,* the *lessening* of *mortality.*

The health authorities in the different cities are telling the public what *wonderful* things they are doing to *stamp out the disease.* The *only* sure way to stamp out a disease in *any* epidemic is to *cure* every case as *fast as it appears.* When the people find out that the disease is being *cured* by the doctors as fast as it appears, they will cease being *afraid* of it. In *every*

epidemic in this country, from a *lack* of confidence in the doctors from their *poor* success in treating the disease *very* many people are *frightened* from what they read in the newspapers and are good subjects to *catch* the disease. For we know that *fear* weakens the *nerves, weakens* the vitality, and thus *lets down the bars* for the *invasion* of the disease.

The Medical Times, of London, England, is one of the *most* prominent medical journals of the regular school in Great Britain. In an editorial that appears in July number of that journal the editor, in commenting on an article of mine in *Medical Brief* on "The Medical Treatment of Cancer," says. "We have previously urged that the medical treatment of cancer should be thoroughly investigated; we again appeal to unbiased medical practitioners to look into this matter. Those who are engaged in this research are, in our opinion, working in quite legitimate lines.

"They ask for a fair field, and they welcome just criticism.

"In conclusion, we may remark that experiments on animals have added little to our knowledge of cancer, and the results obtained from such investigations are in no way commensurate with the time and money spent on them."

The article of mine on "What Do You Really Know About Healing the Sick?" appeared in *August* number of the *above* journal. The editor writes me that the article was *"very much liked."*

Articles of that *kind* would not have been published in a regular medical journal twenty-five years ago.

There is more *liberal* and progressive spirit, at the present time, and *many* of the medical journals of the regular school are *glad* to get articles about *new* school remedies.

THE SPECIALISTS' DEPARTMENT

EDITED BY CLIFFORD MITCHELL, M. D.
25 East Washington St., Chicago, Ill.

An Interesting Case of Melancholia.—A patient was seen in October who presented a case of more than ordinary interest, inasmuch as there was a suspicion that nephritis was present. Patient, male, about 35 years of age, had complained of ill health for five years or more, when, according to the testimony of his family, he suddenly became unconscious and was taken to a hospital where he recovered consciousness, but was "delirious" afterward for several weeks, at the expiration of which time his family consulted the writer. I found him in a condition of melancholia with a tendency to stupor, without any of the usual signs or symptoms of nephritis except that his urine contained a plain trace of albumin, and, in the sediment, coarsely granular casts could be found in tolerable number. The casts were, however, all coarsely granular. The fact that no other kidney symptoms were to be found, his heart, blood pressure, and temperature being practically normal, and no variety of tube casts present in the urine, while at the same time the solids were in high percentage, excepting chlorides, led me to exclude nephritis as the cause of his mental condition. The patient lived but a week after that, without regaining normal mental condition, no treatment being of avail. Post mortem showed no gross kidney lesions at all and but very little pathology anywhere except in the brain. Melancholia was, therefore, the primary condition. The condition of the urine in this case is difficult to account for except on the theory that he had as complication the influenza with its accompanying toxemic renal condition, that of acute parenchymatous debeneration, from which he probably had almost recovered when seen by the writer.

Rising at Night to Urinate.—A patient was seen in October who had not the slightest suspicion that there was anything wrong with him, until he found himself obliged to rise several

times at night to urinate. Examination of his urine by the writer revealed a full-fledged case of diabetes mellitus, the usual symptoms of which were not at all marked, the thirst not being sufficient to cause him any great annoyance or to direct his attention to it, his weight had not shown marked decrease, there was no unusual hunger, no constipation, and no symptoms of importance other than the rising at night. The man was thunderstruck when told of his condition, although there was a large per cent. of sugar in his urine, which was of high specific gravity. The total quantity of urine, however, was about normal per 24 hours. Formerly a case of this sort was known as diabetes decipiens.

Urine Analysis and the X-Ray.—Among the manifold uses of urine analysis to the general practitioner is one which perhaps has not been fully appreciated, namely, the value of urine analysis as a talking point for persuading the reluctant patient to undertake other and necessary physical examinations. For example, there are many patients who decline to undergo X-Ray examination on account of the expense which, in the matter of both kidneys and bladder, is considerable when made by a competent operator. It is not unusual for the writer to have cases of supposed nephritis referred to him for treatment, which examination of the urine shows to be not nephritis at all but something else as, for example, stone or tumor. In such cases the urine analysis has always in the writer's hands been successful in obtaining the X-Ray examination. Interesting results from the combined examination of the urine and by the X-Ray are noticed. Thus evidences of renal calculus may be very plain in the urine but not confirmed by the X-Ray, yet later the patient may pass a stone. Hence it is always advisable to explain to the patient that calculi of certain composition as, e. g., uric acid without much lime, may not be revealed by the X-Ray, although the microscopical finding of sharp pointed crystals of uric acid with kidney red cells and leucocytes in the urine is proof positive that such crystals are deposited in the kidney, hence the inference that the condition is one of calculus of the kidney and not nephritis, even if a few casts are found, and the X-ray is negative. Tube casts are quite

frequently found by the writer in calculus of the kidney, and are liable to mislead the inexperienced into believing nephritis the fundamental condition. One patient of the writer passed quite a large stone a day or two after a negative X-Ray examination, which had cost him quite a little money, hence he was inclined to be dissatisfied with the X-Ray operator, a perfectly competent man. However, when it was explained to him that the X-Ray could not cover all compositions of calculi he became more reasonable. On the other hand, splendid pictures of calculi in the kidney have been obtained in the case of certain patients referred to the writer with a diagnosis of nephritis, made by supposedly competent medical attendants.

