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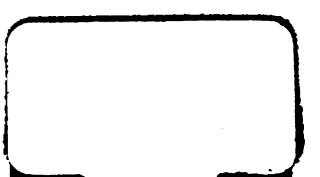

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NORTH AMERICAN JOURNAL OF HOMOEOPATHY

Original Articles in Medicine

MULTIPLE NEURITIS*

BY JOHN E. WILSON, M.D.

New York

WHILE there has of late been a disposition to include a much greater number of cases under the designation of multiple neuritis than was formerly the case, owing to the demand for an explanation of many anomalous symptoms it still seems to me that there is room for the profitable discussion of the points of difference between this disease, in its typical and classical type, and other forms of nervous disease which might be confused with it. Errors of this class are common and are not only deplorable from the view-point of the patient but also from that of the physician. Some other nervous disease may present many points of similarity but the prognosis and treatment may be so different that an error in diagnosis may imperil the health and perhaps as well the fortune of the patient and at the same time cover the physician with humiliation or, deceiving him as to the potency of his therapy, invite future disaster.

Without further prelude I shall briefly sketch the broad characteristics of multiple neuritis, as generally accepted, and then, in another paper, point out the equally typical differences by which similar diseases may be differentiated.

Multiple neuritis usually arises from intoxication by some one of the various poisons of which alcohol, lead, arsenic and illuminating gas are the most common; also from the effect of the various toxines elaborated in the course of the infectious diseases, of which diphtheria is the most potent. It may result from rheumatism or

*This article will be followed by one by the same author on "The Differential Diagnosis of Multiple Neuritis."

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from an endemic condition like malaria or be the result of cachexias like senility, arterio-sclerosis, tuberculosis or diabetes. In this connection it is well to bear in mind that here, as in many other conditions, we may be forced to appreciate what had been for long a predisposing condition which was delayed in its manifestations until a suitable exciting cause had been brought into action. Thus: a man may have been an alcoholic for a long time and yet have had no neuritis but under the added strain of hardship or exposure it speedily became manifest. It will make a great deal of difference with the rate of that man's recovery whether we shall attribute that neuritis to alcohol or to the effects of cold or wet. Take another instance. Mental changes of peculiar severity are not unusual in cases arising from alcoholic intoxication. In the presence of such a psychosis a proper appreciation of the fact that it is not unusual in such conditions and that it is a transient symptom will lighten the burden of the physician and relieve the anxieties of the relatives.

Multiple neuritis is a disease of the prime of life since neither children nor the aged furnish any great proportion of the cases. Children do sometimes acquire it from diphtheria (by far the most common adolescent cause), from arsenic (generally its therapeutic use), and also from malaria and as a sequel of measles. It is of interest to note that multiple neuritis from diphtheria has been known to occur when no sign of the causative infection had been observed and that in any event it does not tend to immediately succeed the infection but is apt to delay its onset until from one to three weeks after the subsidence of the original malady. The neuritis from malaria is exceedingly prone to be limited to the legs.

In adults alcohol is a more potent cause than all others combined and the victims are not those who indulge in an occasional debauch but on the contrary are those who regularly consume the stronger alcoholic liquors and are apt to class themselves as moderate drinkers. Investigation has revealed to me that in every case they consume a large quantity with great regularity.

The females who succumb to this particular poison, according to most statistical tables, outnumber the males by about four to one. Starr claims that the males preponderate. This has been attributed to the fact that their habits of life are not so favorable to the elimination of alcohol; and such is undoubtedly the truth but a sociological fact must also be taken into account. Women drink from a different reason than men, they are apt to be solitary drinkers, their nervous systems are less resistant and taking into account all the factors I think that they drink more relatively to their body-weight and powers of resistance than do men and per thousand of drinkers furnish

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far more cases of neuritis. On account of the greater probability of male exposure to hardship and exposure (exciting causes) and to the effect of poisons used in the arts, all causes being considered, there is a practical equality of morbidity in the sexes.

The onset may be very insidious, far less often abrupt, but rulably is subacute. Thus; a severe alcoholic case may become totally helpless in a few hours up to a few days but generally full development will only be attained in from three to six weeks. The disease may be inaugurated by a chill followed by a fever but more often by a fever without any preceding chill. This will be a rise of only a degree or two which drops after a few days but is liable to recur from time to time or it is, less often, a persistent symptom. It has been known to go as high as 103—4. The pulse is apt to run from 80—100 all through the attack and has no evil portent but if it rises to 130—160 it indicates an implication of the cells of the nucleus of the pneumogastric and is a sign of positive danger to life.

The most prominent and constant symptom is some grade of motor paralysis. This may be so slight that careful comparison of analogous parts may be necessary to detect that there is some loss of power in a member or only a single muscle, or on the other hand, it may be so severe and widespread that the whole body is involved. In such cases multiple neuritis may be a direct cause of death by implication of the thoracic and cardiac muscles. It may be affirmed as a safe guide, however, that, with the exception of alcoholic cases which are so severe as to excite our alarm from the beginning and diphtheritic cases which selectively attack the organs of speech, respiration and cardiac action, the motor and sensory symptoms are confined to the peripheral portions of the extremities. It is a paralysis of the forearms and hands and of the feet and the legs below the knees. It is a fact of equal diagnostic and prognostic value that it is not only initially a disease of the extremities but also that it confines itself to those localities throughout the whole duration of the disease except in those fulminant cases which declare their character within the first few days. Neuritis from lead has the peculiarity of the primary invasion of deltoid and the shoulder region and that it spares the supinator longus in the forearm from the fact that its point of attack on the musculo-spiral is confined to the portion lying below the point where the branch is sent off to the supinator. The accessory symptoms of a lead-neuritis are, however, too plainly marked to invite an error in diagnosis.

Symmetry of distribution is a most valuable diagnostic symptom; it is always evident even in those cases where only a muscle or two on a side is involved. Symmetry in this connection means that

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if one hand is paralyzed the other will be similarly affected, and that the other extremities will be subject to the same rule, but it does *not* mean that they will be equally disabled. As a fact the last member affected is always more superficially involved, and will be the site of the earliest symptoms of recovery.

The phenomenon of selection is not delimited when one points out that it is a disease of peripheral nerves, since it is selective even among those, affecting only the peripheral portion of the musculo-spiral in the upper extremities and the anterior tibial in the leg. Since the musculo-spiral contains the nerve-fibres which innervate the extensors of the hands, we can readily understand that wrist-drop will be a prominent symptom of the disease; and since the power of flexing the foot upon the leg and also of abducting it rests upon the integrity of the peronei, and that their nerve-supply comes from fibres carried to them by the anterior tibial, it is a natural result that a degeneration of this nerve should be followed by such a dropping of the foot, and that an inversion of it should be one of the initial and striking symptoms of multiple neuritis.

The muscles of the eye are not usually affected, but when diphtheria has been the cause of the attack, in about one case in ten we shall find either diplopia (double vision), or squint, or ptosis (dropping of the upper lid). Some of these ocular symptoms may occur in alcoholic cases, but with a far less degree of frequency. A peculiarity of the ocular symptoms from diphtheria is, that it often initially attacks the ciliary muscle, and gives rise to a distinctive aberration of function. In such cases, the resulting paralysis is to accommodation, and not to light, which is the exact reverse of the condition obtaining in tabes or locomotor ataxia, i. e., the Argyll-Robertson pupil. Moreover from diphtheria, pupillary contraction may be replaced by dilatation, and the two pupils may be unequal.

The function of sight is practically the only one of the special senses which is compromised in multiple neuritis. Almost any of the poisonous metals or gases which are efficient in producing a multiple neuritis, are capable of producing an amblyopia (dimness of sight), and such an effect is the result of a degeneration of the fibres of the optic-nerve at some point behind the ball of the eye: so-called retrobulbar neuritis. Such a process may occasionally be preceded by choked disc, and therefore confuse an early diagnosis, since this is one of the essential symptoms of cerebral tumor.

The reflexes are notably deranged in this disease. The superficial or skin reflexes are always reduced, and are generally absent, while the deep reflexes are lost, or are so near extinction, that sometimes a very careful examination is necessary to demonstrate that

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although feebly marked, they are still present. There is apt to be variation in the distribution of such reductions, since there will be no loss, if the nerves going to the muscles making up that reflex-arc are still intact. We may therefore find a patient with a greatly diminished Achilles-jerk, and an unimpaired knee-jerk, or there may be an absence of wrist-jerk, and unimpaired reflexes in the upper arm. At the outset there may be an over-action of the knee-jerk, and other deep reflexes, owing perhaps to an over-irritability of the muscle-elements. Since alcohol is very apt to depress the appreciation of muscle and tendon tension, we are apt to find Romberg's sign (inability to stand without abnormal swaying, if the feet are held parallel, and close together while the eyes are closed), and if undue importance is attached to a single symptom of a disease it might lead one into an error in diagnosis, since this is one of the fundamental symptoms of locomotor ataxia.

The so-called organic reflexes, the sphincters of the rectum and bladder, are never actually affected, except rarely at the outset, and their apparent involvement in certain widespread and severe cases of multiple neuritis is actually an evidence that the intelligence and not the sphincters have been diseased. An actual impairment indicates that there has been simultaneously an organic degeneration of the cord and this is a possibility in all cases, but it is only a possible, and not a probable event.

Sensation is always disturbed; it is an early, and often the earliest symptom; but among cases of multiple neuritis from all causes, it is latest in appearance, and least in severity in those resulting from an intoxication by lead. As an initial symptom it is a tingling or numbness in the extremities, which becomes a severe pain, and an exquisite soreness, so soon as the inflammation in the nerves becomes pronounced, and tends to fade out into some variety of sensory loss when the disease has become established. This pain is in the radiation of the nerves into the muscles, and produces the soreness referred to, and is also found about the joints. The nerve-trunks become sore and swollen from a secondary inflammation set up in the interstitial tissues from the action of the toxines liberated in the primary degeneration of the nerve-fibres, and this soreness and swelling is a diagnostic symptom of prime importance, since it is always present in some degree. It is most marked in cases arising from alcohol, and least in those from lead. Any girdle-pain (a sharp pain radiating about the trunk in a definite line) is not, however, a symptom of neuritis, but on the contrary denotes a conjoined organic affection of the cord, or rules out altogether the diagnosis of multiple neuritis.

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Anesthesia is another variety of sensory change, which comes on later, and is quite diagnostic, from the peculiarity of its distribution. It is so from the fact, that the insensitive areas are just such as would result if a glove or stocking had been pulled over the extremities. Hysteria displays a confusing similarity in the peripheral distribution of its anesthesias, but always has similar areas upon the trunk which are left unaffected in multiple neuritis. This anesthesia may be for all forms of sense perception, viz., touch, pain, temperature and the appreciation of pressure and tension upon tendons and joint-surfaces; but usually perception of touch is lost or diminished greatly, the rate or appreciation of pain and temperature is delayed, but sense is acute, pressure impaired, muscular sense less often. When this last is affected we find some grade of ataxia.

A return of tingling in a previously insensitive area is a sign of impending recovery.

Tremor is common to all cases from all causes, but it is peculiarly early and pronounced in cases arising from lead, and least in those from arsenic. In such it is first seen in the fingers, i. e., from lead. Mercury is such an infrequent cause of neuritis, that by some authorities its potency is denied, but in any event it is certain that intoxication by mercury is marked by a very pronounced coarse tremor (from four to five vibrations to the second) which is universal, while alcoholic intoxication produces a tremor which is general, except that the face is spared with the exception of the lips. These display a tremor on attempted rigidity, which is like that of general paresis. Tremor is apt to last until the termination of the attack, and arises from the unequal degeneracy of the whole nervous system. There is no longer that equality of tension to keep parts in what we term a state of rest which is actually a state of equal tension.

Atrophy is rapid and complete but it confines itself to the distribution of the musculo-spiral and of the anterior tibial except in those rare cases, before mentioned, where the disease has become generalized. In cases of long standing and great severity the atrophy will become general but only a part will be the direct result of the neuritis since a large proportion will depend upon the enforced disuse of unaffected muscles. In some cases the atrophy will be very selective and only manifest itself by a tapering and glossiness of the finger-tips as in a wasting illness. If the atrophy is so severe as to produce bedsores it indicates that there is an actual lesion of the spinal cord joined with the neuritis or more often that there has been an error in diagnosis and that the patient is actually suffering from myelitis and not from multiple neuritis.

Response to all forms of electrical stimulation is at first more

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energetic than in health but in a short time this gives place to the Reaction of Degeneration. In a state of health both muscle and nerve will react with equal energy to both faradic and galvanic stimulation but if the nerve has become the seat of degeneration anywhere in its course from its nucleus in the cord to its termination at the periphery there will arise changes in its behavior when electricity is applied and this change will be a definite and invariable one. If we galvanize a muscle while its nerve is healthy we shall discover that a less current will produce a contraction when we close the circuit with the negative electrode on the muscle than if the positive were there, i. e., cathodal closure contraction is greater than anodal closure contraction. If the nerve is degenerate we shall find that anodal closure contraction is equal to, or even greater than, cathodal closure contraction. This is termed a *qualitative* change. Moreover; if we test the response to the faradic current we shall find that after a very short duration of the disease this current has lost the power to produce any contraction at all but that after the same interval the galvanic current, which at first showed some loss of potency, has now become capable of producing a more energetic contraction than when the nerve was in a normal condition. If degeneration of the nerve goes on to its full extent both currents finally become equally inefficient in producing contractions. This is termed a *quantitative* change. In the nerve itself the effect of degeneration is to reduce from the first the efficiency of both galvanic and faradic currents. As recovery commences to manifest itself it will be noticed that the efficient galvanic current has to be made stronger and stronger, slight contractions may again be evoked by the faradic current, if it be strong enough, and the negative galvanic closure contraction will first equal and then surpass the positive as was the rule in a state of health. Since there are all grades of severity in the disease we may in some cases find only a diminished response to galvanism with a loss of the faradic.

Contractures are one of the late results of severe cases but may occur when the disease has been very local and we may see anchylosis of the hands, feet, elbows or even of the hip-joints. They resemble those occurring from lesions of the brain and cord but differ prognostically in the fact that they respond at length to intelligent treatment. Success will be more certain if they are antagonized from the very dawn of their appearance by simple and unirritating devices calculated to preserve the relation of the limbs to the body. They arise from four causes; from the lack of equality of power and tonicity in the muscles antagonistic to each other in a limb; in part from the natural preponderance in strength of the flexors in all

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limbs; partly from the effects of gravitation and lastly from the development of an interstitial fibrosis and the subsequent tendency to contraction inherent in such tissue. More from alcohol and lead than from arsenic.

Mental changes may be expected to follow all sorts of intoxications if they are sufficiently severe and if the affected person is of a neuropathic constitution. Arsenical cases are apt to present hallucinations, mild delusions, stupor and some loss of memory. Lead produces the same loss of memory but there is more delirium. The mental changes produced by alcohol are usually marked by delusions of marital infidelity, if the patient is married, in addition to the other changes common to all the intoxications. These might be termed the disassociated mental symptoms common to all the intoxications. In severe alcoholic cases, however, they, at times, have been found to pursue a definite order in evolution and to have certain constant characteristics. Starr claims to have first noted this fact about 1887. In 1888 Korsakoff announced that he had isolated a peculiar psychosis peculiar to alcoholic polyneuritis and it has since been termed Korsakoff's disease. Since that time about 200 cases have been reported and some few cases have come to the post-mortem table. The findiugs have not been constant but are in line with a case reported by Paterson in *American Medicine*, July 1st, 1905. The patient dying after an illness of one month showed degeneration of the cells of a portion of the cortex and also of the tangential fibres of the brain. The integrity of both these structures is essential to orderly thought. Opinion has fluctuated, since Korsakoff's announcement, until the present day when there has been this general agreement, viz: polyneuritis is not a necessary but is a usual accompaniment: intoxication by alcohol is not an essential but any agent that can degenerate the structures mentioned will produce it but that the poison of alcohol most certainly fulfils this demand. It has also accompanied typhoid, pyemia, jaundice and tuberculosis. Jolly says that it is first a failure of memory and then production of pseudo-reminiscence. Others, Oppenheim among them, lay great stress upon a lack of power of orientation, i. e., the ability to correctly recognize our position in respect to the world about us. In a typical case of Korsakoff's disease the patient is at first excited; he next becomes delirious and develops a marked insomnia which may gravely affect his resisting power. He next has delusions and hallucinations of the special senses so that as a result he has visions of all sorts and hears sounds and voices. He speedily loses the power of mental concentration and his memory for recent events. Understanding these two deficiencies it is easy to see the reason of his pre-

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posterous and often outrageous statements. These are what have been referred to as 'pseudo-reminiscences.' The patients are very apprehensive about their welfare but differ, according to Starr, from the typical melancholic in that they do not indulge in endless self-recrimination. The duration of such an attack is, as a rule, from two to four months but Westpfal quotes a case of a male patient 36 years of age who had suffered from the psychosis for some years.

The pathology of multiple neuritis does not always display the same changes. It may affect the nervous system very irregularly, partly from the very selective action of the various chemical poisons and partly from the variable vulnerability of the individual. Usually there is a primary degeneration of the peripheral axis cylinders but the motor, sensory or vasomotor fibres are not always degenerated to the same degree. Areas of degeneration in some cases can be traced in the peripheral nerves, then in the cord also and perhaps even into the brain. It has been strongly urged that the actual seat of primary degeneration in all cases was in the cells of the anterior horns of the cord although our present methods of investigation are too crude to discover them; others assert that when degeneration is found in the cord it is secondary to an initial degeneration in the peripheral axis cylinders with which these degenerate cells are connected. It is interesting to note that the primary degeneration of the nerve fibres liberates toxines which set up a secondary inflammation of the interstitial tissues thus producing the swelling and exquisite tenderness of the nerve trunks which are so diagnostic of the disease. This is exactly the opposite to the rule for invasion and extension in the pathology of ordinary isolated neuritis.

The course and duration of the disease is subject to wide variation but the typical case will grow worse for from three to six weeks, it will remain at its maximum condition of disability for from six weeks to three months and then a process of restoration of health will ensue which will consume from three to six months more. The ability to use the restored limbs is sometimes greatly deferred from the fact that tenderness of the tissues may be a very persistent symptom. Diphtheritic cases are usually short although quite complete paralysis of the parts affected is the rule. Such a case may be well in two months or less if limited in the area of its manifestations. A mild alcoholic case, where there has been no actual paralysis, may recover in six weeks while a severe case marked by foot and wrist drop may last for two or three years. Rheumatic cases are apt to be prolonged and marked by firm contractures.

Prognosis is good if the exciting cause can be removed and if the nervous system of the patient has not previously been seriously

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compromised. The duration is to be prognosed by the amount of disturbance of the electrical reaction which obtains after the disease has reached its full development. Diphtheria is apt to disturb this least while lead and arsenic are most destructive. Danger to life is only a question of the initial stage for a fatality is very rare after the disease has reached the stage of full development. Involvement of the pneumogastric, presaged by pulse of 130—160, edema of the extremities and finally of the lungs, is the usual cause of death.

Multiple neuritis is a disease distinguished as follows: A nervous disease caused by the action of some intoxicant, either taken into the body from without or elaborated there. It affects persons of both sexes about equally; in their early adult life by preference. The primary, and principal damage is exerted upon the axis cylinders of the peripheral nerves; especially the musculo-spiral and the anterior tibial. It is symmetrical in its distribution. Onset is subacute. Sensory changes are early and persistent and the nerve trunks are swollen and sore. Motor palsy of the extremities is the most certain and striking result of the intoxication. Atrophy and tremor are found to some degree in all cases. Superficial reflexes are always lost in the affected areas. Deep reflexes are always greatly diminished and as a rule are lost but may initially be exaggerated. Organic reflexes are not affected except rarely and then only initially for a short time. Mental changes are not uncommon. The reaction of degeneration is quickly manifest in muscles and nerves.

From this resume it is evident that we have in multiple neuritis a disease of the nervous system which presents symptoms which are found, or very similar to those found, in the gravest organic diseases of the brain and cord and can be distinguished from them only by the study of each symptom in association with the other symptoms which may occur with it. It is therefore of the highest importance that no single symptom, however striking, should have more than a suggestive value in making a diagnosis.

Arsenicum 3x: Prophylactic in Contagious Diseases—Arsenic is the antidote or prophylactic in contagious diseases, and the following hitherto unformulated rule might be stated: Arsenic is the most powerful drug-agent to oppose the onset of diseases having a contagious character, and in the majority of cases it is not only prophylactic but curative.

The 3x trituration in the dose of four or five centigrammes every two or three days will always be best prophylactic where contagion or infection is imminent. Dr. L. Landinez. *El Amigo del Hogar, Bogota. Colombia, S. A.*

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THE IMPORTANCE OF A GREATER INTEREST IN ANTI-TUBERCULOSIS WORK*

By Herbert C. Clapp, M.D.

Boston, Mass.

WITHIN a few years, indeed within the professional lives of very many of us, there has been a tremendous change in the attitude of the medical profession toward the big tuberculosis problem. A few years ago it was despair; now it is hope. A few years ago this almost utter despair paralyzed our efforts. We folded our arms and sorrowfully stood by inactive while the great hosts marched on toward the graveyard. Some of us regarded it as a dispensation of divine providence, others as a decree of fate from which there was no appeal.

Now we are possessed of a new stock of courage born of hope based on the fact that we know we can cure the disease in most cases if we take it early enough, and if we do the right things. This courage ought to incite us to action. It is criminal longer to do nothing and let things take their course.

In view of the many demonstrations of the curability of tuberculosis, it is strange that everybody is not already aroused to the importance of carrying out the measures which are known to be so efficacious and which are not kept secret from anybody. And yet all great reforms move slowly and need pushing.

If you go into the reading room of a large medical library and look over the files of the best medical journals for the past 10 years, you cannot fail to notice what a large proportion of the articles are on the subject of tuberculosis. It has justly become an all absorbing topic. It shows that some at least of the medical profession have waked up to the importance of doing what they can toward stamping out the great white plague. In Europe many for years have banded themselves together into numerous anti-tuberculosis societies, representing cities and towns and countries. Several countries also have united into an international organization with headquarters at Berlin and with educational publications going out in three languages. The United States has been somewhat behindhand, but is now becoming aroused and has at least a dozen state societies, with more in process of formation, and a much larger number of local associations, and one vigorous society covering the whole coun-

*Read before the International Homœopathic Congress.

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try, called *"The National Association for the Study and Prevention of Tuberculosis,"* which was organized in Philadelphia in 1904, and which has had two annual meetings in Washington, D. C., in May, 1905, and May, 1906. This is a truly representative body and contains many of the ablest and best known tuberculosis specialists in the country. It was formed because the two other national bodies, previously organized for a similar purpose and which have held a few so-called Congresses, did not contain many well known or representative men in this line, and could not command the confidence of the world as this does. It is built on a solid foundation and evidently is destined to last and to exert a widespread influence on the whole community in its efforts to stamp out tuberculosis.

Although made up partly of laymen, in one sense it is a medical society, as in its meetings able papers on the disease are read and discussed and there result the benefits which usually follow the reading of good papers before a good medical society; and these benefits are scattered all over the country by its large membership, two-thirds of whom are physicians. (Our profession, however, forms a much larger proportion of those in actual attendance at its meetings.) But it is something more than a medical society. It aims gradually to increase its sphere of usefulness, so as to do as much good in as many directions as possible, in actual aggressive work. In other words, it aims to have its members act outside in the world as well as to talk to each other in its meetings, and also to excite as many others outside as possible to work. Among other things this society, in connection with the vigorous Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York, gathered by much labor and expense a large tuberculosis exhibit which it threw open to the public in New York, and made it more impressive by many free demonstrations and simple lectures on the most important phases of the subject. After this exhibition was over, most of the material was kept together and exhibited, in connection with efforts of the local authorities, in Boston, Philadelphia, Newark, Indianapolis, Chicago, Milwaukee, Grand Rapids, etc. These efforts to interest the public were so effective that many thousands of people from all walks in life, especially from the poorer classes who most need it (in one city over 58,000 people) flocked in and eagerly got all the information they could. The National Association has also tried to get in touch with the various Y. M. C. A. Associations throughout the country and with the American Federation of Labor, the American Federation of Women's Clubs, etc., etc. It has now as its official organ the bright interesting *Journal of Outdoor Life,* published at Trudeau, N. Y.

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In fact, conceiving that public education is the greatest factor in the work of stamping out the great white plague, it is doing its best in these and other directions to educate the public. After the public has got sufficiently educated, and therefore convinced, it will be willing to take such action and pass such legislation as may be advisable. It will be necessary to establish tuberculosis dispensaries, to build hospitals for incurable poor people, where they can pass their last days in comfort and without infecting others; also sanatoria for the cure of incipient cases, and convalescent farms for those who have recovered, but are yet in a sensitive condition and unable to do full work, especially if this work is unsuitable for them. Consumption being particularly a house disease, tenement house reforms will be necessary and many other matters will have to receive attention, in order to bring down the death rate.

My special object in writing this paper is to try to induce many of our homœopathic physicians to join this national association as well as the local associations of their own neighborhoods. If there are none of the latter, they could join with others and help found them. The stamping out of tuberculosis is such a tremendous work that it is necessary that everybody should join hands and pull together, in order to succeed with a long and steady pull, lasting for years. To do it well needs co-operation and good organization. Individual and spasmodic work is comparatively futile. We ought to join hands with the old school, just as we should in stamping out an epidemic of typhoid fever. When the National Association was founded in 1904, out of about 50 charter members I think that I was the only homœopathist. Now that the numbers have increased to more than 1000 we have a larger representation, but still comparatively a small one. Our men ought to show more interest and would be welcomed. There need be no hesitation on the ground of differences of opinion as to medicinal therapeutics, as such questions have not been raised and will probably not come up in the future. It is not a question of amalgamation of two medical societies, but rather one of federation of all those, whether laymen or belonging to one or the other branch of the medical profession, who have at heart the blotting out at some future day of this terrible curse. We could work together as we now do in medical examining boards or on boards of health. If we have no higher motives, we should at least desire to blot out the disease, because our own dear ones may be its victims. If we have no higher motives, we should desire to help in this work, lest the public, finally educated, should discover that the work of extermination had been done by others, and that the band wagon had passed and we had not been on it, which would not redound to our

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credit. But although I mention these things, I know that most of us are actuated by much higher motives than these and that we are only waiting to decide on the wisest ways to work, when we shall all put our shoulders to the wheels for the good of humanity, regardless of the effect on ourselves. Indeed, this anti-tuberculosis work, the greater part by far of which is done by physicians, is practically for them killing the hen which lays the golden egg. What other profession would work so hard to diminish (and perhaps abolish) its means of livelihood? This is one of the nobler aspects of the question which has induced many people to regard the practice of medicine as a lofty profession rather than a trade.

A SIMPLE PATHOLOGICAL STUDY OF TUBERCULOSIS*

By J. E. White, M.D.

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IN order to have an appreciative and comprehensive understanding of the possibility and technique of establishing a cure in any form of tuberculosis, it is necessary for us to fully understand how the disease is contracted and how it progresses. In other words, we must understand its pathology.

Two things are necessary to produce a given case of tuberculosis, the seed and the soil. The seed is the bacillus, the soil is the condition of the individual that makes it possible for the bacillus, or seed, to become implanted; for tuberculosis, no matter in which part of the body we find it, is nothing more or less than the implantation of the bacillus in a favorable soil. After the implantation, a little growth begins to develop, at first microscopic in size; but when fully developed about the size of a millet seed. This is commonly called a tubercle. After it reaches its fullest development, it begins to soften at the center; and, by a species of necrosis, finally ruptures and discharges its droplet of pus, necrotic tissue and its many bacilli.

Before the tubercle has ruptured and scattered its seed, we speak of the disease as closed; after the rupture has taken place, as open. Taking into consideration the spongy nature of the lung, it is no wonder that bacilli from the first tubercle find lodgment within

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*Read before the seventh quinquennial International Homœopathic Congress.

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the alveoli or air vesicles, to produce, in turn, other tubercles. A microscopic study of a tubercular lung reveals tubercles in all stages of development, which had their beginning in one, or at most, only a few, original tubercles. This lesson should teach us the great importance of discovering the presence of tubercle as early as possible; for the trouble is like a fire—if discovered early, it can be extinguished; but if a larger area has become consumed, there is no prospect of putting it out.

A tubercle is much easier to combat during its closed stage, for then it is not scattering its bacilli. We do not discover the disease very often during this stage, although it is comparatively easy to make a diagnosis at this time. The rapidity of the development of tubercles depends upon the general resistance of the individual; in other words, it is a struggle between the bacillus and the individual. The seed may fall upon "stony" soil, producing but few tubercles, which may soon undergo healing. No doubt, there are hundreds of such cases in our midst and we do not know that they exist. Again, the seed may fall upon more favorable soil, and a larger crop of tubercles is the result, making the trouble more difficult to combat; and, again, the seed may fall upon very favorable soil, such as pulmonary tissues of young, growing men and women (between the ages of sixteen and twenty-two), producing the rapid development of tubercles, which condition soon pervades the whole system and produces the incurable disease, miliary tuberculosis. We may also see these varying soils at different periods in the same individual, depending upon the environment under which he lives. It would almost appear that the seed itself possesses different degrees of virulence; but a closer study teaches us that it is the soil that accounts for the different degrees of virulence that we see in different cases. The general tendency of the tubercles is to heal if given a fair opportunity at a time when they are not too numerous.

In order that there might be a uniform and scientific study of pulmonary tuberculosis by the profession and the laity, the National Association for the Study and Prevention of Tuberculosis, at its last session, adopted a standard scheme of classifying the different stages and results obtained by treatment. It is very essential that every practitioner should master this scheme of classification if he wishes to handle this disease intelligently and successfully; for there is no doubt but that the great responsibility of eradicating the Great White Plague rests squarely upon the shoulders of the general practitioner. This scheme of classification was originated by Dr. Truban, of Davos Platz, Switzerland, and adopted by the National Association.

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We divide pulmonary tuberculosis into three stages, according to the extent of the area occupied by tubercles. We speak of these stages as incipient, advanced and far advanced. In the incipient stage, the tubercles have scattered themselves over an area approximately the width of an intercostal space, or about that of a finger; there may be few or many tubercles, but they are confined to this small area. As a consequence, the systemic effects are slight; there is little emaciation, all of the various functions are but slightly impaired, and cough or expectoration are slight or wholly absent. However, we usually find a rapid pulse. As new tubercles develop and encroach upon new territory, the disease, sooner or later, passes into the second or advanced stage. Temperature is higher and more pronounced, usually above 100.4, due to mixed infection, produced by streptococci and staphylococci. Emaciation is marked, in fact every thing seems to be going wrong; throat, heart, stomach and other organs are generally affected by the ptomaines. After a time the development of tubercle has grown to such extent that the patient has reached the far advanced stage, with daily temperature ranging from 102 to as high as 105, usually with the fatal complications, diarrhea, ulcerated larynx or tubercular nephritis. All of the various symptoms that go to make up this complex disease are produced by the ptomaines manufactured by the bacilli, streptococci and staphylococci, which have their origin at the seat of the disease. This fact should teach us how futile it is to stamp out or smother symptoms by medication, which does not affect, in any way, the formation and growth of new tubercles.

There is no sharp line of demarcation between the different stages, but they are sufficiently well marked to afford a very satisfactory scheme of classification.

Pulmonary tuberculosis usually progresses by one or two routes; a small cluster of tubercles may rupture and the empty shells heal or scar over by the formation of fibrous tissue—we speak of this as fibrosis; on the other hand, after rupturing, we may get more or less softening of adjacent tissues—we call this condition caseation. In fibrosis, we have thickening; in caseation, we have cavity formation. Different cases usually take on one or the other of these types, although we may find both alternating with each other.

Tubercles may become obliterated or destroyed before and after rupturing by the formation of scar-tissue; in other words, the little bands of fibrous tissue may strangle the tubercles if given an opportunity. A larger tubercular area heals in the same way by incapsulation. It may heal and break open several times before the capsule has become thoroughly established; and, for this reason, we qualify

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the term *cure*, and say *apparently cured*, until time proves that the capsule will no longer break open. Apparently cured means continued incapsulation for a period of three months, as shown by an absence of all symptoms, such as cough and expectoration, and especially a disappearance of bacilli from the scanty sputum. Apparently cured does not mean an absolute cure. It is only the first step. But if an apparent cure prevails continuously for a period of two years, then we say that the patient is absolutely cured, although he may have a reinfection, but not a breaking open of the old lesion; in other words, one attack does not produce an immunity against another, as in other infectious diseases.

Fever is, by all odds, the most constant and the most persistent symptom that we have in tuberculosis; it denotes activity of the disease, i. e. the development of new tubercles. As long as it continues, our first step is to bring the temperature to the normal, which indicates that we have brought the disease to a standstill—we call this arresting the disease. There may be just as much coughing and just as much expectoration, but by an absence of fever we know that the disease is not spreading and is, therefore, arrested. All we can hope for in certain cases, such as cavity formation, is an arrest of the disease. Sometimes this arrest will permit one to work again and make a living for many years. We designate this result "an economic cure," certainly a condition that is to be desired when an absolute cure cannot be established. Hundreds of our leading citizens in Colorado are "economic cures." They cough for years, and spit out quantities of pus; but their general condition permits them to be "economic cures." Many die of old age, still coughing.

Realizing how very important it is for us to recognize the disease in its incipient, or curable, stage, I will call attention to the simple techinque of early diagnosis. It must be borne in mind that tubercles exist for some time before bacilli can be found; for there is no expectoration. The physical findings will also be very slight during the closed stage; and if we take it for granted that a patient is not tubercular because we fail to find positive microscopic evidence, then we lose an opportunity to cope with the disease during its most curable stage. The tuberculin test at this time affords positive evidence; and it is safe, if handled with care, and is now recommended by all who are in a position to know whereof they speak. We usually use a 1% solution of Koch's old tuberculin, in a normal salt solution. Some forms of the disease are very susceptible to the action of tuberculin; for instance, the tubercular gland affection, complicating pulmonary tuberculosis; and to avoid too violent a reaction in such, we usually give at first a small injection of five milligrams,

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or approximately ten drops. It is given in the morning, and the temperature reaction should present itself anywhere from six to twelve hours afterward. If we fail to get a reaction, two days later we give twice as much; and then if we get no reaction, we can say positively that tubercle does not exist. I consider tuberculin our most positive and reliable aid in early diagnosis. It is not necessary to use it if bacilli can be discovered in the sputum. I have repeatedly seen the disease break open months after the tuberculin had made a positive diagnosis.

After the disease is open, it is much easier to make a diagnosis, although a great many make hard work of it. The microscope can always be depended upon; and if one examination fails, a little more searching will reveal bacilli, when perhaps the most experienced ear cannot locate the diseased spot.

The earliest physical signs of pulmonary tuberculosis during its open stage are vocal fremitus, prolonged expiration and crepitant rales. Dullness during incipiency is very slight. Of these signs, increased vocal fremitus is perhaps the most reliable. It can be detected sometimes even through all the clothing; but we must bear in mind that a thickened pleura, on the affected side, decreases, rather than increases, vocal fremitus.

Next in importance are crepitant rales, which are produced by the peeling apart of the little alveoli and the shells of the ruptured tubercles, which are glued together by the gluey pus. Sometimes they are not detected upon ordinary breathing; deep inspiration may reveal them, but they are better brought out by sharp, quick coughing, when a regular shower of crepitant rales may be detected. Prolonged expiration is of less consequence, and we will not give it special attention, although prolonged expiration and increased vocal fremitus are found in a closed stage, as well as in the open stage, of this disease. Crepitant rales are not present unless there be a little catarrhal condition about the tubercles.

Pulmonary tuberculosis has a special affinity for certain parts of the lung; it has always been noticed that, in the majority, it selects the right lung; but, no matter in which lung it is located, it usually selects the posterior margin, having an affinity for the interlobar septa, between the upper and middle lobe on the right, and the upper and lower lobe on the left. In order to detect fine crepitant rales in this location, we must have our patient place his hand on the opposite shoulder, and raise his elbow high in the air, which will carry the scapula out of the way and leave a clear space between it and the vertebræ. Crepitant rales and moisture in this suspicious location indicate pulmonary tuberculosis ninety-nine times out of a hundred,

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although we hear a few good men saying that the moisture may be due to la grippe!

Under the head of prevention, I will call attention to the absolute necessity of having each and every consumptive care for his sputum, in such a manner as to make it impossible for others to become infected. There is but one proper way, and that is to use either metal or paper cuspidors made for the purpose, and have their contents cremated. Beards and mustaches should be removed, and expectorating into cloths and papers is positively dangerous. Flies are very partial to sputum, and Lord, of Boston, has positively proven that bacilli pass through the fly and retain their virulency; consequently all receptacles should have covers. In order to persuade the patient to carry out your sanitary directions, you must appeal to his interest in the matter, and not to his reason; tell him that he will reinfect himself, and he will carry out to the letter your instructions. There is no danger in the breath of a consumptive; there may be danger, however, in the fine spray often expelled while in the act of coughing, and for this reason a kerchief should always be held before the mouth while coughing.

We know that a favorable soil is produced, nine times out of ten, by indoor living, insufficient nourishment, lack of fresh air and sunlight. To correct this evil in those who show a tendency toward tuberculosis, we must frighten them sufficiently to make them live more in the open air; and if their daily bread depends upon working during the day in poorly ventilated offices, we can correct the danger to a certain extent by insisting that windows be wide open at night in their sleeping quarters. We must also insist upon more rest and better nourishment, with plain milk and beef predominating, instead of so much food that is of no value. The majority of people are candidates for tuberculosis long before they are infected, and it is our duty to caution them and prevent the formation of the soil so favorable for the invasion of tuberculosis.

Prevention is a question of education, a gigantic task, to be sure, when we consider that the laity, the consumptive and especially the profession must be thoroughly educated; in other words, civilization must change its entire mode of living if we wish to stamp out tuberculosis. This great educational crusade must be carried on largely by the profession; so far, the laity and the consumptive have been easier to educate than the profession. Apathy on the part of the profession is responsible for the frightful death date from this disease. The profession at large are, and always have been, asleep on this question. They are beginning to awaken. Possibly after they are awake, "have had their morning bath and breakfasted," we can ex-

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pect to see "the dirt fly"; but how many more years, and how many more lives will have to be sacrificed before this professional "breakfast" is over?

Under the head of cure, I would state that we have absolutely no medication that influences, in the slightest degree, the formation of tubercles; but we have a system, called the open air treatment, that produces a goodly percentage of cures if rigidly carried out a sufficient length of time, and in appropriate cases. This system aims at correcting the soil condition that makes it possible for the bacillus to do its deadly work, and has for its basis living in the open air all of the time, rest during the activity of the disease, after which graduated exercise, to build up the tone, the resistance and the vitality, and, at all times, food of the right kind and quantity, to make up for the waste that is going on. These details are so simple that they are not carried out in private life, and consequently must be carried out in closed institutions, under rigid medical supervision, or otherwise they are not carried out at all.

A modern open air sanatorium has its definite field of usefulness, and we must not expect too much from it; otherwise, the enthusiasm created by the erection of many such places will soon place the whole system in ill repute. Sanatoria will not cure the far advanced. They will cure only a small percentage of the moderately advanced, but a very large percentage of the incipient; therefore, sanatoria should be employed to a large extent for the incipient. I am much more familiar with the sanatorium details, and would like to dwell at more length upon this very interesting subject, but the limits of my paper will not permit me to describe the way we handle this disease at the Nordrach Ranch Sanatorium.

In regard to climate, it is, by no means, all sufficient. The care of the individual is just as important in Colorado as it is in New York or Massachusetts; therefore, do not send patients to Colorado to drift, and expect a large percentage of cures; for you will be disappointed. Climate is valuable only to those who can afford to take advantage of it in the proper way, and the proper way is most often found in a closed institution.

Some Potash Salts—Kali silicicum is useful in arthritis deformans; kali salicylicum in the atheromatous arteries of old people where the pulse-beat is hardly perceptible; kali arsenicosum in chronic dry eczema, in lichen and acne; kali hypermanganicum reduces a hypertrophied uvula (cf. muriatic acid.) Prof. Hegewald. *Leipziger Zeitschrift fur Homœopathie.*

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TUBERCULOSIS IN CHILDREN: MANNER OF INVASION, BLOOD CONDITIONS AND RELATION TO PROGNOSIS AND PROGRESS*

By W. Henry Wilson, M.D.

Chicago, Ill.

SINCE Koch read his famous paper in London in 1901, one source of tubercular infection has been very much in dispute, and will probably remain unsettled for a considerable period. In his article read before the International Tubercular Congress, Koehler expressed the opinion that the communicability of bovine tuberculosis to human beings is not capable of any definite solution, because it does not admit of experimental proof.

The question of direct transmission from mother to child is again coming into prominence and bids fair to take a more important position than has been granted to it during the past decade.

Aside from these two sources of infection we have another whose importance is beyond question. That the pulverized sputum deposited in tubercular homes and in public buildings frequented by consumptives may contaminate the air which our children breathe and thus come directly in contact with the mouth, pharynx, larynx, trachea and bronchial tubes is beyond dispute. That their food may be contaminated by this same sputum laden air is just as true, but not so well apprehended. It is equally evident that children may introduce into their mouths, hands and objects other than food contaminated by tubercular sputum. In other words the upper part of the digestive canal is exposed to infection from air, food and other dust contaminated objects.

Notwithstanding the fact that the respiratory passage is apparently less exposed to contaminated material, it is the port of entry in three-fourths of the cases.

The importance of the digestive canal as a port of entry has probably been underestimated, except by the English observers. The disposition both in Germany and America has been to undervalue it. In recent years a large number of autopsies of children have brought out rather plainly the real importance of the part played by the digestive canal.

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*Read before the International Homœopathic Congress.

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Mueller autopsied one hundred and fifty cases.

The lungs were involved in one hundred and thirty-nine.

The lymph nodes in one hundred and twenty-six.

The bronchial lymph nodes in one hundred and three.

The mesenteric lymph nodes in seventy-two.

Still posted two hundred and sixty-nine cases.

The lungs were involved in two hundred and ten.

The intestines and peritoneum in one hundred and forty-one.

The primary involvement was in the lungs of one hundred and thirty-eight cases. The intestines in sixty-three.

Sherman in three hundred and fifty-five cases, determined the primary focus in three hundred and thirty-one. Ninety-three of these were in the alimentary canal.

Hand of Philadelphia in 1903 found the lungs to be the primary focus in sixty-five and two-tenths per cent. of the cases. The mesenteric nodes in eight and seven-tenths per cent. of the cases.

The mesenteric nodes in eight and seven-tenths per cent. of the cases.

Councilman, Malory and Pierce posted two hundred and twenty cases dead of diphtheria.

Thirty-five showed latent tuberculosis.

Thirteen were intestinal. (5.9%)

Heller of Kiel, autopsied seven hundred and fourteen fatal diphtheria cases.

Nineteen and six-tenths per cent. were tubercular.

One-third of the tubercular cases were intestinal.

Hof reviewed the records of fifteen thousand cases autopsied in the Institute at Kiel.

Four thousand six hundred and forty-five were children.

Two hundred and one of these were tubercular.

The intestines were primarily involved in one-fourth of the cases. (25.1%).

Francis Hablitz at Christiana, Sweden, in thirty-nine fatal cases of tuberculosis demonstrated that nineteen originated in the lungs and five in the digestive tract.

Fifteen were in doubt.

When the digestive system is spoken of as the port of entry it of course includes the mouth, the teeth, the tonsils, the pharynx and the intestinal canal. The evidence is that tubercular germs can penetrate the mucous membranes which are normal and enter the lymphatic circulation, not only without injury to the mucous membrane but frequently without injury to the first lymph nodes, which interrupt their progress.

They penetrate the healthy membrane readily, and the catarrhal

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mucous membrane with great readiness. Calmette in the annals of the Pasteur Institute of recent date concludes as the result of much experimentation that ingestion of bacilli laden dust through the intestines is of very great importance.

In adults tubercular material is implanted directly upon the walls of the bronchial tubes setting up a localized inflammation. This is the usual beginning of ordinary chronic pulmonary tuberculosis. It occurs in older children, occasionally, but not in younger children.

The infection of the lungs in children is an indirect process. The infection of the thoracic lymph nodes is the most frequent primary lesion in the chest. The lymph nodes of the trachea and hilus are usually the first to be involved. From there the infection spreads to the bronchial lymph nodes and these in turn rupture into the bronchial tubes and local pneumonic tuberculosis is set up in the area to which that particular tube leads. There is no evidence of any special selection of tubes. The pneumonic area becomes caseous and the breaking down of this material results in cavity formation. From this caseous area distribution either by the lymph or blood streams to other parts of the body are easy and frequent. Another mode of invasion is by a retrograde movement through the lymph stream. The invasion takes place from the hilus nodes, passes along the lymph stream, which accompany the bronchi and enter the interalveolar connective tissue. This goes on to the development of the usual tubercular caseous area.

A less frequent manner of invasion is by the carrying of tubercular material from the infected lymph nodes by the blood stream. The hematogenous infection of the lungs might of course come as readily from the intestinal tract, either directly from the intestinal mucosa or from their lymph nodes.

Another method of lung invasion is by direct invasion from a lymph node. The caseous node bursting into the lung tissue.

Invasion by way of the digestive canal is primary in probably twenty-two per cent. of all cases.

Infection through the lymph drainage of the teeth, mouth and pharynx are much more frequent than has been suspected in previous years.

Harbitz in a very elaborate investigation of infection in the cervical glands of children gave special attention to the question of latent tuberculosis of these glands, meaning glands which show neither microscopical or macroscopical changes, but which contain living tubercle bacilli.

By inoculation into animals and by other methods, he was able to demonstrate their presence, where they had never been suspected.

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In the digestive tract as in the respiratory tract the intercepting lymph nodes are the outpost garrisons which give the first evidence of the fight and like other groups of soldiers, they are frequently unable to stop the progress of the enemy. The struggle is not only passed on from post to post, but from one group of posts to another. It has been conclusively demonstrated both by animal experimentation and postmortems that in the early part of tubercular infections it is usual for the invasion to be transferred not only from gland to gland along the lymph channels but from one group of lymph glands to another. In the case of the cervical glands the infection passes from the upper glands to those lower down and from there it may go to those situated within the thorax.

In the intestinal infection the mesenteric glands are first involved, then the retroperitoneal, then along the spine, etc.