The urine analysis may persuade the patient to have an X-Ray taken when it has already been done with negative results some little time previously. Thus in one case in which the urine analysis pointed to stone the patient was unwilling to undergo more expense, having had an X-Ray taken a year previously and with negative results. But when the condition of the urine was explained carefully to the patient, she consented to another X-Ray, which showed a stone in one kidney, which stone was removed by operation a few days later.

It must not be forgotten that **irritation from stone may cause malignant growth of the kidney**, hence in old calculous cases the medical attendant must always be on the alert for evidences of cancer either of the kidney or bladder.

Severe Case of Diabetes.—An unusual case of diabetes mellitus was seen by the writer during the past summer. Patient, a young man, about 25, with a history of passing urine over 1060 in specific gravity, containing over ten per cent. of sugar. He had been on a diet, so that when I saw him the sugar was around seven per cent. I put him on the fasting treatment with the unusual result that there was a trace of sugar still to be found in his urine even after the specific gravity fell as low as 1001, and when the specific gravity was 1003 there was nearly three-quarters of one per cent. of sugar in the urine. So far as known this is the lowest recorded specific gravity in which a measurable amount of glucose has been reported.

Unusual Case of Nephritis.—A patient whose general condi-

tion and physical findings other than urinary were deceptive was seen not long ago. The case was that of a young married woman about 27 years of age, who had borne three children without trouble of any kind, who had always been in good health, and who had no idea that any kidney trouble was present, until about a year ago, when she noticed a swelling of the ankles. An examination of the urine was made by her physician at that time who reported it "bad." After a few months' treatment the swelling became better, but a few weeks before consulting the writer the swelling returned. At times also the face and eyelids were swollen. General health otherwise good. Patient was unusually strong, could carry her three-year-old child in her arms for several blocks without complaint of fatigue. Had no aches, or pains anywhere, temperature and blood pressure normal, pulse when examined rapid but perfectly regular. Cardiac apex normal, second sound, aortic, somewhat accentuated. No female troubles present, eyesight good, no cough, no night sweats, no prominent symptoms of any kind other than the edema. Examination of the urine showed the following: Specific gravity of single specimen, 1020; acidity, 38 degrees; urea, 1.65 per cent.; other normal solids proportionately abundant; albumin present, 0.2 per cent. weight; tube casts present in moderate number, very small and slender hyaline and finely granular. Otherwise the urine was not significant. The explanation of her general well-being was, it seemed to the writer, in accord with that offered by Dr. Louis Heitzmann, in the October RECORDER, namely, that the degree of involvement of the kidneys varies considerably in different cases. Moreover nephritis being, as a rule, a focal condition, there may be enough healthy tissue left in certain cases to carry on kidney function sufficiently well for the patient to retain a measurable degree of health and strength. But the writer has seldom seen a case in which the physical strength of the patient at the end of more than a year was as great as in this case described above.

Discrepancies in Acidity Determinations.—The writer has noticed in determining the acidity of urines that in some instances a specimen which is not acid by litmus will show acidity by the sodum hydroxide test with phenolphthalein indicator. For ex-

ample, a 24 hours' collection of urine was examined in November, collected in three eight hour periods. The first period showed with litmus a barely visible red color when blue paper was dipped into it. This specimen with decinormal sodium hydroxide, phenolphthalein indicator, had an acidity of five degrees, that is ten cc. of it were neutralized by five cc. of decinormal sodium hydroxide. The urine of the second eight hour period was frankly acid to blue litmus and gave an acidity of twenty-three degrees with the sodium hydroxide. The third specimen was apparently alkaline to blue paper, that is, made the blue paper still bluer, but gave an acidity of seventeen degrees with the decinormal sodium hydroxide. There is need of a new method of classifying urines according to acidity, and the writer hopes before long to perfect such a method. Already one has been found which separates urines into three classes, the frankly acid, the frankly alkaline from ammonium carbonate, and the partly acid partly alkaline. This new method devised by the writer may perhaps show what kind of acidity of urine is of importance clinically.

Discrepancies in the Specific Gravity.—A curious discrepancy in the specific gravities of urine specimens is occasionally noticed by the writer and no explanation of it has been thus far received. Two specimens of urine, one of day and the other of night, may separately show specific gravities of above, say, 1020, and yet when the two are mixed the specific gravity of the mixed urine may be found to be below 1020 at the same temperature.

A New Stain for Urinary Sediments.—A few years ago the writer announced in the RECORDER the discovery of a new stain for urine sediments which possessed several advantages, in that it prevented the drop of sediment from drying on the slide while the examiner was called, e. g., to the telephone or to see an urgent case, and also had selective staining properties of advantage, in that it stained organized constituents especially, red cells, leucocytes, epithelia and their nuclei, spermatozoa, and tube casts, but did not color crystals, spores of fungi, or amorphous masses.

On account of numerous requests for this stain the writer after assuring himself by three years' use that the staining fluid

is permanent and reliable has decided to put the article on the market at a nominal price covering merely the cost of manufacture and labor.

The fluid among other properties dissolves amorphous phosphates, thus doing away with those masses which may hide tube cases from observation. Spermatozoa are easily found as the fluid stains their tails remarkably well. Red blood cells may be differentiated from spores of fungi as the stain colors spores very faintly but gives a deep color to blood corpuscles.

The fluid is essentially a modification of Lugol's solution of iodine, but has been so devised as to be a marked improvement in several ways over any iodine solution, the color being brighter, the solution depositing no sediment of its own, the tint of the stain being soft and agreeable to the eye, the addition of the fluid preventing the sediment from drying on the slide, and the coloring matter formed having peculiar affinity for the organized constituents of the urine sediment. Several drops of the stain should be added to the sediment on the slide, and it should be well mixed with the sediment by means of a tooth pick, other piece of wood, or glass rod. Failure to obtain results is due to failure to mix the fluid with the sediment, sufficiently thoroughly.

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EDITORIAL NOTES AND COMMENTS

Quinine in Malaria.—Recently, while travelling on Long Island, our attention was attracted by illustrated bulletins upon the prevention and control of malarial fever, which had been posted in the railway station by the state department of health. The information conveyed by these bulletins is excellent in the main, but we must take exception to the categorical statement that "quinine cures malaria." All are advised to take five grain doses as a prophylactic.

We are justified in asking, "Does quinine cure malaria?" Yes, it cures *some* cases, but those only in which it is *homœopathically* indicated. The others are either unaffected by it, distorted or suppressed.

How is it that homœopathic prescribers are so frequently called upon to treat cases which have been supposedly cured by quinine? Why do cases require and r[illegible] such remedies as *Eupatorium, Natrum mur., Pulsatilla* [illegible] f quinine is all-sufficient? The fact is, that it is not all-sufficient and never will be. To maintain the contrary is to deny the truth of the similars.

Briefly, quinine, or, more correctly, *China officinalis*, is indicated under the following circumstances: The prodromal period is marked by *great thirst* and often by canine hunger, nausea and anguish. . The chill is characterized by *absent thirst* and by general shaking coldness all over the body. Following the chill and *before* the heat there is *thirst;* but *during* the *heat* there

is *no thirst.* With the heat there is congestive headache and chilliness on uncovering. The veins are distended.

Then follows the *sweating stage* with *marked thirst.* Sleep with sweat; profuse sweat all over; debilitating sweat.

During the apyrexia, the patient is weak and sweats easily. He is apt to have exhausting night sweats, followed by ringing in the ears. There is loss of appetite, bloated abdomen and scanty urine.

The type is *chiefly* tertian. The paroxysms tend to anticipate by two or three hours. They may return every seven or fourteen days.

Quinine *causes,* hence *cures,* these symptoms, and unless these are present, it cannot apply. Individualization is the essence of homœopathic practice; without it, we flounder in the muck and mire of therapeutic empiricism. Make your choice!

Calendula for Fresh Wounds or Burns.—In the *Medical Summary* Dr. J. E. Layton, of Orange, California, adds testimony to the well-founded virtues of the marigold, *Calendula officinalis.* He writes as follows:

"As I wish to help many now going over to the western front in France that may be wounded or scalded by fire, I would say that for 30 or 40 years I have used the diluted tincture of calendula (common marigold) as a local application with unbounded success. It is a germicide of great value, and very healing when used upon fresh torn flesh or cut wounds, as well as in scalds or burns, where the skin is denuded. All one has to do is to cleanse the parts of any dirt by water, then after the bleeding, if any, is stopped bandage up lightly and constantly apply diluted tincture of calendula (marigold). Dilute the tincture about one-half or more. Nothing more is necessary, nor do the cloths or bandages have to be changed only occasionally. It is absolutely one of the most reliable healing fresh wound applications in existence, being both antiseptic healing and germicide. Be sure to get a genuine calendula made from the flowers gathered fresh. There are thousands of them in this State (California), the flowers are a yellow and brown color with fine leaves on the plant similar to tansy, and the flowers have a peculiar rank odor;

and the plant grows two or three feet high if attended to. The tincture can be made by anyone by just gathering enough of the flowers and put them in a glass or porcelain vessel and add enough diluted grain alcohol (or whiskey can be used) to cover the flowers; let this stand for six or eight days, then strain through a fine clean cloth; then it is ready to use. I think if some of our soldiers would carry a 4 or 8 ounce bottle of this with them, or if the Red Cross could have gallons of it to use in emergencies it would be of very great benefit. I have positively used this for many years with perfectly satisfactory results, and know of its merits, having practiced forty years of my life."