The most frequent lines of invasion are from the hilus nodes, the lymph nodes at the bifurcation of the trachea and from the tracheal nodes down along the bronchial and up along the trachea to the neck, thence down to the retroperitoneal and then to the mesenteric and iliac lymph nodes. The transfer from the thoracic nodes to retroperitoneal is a frequent occurrence and one which has been overlooked in the past.

Another line of march is as follows: from the lymph nodes in the neck and under jaw to those situated lower down, from these to the supraclavicular and axillary region, thence to the posterior mediastinum, along the trachea, the pulmonary hilus and diaphragm down along the iliac vessels and spine and even to the inguinal region by a retrograde movement. Still another mode of invasion is as follows: penetrate intestinal mucosa infect the mesenteric glands, the retroperitoneal glands and by retrograde movement, ascend to chest and neck causing a pulmonary tuberculosis secondary to an intestinal.

Writers on the blood in tuberculosis have not been in very close agreement as to the findings and probably, as Ullom and Craig suggested, because the pathology of the disease is complicated. They undertook the study of the subject anew using Grawitz's classification as a basis. His classifications and their findings are briefly as follows:

I. Infiltration but no cavity. II. Cavity but no hectic fever or complications. III. Cavity formation and hectic fever.

Hemoglobin. Class I, 74.8; class II, 75.6; class III, 70.3.

Erythrocytes. Class I, 4,510,000; class II, 4,650,000; class III, 4,297,000.

Color Index. Average—0.82.

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-Leucocytes. Class I, Max., 16,440; min., 6,100; average. 10,-285; class II, max., 19,200, min., 7,600, average, 12,772: class III, max., 20,640, min., 8,800, average, 14,041.

Lymphocytes. Class I, normal and abnormal. Class II, usually below normal, Class III, 23% cases above normal.

Eosinophiles. Class I, 87% of cases normal. Class II, 50% below normal. Class III, never above normal.

Transitionals. I, Increased in every case. II, decreased 81% of cases.

Conclusions. 1. In group one mild anemia (hemoglobin decreased. Red cells decreased.)

2. In I, increase of red cells is favorable.

3. In advanced cases decrease of leucocytes unfavorable.

4. Increase of lymphocytes seems to correspond with increase of resistance.

The purely tubercular cases develop anemia of the malnutrition type. When the disease is pulmonary and a streptococcus or staphylococcus infection is implanted on the tubercular area an acute inflammatory change results with an increase of the white blood cells.

In simple tubercular adenitis the blood examination is useful in ruling out acute infections.

TUBERCULOSIS IN CHILDREN—HEREDITY AND ENVIRONMENT*

By Sarah M. Hobson, M.D.

Chicago, Ill.

Original work defining the present status in the study and treatment of tuberculosis. Forty years ago Herard and Cornil maintained that there existed in pathology no better established proposition than heredity of pulmonary tuberculosis. Villemain in the same period contended that "the only factor due to heredity is the transmission of a certain aptitude more or less marked to contract tuberculosis." Koch in 1882 demonstrated the etiology of tuberculosis to be the infection of the tubercle bacilli. In 1886, Trudeau at Saranac Lake made confirmatory experiments. Von Behring demonstrated two things necessary to the disease: tuberculous

*Read before the International Homœopathic Congress.

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foci and bodily conditions favorable to the development of the toxines. Wolff after long experiment and study concludes, "while it is possible that tubercle bacilli may be transmitted from the maternal circulation to the fetus, yet in fifteen years of experience and observation, such has been a very rare occurrence." No records are found of direct transmission by way of germinal cells. From carefully compiled statistics of such men as Cornet, Bold and Jacobi, tuberculosis in children under ten claims 14% to 23% of all deaths.

The character of the infection, the mode of infection, the organs under attack, the course of the disease and the treatment have enlisted an army of workers throughout the world. In our own country, Dr. Trudeau and his corps of assistants, Dr. Biggs and his co-workers in New York and the work at the Phipps' Institute under Dr. Lawrence Flick have contributed largely to the country-wide wave of enthusiasm to stamp out the disease. This national movement bases its work on the following facts: that tuberculosis is an infectious, communicable disease produced by the tubercle bacilli in a favorable soil; that tuberculosis is preventable and not hereditary; that the toxine of the tubercle bacillus is a distinct poison to the ganglion cells of the sympathetic nerves; that it is not readily transmitted from cattle to human beings; that under certain conditions it is curable; that while the death rate from tuberculous disease has been steadily diminishing under improved social conditions, it should diminish far more rapidly; that nearly one half the adult population at some time acquire tuberculosis; that while pulmonary tuberculosis and lupus are comparatively infrequent in children under ten, tuberculous diseases of bones, glands, mesentery and meninges is common; that the child organism frequently receives an infection which lies latent until later environment and lowered resistance give the necessary conditions for pathological progress. It is important, too, to remember that on healthy tissue the tubercle bacillus is innocuous. Yet a healthy child may contract tuberculosis by continued exposure to virulent infection, and this susceptibility is greatest in early life. These facts have placed upon the medical profession an imperative, unequivocal responsibility for public instruction and preventive measures.

HEREDITY. There are two factors in heredity, the tendency to conserve the characteristics of the ancestor, *adherence to the type,* and the tendency, through modified environment, to acquire some new characteristic which in succeeding generations shall be transmitted, *variation from the type.* To the student in biology, these two factors are equally important. If we accept the theory that the male element is the originating and the female the perpetuating factor; that the

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ovum is conservative, the spermatozoon progressive; that adherence to the type is maternal, variation and adaptation paternal; then a further interesting line of study is opened up to the student in hygiene to improve the race characteristics. To the student in agriculture, heredity means the law by which he is able to modify plants and animals perpetuating new varieties. To the student in therapeutics, likewise, it is variation from the type which is peculiarly important. Changed conditions do not act directly upon structure; but changed conditions maintained for long periods cause subsequent generations to vary. Therefore, what is more practical for today's work is the inheritance of improved function from better environment of the parent,—fresh air, nutrition, sanitary homes and shops, alternate rest and work,—giving to the child a better vitality, a predisposition to resist the invasion of disease. Children of tuberculous parents are below the average in physical strength, and more ready victims of infection. The same is true of the children of alcoholics or the subjects of any other debilitating disease or habit of life. Direct transmission of the tubercle bacillus must come either by way of the ovum, by way of the spermatozoon, or by transmission with the nutrition from the mucous membrane of the uterus through the placenta. A few instances have been found in which the blood of the fetus and the villi of the placenta have been crowded with tubercle bacilli; this is clearly direct transmission of the infection, and properly termed congenital tuberculous infection. But these cases are so few, and exposure to later infection so common that the burden of the day in pedology is not heredity but predisposition to tuberculosis.

PREDISPOSITION. The conditions which predispose children to tuberculosis may be classified under the child's constitution, the child's environment, and the period in which the child is most susceptible to infection. The child's initial vital resistance depends on his inheritance of normal functional activity and upon the nutrition of the embryo. Congenital cardiac lesions are an important predisposing factor. In autopsies of tuberculous subjects, pulmonary stenosis has been commonly found. Any lesion which diminishes the normal supply of blood to the lungs lowers the resistance. The child's nervous system develops rapidly, and the respiratory centers are latest to mature. In a case of precocious mentality, an additional strain is present which frequently is not compensated by increased rest and nutrition; and the nerve centers fall a prey to the toxine of the tubercle bacilli. Lymphatic activity in children and the easy invasion through the tonsillar ring explains the frequency of tubercular adenitis. The epithelium of the intestines is still imperfect in infancy, giving easy access of bac-

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illi to the blood current; the secreting glands of the intestines are not mature until near the end of the first decade, rendering the child far more susceptible to invasion by way of food than the adult. Whether finding entrance by inhalation to the tonsillar group or the bronchial glands, or by food, the infection may lie latent for years to start into activity when the vital resistance is lowered. Defective chest development and anemia, both predisposing factors, may be interdependent, and both are usually the result of malnutrition. Furthermore, the debility from any acute infectious disease, particularly such as involve the respiratory or intestinal tracts, predisposes to tuberculosis.

THE CHILD'S ENVIRONMENT. Many of the factors of the child's constitution are inevitable; but every fault of the child's environment is preventable. These faults of environment are continued exposure to infection and to those unsanitary conditions which lower the resistance. The most frequent exposure to infection comes from intimacy with tuberculous individuals, through sleeping with a tuberculous adult, kissing, using common towels, dishes and handkerchiefs; in school, through sucking common pencils, passing of chewing gum and candies; any of the many ways by which saliva or sputum is passed from one to another. The second common exposure is to the dried sputum in the dust of carpets, upholstered furniture and tapestry hangings; the dust of basement playrooms, the whirling dust of streets and alleys It is more than esthetics, more even than general sanitary principle that banishes carpets, upholstered furniture and tufted bed-covers from the nursery and living room; that insists on single beds, individual handkerchiefs, towels and glasses; that forbids tasting of food from bottle or cup; that unceasingly advocates scrupulous personal cleanliness. Whether the frequency of tuberculosis in cattle is a large factor in tuberculosis of milk-fed children is not altogether determined. Aside from the indeterminate results in the laboratory, students of tuberculosis in Japan declare that tuberculosis is more frequent in Japanese children than in European; yet Japanese children rarely take milk. That care in the selection of food is important is confirmed by the observation of Dr. Theodore Sachs that in the Jewish quarter in Chicago there is greater freedom from tuberculosis than in corresponding quarters of other nationalities, in spite of small stature, narrow chest and unsanitary surroundings. The third common exposure in environment are the bad house conditions which predispose to any disease and particularly to tuberculosis because of the frequency of infection. Darkness, dampness and confined air make the number of tuberculosis cases vary directly with the density of

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population, whether of street or apartment. The baby tucked snugly into the crib in the dead air corner of a room also occupied by adults, the window kept at an eight inch space by a burglar lock, the school room ventilated by a system subject to the caprice of the janitor in the basement, the thousands of sleeping rooms aired only by a shaft or wholly windowless, these are a striking comment on the public common sense relative to the first principle of hygiene. Sunshine and dry air are death to the tubercle bacilli. As a matter of choice between the dust and dirt of the street and the bad air of many houses, the children had better be in the street.

PERIOD OF GREATEST SUSCEPTIBILITY. All of these untoward conditions are particularly bad in infancy and early childhood when the organism is immature and the rapid development is making more demand upon the nervous system than the frequently deficient sleep and nutrition can meet. The first year of infancy in the matter of constitutional resistance, and the second year in the frequent exposure to infection is the period of greatest susceptibility. Next comes the first year or two in school, when the child's playtime in the open air is shortened, and the routine of the school room drill is an additional tax on the nervous system. Third, the period of puberty when all the vital processes are increasingly active.

In conclusion, so far as heredity is concerned, variation from the type makes possible such modification of environment as to render the individual immune to pathological process, and to transmit such tendency to succeeding generations. Predisposition lies either in the child's constitution or in the child's environment. The child's constitution must be taken as it is, recognized and reckoned with in all therapeutic measures. The environment can be changed. In this field radical measures bring large results. The initial work in constitution and environment rests upon the general practitioner. He must be alert to recognize predisposing conditions and to instruct the guardians of children in the imperative importance of house sanitation and of the early signs of infection. Second, he must be able to diagnose accurately and to treat effectively the incipient case. He must co-operate with the specialist, the sanatorium and the social worker in the general instruction of the public concerning the cause, course and treatment of tuberculosis.

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Discussion by JOHN P. SUTHERLAND, M.D.

I THINK we will all agree with what the essayist has said concerning predisposition, concerning the effect of environment, and concerning the periods of life when tuberculosis gets in its most effective work,—that is, the periods of life when predisposition seems to show itself in connection with the effects of school life, bad hygiene, etc. I believe there will be unanimity on that side of the subject.

I was sorry that Dr. Hobson did not go a little more deeply into the other side of the subject,—that of heredity. That is something we are all interested in, and something about which we all are very likely to have rather definite ideas. The subject always presents itself to me in some such way as this:—What is heredity? What do we mean by the term? Perhaps if we confine ourselves to the idea that heredity refers to the organs and functions that are not acquired by the individual possessing them, we shall have something to work with. I think also that in connection with this subject we need to consider the question, Through what vehicles are these organs and functions transmitted from parents to offspring? There are only two vehicles possible, and these are first the ovum, and second the spermatozoon or fertilizing agent.

In regard to the ovum, we know that it presents all the characteristics which are peculiar to the female sex. It is anabolic, it is integrative, it is rather slow to receive impressions, it is exceedingly conservative and stable. The male element, on the other hand, is given to disintegration, it is katabolic, it is far less stable and conservative than the ovum, and therefore is more likely to introduce variations in type.

Before we form a fixed opinion on the question of heredity we ought to have a knowledge of all the possibilities of these two vehicles, and such knowledge we do not possess at the present time, and it will be a long time before we do. I am also inclined to present this other question as capable possibly of illuminating our subject. When does the life of an individual begin? In the discussion of heredity we should have some definite conceptions concerning the beginning of an individual's life. People ordinarily have the idea that life begins when a child is born into the world; that is, at the time of parturition. This certainly is usually considered as the beginning of the life of the individual, but embryological studies show that this is wrong. Unquestionably an individual has lived, or possesses life, for a long time prior to this epoch in his existence. The life of the individual begins when the male and female elements unite to form the oosperm. At this time every organic and functional characteristic of the individual is potentially present and all subsequent modifications of the individual's characteristics should be looked upon as acquisitions and not as inheritances.

In regard to the history of these two organisms, ovum and spermatozoon; by referring to the life history of the ovum, we find it is one of the oldest cells in the body of its host, for it is well known that ova are developed and set apart very early in fetal life. They remain dormant for many years. It is claimed by well known investigators that no ova are formed at all after the birth of the indi-

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vidual. Though formed so early they simply lie dormant and quiescent for years in the ovary. This point, therefore, it seems to me, is worth thinking of when discussing the question of heredity; for to my mind it is the influences of thousand upon thousand of preceding generations that are stored up in this wonderful cell, the ovum, this marvelous storehouse of potential biological energy. It certainly represents infinitely more than the influence of the one single individual who possessed it.

We also know that early in embryonic life certain cells are set apart to form the testes, but the life history of the spermatozoon is very different from that of the ovum. This fertilizing element is not developed at all until puberty. Cells which are to be transformed into spermatozoa may be set apart early in fetal life, but the latter are not formed until the age of maturity and then continue to be formed throughout the remainder of the individual's life. These two points then, I think, are worthy of consideration in their relation to heredity. The conservatism which is the marked characteristic of the ovum, and the disintegrating or variable quality of the spermatozoon.

I want to emphasize the importance of life in utero. I think that what often are called hereditary influences are simply impressions made upon the growing embryo and fetus as a result of malnutrition, that is, for instance, the maternal organism is not strong and healthy, is not properly nourished, does not have the proper sanitary surroundings, and as a result of these influences the growing organism or fetus is affected, is ill nourished and suffers in its development; and that many things called hereditary characteristics are simply acquired while in utero, and therefore, ought not be considered instances of heredity, but simply acquired characteristics.

Discussion by E. C. Williams, M.D.

Dr. Hobson's paper gives us a very concise statement of the present day teachings on this subject, yet so complete is it that there seems nothing left to be added. In one point, however, it, in company with nearly all articles on this subject, exhibits some lack of definite statement to which it may be well to draw attention.

Congenital tuberculosis infection is mentioned as a proven but rare method of transmitting the disease so that "the burden of the day in pedology is not heredity but predisposition." Are we to infer from this that heredity and congenital or intra-uterine infection are identical or are interchangeable terms? This is the point that seems to lack definiteness and since this unfortunate use of words, for such it seems to be, may lead to confusion of thought it may not be amiss to say a few words on this point.

Heredity has to do only with that which results from the union of the two factors, the ovum and the spermatozoon; the life principles of these two unite to form the new life; no foreign body in, no unessential part of, either the menstruum or the seminal fluid can have aught to do directly with the formation of this new life. It is a product of the essentially component parts of the ovum and sper-

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matozoon and by heredity can get only what was an essential part of them. Probably no one would question this commonly taught view of conception and heredity. Granted this, it follows that neither the tubercular bacillus nor the germ of any other disease can take part in the act of conception since it is not an essential part of either the ovum or spermatozoon. It follows axiomatically that no disease caused by a germ can be called hereditary. Let infection take place at the briefest interval after the union of the primordial cells and there is simply intra-uterine infection—not heredity.

Let us suppose the following extreme and perhaps impossible case of what some might call heredity. A bacillus in the seminal fluid enters the uterus, becomes a part of the fetus, finds the soil infertile, remains passive. The fetus becomes a man and in the same manner as before this bacillus is passed to a third or to a fourth generation before it finds a soil that allows it to exert its baneful influence. Would this method of transmitting the bacillus constitute heredity? No more than if it had passed from one to the other by means of a cough or the use of the same spoon, since the method of infection has nothing to do with heredity. Nor does the fact that the germ passed from father to son affect the question more than it would had the same bacillus passed from the man in whom it was first noticed to his descendant of the third or fourth generation by means of dried sputum since the source of infection can have nothing to do with heredity. Pre-natal infection with tuberculosis no more proves its heredity than pre-natal infection with chicken pox proves the latter's heredity.

David Starr Jordan, the honored president of Leland Stanford, Jr., University, says in his small volume entitled "The Blood of the Nation," "The child of each generation is free born so far as heredity goes and the sins of the father are not visited upon him. If vice strikes deeply enough to wreck the man, it is likely to wreck or kill the child as well, not through heredity but through lack of nutrition. The child depends on its parents for its early vitality, its constitutional strength, the momentum of its life, if we may use the term. For this a sound parentage demands a sound body. The unsound parentage yields the withered branches, the lineage which speedily comes to an end. But this class of influences, affecting not the germ plasm, but general vitality, has no relation to hereditary qualities, so far as we know."

In its connection this quotation seems to refer more especially to depraved mental and moral conditions, but if we go back of birth to conception—unless we may use them here as synonyms—is not the same true of morbid physical conditions? The question at once arises whether it is possible for a diseased ovum or spermatozoon to act its part in conception and, if it is possible, whether the resulting life will be diseased or merely lacking in vitality. Will a kernel of corn sprout when its germ is worm eaten? If it should, would you expect the result to be a wormy or weak sprout?

The theory of heredity thus seems entirely untenable so far as it relates to germ produced diseases. That a predisposition is inherited seems very well proven by statistics and agrees with the

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teaching that in heredity nature simply repeats. A certain type of tissue is found in the parents, it is repeated in the offspring. It is not certain, however, that this predisposition is not transmitted also by parents whose vitality has been lowered by other chronic diseases, by dissipation or privation, while sometimes it seems acquired as the result of previous debilitating diseases. It seems to be only a lack of vitality, or a want of resistance on the part of the tissues to the invasion of this especial germ.

TUBERCULAR ADENITIS: IMPORTANCE OF EARLY DIAGNOSIS AND OF MEDICAL TREATMENT*

By Robert S. Phillips, M.D.

Providence, R. I.

OF the structures liable to tubercular invasion during the years of childhood, the glandular system offers the most vulnerable point of attack. Much investigation has been pursued, recently, to determine the exact role the lymph-nodes play in this disease, with the finding that their function is one of prime importance.

Research demonstrates that the indefinite non-descriptive term of "scrofula" must be supplanted by the more exact and correct phrase of "tubercular adenitis." There is no such condition as a "scrofulous diathesis." That group of symptoms, which, with its cervical lymphatism, we have been accustomed to describe by this term, is not indicative of a constitutional tendency; in most cases, it is the mark of direct infection.

Up-to-date etiology strongly emphasizes infection. In whatever locality tubercular glands exist, they are tubercular because this disease has been transferred to the patient so suffering from some other individual or animal so afflicted. This statement is true whether the tuberculosis exists in gland or lung, whether in bone or joint. It must be recognized as the logical conclusion of abundant laboratory experiment.

Children and especially infants are infected much more frequently than is commonly supposed. Statistics prove that invasion during the years of infancy occurs more often than at any other period of childhood. Roux and Josserand go so far as to state that most cases of infection in adults are not new but merely the lighting up of old glandular foci dating from infancy. Harbitz corroborates by affirming that the tubercle bacillus, entering the lymph nodes dur-

*Read before the International Homœopathic Congress.

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ing early life, may remain latent therein for twenty or thirty years. The glandular system, then, is worthy of careful consideration.

Of all glands susceptible to the tubercle bacillus, the bronchial show contamination in the highest percentage of cases. Holt places this figure as high as 96 per cent., other investigators approximately agreeing. Situated as they are, at the bifurcation of the trachea, surrounding the primary bronchi and following the course of these bronchi into the lungs, they are favorably located to absorb into themselves the germs which enter by the respiratory tract. True it is that these glands often retain the products of degeneration,—and the statement is true of all lymphatics,—in some cases complete encapsulation occurring. It has long been recognized clinically that many children, suffering from tubercular lymph nodes, escape general infection. Great, however, as may be the protective power of glandular tissue, lymph nodes, in a vast number of cases, are simply the store-houses of tubercular poison which will progress to caseation and finally involve the whole organism. Within these nodes exists the seat of latent tuberculosis more often than in any other site in the whole body.

In the Children's Hospital in Vienna, Babes found that, during a service of eight years, more than half of all autopsies performed revealed the presence of passive tuberculosis in the bronchial and mediastinal glands. We are led to search for a reason for this frequent occurrence. Cornet of Berlin explains it by the fact that germs, free in the atmosphere, fall by reason of gravity to the lower levels of rooms. Here children crawling upon the floor breathe in the bacilli which are readily taken up by these bronchial nodes. This is not, indeed, a theory to explain the observed fact. He shows conclusively the truth of his statement by exposing rabbits at elevations of 10, 50, 100 and 150 centimeters from the floor, for the same period of time, and under identical conditions. Autopsies demonstrate that animals on the lowest levels are most profoundly affected. Hence his logical conclusion that children, in a tuberculous atmosphere, fare similarly.

Cervical adenitis, when superficial, is the form of glandular disease most prominent objectively. Of all involved cases, Wohlgemuth places cervical complication as high as 93 per cent. In childhood, mucous membrane has low resisting power, and the cervical lymph nodes are the structures which arrest progress of the invasion. In adult life, however, we note the contrast, when mucous membrane more effectually bars entrance to the glands and as a consequence lung tissue is more often attacked.

As to mesenteric adenitis, current literature still holds "sub

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judice" methods of inception. Whatever this may be, they are indeed endowed with power of passing on their product to a considerable degree. Rosenberger declares that in a certain percentage of cases, as high as 40 per cent., mesenteric glands are tuberculously infective, when there are no other tubercular lesions in any part of the body; and, adds Freeman, these nodes may be tuberculous without the presence of any gross lesions. There is reason to believe, then, that a chain of glands so easily involved are doubtless origin points of vertebral and hip complications.

General or pulmonary tuberculosis often appears, as we are aware, as a sequela to the common infectious diseases. We believe today that this is accountable by a previously contracted, latent, tubercular adenitis, which the glandular tumefaction, associated with the acute disease, has but called into activity. This fully explains why one child develops the sequela and a second, perhaps more profoundly ill, escapes.

The foregoing and similar evidence of so convincing a nature as is continually forced to our attention in every medical periodical puts valuable working methods within our control. Research work is of practical value only as it gives us the knowledge that makes action intelligent. We admire the efficient administration of the Japanese medical service in their recent war, but you will note that most of their efforts were devoted to prophylactic measures It is in the field of preventive medicine then, where lies our greatest stronghold. Since we may safely conclude that every infant and child living in the same house with a tubercular patient, especially a phthisical subject, is in extreme danger; and since we may with assurance state that all such children will, in all probability, suffer at least a glandular infection, then indeed there is no uncertainty as to what should be the character of our advice. If we will direct our patients effectively we must point out from what source the danger comes and either remove the already infected individual or change the residence of the children of the family. This is the definite thing to do and is worthy of frequent repetition for we are not as yet fully alive to the dangers to young childhood. New York City markedly reduced her tubercular death rate among children in the two decades from 1883 to 1903 by fighting house infection. This was accomplished by providing hospital accommodations for advanced cases of consumption, by disinfection, and by methods of education among the people. But in New York the hospitals are not adequate and in few cities and towns throughout the country is such, if any, provision made.

But adenitis once started, the early diagnosis is of the greatest importance. In many localities it is not difficult to determine, but

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greater obstacles are encountered in the case of bronchial adenitis. Permit me to quote eight symptoms proposed by Friedlander, which are pointers to this ailment:

1. Peculiar paroxysmal cough, often ending in vomiting.
2. Dyspnea on slight exertion, without cardiac lesion.
3. Poor appetite and anemia.
4. Enlargement of subclavicular lymph nodes.
5. Dulness on percussion over sternum extending laterally beyond margins of that bone.
6. Unilateral alterations of breathing sounds.
7. Venous hum over manubrium when head is bent back.
8. Relative and absolute lymphocytosis.

Hecht adds that often obscure symptoms recognized as proceeding from irritation to pneumogastric and recurrent laryngeal nerves are often due to pressure exerted by these nodes.

In the field of treatment surgical versus medical measures have long been contested. The removal of nasal, postpharyngeal and tonsillar obstructions can serve no other purpose, we believe, than that of helpfulness. Surgically, an operation known as the "radical" is popular for the removal of deep and superficial cervical glands. Certainly the extirpation of all diseased points diminishes the number of infective centres. But to what extent may we infer that surgical measures will arrest the disease, when investigation shows that the bronchial glands are involved in practically 96 per cent. of all cases? These, to the best of my knowledge, are beyond surgical interference.

No more effective remedial agents have as yet been forthcoming than we may find in our own materia medica, and the early administration will give the most striking results. That interesting group of which silica, hepar, the mercuries, the calcareas, and the iodides are members will be of the greatest service. The iodides are of particular interest, notably those of arsenic, calcarea, baryta, and stannum. Upon what their action depends, whether the disease is simply held in check within the glands, or whether actual germ life is destroyed, I am not prepared to state.

An interesting report was presented by Spadoni in 1903. He finds that iodine, as he expresses it, has an antitoxic action towards tuberculin. In his control experiments he made a very excellent animal proving of iodine. We may thus find that our well known iodides will some day be more universally recognized as remedies of marked value. It is likewise interesting that physiological therapeutics prescribes for this ailment the iodides of potassium and iron, and the bin-iodide of mercury as drugs of the greatest importance. The remedial action is doubtless due to the law of similars; though not so credited.

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In summary let me ask you to recall:

1. That lymph nodes are invaded by the tubercle bacillus, with extreme frequency, particularly in infancy;

2. That this condition is due, and due only, to infection from some other individual or animal;

3. That of all glands involved, the bronchial are the most susceptible;

4. That in tubercular atmospheres the lowest levels are the greatest danger points;

5. That the lymphatic system is the culpable agent when to an infectious disease a tubercular sequela develops;

6. That efforts towards prophylaxis will yield the best results;

7. That early diagnosis and treatment are of prime importance if disease is once established.

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OCCIPITO-POSTERIOR PRESENTATIONS*

By S. G. A. Brown, M.D.

Shippensburg, Pa.

NOTWITHSTANDING the condition "Occipito-posterior Presentations" has been discussed so often and so thoroughly, the fact still remains that no subject pertaining to the art of obstetrics deserves more attention from the conscientious accoucheur.

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*Read before the Homœo. Med. Soc. of the State of Penna.

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It has been asserted that from one to four per cent. of all cases present with the occiput posteriorly. Probably 1 1-2% would be a safer estimate. The great majority of this percentage presents, L. O. P. There is no obstetrician, unless of very limited experience, who has not witnessed one or more of these cases. They are more common in primiparæ than multiparæ, at least, that has been the writer's experience.

Labor is always more tardy, especially so in primiparæ, sometimes twenty-four hours elapsing before birth takes place. Labor is also more difficult because the entrance of the head in its false position into the pelvis is more difficult and because of the greater rotation which is demanded for its completion. The pains are usually irregular and imperfect. Dry labor either from the early rupture of the membranes, or from oligohydramnios, should at once arouse our suspicion, as these are frequent accompaniments of this form of labor. The so-called "rigid os" is never present if the head is properly presenting.

As the head descends the occiput or biparietal diameter must pass through the narrow diameter, in R. O. P. positions, corresponding to the space between the right side of the sacral promontory and the right iliopectineal eminence, while the bitemporal diameter of the head occupies the larger space between the pubes and the left sacroiliac notch. The wider portion of the head being thus placed in the narrow oblique diameter of the pelvis, naturally results in increased labor pains; these in turn cause a rapid descent of the sinciput which is free in the larger diameter of the pelvis, and thus produces more or less extension which renders the termination of labor still more difficult and remote. The prolonged labor likewise always materially increases the danger of laceration and resulting septicemia. Fortunately nature often comes to our assistance as it is an inevitable fact that the majority of occipitoposterior cases rotate voluntarily into occipitoanterior cases if there is not too much mechanical interference on the part of the attending accoucheur.

It is always prudent to make a diagnosis as early as possible. If the position of the presenting head can be determined before the rupture of the membranes or the engagement of the head, the part presenting can many times be corrected if found at fault. Abdominal palpation is always of value in the early stages. Palpation of the occipital suture is never reliable. It is better to find an ear if possible and its lobe will indicate the direction of the presenting head.

If an R. O. P. presentation is diagnosed the patient should be

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placed in the knee-chest position as soon as possible as this has a tendency to cause the child to recede from the pelvic brim; the child thus being free and the mother remaining in this position, the fetus will have a tendency to rotate on its axis and by gravity bring the heavier spinal column in apposition to the anterior wall of the uterus. In fact, one authority claims that if this position be practiced daily by the pregnant woman for a week or more before confinement, occipitoposterior positions will become a rarity.

But if labor has continued too long, pressure exerted with the finger up behind the posterior ear may assist rotation in cases where extension of the head is not extreme. However, if extension be not extreme, it is probably better to avoid too much interference provided the condition of both patients remains good. Should it be deemed necessary to produce rotation it is probably best to grasp the shoulders within the uterus and rotate, the head being easily turned as the hand is withdrawn. In R. O. P. positions introduce right hand and push posterior shoulder backwards. In L. O. P. positions use same hand but push anterior shoulder to the front, in either case rotating head with arm and with the other hand on the abdomen make counter-pressure to facilitate rotation of fetal trunk. When it is necessary to produce rotation thus, it is best to have everything in readiness and before withdrawing hand introduce the blade of forceps, thus preventing head from rotating back to posterior position. Flexion must be maintained while rotating.

In regard to the application of the forceps, authorities differ. Some maintain that forceps are invariably the rule and that laceration of the perineum always occurs despite every precaution. Unless rotation occurs voluntarily, forceps are undoubtedly always indicated. If forceps are applied while occiput is still posterior no attempt is made to apply them to the sides of the head as the parietal bones in the pelvis make it extremely difficult. It is also difficult to make the handles of the forceps assume their natural position, i. e. resting upon the floor of the perineum. After applying the forceps they should be brought well down upon the perineum before locking them, then before traction is exerted, raise the handles and thus increase flexion. Some obstetricians deem it advisable to anticipate the resulting laceration of the perineum by incising it over a groove director one-half inch or more. Lacerations usually occur within the fourchette and consequently are frequently overlooked.

Nothing has been said regarding antisepsis but it is presumed to be understood in these latter days that no conscientious accoucheur would be guilty of such gross negligence as to omit this precaution.

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A COMMON GROUND

THE Boston Homœopathic Medical Society is making medical history. The last number of the NORTH AMERICAN contained a letter from its Boston correspondent, drawing attention to the meeting of this society at which Professor Cabot, of the Harvard University Medical School, spoke on the subject of "How far do homœopathic and other physicians agree, and how far can they agree?" and Professor Wesselhœft, of the Boston University Medical School, discussed "the question of a common ground in therapeutics."

This Boston letter gave a resume of these two addresses. They are published in full in the December issue of the *New England Medical Gazette*. No one can read them without acknowledging that each speaker did his part well. Dr. Cabot exhibited a spirit of willingness to give and take which, if it is a fair sample of the animus that actuates the old school profession, surely marks the beginning of the end of the present most unfortunate divided state of the medical profession. Dr. Wesselhœft's contribution demands the thanks of his co-workers; it showed that Hahnemann's basic principles, enunciated a century ago, are practically identical with those of the foremost writers in the old school today, such as Professor Goldscheider of Berlin, whose article on "Therapeutics in Conformity with Nature," in the *Deutsche Med. Wochenschrift*, March 8,

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1906, would lead a homœopath to think he "had read and inwardly digested Hahnemann's Organon." Dr. Wesselhœft insisted that to find a common ground we must start from the premises: that all we know of disease is the symptom complex we see in the individual, and that the only way to judge of the therapeutic possibilities of a drug was to test it, prove it, on a healthy human being.

Dr. Cabot discussed the practical and immediate side of the question, pointing out that the preponderance of things on which old school and new school men agree, ought to make it easy to find a working basis for a common professional association and action. "There must be concessions on both sides—not only on your side, if we are to get together * * * We have certainly been wrong—some of us,—in our prejudices against homœopaths, in blaming all homœopaths for the faults of a few. * * * I suppose there are also in your body some who find it hard to believe that we of our school are not all arrogant and prejudiced." We are obliged to cry "peccavi" when we see a contemporary charging the inaccuracies of Polk's Directory to the American Medical Association, and recall the many of our faith who have stood still and are yet nursing the bitter spirit of a generation gone.

Quite as interesting in many respects as the two addresses were the remarks made by those who took part in the discussion. Dr. George E. May referred to the fact that he had been connected with the Newton Hospital for fifteen years, where both schools meet on an equal footing, and the only disagreements he had known of had been among the homœopaths themselves. Dr. Rockwell stated that he had been a guest at a club of young physicians when a paper on homœopathy was read by one of the seniors of Harvard Medical School, and he was invited to discuss the paper. Dr. Rockwell's estimate of the writer was that he was "a most worthy advocate of homœopathy." As a result of that meeting the members of the club decided to do some drug proving in a small way, with the idea that such an effort might eventually lead to serious investigations in the laboratories of the new Harvard Medical School!

In closing the discussion Dr. Cabot said: "I am anxious to get together not merely with the homœopaths, but with every other

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group of persons who think they can cure disease, with the osteopaths, the mental healers, anybody else who thinks he can help the sick. I want to find out so far as I can what is true in his beliefs. * * * I believe it is important that we look for truth wherever it is to be found, and learn whatever can be learned without prejudice, without fear that any truth we have already may be upset by learning more truths from any other man."

In connection with Dr. Cabot's eirenicon the homœopath ought to consider Professor von Behring's recent pronouncement:

"In spite of all scientific speculations and experiments regarding smallpox vaccination, Jenner's discovery remained an erratic block in medicine, till the biochemically thinking Pasteur, devoid of all medical classroom knowledge, traced the origin of this therapeutic block to a principle which cannot better be characterized than by Hahnemann's word: homœopathic.

"Indeed, what else causes the epidemiological immunity in sheep, vaccinated against anthrax, than the influence previously exerted by a virus, similar in character to that of the fatal anthrax virus? And by what technical term could we more appropriately speak of this influence, exerted by a similar virus, than by Hahnemann's word:—homœopathy?

"I am touching here upon a subject anathematized till very recently by medical pedantry; but if I am to present these problems in historical illumination, dogmatic imprecations must not deter me. They must no more deter me now than they did thirteen years ago, when I demonstrated before the Berlin Physiological Society the immunising action of my tetanus antitoxin in infinitesimal dilution. On this occasion I also spoke of the production of the serum by treating animals with a poison which acted the better the more it was diluted, and a clinician who is still living, remonstrated with me, saying that such a remark ought not to be made publicly, since it was grist for the mill of homœopathy. I remember vividly how Dubois-Reymond, who during the progress of the demonstrations and discussions had become drowsy, suddenly sat up, all attention, when I replied in about these words:

" 'Gentlemen, if I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road'."

The age of dogmatism has heard its death knell. Enlightened men refuse to bind themselves to the verbal dicta of a religious creed. The most intelligent citizens are mugwumps who refuse to accept *ex cathedra* the platforms or candidates of political parties. The *zeitgeist* in the medical profession is "what is truth?" Physicians everywhere are seeking for what will benefit the patient. The

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opportunity is at the door of homœopathy. The basic principles of homœopathy have been proven to be true; our task is to put our evidence in the hands of the whole profession, and especially the younger men, in such a way as they can grasp and accept it.

ENCOURAGING ENLIGHTENMENT

THE world moves, and here in America at any rate, the old school practitioner has to listen occasionally to the venturesome acknowledgements of a brother who has found something of value in the erstwhile despised systems of the sects. Before the Columbus, O., Academy of Medicine Dr. C. F. Gillian was pleased to testify as follows:

> In the domain of vegetable drug therapeutics the medical profession owes more to the eclectic school than to any other, and I am glad to extend to these gentlemen my appreciation of their good work, though I confess that only a few years ago I looked upon them with something akin to contempt. So, too, with our homœopathic brother. The more liberal I become in my regard for the different schools, the more good I can see in their systems. Indeed, in serotherapy, which probably holds more promise for profitable exploitation than any other, we are virtually adopting, only one remove distant, the homœopathic doctrine of "like cures like." We all act upon that principle in many diseases, and, if we could get together on the dosage, could travel along in double harness very nicely.

Later in his address Dr. Gillian himself unconsciously answered his one objection to homœopathy. As an alkaloidist he finds himself the subject of attack on the dose-question from some of the brethren.

> Many others, too, think that the alkaloidists use such infinitesimal dosage as to be closely allied to homœopathy. There is just where our, "Just dose enough," comes in. We use just sufficient to secure the effect desired, whether that be the one-hundredth of a grain or 100 grains * * * * As a rule we begin with a minute dose, repeat it frequently, till we get the effect desired and learn the tolerance of the patient to the particular drug given, and then continue it in such sized doses and at such intervals as seem indicated.

Nos, quoque, brother Gillian. Homœopathy is no more a question of dose than is alkaloidal therapy, and it is experience that

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teaches the homœopathic physician that the infinitesimal dose is "just dose enough."

Such quotations as the above give rise to two thoughts. First of all we are impressed with the fact that there is quite a little leaven at work leavening the whole lump. The ranks of the homœopathic school may not be receiving many accessions from the dominant branch of the profession, but homœopathy as a method of cure is surely growing in popularity in it and, after all, in the interests of humanity that is the main thing. Good missionary work in this direction could, in the opinion of the NORTH AMERICAN, be done by the circulation of a tract or circular consisting of a compilation of some of the favorable comments on homœopathy that appear in old school literature.

The second suggestion that arises from quotations such as those above is, Are we being outdone in breadth of view? Gentle reader of this editorial what do you *know*, from personal investigation or experience, of whatever there is that is good in other systems of drug therapy?

Notes and Comments

Gowanda State Homœopathic Hospital—The recovery rate on the number treated at this institution during the past year is 7.3%. The Commission in Lunacy, however, computes its recovery rates on the number admitted, which would bring the recovery rate up to 44.87%, which is the largest in the state. This explanation is made in justice to the Gowanda Hospital and its staff, lest the figures recently quoted by the NORTH AMERICAN lead to misjudgment.

Diagnosis of Rabies—The New York City Board of Health has perfected arrangements whereby the diagnosis of rabies can be determined at very short notice. Whenever a policeman shoots a supposed mad dog he must promptly notify the Health Department. The carcass is sent for at once and taken to the laboratory. By employing squeeze smears and a special staining method devised by Van Giesen, Dr. Williams of the Research laboratory has shortened the time required for diagnosis to about twenty minutes. As soon as this has been determined the police are notified by telephone and all persons known to have been bitten are informed as to whether it is advisable to start on a course of Pasteur treatment.

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Rockefeller a la Dr. Biggar— The Cleveland *Sunday Plain Dealer* of Novem. 25 last, devoted a page to an illustrated article bearing the title: "The Rockefellers in France. An Intimate Personal View. By Mr. Rockefeller's Family Physician." There was also a contribution on "Mr. Rockefeller's Personality," signed by H. F. Biggar, M.D. The NORTH AMERICAN commends Mr. Rockefeller's choice in making Dr. Biggar his medical adviser and traveling companion; it congratulates Dr. Biggar on having such a patient as Mr. Rockefeller; it suggests to both physician and patient that homœopathy is not limited to the employment of drugs in attenuated doses, that all that pertains to the great field of medical practice and research belongs to homœopathy "by tradition, by inheritance, and by right," and that it could be trusted to make good use in behalf of humanity of a liberal consignment of Standard Oil. *Verbum sap.*

Abortionists' Advertisements Barred from the Mails—The Postoffice Department has issued an order debarring from the use of the mails newspapers carrying the advertisements of a number of abortionists in Buffalo, N. Y. Such an action on the part of the federal government will go a long way toward putting a stop to this nefarious business. The evidence against the abortionists was accumulated by the Erie County Medical Society.

American Institute for Scientific Research—An organization is under way whose purposes will include scientific research in many directions but particularly in the realms of applied psychology. Its work will be carried on by a number of sections. Section A of which is to be given up to psychopathology and Section B to psychical research. Section B is in the more advanced stage of organization at present. To further its work the English Society for Psychical Research has given up its American branch, and its members have been invited to enroll in Section B which bears the name of the American Society for Psychical Research. The secretary is James H. Hyslop, 519 W. 149th street, New York. There are to be five classes of contributing members: Founders who pay $5,000; Patrons, who pay $1,000; Fellows whose annual fee is $25; Members who pay $10; and Associates who pay $5 annually. Fellows can enroll in all sections and receive all publications; Members enroll in one section and receive all publications of that section; Associates receive only the journal of the section in which they are enrolled. The monies paid by Founders, Patrons, Life Fellows, Life Members and Life Associates will be invested in an endowment fund, and only the income thereof will be used in the work of the Institute. It is said that several large contributions to the endowment fund have been made by prominent New Yorkers and it looks as if the sections will be able to do some real work pretty soon.

French and German for Medical Men—Professor Osler has advised his students at Oxford University, and the advice is good for the graduate in medicine also, to spend half an hour a day in reading small French and German text-books with a view to familiarizing themselves with those languages and acquiring the facility to read without the aid of a translator the writings of the leading continental

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authorities. The following list of books was suggested for undergraduates taking scientific courses preparatory to the study of medicine and to students of anatomy and physiology: French—Aubert, "Phenomenes de la Vie." Ditte, "Premieres Notion de la Chimie." Joubert, "Traite d'Electricite." Meric, "Dictionnaire des Termes de Medicine Franc-Anglais." German—Born, "Compendium der Anatomie des Menschen," Reynolds, "Leitfaden zur Einfuhrung in die Experimental Chemie." Fiedler and Sandbach, "A First German Course for Science Students." Osborne, "German Grammar for Science Students." Schenk und Gurber, "Leitfaden der Physiologie des Menschen." Lang and Abrahams, "German-English Dictionary of Terms Used in Medicine and the Allied Sciences."

Medical Politics—Speaking of the interference of professional politicians with the proper working of departments of health, etc., the *St. Louis Medical Review* has this to say:

> Much as we dread the introduction of the political element into medical organization, we must admit that occurrences like this make us feel that the only possibility of getting sane and continuously efficient administration of matters relating to the public health, is by the creation of a medical political factor that shall see that the judgment and knowledge of the profession, when exercised as a department of the public welfare, shall not be set at naught by restrictions of politics that are as insane and mischievous as they are dishonest. Unfortunately, history leaves us little room to doubt that when that medical political factor shall itself become a power it, too, will soon become as insane, as mischievous, and as dishonest as any of those that it is being created to oppose.

Is our worthy contemporary hitting the American Medical Association with its almost perfect machine? Homœopathic medical politicians will also please take note of the danger that lies ahead of them.

New York's Child Labor Law—A new law regulating the employment of children and women went into effect in New York State on October 1. Among its chief provisions are the prohibition of the employment of children under 16 in any factory in the State before 6 a. m. or after 11 p. m. and of children in New York City in business places, telegraph offices or as messengers after 7 p. m. No child under 16 and no woman can be employed in any mine or quarry in the state. The rules regulating the manufacture of clothing in tenements are also strengthened. Due provision is made for the enforcement of the law. While such a law may work hardship in some instances where the wages of children between, say, 13 and 16 may seem to be necessary to the support of the family, yet in most cases the employment of children is an outgrowth of selfishness on the part of both parents and employers, and is carried on in detriment to the proper development of the growing race. One result of such a law may be an increased sense of responsibility on the part of parents in bringing children into the world.

Roentgen Ray in Unresolved Pneumonia—Edsall of Philadelphia claims favorable results from the Roentgen ray in three cases of unresolved pneumonia. The response was very quick; one case cleared in five days and another in ten days.

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International Homœopathic Review

CONDUCTED BY - - - - - - - P. W. SHEDD, M.D.

Sciatica Remedies, ACONITE—Irritation, inflammation of the nerve; burning, lancinating, numbing pain as if the region were anesthetized; < at night and from motion; especially in recent cases.

AMMONIUM MUR. Grave, chronic conditions. Pain in the left side as if the hip tendons were too short; the patient stoops when walking or sitting; complains of gnawing pains in the bones, slightly ameliorated when walking and completely disappearing when recumbent; sensation of contraction and actual contracture of the legs; sticking, tearing, ulcerative pains in the heels, better from rubbing. < at night in bed.

ANGUSTURA. Tormenting pain along the sciatic nerve, forcing him to stoop, with painful stiffness of the muscles; on extending the limb there is sensation of pressure in the anterior muscles of the thigh.

ARNICA. After any exercise burning, piercing, tearing pains, sensations of bruising and paresis in the affected limb. Constantly changes posture as if everything upon which her legs rest were too hard; particularly useful during confinement.

ARSENICUM. Typical regularity of the pains, worse at night, worst at midnight. Burning, tearing pains with great agitation—The patient must move the limbs frequently to get some surcease of sorrow, but the pains are < from vigorous movement; cannot lie upon the affected side; great prostration and desire to remain abed; < from cold applications, temporary > from heat; from living in a cold, damp dwelling, or, after the sudden suppression of an eruption.

BELLADONNA. Sciatica with hip joint pain, especially nocturnal. The patient changes posture frequently; there is great sensitivity to touch even of a coverlet, to the least jar or even from hearing someone walk through the room; < from the least draught; afternoon paroxysms, then cessation until midnight. Desires to sleep but cannot. Amelioration from letting the legs hang down, from heat, after sweat, or standing.

BRYONIA. Pain, especially lumbar extending to the thigh. Worse standing, from movement, late in the evening; better lying on the painful side, often ameliorated by cold water; atrophy and emaciation of the limb.