To all of which we can add assent. Medical men, however, are curious creatures and precious few of them, in our experience at least, will pay even the slightest attention to calendula. To the average surgeon, calendula is practically unknown, yet our older surgeons of a bygone age, such as Helmuth, for example, knew and fully appreciated the great value of this remedy.

Nowadays the surgical fraternity seems to prefer the synthetic preparations of wonderful chemical composition and the more complete the chemical formula or equation, the more unpronounceable the name, the greater is the demand. The shrewd Germans, until the outbreak of the war at least, catered to this American weakness of worshipping at the shrine of foreign-made goods and literally deluged us with their mystifying products. We are now finding out, thanks to the alien property custodian, that there are a few things which even "die idiotischen Amerikaner" can produce.

It is not too much to hope that even the medical profession will, perhaps, be penetrated by the idea that old Dame Nature is a pretty good chemist herself and that when she made such plants as marigold, St. John's wort, comfrey, and arnica, she did a pretty good job and one of which we can well afford to take advantage.

As a simple dressing for lacerated wounds or for burns, nothing is more saisfactory than the application of sterile gauze, saturated with a mixture of calendula, 1 part; glycerine, 8 parts (a drachm to an ounce). Those who have not tried it, have no conception of its efficacy.

Thallium.—Tl. atomic weight 203.7. Trituration. Solution of the sulphate has been used. Clarke, of London, states that the drug has been experimented with by Lang and Marmé, and in his "Dictionary of Materia Medica" gives a brief resumé of our knowledge of its action which, in large measure, resembles that of *Plumbum.* Hence, the drug may be expected to possess value in paralytic conditions, such as are found in locomotor ataxia and paraplegia. In fact, in the proving of this element, as found on p. 582, Vol. IX, of the ENCYCLOPÆDIA OF PURE MATERIA MEDICA OF TIMOTHY FIELD ALLEN, is stated this strongly indicative symptom, *"The trembling and more or less complete paralysis of the lower extremities."*

Other effects suggest the use of *Thallium* in pulmonary tuberculosis, also in the night sweats of this disease. Emaciation is produced by the drug. The severe pains of tabes dorsalis are said to have been relieved by it. Its use has caused profuse falling of the hair and baldness within a few days. The remedy should, therefore, be of value in the alopecia following acute exhausting diseases such as typhoid and possibly in alopecia prematura.

Editorially, we confess to a mildly selfish interest in the latter condition; possibly some of our readers may have had experience with *Thallium* in this direction. If so, we shall be glad to hear from them.

Nux Moschata in Indicanuria.—Unusual drowsiness is a symptom found among others in indicanuria, and is at times extremely marked, so much so that the term overpowering drowsiness is justified. The same symptom is found in *Nux moschata,* and this remedy has relieved this symptom when found in indicanuria. Clinically, therefore, *Nux moschata* and indicanuria are related.

But inasmuch as the provings of our remedies were mostly made before the significance of indican was known or understood, we cannot select our medicines on this objective finding alone. Theoretically, any remedy may be indicated in indicanuria, practically few probably are. Of these, *Carbo veg., Nux vomica, Sepia, Lycopodium,* etc., would seem to be most likely.

If we mistake not, Griggs, of Hahnemann College, Philadelphia, has shown that *Indol* in its homœopathic proving, has produced marked drowsiness. Cases cured by *Indol* 6th have been reported. Whenever possible, observant prescribers should note the presence or absence of indican in the urines of their patients, and in the event of its disappearance, note the remedy responsible for the cure. Of course, the influence of a properly regulated diet and regimen must not be overlooked in this connection.

Ledum Palustre in the Treatment of Acne.—Facial acne, whether acne rosacea, or the common garden variety, acne vulgaris, is always a stubborn disease to prescribe for, particularly when the patient behind the acne has few or no symptoms upon which to base the selection of a remedy. Under the latter circumstances prescribing is apt to be more or less in the nature of guesswork, or else one is compelled to resort to the method of old Jahr, as outlined in his "Forty Years' Practice," and give a series of remedies, commencing with *Sulphur,* following with *Calcarea,* then *Lycopodium,* and so on. This method is not a bad one, albeit hit or miss, yet sometimes productive of surprisingly good results.

Since Jahr's time, however, we have learned to know the value of such remedies as *Arsenicum brom., Kali brom.,* etc., but we must not forget such old standbys as *Eugenia jambos* and *Hepar sulphur,* which have an honorable record in this condition.

Ledum is to be thought of where the blotches are of large size, red and prominent, especially upon the nose and cheeks, often in those who are overfond of alcoholic liquors and who are easily heated. *Ledum* likes cold—air, applications; anything cold is agreeable to the *Ledum* patient, and in this respect *Ledum* resembles *Pulsatilla* and *Lac caninum* especially, both of which remedies find relief from cold air or applications to painful inflamed parts.

A young married woman in most excellent general health, but who had developed a very unsightly acne of the cheeks, with marked redness of the face, presented absolutely nothing subjective on which to base a prescription. Several remedies, sup-

posedly homœopathic to the eruption as near as could be determined, were prescribed in vain. The appearance of the eruption, its fiery, angry redness and the suspicion—pretty well founded—that her father had been a convivial imbiber of the cup that cheers and may inebriate, together with the important fact previously overlooked, that this patient abhorred hot weather, but delighted in cold, led finally to the choice of *Ledum,* which in a few doses of the higher potencies cured most pleasantly.

Thus after all we really had found a symptom totality upon which to prescribe and one embracing both *subjective* and *objective symptoms.* And so, once more is impressed upon us the importance of the art of case taking, without which no man can become a successful prescriber.

Therapeutic Reflections.—At this writing the influenza epidemic is decidedly on the wane and we may indulge in a little calm reflection. The disease has, so to speak, burned itself out, and now languishes for want of more human material. Those most susceptible or predisposed have as usual, succumbed; the immunes, on the other hand, have gone blissfully about their business, unscathed and untouched. Hence we may with safety predict that no such epidemic as this one has been will occur next year. That those who have had the disease are now immune there is no doubt, but how long this immunity will last no one can tell. The abstraction of the blood of immunes and the further injection of its serum into the veins of those still free from influenza has a scientific basis to commend it, inasmuch as in this manner we are furnishing *antibodies* by the wholesale as a prophylactic agent. The fly in the ointment, however, consists in the fact that we can never prove the efficacy of this alleged prophylaxis, and such artificially immunized subjects may never have contracted the disease any way. Our own experience would seem to show that those who have always had careful homœopathic prescribing are the best resisters to infection, and that post-influenzal immunity can apparently be best established by the administration of occasional unit doses of *Tuberculinum* in ascending potencies.

The *Tuberculinum* patient is one who is constantly "catching

cold" from slight exposure. He is prone to feel tired from slight effort, is inclined to sweat easily on exertion, is subject to chronic catarrhal inflammations, especially nasal and post-nasal, with thick yellowish or yellowish-green mucous discharges. Wet weather causes a general aggravation, whereas dry, clear, cold weather is grateful to him. Cold open air, even cold wind, makes the *Tuberculinum* patient feel better. In a sense, he is a sort of greater *Pulsatilla* with a dash of *Calcarea carb.* thrown in. His acute troubles will often need the former remedy, while his chronic state will fail to be aided by the latter, except temporarily.

The lamented McConkey, of San Francisco, of deep insight in the philosophy of Homœopathy, some years before his death, in a brilliant article, pointed out that Hahnemann's psora and our modern conception of tuberculosis are absolutely one and the same thing. Abundant observation would appear to verify this, and it is certainly true that those affected by influenza and pneumonia are frequently of the tuberculous type. In fact, pneumonia is, in a sense, nothing more or less than a miniature tuberculosis.

As a complication or extension of the influenza, pneumonia, particularly lobular pneumonia, has been of tragically frequent occurrence. For the week ending October 26th, *e. g.,* U. S. Government reports show that in greater New York alone there were 2,251 deaths from pneumonia of all forms. In the light of this report we certainly ought to be possessed by the spirit of deep humility—with all our boasted medical science, what have we done? More properly, though, this question should be addressed to our friends of the Old School, who have been aimlessly drifting about on the sea of therapeutic uncertainty, without rudder, chart, compass or anchor. Acetanilid, aspirin and the rest of the skull and bones brigade have been doing their deadly work and, be it said, have done it nobly. No wonder that many O. S. men are tying to *Digitalis* which, at least, has the merit of supporting the heart, and in the language of the sporting fraternity, giving the patient a run for his money.

We all know that in pneumonia therapeutic mistakes are apt to be fatal, and that once the toxæmia has got the upper hand the mortuary chapel is near.

Bryonia should not, therefore, be given when *Phosphorus* is required, and vice versa. The physician who boasts of seeing sixty to eighty cases a day is not able to prescribe correctly or successfully. The thing can't be done! It may be good business, but it is very poor science. To prescribe successfully for the pneumonia patient requires that the physician sit down quietly at the bedside and calmly contemplate the case from every side and angle. We homœopaths are compelled to treat patients, not diseases and the recognition of the symptom image is by no means always easy. He who is not dominated in his actions by law and principle is likely to be easily stampeded, so that his therapeutics become a jumble of unrelated and antagonistic remedial measures.

Fortunately for the doctor, Nature often "blunders through," and many a patient has finally recovered in spite of his overzealous medical adviser.

An amusing phase of the epidemic has been the newspaper notoriety given the department of health. Glaring and overgrown headlines have informed us that "The Crest of the Wave" has been reached, according to the august announcement of the department head, only to find that the following day has deluged us with a mountainous wave of new cases. "The epidemic is now controlled" has been another favorite announcement. Just how controlled is not exactly clear; but since this pronouncement has been timed to coincide with the commencing wane of the disease we may be content to accept it for what it is worth and let it go at that.