CALCAREA CARB. Sciatica from working in water; pain < when the legs are pendant, > when the knees are elevated. The pain extends downwards along the limb and causes constant malaise.

CHAMOMILLA. Left-sided. Pulling pains from hip to knee, from the ischial tubercle to the sole; sensation of numbness in the parts after motion; pulling, tearing pains, intolerable at night; < at night in bed and from the least motion. Excessively irritable; the patient acts as if beside himself.

COLOCYNTH. Right-sided sciatica. Sharp pain in the sacral region, < from every movement and hence enforcing perfect quietude; sticking, burning pain from hip to knee or like lightning from sacrum to heel, worse evening and night, with thirst for cold water.

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The pain comes suddenly, remains constant, and is intolerable: its intensity causes stooping, paresis, numbness afterwards. Worse from touch, cold, movement, anger, indigestion; better by perfect rest and warm application. There is a tendency to tendon-shortening.

EUPATORIUM PERF. Left-sided. Intense pain along the nerve, producing a sensation of paralysis, especially after motion. Neuralgia of the right shoulder, right knee, passing to the left side. Neuralgic pains from below upwards, more frequently on the left side (spine and hip), gnawing pains in the iliac bone, the legs are feeble, especially the left.

GELSEMIUM. Obstinate sciatica, pains < during rest and particularly when beginning to move. Burning pains, < at night enforcing rest in bed; the violent pains of the paroxysm diminish during sweat; pain in the sole when walking.

GNAPHALIUM. Intense, deep, lancinating, burning pain along the posterior portion of the sciatic (of no use in crural neuralgia) following its larger ramifications. The pains are replaced by numbness which makes exercise very fatiguing. There is < from motion, from walking, when recumbent; > when seated in a chair. The right side is chiefly affected.

IGNATIA. Chronic, intermittent sciatica, > in summer, < in winter. Hammer-stroke pain as if the hip joint were being broken in pieces; chills with thirst, followed by heat, especially in the face, with no thirst. Intermittent sharp pains, at first every 3 days, then daily. The patient has a mild and melancholy disposition.

IRIS VERS. Sharp burning pain causing him to limp; affecting the posterior muscles, along the sciatic to the foot, < from moderate motion. Sharp burning pain in the right shoulder, complicated sometimes by gastralgia and colic.

KALI BICHROMICUM. Sciatica in men (pulsatilla, women) affecting the left leg, >from walking or flexing the limb; < standing, seated, or lying in bed. The pain extends from hip to knee and pressure causes pain the whole length of the leg. A variety show of wandering pains, coming and going suddenly. Sharp pains, shock-like pains in the hip or thigh < in warm weather (Ignatia >).

KALI PHOS. Pulling pains in the back of thigh and knee; torpid, stiff. Great agitation and prostration. Tearing, paralytic pain in the sole.

LAC CANINUM. Rheumatic pain in the left hip and along the sciatic; intolerable pain across the superior sacral region extending into the sciatic nerve, preventing sleep and repose. Wandering rheumatism.

LACHESIS. Its pains constantly change place—in the head, in the teeth, in the sciatic nerve, with nervousness, palpitations, flushes of heat, constipation. Intolerable itching, burning pains from hip to foot, pain in the (right) sciatic, < from slight motion. Eruptions suppressed on the legs return in abundance. Amelioration when lying quiet in bed.

LEDUM. The pain extends to the sole, pinching, pulling in every articulation of the thigh, passing along the posterior thigh with pres-

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sure in the back of the limb and contractive sensation in the muscles. The affected limb is colder than the rest of the body. Pains < on getting into the warm bed and from touch. The left side is more affected, with feebleness, heaviness of the parts. Pain accompanied by sweat of the feet and limbs; extreme sensitivity of the sole and itching of the dorsum pedis and ankles. Loss of vital heat at night.

LYCOPODIUM. Chronic cases. Burning, sticking pains—then complete remission. Stiffness and weakness of the affected limb, < from repose, slightly > movement, but > when movement is hindered, opposed. Pinching muscular pains, constipation, tympanites, urine dark, turbid, red sandy deposit. Pains are < by pressure on the affected part, when the patient sits down or bends over; they are intolerable when standing, the limb cannot be straightened out. Attacks every four days.

MERCURIUS. Pain from hip to knee, pulling, throughout the whole thigh and leaving a painful weariness which hinders walking. It feels as though the flesh were turned upon the bone; sensation of internal heat, the surface being cold; < from touch, motion, evening and night, > in the open air and after day-break.

NUX VOMICA. Pulling, tearing pain from below upwards, > from warm water, with stiffness and contraction of the limb. Great pain along the limb into the foot; sensation of paralysis with coldness of the affected parts; < lying on the painful side (Bryonia>); < in the early morning; at stool. Constipation.

PLUMBUM. Chronic sciatica with atrophy. Constant, constrictive, tearing pains, > at night, from heat, movement or light pressure, massage. Hectic fever, dry cough, great exhaustion.

RANUNCULUS BULB. Sciatica, especially in women; pain < from motion, > only when recumbent: < in rainy, stormy weather. Burning, sticking pains radiating into the back and spine.

RHUS TOX. When due to exposure to damp or from a strain. Piercing, burning, tearing pain with sensation of coldness, numbness. Formication, paralytic stiffness of the limb, < when at rest and beginning to move, only temporarily > from movement. Frequent cramps in the calves. Worse in the open air, better from dry heat.

STILLINGEA. Left-sided luetic sciatica. Violent pains in the feet, dorsa, leg, hip, left lumbar region, pain in the toes. Violent pains in the back rediating down into thighs and legs; tibial periostitis and nodosities.

SULPHUR. Subacute crural sciatica due to some dyscrasia. Coccygeal pain, piercing, tearing on rising from a seat; tensive pain in the hip joint particularly the left, extending downwards with a bruised sensation; sensation of heaviness in the limb and numbness as if paralyzed, < when walking, < at night when warm in bed. More or less rigidity of the knees; foot-sweat in chronic cases.

TELLURIUM. Left-sided sciatica, with vertebral sensitivity; pain radiating from the sacrum to the right sciatic < after walking, in bed, at stool, when coughing, laughing, or lying upon the affected side.

VERATRUM. Extremely violent pain with nervous irritability;

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electric-like pains; itching. < at 3 p. m. and at night—he must sit up, let the legs hang out of bed, or walk.—Dr. Paul Chiron. *L'Art Medical.*

BOSTON MEDICAL JUN

Mercurius Dulcis: Cirrhosis.—Why calomel cures cirrhosis and in what form of the disease it is indicated are the subjects for discussion.

In spite of Laennec's excellent description and numerous later treatises endeavoring to clarify the obscure history of hepatic sclerosis, we do not yet possess a truly classic exposition of cirrhosis. This regrettable imperfection in the history of so common and so grave a disorder is chiefly due to the defective methods of delimiting and classifying the cirrhoses of the liver.

Primarily it must be established that, as in all localized affections, the cirrhoses are symptomalogic; characterized by a syndrome of symptoms and of lesions having a certain evolution and divided into groups of which clinical study has already recognized two principal types: the bi-venous (hepatic and portal) and the biliary. Additionally, the clinician has determined the characteristics of cirrhosis in gout, intermittent fever, diabetes; and has furthermore described the cardiac liver, the tuberculous liver, the syphilitic liver, departing markedly from the cirrhotic type.

Etiology has always been a poor basis in the classification of morbid states, for the reason that causes taken as primary, basic, are in truth, secondary, and play in the genesis of disease the role only of adjuvant circumstances, the disease itself coming under the great law of definite predispositions, whence we find that the same cause, even if it be a microbe, may develop, according to the predisposition of the organism various morbidities. It suffices to cite the bacillus coli or the streptococcus to prove these assertions, and in so far as our subject, cirrhosis, is concerned alcoholism may develop the atrophic, the hypertrophic or even the biliary form.

Thanks to contemporary investigations two natural and distinct forms of cirrhosis may be defined: the bi-venous; the biliary.

Bi-venous cirrhosis is commonly considered as symptomatic of alcoholism; as for the biliary type it is not possible yet to attach it as symptomatic of a disease. But both of these affections are so characteristic and distinct from all other pathologic conditions that it will be of advantage to study and describe them as morbid entities. To these two types may be added most of the cirrhoses symptomatic of definite diseases, e. g. lead cirrhosis, malarial cirrhosis, and one of the former of luetic cirrhosis, whose lesions and symptoms place them in the bi-venous rubric. In the biliary group are naturally placed the varieties with enlarged spleen, atrophied spleen; the biliary with hepatic atrophy; and that rare form found only in infants, biliary cirrhosis without jaundice.

As for fatty cirrhosis, characterized by fatty degeneration of the cell, it should be considered as merely the possible ending of all cirrhosis. Death, from hepatic insufficiency, is its natural termination.

Fatty degeneration at the commencement—fatty liver—should not be classed with the cirrhoses, since the chief lesion of cirrhosis,

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the sclerosis of connective tissue, is absent. This affection should be termed hepatitis lipomatosa.

Briefly sketching the bi-venous (hepatic and portal veins) and the biliary cirrhoses we find that bi-venous cirrhosis presents two forms: the atrophic; the hypertrophic; both characterized anatomically by the sclerosis of connective tissue. The hepatic and portal veins are the seat of peri- and endophebites which diminish the lumen of the vessels and cause actual obliteration; hence the name, bi-venous, given to this form of cirrhosis. It is to be noted, however, that sometimes the inflammation attacks only the hepatic circulation; sometimes only the branches of the portal vein.

In the hypertrophic bi-venous cirrhosis, the biliary cellule is hypertrophied and the trabecular spaces are the seat of a considerable hypertrophy and hyperplasia and to these two conditions is due the increase in volume of the liver in the hypertrophic variety. The ascites, the supplementary development of the venous circulation in the abdominal walls (caput medusæ) and the enlargement of the spleen are common to both varieties of bi-venous cirrhosis. We shall note certain important differentiations which explain why the hypertrophic form is frequently curable while the atrophic terminates *fatally*.

In the hypertrophic form the bile-cell is conserved, its functions are even more active (icterus), whence results that hepatic activity continues, that there is no increase of urinary toxicity, little change in the output of urea, and finally no suppression in the formation of biliary pigments nor pigmentary acholia. When bi-venous cirrhosis (both forms) ends fatally, the bile-cells are also attacked and death results from hepatic insufficiency or malignant jaundice. But, as before stated, the hypertrophic form admits of cure—the ascites is not reproduced, the liver shrinks and may even return to a normal size.

Biliary cirrhosis should be classified with the cirrhoses since there is invariably a simultaneous sclerosis of connective tissue, the difference being that here the inflammation centers in the bile cells and canaliculi instead of in the veins. The bile-cell increases in size and its functions become more active, but there is a synchronous inflammation of the bile-canaliculi, narrowing and often obliterating the lumen. The liver is considerably hypertrophied, the spleen becomes enormous, its hypertrophy sometimes preceding that of the liver. Icterus is the chief symptom of this form of cirrhosis; ascites appears exceptionally (as a symptom of peritonitis), and edema of the legs only during the cachexia. The disease presents, at irregular intervals paroxysms of jaundice and increase in liver volume. Cure is possible; if death intervenes it is preceded by a malignant jaundice or by pneumonic or other complication. The affection is commonly of prolonged duration, particularly when the digestive functions remain unimpaired.

It is hardly necessary to remark that the hypothesis of "infection," which hypnotises many of our contemporaries, renders obscure any description or classification of cirrhoses and is the source of an injurious therapy. It is painful to note the importance which authors of today attribute to the query if biliary cirrhosis be caused by

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some pathogenic microbe still unknown or by our old friend, the bacillus coli, which, it has been justly said, is capable of anything from a urinary fever to meningitis, and, if it excites cholera infantum, why not biliary cirrhosis? Were we able to determine it the pathogenic agent of the cirrhosis nothing would have been gained, for we should then have to know why the microbe passed from a saprophytic to a pathogenic state and to a pathogenic state specific in the production of biliary cirrhosis. In a word, if one wish to throw any light upon the pathogenesis of the cirrhoses, it becomes necessary to determine those morbid conditions to which they are accessory and of which they are symptomatic.

Not only does the "infection notion" give us nothing but "hypotheses" on the etiology of cirrhoses, but it has a graver fault, viz. the development of an absolutely hypothetical therapy. Benzonaphtol, salol, sodium salicylate and repeated purges constitute a medication as false in theory as in practice and recalls, involuntarily, the anti-choleraic treatment of Prof. Bouchard based upon the microbic theory of Koch. Bouchard established an absolute antisepsis of the intestinal tract which did not, however, lessen his cholera death-rate.

Mercurius dulcis cures cirrhosis because it produces it in the healthy animal. Struck with the favorable effects of minute doses of calomel in certain cirrhoses, and finding no positive information in therapeutics regarding the action of mercury upon the liver, experiments were begun upon rabbits. The technique was as follows: In the first experiments subcutaneous injections of 10 centigrams (later, 35 centigrams) of calomel in oil-suspension were made. These doses, much too strong, caused death, with subnormal temperature, in 48 hours. In spite of the rapid demise of the subjects, autopsy showed hepatic lesions. The organ was greatly congested, with mitral catarrh of the larger biliary channels and a peri-biliary embryonal infiltration. A third rabbit was given very weak doses, in 29 days receiving only 45 centigrams of calomel. The autopsy showed advanced lesions in liver, kidney and lung. The liver was the seat of an intense congestion; it presented histologic alterations analogous to those of an infectious embryonal cirrhosis of biliary origin; the lining cells of the intra-hepatic bile-channels exhibited inflammatory lesions; this inflammation advanced into the adjacent connective tissue which responded with a cell-proliferation; there were neoplastic bile-canaliculi and a peri-biliary embryonal infiltration. These lesions, primarily located in the biliary apparatus and its channels, and secondarily in the connective tissue, corresponded in detail to the lesions of a biliary cirrhosis.

If, however, experimentation upon animals demonstrates that calomel produces lesions very similar to those of biliary cirrhosis, our clinical experience leads to the conclusion that it is peculiarly in the bi-venous form of cirrhosis that the drug is curative. The apparent paradoxicality of this fact need not bother us, for we know that there is seldom exact similitude between drug-pathogenesis and disease. Thus, belladonna whose curative power is so marked in acute catarrhal anginas, does not produce in the healthy a complete

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syndrome of the disease. Its peculiar pathogenetic symptoms are: a localization in the pharynx with a light redness of this region, and above all, great dryness; in some toxic cases a slight pharyngeal pain, easily extending to the ear. It is from this pathogenetic syndrome that the indications for belladonna are drawn in angina catarrhalis acuta with implication of the middle ear. But these indications are not deserving of being called positive until clinical experience has confirmed the drug's curative action when the following four symptoms are present, viz.—pharyngeal redness, dryness, and pain with a tendency to middle-ear extension.

Experimentation with calomel shows its organopathic action, producing inflammation of bile-channels which extends into the adjacent connective tissue, with hypertrophy of the liver—facts sufficiently indicating its employment in the treatment of cirrhosis and justifying clinical research in an endeavor to determine its curative sphere. Clinicians of all schools have prescribed calomel empirically in all forms of hepatic cirrhosis. In atrophic cirrhosis it has been found almost valueless; in biliary cirrhosis small doses have often produced marked amelioration but no radical cure of this lesion is known to the author. Only in hypertrophic bi-venous cirrhosis of an alcoholic etiology has calomel furnished a number of complete cures. Dr. P. Jousset. *L'Art Medical.*

Tonsilitis Remedies—Aconite and belladonna have many throat symptoms in common. For example, both red or dark red in appearance. Great dryness, feeling of lump in throat, but the aconite throat has a stinging and burning which is absent in the belladonna throat. The belladonna throat is swollen and tender to touch on the outside. General symptoms will of course aid in choosing the remedy.

Guaiacum is a common remedy in the first stages of tonsilitis. There is violent burning and pricking (not stinging as in aconite) in the throat, with thirst and dryness of the mouth. Violent stitches in the throat. This remedy is especially adapted to the arthritic diathesis.

Apis mel. may be indicated. It has some of the characteristic symptoms of aconite and belladonna; for example, dryness of throat, burning and stinging of aconite. Throat swollen inside and out, like belladonna, but the apis throat is edematous and looks water-soaked. The apis throat may have ulcers; aconite and belladonna, never.

Almost immediate results are obtained from phytolacca in tonsilitis and pharyngitis of scarlet fever. Swelling of the throat extended to roof of mouth and was purple in appearance. Dryness of throat provoked coughing. When swallowing pains would shoot to the ear.

When the inflammation involves the follicles and deeper tissues, we think of the iodides of mercury. In the bin-iodide there is a preponderance of iodine. In the proto-iodide, the action more closely resembles that of mercury. When to give bin-iodide and when proto-iodide is often a question. Here are some differential points: In the bin-iodide, tonsilitis starts in the left tonsil. In proto-iodide, it

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starts in right tonsil. In the bin-iodide, the mucus and phlegm, so characteristic of the mercuries, is in the nose and throat; in proto-iodide in throat only. In bin-iodide, there is constant inclination to hawk; in proto-iodide, constant inclination to swallow. In bin-iodide there is a marked stiffness of the muscles of the neck and throat, not so noticeable in the proto-iodide.

Kali mur. is an excellent remedy in tonsilitis. Better results have been had from kali mur., alternated with ferrum phos., for the temperature in follicular tonsilitis, than from the mercuries. It is said the chief indication for kali mur. is the white coating on the tongue, tonsils and mucous membrane. Kali mur. is also said to be indicated in quinsy, acute or chronic.

Kali bichromicum is a great remedy in ulcerative tonsilitis. It has the hawking and thick mucus like bin-iodide, but the mucus is tough and stringy. Also look for a relaxed edematous bladder-like uvula when thinking of kali bichromicum.

If the inflammation involves the stroma of the tonsil, and the formation of pus seems inevitable, hepar sulph. 1x will assist the pus formation; after the tonsil ruptures or is lanced, silica 30x will hasten resolution.

Baryta carb. is indicated when the patient takes cold easily and tonsils suppurate from every cold.

Lac caninum will invariably be the remedy when the inflammation starts in one tonsil and travels back and forth.

Think of lycopodium and the mercuries in tonsilitis when there is a regurgitation of liquids when swallowing. Dr. A. Butler. *Cleveland Med. and Surg. Reporter.*

Physical Therapeutics

CONDUCTED BY WM. H. DIEFFENBACH, M.D.

Sadger (*Centralblatter fuer Nerven heilkunde a. Psych.* No. 21) advocates the employment of hydrotherapy in croupous pneumonia. Cold, moist packs, usually repeated three times in intervals of 10, 20 to 30 minutes reduce hyperpyrexia and induce perspiration; this is followed by a prolonged cool half-bath 70° F, after which thoracic cold compresses renewed every 2 hours are applied. The half-bath should last 30-45 minutes until the temperature in the axilla shows distinct lessening; during the bath several helpers should vigorously rub the body, especial attention being given to the lower extremities.

The thoracic compresses are to be rinsed in cold water, the feet, if cold, should be rubbed until warm, before applying the cold pack; if rubbing does not suffice a hot water bottle should be applied to the feet.

If collapse takes place during the half-bath the head and neck should be treated to cold affusions in order to stimulate the vaso-

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motor centres. If cerebral symptoms prevail rubbing with cold water is preferred, the whole body being frequently gone over. Hydrotherapy should be employed immediately when the diagnosis of pneumonia has been made. Improvement will then be noted within 24 hours; the heart functionates more vigorously; the pulse becomes slower and stronger and the cough and pain in the side improve or disappear. If treatment is commenced after 48 hours these marked changes can not be secured. It is best at such period to employ sectional ablutions and if the skin does not react but remains cold and cyanotic, baths are contra-indicated.

In the aged, small amounts of alcoholic drinks are recommended. If resolution of exudates is prolonged or deterred, cold packs twice a day are ordered, followed by a half-bath of 75° F.

If collapse threatens after sectional ablutions or half-baths, thoracic compresses with the heart-coil are employed and the sectional ablutions are renewed hourly after the attack has passed over.

In typhoid or asthenic varieties of pneumonia or in pneumonia of children, friction of the skin with cold water—cold sponges—are recommended, to be followed by cold packs and subsequent cool half-baths. During the latter cold affusions over the back are given every five minutes. The half-bath should not be prolonged, lasting from 15—20 minutes. In the interval between baths the thoracic cold compresses are applied and changed every 2 hours. These measures are repeated whenever the temperature in the axilla reaches 103° F.

v. Hansemann, (*Berliner Klin. Wochenschrift* No. 9) claims that rachitis is a disease due to indoor life. Improper, non-ventilated clothing which does not permit perspiration, and prevents contact of air with the skin is a factor. In Japan, where the children run around almost naked and do not live in stone houses, this disease is not met with. The progeny of wild animals, when confined develops rachitis, while they become immune when they enjoy their freedom. To abolish this disease and in order to obviate inheritance of the disposition for this condition it is imperative that children should grow up in the open air, be dressed lightly and be prevented from living in closed apartments.

Pater, (*Munchener Med. Wochenschrift* No. 12) strongly urges a diet free from sodium chlorid in all cases of scarlet fever. The weight of the patient increases and convalescence is hurried. Secondary infections also occur less frequently and albuminuria if present at the beginning of the disease rapidly disappears.

Handek, (*Grundriss der Orthop. Chirurgie,* 1906) gives his technic for the treatment of writer's cramp which deserves quotation. He insists in the first place that the patient give up writing and change the character of his work for a number of months as otherwise recurrences are inevitable. Massage of the hands, forearm, arm and shoulders is given with effleurage, petrissage, and tampotement. Rubbing along the course of the nerves is followed by light vibration of the brachial plexus above the clavicle.

Galvanism with moderately strong currents along the whole upper extremity is then employed, the positive pole at the nape of the neck, the negative pole being moved over the whole arm.

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Mild hydrotherapeutic aids, such as douching of the arm, shoulders and neck assist in the cure. After a lengthy period of this treatment the patient is instructed to write with a soft pencil, later on specially constructed pen-holders designed to employ other muscles than those previously affected are employed, the pens being very soft.

Wray, (*Archiv fuer Augenheilkunde* 52 B. 4 Heft) claims that amblyopia due to tobacco is dependent in the saturation of blood with the tobacco alkaloids. On this basis, especially as nicotin is readily soluble in water, he insists that his patients drink an increased amount of water, 4 pints daily. Success was noted in all cases, normal vision returning in a short period of time. He advocates exercises such as walking in connection with the imbibition of water.

March '06 NORTH AMERICAN JOURNAL OF HOMŒOPATHY contained, what we believe to be the first complete review in the United States of Professor Bier's work on "Hyperemia as a Therapeutic Agent." Since that time many articles have appeared in the medical press and the use of this rational agent is becoming more extended as time goes on. Professor Bier's latest recommendation is in the application of hyperemia in acute burns or scalding, also in wounds. He advised that the parts be subjected to dry heat until a slight film forms and that resolution will be hastened and an aseptic surface secured by this means. This looks very much like the practice of cooks and bakers which Hahnemann mentions in his works, who, when scalded, apply the parts near a flame and obviate blebs and secure quick healing. In fact, much of Professor Bier's theory seems like applying the principle of similia to natural agents.

Hochhaus, (*Therapie der Gegenwart,* Heft 10) applied hyperemia in 38 cases of pronounced diphtheria and in facial erysipelas. Local manifestations were quickly improved and the process did not invade the larynx. Albuminuria and paralysis did not occur. The children were able to bear the bandage about the neck very well, day and night; in some cases it was necessary occasionally to loosen the bandage for a short period. In the cases of erysipelas, the temperature quickly subsided soon after the application and the lesion did not spread further than the face. In severe angina the bandage was also of benefit in alleviating dstress although it did not shorten the attack.

Derlin, (*Munchener Med. Wochen.* No. 29) reports two cases of severe tendon abscesses and acute traumatic osteomyelitis cured with hyperemia. In the tendon abscesses the passive hyperemia was applied for 22 hours, later on for 10 hours. A small incision evacuated the pus and the repetition of the bandage was guided by the symptoms.

Nicolas et Favre (*Bulletin Med.* No. 9) report a trial of Bier's hyperemia in a case of alopecia in a girl who had been bald for 5 years. They applied an elastic bandage about the head and produced hyperemia in the scalp. The hair first appeared in the occipital region, next in the parietal region and gradually covered the whole scalp.

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Original Articles in Medicine

RHEUMATISM AND GOUT*

By William Harvey King, M.D.

New York

IN this paper I propose to deal with the chronic manifestations of rheumatism and gout, which are becoming so prevalent in this country. I do not classify them together because I believe them pathologically to be identical, but that the treatment I shall recommend will be effectual in both.

When we come to the pathology of rheumatism and gout, we are at once thrown into a maize of uncertainty. I believe most physicians who have studied this subject much will agree with Hun when he quotes Lydecker as saying that it is due to "the impaired concoctious matter both in the parts and juices of the body," and then states that "he (Lydecker) expressed himself as clearly and correctly as do many modern writers on the subject." Nevertheless, if we do not know the exact pathology of rheumatism yet, we do know that they are due to a disordered state of metabolism. Metabolism is described by Hall in his most excellent work on physiology, as "those chemical processes by which matter is transformed from non-living nutrients to living protoplasm, and from living protoplasm to dead excreta." In other words, it is the preparation of and appropriation by the tissues of those nutrient elements needed by each individual cell, utilizing it for its purposes and discarding the refuse as excreta when finished with it.

The diseases belonging especially to the etiological group of faulty metabolism are glycosuria, diabetes mellitus, obesity in its various forms, certain forms of anemia, rheumatism and gout. Others would add to this list asthma, neurasthenia, and many other diseases of uncertain origin and pathology. To that branch of faulty metabolism popularly known as uric acid diathesis belongs rheumatism

*Read before the Interstate Medical Society.

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and gout. It must be admitted that if uric acid is the cause of rheumatism and gout, it has not yet been proven. Authors are today greatly divided on the pathology of these diseases, but nearly all admit that the above statement is true. No matter if it has not yet been proven that uric acid is the cause of the disease, it must be admitted that the so-called uric acid diathesis is present, and for which no better name has been suggested, and it is therefore decidedly probable, if not certain, that the faulty metabolism which produces the uric acid is at the same time the cause of the rheumatism and gout, or, in other words, the faulty metabolism is the cause of the pathological entity known as rheumatism and gout, but whether it produces the pathological entity by the formation of the uric acid first, and that in turn produces the inflammation and deposits, is as yet an open question. Uric acid production may be divided into exogenous, or that which is produced by the food we take into the system, and endogenous, or that produced within the system by a faulty metabolism. The former, of course, fluctuates greatly as our diet changes, while the latter will only change as we influence metabolism.

When we come to study the processes of metabolism we may divide them into two classes; one, the preparation of the non-living nutrient, and, second, its appropriation by the tissues. I am aware that some would not consider the first, strictly speaking, a part of metabolism proper, but it is, nevertheless, an important part, for the appropriation of the nutrient to the purposes of cell life will depend largely on its preparation. In fact, we must go even further back than digestion in the study of metabolism, and that is to the quality of the non-living nutrient we feed the human body upon. Therefore, when we come to the treatment of rheumatism and goat in its various relations, we must consider, first, the food we eat; second, the digestion of that food, and, third the proper action of the cells of the body, both in appropriating to themselves their individual needs, and discarding the waste product. In fact, it is a question if the lack of the power to throw off the waste product is not a chief cause of the endogenous production of uric acid.

The Food We Eat. It must be admitted at the outset that there is probably no therapeutic procedure which has so great an influence on rheumatism and gout as diet, and, at the same time, there is nothing in which such contradictory views are held by different men. One will forbid animal food entirely, and another will place the patient entirely on animal food, and both will very frequently meet with striking success. If we study this subject purely from the uric acid standpoint, we would exclude first, the cellular animal products, such as sweetbreads, liver, etc., and next, meats. Amongst the vegetables

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and cereal foods oatmeal, onions and asparagus are supposed to be uric acid producers; while tea, coffee, cocoa and malt yield it in large quantities, but not so much with pure spirits. It is not claimed that it is the proteids in all these foods which produce uric acid, but what is known as nuclein bodies, or nucleins contained in them that produce uric acid. If this were true the dietary of rheumatism and gout would be very simple, but it does not always work out in practice.

The old saying that there are times when the patient needs doctoring as well as the disease, applies to a chronic gouty or rheumatic case with great force. Some years ago a man came into my hands a long sufferer from gout, emaciated and weakened largely from a restricted diet, which every succeeding physician he consulted had made more restrictive, and I added my part with the same dire results. Soon after he went to Germany and consulted the great Schweneger, who told him to eat plenty of red meat, some sweets, drink whiskey, and, in fact, do everything we had all told him not to do, and on his return I saw a robust, strong, but still gouty, man, but ever so much better than before.

It has long been held that an abundance of albuminoid or proteid matter in food is conducive to that pathological entity known as uric acid diathesis. The following table given by William Roberts* strikes about an average of tables of this kind which have appeared in modern books

Table showing the Average Percentage of Albuminoid Matters contained in diverse Articles of Food.

ANIMAL FOOD	ALBUMINOID MATTER	VEGETABLE FOOD	ALBUMINOID MATTER
Butcher's meat	19 per cent.	Bread	8 per cent.
Fowl	20 " "	Oatmeal	12 " "
Game	22 " "	Rice	6 " "
Fish	17 " "	Green Peas	6 " "
Eggs	13 " "	Potatoes	2 " "
Milk	4 " "	Carrots and Turnips	1 to 2 " "
Cheese	30 " "	Green vegetables and salads	1 " 2 " "
		Fresh Fruit (excluding nuts)	0.5 " 1 " "

Such a table would be very misleading in a practical dietary taken as it is. Milk is given as furnishing more uric acid than potatoes, yet such is the comparative nutritive value of these two foods that so much less of the milk would have to be ingested to sustain life, that when we come to the practical side of diet there is no food so beneficial, or which for its nutritive value produces so little uric acid as milk.

*Allbritt's System of Medicine

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The milk and nut diet, English walnuts and Brazil nuts chiefly, based upon the investigation of Dr. Haig of London, have given the best results of any I have ever employed. The nutritive value of nuts is but little understood in this country, and is certainly much greater than it was first thought. I have a man under observation who has been on this diet for now nearly four years, taking scarcely anything else, drinking ordinarily about one quart and a pint of milk daily, and ingesting three-eighths of a pound of the meats of these nuts. He shows some of the deformity of a rheumatoid arthritis, and which but for this diet would undoubtedly have put him on his back, but he is in reality agile and entirely free from pain, working every day as a bank clerk. The diet is more suited to plethoric individuals than to those emaciated and anemic, but it is by no means devoid of good results even in this class. At the end of the first week the digestion is apt to become disturbed, but with due care this will pass in a few days, when the patient will probably go for many weeks or months without trouble from any disturbance of importance. Slight disturbances which may occur from time to time will pass away in a day or two and need cause no alarm, but if after being on the diet for a long time, the patient continues to have gastric disturbance for a week or more, a condition very apt to occur after six months, the patient should be put on a diet of fresh vegetables, and if it is thought advisable the milk and nut diet can be resumed again after an interval of four or five weeks. The restriction of chloride of sodium is also very beneficial in many of these cases. Water should not only be drunk as a necessity, but as a beverage and as a duty. It has its limitations, however, but these limitations are gauged more by the ability of the digestion to take care of it than any other.

When we come to look at the diet from a purely practical standpoint, we find that the nearer we can get to a milk and nut diet, the more sure we are to cut down the exogenous production of uric acid. We should absolutely restrict those articles which contain nucleins, or have products that will degenerate into nucleins, such as liver, sweetbreads, oatmeal, etc. Salt should be restricted, vegetables to be preferred to butchers' meat, although the old theory that red meat is so much more injurious than other meats is not true. Tea and coffee should be prohibited; according to Haig tea is very much more injurious than coffee. Malt liquors, spirits and wines of all kinds should be prohibited, but if necessary to give any stimulant of this kind whiskey largely diluted should be chosen. Water should be drunk in large quantities, depending on the digestion to take care of it. It should, however, be remembered that there must be a certain number of calories produced in the body every twenty-four hours,

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that it must be supplied with sufficient energy producing power to perform the work it is called upon to do, that there is a constant waste of material which must be reproduced by living protoplasm, or, if not, our patient will soon get into that asthenic condition which has been so graphically described by Carroll Dunham in his lecture on Colchicum, and which you have all undoubtedly read, which not only reduces the vital force of the patient for physical work, but also greatly reduces his recuperative powers with the result of more frequent attacks, and which are less amenable to treatment.

Another important factor in this connection is that metabolism can never be perfect with a poor digestion. We must, therefore, take all these into consideration when we prescribe a diet for a patient.

Second to diet in the treatment of rheumatism and gout is sunshine and exercise. These are so well understood that I need not dwell on them here, but as a substitute for sunshine, which for obvious reasons can not always be had, and in reality seldom had sufficiently, the various light baths may be substituted. Whether the Dowsing lamp which has been so successfully used in England, and which it is claimed contains a larger amount of the yellow rays than other lamps, really possesses therapeutic power over the ordinary electric lamp, I am not prepared to say. All these lamps fail in reproducing the full effect of the sun's rays, as the ultra-violet rays are largely prevented from escape by the glass. Only an arc light bath, or the mercury arc lamp made with quartz instead of glass, will give these in any appreciable amount. These electric light baths, however, have a place in the therapeutic treatment of gout and rheumatism, but as yet it is largely experimental. Hydrotherapy has, I believe, been greatly overdone in gout and rheumatism, and while under certain regulations it may be most useful, it can be dispensed with. Vibration is important in its local application to build up the nutrition of parts atrophied by long inflammatory processes or from pressure of deposits.

The endogenous production of uric acid must be controlled by influencing metabolism through the stimulation and nutrition of cell life. The means to accomplish this I believe we have in that form of electricity known as high frequency, a marvelous agent in these dreaded diseases. The name high frequency electricity does not mean much. We put it through a Tesla coil and get stimulation of a vacuum tube, through a D'Arsonval coil and get auto-condensation, or derivation currents according as we apply it, through an Oudin resonator and get an effleuve, or a condenser discharge through a large solenoid and get auto-conduction. The two methods of appli-

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cation of high frequency electricity to which I especially call your attention in this connection, is auto-condensation and D'Arsonval or derivation currents.

By the method known as auto-condensation the whole system may be so profoundly affected as to modify the general nutrition of the body, increase the arterial tension, increase the elimination of certain constituents of the body, and increase the production of heat; yet, there will be no perceptible action on the nerves. Currents that are estimated to have a potential energy of several thousand volts, and as great as two amperes, which would be most dangerous if a direct or slowly alternating current were employed, may be borne with impunity.

No matter if these currents are imperceptible, so far as sensory or motor nerve manifestations are concerned, they do, nevertheless, affect the nervous system. In the first place, there is an increased arterial tension produced. It is quite impossible to do this except by action in some way through the nervous system. This action may be either direct on the vaso-motor nerves, or secondary through the nerve centers. Again, heat in the body is greatly increased, being raised from 80 to 125 calories per hour, and it is not to be supposed that this can be accomplished without the nerve cells in some way being affected. With all this increase in combustion, and the amount of heat the body parts with, the body temperature is raised but very slightly.

The elimination of certain excrements of the body is greatly increased by high frequency currents. The elimination of carbonic acid is doubled from 17 to 37 litres, and when an excess of uric acid and urea exists in the system it is reduced to normal, the urea thrown off being increased from 11 to 43 grammes. There is also an increase in the amount of urine excreted. It is these effects, together with the action these currents have of increasing the power of reducing oxyhemoglobin, that makes high frequency currents so useful in chronic rheumatism and gout, especially when there exists besides the uric acid diathesis a state of chronic malnutrition, or, in other words, a faulty metabolism.

As another result from moderate application of these currents there is a marked increase in the oxygenation of the blood and a general increase in the nutrition of the body; this latter is probably due to the increased arterial tension, increased heat, increased oxygenation, and increased power of imbibition of the tissues. This makes these currents an exceedingly useful remedy for all forms of malnutrition. Most prompt is the action in patients convalescing from depleting and miasmatic diseases. It is claimed by Caffarena

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that high frequency currents have a direct effect in increasing gastric peristalsis in cases of atony, this in itself is very important in the treatment of gout and rheumatism. That this condition affects metabolism in the production of uric acid can be readily proved. Give a patient who is suffering from uricacidemia large doses of salicylates of soda, or some other remedy of this nature, until the uric acid disappears from the urine. Now give him a few heavy treatments by auto-condensation and the uricacidemia will at once return as evidenced by the urine, thus proving that the alkaline remedy only removes from the blood the uric acid, but does not remove the cause of its production which is somewhere in the cell or glandular tissue, possibly both. It was early recognized by D'Arsonval that there was danger of aggravating an attack of rheumatism and gout by heavy treatments of auto-condensation. This was undoubtedly due to the amount of uric acid it threw out of the tissues into the blood. So great is this danger that if the case is at all acute it is best to first place the patient on a very restricted diet, such as the Haig, for two or three weeks before beginning the treatment. There are local effects often to overcome in these cases, deposits to be absorbed, and nutrition must be re-established. In administering auto-condensation for the elimination of uric acid and the improvement of metabolism, the free pole may be applied by means of tinfoil to different affected parts. But if the local parts still need treating after the general condition has been restored to a normal state, derivation currents from the D'Arsonval coil applied direct by means of large pieces of tinfoil will be of much use. The frequency of the current should be such that 1500 m.a. may be given without inconvenience to the patient, probably about one million per second.

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DIFFERENTIAL DIAGNOSIS OF MULTIPLE NEURITIS

By John E. Wilson, M.D.

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NO disease is more frequently confused with multiple neuritis than is tabes dorsalis or locomotor ataxia. This is not to be marvelled at when we recall the many points of similarity. Knee-jerk is lost early in tabes; there is a stiff pupil and in 90% of the cases (Starr) the form of ciliary paralysis which results in a loss of the normal reaction to light while that of accommodation is preserved, i. e., the Argyll-Robertson pupil. There is ataxia from loss of the

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muscle sense since there is no actual paralysis. The patient is clumsy and weak in his movements because he has lost that sense by which he can judge of the force and proper order of muscular movements and so his gait is a slapping one and his heels first strike the floor in walking. At an early period he has lightning pains and a sensation as though he was compressed just under the axillæ (cuirass sensation) or about the waist or limbs (girdle sensation). He is liable to be tortured by colicky or crushing pains in the stomach, bowels, testicles and at times in the larynx (crises). His nerve trunks are, however, never tender to touch and muscular atrophy is late and slight although the foot and far less often the hand may show perforating ulcers and sometimes the articular surfaces of the knees may disintegrate (Charcot's joints). When these symptoms occur, however, the duration of the malady alone has made the diagnosis certain. The muscle sense is lost very early, some say it is the earliest loss, and there is incontinence of the sphincters especially of the bladder. These later are the organic reflexes. Optic atrophy is often present and some of the oculomotor nerves are often paralysed. Some form of mental change is apt to take place but it is an incident of the later stages and takes the form of dementia. The evolution of the symptoms is very slow; marked by numerous remissions which are months and perhaps years in duration. The disease is a progressive one and probably incurable. The cause is syphilis in at least 90%.

In multiple neuritis on the other hand while the knee-jerk is usually absent it is many times simply diminished and after repeated examinations can be demonstrated. This must be done by the use of some method of reenforcement of which that of Jendrassik is best known. To make use of this the patient should sit upon the edge of some support so that the legs from the knee down hang free. The hands should be hooked together by the bent fingers and with the eyes fixed upon the ceiling the patient should endeavor to jerk the hands apart at the word of command. At the instant of giving this command the physician should strike forcibly with the edge of his hand the tendon below the patella and if the knee jerk is present the leg and foot will be thrown forward from an inch or two to a foot or even more. The Argyll-Robertson pupil is never found in this disease but when, in the diphtheritic form, the ciliary muscle is affected there will be a loss of power of accommodation while the reaction to light will be preserved, which is the exact reverse of the form of ciliary paralysis found in tabes. The ataxia of typical multiple neuritis is an apparent one only and is due to an advancing paralysis. Since this paralysis is selective the resulting changes of

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gait will differ from those of tabes in that the patient will raise his foot from the ground in order to clear the toe which tends to strike first and he also tends to walk on the outer side of the foot. The spontaneous pains and crises of tabes are replaced by tenderness of nerves and of the tissues about the joints. Atrophy of the affected muscles is early and pronounced. While optic atrophy does occur it is unusual but is replaced at times by a retro-bulbar neuritis which produces a dimness of vision (Amblyopia). The sphincters are never affected, except as a casual early and transient symptom, although severe cases may so reduce mentality as to make the patient ignore the calls of nature. Mental symptoms are not very common, are present in the early rather than the late stages of the disease and instead of being dementias are manias with delusions and hallucinations. There are circulatory changes so that the extremities are livid and edematous but there are no disorganizations nor perforating ulcers. The disease is rapid in onset, without intermissions, which may at times be simulated from the fact that a renewed intoxication has produced an exacerbation, and the probability is of cure in from two months to two years at the longest.

So long as multiple neuritis adheres to typical lines we can see on examination broad points of difference, but there is a class of cases which are termed by Dejerine neurotabes, and by others pseudotabes, where the immediate diagnosis is very much more difficult and at times impossible. These are the cases where there is a great amount of ataxia at the outset, with few or slight symptoms of either tabes or multiple neuritis and it may be either one of the two. Oppenheim points out that the confusion arises from occasional irregularity in the point of attack of tabes. While usually the peripheral nerves are not attacked for a long time after the degeneration of the posterior columns of the cord in certain cases these peripheral nerves may suffer first. Batten has gone a step farther, and has discovered that the presence of ataxia proves that the sensory nerve endings in the muscle spindles are diseased. He has found it in the ataxic from tabes and also from multiple neuritis. For clearness it may be stated thus: late in tabes we are certain to have degeneration of the sensory nerve endings in the muscle spindles, and it is a chronic and progressive degeneration, while it may occur rarely as an early symptom; very rarely these nerves may be affected in multiple neuritis but only transiently; both the chronic and transient condition produce ataxia. Such cases of ataxic multiple neuritis—neurotabes, have been known to result from alcohol, arsenic, diphtheria, diabetes, measles, and other acute diseases. Neurotabes produces a rapid loss of knee jerk, muscle sense, and therefore Rom-

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berg's sign. There is optic neuritis, but the paralysis does not affect the arms. Pain is common to both tabes and neurotabes and its intensity is not diagnostic. Where the pain and ataxia are both moderate in degree the early recovery is the only ground for a certain decision. If, however, with a slight loss of muscular strength the patient is so ataxic as to be unable to stand alone the case is tabes. The ataxia of neurotabes is a mixture of sensory and motor paralysis. True lightning pains are always tabetic, while on the other hand extreme muscular soreness is never tabetic. An excessive skin reflex may be found in tabes, but it is painless, while it is very rare in neurotabes and if found is painful. Pupillary rigidity and bladder disturbances are the mark of tabes, but are never in neurotabes. An extreme rapidity of onset is often a characteristic of neurotabes, but never seen in true tabes. Neurotabes arises from some assignable, discoverable, recent intoxication.

Acute anterior poliomyelitis usually attacks children who have previously been well, the onset is abrupt, and while it may be ushered in with fever it is neither prolonged nor recurrent. The resulting paralysis is immediately apparent; it is at first a general paraplegia, or hemiplegia or monoplegia. This condition of generalized paralysis soon passes away leaving a relatively small, well-defined area of paralysis which tends to be permanent. This usually affects some group of muscles which are concerned in a definite set of movements, and is rarely symmetrical on the two sides of the body. The sensory symptoms are slight, affecting the back or the muscles which are to be permanently affected, and if present at all it is at the outset only. Ataxia is never present. Fibrillation is present and is distinctive of approaching atrophy. This is a flickering movement of the separate fibres of a muscle and is evoked, when not yet spontaneous, by tapping the belly of the muscle. The cranial nerves are never affected, and there are no mental symptoms. The disease always leaves some deformity and the atrophy follows the paralysis although the interval may be a short one. On testing with electricity it will be found that galvanic response will persist for some months although it finally disappears.

In comparing multiple neuritis with this disease, we shall note that it is a disease of adults, except in those unusual cases where children succumb to the intoxication of arsenic or diphtheria, or much more rarely, to malaria. There has been an evident or discoverable cachexia or intoxication for some time previous. The onset is subacute or insidious. Fever is often prolonged, and sometimes recurrent. Muscles in different localities are affected and the disease is extremely symmetrical. Sensory changes are most marked

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in the nerves and muscles and they persist in some form as long as the disease lasts, and sometimes longer, and there are cramps in the muscles, which latter never occur in acute poliomyelitis. Ataxia is common, but there is no fibrillation of the muscles, and the cranial nerves are frequently affected and mental changes are rather common. Deformity of a permanent nature is rare. The paralysis is of gradual evolution and is accompanied by atrophy. Electrically we find that the galvanic reaction fails soon after that of faradism. It should be remembered that the two diseases have been known to coexist. In a doubtful case a return of the fever and an extension of the paralysis point to multiple neuritis.

Multiple neuritis affecting the upper extremities much more profoundly than the lower, might lead one to overlook the fact that they were implicated, and the question might arise whether or not it was a case of cervical pachymeningitis. The possibility of this disease might cloud the diagnosis since it attacks the nerve roots, and may produce a paralysis, wasting and anesthesia, but it does not attack the four extremities and the legs are almost always exempt. The anesthesia affects the upper limbs and the trunk but not the lower limbs. There is no tenderness of the nerve trunks and there is distinct evidence of disease of the spinal cord shown by root pains.

A most commonly confused condition is myelitis. When this disease affects the posterior structures of the cord so as to give rise to ataxic symptoms it reminds one of neurotabes or pseudotabes, but there are always some symptoms which can come only from some lesion of the cord itself. Complete loss of power in a day or two is strong presumptive evidence of myelitis. The paralysis extends from legs to trunk, and perhaps next to the arms. In contrast to multiple neuritis the pain of myelitis is in the spine, and the paralysis is of the legs (a paraplegia) or of the legs and trunk, and there is rigidity of the muscles, while in multiple neuritis there is flaccidity. There is no electrical reaction of degeneration except in those muscles innervated from the segments actually implicated in the disease. The deep reflexes are exalted unless their centres are destroyed, and then they are absolutely lost. The muscles of the back are always paralysed to some extent, and this loss is in the form of a girdle. The sphincters are always affected and the atrophic process is so localized and so acute that bed sores are common. There is heat in the spine and if there are anesthesias and hyperesthesias they occur in areas like stripes and girdles, and are on the trunk and affect the upper parts of the limbs before the lower.