The most frequently required remedies, both for the influenza and pneumonia, have been *Bryonia, Eupatorium perf., Gelsemium, Phosphorus, Rhus tox., Ferrum phosphoricum,* and *Iodine.* The indications for these are well known to us all. Of course, other remedies have also been indicated. Among others we saw a broncho-pneumonia which had begun upon and rapidly spread from the right side. The ten year old patient was doing nicely on *Phosphorus* when, without discoverable cause, a sudden extension of the disease to uninvolved lung tissue took place with a sharp rise of temperature. *Ferrum phos.* took the sharp edge off the violence, but did not check the process. A ma-

hogany-red right cheek (upon which the child had not been lying, thank you) was sufficient to arouse our Sherlock Holmesian sense of the mysterious. Judicious diplomatic sparring revealed the fact that our little patient objected to having her feet warmly covered. This trinity of symptoms, flushed right cheek, wants feet cool, right-sided pulmonary complaints, was quite sufficient to serve as the foundation for our therapeutic stool.

Of course, *Sanguinaria can.* was given q., 3 hours, and in the ridiculous 200th. Within twelve hours the temperature dropped to normal and remained there. Gentle reader, we defy any O. S. man to perform the same stunt! It can't be done.

Neither can it be done by the routine prescriber, to whom pneumonia spells *Acon., Bry., Phos.* and *Ant. t.* Successful prescribing is an art and to master the art means more than a superficial knowledge of a few headliner keynotes, in large type. Treat the patient, not the disease!

Water Hemlock Poisoning —The following account of the effects of poisoning by *Cicuta occidentalis* is of value to homœopathic prescribers. *Cicuta virosa* was proved and used by Hahnemann, and, as every homœopath knows, has many times proved itself a valuable remedy in the treatment of convulsions. The symptoms here given correspond nicely with those found in our provings.

We well recall a case of infantile convulsions held under control with the aid of chloroform narcosis in the hands of another physician, but which returned with renewed violence as soon as the chloroform was withdrawn.

Although the teeth were tightly clenched and unconsciousness was complete, a few pellets of *Cicuta virosa* 200th were placed between the child's lips and held there. Within two minutes at the longest the child heaved a long, drawn-out moan, evacuated a large watery stool and fell into a natural sleep. At the end of twenty minutes she awoke and asked for a piece of bread. No further convulsions followed, and the child is now a very sprightly young lady in the best of health.

One swallow does not make a summer, and the striking circumstance may have been purely a coincidence—but homœo-

pathic prescribers have often witnessed such coincidences and can value them at their real worth.

Dr. Mary R. Stratton, Denver: Eleven boys, between the ages of 8 and 12 years, were seriously poisoned by eating the root of the water hemlock or *Cicuta occidentalis*. Two of the cases were fatal. The boys had eaten the root after 6 o'clock while out on the grounds after their evening meal. They were taken sick in about an hour after eating. Those first taken sick had been in convulsions between thirty and forty minutes when I first saw them—others for a much shorter time. The sickness began with acute cramp or severe pain in the stomach, with an inclination toward a bowel movement, and vomiting. Mostly the vomit was a clear, frothy fluid. Those that vomited the stomach contents were not so sick. They then became dazed and fell wherever they were and went into the most frightful convulsions and unconsciousness. None of them remembered anything about the events of that night when they awoke in the morning. The spasms were of a tonic character, with cyanosis and frothing at the mouth. The pupils were widely dilated, with the eyes open, eyeballs rigid and no corneal reflex. With some, the eyes were rolled up and the head drawn backward when they went into the convulsions, and they became rigid in that position. In the case of others, the eyes were bent downward and the head forward. The jaws became locked, and it was impossible to give them anything by mouth. The legs were somewhat parted and partly flexed. The arms partly flexed and held from the body, the hands clenched and finger nails blue. The muscles of the whole body were rigid and hard. In those who had been in convulsions some time the pulse was fast, irregular and weak. During the severe convulsions, the breathing was interfered with to such an extent that the face was blue and livid, and one wondered if they might not die from suffocation. The external surface of the body was cold. There was no bowel action or urination during the convulsions. Once in a while the convulsions would relax only to return again.

The treatment consisted of the stomach lavage with a weak tannic acid solution, hypodermic stimulation, chloroform inhalations for the convulsions or twitching and a dose of salts in the morn-

ing. Those who vomited and evacuated the stomach thoroughly at the beginning had a good prognosis. The poison is absorbed rather slowly from the stomach, so that if the stomach is evacuated, even some time after the drug has been taken, it will often prevent a fatal termination.—*J. A. M. A.*, Oct. 19, 1918.

OBITUARY.