In multiple neuritis there is no pain in the spine or trunk, except in a general extension late in a very severe case. The paralysis

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tends to be in some degree simultaneous in the four extremities, never from arms to legs or legs to arms, with an intermediate involvement of the trunk as in myelitis. The muscles quickly show the reaction of degeneration; the deep reflexes are very rarely exaggerated, and then only at the outset, but tend quickly to fade to complete or almost complete extinction. The muscles of the trunk suffer only in the latter stages of the most extreme cases and never in a girdle-like distribution. The sphincters are never involved and the trophic changes are never severe enough to produce bed sores. The tenderness is along nerve trunks and in muscles and about joints and never extends above the knees.

Landry's paralysis has been said to present a confusing picture, but the diseases have few points of actual similarity. It has no sensory symptoms except occasionally some initial numbness and tingling which is in strong contrast to the severe pains and the exquisite tenderness of the nerves in multiple neuritis. Both have paralysis, but while that of Landry begins in the legs and moves steadily upward, involving next the trunk, then the arms and lastly the face, that of multiple neuritis may begin either in the arms or the legs, and goes to the other extremities, never affecting the trunk except in those rare and severe cases which are so marked as to permit of no error in diagnosis. The sphincters are rulably exempt in both diseases, but while this rule is occasionally infringed by Landry it is never permanently by multiple neuritis. The course and termination also are strikingly dissimilar. Landry paralyses the whole muscular system in a few days and with few exceptions is fatal in from three days to two weeks, while multiple neuritis consumes from ten days to two months to produce total disability in the parts affected and tends almost certainly toward recovery. The only exception to the gradual onset is in those very severe cases of alcoholic intoxication where the legs may be totally disabled in a few hours to a day or two, but even here, the distribution still conforms to the rule as stated, for the trunk is either not involved at all or not until a much later period.

Hysteria may coexist with multiple neuritis, but these diseases have been confused when in a pure type, although there are essential and ascertainable points of difference. Both present paralyses, anesthesias, hyperesthesias, atrophies and changed reflexes, but with a difference. The paralysis of hysteria is of a section of the body as thought of in the mind; as of a leg, or both legs; or of an arm; or of one side of the body; or of the whole body; whereas that of multiple neuritis is of such groups of muscles as are innervated by certain specific nerves. Moreover the paralysis of hysteria has never

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been of the power of extension, while that of multiple neuritis is peculiarly and distinctively of this character. The anesthesias of hysterias are bounded by straight lines, at right angles to one another, and sharply defined at the borders, and such areas are scattered about the body practically without exception, having some areas upon the trunk. There is always some anesthesia of the special senses. In multiple neuritis on the contrary, the anesthesias avoid the trunk, while on the limbs the areas follow the distribution of certain nerves, and the borders are very poorly defined, since the sensory nerves of the skin infringe to some extent upon the borders of each other's territory. In general distribution upon the extremities both are glove or stocking-like. While the hysterical patient complains bitterly of hypersensitive areas, the calm expression of the face during pressure upon such areas, if the patient is off his guard, negatives the truth of his statements, nor are the nerve trunks especially tender, and they are never swollen. The atrophies of hysteria are slight, and result only from disuse of the part, and never show the reaction of degeneration, while those of multiple neuritis are the contrary in every particular. Hysteria shows no atrophic changes in the skin, while they are frequent in multiple neuritis; the peculiar skin changes of hysteria being insensitive areas which do not bleed. These together with the narrowing of the fields of vision, and a reversal of the area in which different colors can be perceived, constitute what are known as the stigmata of hysteria, and are not duplicated by the symptoms of multiple neuritis. The deep reflexes are exaggerated in hysteria, and, after a primary exaggeration which is not usual, are diminished almost or clear to extinction in multiple neuritis. Hysteria attacks young people, mostly women, who have been exposed to some emotional strain and are of a neuropathic constitution, while multiple neuritis affects persons who are somewhat older, and who have been exposed to some intoxication, or who are the victims of some cachexia.

Neuralgia can be diagnosed from multiple neuritis from the fact that it presents more spontaneous pain, and also that this pain is liable to exacerbations at certain fixed times of the twenty-four hours. It is almost always unilateral, as opposed to the symmetrical distribution of multiple neuritis, and while there will be areas of exquisite sensitiveness along the nerve trunks this varies greatly during different periods of the same day, while that of multiple neuritis is of the same grade while it continues as a symptom. The nerves in neuralgia do not develop the reaction of degeneration.

Spinal Meningitis. The onset is abrupt, the principal feature is pain, which is always girdle-like, but not to the exclusion of shoot-

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ing pains and those radiating down the limbs, since they follow the distribution of nerves, and may go up to the neck and head also. These are the so-called "Root pains." On account of the same irritation of the roots where they emerge from the cord, we get cramps in the muscles, twitching of limbs, opisthotonos (a rigid backward curvature of the spinal column), and while the deep reflexes are at first exaggerated they are lost in the end. The sphincters are involved. There are all varieties of disturbance of superficial sensation. There is some degree of paralysis, "tache cerebrale," and Kernig's sign. This latter is the impossibility of complete extension of the leg upon the thigh, when the latter has been previously placed at right angles to the body. The best position for its display is when the patient is lying on the back, or is sitting on the edge of the bed or a chair.

Spinal Hemorrhage. The manner of onset, and its rapidity, and the distribution of the subsequent pains, are quite diagnostic. In any case the onset is abrupt, and often the patient will suddenly fall with a sense of shock of some kind in the back, and immediately find himself paralysed in his lower limbs. This is the more impressive and confusing to the sufferer, since his consciousness and acuteness of intellect remain unimpaired. It is soon marked by pain in the back, which will always show some girdle-like distribution, and in addition will radiate over other parts of the body. The sphincters are involved, and the deep reflexes will be changed, either increased or lost according to the site of the lesion. The cranial nerves are spared.

In closing this brief resume of a large subject I wish again to point out that typical cases have been considered and only the most striking symptoms have been alluded to but if the physician does not close his eyes to the significance of symptoms I think that he may avoid gross errors. By this I refer to a tolerance in a symptom-complex of some finding which is absolutely impossible under the assumed conditions. Under these conditions I have heard it said; "Well then, so much the worse for the symptom" when as a matter of fact it is a case of "So much the worse for the diagnostician."

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TABACUM*

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Tabacum: Natural Order—Solanaceæ; common name—Tobacco.

Origin and History. The tobacco plant is indigenous to tropical America, but the land of its origin cannot be learned, since tobacco is not found in the wild state. At the present day tobacco is extensively cultivated in temperate and sub-tropical countries, requiring deep, rich soil, which must be well manured annually.

As a medicine tobacco was first used as a depressant nauseant, and as a local sedative; but so many serious poisonings resulted, that its use, either internally or locally, was abandoned, and now the agent is no longer official in the United States pharmacopeia. Various treatises, however, recommend a poultice of fine-cut tobacco and ground flax-seed for epididymitis, and in non-smokers, tobacco mixed with stramonium, belladonna, etc., by inhalation, to relieve asthma.

In the homœopathic school tabacum was introduced by provings made in 1831, and published by Hartlaub and Trinks in the *Arzneimittellehre*. These provings are believed to have been made by administering substantial doses to healthy persons.

Tabacum receives official mention in the Homœopathic Pharmacopeia of the United States, which directs the recently dried leaves, preferably those imported from Havana, to be converted into a tincture of 1-10 drug strength.

Constituents. Tabacum contains a large amount of sulphates, nitrates, phosphates, and malates of potassium, calcium and ammonium, and nicotine, a colorless, volatile, oily alkaloid, smelling and tasting like tobacco leaves, darkening with age, and soluble in water, alcohol and ether. This oily liquid was named after Jean Nicot, the French ambassador to Portugal, and who is said to have introduced tobacco into Europe in the year 1560.

Effects. The essential effects of tobacco may best be illustrated by the employment experimentally of fractional doses (1-120 gr.) of nicotine taken in water. There is produced a burning in the tongue, salivation, hot acrid feeling in the fauces, and rawness throughout the esophagus, heat in the stomach, chest and head with nervous excitement. Larger doses (1-20 gr.) produce heaviness,

*Read before the Homœo. Med. Soc. of the State of Penna.

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giddiness, torpor, sleepiness, diminished vision with sensitiveness of eyes to light, partial deafness, laborious breathing, and dryness of throat. Within an hour after the larger doses a sense of great debility ensues, the head drops, pulse is markedly depressed, the face becomes pale, features are relaxed, the extremities seem paralyzed, hands and feet become cold, and faintness ends in loss of consciousness. The digestive system is greatly disturbed, eructations, nausea, vomiting and retching, distended abdomen, flatulent discharges, urgent desire to defecate, and profuse and watery stools are among the pronounced effects. With these symptoms diuresis is also present. When the debilitating effects are fully developed the nervous system is disturbed by muscular spasm, including the respiratory muscles, resulting in oppressed breathing, gasping or sighing respiration, and asphyxia. The function of the blood as a carrier of oxygen is impaired, and the red cells are dark, disaggregated and show crenated edges, the white cells are broken up, but on recovery from the toxicity, the blood regains its normal character.

Next to prussic acid, nicotine is one of the most rapidly fatal poisons known, but the minimum lethal dose is not yet known. In fatal cases death may be caused by asphyxia, or by direct paralysis of the heart.

It is very apparent that the effects of nicotine (and of tobacco itself) as above presented are the results primarily of action upon the spinal and sympathetic nervous systems rather than upon the brain. While it is true that the habitual use of tobacco deprives it of its most deleterious effects, as is the case with other agents affecting the nervous system, especially in individuals who may be considered healthy with strong resistive or recuperative powers, it is nevertheless true that many subjects are readily influenced by tobacco and cases of serious illness and death are on record, as before stated, as a result of the use of tobacco infusion as an enema, or of tobacco ointment or lotion to the skin in eruptive diseases, or to the joints in rheumatism.

CHRONIC EFFECTS. During the past decade, the habit of cigarette smoking, especially by boys and young men before the age of maturity, has given rise to so many cases of chronic tobacco poisoning as to cause state legislatures to enact laws preventing their sale to the youthful. Among the chronic effects may be mentioned those produced by the cigarette, cigar or pipe, or by chewing tobacco when inordinately indulged, namely, impaired digestion, insomnia, cardiac palpitation, tendency to faint suddenly, faucial and laryngeal catarrh, lowered sexual power, and neurasthenia. Usually and unfortunately young adults who use tobacco excessively also indulge

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in alcohol, and in these subjects the conjoint use of both poisons often produces atrophy of the optic nerve or retina, and other evils. Specialists have found it difficult to determine which factor, tobacco or alcohol, is operative in production of nervous and visual defects, and it therefore behooves physicians to give as careful study to the phenomena of tobacco poisoning as they do to those of alcoholism. It is well known, however, that physicians who indulge in the weed on every opportunity, do not often go to excess in the use of alcohol, and as they enjoy their smoke, rarely see any evil in the tobacco habit in their patients. Smoking indeed is often advised on the supposed ground that it aids digestion and that after the first meal of the day it promotes the daily movements of the bowels. Some advise it because it is believed to stimulate the mental powers and to induce a feeling of serenity in irritable subjects. It may be conceded that many men use tobacco to a moderate extent for years with apparent impunity, nevertheless its use should be the subject of study even in these, under the purview of the medical adviser.

Burton in his Anatomy of Melancholy says: "Tobacco, divine, rare, superexcellent tobacco, which goes far beyond all the panaceas, potable gold, and philosopher's stones, a sovereign remedy in all diseases. A good vomit, I confess, a virtuous herb if it be well qualified, opportunely taken, and medicinally used, but as it is commonly abused by most men, which take it as tinkers do ale, 'tis a plague, a mischief, a violent purger of goods, lands, health; hellish, devilish and damned tobacco, the ruin and overthrow of body and soul."

Thus wrote Burton 300 years ago, and since that time many have been the disquisitions defending and condemning its use. In later years especially by educators and physicians interested in the welfare of the young, many observations have been made to determine the baneful effects, and perhaps much of exaggeration has found its way into scientific, sociological and medical journals. Notwithstanding possible extravagant statements, it is well to pursue a study of all the phenomena of ill health said to be the result of smoking, so as to know when to interdict and why, and in order to intelligently remove the evil effects by remedial measures. This action is certainly apparent when we hear the statement made that "no boy who smokes cigarettes before the age of 10 will ever learn to spell correctly." While we have intimated that nicotine shows little action on the brain, if the above quoted statement is true, then it must be that tobacco when smoked retards brain or intellectual development. We should remember that nicotine is not the only factor in the development of chronic poisoning by tobacco, for it is well-known that besides the volatilized oily alkaloid when smoking is in-

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dulged in, the combustion generates pyridin, and various other empyrematic substances, as well as carbon-dioxid, and that pyridin is known to produce effects similar to cocaine, not only benumbing the sensibilities of the surfaces over which the smoke passes but exhibiting an inhibitory effect on the brain, thus restricting the range of thought. In a thorough test covering periods of six months to as many years in the higher schools for boys and young men in Chicago and Paris, and also in North Western University, Harvard, Yale and Amherst, it was clearly proven that those boys and young men who smoked lacked power of concentration, were inattentive, lost self-control, and memorized poorly, besides showing a condition of the heart that debarred them from participating in atheltics. And as to the effect of smoking on the heart, students are frequently rejected by the U. S. Naval Academy because of cardiac irregularity and want of stability. These effects in adolescence and early manhood are, of course, attributable to the greater susceptibility of nerve structure in these young subjects. To those who have investigated this question of retarded physical and mental development during childhood and youth it is plain that the use of tobacco should be wholly avoided until adult age has been reached. But, there arises the question, if the narcotizing effects upon the cerebro-spinal nerve structures and the organized elements of the blood are sufficient to retard mental and physical activity and growth before the age of 21 years, will not these same evil influences as certainly lessen the activity of structures at any time after the age of twenty-one, and lessen the vital resistance to morbific agents, and shorten life?

Tobacco is found to lessen the efficiency of respiratory movement and the internal distribution of oxygen, and according to all authorities, exerts a specially deleterious influence on the heart, disturbing its rhythm, and impairing its force, and not infrequently causing death by cardiac paralysis. A sad case is here recalled. A brilliant theological student, addicted to the smoking of tobacco, after several years of various symptoms attributed to over-study, recovered entirely from his persistent symptoms of bad health, especially visual and circulatory, on quitting the use of the weed. He then studied medicine, practiced it for a number of years, was a successful teacher, but despite his experience of his early life, took to smoking again, and continued it excessively for a few years, and though he spoke of his respiratory inefficiency at times, and at other times of impaired heart action, he did not heed the signs, and at the age of about 65, when in apparently good health, dropped dead on the street with a cigar in his mouth.

But to return to the young. Besides the ascertained facts,

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that the excessive use of tobacco, especially in the form of cigarettes, dulls the intellect, impairs nutrition, seriously affects the eyes, causes functional and organic heart disease, and in other ways contributes to physical and mental degeneracy, it also alters the moral nature and makes moral degenerates. Boys who smoke cigarettes much are prodigious liars and thieves, have been found unmanageable at home and at school, and judges of the Juvenile Courts have declared "that of the incorrigible and criminal class of boys not a boy has been found who did not use cigarettes."

USES AND ABUSES. To many male adults the moderate use of smoking cigars may be allowed, or at any rate should not be forbidden, but the benefit to be derived, if any, will come when smoking is restricted to hours of leisure and those immediately following a meal, then the pleasure of the indulgence is also more perceptible. On the other hand, the use of tobacco in any form should be absolutely prohibited by those who have not attained full growth and strength, for the developing youth will most certainly be unfavorably affected.

Chewing tobacco cannot be defended, it is a filthy habit, causes waste of the salivary secretion, and is probably the cause of the pyrosis often found in chewers. Indigestion may be caused by defective teeth, dental caries being one of the results of excessive chewing, although there is a false assumption entertained by many that tobacco is good for the teeth, because it may relieve toothache as a sedative.

Physicians sometimes advise their patients to smoke during treatment, and it is hardly questionable that harm may result. While there may occasionally be indications for the use of tobacco by the sick, there are many more contra-indications. We of the homœopathic school believe that the sick are much more susceptible to toxic agents than the well, and those of us who have studied closely the effects of tobacco, know that even habitual users when well show a repugnance to the accustomed smoke when ill, and in some cases toxic effects of tobacco may be readily induced. It has been found that tobacco is contra-indicated, and therefore should not be allowed in any form, in most surgical operations and in long convalescence after operations where repair or tissue building is necessary to recovery. It is quite a common practice among surgeons to use morphia to induce sleep after surgical operations, especially if the sleeplessness is occasioned by pain, and it has been frequently observed, because of the synergy between opium and tobacco, that a man who has been given morphia will be made quite sick by smoking a single cigar. This may account for the tardy recovery from

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grave operations observed in some men who smoke, as compared with the ready recovery of women and children after equally serious operations, who do not smoke.

Tobacco should also be interdicted in throat, nasopharyngeal, and pharyngeal catarrhs, in organic heart disease, in cardiac neuroses, in gastric neuroses, in peritonitis, and in appendicitis.

REMEDIAL MEASURES. When it has been determined that any sick subject does not readily yield to treatments, and the use of tobacco is continued as a habit, study its effect on that particular individual. If there is only a suspicion that tobacco may be an active factor in retarding recovery, stop it. If there is amblyopia in a subject who uses both tobacco and alcohol, stop the alcohol first, and if the amblyopia continues, suspect it to be occasioned by tobacco, and stop it. To more quickly overcome the effects of tobacco amblyopia (gradual loss of vision, slight ophthalmoscopic change at disk and sluggish pupils) prescribe kali jod. or nux vomica, according to indications, and use hot water as an eye-wash.

If the characteristics of a tobacco heart are in evidence, i. e., nervous palpitation, waste of vital force, irregularity of action, or hypertrophy of the left ventricle, or even of the entire heart, from long-continued disturbance of innervation and over-action, stop the use of tobacco, and prescribe any indicated remedy. But even without any remedy, the hypertrophy may disappear, if the use of any tobacco is discontinued. Phosphorus may be used if tobacco heart is associated with sexual neurasthenia, especially if, after stopping the tobacco, nausea at the smell of tobacco is constantly observed.

In acute tobacco poisoning use sparteine sulphate (1-4 gr.) which causes elevation and regulation of heart's functions and combats the neuropathic conditions.

According to circumstances and conditions the evils of tobacco may be removed by resorting to such remedies as arsenicum (in tobacco chewers) ignatia and nux vomica (in tobacco smokers), sepia (in dyspeptic and neuralgic subjects), lycopodium (in impotency), camphor and veratrum (in diarrheic conditions), calcarea carbonica (in frequent fainting), ipecacuanha (in continual nausea), antimonium tartaricum (in persistent vomiting and collapsic symptoms), clematis (in toothache from caries), plantago major (in severe headache, nervousness and constipation).

HOMŒOPATHIC THERAPEUTICS. Nicotine and tabacum are conceded to be great poisons, the alkaloid very rapid and pronounced in its action; the effects of the plant, as used by smokers and chewers, slow and insidious. A great poison may also be a great remedy, rapid in its curative effects in acute conditions, sure in its

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beneficent results in chronic diseases, providing only the principles of prescribing are understood and the poison employed secundum artem. This has not been fully realized in the case of tabacum, perhaps because it is so very common, and rarely considered in any light, even by physicians, except as a luxury or necessity from habit. Hahnemann first called the attention of practitioners to the homœopathic indications for some uses of tabacum in "The Lesser Writings," where he spoke of its efficacy in cases with a chronic disposition to vomiting and colic, and in subjects with epileptic and hypochondriacal phenomena. Later, after the provings had been published by Hartlaub and Trink, tabacum was found useful in neuralgic headache, when periodical, attended by much sick stomach and sudden pains, as if the head were struck by a hammer.

In insomnia with dilated heart, especially when anxiety and cold clammy sweat of face are present.

In angina pectoris, when pain extends down left arm.

In nausea, morning sickness, and the vomiting of pregnancy, especially with much spitting.

In gastralgia and enteralgia.

In seasickness.

In cholera infantum when child is icy cold and yet wants abdomen uncovered, the stools being watery, and sweat on forehead and face is present.

In minor epilepsy, sudden attacks of unconsciousness, without aura, lasting but a few seconds.

In renal colic—ureter of left side the seat of such intense pains as to produce spasms, with great sweat, and collapse as if dying.

SUGGESTIONS. In view of the facts presented in this paper is it not incumbent on the medical profession to wield its great power among the people to lessen the evils of the tobacco habit?

If there were no direct evils occasioned by tobacco itself on the human body, is it not patent that physicians and sanitarians should exert all the influences that can be brought to bear, to prevent the filthy habit of spitting in public places, where clean people must congregate, and so limit the possibility of engendering disease?

If the homœopathic school believes in a law of cure, and desires to be guided by the rules of practice under that law, is it not desirable that the American Institute for Drug Proving should reprove tabacum, according to its methods, to give us a reliable pathogenesis, and to settle forever disputed questions, and, if possible, to arrive at the anatomical or structural lesions on which its subjective phenomena depend, and thus to enlarge its therapeutic sphere?

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A PROVING OF MAGNESIA PHOSPHORICA*

By B. R. Johnson, M.D.

Cedar Rapids, Ia.

THE following proving was made for the most part by students at the college of Homœopathic Medicine of the State University of Iowa during the month of March, 1906. There were eight persons in all—six men and two women.

In order to forestall inquiry, I will state that the proving was conducted in accordance with the instructions of the O. O. & L. Society of the A. I. H., and may be briefly summarized as follows:

The daily record of the prover.

Daily examination of provers by special examiners, one to each prover.

Frequent inspection of prover's and examiner's records by members of the college faculty.

A careful regulation of prover's diet, habits, etc.

The utilization of all methods of research which the modern laboratory affords.

Since all instructional work ceases during the period of proving for both the prover and examiner, we felt compelled to limit the duration of the proving to four weeks. The first week is used as a control period. During this time the prover is diligently taking placebo while the examiner prepares his preliminary report. The drug is administered over a period of about two weeks, leaving a week for the study of symptoms which persist after cessation of the remedy. This time limit necessitates either the administration of but a single potency of the remedy or hurrying through several potencies—a choice of evils—of which we took the latter. The 30x was given for five days, the 3x for five days and we finished up with the 1x in steadily increasing doses.

Several provers showed effects of the 30x. One man of a decidedly phosphorus build gave better provings under the 30x than from the lower potencies. Most of the symptoms were obtained from the 1x.

Let me briefly recapitulate the more striking results of the proving. All of the records show that the nerve centers were profoundly affected—the drug causing a lowering of nerve tone. That this condition was general throughout the whole system is shown by these symptoms:

"Indisposition for mental or physical exertion."

*Read before the International Homœopathic Congress.

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"Eyes tire easily: can only read a few lines. Lids heavy as if pressed by a weight."

"Respiratory muscles appear weak. Chest collapses during expiration."

"Heart's action easily excited."

"Trembling of the hands, etc."

Former provings of this remedy would lead us to expect pain as a prominent symptom, and in this we were not disappointed.

There were pains in the head in nearly all cases. These pains were intermittent, darting and in all cases but one, left sided. They were aggravated by quick motion of the head, by stooping and jarring. There was some relief from pressure, but the most frequently recorded modality was relief from walking in the open air. There can be no question about this symptom as it occurred with a number of the provers and was repeatedly noted in their records.

The pains in the chest were shooting or catching, worse from motion of chest walls.

In the abdomen there were pains associated with the intestinal canal and with the menses. The former were colic-like—cramping as if a knot were tied in the bowels—coming on before stool and persisting after stool with relief from pressure.

For a description of the menstrual pains, I will quote from one of the provers. She had been taking 5 grain tablets of the 1x every three hours and had experienced many of the head symptoms described before. Then her report goes on:

"Menses began at 8.45 a. m. with a gush of bright red blood. With the flow there was relief of the head symptoms, but severe cramping pain came on over the entire pelvis, and there were sharp pains in both ovaries and small of back. .Could feel the womb contract, forcing out the blood. The cramps returned every fifteen minutes for an hour; finally I got the hot water bottle which gave prompt and decided relief, so that I passed a comfortable six hours even while taking five tablets every hour."

The other prover had less pain, but the menstrual flow was altered, becoming dark, clotted, in long shreds and flowing intermittently.

The effect on the mucous membrane was general and pronounced. All of the mucous outlets showed congestion which was of a peculiar salmon pink color. The secretions were also altered, the discharge being variously described as a stringy, viscid mucus. One prover hawked up a fibrinous cast of the pharynx, two reported slight hemorrhages from the nose, one from the bowels.

Constipation was the rule—the stool being dry, hard and dark

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brown, passed with great difficulty. One prover reported habitual constipation of over ten years standing with a stool of this character. While taking the 30x—the stool became soft and yellow. The lower potencies caused a blood streaked stool with mucus and increased tenesmus and upon withdrawing the remedy the stool became normal again and has remained so to date.

The symptoms of the respiratory and circulatory systems might have been taken from a record of a phosphorus proving instead of one of its compounds. Let me cite a few of the more prominent ones.

"Hoarseness of the voice with rawness in larynx."

"Sensation as of weight upon the chest."

"Sensation of constriction about chest."

"Oppression of chest from weight of clothing."

"Palpitation of heart, relieved by lying on left side."

"Heart's action, irregular, tumultuous. Apex impulse visible through clothing."

"Constricting pain about heart in warm room."

Of the sensations other than pain, vertigo was present in a majority of the records. Vertigo upon stooping or moving the head, but relieved while walking in the open air. One peculiar sensation was experienced by three provers though expressed somewhat differently by each. It was as if the contents of the head were liquid, sloshing around, or as if the parts of the brain were changing places with one another.

For the benefit of those who care to pursue the subject further and as a matter of record I append the complete record of proving.

Even a casual perusal of these records will show that the phosphorus element of the drug dominates the picture. This is especially true of the chest symptoms where it is doubtful if we shall care to substitute this newer remedy for the old and tried mother drug. Altogether, this proving will have its chief value in its confirmation of previous provings and former clinical experience. Of these, the character of the pains, cramping, shooting, intermittent, with relief from heat and pressure stand out prominently.

I would call attention to the fact that in this proving the left side was involved rather than the right. Left sided neuralgia of the head, pains in left chest and extremities occurred in all provers but one. The effects upon the mucous membranes have been alluded to and the modalities referable to heat and cold will bear comparison.

Open air relieves vertigo and head symptoms generally.

Warm food aggravates toothache. Warm applications relieve abdominal pains.

Warm room aggravated chest symptoms.

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While the provers were all over-sensitive to cold air. It caused chilliness.

The more intimately one is associated with this kind of work, the more he realizes its incompleteness, and I cannot leave this without expressing the hope that others will continue the proving of this grand remedy, until it is fully known in all its finer details.

MIND—Indispositon for mental exertion, mental confusion—could not grasp anything. Despondent, gloomy, apathetic, unsettled, restless. Sensorium. Vertigo on moving the head, on stooping. Vertigo—falls forward on closing the eyes; while ascending. Vertigo, is relieved while walking in open air, returns when sitting down.

HEAD—Sensation as if the contents were liquid, sloshing around; as if the parts of the brain were changing places; as of a cap or weight on the head. Headache dull, frontal. Darting pains from occiput to forehead. Intermittent neuralgia pains mostly left sided, relieved by pressure and by walking in the open air. Throbbing throughout whole head. Head hot, extremities cold.

EYES—Tire easily, can only read a few lines. Eyes are hot and tired. Eyelids feel heavy as if a weight pressed upon them. Vision is blurred. Variously colored lights appear before the eyes. Sharp pains over both eyes. Shooting pains from eyeballs backward into the head. Eyelids congested, of a salmon pink color.

EARS—Sensation of fulness and heat in the ears. Roaring in the ears. Impairment of hearing.

NOSE—Stopped up; mucous membrane congested. Discharge from nose, glairy, stringy mucus; thick greenish plugs; blood streaked mucus; hemorrhage of bright red blood.

MOUTH—Dry with sticky saliva; gathers on teeth like sordes; foul odor from mouth.

TONGUE—Coated brown.

TEETH—Sensitive to pressure. Shooting pains through lower left teeth, worse from warm food.

THROAT—Inflamed, of salmon pink color. Mucus in throat very viscid; hard to dislodge; sweetish taste; hawked up a fibrinous cast of pharynx. Throat feels dry; raw as if scraped. Pain in throat, extending to right ear.

THIRST—For very cold drinks.

HUNGER—With disgust for food.

NAUSEA—With vomiting of stringy mucus.

ABDOMEN—Cramping pain in lower abdomen; comes on before stool and lasts after stool; is relieved by pressure. Colic like pains about the umbilicus; cramping as if a knot were tied in the intestine; passes away slowly after stool. Sharp pains in abdomen come and

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go suddenly lasting several hours. Soreness of walls of abdomen.

STOOL—Hard, dry and dark; expelled with difficulty. Long, thin, ribbon-like stool. Blood streaked mucus with great straining; expelled much flatus of an offensive odor. Burning, fulness, pressure in rectum.

URINE—Dribbling of urine. Splinter like sensation at close of urination. (Urinary findings were not uniform nor markedly abnormal).

MALE SEXUAL ORGANS—Increased sexual desire with relaxation of sexual organs. Nocturnal emissions.

FEMALE SEXUAL ORGANS—Flow dark clotted in long shreds; intermittent. Before menses, pain in left side of head; nausea and faintness. Sharp cutting pains in abdomen extending to back, heat relieves. With menses severe cramping pain over whole pelvis with sharp cutting pains in ovaries and small of back. Could feel womb contract, forcing out the blood. Felt more comfortable lying on back than in any other position. Hot water bottle gave instant relief.

LARYNX—Soreness and rawness in larynx. Voice hoarse, vocal cords congested.

CHEST—Soreness and rawness under sternum. Sensation as of a weight upon the chest. Sense of constriction about the chest, especially in a warm room. Weight of clothing causes sensation of suffocation. Respiratory muscles weak, chest collapses during expiration. Inclined to take a deep breath. Shooting pains in lower left chest, worse from breathing.

COUGH—Dry, hacking, worse at night and motion; sputum tastes sweetish. Heart's action easily excited, is irregular and tumultous; pulsating and throbbing through entire body.

HEART—Apex impulse visible through the clothing, worse lying on left side; while sitting; relieved while walking about. Constricting pain about heart, worse in a warm room—pain from apex of heart shooting upward; pulse full, bounding, irregular; Skips from four to five beats per minute. Sphygmographic tracing shows rounded apex.

BACK—Sensitiveness of fourth dorsal vertebra. Aching in back as if kidneys were pressed out. Severe pain under right shoulder blade.

EXTREMITIES—Weakness in arms and hands. Trembling of hands. Finger tips stiff and numb. Cold hands and feet. Shooting pain in left elbow, worse from motion. Cramping outer left hamstring. Itching of left heel—aching of left sciatic nerve. General muscular weakness. Very easily exhausted.

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SLEEP—Sleepy and drowsy in day time. Very restless at night.

TEMPERATURE—Very sensitive to cold air, whole body seemed to chill. Open air relieved vertigo and pains in head. Warm food aggravates toothache. Warm applications relieve pains in abdomen. Warm room aggravates chest symptoms.

A FEW COMPARISONS*

BY C. S. MIDDLETON, M.D.

Philadelphia, Pa.

WITH the experience covering nearly 45 years—since walking down the aisle of the graduating hall, with my sheepskin under my arm—noting the important change which seems to be gradually taking fast hold of the profession in regard to the use of our inestimable materia medica, it seems obligatory upon some of us to hold up a warning signal, and to call attention to the much neglected study of the comparative effects of drugs in diseases.

The finer differentiations of the earlier period of homœopathic therapy with which I first became acquainted, seem to have been lost sight of to a most serious degree, if facts which we often observe count for proof—namely a neglect to select the indicated remedy, and the substitution of the easier (?) method of "getting results"—either from palliatives or homœopathic remedies, carelessly selected, or from anodynes, narcotics, or patent analgesic products.

Occasionally, either favorite and reliable remedies—even polychrests—have been supplanted of late years by other drugs not so well established in our confidence, for the treatment of certain diseases and conditions—often, in our estimation, to the disadvantage of both patient and the doctor.

There are also certain drugs, the similarity of which is so close, that to make a selection needs the finest distinction to satisfy ourselves that we have correctly decided.

When drugs possess such notable similarity, it has often been very perplexing to those of us who desire to be right—(and who does not?)—to select the truly indicated remedy.

It is with the thought of making a few points clearer, perhaps, by comparing some drugs which have been lauded in certain diseases above some older and tried remedies, and possibly thereby aid one to decide satisfactorily, that has led the writer to undertake this task. For instance ferrum phos. has been recommended in the past few years as a superior remedy to aconite, in pneumonia.

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*Read before the Homœo. Med. Soc. of the State of Penna.

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This cannot be accepted in such a broad sense. As in all other instances, they each have their indications, wherein no other drug can be of the same service. It is not the aim of the writer to be exhaustive in these few comparisons, but merely to open the subject for thought, and discussion; neither shall we attempt fine distinctions of pathological differentiations.

In comparing these two remedies for indications in pneumonia, we find that aconite is required for inflammation of the lungs following a severe chill—the more severe the chill, after exposure to a cold, wind, and inclement weather, the better indicated is aconite. Strong rubust constitutions; the fever is liable to be very high, hot dry skin; great thirst, white or yellowish coated tongue; rapid, hard, quick pulse; labored breathing, either from the excessive action of the heart, or from hyperemia of the lungs as a consequence. Delirium active or violent, great restlessness: and we must not forget the "fear of death"—which, however, all aconite patients do not have. Hard, dry painful cough, pain in chest, or bronchi, crepitant rales, but expectoration scanty, thin, sometimes frothy, streaked, or mixed with bright red blood; nose-bleed. These symptoms are indicative of the first stage of pneumonia, which may rapidly pass into active and alarming congestion with threatened cardiac paralysis, in which aconite is still a grand remedy. There may be neuralgic pains, or even rheumatoid affections of some of the joints.

Ferrum phos. is recommended for the first stage of pneumonia in children, particularly; from checked perspiration; fairly high temperature; little or no thirst; pulse full, but soft. Delirium not pronounced, but mind confused, talkative, easily irritated. Weak anemic constitutions; blood dyscrasias; passive, and secondary congestions; secondary and prolonged attacks; inflammation passing from one to the other side, rales, cough with less soreness than in aconite: expectoration is more free, frothy, pale pinkish, or quite bloody; slight or free hemorrhages; nose bleed.

From the above compilation, it seems to me there ought to be very little difficulty in selecting the better suited remedy. Of course there are many collateral symptoms that may be present, which it would be impossible to indicate now, which might influence a choice.

There are two remedies, the action of which upon the bowels resemble each other very closely, namely: croton tig. and gratiola off. You are all familiar with the sharp, severe, cutting pain and rumbling of croton tig., the thin, profuse, yellowish, and sometimes greenish watery stools, coming out like a shot, and aggravation after eating and drinking. The croton tig. condition is usually one of severity, and great suffering.

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Gratiola possesses in a marked degree most of the symptoms of croton, but while there may be great rumbling and discharge of flatulence and stool similar in characteristic appearance, even to the expulsion, the gratiola stool is different from the croton stool in being often painless, or but slightly so, and comes out with force, like turning on a hydrant, and continues until the bowel is emptied for the time being, and that is the last of it until the next time. As in most diarrheas of a colliquative character, there is often great thirst, aggravation from drinking however; tongue coated whitish, and covered with mucus.

The croton condition is always painful, while the gratiola is very much less so, or entirely painless, and coming out "like turning on a hydrant," is to be differentiated from the "coming out like a shot."

In the same way it might be interesting to compare briefly three of the most important of our remedies for dysentery, namely, aconite, nux vom. and mercurius cor. Both aconite, and mercurius cor. are required most frequently during the season when the days are hot, and the nights are cool. The aconite case is often preceded by a chill, high fever and characteristic pulse, great thirst, restlessness, fear; stools scanty, loose, brownish, yellowish, blackish, fetid like chopped up herbs; bloody and pure blood without feces, painful and severe tenesmus. Rheumatic or neuralgic pains may be an accompaniment, as well as delirium.

Mercurius cor. presents constant cutting pains in the abdomen, and intolerable straining and tenesmus, with discharge of bloody mucus day and night, the severe pains in the rectum continue after stool; prostration, cold sweats, weak pulse, collapsic symptoms, tenesmus of both bladder and rectum. Tongue coated whitish brownish, with imprint of the teeth along the edge, offensive breath, syphilitic subjects, necrotic teeth; disposition depressed, aggravation from eating, or drinking cold fluids.

Nux vom.: Quarrelsome, irritable, violent stubborn dispositions; hypochondriacal, oversensitive: in those using alcohol as a beverage. Attack preceded or accompanied by stools of small scybalæ, covered with mucus, and bloody, with colicky pains; stools blackish, like pitch, blackish blood, severe tenesmus, ceasing after stool. Hemorrhoids; frequent ineffectual desire for stool, with feeling as if more remained in the rectum. Fever moderate. Aggravation in the morning, and from mental exertion.

It would seem to be easy to make a choice between nux vom., and the other two; but rather more difficult to differentiate aconite and mercurius cor.; but, if we bear in mind the more sthenic symp-

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toms of aconite, the higher fever and delirium—contrasted with the unrelieved tenesmus after stool, the greater exhaustion, and scorbutic conditions calling for mercury, there ought to be no difficulty.

In hyperemia of the brain, meningitis, delirium, and insanity, we have at least three important remedies, which may at times, require great circumspection to differentiate—namely belladonna, hyoscyamus, and stramonium. Perhaps there are not three other remedies in the materia medica so closely allied as these three, and, as a consequence, not any other three so difficult of differentiation.

Belladonna is characterized by meningeal inflammation, cerebral congestion, high temperature, dry hot skin, (or moist), hot head, (cold feet), flushed face, throbbing head, violent frontal pain; violent delirium, vehemence, scolds, demands; furious rage: tries to bite and strike. Dry, red, or whitish tongue, great thirst, vomiting: wakefulness, or loss of consciousness: starting from sleep in fright, anxiety, timidity, restlessness, desire to get out of bed; convulsions, (in scarlet fever), eyes protruding, sparkling, staring, widely dilated pupils. Aggravation by noises, light and motion.

Hyoscyamus will be of the greatest use in complete loss of consciousness, answers questions properly, but relapses into stupor, and delirium, desires to get out of bed, illusions, hallucinations. Picking at the bed clothes. Lascivious mania, uncovers the body, especially the sexual organs, and sings amorous and obscene songs. Mania with ludicrous actions. Foolish laughter, with animated and hurried talk. Delirium without apparent heat, face pale, and limbs cold—but temperature high. Eyes wild and red, sparkling, squinting, stupid staring. Pupils dilated, rather than contracted. Dryness of the mouth, paralysis of the tongue, consequent difficulty of speech. Confusion of the head, and vertigo, as from intoxication. Pressing stupefying pain in the forehead. The brain feels as if it were loose, swashing sensation in the brain. Cases of disappointed love, with rage, or jealousy, may be an element in the delirium, or insanity requiring the use of hyoscyamus.

Stramonium has a long account to its credit:—Vertigo; cannot walk in the dark, falling to the left, or backward; reeling as if drunk. Violent congestion in the head, heat in the head, and pulsating about the vertex, and in forehead, fainting, and loss of sight and hearing, face bloated and turgid; convulsive movements of the head, mostly to the right side. Delirium: furious, but full of fear, tries to escape. Struggles to get out of bed. Laughter. Incessant, incoherent talking, passing rapidly from one subject to another, without relation. Sexual excitement. Varying mood. Terrified, merry. Desire for light and company. Rage with beating or striking,

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scratching, biting, screaming. Proud, haughty, exaltation, singing, dancing. Hallucinations, which terrify the patient. Horrible images, sees strangers, or imagines horrible animals are jumping sideways out of the ground at him. Excessive aversion to liquids. Water or a mirror, or anything bright excites convulsions. Spasmodic constriction of the throat. On awakening, frightened at anything that first meets the eyes: wants to run away. Eyes wide open, staring, brilliant, contorted, sometimes immovable, and insensible to light. Conjunctiva injected. Transient blindness, face hot, red, bloated, with expression of terror. Tongue swollen, stiff and dry, moved with difficulty, stammering, or entirely speechless. The fever of stramonium resembles that of belladonna, in being very high, but in the fever of the former, it is not so long continued, and is accompanied by coldness of the body, especially the lower limbs. Sometimes cold sweat all over the body. Now with such a mass of similar symptoms, how are we to differentiate in any given case, be it ever so serious, or innocuous?

Belladonna undoubtedly has a more profound action upon the cerebrum, and the meninges of the brain, than either hyoscyamus, or stramonium, producing great and serious pathologic states of that organ, accounting for the intense pains, (frontal) and throbbing in the head, raging, violent delirium, convulsions, and exceedingly high temperature.

Stramonium is a close second to belladonna, in the mental excitement, and sensorial manifestations, apparently falling just short of inflammatory conditions, but still having very high fever, violent delirium, with fear, aggravated by bright light, and difficulty in swallowing liquids, owing to constriction of the throat—while the difficulty in swallowing from belladonna poisoning is due to inflammation—the aggravation by bright, and intensified light being sufficient to cause the patient to pass into convulsions, which is not the case in belladonna, where we have an increased irritation to a brain congested, or inflamed meninges. The incessant talking, rambling from one subject to another, without bearing any relation to each other, which we frequently meet in fevers, and mental diseases, is a most marked indication for stramonium.

Hyoscyamus seems to occupy a middle ground between belladonna, and stramonium, there being less indication of inflammation in the one instance, and in consequence less violent delirium, in fact the latter is of the low, stupid form, frequently muttering, staring, asthenic character, in typhoid fever, picking at the bedclothes, and at imaginary objects in the air, with other hallucinations, and illusions, as to horrible images, animals, etc., which makes hyoscyamus,

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as well as stramonium a most excellent remedy in delirium tremens, but stramonium will have constant wandering, talking; while the hyoscyamus case will be of a lower muttering, type, with frightful hallucinations. All the various forms of mental aberrations in hyoscyamus, in fact, seem to point to irritation of certain sets of nerve centres, such as those causing the patient to revel in obscene thoughts, excitation of some spinal, and muscular centres. Therefor hyoscyamus becomes a most valuable remedy in bulbar paralysis, and paralysis agitans, as well as for nervous conditions due to irritation of the sensory tract.

The selection of one of these drugs as indicated in a given case, may be largely aided by a correct diagnosis, but after all, only a close differentiation of the symptoms can lead us to a certainty.

A CRITICAL STUDY OF THE PROVINGS OF BRYONIA*

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Cincinnati, Ohio

DISSATISFACTION with the materia medica and demands for the reproving of drugs are not merely the product of a latter-day scientific spirit. Even the immediate disciples of Hahnemann recognized that the enormous and truly remarkable symptomatology collected by the master was of a provisional character and must ultimately be supplemented or replaced by thoroughly scientific experimentation. Confronted with the prodigious task of creating a materia medica suited to application in accordance with his newly discovered law, *similia similibus curentur*, Hahnemann was driven to accept many data of which his judgment did not fully approve. If in after life his satisfaction with his materia medica increased, it was due to his wonderful successes in practice as compared with the failures of prevailing methods.

Hahnemann's materia medica was composite in character, being derived from his own provings and those of his immediate followers; from the records of poisonings scattered throughout medical literature, and, alas, from observations upon patients under treatment. The latter fault also applies to the symptoms attributed to one of his enthusiastic disciples, a fellow-prover of bryonia.

In 1844, the year following the death of Hahnemann, a number of Austrian physicians reproved bryonia. The doses used in most of the experiments were large and the provings long continued in spite of the development of very distressing symptoms. Unfortunately,

*Read before the International Homœopathic Congress.

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little attention was paid to objective symptoms or conditions and no instruments of precision were used in the examination of the provers. Several animals were poisoned, their symptoms noted and autopsies made after their death, but altered tissues were not examined microscopically. Notwithstanding these grave omissions there may be discerned in the symptomatology of bryonia outlines of a consecutive chain of pathological processes. It is not so clearly defined as to serve as a basis for truly scientific homœopathic prescriptions. Many attempts have been made to determine the sphere of the drug's action by hypothetical reasoning based upon these shadowy outlines, and with a very considerable degree of success as measured from the standpoint of clinical verifications.

A comparison of the various methods used in developing our knowledge of the action of bryonia and an examination of the faults and inherent limitations of each, can not fail to be of interest and profit. Their failure to meet the demands of an exact science is evident, but does this fact absolutely bar all progress in the determination of its homœopathic usefulness? Must we ignore the rainbow of promise in our frantic efforts to obtain the fabled pot of gold from which it springs.

Bryonia exerts a profound influence upon the respiratory organs, and this limited sphere has been chosen from our study.

A fairly perfect application of our therapeutic law demands or at least renders desirable not only a pathogenetic totality of subjective symptoms, but also a pathological totality which will include all objective signs obvious to the senses of the examining physician or revealed by instruments of precision. For if, as we believe, it is a law, the probability of a cure following its application must increase in proportion to the depth or degree of similarity between its effects upon the healthy organism and the manifestations of morbid action in the individual sought to be cured.

Diagnosis rests upon the recognition of a type composed of artificially selected crucial symptoms both objective and subjective in type. It takes no note of many other symptoms, especially of a subjective character which, added to the more typical ones, give to each case its individuality. The totality of the symptoms, our ideal basis for a prescription, includes both classes of manifestations. As the greater must always contain the lesser, so must the totality of the symptoms embrace a fair proportion of those phenomena upon which a pathological diagnosis depends. While cures are often made, and perhaps must be made, if at all, in the absence of this complete similarity of drug effects to the ailments of the individual, such recoveries can not be claimed as triumphs of scientific homœopathy.

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The composite character of the Hahnemannian provings and the arrangement of their symptoms in schematic form forbids any study of their pathological relationships. Only two of the eight collections of symptoms of bryonia in the Materia Medica Pura indicate any marked thoracic disturbances. Both of these contain so many symptoms derived from clinical sources that we are unable to fix their relative value. At any rate, their exclusion from our study does not materially alter the conclusions founded upon the later provings.

Among the symptoms which give character to the action of bryonia are sharp stitching or lancinating pains in various portions of the body. These pains have fairly definite relations to the muscles or articulations. Their aggravation by motion is noted so frequently in the provings that it must be accepted as distinctly characteristic; characteristic in the broadest and best sense of the word. Some writers have applied this term to symptoms which have been produced by no other drug; these may be peculiar to its action, but are not characteristic of it.

The sharp stitching lancinating pains of bryonia occur with frequency about the chest and have led to the successful use of the remedy in pneumonia and pleurisy. Its great value in these affections is universally recognized in our own school, by the majority of eclectic physicians and by some prominent authors of the dominant school.

The exact character and seat of the thoracic pains produced by bryonia are not clearly revealed by the provings. Sharp, stitching and tearing pains occur in several affections, one of which is myalgia or muscular rheumatism. When this disease attacks the intercostal and pectoral muscles, it is often termed pleurodynia, though the pain is not of pleural origin; by preference it should be designated as intercostal rheumatism. Its pains are aggravated by pressure and motion and hence by deep inspiration, expiration, coughing and sneezing. Fever and cough are not essential portions of its symptomatology. The homœopathicity of bryonia to this affection is beyond question. In some of the provings, especially that of Professor Zlatarovitch, very keen discrimination is displayed in the localization of the pains experienced. He described them as occurring in the pectoral and intercostal muscles, laying much stress upon their superficiality, the tenderness of the muscles to touch or pressure, and their similarity to pains co-existing in other portions of the body. Here appears one advantage of physicians as provers, that is, of closely observant and discriminating physicians. Another is the fortitude displayed by some of the medical provers of bryonia in continuing to take massive doses of the drug daily for more than two months

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in spite of the sufferings induced and the evident interference with business. Oh for a revival of this spirit of 1844! How unfortunate that such provings could not have been tested by modern instruments of precision! Will money alone ever induce comparatively disinterested persons to undergo such tests of endurance as did these altruistic Austrian provers?

While evidence of intercostal rheumatism are manifested in at least fourteen out of thirty-five provings, it is impossible to determine from the symptoms alone if pleurisy existed in any or all of them. Without the detection of the friction murmur the diagnosis of pleurisy is always uncertain. Pleuritic pains, so-called, may exist without involvement of the serous membrane, and on the contrary, the whole pleural cavity may be obliterated by inflammatory adhesions without giving rise to any morbid sensations. A few of the provers of bryonia experienced the sharp shooting pains independent of or preceding the appearance of myalgic pains in other portions of the body; the pains were more persistent, more markedly aggravated by motion and less so by pressure and expiration; they were attended by fever and by cough, and must be admitted to be very similar to typical attacks of pleurisy even in the absence of the usual physical signs of the disease. Evidence confirmatory of these indications while not lacking, is by no means as strong as could be desired. Christison, as quoted by Hempel, Potter and others, states that bryonia or bryonine when injected into the pleural cavity causes fibrinous pleurisy which may prove fatal. This is evidently a local effect of the drug and not to be confounded with its dynamic action. In the autopsies of the six animals poisoned by the Austrian provers, one was found with much serum in the chest, and the pleura toward the spine was pale red throughout; in another the serous membranes were reddened and several ounces of reddish fluid effused into the pleural cavity. In all of the animals there was pneumonic consolidation of the lung, the foci extending to the periphery and doubtless involving the pleura. There is no mention in the reports of the existence of plastic exudate on the surface of the lung or of adhesions of the opposing pleural membranes. As these experiments upon animals furnish the only absolute evidence of the action of bryonia upon the pleura, we wonder at the radical differences given by various writers in their indications for the use of the drug in pleurisy. Some, doubtless guided by the character and severity of the pains, restrict its employment to cases of plastic pleurisy and urge that it be discontinued when the pain diminishes and serous effusion commences. Others, perhaps influenced by the findings in animals poisoned by it, deem it to be especially indicated after serous effusion

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has occurred and are loud in praise of its ability to promote absorption. Let it be noted that these conclusions as to its sphere of remedial action are stated as dogmatically in many text-books as when reference is made to any of the clearly established facts developed by the provings; indeed, any one not thoroughly conversant with the provings would expect to find in them convincing evidence in support of their deductions. It is well to bear in mind the distinction so clearly stated by Dunham between the definitely established facts of drug action and conclusions of individuals based thereon. The worth of provings can be established by the ordinary rules of scientific procedures and will then have a permanent value. Conclusions based upon these absolute facts are the product of human judgment with all of its frailities, and have only a tentative value until verified by the most painstaking clinical methods. Both the conclusions and the modes of verification are legitimately the subject of criticism.

In this connection four so-called characteristics or modalities of bryonia are presented for our consideration. *First.* The "aggravation by motion" occurs so frequently in the provings and is so clearly in keeping with various conditions induced by the drug that its worth seems incontestible in spite of occasional alternating effects. *Second.* "Aggravation by deep inspiration, coughing and sneezing" occurs in six out of thirty-five provings. These acts, however, involve motion, and this modality seems to rest both on a rational basis and upon sufficient pathogenetic evidence. The "aggravation by expiration" in three of the total number of provings confirms the value of the first modality and does not weigh against the second. *Third.* The "relief of pains in the chest by lying on the affected side" is not found in any of the provings, though occasional sensations in other parts of the body are thus ameliorated. If this modality has any pathogenetic basis whatever, it must be an application of the generalization that the pains of bryonia are aggravated by motion and hence must be relieved by the restriction of movement consequent upon lying on the affected side. *Fourth.* The alleged preference of bryonia for disorders of the right side of the chest is not supported by the provings. The predominance of pains on the right side of the body as a whole is very slight, and the characteristic stitching pains in the thorax occur a little more frequently on the left side.

At this point it seems pertinent to inquire if those homœopathic and eclectic physicians who prescribe bryonia in pneumonia and pleurisy, without seeking any other differential symptoms than the sharp stitching pains, are not more likely to realize the full therapeutic benefits of the drug than those who attempt too great refinements in the application of insufficiently grounded modalities. Bry-

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onia has been used effectively in cases of central pneumonia in which not one of these modalities were present. If the value of the modalities rests upon clinical evidence, it ought to be presented for review by the profession.

The provings of bryonia do not indicate its relationship to pneumonia as clearly as in the case of pleurisy. Hughes writes: "As of all serous membranes the pleuræ are most readily influenced by bryonia, so of all the viscera the lungs are those which suffer most from its action. The short, quick and oppressed breathing, heat and pain in the chest, and bloody expectoration experienced by the provers, find their interpretation in the phenomena presented by the poisoned animals." In his introduction to bryonia Hahnemann says, "From the rich treasury of symptoms it causes in the healthy human body a number of artificial morbid states may be put together of which we may happily avail ourselves for the relief of many ailments of daily occurrence." This "putting together" process is both contemplated and rendered necessary by the schematic arrangement of symptoms in our materia medica, but it falls short of the higher ideals of homœopathy. It is true that many therapeutic triumphs have been won by this method and that in many cases nothing better is possible.

As we have seen, Dr. Hughes has grouped the symptoms produced by bryonia so that the composite picture is quite similar to an average case of pneumonia, but it must be conceded that the symptoms thus grouped did not occur in any single prover. Furthermore, he must have followed the directions of Dr. Petersen as quoted by Dr. Dudgeon (History of Homœopathy, page 322): "In our minds we must always represent to ourselves the symptoms in the materia medica as greater than they really are and the symptoms of the natural disease as much less than they occur." For certainly no prover of bryonia describes breathing so short, quick and oppressed, heat and pain so intense and continuous, or sputum so tenacious and bloodstained as occur in even a moderate case of pneumonia. No fever of marked degree is described by the provers. There is no note of disturbed ratio between the pulse and respiration and none of diminution of the chlorides of the urine. In fact, we fail to find any mention of bloody expectoration in the provings except in number four hundred and fourteen (No. 414) of Hahnemann's own collection, which reads: "He coughs up small lumps of coagulated blood (after three hours)" and this has no resemblance to pneumonic sputum. Owing to the dissociation of symptoms in the schematic arrangement it is impossible to determine whether or not this ex-

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pectoration followed one of the attacks of epistaxis which he also records.

The most critical study of the provings of bryonia fails to reveal any group of symptoms bearing any close degree of similarity to any conceivable case that would be recognized as pneumonia. Nor is there recorded a case of poisoning in human beings in which pneumonic inflammation of the lungs was produced. However, the lack of a well defined pathological similarity between the effects of bryonia and pneumonia is at least partially supplied by experiments upon animals. In these the poisoned animals presented symptoms similar to pneumonia and at the autopsies the lungs were found of deeper color and diminished crepitation, while in two the lower lobes were hepatized. These pathological changes produced in every one of the animals poisoned by bryonia, when considered with the symptoms caused in human beings, seem to prove the homœopathicity of the drug to pneumonia and at the same time to answer some of the objections of Hahnemann and others to such experimentation. Even if the data so obtained can not be directly used as the basis of a prescription, they can and do aid in the interpretation of provings, and at the same time aid in placing homœopathy in its true light before the scientific world.

Experiments upon animals must be made and interpreted with extreme caution if fallacies and erroneous conclusions are to be avoided. This is illustrated by Curie's experiment in which bryonia produced a pseudo-membranous formation in the trachea of a rabbit. He emphatically asserted that none of the drug had been permitted to pass the glottis of the animal, at least not until a short time previous to its death. Dr. Burt, however, insisted that the formation of the false membrane was due to the passage of large doses of the tincture into the trachea and the resulting mechanical irritation. He also claimed to have produced beautiful specimens by robinia and baptisia and finally with alcohol. These conflicting results are still further complicated by the case of chronic poisoning recorded by Teste. A woman to cure herself of a hernia swallowed every day for four months ten to twelve grains of bryonia. As a result she claimed to expectorate strips of false membrane and this was confirmed by Dr. Teste. The question naturally arises, if the pseudo-membranous inflammation of the tracheal and bronchial mucous membrane was due to the local irritation produced by the tincture, is it not possible that the inflammations of the parenchyma of the lung induced by it were in reality aspiration pneumonias. This doubt renders desirable a repetition of these experiments under test conditions. Microscopical examinations of the pulmonary and pleural

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tissues should be made and the exact character of the exudate determined. The mucous membrane of the bronchi leading to the hepatized lobes or lobules should be carefully examined. Incidentally it would be interesting to know the bacteriology of an inflammation due to the dynamic action of a drug. The acute and chronic poisoning of animals with various drugs and the subsequent investigations of the tissue changes induced ought to be a portion of the laboratory courses of every homœopathic college. The distinctively homœopathic character of subsequent exhibits and the data developed could not fail to promote the interests of our school. Our knowledge or understanding of the materia medica may thus be advanced without waiting for the complete reproving of drugs which is the ideal of every true homœopath; an ideal not likely to be attained by this generation.

In passing, let us note that much valuable information could be derived from a few partial provings of bryonia if the respiratory disturbances were studied by modern physical methods. The correlation of the objective signs produced with the purely subjective symptoms experienced by the provers could not fail to increase our knowledge of the drug and aid in its successful therapeutic application.

From my studies of the provings of bryonia made either with single large doses, or when considerable quantities were taken daily for several weeks, I am led to doubt if physical signs at all similar to pneumonia would have been discovered in any of the provers even by the most thorough examination. Is it not possible that harm may come to homœopathy by creating too great expectations of progress in therapeutics as a direct result of the reproving of drugs? Can we reasonably expect to so clearly determine the action of bryonia that it can be prescribed for a given case of pneumonia with scientific precision and certainty of cure? Does it not seem clear that when provings have been made and carefully recorded, the symptoms obtained must be to a certain extent interpreted by the aid of the results of poisoning and of experiments upon animals in order to determine the full extent and the sequential relationships of the drug's action; that upon the data thus scientifically determined the art of its therapeutic application must be based; and that the degree of the perfection of this art can only be tested by very exact clinical methods. The use of bryonia under the guidance of the law of similars has demonstrated curative powers only dimly outlined in the provings. The evolution of our materia medica, as well as the vindication of the claims of homœopathy to superiority in therapeutics, demands the most thorough system of clinical verifications ever known in the history of medicine. The reproving of drugs, though very important for the future of homœopathy, is not the greatest need of today.

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SULPHATE OF COPPER IN TYPHOID FEVER

PURIFICATION of water supplies by the introduction into reservoirs of sulphate of copper has been extensively advocated. Its value as an agent for the destruction of algæ indicated a probable value as a bactericide. Dr. Albert F. Woods (in Bulletins Nos. 64 and 76 of the Bureau of Plant Industry, Washington) shows that the typhoid fever germ succumbs, under certain conditions, to a dilution of from one to one hundred thousand to one to five hundred thousand. It was also proved that colloidal solutions of copper, such as are produced by the action of water upon metallic copper surfaces, are more potent than solutions of any of the salts of copper. As regards the toxicity of copper sulphate to typhoid germs as compared with that of other commonly used disinfectants, Dr. Woods states that corrosive sublimate is slightly more fatal to typhoid germs than copper sulphate, acting at a lower temperature in a shorter length of time. Carbolic acid, one hundred times as strong as the dilution found to be effective for copper sulphate and acting eight times as long, failed to kill. The same is true of formalin used between fifteen and twenty times the strength of a 1 to 100,000 solution. Using one thousand the amount of citric acid that would be used of copper sulphate produces death. Thymol is effective in six hours when used in a solution of one to five thousand, and naphthalene is five times weaker.

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Hence it is seen that copper sulphate is a potent bactericide as far as the typhoid bacillus is concerned. Before it can be used in potable waters, however, we must settle what would be its probable effects on the human organism; and if we are to go still further, and administer copper salts to typhoid patients with the idea of killing the typhoid germs in the intestine, we must be sure that experiments *in vitro* can be exactly reproduced under the conditions of the human economy. As to the toxicity of copper in minute doses, it is said that this metal is almost as widely diffused as lead. "It is found in bread, wine, condiments, pickles and vegetables, which last in fact possess the property of taking up the metal contained in the soil; and notable quantities of it are found in the hulls of various grains. The vegetarian particularly takes about one milligram of copper daily." Wittaus says that compounds of arsenic, which almost invariably contaminate copper, are the active toxic agents in so-called copper poisoning. Other well known authorities, such as Cushing, Kraemer, Holland, Ellenberger and Hofmeister, conclude that copper in minute doses is practically innocuous, so that it would seem that a typhoid patient might take it in reasonable doses for a reasonable time without untoward effects.

As to the actual test of sulphate of copper in typhoid fever, J. F. Stevens, M.D., of Lincoln, Neb., gave to a meeting of the Nebraska State Medical Association his observations based upon the treatment of forty-three consecutive cases. This paper, a very readable one, was published in the November issue of the *Western Medical Review*. These cases were put upon two drops of a 6 per cent. solution of copper in one-half glass of water every two hours, day and night. If the stomach proved intolerant the dose was reduced to one drop in the same quantity of water, or still further, if necessary. The majority of cases could take only one drop every two hours. Cases that were first seen during the onset of the disease were given large colonic flushings of the same salt (5 grains to the quart or less strong if this proved irritating). If the breath became foul moderate doses of baptisia were given. Dr. Stevens remarks: "Baptisia does not belong to our official list of remedies, but it is a great aid in correcting the conditions which produce a fetid breath in continued fevers." The general and dietetic treatment was

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well managed. When the temperature became normal and the onset of convalescence was evident, the copper sulphate was stopped and the patient was given 1-240 of a grain of strychnine every three or four hours. Recrudescence occurred in but three cases, and could be traced to dietetic indiscretions. During convalescence the pulse rate was often sub-normal and Dr. Stevens attributed this to the action of the copper on the nervous system. Of the forty-three cases only one was fatal, and he had practically recovered from the typhoid fever and had been convalescent for two weeks, but he was saturated with syphilis, and contracted typhoid just when he was at his worst.

Speaking of the cases in general the fever held an even course; there were no complications; the course of the disease was materially shortened when colonic flushing was instituted early.

The success of the above line of treatment suggests the possibility of the advisable use of a colloidal solution of copper, made by suspending copper plates in water for some hours, as a drink for typhoid patients.

Query: Are vegetarians less liable to have typhoid fever than others on account of the copper they consume in their food?

THE MOUTH

IN some respects it is a pity that dentistry is a profession distinct and apart from that of medicine. One result of the divorce is the neglect by many physicians to properly appreciate the oral cavity as an avenue of infection and as a possible cause of quite serious pathological conditions.

The mouth furnishes good media for the development of organisms of different kinds; a list of over a hundred varieties has been compiled, and 25 per cent. of these are constantly found in this cavity. In the mouth we have as factors in bacteriologic growth a suitable temperature, moisture and such nutriment and media as saliva, mucus, dead epithelia, decayed dental tissue, exposed pulp, accumulations of particles of food, etc.

Dental caries has as its basal cause the growth of bacteria,

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which cause fermentation of food particles, ending in the formation of lactic and other acids, which, in turn, act destructively upon the inorganic portions of the tooth structure. In time, both the organic constituents of tooth and the dental pulp become infected and submit to destruction. Dental caries is usually attended by pain, often of a very aggravating character, and sometimes gives rise to reflex troubles, such as paralysis, neuralgia, glaucoma, amaurosis, otitis, convulsions, thrombosis of the sinuses of the brain, eczema of the face and epilepsy.

Rigg's disease, pyorrhea alveolaris, is a very common affection, consisting of a chronic inflammation of the peridental membrane and periosteum, necrosis of the bone and inflammation of the gums. The teeth are usually thickly covered with tartar, the gums bleed easily and are inflamed and suppurating. The pus is swallowed and is absorbed by the system, the pyemia being marked by disturbances in the digestive tract, evidenced by nausea, pain, depression and weakness, distaste for food and a sallow skin, and by such nervous effects as numbness, tingling in the hands and feet, loss of knee-jerk, wasting of muscles and local palsies. Opinions differ as to the etiology of Rigg's disease, but it is safe to say that among the contributory causes are accumulations of oral secretions and food, and lack of care of the teeth and mouth.

Micro-organisms enter the mouth in the air breathed, in the food and on the tableware, etc., and give rise to disease if the tissues are below par. Clinical thermometers and surgical and dental instruments may be media of infection. Tetanus, septicemia, pyemia, syphilis and other diseases have been bequeathed to patients by careless or ignorant physicians and dentists.

Alveolar abscess is not uncommon and not infrequently gives rise to more serious ailments, such as osteomyelitis, osteitis, necrosis, metastatic abscesses, gangrene of the lungs, pyemia, meningitis.

The oral cavity being such an open door to infection, it is obviously a part of the body that the physician cannot afford to neglect. While he cannot be expected to cultivate the expertness of the dental surgeon, he should make himself reasonably familiar with the anatomy, physiology and pathology of the structures which are found in the mouth, and, by way of prophylaxis, should impress up-

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on his patients the importance of oral hygiene—the use of mild antiseptic washes, the daily employment of the tooth brush with a dentifrice largely composed of powdered chalk and the monthly or bi-monthly use of powdered pumice. Artificial teeth should be removed during the hours of sleep and cleansed daily with brush and pumice powder.

Notes and Comments

The Campaign Against Malaria in Italy.—The expensive drainage of the malarial region of Italy accomplished little in the reduction of the number of cases of malaria, but great success has attended the prophylactic use of quinine and the use of screens. For some time past the Italian government has offered for sale a guaranteed pure quinine and from its sale has derived nearly $50,000 above expenses. Each tablet contains 20 cg. and the dose is from one to three or four tablets. The government is now contemplating the manufacture of chocolate-coated quinine-tannate tablets for children. Experiments seem to show that this drug is as effectual as and much more palatable than other quinine salts. Since the prophylactic use of quinine and systematic screening were adopted the mortality from malaria has dropped 50 per cent.

The Problem of Feeding in Gastric Ulcer—The idea of giving rest to stomach ulcer by withholding food or feeding by enemata is giving way to the belief that nourishment is essential to repair of the tissues. Senator's most recent postulates are: the diet should not overburden the stomach by quantity or weight, it should diminish the secretion of hydrochloric acid; it should be soothing and not apt to cause hemorrhage, but rather prevent it; easily digested and yet sufficiently nutritious. He suggests a diet consisting of albumin, gelatin, fat and sugar. With a recent hemorrhage a solution of 15 to 20 gm. of pure white gelatin to 150 to 200 cc. water, flavored with lemon juice, is made and a dessertspoonful given every one or two hours. Fresh butter and cream are given in small quantities to a daily amount of 30 and 250 cc. respectively. Butter can be frozen and administered as a pill, the cream can be beaten up with sugar. Milk, 200 cc., per diem can be given to start with and the amount increased by 100 cc. daily until 1,000 cc. are given daily. Shaved meat gradually replaces the gelatin. Jellies of all forms are allowed.

Puerperal Eclampsia—Medical science has not yet determined the cause of this unfortunate complication of pregnancy. It is not a uremia based upon structural changes in the kidney. As a matter of fact the liver furnishes the greatest pathological changes, which sometimes are indistinguishable from those seen in acute yellow atrophy of the organ. The improvement that always follows emptying of the uterus suggests a consideration of the fetus as a cause of

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the condition, its growth in the mother's body helping to flood the mother's blood with the products of over active metabolism. Certain organic acids, lactic acid, for instance, have been traced to fetal origin and credited with the production of eclampsia. Another theory, one that deserves closer study, attributes the complication to the placenta, looking upon the after-birth as a foreign body toxic to the maternal organism.

Fatigue:

As to the varieties of fatigue which the body may experience, matters stand as follows: Untrained men are fatigued by every exertion, for no part of the body has been exercised at any kind of effort. Trained bodies are fatigued by unaccustomed forms of exertion and also by their accustomed exercise pushed to excess. Such are the forms of fatigue, and their potency takes effect as follows: The untrained have moist flesh, and when they exert themselves the body becomes heated and they yield the product of liquefaction in abundance. Of this, whatever is sweated out or purged away with the breath causes no trouble except to so much of the body as has undergone the unusual depletion, but whatever remains of the product of liquefaction causes trouble, not only to the unduly depleted part of the body, but also to whatever part receives the liquid in question, which is not akin to the body, but hostile. It does not so much affect the fleshless parts of the body, but rather the fleshy, causing trouble until it takes itself off. Inasmuch as it fails to move about, it keeps quiet and becomes heated, itself and what accrues to it; and if there comes to be abundance of this separated stuff it may overpower the healthy parts so that the whole body becomes heated likewise and (the stuff in question) may cause severe fever.

The above quotation is taken from Curtis's translation of the writings of Hippocrates, and is a strange forecast of modern views on the subject of fatigue, for if we substitute "fatigue products" for "product of liquefaction," "toxic" for "hostile" and "muscles" for "fleshy parts," the paragraph would somewhat quaintly express the theories and findings of today. Fatigue products cause trouble until they are rendered innocuous by chemical change or are thrown off in some excretion.

Medical science has no specific antidote for fatigue. Bicarbonate of soda and sugar come the nearest to such. Alcohol delays fatigue, but its favorable action is followed by unfavorable after-effects. Fatigue is a natural phenomenon of metabolism; recuperation is likewise a question of metabolism. Normal working power can be regained only by rest, preferably rest during sleep, during which the processes of assimilation and detoxication can go on undisturbed.

Bacteria vs Bacteria in the Intestine—The inhibition of pathogenic bacteria in the intestine has for some time been sought by the employment of so-called intestinal disinfectants. It has been suggested more than once, however, that these disinfectants, if active at all, would kill off also the harmless and necessary organisms normally found in this location. Their activity at all has been seriously called in question. At any rate, it cannot be said that, as at present conducted, intestinal disinfection is a satisfactory therapeutic measure. The *Munchener Medizische Wochenscrift* (Oct. 9, '06) publishes the views of Moro on this subject as brought forward at the Congress of German Naturalists and Physicians in Stuttgart. Moro's idea is that by adding to the number of normal bacteria in the intestine, either by their direct introduction into the canal or by bring-

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ing about in some way conditions that would favor their development there, the pathogenic bacteria could be annihilated or crowded out. The latter plan is that which the homœopathic prescription is supposed to accomplish.

Sandpaper in Chronic Dermatitis—An English Roentgenologist, having tried all suggested and likely remedies for a chronic dermatitis, affecting chiefly the fingers, and which arose from Roentgen ray exposure, finally experimented with fine sandpaper, used daily at first, and later less frequently. Gratifying results were obtained. The remedy is not a new one in medicine, for it has also been used for rough, chapped hands, rhagades and fissures. The thickened, unhealthy skin acts almost like a foreign body which cannot be replaced by normal cells until it is removed. The sandpaper removes this horny growth and gives the healthier cells below a chance.

Serum Therapy—The experiments with different sera and antitoxins continue apace. In the *Journal of Experimental Medicine* Dr. Hiacyo Noguchi relates his experiences with sera prepared by injecting goats with the venom of crotalus and of moccasins which, in guinea pigs, have proved of great antitoxic value against the respective snake venom if injected before the stage of prostration was reached. Other experimenters promise that the day is not far distant when diphtheria antitoxin and other sera will be administered by the mouth instead of hypodermic injection. Diphtheria serum is absorbed with therapeutic result if the digestive processes are temporarily suspended. This method of administration is bound to prove cheaper, more agreeable and safer. When the day of this advance is reached we shall not be far off the administration of nosodes as practised by many homœopaths, and the time may yet come when the internal administration of variolinum will replace vaccination.

Poisoning from West African Satinwood—Some months ago shuttles of West African satinwood were introduced into some Lancashire cotton mills and produced serious results among the workmen who handled them. Death followed in some instances. The wood was found to contain an alkaloid soluble in salt solutions (and hence in perspiration) which is a powerful cardiac poison, causing rapid death when injected into animals. The symptoms seen in the cotton operatives were headache, sleepiness, coryza, chronic sneezing, giddiness, faintness and dyspnea.

Pyelography—Voelcker and Lichtenburg have coined this term for radiography of the kidney and ureter after these structures have been filled with a solution of silver salt. Their method is described in *Munchener med. Wochen.*, liii, 3. The fluid is introduced into the hilum of the kidney through a catheter in the ureter. The shadow cast by the Roentgen rays discloses any bending or kinking of the ureter, any obstruction or dilatation of the parts, and anomalies generally. They give some of the radiograms thus obtained in an experience with 10 patients, all women but one. The radiograms were failures in four instances, but in the others they were remarkably distinct.

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Epileptic Aurae: Remedies.

Great irritability. Indigo.

Weak-mindedness. Causticum.

Vertigo. Arsenic, belladonna, calcarea, causticum, indigo, secale.

Cephalic pulsation. Amyl nitrite, belladonna, glonoin.

Sparks before the eyes. Hyoscyamus, stramonium.

Ringing in the ears. Hyoscyamus.

Irides dilated sometime before the attack. Argentum nitricum.

Objects whirl about. Arnica.

Sensation of a running mouse. Belladonna, calcarea, ignatia, silica, sulphur.

Aura proceeding from the stomach. Belladonna.

Nausea, dyspnea from accumulation of mucus. Cuprum.

Sensation of a warm breath proceeding upwards along the back. Arsenic.

Sensation of heat from abdomen into head. Indigo.

Aura from abdomen downwards. Calcarea.

Chilliness, with goose-flesh. Cuprum.

Chilliness radiating from the back. Agaricus.

Chilliness (or coldness) of the left half of the body. Silica.

Twitching of fingers and toes. Cuprum.

Aura proceeding from the heart. Lachesis, naja, calcarea arsen.

Headache. Belladonna, causticum, calcarea, zinc.

Vertigo, inclination to fall backwards. Absinthium.

Heat in the head, followed by sweat. Causticum.

Noises in the head a few days before the attack. Sepia.

Thoracic constriction. Calcarea arsen.

Paretic sensation in the limbs. Plumbum.

Twitching of the limbs. Cuprum.

Twitching of the left arm. Silica.

Trembling. Absinthium.

Sudden attack, no prodromes. Cuprum.

Dr. Kroner. *Zeitschrift des Berliner Vereines.*

Septicemic Remedies—The indications that lead to digitalis as a cardiac stimulant in septic intoxication are, first, an irregular pulse, this irregularity being due to a weak diastole, the principal strength of the heart being its systole. Second, a dicrotic pulse, in which the second sound of the heart begins before the first sound has finished: both conditions indicating failure of the cardiac muscle. A third indication for digitalis exists in the scanty urine, caused by retarded circulation due to direct action upon the arterioles of the kidneys.

The indications for strychnine are quite distinct. The danger of heart failure is from overwork. The toxine expends itself on the vasomotor centres, the heart contracts violently and rapidly, and the pulse is thin and wiry.

Adrenalin has recently been of much service as a cardiac stimulant in septic intoxication. Advantage is taken of its primary action

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upon the vasomotors, and it is administered for true heart failure, the respiratory centers not being affected when the pulse is feeble, irregular and intermittent. It should be given subcutaneously, and if diluted with normal salt solution the absorption is retarded and more prolonged. Frequently the cases requiring adrenalin are those calling for intravenous transfusion. To the normal salt solution adrenalin may be added in the proportion of 1-10,000.

Nitroglycerine is our most rapidly acting sitmulant, but its stimulating effects are of short duration, and if continued, or given in too large doses will result in paralysis of the heart muscle. It then becomes a vasomotor dilator, the same action appearing in the heart. Therefore, nitroglycerine should be reserved for cases of emergency, when a rapidly acting stimulant is required; but it should not be repeated after this effect has been obtained, and if the heart does not respond promptly its repetition is attended with danger, inasmuch as the paralyzing action may develop in the heart muscle. Dr. H. I. Ostrom. *Homœopathic Recorder.*

Constipation—In a German discussion (*Zeitschrift des Berliner Vereines*) of this vexatious condition the following hints, some new, some old but worth repetition were gleaned.

Gynecologic cases, even where no mechanical conditions exist, are frequently constipated, suffer from intestinal atony, and here graphites is a very reliable remedy—cases where there is faulty intestinal innervation, not mechanical interference with defecation — beginning with graphites 5x and descending to the 3x. A number of cases have been greatly beneficial. Plumbum is also useful but only when colic and tympanites are present, in other words, hypersensitivity of the bowel — plumbum 6x, descending to the 4x. Opium is similar. It also has atony, but with colics due to unequal contractions of the bowel with simultaneous, almost paretic weakness of certain portions, especially the colon. The 5x trit. is at first prescribed,—more efficient than the tincture. Nux vomica's type is well known. Defecation is neglected from laziness and obstipation is thus induced. Sensation of a foreign body in the anus; frequently a general neurasthenia. Alumina, 5x-4x, has the hard, tough, crumbly stool, passed difficultly. Sepia is serviceable in the purely nervous constipation of women. Dr. Windelband

Pathognomic of graphites is the coating of slime over the hard stool. In alumina the complete lack of desire for stool is characteristic. Collinsonia has been found useful only where hemorrhoids are present when it acts promptly upon the constipation. In the case of a woman who for 50 years never had a natural movement, collinsonia 1x cured perfectly. Dr. Burkhard.

Two children (twins) were treated for constipation by a distinguished specialist in children's diseases, but daily enemata were the only means of obtaining a clear bowel. The writer gave alumina to one, nux vomica to the other child without results. Later it was learned that the children had an aversion to meat, but were fond of sausage (wurst). The only difference here lav in the greater amount of salt contained and it was found that both patients were eager for salt. Natrum mur. 30 was prescribed with immediate results. Ac-

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cording to the parents, no change was made in their diet. A teacher had gastro-intestinal troubles, pyrosis, vertigo after eating. A number of prescriptions were unsuccessful and she finally helped herself with *magnesia usta.* It seemed evident that the curative action was not due to the anti-acid but to the specific properties of the magnesia, and magnesia mur. 12 was given with magic results, the patient stating that the medicine was as efficient as the burnt magnesia in the large dosage. Dr. Bastanier.

Nux vomica as constipation remedy is too often prescribed. Its keynote is its unsuccessful desire for stool. Hydrastis, on the contrary, is too infrequently used. It is, however, a great hepatic and gastric remedy, too little known among homœopaths. The "goneness" characteristic of sulfur and sepia is also marked in hydrastis. It acts particularly well in children with obstinate obstipation. There are various kinds of constipation, however, and accurate differentiation must be made. For example, a naja case. A teacher was under treatment for an enormous cardiac hypertrophy. He suffered from a feeling as though he was being throttled; there was also obstinate constipation. Naja cured both the heart trouble and the constipation. Dr. Gisevins, Jr.

Crotalus: Yellow Fever. This drug produces its best effects chiefly in the first stadium, with somnolence, muscular paresis and other phenomena characterizing a meningo-encephalic congestion. There is intense fever, 102°, 104°, even 106°; cephalalgia; unconquerable tendency to somnolence, which is profound, almost a coma; cramps; spinal pains; even delirium. There is vaso-dilatation evidenced by the cutaneous capillary hyperemia, more pronounced in white patients in the anterior-superior thoracic region; in many cases epistaxis, turgescence and redness of the face, eyes brilliant and injected, great prostration—symptoms giving the patient an alcoholic physiognomy. These phenomena are accompanied by gastro-intestinal disturbances; first nausea followed by vomiting of food, then bile and mucus in which are found some black points indicative of the gastric hemorrhage. The urine is diminished, red and concentrated, with albumin, which, however, may not be present in some cases.

Yellow fever does not always present the three stadia. There are cases where they are not noted, or where the third stage rapidly and imperceptibly develops from the first, or where they are indiscriminately mixed. Here crotalus horridus is useless. But when the first stage is clearly defined the action of the drug is remarkable, particularly where there is an intense meningo-encephalic congestion. Dose: 30 centigrammes of the 3rd centesimal trituration are dissolved in a half glass of water, a tablespoonful every half hour or hour or two hours according to the severity of the disease. Dr. Manoel M. Nobre. *Annaes de med. Homœopathica.* (Brazil.)

Verbascum; Thlaspi; Thallium aceticum; Ostrya.

VERBASCUM THAPSUS has an elective action upon the head and the facial nerve. Sensation as if the temporal regions were being torn with strong pincers. It produces obstruction of nose and larynx. Indications: Asthma from a spasmodic rhino-bron-

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chitis. Laryngeal and bronchial catarrh with violent cough and loss of voice. Prosopalgia with intense pain in the maxillæ from the least movement, red face and disordered stomach. Tic douleureux, worse from draughts. Nocturnal enuresis. Dilutions: low, up to the 6th. Used externally (tincture) in facial neuralgia.

THLASPI BURSA PASTORIS. Elective action on the female organs, causing congestion and hemorrhage. Indications: It is commended in hemorrhages in relaxed constitutions and in excessive menstrual bleeding. Hemorrhage from abortion or cervical cancer. Profuse, dark, fetid leucorrhea before and after the menses. Uterine cramps. Nephritic colic. Arterio-sclerosis with cough and congestion. Dilutions: low, up to the 12th.

THALLIUM ACETICUM acts specifically upon the skin, disturbing its functions and causing a falling out of the down and hair. It stimulates the sudoriparous glands, causing profuse sweats. Indications: Sweats of phthisis. Alopecia. Vitiligo. Addison's disease. Dilutions: 6th to 30th.

OSTRYA VIRGINICA (iron-wood). Action: it produces a general headache, with difficult respiration and vaso-constrictor phenomena, depending upon its affinity for the sympathetic system. Indications: Some consider it specific in intermittent fevers, but its chief utility is in obstinate pyrexias with persistent secondary nervous symptoms. Trigeminal neuralgias radiating to the pneumogastric and to the ganglionic system. Dilution: low, to the 6th. *Joya Homœopatica.* (Barcelona.)

Some Mexican Remedies in Typhoid. In the first stage:

ACHYRANTES CALEA. Although its pathogeny is not complete, the clinical data are interesting and positive. The indications are: Prostration; no desire to talk; light irritates and darkness causes fear, prefers a twilight and to have someone in the room; intense thirst but the patient rejects the water because it tastes badly; desires to remain quiet; skin hot and dry, with a tendency to sweat; oppression; difficult respiration. These phenomena correspond largely to the prodromes of typhoid, and achyrantes has been of great service, especially after aconite.

In the second stage:

TEREBINTHINA. This is not oleum terebinthina already known in the materia medicas, but the resin of the same plant. Its indications have been exactly determined by Drs. Carrauza and Legarrata as follows: Vision vague, indifferent; tongue and gums red, dry, sticky; bad odor of the breath; burning in urethra and perineum; urine reddish, sometimes bloody, and easily decomposed; anal burning.

RAJANIA SUBSAMARATA. This precious drug as used by Carranza, Legarrata and Arriaga is considered in Mexico a specific for typhoid if the term "specific" be allowable in homœopathic science. Its clinical use is proper in the following syndrome (Legarrata): When after the 9th day of the febrile invasion there is loss of consciousness so that the patient does not know if it be day or night, and though persistently interrogated hardly recognizes the physician and falls immediately back into sopor or becomes excitable,

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develops a muttering delirium, tries to get out of bed, sees visions or thinks himself in a strange house. There may be a sensation as of a thorn through the left eye which hinders its opening or he rubs the eyes to clear his vision. The tongue is dry as cork and difficult to protrude, bad breath, high and continued temperature, dark stools like cooked herbs with streaks of dark blood, urine scanty, dark, foamy, gangrenous bed-sores, etc.—this grave, if not desperate condition yields to rajania.

ILLECEBRUN. Its pathogeny was established by Dr. Carranza in 1889. It is much used by the laity in the low districts. Its clinical picture differs from the foregoing and takes the following type; Sensation of emptiness in the brain, and on moving the head it seems as if water were rolling about in it. Pain in the hairy scalp, causing him to avoid all touch, even of a comb. Tendency to scratch the nose in which easily bleeding ulcers form (arum tri.) Tongue tremulous, swollen, saburral; involuntary green-black, fetid stools; sputum foamy, streaked with blood; abundant, excoriating sweat; large petechiæ; burning in ano with excoriating rectal discharge.

HOITZIA COCINEA. Fear, anxiety, stupor and delirium, heaviness of the head with sensation of dulness, fulness; eyes injected, lachrymose, photophobic; epistaxis, face red and bloated; great thirst but rejects the water because it tastes bad; mouth dry, burning; saliva sticky, breath fetid; vomitings and epigastric pain. Dr. Juan Antiga. *La Homœopatia.* (Mexico.)

A Lachesis Case. An elderly woman, suffering from profuse hemorrhage of the uterus with an enlargement of the uterus, diagnosed by some experienced physicians as an uterine fibroid. She came under homœopathic treatment because the allopathic doctors declared that nothing would stop the hemorrhage unless she underwent an operation and had that fibroid removed. When the patient was seen she was very much prostrated, she had great burning, she could bear no clothing, wanted to throw away all her clothing. The blood was dark and in clots. Lachesis promptly stopped this hemorrhage and strange to say in about a month's time under sepia, platina, calc. fluor. and calcarea carb, the big tumor disappeared completely and she is perfectly hale and hearty today. Dr. J. P. Majumdar. *Indian Homœopathic Review.*

Iris: Bilious attacks. The characteristic indications of iris versicolor are nausea and vomiting of sour or very acid matter, sometimes ropy mucus hanging in strings from the mouth (it also has saliva of similar character), great burning distress at the epigastrium. The headache is usually one-sided, but may be across the forehead. Blurring of vision sometimes precedes the attacks. Eating sweet things may excite the attacks. In iris the gastric symptoms predominate as a rule. The remedy which perhaps most closely resembles iris is kali bichromicum, but it has some very definite characteristics, and in kali bichromicum the head symptoms predominate. Its keynote (iris) is blurring of vision before the attack, which passes off as the headache comes on, and the headache usually settles over one eye. Another peculiarity is that the attack frequently begins in the

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morning and increases and decreases with the sun. Dr. J. R. P. Lambert, *Jour. of the British Hom. Society.*

Ergotin: Arterio-sclerosis. Dr. Gisevius, Jr., in the *Zeitschrift des Berliner Vereines hom. Aerzte* cites a number of arterio-sclerotic cases treated successfully with a secale preparation containing all the virtues of the substance and prepared in the following manner: A fresh quantity of ergot is gathered about 3 weeks before the rye-harvest of which an extractum secalis cornuti spissum is prepared according to the German pharmacopeia. This is triturated 1.100 with sacch. lactis and the trituration dried in a temperature of about 122° F. This he terms, ergotin.

In a list of toxic cases we find cardiac involvements marked: anxiety, pressure, cramp, palpitation. In the majority is noted a weighty indication, viz. a notable diminution in pulse rate; in the minority, an increase. The pulse is small, easily compressible, or, full. Old school ergot-literature notes a considerable slowing of the pulse rate, and a number of investigations (Husemann) showed arterial constriction with an increased blood-pressure; Kunkel and the majority of observers found a lessened blood pressure and attributed the arterial constriction to the diminished amount of blood in the vessels. He admits, however, that Kobert demonstrated from the sphacelinic acid a transitory elevation of blood-pressure due to central nervous irritation. Kobert concludes that the blood vessels spasmodically contract in the first period of drug-action. From these and other investigators it has been demonstrated that the primary, irritant action of the two active components of ergot (the sphacelinic and cornutinic acids) is a slowing of the pulse and an increase in blood-pressure.

How does the drug-picture correspond to the pathology of arterio-sclerosis? The subjective cardiac symptoms are clearly present in secale; the anatomic conditions of both drug and disease are found in the vessel-walls; the blood-pressure, the hard pulse, and particularly the slowed pulse are common to both, and in both there is also found a sudden diminution in arterial pressure. Weighty concomitants also, in both conditions, are the hemorrhages, dyspnea, flatulence, vaso-motor disturbances (e.g. spinal.)

Thus we find a similarity between the secale and the arterio-sclerotic pictures and are lawfully justified in the use of the drug. A note of import is that ergotin has been mostly given where the pulse was hard and slow. In cases of pure arterio-sclerosis (no valvular trouble, fatty heart, etc.) with hard slow pulse, with or without edema, and with the most various subjective symptoms, the remedy has been most successful, and enormous edemas, with great increase in the amount of urine, have disappeared.

Of a number of cited cases the following is taken as typical: L. A. æt. 67, Nov. 3, '05. Cough with expectoration; dyspnea especially at night; palpitation; anorexia; no taste; pulse very hard; gallop-rhythm; ringing aortic sound; scanty urine; completely unable to work. ℞ ergotin 2. Nov. 19, '05. Pulse normal in rhythm, softer. Cough nearly gone. Sleeps and rests famously. Urine in large quantity. Able to ascend stairs and to go to work.

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Carbolic Acid, Argentum nit., Cocculus, Gaultheria. Although differing in remote effects, these agents have one feature in common, and that is the excessive production of flatus in the stomach and bowels. If we look at the provings of acid carbol., argent. nit., and cocculus we find symptoms due to this factor prominently marked. There is constant distension of the epigastrium, feeling of weight, belching of air, tympanites of the abdomen, dyspnea, and reflex pains of protean character arising from the same cause. The source of the accumulated flatus is usually defective metabolism and fermentative changes, but in a certain proportion of cases the distension would appear to be of nervous origin, and our prescription will, of course, be determined by individual characteristics. Acid carbolic., as proved by using it in very numerous cases, covers a wide range of gastric symptoms. In nearly every form of dyspepsia excellent results are obtained with this remedy, either intercurrently with others or alone. When the symptoms are those of incarcerated flatus associated with constipation it is often more efficacious than nux or lycopodium. Under the stimulus of the drug the gaseous accumulation would appear to be pressed downward, thus acting as a *vis a tergo* in expelling the contents of the bowel. As an auxiliary in such conditions asafœtida is clearly indicated, and in some cases proves the specific, especially when we have to deal with the hysterical temperament. (Asafœtida in the 4x dilution.) We are all familiar with the fact that in several forms of dyspepsia reflex pains in the back between the scapular regions or radiating through the chest, are the most prominent symptoms, and in such instances acid. carb. has been found more useful than any other medicine, the patient often experiencing immediate relief, and, after a short time, perfect immunity from the discomfort.

The leading notes of argent. nit. would appear to be aggravation of pain from the least food, difficulty in getting rid of the flatus by belching, feeling as if squeezed in a vice at epigastrium, and immediate relief after belching the large accumulation of wind.

Cocculus presents symptoms nearly resembling those of acid carbolic., but the spasmodic condition is more marked, being due rather to the irritable state of the cerebro-spinal nervous system than purely to gastric disorder. The kind of pain prevailing is cramp-like, with distension in the pit of the stomach. There are acute pains in the back, seated more in the vertebral column, and having the character of spinal irritation. The drug, in short, corresponds to the purely nervous sphere, its symptoms being expressed as, e.g., dyspnea, palpitation, vertigo, and headache. Gastric symptoms are less prominent that in acid carbol., although we have abundant signs of incarcerated flatus in the pressive sensations referred to the upper part of the abdomen, with reflex pains in the spine and hysterical spasms of frequent occurrence. Numerous cases characterised by such symptoms rapidly yield to the action of this remedy alone, or sometimes intercurrently with gaultheria.

The specific range of gaultheria will be found to correspond to various gastric and abdominal pains of purely neurotic character met with in patients predisposed to rheumatism. Dr. Pullar. *Homœopathic World.* (London.)

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Cimicifuga. In the case of a woman—say four, five, six or more months pregnant, beyond the nausea and vomiting state, who complains of back ache, dragging heavy weight and pain in the lower part of the abdomen, or when they have a "crampy" condition of the uterus, due to irritability, add cimicifuga to your prescription and it will meet those conditions and overcome them in a wonderful manner. A woman with an endocardial murmur, pregnant for the third time, who suffered considerably while carrying the fetus the first two times, and commenced the same way the third time, was greatly helped with this remedy, the pains very promptly disappearing and the heart strengthened, the dyspnea decreased, and, generally speaking, made comfortable.

Frequently women, prior to their confinement, suffer with pain of a varying intensity and degree, and, when satisfied that it is uterine, cimicifuga is the drug. Again, in uterine pain, independent of pregnancy, particularly of rheumatic women, it is of service. Good results are obtained from cimicifuga in the discomfort and annoyance of dysmenorrhea by giving it in five drop doses every hour, in warm water, till relieved, and it always gives relief in a few doses. It forms part of the treatment in leucorrhea and endometritis, the discharge diminishes under its influence, and, where associated with painful menstruation, the woman goes through that period with comparative ease.

Although it may sound like a paradox, it is the first remedy to think of in actual labor, when the pains are feeble and long intervals exist between the same. It increases the force and frequency of the pains and, unlike ergot, stimulates their intermittent character.