Erastus Ely Case, M. D., son of Norton and Eliza Case, born 28 May, 1847, in Canton Centre, Conn. Lineal descendent of John Case, the first settler of Simsbury, Conn. Educated in public schools of his native town and Williston Seminary, from which he graduated in 1868. B. A., Yale, 1872; M. D., N. Y. Hom. Med. Coll., 1874. Married, 1st, 14 Oct., 1874, Sarah M. Griswold, of East Granby, Conn., who died 14 Oct., 1883. Children, Herbert Monroe, Helen Eliza, and Clarence Norton Case. Married, 2d, 24 Feb., 1886, Mrs. Emorette Holcomb, of Canton, Conn. Child, Everett Erastus Case. Four grandchildren and a step-daughter, Miss Jessie M. Holcomb. Member for many years Fourth Cong. Church, Hartford, of which he was Deacon and member of Society's Committee. Later, member of Windsor Cong. Church. President Conn. Hom. Med. Society, 1889-'90. President International Hahnemannian Association, 1901-'02; after serving five years as its Secretary. Member American Institute of Homœopathy. Congregational Club of Hartford. Knights Templar, Washington Commandery, No. 1, of Hartford. Republican.

Died, 27 Oct., 1918, at his home in Windsor, of influenza and pneumonia. An automobile accident in 1916, from which he barely escaped with life, injured his heart and reduced his vitality, leaving him defenseless when attacked by the prevailing disease.

Erastus E. Case, M. D.

In the recent passing of Dr. Erastus E. Case, of Hartford, Conn., Homœopathy loses one of its ablest, most conscientious and successful practitioners.

Naturally of a studious and retiring disposition and modest to a fault, he sought no honors or advancements other than those which come naturally to a physician who is devoted to his work as a healer of the sick.

The confidence, gratitude, and affection of his patients; the respect of his colleagues, manifested in the interest and attention accorded to his papers and the unsought presidency of two medical societies of which he was a member—these were the simple outward honors that satisfied him.

More precious even than these was the inward consciousness of pure and unselfish motives; of loyalty to Homœopathy; of time well spent and work well done.

His life was clean, simple and unostentatious. His was a serious and reverent mind, not given to trivialities and jesting. Always he was a gentleman.

There was much of the old Puritan spirit in him when principles and practices were involved. In Homœopathy he stood firmly for purity of practice, perfection of technic and fidelity to principles. But he was gentle —not combative. He did not argue. He told the simple story of his successes with the single, similar remedy in minimum dosage, without egotism, bombast or personalities. He relied upon the truth to vindicate itself—and him.

He did not philosophize much. His mind was pre-eminently practical in its workings, although he was quick to sense any deviation from the straight and narrow way in practice, or any perversion of doctrine in teaching.

To heal the sick according to the strict principles of Homœopathy as laid down by Hahnemann in the Organon of Medicine was his mission and his highest ideal. No man ever applied those principles more conscientiously nor more successfully than did Dr. Case.

A visit to his big, sunny office, high up in the Sage-Allen Building, overlooking on the south and west the city, the river and the distant hills, was a pleasant experience. Here, surrounded by his books, his files of records, his medicine cabinets, his pictures and his "tools of trade," he did the work for which he was famous.

He was a most painstaking and conscientious examiner, systematically writing down every important symptom of each case, and every change occurring during treatment. Each case was carefully studied and the remedy worked out by the repertory method of which he was a "past master."

Dr. Case had to a very high degree the ability to discern the essential elements of a case upon which a homœopathic prescription is based. He studied and sifted the symptoms until the characteristics of the remedy stood out clear and distinct. If the record of the first examination did not contain these elements he continued his delving into the history until he found them. He would not prescribe until he was sure of the remedy, and having found it he would not change it until it had either developed its action or proved itself unsuited to the condition. He was patient, persistent, and courageous—he knew how to wait.

He was an acute observer, an able diagnostician and an accurate prescriber. He had to his credit many remarkable cures of cases supposed to be incurable—all worked out to a successful issue by the strict application of homœopathic principles.

Dr. Case published, from time to time, series of cases, so concisely stated, so admirably constructed, so systematically worked out and so brilliantly cured that the International Hahnemannian Association, before which many of them were presented, did him the unprecedented honor

to request him, in 1915, to collect and publish them in a volume, together with such other articles on the practice of medicine as he thought fit to include.

Although overburdened with work, he consented, and the volume of 226 pages was published in 1916. The entire edition was bought by the members of the association and colleagues who appreciated this crowning achievement and masterpiece of a great prescriber.

It is safe to say that no more valuable and important illustration and verification of the principles and methods of Homœopathy has ever been published. Every case reported is a model of clearness, conciseness, and completeness. The characteristics of each remedy and the results of its action are vividly brought out. The brief comments are always illuminating. The method by which the case was analyzed and the remedy selected is often given. Many verifications of new or rarely used medicines are presented in most attractive form. Practical hints and suggestions appear on almost every page. Deductions from experience are clear and logical. Through it all shines the modesty, the tender sympathy with man and animals (some of the most charming cases reported are those of sick animals), the love for his work, and the fidelity to principle which characterized the man in all his relations.

Dr. Case's book takes its place as a classic with the two other great books of its type which have enriched homœopathic literature—Jahr's Forty Years' Practice, and Edmund Carleton's Homœopathy in Medicine and Surgery (1913).