To make a general statement, it may be recommended with confidence in cases of functional uterine disorders, where there is pain associated with tenderness or "soreness." *Eclectic Medical Review.*

Remedies in Bubonic Plague. Prophylactic: tarentula cubensis 5x, a drop every night before retiring.

The following remedies are indicated in the disease:

TARENTULA CUBENSIS: face red, eyes injected, respiration accelerated, pulse frequent, high fever, intense thirst, loquacious delirium, unrest, intense pain in the buboes. Characteristic is the intense pain in the buboes and carbunculoid spots.

NAJA: Prostration, pulse very rapid, almost impossible to count; arythmia cardiaca, heart-murmurs. Characteristic is the tendency to syncope.

CROTALUS: Injected eyes, bloated face, high fever, intense thirst, difficult speech. Characteristic are the high fever, thirst and somnolence.

LACHESIS: Nervous phenomena predominate, difficult deglutition, constriction of the throat, parts affected are very sensitive to external pressure.

APIS: Inflammation of peri-glandular connective tissue. Somnolence (no thirst) interrupted by sharp cries and saltation.

HYOSCYAMUS: Senses dulled to external impressions, delirious picking at the bed-clothes, delirium now wild, now mild. Dr. Theodoro Gomes. *Annaes de Med. Homœopathica.* (Brazil.)

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Medical and Surgical Progress

CONDUCTED BY - - - - - - - P. W. SHEDD, M.D.

Cancer Etiology. Dr. Wm. H. Dieffenbach in an article appearing in the *Medical Record* of Dec. 8, 1906, an article which should be read *in extenso*, arrives at the following conclusions in regard to the etiology of carcinoma:

"Neoplasms are due to interference with normal cell reproduction induced through trauma, pressure, severe inflammation, or constant irritation—these factors act upon the trophic nerves supplying the parts affected, and prevent, either through pressure, inhibition, or inflammatory change in the nerves themselves, proper afferent and efferent impulses to the cells supplied by these nerves. When the trophic nerve is severed, degenerative change in the parts served by the respective nerve is noted; when the trophic nerve is only partly destroyed or diseased or inhibited, cell control is interfered with, and riotous, abnormal cell growth is invited.

"Careful observation regarding infectiousness of cancer of bacterial or parasitic origin has in all the cases noted been of a negative character, and the long, fruitless search for the specific germ finds no encouragement at our hands."

The conclusions above noted are educed from the careful study of over one hundred cancerous cases in hospital and private practice, and bring carcinoma into the sphere of rationality—and rational treatment; within which are to be included the indicated similia remedies—to mention but one of these, let us note conium maculatum. The human organism may be looked upon as a "germ" (since the term is so imposing) of a complex and wonderful potentiality with an enormous, overwhelming tendency towards the normal biologic development established by the Creator and continued through millions of evolutionary years. If to this inherent tendency we add, in traumatic cases the powerful adjuvant of the simillimum to correct abnormal local or systemic aberrations we may find that the homœopathic materia medica is also of value in carcinoma,—quite as rational an auxiliary as the surgeon's scalpel is not infrequently, or as trypsin, amylopsin, holadin, etc., (physiologic scalpels?) are supposed to be, according to the latest theories, and quite as deserving of study.

Enzymes: Material for Homœopathic Thinking. What are Enzymes?

Since up to the present time no ferments have been isolated in an absolutely pure condition we are entirely unfamiliar with their chemical characters, and consequently are obliged to recognize them solely by their action. So far as we know, true enzymes never occur except as the result of cell life—they are produced within the cell and increased in amount by each new cell that is formed, and, furthermore, they are probably present in every living cell without exception. As the same facts are equally true of the proteids, and apparently true of nothing else, it is natural to associate the enzymes with proteids and so to explain the importance of the proteids for cell life. If enzymes are obtained in any of the usual ways from animal cells or secretions they are always found to give the reactions

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for proteids, even if repurified many times; but it is well known that by any method of precipitating proteids the other substances in the solution tend to be dragged down by the colloids, and it is possible that the enzymes are merely associated with the proteids in this way. Furthermore, enzymes are known to become so closely attached to stringy proteid masses, such as fibrin and silk, that they cannot be removed by washing. Some observers have claimed that they have secured active preparations of pepsin and invertase that did not give proteid reactions and contained very little ash or carbohydrate, but it has so far been impossible to secure trypsin free from proteid, and diastase seems to be an albumose-like substance. Analyses of enzymes purified as completely as possible do not have great worth, for these substances are probably far from pure; however, it is of some importance that they vary greatly in the proportions of carbon, hydrogen and nitrogen which they contain, indicating that possibly different enzymes may be of very different nature.

Macallum has shown microchemically that phosphorus is closely associated with the formation of zymogen granules in cells, which seem to be started in the nucleus, and there are many other observations suggesting that certain ferments are closely related to the nucleoproteids. This is particularly true of the oxidases, which seem also to contain iron and manganese. A final point of importance in support of the proteid nature of enzymes is that pepsin destroys trypsin and diastase, while trypsin destroys pepsin.

So uncertain, however, is our information concerning the chemical nature of the enzymes that it has become possible for a hypothesis to be developed urging that enzymes are *immaterial, that the actions we consider as characterizing enzymes are the result of physical forces which may reside in many substances, and perhaps even free from visible matter.* Arthus, who has been the chief champion of this very interesting conception, compares enzyme action to such forces as magnetism. A magnetic iron bar loses its characteristic property when sufficiently heated just as an enzyme does. Dissolve either the magnet or the enzyme in strong hydrochloric acid and it loses its power to affect other substances. It has been equally impossible to isolate its power to affect other substances. It has been equally impossible to isolate enzymes and magnetism, both of which are recognized by their actions and not by themselves. Just as light, heat and electricity were once considered as matter, so has it also been with enzymes, and Arthus believes that they will eventually be stricken from the list of material things and considered as forms or a form of energy. There can be no question that this conception rests on strong grounds, and it possesses the stimulating qualities that make an hypothesis helpful, but, as Oppenheimer says, all chemical substances may be considered in the same way. We recognize all bodies through some form of energy; if we speak of sulphuric acid it is really of the properties of energy it shows, such as its taste, which is the energy imparted by its ions to the nervous system, or its combining with bases, etc., which also is a manifestation of energy. In the same way we recognize the ferments, and we may properly believe that they are fully as definite substances as is sulphuric acid. The magnet comparison also fails when we remember

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that the magnetism can be introduced into a bar of iron and removed at will, but as yet it has not been possible to introduce enzymatic properties into an inert proteid or to restore them to an enzyme that has been destroyed by heat.

Other valuable evidence of the material existence of enzymes is their specific nature, lipase affecting only fats, and trypsin only proteids, indicating chemical individuality. They are true secretions, formed within the cell by recognizable steps, and, furthermore, when injected into the body of an animal they give rise to the formation of specific immune bodies that antagonize their action. Emil Fischer's work with the sugar-splitting enzymes, moreover, indicates that they owe their action to their stereochemical configuration. He prepared two sets of sugar derivatives which differed from each other solely in the arrangement of their atoms in space (*i. e.*, isomers) and found that one specific enzyme would split members of only one of the sets, while another would act only on the variety with the opposite isomeric form. These experiments make it very probable that there must be a relation of geometrical structure between an enzyme and the substances it acts on, and leaves little room for question of its material nature.

Bredig has found that colloidal solutions of metals have many of the properties of true enzymes, accomplishing many of the decompositions produced by enzymes, being affected by temperature of nearly the same degree, and even being "poisoned" by substances that destroy or check enzymes. The only possible explanation of these phenomena seems to be that the effects are brought about by surface phenomena. A colloidal solution of platinum, so far as is known, differs from a piece of metallic platinum solely in the enormously great amount of surface it offers in proportion to its weight, and it is well-known that surface may affect chemical action. Hence we have the possibility that some enzyme actions at least depend upon the existence of a very large surface, since by no means all colloids are enzymes, that this surface must bear a certain relation in form to the surface of the body that is to be acted on. *Journal of The Am. Med. Association.*

[How about the "spirit-like forces of potentized drugs," and the "large surfaces" obtained in a dynamized remedy, and the curious, rapid "enzymo-catalytic" effect of the 30th or 200th *in similimo?* Ed.]

Pneumonia Hints. The danger signals in pneumonia are those which indicate severe toxemia or the onset of cardiac failure, the two common actual causes of death. With these absent, general treatment, careful dieting and good nursing are all that are required. (Dr. John Hay. *Lancet*). There is a marked tendency to coddle, to wrap, to overclothe pneumonia patients. They require during the winter absolutely nothing more than a medium weight flannel shirt, the band, if one is worn, and the usual night-dress. The oiled-silk jacket has been discarded some years since. It is cumbersome, impossible to keep clean and it overheats the patient. (Dr. C. G. Kerley. *Jour. A. M. A.*) In pneumonia, as in most other acute diseases, a cathartic in the beginning often conduces to comfort and

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saves trouble in the later stage. Calomel is a convenient remedy but castor oil or other preparations may be used if preferred. (Dr. G. Dock. *Jour. A. M. A.*) In general the administration of expectorants is useless, if not positively harmful, in the first and second stages of pneumonia. Depressant or nauseant expectorants are hardly to be considered in this condition, and in the first stage the stimulant expectorants seem positively contraindicated for the condition is one of acute hyperemia, and it is a therapeutic principle to withhold stimulant drugs (in physiologic dosage) in acute inflammations of organs affected by those drugs. (Dr. R. F. Williams, *Old Dominion Jour. Med. & Surgery.*)

Headache: Calcium Lactate. It having been noted that many cases of headache were associated with defective coagulability of the blood, it was found that the administration of a soluble calcium salt, which is known to be an effective remedy for this condition, also relieved the headache. The subjects of this form of headache are usually of the lymphatic type. The pain is present and most severe on waking, and tends to lessen in intensity in from one to six hours; it is dull and heavy, or occurs as a frontal or temporal throbbing. More rarely it is neuralgic. Calcium lactate has been found to afford relief in a large number of such cases. It is given in doses of 15 grains with half a minim of tincture of capsicum and 1 oz. of chloroform water, taken three times a day before meals. Calcium lactate has also given relief in cases of pain after food, with patients of a lymphatic type. In some cases where this was accompanied with dyspnea this symptom was relieved, but not in all. Edema of the eyes and extremities was largely benefited by calcium lactate treatment, as well as chilblains and urticaria. Two typical cases of acute migraine were cured by its means. Dr. Ross. *Lancet* (London.)

Another "Discovery": The value of Sarsaparilla in Syphilis—"A series of cases of syphilis is summarized by C. J. Cullingworth, who administered a decoction of sarsaparilla to his patients. He noted in all but one a marked increase in weight. No special forced feeding was followed. In some the iodide was given at the same time, but the addition of the sarsaparilla to the other measures caused an apparent rate of increase in weight. The author admits that his report will be received with greatest skepticism, but personally he is convinced of the great value of sarsaparilla."—*British Medical Journal.* If our old school friend desires to learn further of sarsaparilla, when indicated, dosage, etc., he will find exhaustive treatises on the subject in the homœopathic materia medicas. Here are some other plant remedies to which his attention might be profitably directed, to wit: guaiacum; hydrocotyle asiatica; jacaranda caroba; juglans regia; mezereum; phytolacca; sanguinaria; stillingia; thuja; viola tricolor; xanthoxylum carolinianum.

Sterilization. An alcoholature made by dissolving five parts of camphor-phenol (gum camphor and carbolic acid crystals, aa equal parts) in 95 per cent. alcohol is recommended as the safest way of sterilizing cutting instruments. Immersion in this solution has the least effect in dulling the edges of cutting instruments which would be ruined by the ordinary process of boiling. S. P. Barboza. *Chem. Med Record.*

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Original Articles in Medicine

A LOOK TOWARD THE FUTURE*

BY CHARLES WOODHULL EATON, M.D.

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A LOOK toward the future of homœopathy must be either prophetic or militant; it must either concern itself with philosophizings as to the probable rate of growth which the future has in store, or else it must concern itself with the endeavor to discern what lines of effort will prove most potent in advancing that growth. A look toward the future must either forecast or campaign.

It is fitting that we turn our attention to forecast long enough to see clearly and unmistakably that the final triumph of homœopathy is sure. So far there is certainty. How many years must intervene before this consummation, no one knows. How rapid or how slow the progress of the next few years may be, no one can say. How long or how short is the vista of years down which we look today, no one can tell. But at its farther end, clear, distinct, unmistakable, certain, stands the final triumph of homœopathy.

Why are we justified in declaring that the proverbially uncertain future holds for us this certainty? Because homœopathy is not a theory, not an hypothesis, not a philosophy; it is a natural law, and every natural law, sooner or later, gains universal acceptance. There was a day when Sir Isaac Newton was the only person who accept-

*Read before the International Homœopathic Congress.

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ed the law of gravitation; but even on that far off day it was absolutely certain that some future day would witness its universal acceptance. There was a day when Samuel Hahnemann was the only person who accepted the law of homœopathy; but even on that far off day, it was absolutely certain that some future day would witness its universal acceptance. The final acceptance of this natural law is certain; therefore, the triumph of homœopathy is certain, for the two are synonymous.

It has been urged, and justly, too, that we should have a care not to spend time in the mere glorification of homœopathy which should be devoted to downright work upon materia medica, therapeutics, and all the allied sciences which minister to the practice of medicine. But in such an hour as this, when we deliberately pause to interrogate the future, it is fitting that we should stop long enough to renew and reinvigorate our appreciation of the sureness of the foundations. The foundations of every natural law stand sure always and everywhere, and homœopathy is not a theory, is not a postulate; it is a natural law; therefore, its foundations cannot be moved, and its universal acceptance sooner or later cannot be escaped or avoided; it is inevitable.

Now mark: this sure prophecy of the final triumph of homœopathy is not dependent upon the numbers and enthusiasm of this meeting; neither does it depend upon some elaborate and intricate demonstration which can only be carried through in an extensive and well equipped laboratory. All that is required is on the one hand a sick one needing help, and on the other your knowledge of similia, and the demonstration is complete. Not in the uplift of these Atlantic City days, not in the enthusiasm and momentum of these hours of assembly, not in the numbers and rare comradeship of this occasion—not in these is to be found the sure prophecy of homœopathy's final triumph. It is found whenever and wherever the individual physician, in that isolation and loneliness which is the pathos of his work, patiently matches the two series of phenomena and demonstrates homœopathy to be a natural law. Not in great and far separated occasions like this, but every hour of every day of every year, thousands of physicians all round the world are demonstrating the law to be, in fact, law; and every such demonstration is an inevitable and sure prophecy of its final acceptance.

"But," it may be objected, "science is constantly advancing, constantly changing, and new discoveries and developments are making it necessary for science to change or modify its opinions almost continually. How then can homœopathy be sure of its future? Just as time makes ancient good uncouth, so it has always been

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making ancient science uncouth. In view of these perpetual and sometimes revolutionary changes, what warrant have we for the confident prediction that homœopathy, permanent and unshaken, will move forward to the ultimate triumph of universal acceptance?"

Just this: that facts never change, and homœopathy is a fact. What we know as science is made up of two elements,—theory and fact. Theories change constantly; facts are always the same. The atomic theory may go by the board; but that what we know as sodium, and what we know as chlorine, will, properly combined, produce common salt, is a fact, and will continue to be a fact to the end of time. Present theories as to how morphine induces sleep, and strychnine, spasms, may go by the board; but that the similimum cures is a fact, and will continue to be a fact to the end of time. Every single one of us should be aggressively confident of the ground on which he stands, for every one, if he will stop to think of it, daily demonstrates the solid and unchanging fact.

Of course this does not mean that there can be for us no progress. Beside the advances in materia medica and the whole cluster of sciences which make up the practice of medicine, it may well be that we shall come upon certain new and special facts which shall facilitate, or make more unerring, the selection of the similimum. For we may be sure that these new facts, if we come upon them, will be evolutionary, not revolutionary. The new facts will always dovetail into the old facts. Facts never collide. As has been tersely said, ours is a universe, not a multiverse. And the progress of science will mean the development of homœopathy, not its decadence; for progress never repeals natural law, it elucidates and enlarges it.

So as we pause today to look soberly and thoughtfully toward the future, it becomes increasingly clear that the final triumph of universal acceptance awaits the natural law of which we are the custodians. This final triumph is of necessity and inevitable because natural law must be accepted, finally; will be accepted, finally. But this universal acceptance waits, and this waiting means detriment and disaster to men, women and children innumerable. Meanwhile, we are the custodians of this law, and therefore with us rests the high duty of its promulgation. When we stop to think how the lives and health of our fellows wait upon the spread of homœopathy, the sense of responsibility becomes so great as to swallow up all other considerations, and make it seem that all our thought should be centered upon the work of extending its knowledge as rapidly and widely as possible.

So while it is proper and right that when gathered in this great convention, we should take time to view once more the noble dimen-

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sions and enduring stability of the foundations on which we build, take time to turn our faces toward the years yet to be that we may catch a glimpse of the rising and broadening character of our work, yet a look toward the future should concern itself mainly with the question as to what forces we can set going which will prove effective in spreading the knowledge and practice of homœopathy's beneficent ministry. Look toward the future for what we can see? Yes. But better, look toward the future for what we can see to do.

What, then, is the best thing we can do to promote the spread of homœopathy? What one thing shall we do to most effectively enlarge and hasten its advance?

The answer is plain; Get men and women. Get men and women into our colleges so that four years later we can get them into our communities. Get men and women that we may set them to practicing homœopathy. Homœopathy is not a theory, it is a practice; it is not an abstraction, it is a practice; it is not a philosophy, it is a practice. And there is no such thing as a practice without a man or woman practicing. How often have we seen communities become easily and naturally and quickly homœopathic just because some man or woman went there and practiced homœopathy. And they could have become homœopathic in no other way. They never could have become homœopathic through the agency of newspapers, or pamphlets, or controversial articles in the reviews. Such a result is possible only through its practice. You and I did not become homœopathists through theorizing. We became such from having either observed or experienced its practice. Homœopathy as an abstraction is of no service to any one; it is the practice of homœopathy that is of such value.

Get men and women. Hahnemann's materia medica is of no use to any one so long as it is merely the printed page between the two lids of a book. But when through the agency of some living mind it is applied to the relief of the delirious and distressed patient, then it becomes invaluable. Homœopathy is men and women practicing it. Pardon the use of the words, for they are taken reverently, —it must always and everywhere be "The word made flesh."

Notice, that the admonition is not merely to take the men and women who come to us, but to go and get men and women. It used to be sufficient to just take those who came to us. In those old days, entrance into the profession was easy—two terms of five months each. It is quite another matter now, with four years of nine months each. I venture to say that three-fourths of our best men of today would never have entered the practice of medicine had the requirements of time and expense been as great then as they are now. Again,

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we must now go and get men and women instead of merely waiting to take those who come to us, because we have lost the potent influence of the preceptor. In those days of short terms and long interims, the preceptor's work and influence was lasting and deep, and the training he gave in plain, everyday practice was beyond compare. The long term and short vacation of the present day have resulted in the extinction of the preceptor; and while the student still has his Alma Mater, he has been bereft of his Almus Pater, and this half orphan must therefore be looked after accordingly.

I am not inveighing against the present day requirements for medical graduation. It is idle to expect any backward step, but I do protest against the folly of installing the modern, advanced curriculum, while at the same time clinging to the old method of looking for students, which passively waited for them to come to us. One cannot combine the modern and the antiquated in this ill assorted way and hope for satisfactory results. Let the curriculum remain modern, but by all means make the methods of student-supply modern also.

Get, aggressively get, men and women. But I seem to catch the sound of an echo, and its words are these,—"Yes, this is all very well, but what means, what methods are we to employ to thus get them. How are we to really go about it? It is all very well to say it should be done, but how should it be done?" It is a pleasure to accept this challenge, but first let me point out that while it is becoming in the speaker to call your attention to the inevitable logic of present day conditions, and the stirring and mandatory appeal which these conditions make to us to supply the men and women which the hour so justly and urgently demands, it would be effrontery to arrogate to himself the wisdom to determine the best method of action. An individual may point out the need, but how to best meet that need is a matter to be worked out by collective thought and wisdom.

So while the logic of our present situation may with propriety be set out in emphatic and assured terms, any consideration of the best means for translating that logic into action, must be merely suggestive, and simply the submission of possible methods of procedure. That we go out and get men and women is logic's imperative command; how we shall go out and get them must be wisdom's deliberate problem.

It is obvious that we would get more men and women if we should lessen the expense of a medical education. Most of us are graduates of the old regime and we fail to realize how formidable is the expense of the modern four years' course. The difficulty is not merely that four years are required, but that the college year has

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been lengthened to nine months. This adds doubly to the expense, on the one hand lengthening the time during which college expenses continue, and on the other, making the vacation so short that the student has little chance to earn any money. What can be done about it?

None of us are willing to see the standard lowered or the requirements lessened. Then there is only one thing to do and that is to help the student a bit with his burden. This can only be done through endowments. I hope to see the day when our homœopathic colleges will be so far endowed as to enable them to abolish tuition altogether. The reason education is becoming more general is because it is becoming steadily more free. The High School of today is almost equal to the college of the past, and it is absolutely free. It would not take a large endowment to free our colleges from tuition; and homœopathy's clientage has the necessary money and is ready to give it when we ask for it in the proper business-like, organized manner.

It is further to be hoped and worked for, that there shall be added a student endowment, which will enable the college to extend a little help to all its students who have not sufficient means. To all such, just a little aid,—one hundred, fifty, or even twenty-five dollars a year, is a wonderful help, far beyond what at first thought could be supposed.

Many a student otherwise lost to us would find it possible to enter our colleges if the burden of tuition were done away; many more would gladly enter our doors if we could just give them the help of only a little twenty-five dollar fellowship—little in money, but big with courage to the one who finds that he is really wanted, and cared for, and helped.

It would seem that the work of gathering both tuition endowment and fellowship endowment might be entered upon in such an organized, forceful and systematic manner as to gradually build up these funds to a point where they would become substantial aids to the student body, and so get for us many men and women from the desirable middle class that otherwise had been lost to homœopathy.

But this is an impatient age; and the gathering of endowment aid for students would be the gradual work of years. It would take time to put us where we would get men and women because we could help them; are there not ways in which we can get them now without waiting until such time as we shall be able to give them the benefit of endowments?

Undoubtedly; and these ways would all have for their common object the spread among students in high schools and colleges of a

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knowledge of the opportunities which the practice of homœopathy offers. The inclination and desire of large numbers of these students is toward the professions. They would like to become lawyers or physicians, but they are told on every hand that these professions are over-crowded and that it is a long and hard struggle to secure a foothold. This is true enough so far as allopathic medicine is concerned; but who is there to tell them that in the homœopathic profession there are a dozen openings waiting for every graduate? No one. Who is there to tell the students in the High Schools and colleges of my own state that in that state we have twenty-five calls for homœopathic physicians to every one we can supply? No one. This will not do; they must be told. We shall get men and women if they are told.

But it must be a real telling, a telling which really tells it. It will not do to tell it through the medium of speeches upon the floor of our state societies. That is telling it to ourselves. We must tell it to them. One of our large colleges has had an advertisement in our medical journals which contains the admonition in large type "Don't Study Medicine Unless You Study Homœopathic Medicine." That is well, but it is not telling. For who sees it? Homœopathic physicians and their students. Who should see it? The pupils in our high schools and colleges.

To indulge a paraphrase,—

> The man who has something good to tell
> And goes and whispers it down a well,
> Is not so likely to collar the scholars,
> As he who climbs a tree and hollers.

We must tell these men and women, actually convey the information, and we shall get them. It must be done in a dignified and professional manner, of course, but that is precisely what will make it effective. Just how this telling is to be accomplished may well engage our wisest and most sagacious men. In my own state we have a homœopathic college, and for my part, I should be glad to see our State Medical Society employ a permanent field secretary who should devote his entire time to bringing to the attention of the students in our high schools and colleges the opportunities open to them in the practice of homœopathy. If only thirty of us should mutually agree to contribute ten dollars each per month, this would suffice for the services of a high-class man, and for his expenses. And ten dollars a month would be a small amount to pay for such an advance of the homœopathic cause as would result. It would even prove a good investment in dollars and cents, should any one desire to view it from

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a mere commercial standpoint. But whatever methods might be employed, and however the details might be worked out, I think we shall all be agreed that the imperative duty of the hour is to get men and women, and that if the student body of our higher schools knew the opportunities awaiting them in the practice of homœopathy, they would flock to the doors of our colleges. It behooves us then to set diligently to work to devise means whereby we shall actually gain the accessions to our ranks, which naturally and by right belong to us. In what other direction could we as profitably turn our organized energies? What could be a more inspiring work than getting in touch with these young people just when they are looking for something to do in the world, and showing them how homœopathy waits to give them useful and honored careers? What would so splendidly hasten the ultimate triumph of homœopathy as to thus crowd our lecture rooms and our clinics with these choice young people, and then send them out year after year to spend a busy life in bringing homœopathy as the real friend in need, to those to whom before it had been nothing but a strange and empty name. This would make organized activity yield substantial results; this would fill the hands of endeavor with opulent reward.

Get men and women. But do we not need to perfect our materia medica? Yes. But an absolutely perfect materia medica would be simply worthless without men and women to apply it; and the present materia medica is putting health in the place of despair every day. We can wait for perfection, but we cannot wait for men and women.

Get men and women. But do we not need better teaching of homœopathy in some of our colleges? Yes. But absolutely perfect teaching makes no impression on rows of empty benches. Get men and women. But do we not need more Dunhams, and Herings, and Hughes, and T. F. Allens, and Helmuths to make good the places of the master minds we have lost? Yes. But the best way to fill up these gaps is to put a thousand practitioners in the field for every giant who rests from his labors.

Get men and women. We can do it. What if it does take time? History seems to move slowly when compared with our brief personal day and our impatient desires; yet who is there to doubt that it steadily moves on its undelayed affairs. And when homœopathy is set over against its proper background of history, who is there who does not marvel at the rapid progress which one brief century has bestowed? With this great gift from history already in our hands, who is there to doubt that she stands ready to reward our further faithfulness and diligence with an ever accelerating, ever broadening, ever deepening acceptance of homœopathy.

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MY CONVICTIONS REGARDING MATERIA MEDICA AND THERAPEUTICS AFTER OVER THIRTY YEARS' PRACTICE*

By William James Hawkes, M.D.

Los Angeles, Cal.

IN giving my convictions regarding materia medica and therapeutics, based upon nearly forty years' practice, it will be necessary to use the first personal pronoun more frequently than modesty would ordinarily warrant, but one cannot give his personal experiences without speaking of himself.

Personal experiences, when honestly and intelligently recorded, offer the best kind of evidence bearing upon any subject under discussion. The mental make-up of the witness is an important factor. Fearless desire to find and tell the truth is the first essential. Intuitive conscientiousness and a skeptical and inquiring turn of mind are valuable accessories.

When I concluded to take up the study of medicine, I knew nothing whatever about it, of any school, excepting the vile taste and results of "the senna and salts" prescribed by our dear old family doctor and friend, Dr. Trevor, of Alleghany, of whom we thought as much as we did of members of our own family. I observed, however, that many of the best citizens were patrons of the new school, and that the physicians of that school stood as well socially, morally and intellectually as any in the city. It occurred to me that the former were not all fools nor the latter all knaves, and I resolved to learn the truth for myself.

Homœopathy was probably as well represented in the city (Pittsburg, Pa.) as in any city in the country, not excepting even Philadelphia. The four Dakes, J. P., B. F., D. M., C. M. (these letters have no reference to potencies), Cote, Herron, Childs, Burgher, and others were among the leaders.

When our old doctor, in answer to inquiry, said the homœopaths were all frauds and quacks, he could not reconcile his opinion of them with their success and standing in the community, and that of their clientele. Many conversations with different physicians of both schools gave me a strong inclination in favor of homœopathy, and I entered the office of Dr. Jas. A. Herron as a student.

I had opportunity for learning but little before going to Philadelphia for my first course of lectures, and I would say, in passing,

*Read before the International Homœopathic Congress.

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that I am convinced that students of medicine should begin their studies with a course of lectures. They can learn 50 per cent. more in the same time after that course than they could before it. What I did learn of materia medica and therapeutics was the doctor's favorite prescriptions for certain diseases, and I have since observed that he had selected the two remedies (he always prescribed two in alternation) most often called for in such conditions: As, rhus and bryonia in rheumatism and typhoid fever; belladonna and tartar emetic in one kind of cough, and phosphorus and bryonia in another and in pneumonia; ipecac and sabina in metrorrhagia; nux vomica and sulphur in constipation and hemorrhoids; belladonna and nux vomica in convulsions; arsenic and chamomile in cholera infantum of teething children; arsenic and ipecac in asthma; arsenic and veratrum in cholera morbus, etc.

With this foundation for a knowledge of homœopathy, I entered the old Homœopathic Medical College of Pennsylvania, where I had the great good fortune during two sessions to listen to the teachings of Hering, Lippe, Henry N. Guernsey, Raue, Foote and others, and I can freely say I never have known a more earnest and enthusiastic group of teachers than they. The clinics were especially interesting and instructive.

I also attended clinics in the University of Pennsylvania and in Jefferson Medical College, conducted by such men as Meigs, Pancoast, etc., and, my mind being unprejudiced and open for truth, I had an excellent opportunity of comparing modes and results; comparing later gave way to contrasting. Before the first winter was half over, I was a confirmed homœopath. When I contrasted the method in prescribing of Lippe, Guernsey, Foote or Raue with that of the teachers in the institutions named, I, as a reasonable being, had no other choice. I will give an instance illustrating the difference:

One old school clinical teacher had printed lists of diseases and the drugs used in each hung behind the rostrum, and when a patient was found to have a certain disease, the first drug on the list was prescribed; when the patient next reported, if no better, the second was given, and so on to the end, unless the victim became discouraged or died.

It was in the clinics I first heard mention of potency. My preceptor hadn't spoken of any preparation higher than the 3d, and, as I have said before, he habitually used the tincture and 1st and 2d dilutions and 3d triturations.

In the clinics the 200th potency was the usual one prescribed. To me it was a far cry from the tincture to the 200th, so that at first

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I was more than skeptical—I was an absolute unbeliever. But there was no gainsaying what my eyes and understanding so often saw during those two winters. It was the rule rather than the exception that those old chronics, afflicted with all sorts of ailments, from syphilis to ague, were cured or perceptibly benefited. This was especially true of ague—acute or chronic, clear-cut, or obscured by drugging. The marshes along the Delaware Bay coast furnished many cases of intermittent fever to the Philadelphia clinics, and those old fellows cured the patients almost without exception, and with the 200th potency. Hence I was almost convinced that there was potent curative influence in that preparation. This "almost" became a real conviction after my experience in Smyrna, Delaware, in which town I had my first responsible practice.

I went into partnership with Dr. Charles L. Mahon, the only homœopathic physician in the place. His health was broken by the results of a combination of malaria, quinine and hard work. He was as bright and well-read as any physician I had met; an exceptionally upright and able man and physician.

On leaving college I had provided myself with a complete set of Boericke & Taffel's 30th potencies. I had thus compromised between the mother tinctures of my preceptor and the 200ths of my professors. When I opened my "kit" and showed it with pride to Dr. Mahon, he smiled and shook his head, saying—"Those are no use here: in this aguish locality we all use quinine and crude drugs." (I neglected to say in its proper place that Smyrna is situated only a few miles from the Bay, and was filled with ague every spring and fall). Naturally my faith in what I had seen done in the clinics was for a moment sadly shaken; but second thought recalled what I had seen so often and raised my confidence. I said to him, "I am convinced I have been neither dumb nor blind during all my time in college, and I am going to try these potencies."

It happened that fully two-thirds of the ague cases the first season after I joined him called for natrum muriaticum, the typical cases having severe chill every second day between 9 and 11 a. m., followed by very high fever, frequently delirium, and very severe headache, all relieved by profuse sweat; desire for much salt; almost complete relief next day, etc. Other cases where large doses of quinine, cholagogue, etc., had been taken were not typical, and the chill might begin at any hour of the day or night; but these had the cravings for salt and the headache, and the history, where it could be gotten, showed that the case had been originally a typical natrum one.

The result was that, with scarcely exceptions enough to prove

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the rule, only one prescription was needed in each case, and the report uniformly was that the patient had one light chill on his second chill day and that was the last (sometimes in such cases a light chill would occur on the seventh day). Dr. Mahon was a much surprised man, and I but little less, but he was broad-minded enough so that facts swept prejudice aside. The result was that he was cured of his own ailments and thereafter used in the treatment of intermittent fevers only the potencies.

I would say here, parenthetically, that I am convinced that if there is one disease more than another amenable to homœopathic remedies, it is fever and ague. Every such case can be cured by the properly selected potentized drug, and natrum muriaticum is the "king bee" of them all.

The truly (to me) wonderful action of natrum muriaticum in these cases made me say to myself that it would surely cure the other cases in which it was not indicated by the symptoms, and I tried it, but I might as well have given a pinch out of the salt barrel! For it made no impression whatever, and about twenty other remedies were required to cure the non-natrum cases, it being necessary to select these according to their characteristics.

This experience laid the foundation for my second conviction, namely: To be in the highest degree successful "we must treat the patient and not the disease." The truth of this has been verified and the conviction strengthened by the experience of each subsequent year.

Both convictions were copper-rivited and clinched by seventeen years' experience as professor of materia medica and clinical therapeutics in Hahnemann Medical College and Hospital of Chicago, where during that period I had charge of the general medical clinic in the college and the medical ward in the hospital.

I had no prejudice in regard to high or low potencies; in fact, used the former less than the latter. I was aware, however, that a great majority of the students knew about and believed in the lower potencies but that very few of them knew anything of, or had faith in, the higher. I was also aware that many of the leading teachers and writers in our professional history, and successful physicians in practice, believed in and used the higher potencies.

"When one has to do with an art, the end of which is the saving of human life, any neglect to make one's self thoroughly master of it, is a crime." (HAHNEMANN.)

I laid these facts before the students and told them that we were there for the purpose of learning all we could of truth and fact about medicine; that we must as fully as possible lay aside all prejudice,

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and, with minds alert and conscience fearless, observe and accept truth and reject error. I assured them that they would never have a better opportunity of testing for themselves the question of potency, because in the clinics they would not have to risk pocket and reputation, as would be the case did they make such experiments in the beginning of their private practice; nor risk the lives of their patients, because the cases were nearly all chronic, in which a week or a month of no result would not mean danger or death, and these are the chief obstacles in the way of the young physician testing the question for himself.

I had no faith in preparations made by uncertain and unscientific methods, labeled with fancifully high figures. I used the 30th, 200th and 1000th of Boericke & Tafel. That firm assured me they would make affidavit at any time that their potencies were made by hand according to the Hahnemannian rule, and were exactly as labeled.

To make the test severe, the 1000th was used more frequently than all the others. The results were surprisng to myself as well as to the thousands of students who graduated during the period of my connection with the college, and to this host of bright men and women witnesses I refer the doubting. The patients were examined before the full class of students and the symptoms elicited in their hearing. One of their number kept records of the cases and another prepared the medicines and gave them to the patients. There was thus no possible opportunity for deception, and, as I said before, the results were surprising. They could not be gainsaid. One colleague accounted for the results by claiming that I hypnotized the patients! However explained or accounted for, the results firmly fixed at least my faith in the "Science of Therapeutics" and in the curative action of the potentized drug, and that faith has not only not been shaken, but has been, if possible, more firmly fixed by the experience of subsequent years.

It must not be understood that only high potencies were used, or that I advocate only such. High and low were prescribed indiscriminately, and good results obtained with each. The higher were used more frequently for the reason given above, namely: Because we all knew of and believed in the low, while but a small number had any confidence in the higher.

I am convinced that sometimes a high potency will do better than a low, and *vice versa;* that, until we have a law to guide us in the selection of one or the other, it is best to use both; and that, other things being equal, the physician who uses both will be more successful than one who uses either exclusively.

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To the average student, his first glance into the materia medica is discouraging to the last degree, also many subsequent glances. There is much that seems contradictory, superfluous and confusing; it seems cumbersome and far from perfect. To the beginner, it seems as if he never could master it to a useful extent. But cannot this all, with equal truth, be said of other great and useful problems, and of other epitomes of great sciences?

Place a novice in mechanics before an acme specimen of the modern printing press, and ask him to master and duplicate it. How utterly helpless and hopeless he feels! Give one unacquainted with mathematics a problem in euclid to solve, or ask him to measure the distance between the stars. Will he have less cause for discouragement than our prospective student of materia medica.

But all these and other equally great problems have been mastered by study and hard work! "There is no royal road to learning." That which is of most value is most difficult to gain. Idlers accomplish nothing, but unfortunately, we are all naturally lazy and prone to follow the line of least resistance; with us, work is artificial and needs artificial stimulus. He is an exception who labors for the love of work. It requires hard and continual study and work to acquire and retain a useful knowledge of the materia medica; and not one in a hundred of us puts in the necessary work. But if one does not know the materia medica and will not study it, he cannot apply it successfully, and when he lamely attempts to do so, he fails, loses confidence and resorts to expedients. These, I am sure, are the reasons for the lamentable and unwarrantable lack of confidence in the efficacy of the "Science of Therapeutics," and resort to unscientific and palliative practice. I am ashamed to acknowledge that I know less of materia medica now than I did fifteen years ago, and it is because, since I ceased teaching, I have not had the same stimulus to study.

Hence I am convinced that the chief cause of present dissatisfaction with homœopathy and materia medica is lack of knowledge of what we already have, rather than defects therein. How many within the sound of my voice know the characteristic symptoms of one hundred of our seven hundred or more proven medicines? How does one expect to recognize an individual unless he knows his features? Each remedy has its peculiar symptoms, which distinguish it from *all* others, else are some superfluous.

Of all the billions of human beings who have lived and died; of all the hundreds of millions who now are living; of all the uncountable billions who are yet to live and die in this world, no two have features exactly alike. Each has, or did have or will have,

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within the 6 by 8 inch space of his facial oval, one or more features of difference from all the others. These are his characteristic features.

In the study of materia medica, I am convinced that the best plan is to learn and commit to memory the characteristic symptoms—say, three to five of each remedy—and connect them in the mind with the remedy, rather than to give especial attention to their general symptoms, which are common to many. It is not sufficient in describing a man to say he has a nose, eyes, mouth, ears and hair—all men have those. Those are his general features; we must know his peculiar features if we are to pick him out of a crowd. Pathognomonic symptoms are not good guides in prescribing.

This is called by some, in disparagement, "symptom chasing." So it is symptom chasing—and finding, but how else can materia medica be learned, since that is the way it is made? The making of materia medica, the proving of drugs, is surely "symptom chasing" in all its pristine glory. When a drug is being proved, symptoms—not conditions—are observed and recorded. Pathological conditions scarcely ever result from provings; symptoms always do, and it is these we record and learn and teach.

Hence am I convinced that the only true way to practice the "Science of Therapeutics," is to learn the characteristic symptoms of each remedy and fit them as closely as possible to the peculiar symptoms of the patient. If one knows three or four symptoms peculiar to each of, say, one hundred and fifty medicines, he will not need to know anything more in nineteen of twenty cases he may be called upon to prescribe for. In the twentieth case he may need to consult his repertory.

While it is acknowledged that our materia medica is imperfect, I would offer a note of warning to whoever undertakes the task of revising it. Hahnemann and his students and co-workers, and the Herings, Lippes, Guernseys, Allens, Dunhams, *et al.* have builded a wonderful work in our materia medica as it is today; who among us are fitted to revise it? The attempt would seem to be something akin to a modern painter undertaking to retouch a Rembrandt.

Efforts in that direction in recent years, while most commendable, have been practically failures, in so far as help in prescribing for the sick is concerned. The great danger in all these attempts is that the most valuable, because the least common, symptoms will be eliminated.

Could we secure a committee of Hahnemanns, or Herings, or Dunhams, to revise or re-prove the materia medica, we need have no fear but great hope of results. I, myself, have tried faithfully, in a

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small way, to make provings of drugs, but failed to accomplish anything worth publishing. Especially when I essayed to prove potencies above the 12th, have I failed utterly of results. Hence am I convinced that the proving of drugs is a very serious and difficult undertaking, and not to be lightly entered upon.

In conclusion, let me earnestly say that notwithstanding its great difficulties and many imperfections, it is my unshaken conviction that the homœopathic materia medica and the science of therapeutics, fairly well known and understood, furnish the best known guide toward curing the sick. For me, there is absolutely no temptation to go outside of the law in my efforts to cure, because a long and varied experience has convinced me that I can do better for my patients by following its teachings.

Every fact discovered by science since Hahnemann's death, having any bearing on his teachings, instead of casting discredit upon them and him, has sustained the claims of homœopathy and added lustre to Hahnemann's memory. And I make the prediction now that the younger among us will live to see the day when thinking physicians the world over will acknowledge the truth of "*Similia similibus curantur,*" as the discoveries of radium and radio-activity have made all acknowledge the potency of imponderables, because both propositions are true.

THE INFLUENCE AND STRENGTH OF THE HOMŒOPATHIC MATERIA MEDICA*

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MY subject is too large and too important to be covered by a brief paper like this. The homœopathic influence, through its scientific materia medica, is of such magnitude that I can only hope to touch upon several important points. To estimate the changes in the world's history (outside of medicine), the occupation and lives of men, the relief, comfort and extended life of humanity, through its influence, is not the province of this paper.

In speaking of the influence and strength of the homœopathic materia medica I wish to confine myself to a discussion of four points:

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*Read before the Sixth Quinquennial International Homœopathic Congress.

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First. That homœopathy has exercised, and is now exercising, a far superior and more potent influence than any other system of medicine.

Second. That it has wrought important changes in the old school practice.

Third. That it has entirely changed the old school attitude.

Fourth. That the signs of the times indicate that homœopathy will eventually supersede the old school system of materia medica and therapeutics.

The First Point. That homœopathy has exercised, and is now exercising, a superior and more potent influence than any other system of medicine is evident from the fact that its institutions, followers and supporters have constantly increased in strength and numbers, notwithstanding all the influence, wealth and power of its opposition.

There seems to be a prevailing, erroneous, impression—at least among some of our homœopaths, and many allopaths—that homœopathy has outlived its usefulness, that it is a waning system of medicine, and that it is already in the mouth of the dominant school and will very soon be swallowed. At the last meeting of the American Institute, in Chicago, a bright homœopathic physician said to me: "How many more meetings do you think the American Institute of Homœopathy will hold?" An old school doctor said: "Your men are flocking to our ranks as rapidly as they can—homœopathy must go; there can be no other solution of the problem." Other remarks: "Your own men are becoming disgusted with homœopathy. They practice very much like the rest of us, at least more allopathy than homœopathy. Your success and influence today are mainly due to your allopathic trend. Your own men call some of you allopaths. You might as well admit it, stop your sectarianism and come over and be good fellows with the rest of us. Rational medicine always has prevailed, and always will prevail." Many other similar remarks might be quoted.

I am persuaded to believe that the two systems of medicine are nearer together today than ever before, both in the principles they advocate and in their methods of practice. Much of the teaching and practice are exactly alike. Materia medica and therapeutics is the only distinctive dividing line, and upon close observation much similarity may be detected here. This similarity is not due, so much, to the practice of allopathy by the homœopaths and the trend of homœopathy toward allopathy, as it is the almost unconscious adoption of homœopathy by the allopaths, and the constant trend of the dominant school toward homœopathic principles and methods. The

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homœopathic materia medica is as unwavering, as substantial and as true to its principles today as it was over a century ago, when first promulgated by Hahnemann. It has not changed one iota. It exercises the same strong influence and is the source of the same permanent cures now as then. Can this be said of the allopathic materia medica? Its weak point is its lack of substantiability; it is constantly fluctuating; always changing. It stands upon no single principle and the hope of its existence can only rest upon experience and expectant discovery. Experience is an educator—and discovery, we believe, is constantly leading the allopaths into the light of homœopathy.

No substantial and enduring structure can be built upon a constantly changing foundation, no matter how strong the pillars may be, no matter how massive, symmetrical and polished are the stones which compose the structure, no matter how artistic, scientific and useful are its furnishings, no matter how complete and protective are its roofings. If its foundation is inadequate it will surely fall. Many parts of this elaborate building may be elegant, beautifully and scientifically constructed, and of great value, but to endure they must be used in the construction of an edifice whose foundation is sure, solid, unchangeable and firm.

Allow me to quote from *The Medical Brief,* a recent article written by an allopath, Dr. N. Sisca, of Australia. He says: "Much as many of us may be unwilling to admit it, and contrary to the stereotyped statements by which a large section of the allopathic press endeavor to lull us into apathy, to the effect that homœopathy is dead, homœopathy is exploded and discredited, etc., etc., it is nevertheless a fact that homœopathy is slowly but steadily progressing. At the beginning of last century it had only one representative, namely Hahnemann himself, but now has adherents all over the world. The number of homœopathic practitioners, hospitals, dispensaries, etc., is constantly increasing, and the section of the public who prefer to have their ailments treated by homœopaths is becoming larger every year."—"I feel sure I need not remind the readers of this journal that there are now in the United States alone about twenty thousand homœopathic practitioners, with between twenty and thirty homœopathic colleges officially recognized and empowered to grant degrees to their students, eighty-five general hospitals, sixty-seven special hospitals, nine national societies, thirty-three state societies, forty-two medical clubs, thirty medical journals, and fifty-eight dispensaries." He says further:—"But what, in my opinion, is certainly advisable that allopaths in America and elsewhere should be reminded of is, that for every homœopath who is consulted there

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must perforce be an allopath who is not wanted." "ALL we are doing in this importnat matter is simply to sleep on our laurels, the laurels being represented by the fact that rightly or wrongly we are what the homœopaths are wont to call the "dominant school," and that, therefore, nothing can harm us. Consequently, many of us are found doing what we should not, that is, pooh-poohing homœopathy without even knowing the meaning of the word, and determinedly leaving undone the very thing we certainly should do, that is, to learn for ourselves what homœopathy means, and what it is."

"What! Study homœopathy? Yes. The time has come when, if we persist in ignoring homœopathy, we will do so at our own peril."

"And that is why, as an allopath, who in a practice of over twenty years, has found time to make himself fairly well acquainted with most, if not all, the pros and cons in connection with homœopathy, I am only too glad to be able to place before the readers of *The Medical Brief* a concise but clear and accurate statement of its fundamental principle and of its practice, followed by a brief outline of comparative materia medica and therapeutics. Coming as they do, from an allopath, I venture to hope that the following notes will be read without suspicion of bias or ex-parte proclivities, and that thus they may fulfil the only purpose for which they are written, namely, that as many allopaths as this journal will reach may have their eyes opened, and be led to acknowledge that for the sake of our patients, as well as for that of safeguarding our position, homœopathy is worth studying, because there is much in it that is worth knowing."