No man can read Case's Clinical Experiences without being impressed by the honesty, sincerity, and ability of the man and the truth and reliability of the art of healing which he practiced. To Dr. Case Homœopathy was a science, an art, and a religion. To it he gave all the devotion of an humble, teachable spirit and a highly trained mind for forty-four years. What he accomplished for the amelioration of suffering and the cure of disease during those years can best be appreciated by those who have trod the same path and followed the same methods, although they may not have been so long in the way.

His example as well as his bearing was an inspiration to all who came within the sphere of his influence. His contributions to journals and his personal appearance before the societies of which he was a member were always awaited with eagerness and received with deepest attention.

He taught and influenced a number of young physicians to follow the classical methods of Hahnemann and his greatest followers, and in so doing helped to perpetuate Homœopathy.

Dr. Case had a "Hobby." Like other men who devote themselves intensively to a special line of professional work, he felt the necessity of change and relaxation for the mind. He found this diversion in genealogy. For nearly twenty years he occupied his leisure hours in compiling a Genealogy of the Case Family. This involved a very extensive

correspondence. The writer is under the impression that Dr. Case told him he had written about 18,000 letters during the period occupied in the compilation. He spoke with enthusiasm of the pleasure he had derived from this work, which was at that time (1917) nearly completed and ready for publication. A desk in one corner of his office was set apart for his Genealogy. To friends who were interested he took a modest pride in showing the methods and results of his work.

Mrs. Case writes:

"He enjoyed Nature in every manifestation and loved his country home, finding rest and recreation in the cultivation of his garden, the care of bees, and the culture of fruit—grapes especially—and was very successful in all of these pursuits.

"He was a very good violinist some years ago, but was unable to play in later years."

STUART CLOSE.

Dr. Alfred Drury.

After a brief illness, Dr. Alfred Drury, of Princeton, N. J., died on July 9th, at Ocean Grove, of pneumonia. Dr. Drury was at Ocean Grove occupying the office of Dr. H. B. Dorr, who had entered the army medical service, and the doctor was assisting Dr. Joseph H. Bryant, of Asbury Park, in his summer work, while waiting for his own commission in the X-Ray department of the army medical service. His commission as a lieutenant arrived one week after his death.

The doctor was well known and universally loved by all in his profession. He was in attendance at all the meetings of the New Jersey State Homœopathic Medical Society, and was a frequent visitor to the meetings of the American Institute of Homœopathy.

Doctor Drury was a graduate of the New York Homœopathic Medical College in the year 1899, and for some years practiced his profession in Paterson, N. J., later removing to Princeton. His boyish, frank, lovable disposition will not be forgotten by his many acquaintances and friends. A widow and two children survive him.

PERSONAL.

Nov. 6th, 1918.

Editor of the HOMŒOPATHIC RECORDER.

I am glad to learn that Boston University School of Medicine has not "abandoned the teaching of Homœopathy," as stated in my article in the August issue of the RECORDER.

The statement was made upon what appeared to be good authority and in good faith, as an expression of deep regret.

I regret the error and trust that this correction will be given currency.

STUART CLOSE.

Dr. R. F. Rabe, Editor THE HOMŒOPATHIC RECORDER.

Dear Doctor:

Dr. Frank B. Monroe, a graduate of the Cleveland Homœopathic College in 1880, died at his home in Battle Creek, Michigan, August 19th, 1918, of heart trouble; his death was very sudden, being sick but three days.

For several years Dr. Monroe was engaged in general practice and gave several years to surgery, having been surgeon for several railroads.

About fifteen years ago he came to Battle Creek and engaged in special work along the nerve and blood disease line, doing an office practice almost exclusively.

At the time of his death he had a very extensive practice; in fact, one of the largest in the State. He was a regular reader and admirer of the RECORDER, of which he was an old subscriber and a firm and staunch believer in Homœopathy.

Very sincerely, F. B. MONROE, JR.

413 Post Building, Battle Creek, Michigan, October 21, 1918.

Dr. Mary Parker announces her removal on September 1, 1918, from 83 Beattle Street, Cambridge, to Mather Court, 1 Waterhouse Street, corner Garden Street.

Dr. Harry B. Baker announces that he has resumed his practice. He will give special attention to chronic diseases. From November 1st he will be associated with Dr. C. W. Taber at 105 West Grace Street. Office hours: Dr. Baker—9 a. m. to 1 p. m daily; 4 to 6 p. m., Tues., Thurs. and Sat. Dr. Taber—3 p. m. to 5 p. m., Mon., Wed. and Fri.

Dr. J. C. Fahnestock, of Piqua, Ohio, announces that he will be in Palm Beach, Florida, on December 15th for the winter season. Homœopathic physicians whose patients may visit this resort during the coming season will be glad to know that Dr. Fahnestock can be called upon if needed.

January 15, 1918.

Vol. XXXIII No. 1

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E. P. ANSHUTZ, M. D., Editor.

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February 15, 1918.

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August 15, 1918.

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