I am glad indeed to quote these lines from the pen of an allopath because they express my sentiments better than I could do myself, and carry greater weight than if from the pen of a homœopath.

According to such testimony the trend is not toward allopathy, but rather toward homœopathy. Homœopathy can not fail until one of two things occurs—Either nature must change her laws, or the supporters of homœopathy grow weary in its defense.

The Second Point: Through the influence of the homœopathic materia medica important changes have been wrought in the old school practice. The least of these changes is the departure from heavy and constant physic and polypharmacy to modern, moderate dosage and the more single remedy. This alone is a great benediction to the science of medicine and an untold blessing to humanity.

A greater change is seen in the adoption of many new, homœopathic methods of both pharmacy and practice. Their alkaloidal granules and their tablet triturates, representing one-tenth, one one-hun-

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dredth or one one-thousandth of a grain, are very similar to ours. Their solutions containing one part of the drug to one thousand or ten thousand parts of menstruum are very similar to homœopathic dilutions. Instead of prescribing pills containing from three to ten grains of the drug they more frequently prescrbe from one one-hundredth to one grain. Instead of prescribing a teaspoonful of some horrible mixture they frequently prepare a few drops of a tincture in a half glass of water and administer teaspoonful doses at frequent intervals.

Here again Dr. N. Sisca comes to our standard with the following declarations:—"One thing should undoubtedly be placed to the credit of homœopathy, and that is that its small dosage has had a silent and unobstrusive, but none the less decided, influence on allopathic posology, and Trousseau himself, who certainly was no admirer of homœopathy, could not forbear remarking in the course of one of his Lecons Medicales, that allopathy could learn a great deal from it in the way of assisting, rather than doing violence to nature. At all events I, for one, unhesitatingly believe that homœopaths have right on their side when they say that the small doses advocated nowadays in allopathic text books, like Ringer's and others, are another instance, not so much of unconscious, but rather of conscious, though unacknowledged homœopathy."

And still a greater change than these has been and is being wrought. Through the strong influence of the superior and more substantial homœopathic materia medica the allopaths have been driven from pillar to post in order to find something of superior worth. In their untiring and commendable research work they are being led step by step, consciously or unconsciously, into the light of homœopathy. They have found that astringent acids (?) may be diluted to a degree where they will act as vasodilators instead of vasoconstrictors. They have found that ipecac is valuable in nausea and vomiting. They have found that one grain of tartar emetic, dissolved in a pint of water and given at frequent intervals, in teaspoonful doses, acts curatively in mucous bronchitis. They have recognized the value of phosphorus in rickets, fatty degeneration and the hemorrhagic diathesis. Gold has come to be a valuable remedy in nervous, melancholic conditions; minute doses of belladonna in congestion and congestive headaches; quinine in the typical quinine malaria, and antitoxine in diphtheria.

Shoemaker says in the fourth edition of his Materia Medica and Therapeutics, on page 532, "The prolonged application of ipecac to the skin causes irritation, followed by vesicles, pustules, or even ulceration." And further on he tells us:—"In the dermatitis caused

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by rhus toxicodendron the free application of a wash containing powdered ipecacuanha in the proportion of three drachms to a pint of water is warmly recommended by Dr. W. S. Gilmore." He says further:—"Ipecac is a systemic emetic and causes vomiting when swallowed." And on the next page he says:—"When fractional doses of the wine of ipecac are administered (Mj every hour or half hour) they may act as a stimulant and overcome obstinate vomiting and retching."

In speaking of hydrastis he says:—"In large doses it deranges digestion and causes constipation." "In small amounts it promotes appetite, increases the gastric secretions, acts as a chologogue, and stimulates peristalsis." He says further of hydrastis:—"Very large amounts produce loss of functional activity of the sensory nerve fibers and also cause anesthesia when locally applied." "Small quantities increase reflex activity by stimulating the spinal cord."

On page 284 he says of cantharis:—"Extreme irritation of the bladder is produced, the urine is voided frequently, and, owing to the congested state of the kidneys, often contains albumin and blood." On the following page he says:—"In small doses, not exceeding two or three minims daily of the tincture, cantharis has been commended as a stimulant to the urinary organs, in hematuria, Bright's disease of the kidneys, pyelitis, cystitis, incontinence of urine, gleet and leucorrhea." I might cover page after page with just such quotations from allopathic text books.

Let me again quote from our distinguished allopath, who quotes from Ringer's Handbook of Therapeutics, he says:—"At page 256 we read of mercury as a purgative, while on the following three or four pages the perchloride in doses of one-eighth grain, and grey powder in doses of one-sixth and one-third grain, are recommended as powerful anti-diarrheics."

"At page 293 we find arsenic responsible for the production of eczema, urticaria, lichen, etc., while on page 297 we read the statement that it cures psoriasis, eczema, lichen and pemphigus. At page 417, the author speaks of ipecac as "a mild, tardy, but certain emetic," and on page 418 he tells us that "few remedies are so efficacious as ipecac in checking certain kinds of vomiting." At page 493 we are told that jaborandi and pilocarpine are powerful diaphoretics and sialagogues, and on page 495 we find the seemingly contradictory statement that pilocarpine in doses of one-twentieth of a grain checks profuse perspiration, while, further on, Dr. Ringer tells us this:—'Not only do arresters of secretions, like atropia, etc., check excessive perspiration, but sweaters in small doses are equally effectual in checking undue perspiration, as in phthisis.'

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Our allopathic friend goes on as follows:—"Now, have we, or do we know of any theory that could explain to us this kind of double dealing on the part of drugs, this, to all appearances, contradictory action? How can the same remedy produce and check perspiration, induce and check vomiting, purge and stop diarrhea? Ringer simply states that it does so, but does not say why. Shall we, then, accept the statement as we read it, and act upon it without inquiry, which alas, we very often do, or shall we for once become inquisitive, and demand an explanation from those in authority? We should, of course, choose the latter as the more reasonable alternative; but if we do so, then we must try and find out things for ourselves, as those in authority may either, like ourselves, be unable to give a clew to the riddle, or else they may be unwilling. And, so far as I am aware, the only clew, the only plausible explanation of why a drug should act in two differently and seemingly diametrically opposite directions is the homœopathic principle, *similia similibus*."

When thus acknowledged by members of their own school, we have a right to claim that homœopathy has greatly influenced the old school toward better therapeutics. All earnest students of medicine, like Hahnemann himself, will sooner or later be led to recognize the dual action of drugs, the law of simila and the effectual application of the potentized dose.

The greatest change of all, however, in my opinion, is that recently evidenced by a loss of faith in their own medical therapeutics. This is a natural sequence following the experimental changes of over a century and gradually yielding to the more scientific and weighty homœopathic influence. They can not adopt the new until they have lost faith in the old. Never before, in the history of medicine, was the old school so unstable as now. They are hunting for something, what will they find—most likely more of what they have been finding. If both systems of medicine continue to travel at the same rate and in the same direction as they have for the last century, I predict that the next twenty-five years will see them unitedly and steadfastly anchored to the law of similia.

The Third Point: The substantial and scientific influence of the homœopathic materia medica has very gradually, but entirely, changed the attitude of our old school brethren. From the very beginning the attitude of the old school toward the new, and more scientific methods, was shown by its impatient, harsh and acrimonious criticism. Instead of providing opportunities in hospitals and elsewhere to test its value side by side with traditional medicine, to court discussions in periodicals and societies, to carefully experiment with remedies and the mode of their employment, they seemed inclined to

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at once adopt the offensive and defensive attitude. They heaped abuse and calumny upon the author of homœopathy. They began to prosecute its adherents by legal processes, coroners' inquests, expulsion from medical societies, exclusion from periodical literature, deprivation of hospital appointments, and, in short, social and professional ostracism.

Through the steadfast influence of the homœopathic materia medica the acrimony of this opposition gradually lost its venom. But only a few years ago, it is bright in your memory and mine when the old school physician refused to extend to us the courtesies of the profession. You and I have repeatedly been refused the politeness of consultation. Only eight years ago an allopathic writer in speaking of the removal of Hahnemann's body to the Pere la Chaise cemetery, where a monument was dedicated to his memory, said:—"It is a pity that his bones were not allowed to rest unwept, unhonored and unsung, considering that his tenets and practices are to-day almost as dead as the apostle himself." To show the rapid and marvelous change of attitude, in a short time, let me quote from a recent article from the pen of our allopathic friend Dr. N. Sisca, who copied the above and then made the following comment:—"Writing as an allopath I confess to a sense of shame and humiliation at the thought of a medical journal stooping so low as to pubilsh such bitter and contemptuous remarks of a dead man, whose "tenets and practices" we may not accept, but whose memory we should respect, if for nothing else, at least for his courage in proclaiming his honest convictions in the face not only of scorn and ridicule, but also of relentless persecution. It is worse than foolishness to think that we can blot out a man's name from the pages of history when that man has been a maker of history."

Further on he says:—"Even disregarding, if we wish, the fact that Hahnemann was a great scholar an accomplished linguist, and a philosopher of no mean order for the time in which he lived, shall we so forget ourselves and our social position as members of the noblest profession in life, as to heap contempt and contumely on his memory, merely because his "tenets and practices" do not agree with ours? Or shall we not, rather, manly and nobly honor his memory as that of the man who has done for medicine more than any other ever did? We look in vain through the nineteenth century for a man whose work in the field of therapeutics could be compared in its importance to Hahnemann's until we come to Pasteur. And yet if homœopathy shall prove to be what homœopaths maintain that it is, even Pasteur's work appears small in comparison with the magnitude of a general system of therapeutics."

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In other parts of this article he remarks:—"And the truth is that homœopathy as such is no quackery." "I maintain that for our own interest it is necessary that we should know the truth, and should not be afraid of facing it, be the consequences whatever they may."

I can not refrain from quoting still further from this fair-minded and thoughtful allopath, he says:—"We are bound to acknowledge that homœopathy is a method of therapeutics based on three fundamental principles, which though appearing to our uninitiated minds like absurdities and paradoxes, have yet stood the test of a century of criticism and opposition, and for those who practice in accordance with them they are as true and reliable to-day as they were one hundred years ago when first proclaimed by the man who rediscovered them. Those principles are: (1) *similia similibus curantur*—let likes be treated by likes: (2) small doses: (3) the single remedy."

The following is taken from a letter written to the editor of *The Clinique*.

H. V. Halbert, Editor, July 28, 1906.

My Dear Doctor:—

I am a subscriber to The Clinique and with this as my only excuse I want to make a suggestion, or a plea, in behalf of myself and other young physicians who have convictions similar to my own."

"I am a graduate of an allopathic college but in my short experience of three years of general practice I have come to the unalterable decision that the ordinary allopathic treatment of disease by crude drugs, i.e. "rational medicine" (?) is one of the most barbaric fakes that was ever perpetrated on the human race. Pretty strong statement but it is my honest conviction." "I have made a few very brilliant cures, and still more temporary reliefs, with homœopathic potencies from the tincture to 60x, but my failures are more numerous than my successes, which I lay entirely to my own deficiency in knowledge, and not to faulty theory." "There is an increasing number of allopathic physicians who are studying homœopathy on the sly and would be glad of a journal which would help them."

"I think many physicians throughout the country would appreciate a primary department, in homœopathy, in your journal. Also if you or some other experienced physician would give a detailed account of some cases you have treated during the past month, relate all the symptoms, tell why you selected certain remedies and certain potencies. Just as important, tell why you do not use certain remedies almost similar, and then finally, tell us how the remedies worked, how long it took to get the effect, how the symptomatology

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changed from time to time, etc., etc.,—not forgetting to tell us of a few cases that were stubborn, showing little effect, if any, of medical treatment. I think your journal would have an increased circulation in a very short time. A little also about proper text books for the beginner, and a query department where green-horns could get information on particular cases would also be appreciated." "I like the tone of the magazine and make these suggestions only because I think it would increase the value of The Clinique to many physicians who are seeking to slake their intellectual thirst at dry wells, viz. allopathic text books." Yours truly, E. G. R., A.B., M.D.

Only a few years ago no allopathic doctor would dare write such an article, or letter, as the foregoing. Thus we see that the allopath profession has entirely changed its attitude toward the homœopaths. Not only do they recognize them as professional brothers, and extend to them professional courtesy, in consultation, and public medical and social functions, but in print they endorse much of their principle and practice, and in various ways strongly favor the truthfulness and right of the enduring and substantial homœopathic materia medica and therapeutics.

The Fourth Point: The signs of the times indicate that the whole medical world will eventually acknowledge and adopt the homœopathic principles of materia medica and therapeutics. This prediction is based on the historical changes of the past, and is not made with a spirit of boastfulness, but rather with a kindly appreciation of gradual recognition. All the time that has elapsed, since the discovery and promulgation of homœopathy, has been necessary to bring the world to its present knowledge and conviction of medical therapeutics. Nothing but a century of time and the severe trials through which homœopathy has passed could convince the world of its enduring truth. Nothing but a century of time and the disappointing tests of its fluctuating therapeutics could change the long established and inherited tendencies of the old school. Beginning as they did with the whole medical world on their side, but without a definite thearpeutic principle, they, with wealth, strength and ability, fought loyally, but in a constantly losing battle. The homœopaths beginning with one man and a definite therapeutic principle have also fought loyally, against inherited tendency, wealth, popularity and strong men, but have gradually gained in numbers, wealth, strength and influence, until today its practitioners, in the United States alone, form an army of fifteen thousand strong.

Take away everything from the old school but its materia medica and therapeutics and you have but little left that is not common to all systems of medicine. Take away everything from homœ-

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opathy but its materia medica and therapeutics, and you have left its distinctive feature, its strong point, its abiding law and its enduring principles.

Attempts to misrepresent homœopathy, to hinder the circulation of our books and periodicals, to erase our names from college and other lists, to refuse diplomas to our students, to charge us of quackery, of fraud and of falsehood, and to ostracise us from the medical profession, have all had their day, and have melted away under the enduring truth and strong influence of the homœopathic materia medica.

No, my brother, homœopathy is not tending toward allopathy, but allopathy and the world are tending toward the medical light of truth which is found in homœopathy. The medical world is rapidly losing its vanity, its egotism and its quackery. Honest and sincere effort is being put forth everywhere, regardless of ism or pathy, for the development of medical truths. This honest attitude, the potent, scientific influence of homœopathy, the important homœopathically inclined changes already adopted by the old school, the loss of faith in their own medical therapeutics, the knowledge of the dual action of drugs, the small dose, the more frequent single remedy, the keen feeling and honest research for better therapeutics, the honest admission of, and the earnest effort for, homœopathy, the entire change of front, and the medical history of the last century, are signs of these times that homœopathy will soon supersede all other systems of medicine.

720 Washington Boulevard, Chicago

BREATHING: SOME VARIATIONS AND THEIR USES*

By Christine Bergolth, M.D.

Chicago, Ill.

THAT breathing is vibration is now conceded by all thinkers. That every organ in the body has a vibration of its own is also generally conceded. But that the vibration of every organ in the body is dependent upon and in harmony with the vibration of the lungs is not so generally recognized. That this is so is evidenced during many operations while the patient is anesthetised to the surgical point. At such times in gynecological operations the cervix is

*Read before the National Society of Physical Therapeutics

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seen to ascend and descend harmoniously with the respiratory act, as is also the perineum.

Many people do not realize the importance of proper breathing and the motions of respiration are often accomplished without the full benefit which should properly follow. Often the air is not properly drawn through the upper respiratory passages. In order to do this the soft palate and throat muscles should be relaxed as in the act of gaping, but with the lips closed. The air should then be drawn deeply into the upper nasal passage, and if this is accomplished a cool sensation will be felt in the throat. The air is exhaled with the lips closed. This is called "the breath of life," because in this manner the tissues are more thoroughly oxidised and therefore become stronger to resist pathological invasion than in any other way. Many severe catarrhal conditions and sore throats are cured simply by properly inhaling and exhaling the air which is so freely and plentifully to be had for the taking.

In the lower respiratory tract the three types of breathing we most commonly meet are the pectoral, costal and abdominal. The pectoral is observed in people who have congested lungs and in hysterical and nervous persons. The costal breathing, when used in excess, tends to enlargement of the spleen and prevents the apices of the lungs from performing their part in the respiratory act. Forced costal breathing often controls hiccough. The abdominal breathing is always met with in persons in whom the vital temperament predominates. It is the most habitual mode of breathing in men, and is the proper method of breathing during pregnancy. This type should be discouraged in both sexes at the age of puberty.

Perfect breathing brings into play all the muscles concerned in the act of respiration. It should be practiced either in the prone or erect position, sitting or standing, according to the strength of the individual. Begin by drawing in the abdominal muscles as far as possible toward the spine, expanding through the costal region and lastly allowing the pectoral muscles to come to their fullest expansion, filling the apices of the lungs; then gradually exhale, allowing the muscles to return to position fully relaxed, in the reverse order. At the same time the air should be drawn through the upper respiratory passages as described in the breath of life, while the shoulders should be neither elevated nor depressed but allowed to remain perfectly normal and relaxed.

In very deep meditation or study the person is unconscious of breathing. This is called the mental type of breathing, and persons

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engaged in mental occupation should practice breathing rhythmically a few moments daily.

A person who has perfect rhythmical control of his breathing apparatus can take an anesthetic much more advantageously than one who allows the emotions to rule or who approaches the ordeal in a tense condition. In taking chloroform or ether the respiratory act should be longer than the expiratory act. Full, deep breathing in a relaxed physical condition hastens the anesthetic state with a lessened or an absent stage of excitement. In taking laughing gas, for dental surgery, the inspiratory act should be shorter than the expiratory act. Rhythmical breathing is also very profitably used in walking up and down stairs, and in promenading, taking two or more steps to each respiratory act.

The circulation of the blood is controlled by rhythmical breathing. While forced breathing should be avoided after a fever is once well established, the temperature in the onset can often be reduced one degree and the fever broken up. In practicing rhythmical breathing, the person should count four (tacitly) to inhale, four to hold, and four to exhale. After practicing this until quite proficient the breath can be held at will while the abdominal muscles are retracted and the chest muscles raised as one motion, which is immediately followed by a depression of the chest muscles and the coming into prominence again of the abdominal muscles. This exercise acts as a massage for the gastro-intestinal tract and is useful in attacks of indigestion, sour stomach, and lack of emotional control. It increases the magnetism and the electricity of the individual by strengthening the nervous system between the solar and hypogastric plexuses. The benefits resulting from this exercise are similar to those derived from horseback riding. The exercise should be done while the person is lying flat on the back and the first efforts should always be made under careful supervision, beginning with three to five motions to one holding of the breath, morning and evening, and gradually increasing the number as the strength develops, and in several months it is not unusual to be able to do one hundred alternate motions in one holding of the breath.

This exercise is seldom called for in girls and boys at the age of puberty. In the former it may produce serious displacements of the pelvic organs. In both sexes the abdominal breathing at this age is almost sure to develop sexual desire. For this reason it is wise to instruct children at this age in perfect breathing, not only for the increased oxidation but for the sedative influence upon the sexual

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consciousness that is awakening at this age. It should never be done during pregnancy or during an acute fever.

The following case illustrates its use in emotional control. John W. m. æt. 14 years; height five feet eleven inches. Subject to attacks of epilepsy since four years of age, with an interval of two years between the fifth and seventh years. The boy realized that after an attack his mother was more indulgent than usual, and having considerable self esteem he cultivated the habit of bringing on the attacks weekly in order to "rule" the other members of the household, until his presence became uncontrollable in the home. He was sent to a sanitarium for treatment and for the first few weeks, as the environment was new he had two or three attacks but as he acquired his bearings, so to speak, the willful disposition began to assert itself and he brought on his attacks regularly once a week, saying he now could not stop it and even longed to have an attack, somewhat as a toper might long for his liquor. Abdominal breathing with the alternate motion was taught him and in two months' time the muscles were so strengthened that try as hard as he could he was not able to bring on at attack of epilepsy and they came only when nature was ready to manifest itself in that way.

Dynamic breathing consists in breathing and relaxing a muscle or group of muscles or allowing part of the body to pass through a motion simultaneously, as arising on the toes with the inhalation and returning to position with the exhalation; or extending the arms rising on toes and inhaling, and returning to position of arms and feet with the exhalation. This variation is frequently used in treating constipation which is often due to a tightened or contracted sphincter. The sphincter should be relaxed or fully expanded, as in straining, with each inspiration and allowed to assume normal tension but not tightened with expiration. Public speakers, singers, teachers and hostesses often find themselves holding the abdominal muscles so tense that they are most uncomfortably hampered in their delivery and only realize the extent of their tenseness when alone and able to give expression to pent up feelings.

Auto-suggestion is also practiced with the breathing, by thinking the positive thought or desire with the inhalation and resting the mind during the exhalation.

Another variation of breathing is known as dirigation, i. e., directing the flow of blood to an anemic part of the body, or a condition of depletion. The person is first taught the breath of life and then the perfect breath, after which the mentality or will power is brought into requisition. With the inhalation the thought is centered

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upon the circulation as the blood is sent out by the heart, and with the exhalation it is directed to the point where the circulation is weakest or at fault. This is often used in cases of anemia of the brain, as well as where the circulation has deviated from the natural or normal. An illustration is the case of Miss E., æt. 34 years, a normal school teacher. Suffered from anemia about two years and was very nervous. For eleven months she had vicarious menstruation, the discharge occurring regularly from the nose. Rhythmical breathing was begun, and later the alternate motion used and finally with the aid of a strong director the thought power was used to follow the blood current with each expiration to the pelvic organs. The patient was in the supine position, the director sitting beside her, with one forearm resting lightly across the abdomen in the diagonal position, to aid in centering the thought. In a few weeks the patient became conscious of a stronger circulation and in six weeks had the first natural discharge, the quantity was slight but more natural at the next period four weeks later. Unfortunately the patient became dissatisfied and homesick and insisted upon being removed to the city; she contracted cold on the train which hastened her death a month later.

Dirigation has been used for many years, and was practised very perfectly by Napoleon Bonaparte.

OPHTHALMIA NEONATORUM*

By H. K. Hoy, M.D.

Altoona, Penna.

OPHTHALMIA NEONATORUM is a disease of the eyes of the newly born, and appears at any time within about six days, the usual time being the third or fourth day. It may be benign in character, and easily cured, or it may be of a severe type, and most intractable. It may amount to anything from a simple conjunctivitis to a purulent, or a psuedo-diphtheritic ophthalmia.

All authorities agree that formerly this disease has been followed by most disastrous results, the rate of blindness being quoted in statistics to run as high as eighty per cent. of the cases affected.

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*Read before the Homœo. Med. Soc. of the State of Penna.

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More recent knowledge upon the subject of prevention, properly carried out by physicians and nurses, has very much reduced the number of these cases, and proper treatment when they do occur has rendered the bad results almost nil. It, therefore, behooves every physician to post himself upon the subject and in every confinement engagement to ascertain the probability as to this complication, and care for the expectant mother accordingly.

The causes of this disease may be any of the following: exposure of the eyes too soon to bright light, dust or foul odors; careless cleansing of the eyes at birth; handling the parts with unclean hands or soiled linen; a specific taint in the child; and most frequent of all the getting of virus into the prematurely opened eye during birth.

Every physician who attends obstetric cases should learn everything possible about the state of health and family history of every patient that engages him for accouchement, and if there are discharges, or there is in the history that which warrants suspicion, he should treat the case accordingly, and if this were rightly done, there would not be many of these cases due to labor infection. Leucorrhea being natural to the pregnant state has nevertheless in it an element of danger, therefore treat it. If you find the husband has at any time had gonorrhea, let it arouse your suspicion, and act accordingly when labor comes on. If there is a suspicion of a specific taint in the family you may expect anything. Act accordingly in all these cases. When labor comes on have patient antiseptically douched. This will do no harm and may prevent sore eyes. Certain it is that attention given to all preventive details has so much lessened this disease under the care of those who follow this line of action, that all should do the same.

Should at any time after birth discharges appear at the canthus or margin of lids of the babe you know you have the beginning of the disease, and the affected parts must be kept scrupulously cleansed with absorbent cotton as frequently as the accumulations gather sufficient to show, and this must be kept up continually until a cure is affected. If the case proves to be of a more severe type and mucus or pus accumulates under the lids, the eyes must be opened and the accumulations gotten out and cleansed with absorbent cotton at very frequent intervals, but of this more under local applications.

The homœopathic remedies outside of which you will rarely need to go in non-infected cases, are antimonium tart., apis, argentum nit., kali mur., mercurius cor., nux vom., and pulsatilla. These remedies must be given somewhat upon external appearances and

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intuition, as the subjective symptoms do not offer information. If the edges of the lids and canthus are covered with a mucoid secretion I would select between antimonium tart. and kali mur.* If in addition to this there is lachrymation, give apis. If there is a pus-like discharge with swelling of lids give argentum nit. If the discharge is excoriating making the parts sore give mercurius cor. If the lids are much swollen with tendency to bleed, constipation and colic present, give nux vom. If there is a thick yellow non-irritating discharge causing the lids to stick together give pulsatilla.

With proper cleansing and the remedy you have a very quick result in a simple benign case. I have seen a case clear up in twenty-four hours. If you do not have speedy improvement, suspect infection and apply local treatment, and so long as pus does not well up from under the lids upon manipulation, apply the milder astringent solutions. I have seen a case clear up very quickly by applying to the eye two drops, every one to three hours, of a solution of sulphate of zinc 2 grains, and sodium chloride 4 grains, to the ounce of distilled water. The edges of the lids in these cases should be greased with vaseline to prevent formation of crusts and agglutination of lids. Another very good solution to apply to these eyes in this doubtful expectant condition, is sulphate of zinc two grains, alum, four grains, to the ounce of distilled water. This solution is preferred in cases of a somewhat more severe type, the discharges becoming more profuse and showing under the lids. The eyes should be thoroughly cleansed and the discharges washed away with injections of luke warm water, and this solution applied between and under the lids frequently. In severe cases as often as every fifteen minutes per day, and every three or four hours during the night.

If such local treatment does not improve the case, or there is reason to know that there has been infection, the use of silver salts is to be resorted to. Argyrol in a ten per cent. solution is applied to the everted lid by some and they claim good results. Nitrate of silver is probably the best, beginning with a solution of ten grains to the ounce. In applying this, the lids must be thoroughly everted and cleansed with absorbent cotton or luke warm water, and the solution dropped on with a dropper, or applied with a camel hair pencil and allowed to remain for a short time; and then a weak solution of sodium chloride used to wash off the mixture, and the lids allowed to revolve back into place. The application should be made every few hours and the eyes cleansed with absorbent cotton between the application often enough to keep away all accumulating discharge, dislodging any accumulations under the lids at every cleansing. If

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this is done with the thoroughness requisite, almost every result will be good.

Sometimes a stronger solution of the nitrate of silver can be used to very good advantage, shortening the course of the disease, and while great care should be exercised so as to keep the weaker solution from getting into the eye, the stronger solution will do more harm in cauterizing the surface of the eyeball if the application is carelessly made. Having the head of the child firmly between the knees, a nurse holding the body and upper limbs of the little patient, both physician and nurse seated on chairs, when the lids are everted they can be held with one hand while the solution is applied, so that nothing will get into the eye until the neutralizing is complete. It is often rather difficult to get control of the lids, but persistent effort will succeed, and the oftener it is done the easier it will be accomplished.

In cases where an actual gonorrheal ophthalmia exists, or where a purulent ophthalmia is present, the child must be treated just as such cases would be in an adult. In my own experience I have had the good fortune to have perfect results in all these cases that came under my care except one. Nearly twenty-five years ago a mother from a distance brought her babe to me for treatment. Both eyes were in such a condition that fully a thimble full of pus exuded from under the swollen lid of each eye. I was somewhat of a novice at treating such cases then, but I did the best I could, and in a few days I thought I was getting the case into a condition of improvement. Without any explanation the mother suddenly left the place, and that child, now grown to manhood, is blind in one eye but has some sight in the other.

Another case I will cite is one that shows ingratitude due to ignorance. Just one year ago I was called to attend a lady who was in the act of giving birth to a child. On the third day both eyes of the babe became sore, and the disease made most rapid progress. As the nursing in the case was questionable, I put forth my best efforts to save the eyes, and gave the child four personal applications in twenty-four hours, getting the best possible service from the nurse in the meantime. In a few days I was notified that I need not come again. I naturally supposed that, of course, one of my colleagues or competitors, supposed to be more competent than I, had been called to treat the case; but some months later, upon meeting the father, I inquired about the result. He replied, "Oh! That was easy.; Mrs. —— told us to get five cents worth of a powder at the drug store and use it in the eyes; we did so and they got well at once."

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STATUS OF HOMŒOPATHY IN THE UNITED STATES*

By J. B. Gregg Custis, M.D.

Washington, D. C.

IN following the title of this paper, I will not tire with statistics. There are about fifteen thousand avowed homœopathic physicians in the country. Unfortunately all of these are not members of the American Institute, and I am sorry to say some not members of the State or local societies, and consequently we are not wielding the influence that these numbers give reason to expect, and this makes it all the more surprising that our growth, not only in this country but throughout the world is as rapid as the reports to the Congress show, as the propagandism depends upon such a small percentage of those who profit by the growth of the organization. We hope in the near future to arouse the gentlemen who are not connected with the societies to a realization of the privileges resulting from such associations, and the possibilities for self-development offered by contact, not only with the members themselves but which follows the awakened interest which comes from the obligations of membership, and the receipt of notices and transactions.

Our eighteen homœopathic colleges graduated during the present year two hundred and eighty-six students; they graduated during the previous ten years four thousand five hundred. There has been a steady growth in the number of graduates, especially in the schools connected with universities. The growth has not been as rapid as it should have been when we consider the great increase in the facilities for teaching and the greater clinical advantages offered by our institutions, nor as rapid as ought to have been had there been a realization of the increasing demand for practitioners of our school throughout the country, especially in the South, which represents a field not appreciated by students or practitioners.

Our Intercollegiate Committee at its last meeting failed to give a satisfactory reason for the slow growth of the colleges, unless we read between the lines that there is a lack of enthusiasm on the part of many practitioners, which depresses possible students who cannot recognize the advantages offered to those who make a specialty of drug therapeutics as an addition to any skill as surgeons, gynecologists or oculists that they may acquire in institutions of other schools. I am glad, after considerable investigation, to assure such prospective students that the graduates of the homœopathic schools receive all that the students of other institutions receive, with the addition

*Read before the International Homœopathic Congress.

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mentioned above, and before deciding upon their prospective alma maters, advise them to make personal investigation of our colleges and hospitals.

It may be a fault that but few of our schools are connected with the universities of the country, that we are not able for this reason to meet the demand made by so many young men for continued university associations, or that they should be granted a university degree; but we see throughout the profession a renewed interest in drug proving, and the demand on the part of students for some thorough teaching of materia medica; also a desire on the part of the colleges to meet this demand. The increase in the number of students, and therefore the growth of the profession, depends largely upon the sincerity of the promises now being made by the faculties of our colleges. As our country is a confederation of many States, there is a lack of uniformity in the standards of our medical schools as well as in the requirements for licenses to practice medicine. I am hoping to see that a school has shown such tact and strength on the part of its physicians and represents such a strong clientele among the intelligent, and such a large proportion of the tax-payers that there exists but a few State laws which make possible any invidious distinction against its practitioners, and as we set forth as our opinion in giving a report of our relations to our schools to the United States government, we were satisfied that the way for admission to the army and navy will be open as soon as we can supply physicians and surgeons to the number which could be rightly required of us. It is not fair to ask for the admission of individuals, as the possibilities of practicing in accordance with a distinctive method would require too great an additional outlay for the small benefit which could be derived from single appointments and I believe that there would be little difficulty in having established chairs in medical colleges connected with universities were we able to furnish competent teachers. This does not mean that we have not a man to meet the requirements, but unfortunately many of those who have the ability to teach are so actively employed in the practice of the profession that they can neither be expected to nor requested to give their time to teaching without adequate compensation, and the universities of the country do not, with but few exceptions, offer salaries sufficiently large to meet the demands of desirable teachers.

We hope, either through the growth of the American Institute or through those interested in the work of the Institute for Drug proving, to be able to instruct men who would be willing and able to meet this demand.

I have now, in giving an account of our progress, first called

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attention to our weak points, thinking it wise for us to publicly recognize our appreciation of them. I believe you will find much in the balance of my report which is encouraging.

Briefly the status of homœopathy in relation to the general government is that homœopathy was acknowledged first by the acceptance of the Hahnemann Monument, and by granting the site which it occupies, insures the continued care of that work of art of which we are all so justly proud. It also recognizes the school in the granting of a separate board of examiners bearing the name of Homœopathic for the District of Columbia, and in the chartering of the National Homœopathic Hospital.

It is in a receptive mood because anything that allows of rules against the school is eliminated from all proposed legislation. All of the Departments of Medicine, and its allied branches, are open and information is given to our representatives.

As I intimated above, any of our men who desire to change their mode of living and accept positions with moderate salaries when the skill and experience demanded is considered, can find positions under the government, which can be secured and held without prejudice to their school connections. As to its status in the State governments the Bureau of Registration gives detailed evidence on that point. Positions of trust, with salaries attached, are held by our men in very many of the States, for example the position of Commissioner of Health of the Empire State is ably filled by Dr. E. H. Porter, vice president of the Congress; and Dr. Ward met all of our expectations in the administration of the Health Department of San Francisco after the terrible calamity which caused so much suffering to her citizens. In very many communities the health officers are homœopathists, as are the superintendents of institutions supported entirely by the different state governments.

You will be interested no doubt to know exactly the relation which the dominant school, so called regular, stands to the school of homœopathy. I am glad to report that through the associations on examining and licensing boards both schools have come to appreciate the fact that both are composed of honest and energetic students of all that pertains to a knowledge of the science and art of medicine; that there is a recognition on the part of both that the standard required of students for admission to the new schools are uniform and the comparative results in the examination of candidates by State examination boards shows that the qualifications of graduates of homœopathic colleges are a little above that of similar institutions under the control of the other schools. The fact that the American Institute, with the separate boards of medical examiners, have al-

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ways suggested or aided in every effort to raise the standard of medical education and practice is acknowledged and caused much comment in society meetings. Naturally the recognition of these facts has changed the tolerance which existed a short while ago into respectful consideration of all proceedings of our organized body, and the council of our committee on medical legislation is sought for in the formulation and preparation of all legislation proposed which is not presented to legislatures or to Congress until the methods to be used are agreed upon. Personally, members of the two schools are on the most friendly social terms and consultations between the leading physicians of both schools are of frequent occurrence; with the National Capitol as a point of view I have no hesitation in saying that there is not a conscientious, scientific, well-equipped man of the old school who does not feel compelled to give credit to some conscientious homœopathist of his town because of his having cured by remedies at least one of his patients in whose case he had given a bad prognosis.

Last year in making our report we mentioned some authors who showed evidence of a desire to change the nihilism of their school for some more certain and rational method of prescribing medicine. This year we cannot mention them without danger of being accused of making invidious distinctions. The fact is that the most advanced practitioners and teachers of the old school are watching our materia medica. They have recognized through their official channels the necessity for the study and careful observation of the physiological effect of drugs. They are constantly experimenting with small doses of medicines, but are still surprised at the results, and hesitate as a body to accept the law. We believe that they are unconsciously waiting for us to prove it scientifically. I say the word "scientifically" advisedly, but I do believe that we should demonstrate its truth to the satisfaction of these honest men, not by tests to prove the efficacy of one potency or another or the ability of this physician or that to name drugs contained in unmarked vials, but by the proving of remedies with the aid of instruments of precision which are in common use by most of the physicians of the present day.

The effect of this state of mind of the old school is reflected in our own rank. The demand has become recognized as imperative, the meeting of it an absolute necessity, and there is an acknowledgment on the part of a large number of our members that the future not only of this body and of our colleges but also continuation of appropriations for our hospitals depends upon the energy shown in the direction mentioned. We have shown our earnestness in this matter by the organization of the Institute for Drug Proving. The

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complaint has been made that the trustees appointed have accomplished so little. This impatience, which is no greater than that of the trustees themselves, is fully appreciated, but the responsibility of this work no doubt makes them conservative; but we can assure you that there will be no disappointment when the results of this work are laid before you. The plans of organization have been completed, the rules for proving are ready for distribution, in fact I am assured by the committee that they are ready not only to encourage proving, but to organize and publish, or aid in the publication of any work that comes up to the standard which is rightly demanded by this Institution. Many of the colleges are teaching how provings should be made and proper judgment on such provings can be formed. We hope all colleges will show an interest in this work. Our societies and clubs are becoming aroused and we ask the hearty co-operation of our colleagues and confreres abroad. We present as a sample of what can be expected or achieved in this line in the monument of self-sacrifice, energy and unselfish devotion to our cause, the reproving of belladonna. The Committee on International Congress has in its possession much of the work done during the last year. It is of great value and shows us that alliances can be formed between the different societies and clubs represented here, which will bear fruit in the near future.

Possibly some of our guests were surprised to note after last year's meeting that a committee had been appointed to confer with a committee of the American Medical Association, and like some of our physicians here, were alarmed lest the American Institute contemplated an amalgamation with that organization. This mistake was pardonable in those who did not attend the meeting or did not wait until they received the transactions before forming an opinion. The object of this committee was to form an alliance that might protect the high standard of medical education usually found in this country and secure any legislation necessary to protect or raise that standard. Little has been accomplished on the basis of the alliance, as yet not formulated, the failure to bring this about was caused by a confusion of circumstances over which neither society had any control, but the correspondence in the hands of your committee shows that there will be no difference of opinion on one, if not the most important subject, that of medical education. A similar understanding on all other matters will certainly come about in the near future. Amalgamation was not thought of, and is not desirable, in fact should not be considered at the present time. We cannot as a school with institutions representing the accumulation of more than a hundred years, that represent a devotion to principle which cannot be sacri-

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ficed; with a materia medica which cannot be questioned; with a law which offers health, strength and hope against the ills, sufferings and incapacities that follow an advancing civilization; unless in return we receive assurances that will warrant an expectation, not only of the use of the remedies we have already proven but of additions to our armamentarium which will promise greater relief against the ills of humanity than those which we now possess; but as we accept the fruits of the continued effort on the part of our confreres in medicine, we should be willing to give in return remedies so proven that they can be intelligently used by all physicians whether they accept our law or not.

We cannot help but recognize that we are living at a time when the standards involved in every walk of life are indicating a change. The cloak is being torn from every mystery that nature hides and also from every form of hypocrisy that has interfered with the development and with the progress of truth. The commercial, scientific and professional world are all moving along parallel lines, and as the forces of nature affect them all, analogies can be recognized in the growth and development of each kingdom. Homœopathy in its struggles, in its weakness, which represents the follies and faults of adherents, has had its ways of progress and discouragement similar to that found in the recognition of the truths underlying true religion and in the development of the great principles which enter into the government of this grand Republic. The signs of the times point to the purification of methods, to the discovery of new forces and the realization of hopes long deferred. Our law has needed no revision since its promulgation, no remedy of our materia medica has had to be dropped as not fulfilling the promises of the provers, so in looking ahead we see here the foundation for the science and art of medicine in the future. Thus the wealth handed to us by our predecessors represents our birthright and the liberty of thought and action insured by the Constitution of our country leads all to look to the United States for encouragement and assistance in anything that may be for the aid of humanity or the development of medicine in less favored countries.

In our first meeting in Washington consideration was given to the endorsement by the government of the diplomas given by educational institutions of this country which would insure reciprocity with the several governments of the world. We notice at a meeting of the British Association recently held at Toronto the President strongly urged that reciprocal relations affecting diplomas should be asked for between the British Colonies.

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HOMŒOPATHY AND VACCINATION

IT is a curious coincidence that just at the time when an English editor chides his readers for not recognizing and making the most of the fact of the homœopathicity of vaccination, an American contemporary should admit to its columns a long article, the author of which urges his fellow homœopaths to join him in an anti-vaccination crusade.

In spite of the ease with which statistics can be misinterpreted and the difficulty in general of definitely tracing the effects of State Medicine or advanced Public Health measures, it would seem that vaccination had been under observation sufficiently long to have established itself as an advantageous procedure.

Of course, theoretically, one is forced to admit that the taking of any drug or serum when one is not sick is not an ideal practice. But it is very probable that every anti-vaccinationist has taken medicine when there was no real need for it, and the untoward results therefrom have probably been just as frequent as the accidents of vaccination as it is pursued by the modern physician.

After all, it is not vaccination that is opposed so much as it is "compulsory vaccination." Compulsion is the price of civilization. The man who will promise never to mix with his neighbors need not be vaccinated; but if he desires their fellowship he must pay the

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price of vaccination, at least, to assure them to a reasonable degree, that he will not expose them to the contagion of a loathsome disease. That vaccination will protect, the results in Germany ought to attest; and that it is more potent than quarantine, the experience of Cleveland proves. In the opening years of the twentieth century, the Cleveland Health Department boasted of its ability to control smallpox by quarantine alone, or quarantine and cleanliness. In the fall of 1902 a new era opened up and general vaccination was introduced at the height of an epidemic. The figures for eight years are as follows:

Year.	Number of Cases.	Deaths.
1898	48	0
1899	475	3
1900	993	16
1901	1230	20
1902	1298	224
		(General vaccination introduced in September.)
1903	106	22
1904	42	0
1905	0	0

Anyone who has access to the data of cases of smallpox reported to boards of health has abundant evidence that the number of unvaccinated persons falling victims to the disease is increased far beyond the proportion of unvaccinated to vaccinated in the community. So that it would appear to be unfortunate that vaccination is not made compulsory.

A small minority of homœopathic physicians maintain that in variolinum we have a drug that can be administered with as good prophylactic effect as vaccination as ordinarily understood. At the 1905 meeting of the American Institute a number of such physicians endeavored to secure the national society's endorsement of the effectiveness of this method of prophylaxis, but the most the Institute was willing to do was to appoint a special committee to investigate the claim and report to the Institute.

Fifteen months elapsed and at Atlantic City this committee reported "progress." How much progress had been made the Society was not informed. And yet the problem before the committee is not an exceedingly difficult one. When the physician who introduced vaccination into America had vaccinated his children, he exposed them to smallpox contagion; and their immunity was widely accepted

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as an evidence of the value of vaccination. When Dr. Reed and Dr. Carroll and their co-workers on the Yellow Fever Commission desired to test the "mosquito theory," they themselves volunteered and submitted to the infected mosquito's bite. And they found volunteers, also, among the soldiers quartered at Havana. Why can not such methods be duplicated by the committee which has had entrusted to it the determination of the efficacy of the internal administration of variolinum as a prophylactic measure against smallpox? Smallpox is not nearly so fatal a disease as yellow fever, and there ought not to be great difficulty in finding in the ranks of the anti-vaccinationists enough volunteers to test the question. Take a dozen or more unvaccinated people. Let one-third of them receive variolinum in varying potencies or in the manner approved by those who advocate this method, let another third be vaccinated, and let the rest be used as controls. Expose them all to smallpox contagion under precisely the same conditions, and report the result. A test of this sort, carried out in a scientific manner, will command respect and will be to the credit of homœopathy, even though the efficacy of variolinum is not established. If variolinum is satisfactorily demonstrated to be as efficient a prophylactic as vaccination, homœopathy will have added to its laurels, an important addition to medical science will have been made, and a great boon will have been conferred upon humanity; for, other things being equal, there are few people who would not prefer taking a few powders of variolinum to being vaccinated, and prophylaxis would be obtained at a far less cost than it is at present. At present the rank and file of homœopathy return the Scotch verdict, "not proven."

MEDICAL LEGISLATION IN NEW YORK STATE

THE homœopathic physicians of New York State have officially, through the Homœopathic Medical Society of the State of New York, declared themselves in favor of the retention of the present law providing for three boards of medical examiners. The society's legislative committee is working hard to defeat the one board bill introduced by Senator Page, and it is the duty of every homœo-

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pathic physician in the state to support the committee by individual representations to senators and assemblymen.

The bill now in Committee does not in any way protect homœopathic interests. It calls for a board of nine examiners appointed and removable by the Board of Regents of the University of the State of New York. While the NORTH AMERICAN would not for an instant impute bad faith to this honorable body, it feels that the homœopathic physicians of the State can not afford to take any chances. Although practice and materia medica are omitted from the list of proposed examinations, it stands to reason that with a board of examiners dominated by one school, and this is almost bound to be the case if the bill becomes a law, students will seek to avoid all risk and seek their instruction in colleges controlled by that school.

The alleged purpose of the bill is to avoid the necessity of making special provision for the semi-medical cults—osteopathy, kinesitherapy, vitaopathy, naturopathy, etc. And the object is a laudable one; but the time has not yet come when there is sufficient harmony in the medical profession to warrant the passage of a bill along the lines proposed. The NORTH AMERICAN believes that a single board law is bound to be enacted sooner or later in New York State, and it questions the wisdom of the State Society in tying its committee's hands so that it is unable to meet any exigences that might arise. A conference assembled in a give-and-take spirit might be able to effect a compromise that would be satisfactory to all parties, would maintain a high standard for practitioners of the healing art, and would measurably repair the rents in the robe of the medical profession. Conferences have been held already; but they have been conferences in name only, as they must be when one party refuses to confer.

Things are as they are, however, and the homœopaths must act as a unit: united we stand, divided we fall. Strenuous work must be done to uphold the legislative committee's hands, despite personal opinions as to the wisdom of all of its actions, and despite the unfortunate endeavors of misguided enthusiasts to restrict the freedom of the president in the choice of his committee. President Schenck

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did the right thing when he informed the society that he should regard the adoption of any such action as an evidence of lack of confidence involving his withdrawal from office, and thus avoided the creation of a precedent that might embarrass the society on some future occasion.

Notes and Comments

Hay Fever and Ivy Poisoning.—E. S. McKee, writing to the *Journal A. M. A.*, states that while suffering from hay fever, he was poisoned by ivy in the midst of the hay fever season. The hay fever disappeared immediately on the advent of the ivy poisoning. McKee wants to know whether this was a coincidence or a consequence. Only reports of similar cases can establish the fact of coincidence or relation, but the homœopathic physician would not be surprised to learn that this experience could be duplicated.

Trypsin in Malignant Growths—Pusey of Chicago is by no means favorable to Beard's suggestion to use trypsin in inoperable malignant growths. His experience embraces seven cases treated over a period of ten weeks. As a result of the injection inflammatory swellings and abscesses developed at the site of the injections in spite of scrupulous attention to aseptic technic. In one case where there was a circumscribed carcinomatous mass in the pectoral muscle positive benefit was derived. An abscess developed and the carcinoma appears to have disappeared as part of the broken down tissue. In all the other cases, appreciable harm was done to the patients, cachexia has developed and they have failed more rapidly than they were failing before.

The Pacific Coast Journal of Homœopathy is again with us and in octavo size. It is the same ably edited and well filled journal as before, however, and we are glad to see it again. May its prosperity increase.

Rhode Island's War on Consumption in Mills—Concerted action for the prevention and cure of consumption among mill operatives is being taken in Rhode Island. The movement was started a few weeks ago by Jesse H. Metcalf, owner of the Wanskuck mills, and Henry D. Sharpe of the machinery manufacturing firm of Brown & Sharpe, of Providence. Dr. Frank T. Fulton, of Providence, R. I., is responsible for the plan, and it was adopted after he had visited the heads of the two concerns named and had explained to them the benefits that a systematic fight in the mills would bring about. Within a few days practically all of the big mill owners of the state, employing about 18,000 operatives, have expressed approval of the movement and willingness to co-operate in making it effective. In a number of the mills notices reading as follows have been posted:

"To the Operatives:—There is at present a strong effort being made to exterminate the disease consumption. It is known to be

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very easily curable if treatment is begun in the early stages, and readily prevented by proper ways of living. The hopeless or incurable cases are those which have been allowed to go neglected. There are in Providence about 1,500 cases, and many of them are of course among the workmen in the mills. Several organizations are trying to provide means by which anyone can obtain the proper treatment. In order to aid in this manner the mill authorities have provided, free of expense to the employes, a physician who is especially interested in this disease and who can advise about the best treatment. The name of the physician and the time and place at which he can be consulted will be posted in the office. It is strongly urged that anyone who has a cough, be it ever so slight, should see this physician and be examined. If the lungs are found to be healthy there is no need to worry. If, on the other hand, there is any disease it can be treated before it is too late to be cured."

In addition to this notice mill owners are making personal investigations among their employes, an action which will do more toward making the plan effective than anything else, and where any sign of consumption is detected the men are invited to consult the physician. Starting with Dr. Fulton and two mill owners, the movement has grown so rapidly that the state board of health, the factory inspection department, the Society for Organizing Charity and an association of local physicians interested in the disease have combined forces and are working along lines which will extend the work to other lines of trade beside the mills.

The Law of Similars—At the 13th annual meeting of the American Dermatological Association

DR. JAY F. SCHAMBERG, of Philadelphia, Pa., read a paper, in which he reported in detail the history of a case of multiple epitheliomata in a man who had taken Fowler's solution at intervals during a period of twenty-five years. Among other lesions, he presented a large nodular cancer on the leg, which was not hyperkeratotic. Dr. Schamberg also reported a case of multiple persistent ulcerations of the leg in a woman who had taken arsenic continuously for four and a half years.

DR. FRANK H. MONTGOMERY, of Chicago, said he was in entire accord with the statement made by Dr. Schamberg that the average physician was not sufficiently well acquainted with the dangers of administering arsenic. He could recall a number of instances where more or less serious results followed the injudicious use of the drug.

DR. M. B. HARTZELL, of Philadelphia, said that of the immense number of cases of keratosis that occurred in various diseases, particularly in psoriasis, it was remarkable that this epitheliomatous degeneration should occur only in those instances where the patients had been subjected to the long-continued use of arsenic. Personally, the speaker said, he believed that in some way the arsenic disturbed the cell growth, and was directly responsible for the development of the cancer.

DR. SCHAMBERG, in closing, said it seemed to him a juggling of terms to say that arsenic was not directly responsible for cancer in these cases. The mere fact that there was an intervening hyperkeratosis did not relieve arsenic of the responsibility of the production of the malignant disease.

The above report is taken from the *Boston Medical and Surgical Journal*. Now if Drs. Schamberg, Montgomery and Hartzell would only put these provings to the test and see if the law of similars has any merit!

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Rectal and Groin Temperatures in Children—It is quite widely recognized that the insertion of a clinical thermometer into a closed cavity gives the best indication of the body temperature. In adults the mouth is of course available, but in infants and young children the physician has to resort to the rectum. But the esthetic disadvantages of this method have militated against its universal employment, especially in private practice. Dr. Albert H. Parks, of Chicago, has therefore made comparative tests of the rectal and groin temperatures to see if the latter could replace the former. A baby's thigh is naturally flexed upon the abdomen, and there need be no undue restriction of the child's movement, nor need the thermometer be held, as is the case when the temperature is taken in the axilla. Dr. Parks published his tables and conclusions in a recent issue of the *Journal A. M. A.* His observations were made on 175 cases. He found that the full register of the rectal temperature was obtained in three and a half minutes, while six and three-quarter minutes were required for the groin temperature. Apart from this time factor, the groin temperature seems to be as good an index of the body temperature as the rectal. The normal temperature of the child's inguinal fold is shown to be 98.52 F. (37.5 C.) The difference between the inguinal and rectal temperatures approximates one-third of a degree Fahrenheit or two-fifths of a degree Centigrade, a variation so small that it can practically be disregarded. The ease and reliability of the groin method warrants its adoption in place of the objectionable rectal method.

Alcohol in Pneumonia. Fock (*Munchener Med. Wochenschrift*, 1906, No. 44) gives a synopsis of the replies received from clinicians in regard to the value of alcohol and alcoholic tonics in pneumonia. The responses vary—a number of physicians forbid alcoholic drinks in pneumonia, others give alcohol in every case, while the great majority prescribe same only in special cases. The replies are particularly interesting touching the question: "What effects do you expect from the administration of alcohol?" The majority of physicians replied that they prescribed alcohol for its stimulating effect on the heart and vaso-motor system, without, however, going into details. Some physicians claim that alcohol increases the activity of the heart and the tonicity of the smaller blood vessels. The author claims that disturbances of the circulation in infectious diseases are due to changes in the vaso-motor centers which govern the circulation and become affected in general sepsis or pneumococcus sepsis, or are due to direct diseases of the heart or its pericardium. In either conditions alcohol has no distinct value and its efficacy as a stimulant to the heart muscle and nerves as well as the vaso-motor system has not been demonstrated. Alcohol may be employed to produce a temporary increased pulsation and is thus indicated on special occasions or emergencies but never as a *routine stimulant*.

Erratum. In the article on Multiple Neuritis by Dr. John E. Wilson in the January, 1907, issue of the NORTH AMERICAN, the 11th and 12th lines on page 6 should read: "the rate of appreciation of pain and temperature is delayed, but the sense is acute, pressure sensation impaired, muscular sense less often."

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International Homœopathic Review

CONDUCTED BY - - - - - - - P. W. SHEDD, M.D

A German Influenza Symposium. In the *Karlsruhe Conferenz badischer homœopathischer Aertze* the following points of interest were brought out in discussing the influenza period of the winter of 1905-06.

Dr. Kirn noted that grippe made the patients oxygenoid, and that in constitutions already of the oxygenoid type influenza was particularly dangerous. Zymotic diseases attract oxygen, oxidation-processes are heightened and uninfected portions of the system are caught in the conflagration. Or as Grauvogl puts it: The organic constituents of the body have, in disease, the faculty of easily absorbing oxygen and of transferring it to other parts of the body. Dr. Kirn begins the treatment with his isopathicum pandemicum, 30. Oxygenoid remedies are also necessary, especially kali bichromicum, then kreosote, the carbos, nitric acid, china, chininum ars., arsenic, arsenicum iod. Empirically, he recommends iris in a fall of the weather temperature; in a rise, kali bichromicum, then euphrasia, rhus, guaiacum. During the winter he noted a striking amount of pains in the right chest and abdomen—at first no physical signs, but later numerous rales. The chest pains were obstinate; often, also, the pressure in the stomach region, in which he emphasized sabadilla and veratrum (oxalic acid 3, Dr. Stemmer.) Causticum was especially useful for the spurting of urine on coughing. Other remedies used were: carduus, chelidonium, iodine, chlorine (asthma), eupatorium perf., gelsemium, cimicifuga.

Dr. Schonebeck remarked that the diagnosis of influenza depended (no other characteristics being present) upon the amount of weakness. Prostration differentiated grippe from a simple febrile catarrh. Other colleagues emphasized this grippal characteristic (the oxygenoid key.) He noted that in grippe the prostration-remedies are peculiarly useful—kali bichromicum, oxalic acid, kreosote, arsenic, china, etc.)

Dr. Cramer found that pandemicum of which he had learned the previous year through Dr. Kirn, had served well in exciting a profuse and salutary sweat. A patient with a gonorrheic inflammation of the whole urinary tract, aggravated by several influenza relapses, called emphatically for pandemicum because of the ameliorating sweat which the remedy induced. *Allgemeine Hom. Zeitung.*

Neuralgia Hepatica—Modern progress in pathology and diagnosis has caused many rearrangements in the classification of disease. Processes heretofore called "idiopathic" or "purely nervous" have been revealed as organic diseases. In the renal sphere this is particularly marked; Bright's disease formerly held to be a pathologic entity has been broken up into a number of types each individualistic in character and progress. In hepatic diseases a similar change has occurred and many "functional disturbances" and "hep-

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atic neuroses" have turned out to be organic in nature. There are, however, liver troubles not yet possible to designate other than nervous, and doubtless originating in the *plexus hepaticus.* Denied by some, this hepatic neuralgia is admitted by others (Prof. Furbringer, Dr. Pariser), particularly where the trouble is chronic, the attacks periodic (in women usually coincident with the menstrual epoch) and where febrile complications in the liver or biliary appendages are absent. In these rather hazy cases where absolute diagnosis is unattainable, the homœopathic remedy is valid as the following case illustrates. Mrs. B. consulted the author in Feb. 1903. Ten years before, the right ovary had been removed because of profuse metrorrhagias lasting a week at a time. Soon after the operation extremely violent, periodic hepatic pains set in, yielding only to morphine and applications of moist heat. Her physician first diagnosed the attacks as gall-stone colic, but as no gall-stones were passed nor icterus developed and as, furthermore, the attack was unaccompanied by chill or fever, the diagnosis was abandoned. Latterly because of sickness and several deaths in the family, a general nervous condition developed with concomitant increase in the attacks of colic so that almost weekly and often in the middle of the night the medical adviser had to be called.

Examination showed nothing abnormal, but when seen soon after in an attack the patient complained of painful sensitivity from any pressure over the liver. Belladonna 4 and carduus marianus 2 were ordered with the result that at lengthening intervals only three violent attacks were noted. From June, 1903, she remained perfectly well, continuing, however, for nearly a year to take a daily dose of belladonna and carduus. In May, 1906, she again reported having had no other attacks.

Belladonna and carduus are each suited to sudden, colicky abdominal pains, and particularly carduus if they have a hepatic origin. Dr. R. Hæhl, *Homœopatische Monatsblatter.*

Hahnemann: Pasteur—The scientific teaching of the present day confirms that of Hahnemann seventy or eighty years ago. This proof is furnished by the best workers in the dominant branch of our profession, though they are slow to confess the homœopathicity of their work. We welcome their proof of our own principles as Hahnemann himself would have welcomed it. Indeed, had he lived in recent years, he would have been the first to furnish the proof. What was his attitude towards the science now known as bacteriology—then non-existent? In 1831, he wrote (page 851 of the *Lesser Writings,* Dudgeon's translation): "On board ships, in whose confined spaces, filled with mouldy, watery vapours, the choleramiasm finds a favourable element for its multiplication, it 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." And again (page 853), "The miasm * * * the invisible (probably animated) and perpetually reproductive contagious matter * * * "

Had Hahnemann possessed Pasteur's microscope and laboratory, the latter would have been a disciple instead of a master in bacter-

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iology. For Hahnemann was a keen observer, and was hot on the trail without any of the facilities of Pasteur. Dr. E. A. Neatby. *Monthly Hom. Review* (London).

Dysentery: Kho-sam. Dr. Lemoine reports the following interesting case: Man who had lived thirteen years in Tonkin (China) had had dysentery since August 1904. With some remissions, he had been since then more or less sick; at his entrance into the hospital he was emaciated, dyspneic (as if in the last stages of phthisis); violent abdominal pains, five to eight mucous stools daily; liver and spleen somewhat enlarged. Examination of the blood in the stools showed numerous active amœbæ. On March 7, after various treatments, the patient, who was having six bloody stools daily, was given 4 seeds or kernels of Kho-sam. March 8, four kernels morning and night; three soft stools, no blood. March 9, 12 kernels. March 10, one stool, formed; improvement rapid, the patient gaining 10 lbs.

Historically, Dr. Mathieu relates the following: The Chinese and Annam physicians frequently employ these oleaginous kernels, called kho-sam, derived from *brucea sumatrana,* a plant of the Simaroubaceæ, in great number of diseases, chiefly hemorrhagias. In 1893 Dr. Mougeot (of Saigon) gave the drug to a woman suffering from dysentery and metrorrhagia. The effect was surprising, the metrorrhagia stopped almost immediately, the dysentery cured in three days. Dr. Mougeot subsequently used it during five years in 879 cases with the following results:

799 complete cures in 3—6 days.
97 tardier cures.
15 cases, results not obtainable.
8 failures.

Kho-sam kernels sent to France for analysis by Bertrand (chemist of the Pasteur Institute) showed a glucoside, kosamine, whose physiologic action was studied by Physalix. In small dose it is emeto-cathartic and cholagogic; it kills the tenia of the dog; lowers temperature; and renders the blood thick, viscid, difficultly flowing. In large dose it is a hematic poison causing intense congestion of the gastro-intestinal mucosa, liver and kidneys. Experience has shown that the drug is curative only in true dysentery, i. e. amœbic, the type prevalent in Asiatic countries, and not in dysentery of a bacillary origin. *L'Art Medical.*

Calcarea Fluorica. It should be remembered that in this remedy we are dealing with a salt composed of the irritating and destructive fluoric acid upon the one hand, and of the constructive calcarea upon the other. As a result, this combination when administered internally, produces an irritation and proliferation of the cells, which become organized, and there results an abnormal condition of the bones and fibrous tissue. Calcarea fluorica is a constant element in the fibrous tissue throughout the body; it enters into the formation of the enamel of the teeth and the surface of the bones.

It should be studied in the case of those patients in whom there is evidence of deranged nutrition appearing upon the surface of the bones, the enamel of the teeth, or the connective tissue in any portion of the body. And thus there may appear a periosteal thickening, in-

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duration and thickening of the fibrous tissue, and induration and enlargement of the glandular tissue; and varicose veins and varicosities.

It is of service in chronic periostitis and diseases of the bones when the surface of the bone is hard and rough, and there are corrugated elevations on the bones, and caries that results in the formation of abscesses. It has proved just as serviceable in these cases when there was a history of constitutional syphilis, or an excessive use of mercury.

It should be studied in diseases of the blood vessels, especially of the veins when they are enlarged and dilated, also vascular tumors. The latter may be in the form of cephalhematoma of the new born, or in varicose and enlarged veins that are attended with sharp, piercing pains. The veins of the vulva are frequently enlarged; and there are also bleeding hemorrhoids with itching of the anus that simulates the presence of pin worms. The hemorrhoids may be internal or external. There is pain in the back that extends to the sacrum. The bowels are constipated. There is much flatus and soreness of the anus, which upon inspection is found to be fissured.

In the early stages of aneurism it should also be remembered as it frequently holds the process in check, and, under favorable conditions, will cure the disease. It is frequently the remedy in menorrhagia when there is a bearing down sensation complained of, as well as of excessive pain, which extends from the uterine region to the thighs. The uterus is enlarged and heavy, and there may be infiltration of the broad ligaments. It has a decided action upon the cervix uteri and assists in overcoming cervical stenosis when it is firm and unyielding. Its administration for several weeks prior to confinement has so acted upon the uterus that labor has been shortened and hemorrhages that had usually occurred in former confinements, have been avoided.

Whatever the ailment the patient is sensitive to cold, to drafts, and changes in the weather, the distress is relieved by rubbing and fomentations, and is worse during damp weather and while at rest. The patient is also despondent and has groundless fears. It should be compared with calcarea phosphorica and silica in bone-diseases; rhus in lumbago; conium maculatum in glandular induration. Dr. A. S. Blackwood, *The Clinique*.

Calcarea carbonica. Calcarea carbonica is almost always indicated in the case of delayed menstruation in young girls. In this disorder the patient is plethoric, but there is a deficiency of red blood corpuscles. She has palpitation of the heart and there is more or less dyspnea. Calcarea carbonica will generally bring on menstruation, whereupon the above symptoms will immediately cease. Probably in the diseases of younger children no remedy is so frequently called upon as calcarea carbonica.

The typical calcarea carbonica child shows a condition more of bloat than of solid flesh. The color is inclined to be watery or chalky. Often there is a dry cough, which persists through the night, but becomes loose in the morning. The appetite is generally ravenous and the thirst pronounced. The child craves eggs together with milk, both of which invariably disagree with the stomach. The whole di-

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gestive system is greatly disturbed, the milk in particular is vomited up soon after it has been taken, coming up in large curds. All fat food sickens the child.

There is also considerable tendency to diarrhea, which is inclined to be worse at night. The stools are quite apt to be curdy and of a sour odor. The child is always slow in movement, and the growth is retarded and irregular, a defect which seems to be more of the osseous system than of the muscular, as is shown by the slowness of dentition.

There is a great inclination to perspire about the head, and this is an almost certain symptom of calcarea carbonica. Another fairly sure and very prominent symptom of this remedy is a swelling of the upper lip. Also in acute hydrocephalus, calcarea carbonica is the remedy par excellence.

We must bear it in mind, however, that we will find many calcarea carbonica cases which seem to be the opposite extreme from the condition of bloat that we had above. Here we find emaciation and a flabby skin. Here we find the scrofula, and in this disease, calcarea carbonica is our sheet anchor. Also in this class of cases we frequently find an eruption on the external ear involving the auditory canal. An intense itching is apt to accompany this eruption, and scratching seems to thicken the surrounding tissues. This ultimately interferes with the hearing and produces more or less ringing in the ears. Case: A child with a most distressing case of eczema, involving the external ear. The organ was enormously swollen and covered with fine scales. There was no moisture, but on the contrary, great dryness with terrible itching. The child had been attended for some months by an eminent aurist (allopathic) without relief. Calcarea carbonica, sixth trituration, cured in a little over three weeks. No local application was used, nor was any other remedy given. Dr. G. R. Bissell. *Medical Century.*

The Barium Salts: Arterio-sclerosis.— In the *Revue Homœopathique Francaise* (Dec. 1906), Dr. Francois Cartier of Paris has contributed a very interesting study on the therapeutic relation of the barium salts to arterio-sclerotic conditions. He says:

Baryta carbonica or acetica and the muriata are frequently indicated homœopathically in diseases of lymph tissue, amygdalitis, adenitis, etc., but it seems desirable to accentuate their remarkable action upon the vascular system at this time when arterio-sclerosis is so common and well-known. The homœopathicity of barium salts to diseases of the circulatory apparatus is scientifically supported by the experiments of numerous physiologists who have verified the action of barium upon heart and blood vessels. Considering more particularly arterio-sclerosis, the author's attention has been directed to researches showing a modification of the arterial tunics from the toxic action of the barium salts. Unfortunately nothing has been found presenting a picture of arterio-sclerotic degeneration, but the lack of tissue change is more than compensated for by the physiologic alterations noted in the arterial tension.

A resume is here given of the work of Bohm, Mickwitz, Bary and Prof. Kobert, the Dorpat school, Sidney Ringer and Sainsbury,

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experimenting chiefly with the chloride. The acetate is very soluble; the carbonate slightly so, but active because easily solvent in the digestant fluids. All experimentors compare the action of barium to that of digitalis. It begins by accelerating the heart, then slows it, and finally arrests it in systole. Like digitalis it primarily stimulates cardiac muscle and subsequently depresses its vitality. A fatal case (Dartmoor) from the acetate is typic: the pulse rose to 125-130, then fell to 56, and ended at 25. In small dosage, warm-blooded animals exhibit a slowing of the pulse. Blood-pressure is greatly increased by barium; in toxic cases the chloride, like digitalis, markedly elevates the pressure, descending to zero at the moment of death. There is considerable contraction of the vascular channels, and with this in mind, Prof. Kobert (Dorpat) tried to cure the dilatation of subcutaneous veins, according to the method of contraria, by a liniment of barium chloride. Arterioles are diminished in volume; the muscular tissue of bladder and intestine is likewise excited; the cardiac extremities of the vagus are, as dissolution approaches, paralyzed. Pilliet and Malbec give some interesting experiments, differing from those of other authors. They describe a nephritis, with glomerular congestion, tubular hemorrhage, and cellular lesions in the labyrinth. Personally, the author has obtained nearly the same hemorrhagic lesions from a strong uranium nitrate intoxication. These are examples of a localized arterial hypertension.

In the homœopathic school cardiac symptoms from the action of barium upon the healthy human are not lacking; they are well synthetized in the work of Hale and Snader, "Diseases of the Heart," and briefly, are as follows:

"Barium has not yet been employed as a cardiac remedy, although it has a positive action upon heart and capillaries. Subjectively, baryta carbonica has: violent palpitation, of long duration; palpitation lying on the left side; palpitation renewed by thinking of it; pulse full and hard. Baryta muriatica has very irregular heartbeats. Pulse hardly perceptible. Pulse rapid, soft, irregular."

Brunton found barium to act as energetically as veratrine, and classes it with digitalis, helleborine, scilline, strophanthus and caffeine.

Finally let us cite Hahnemann's observations, all confirmed by his disciples, Allen, Farrington, Hughes, Hale, etc. Hahnemann gives as baryta indications senile diseases. The cardio-vascular conditions are certainly similar to the secondary symptoms of baryta, and Hale adds that he would not be surprised if we found in baryta the remedy for many of the cardiac disorders of old age. This is precisely what I shall endeavor to develop by personal observations on baryta in arterio sclerosis, i. e. in troubles caused by senile arteries.

Arterio-sclerosis may manifest itself in any part of the organism; attention will be directed in particular upon two regions, chiefly noted by the author: cerebral arterio-sclerosis and its consequences, and the pulmonary form or senile asthma.

CEREBRAL ARTERIO-SCLEROSIS. Indurations of cerebral arteries manifest themselves sometimes by trifling symptoms, sometimes by grave. Among the less serious may be mentioned a more or less

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dull headache, without crisis of pain, a heaviness rather than a pain; the face is not congested as in dyspeptics or when fasting; the discomfort is fairly slight, comes and goes, and is especially noted at night in bed. These headaches are perfectly met by baryta, stopping the drug if the condition yields. Clinically, the case may be cited of an old woman with an obstinate cephalalgia, for whom, after ten remedies had failed, baryta mur. 3x trit. (50 centigrams in 250 grams of water, two teaspoonfuls daily) was prescribed, considering it to be a case of chronic arteritis cerebralis. Lilienthal gives as a characteristic: "Headache of old people who have become childish." It is not essential that the patient be childish; in such case the author would prefer picric acid; but nevertheless, his other indications have an importance: "the sensorium is not clear; difficulty in speaking; headache in those mentally and physically depressed; sensation as if the head were in a vice; stiff neck. As similar to baryta in senile headache, arnica should be noted; these two remedies might be termed arterial tonics. With these senile headaches may be collated vertigos from cerebral anemia (arterio-sclerotic.) Baryta relieves these vertigos, but the author has never been able to effect a complete cure, for the sclerosed arteries remain sclerosed.

We arrive finally at the grave sequelæ of indurated arteries. Allen, (Handbook) says: "Baryta is of great value in degenerations of the arterial tunics, arterio-sclerosis, senile apoplexy." The author, however, does consider baryta of value in the acute condition, but, having an action upon the muscular coats, baryta salts enter into the category of prophylaxis, and are also useful in the sequelæ; all of which is confirmed by the observations of many authors: Paralysis after senile apoplexy; headache of seniles who become childish after a hemiplegia. The author has observed ameliorations of headaches, lingual troubles, and paralysis sequent to old hemiplegias, one of which dated three years back. Naturally, baryta must be given for months; it is a remedy of long and gentle action without medicinal aggravation nor causing gastric disturbance. The author has found it superior to causticum, so frequently commended in the sequelæ of hemiplegia. In Jousset's materia medica we find: "Baryta carbonica is efficacious after belladonna, arnica or opium in hemiplegias following cerebral hemorrhage or softening; the slowing of the pulse, the iridic dilatation, and, above all, the aphasia, point to this drug. It may be recalled that baryta poisoning has produced cerebral hemorrhage in animals." All the materia medicas and therapies give the same indications; Hughes gives it for senility, premature or not. Farrington advises baryta for seniles suffering from paralysis, but chiefly for that following an apoplexy. Often, he says, in old people the brain shrinks and the skull does not follow, hence, a vacuum unless a serous effusion occurs. A paralysis more or less serious develops; now, baryta is one of the rare drugs causing an actual paralysis of the tongue. It is also indicated in alcoholic apoplexy. He distinguishes causticum from baryta, in that the former has more contractures and spasms.

Cardiac and pulmonary arterio-sclerosis. In cardiac therapy

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the author has much less frequently used baryta, thinking that spite of its intoxication, analogous to that of digitalis, it could not d throne that queen of cardiac tonics; nevertheless, the old school (Ge man) as a result of the work of the Dorpat school employs bariu salts in cardiac disease; (*il ne faut pas attendre ce que l'ecole officie allemande certifie; nous n'avons pas besoin de son certificat.* Ed.) and von Tabora in the *Deutsche med. Wochenschrift,* 1903, a Firiczky of Budapest have published some observations.

In this article the action of baryta upon indurated arteries w be accentuated and personal observations given. Aortitis scleroti may be greatly mitigated, or its symptoms so effaced as to simula a cure by the alternation, every other week, of baryta carb. or mu 3, 6, or 30 centesimal with sodium iodide in old school dosage. Th may be rather shocking eclecticism; the accusation is just, but, dor forget the formula! Of the same nature are a number of publish cases where amelioration was indubitable; sometimes cure of a aneurism. The data are found in Allen, Hoyne, Hughes, and abo all in J. H. Clarke's "Diseases of the Heart." Allen cites an aneu ism of the descending aorta where death seemed inevitable, radical cured in six months by the 1x. The author has not been so fortuna as the venerated Allen, but in a remarkable case of aortic aneuris diagnosed by a number of physicians, cessation was obtained f months of the oppression, palpitations, and above all of an intole able pain in the right arm. However, the pulsating tumor could a ways be found in spite of the ameliorations; in short, the patie expired suddenly, but baryta had given him great relief for month It may be noted that the patient had taken, with no results, the ne gelatin injection treatment.

Pulmonary arterio-sclerosis may terminate this series localized arterites where baryta is useful; viz., senile asthma, in t author's opinion the form in which baryta is most energetic. Fa rington justly says: "We find baryta indicated in old people wi what is called suffocative catarrh, with orthopnea. This may understood if you recall the influence of baryta upon voluntary a involuntary muscle fibers. It paralyzes them. In seniles the thora is very weak. They have a catarrh, not marked, but which appea suddenly at night. There is difficult breathing, with purple fac etc. Baryta carb is one of the remedies indicated after the failu of antimonium tart. The patient complains of a sensation of smo or pitch in the lungs. Baryta should not be given in catarrhal ast ma or asthma with emphysema, but in seniles when the disease of the purely nervous type, aggravated particularly by warm, dam air." Although agreeing with Farrington in the use of baryta in t asthma and suffocative catarrh of old age, the author does not r fer these conditions to a nervous origin, in which case the remed should be equally efficacious in the young. No, baryta carb. ac here as in the brain or the aorta; it acts upon the pulmonary arte ioles and we find it specific in their indurations, i. e. in arterio-scl rotic asthma. Lilienthal gives as a rough characteristic of the re edy: senile asthma. A remarkable amelioration, a pseudo-cure, a typic case of pulmonary arterio-sclerosis may be cited. The p

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tient, 77 years old, has all the signs of arterial induration, radial, groin, temporal arteries all pipe-stem and tortuous wherever palpable. Since the age of 70, i. e. since senilty began, he has suffered from an unconquerable asthma. After examining his arteries, baryta carb. 6 and 30 were prescribed. He was seen again after eighteen months, and was found completely transformed, ascending stairs easily and having passed what seemed to him a paradisical winter. The author, much astonished, asked what he had been doing, and was told that he had taken daily for eighten months the baryta carbonica. Examining him again, the pipe-stem arteries were found still on exhibition,—the remedy had not rejuvenated them,—but, he could breathe. The case is curiously difficult of explanation. It is certain that the pulmonary arteries would remain in the same condition as the radial, and, with the first chilling the asthma should have reappeared. If baryta ameliorates arterio-sclerotic symptoms it cannot, however, return arterial elasticity *in toto* any more than can sodium iodide.

In conclusion: it is probable that baryta diminishes or arrests the progress of arterio-sclerosis though unable to change sclerosed tissue; it is equally or more probable that baryta modifies arterial tension and thus helps the patient rather than the pathologic condition. This brings it under the law of similars since the intoxication actually and scientifically produces disorders in the circulation. The arterial tension and the contraction of the muscular coats of the arteries alone would suffice to explain the homœopathicity of the remedy in arterio-sclerosis. It is regrettable that in the works studied no mention is made of any lesions in the muscular coats, although Farrington says: "Baryta appears to have induced paralysis by causing a degeneration of the arterial walls;" but, what sort of degeneration and upon what researches is the assertion based? Excepting this phrase, the author has found nothing in science concerning microscopic investigations in arterial histology.

There is a curious fact related to arterio-sclerosis: the intoxication most resembling this disease is that of lead. Lead-workers soon acquire indurated arteries, yet plumbum has never cured a case of arterio-sclerosis! Why has lead no homœopathic action here? Because sclerosed tissue is past help. We have remedies which we may see acting in the neighborhood of inflamed cicatrices, but, they do not attack the cicatrices. The cicatrix may diminish by necrosis and from the pressure of adjacent healthy tissue, but, sclerosed tissue is a signature of senility; it evolutes with the organism of the senile; and thus we may comprehend the intrinsic difficulty of curing arterio-sclerosis.

Nevertheless, as we may verify the slow reduction of tonsillar tissue under the prolonged action of baryta, it is not impossible that the same remedy may diminish the progress of proliferation of a tissue doubtless more difficult than the tonsillar; at least we are sure that it modifies arterial tension even if it cannot alter the arterial tunics. It is not inadvisable, too, that our school should possess a remedy analogous to sodium iodide, the chief agent in old school therapy.

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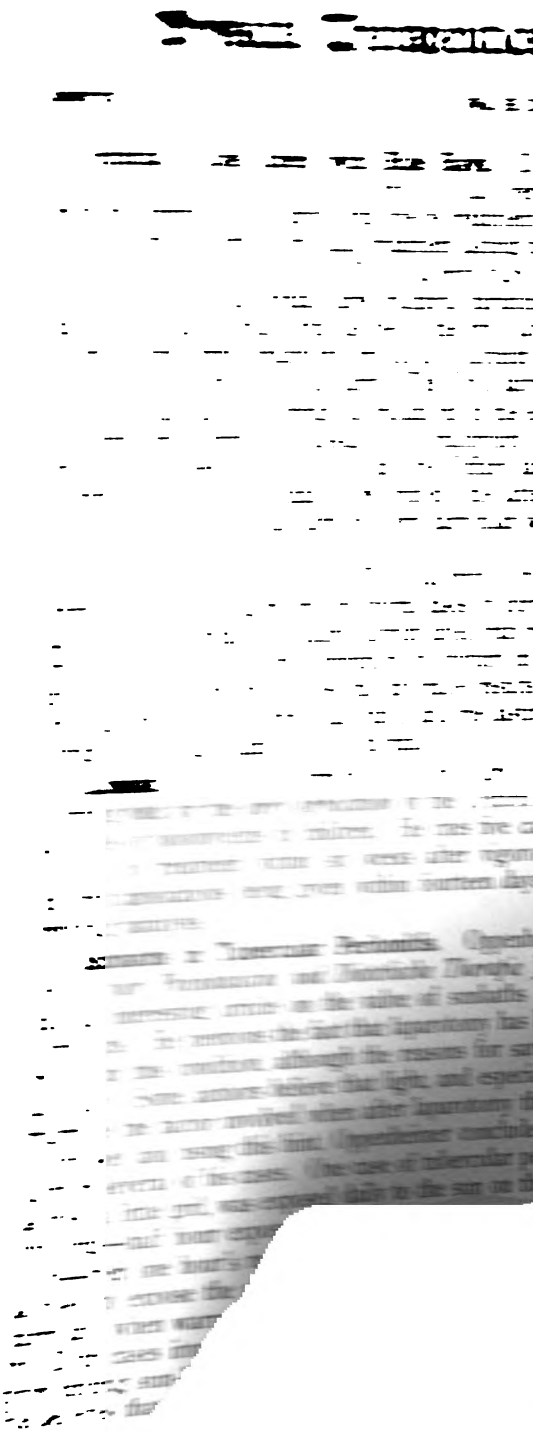

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produced an artificial hyperemia of the peritoneum and a similar effect was produced as is caused by laparotomy which is followed by congestion and hyperemia of the parts incised. If this conclusion is correct, the author would attribute the success to the same factors as those involved in Bier's hyperemia treatment which is so eminently successful in tuberculosis of joints. The author modestly insists that his report is merely for purposes of seeking corroboration by others of what appears to be a rational and effective treatment for tubercular peritonitis and requests a trial before resorting to the more dangerous method of laparotomy.

In this connection it may be mentioned that a number of cases of tubercular peritonitis have been reported cured by X-rays. A powerful arc or electric bulb light has also the elements required to produced artificial hyperemia and the electric light bath should be eminently proper theoretically in this lesion. We have personally observed the curative action of Roentgen or X-rays in tubercular joints but have never employed them in tubercular peritonitis. Sciascia (Rome) reported in 1903 that he had cured a number of supposedly incurable cases of tubercular peritonitis with concentrated solar rays. He particularly cites the case of a child, nine years old, where marked ascites had supervened and which had been pronounced hopeless but which a course of solar ray treatments had cured within a few months.

Damages Due to X-Ray "Burns." A prominent Roentgenologist was recently sued in the courts of New York City for the sum of $10,000 for damages alleged to have been caused by the application of the Roentgen rays given for therapeutic purposes. The plaintiff was suffering from tubercular cervical adenitis and had previously had a surgical operation on one side of her neck for the removal of these glands, leaving a disfiguring scar. The lesion recurred on the opposite side and as surgery had not given satisfaction the Roentgen rays were suggested and applied. The patient applied for treatment at Flower Hospital clinics and subsequently received private treatment and in order to hurry matters visited two physicians at the same time without the knowledge of either of this duplicity in treatment. A resultant burn of the second degree produced marked telangectasis and consequent disfigurement and was the main cause for the legal action.

At the trial, a number of experts testified as to the impossibility at the time of treatment (1903) for either measuring the quantity and quality of the rays when impinging on the skin, the testimony showing that the distance of the tube from the skin (6—8 inches) and the length of exposure (8—15 minutes) were at that time and are at present considered eminently proper. Protection to the adjacent part by means of lead foil was also afforded so that no evidence of negligence could be proven. All experts testified that the Roentgen ray was the method of choice in the treatment of tubercular glands, being superior to surgery in every way as the surgeon is not born who can remove all of the chain of affected glands which extend into the mediastinum. One of the Roentgenologists in charge of a public clinic makes a rule of securing a written release

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for all damages possibly caused by Roentgen rays before startin course of Roentgenization and although X-ray burns are at p ent few and far between and when they occur are often due to c tributory negligence, as in above suit, it seems good judgm for all Roentgenologists to secure such release or have a dist understanding as to the possibility of dermatitis ensuing, in orde obviate the mental and financial distress caused by a law-suit s as above. The plaintiff in this case was non-suited and the defe ant exonerated of all blame in the application of the treatment.

W. H. DIEFFENBACH, M.D

Passive Congestion in Treatment of Chronic Endometr —Turan has devised an instrument for the purpose of apply suction to the lining of the uterus, according to Bier's technic. is like a large uterine catheter with four wide slits, 3 cm. long, n the tip. A tube is applied to the outer end, connected with a suct pump. He has applied this method of treatment in 4 cases of chr endometritis in sterile women. Their affection had lasted th for from four to twelve years, and various other methods of tr ment had given them no permanent relief. He applied the suct on alternate days, for from five to twenty minutes at a time, peating about twenty-one times. The discharge became less a the first sittings, and grew constantly less until it became minin The subjective disturbances subsided also, and the improvem obtained has persisted to date. He practises at Franzenbad and patients were taking at the same time the regular course of b treatment there.

Trigeminal Neuralgia Cured by Roentgentherapy—Grameg (*Riforma Medica*, xxi, 50) cured a man, 33, who had suffe from trigeminal neuralgia for six years. Three operations, incl ing removal of the Gasserian ganglion, had been performed w nothing but temporary relief. Attacks of pain recurred ever minutes, and the patient had become much debilitated, as eating l become so painful that he refrained from solid food. Roentg therapy was then tried, and improvement was apparent after th sittings. The "localizer" attached to the Roentgen tube was int duced into the mouth and applied directly to the edge of the up jaw. Four H units were given at the first sitting, the rays co sponding to the number 5 on the Benoist radiochromometer. T sittings were repeated a week later and after the third week, a then were suspended for a month, as a slight reaction was appar on the mucosa. Six sittings were given in all, representing a t of 26 H units. The neuralgia entirely vanished after the third ting, and there has been no recurrence during the six mon since. The patient can now eat like other people, but he is careful refrain from washing with cold water.

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Original Articles

WHAT CARE SHALL WE GIVE THE HEART DURING THE PROGRESS OF ACUTE DISEASE TO PREVENT SUBSEQUENT LESIONS?

By A. L. Blackwood, M.D.

Chicago, Ill.

IT is almost unnecessary to make mention of the cases one meets in practice of those who are disqualified for certain occupations, and even debarred from the full enjoyment of life and from the securing of life insurance as the result of a cardiac lesion. The prevention of such a result is a subject worthy of our most careful attention. Every year adds new and increasing reason for a perfect physical development, since not alone life insurance companies, but universities, colleges, gymnasiums and boards of education demand that their students, teachers, and principals alike, must be of good physical development. Our civil service examinations require a similar condition; in short the great importance of having a heart as nearly normal as possible is realized by everyone, as it is needed at all times and under all occasions today. This being the case, it is of the utmost importance that the physician devote his attention to the heart during and following those diseases in which it is in any way affected, that it be left as nearly normal as is possible.

While the heart is subject to dire ravages during the course of certain acute diseases, yet we should not look upon this subject with too much of the fatalistic spirit, for much can be accomplished if undertaken early and followed up persistently to assist the natural power in effecting a restoration.

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The acute diseases that are most frequently followed by perm nent heart lesions are rheumatism, and I include in this term chore tonsilitis, cutaneous nodules, and growing pains; also diphtheri beriberi, typhoid and scarlet fevers, measles, influenza, pneumoni broncho-pneumonia and erysipelas; as we review our experienc each one will recall cases of this group in which there was a prolon ed, unsatisfactory convalescence, during which period the patie remained weak and prostrated both mentally and physically. In th majority of these, there was present either an acute myocarditis c valvulitis.

While acute rheumatism in the adult gives rise to marked co stitutional disturbance, in children the articular manifestations ar as a rule, slight and may be confined to fugitive pain or stiffness i the joints or limbs, there may be little or no constitutional disturb ance so that the patient, after a day or two indoors goes about agai as usual. In spite of the absence of any marked symptoms, the rheu matic poison may all the time be attacking the heart and setting u endocarditis or pericarditis, and perhaps myocarditis in conjunctio with one or both of the former. In the rheumatism of childhood th heart comparatively rarely escapes, and owing to the insidious na ture of the inflammatory process, irreparable damage may take plac before the severity of the cardiac symptoms compels the patient t seek medical advice or take to his bed.

My observations lead me to believe that there are more case of acute myocarditis following the hemorrhagic cases of measle than is generally credited to this disease. Measles are looked upo by the adult as "a child's disease," and as a result there is not th attention devoted to the convalescence from measles that its effect upon the myocardium demand. These remarks also apply to scarle fever.

Cardiac failure is one of the most important and common of th toxic effects of diphtheria and beriberi, both of which have a degen erative action upon the heart muscles that results in sudden hear failure. In diphtheria it may occur during the acute stage or dur ing the stage of convalescence. In the acute cases, death result from the severity of the toxic poisoning as is observed in severe fau cial cases in which the nose and at times the larynx are also involved The first indication of cardiac failure is observed in the pulse; it be comes irregular in force and rhythm, is rapid and easily compressible The cardiac impulse is diffused and slapping. There may be severe precordial pain. The urine often contains albumin and may be com pletely suppressed for a period before death. During convalescenc death may be associated with a general paralysis affecting the palate

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the pharynx, larynx and diaphragm, without physical evidence of dilatation. There is seldom any pain and the patient feels well. The pulse varies greatly during the twenty-four hours. These changes occur frequently and often at short intervals. The irregularity does not conform to any type, and is most marked at night. There is great danger from the acute degeneration of the neuromuscular mechanism. In many of these cases the patient feels absolutely well, and unless a careful examination has been made from time to time he will be thought to be so; until, as a result of some slight exercise during convalescence, he expires. In some cases a murmur is present which is due to the enfeeblement of the heart muscle.

The irregularity of the heart's action that attends certain cases of influenza is dependent upon the action of the poison upon the heart itself. A dilated heart is frequently present in those cases in which there is a prolonged convalescence from an attack of influenza. This is dependent upon three causes; first, the action of the disease upon the myocardium; second, pernicious treatment with the coal-tar products; and third, attempts to exercise before the myocardium has recovered.

In those acute infectious fevers in which an acute myocarditis is present it may be diffused, but more frequently it is localized and confined to the left ventricle which is most seriously involved. The affected muscle is soft and friable; and its color is paler than normal. The bundles of fibers separate from one another, and the cavities of the heart, particularly the left, are often dilated. The microscope shows that there are fatty changes in the muscular fibers and alteration of the nuclei, and a diffused infiltration of the round cells into the connective tissue btween the muscular fibers together with a proliferation of the connective tissue cells. There is no tendency to suppuration. The blood vessels are distended with blood and there may be distinct proliferative thickening of their walls. Degenerative changes of muscle fibers themselves are rarely absent. The fibers become granular and opaque; the striations are indistinct, and swelling of the muscle is frequent. Acute diffused, non-suppurative myocarditis usually terminates in complete resolution. The proliferated changes noted in the intramuscular connective tissue may become organized, and localized areas of sclerosis result. The unfavorable termination however is a dilatation of the cavities, cardiac failure and death.

In acute endocarditis as is observed in rheumatism, the first change is a cloudiness or opacity of this membrane which soon becomes thickened and edematous. Owing to the tension and pounding upon the softened segments of the valves they become eroded and

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lacerated. Upon this eroded surface a layer of fibrin may fo which gradually rises above the surrounding surface and is ter a vegetation. In other cases this layer of fibrin does not form, b loss of substance results. There is a granular degeneration of endothelial cells and a proliferation of the fixed cells. These la changes are most frequent in cases that are of long duration; the earlier changes are noted in all cases and their ultimate res may be prevented by proper attention.

Each patient that presents any heart involvement should studied individually as there are always some features that are culiar to each case. The attention should be devoted to the co tion of the myocardium in diphtheria; while in rheumatism en carditis and pericarditis with dilatation, is the cardinal feature. D ing childhood dilatation of the heart appears apart from any en cardial affection and is the result of the blood pressure in a flab ill-nourished, or degenerated myocardium and occurs without resistance to the passage of the blood from the heart. The cau wrought by the poison of the various diseases upon the myocardi are similar.

The actual condition of the heart can only be ascertained b careful examination. And this should be made at each visit, that serious change may arise without the attendant's knowledge of for there is nothing more shocking to the family and more humil ing to the physician than the sudden death of a patient who thought to be practically well.

If the pulse rate is increased decidedly when the patient assu the sitting posture or becomes still more rapid when endeavoring move the indications are for a still longer period of rest.

It is evident that these cases require the greatest care and att tion during the acute stage when the myocardium and endocardi are softened, and so shows the folly of using in these cases card tonics, that produce undue contraction of the softened structures.

The management of these cases begins with the early treatm of every case in which myocarditis or valvulitis may develop. T attention should first be directed to the prevention, and second to correction, as far as possible, of any damage the heart may ha sustained from the inflammatory changes. While the methods treatment employed by different practitioners may vary, yet th should be thorough from the beginning in each case that the d ease may be kept under check and lessen the activity of the prima disease.

When myocarditis and endocarditis have developed the in cations are for absolute rest, both mental and physical, as all for

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of physical efforts are dangerous; and so long as the cardiac weakness continues, as is shown by the irregular pulse and physical signs of cardiac dilatation, the patient should remain in bed. This period may be measured by weeks, or months, but rest must be insisted upon until such time as the repair of the heart is absolute. We insist upon the acutely inflamed joint having rest, why not the heart as far as possible under similar conditions.

Patients seldom take kindly to the suggestion that they remain in bed after the pain has left the joints and the temperature is normal. This is where the medical profession should bend every endeavor to do pioneer educational work in impressing upon the mind of the laity, that it is the heart that must be the guide in determining how long one should remain in the horizontal position, and not the normal temperature nor the departure of the pain. Every intelligent patient will recognize at once that the contractions of the heart are less frequent when he is in the recumbent position, that sitting up causes an increased demand upon the heart's power and that exercise causes a marked increase of its action.

The patient should receive as much highly nutritious food, such as eggs, milk, and broths as he can assimilate. The bowels should be thoroughly evacuated, but all depleting measures should be avoided. Those articles of food that tend to ferment and distend the stomach, as baked apples, grapes, oranges and acid fruits should be avoided.

Following rest, friction over the precordial region for from ten to fifteen minutes every three or four hours, is of service in reducing the dilated heart, and if practiced when the patient is continually in the recumbent posture will be of great service. Massage of the abdomen should be borne in mind when the heart is enfeebled and the kidneys are inactive, and diuretics are also demanded. When hydrotherapy has been properly applied and fails to increase the heart's vigor it should be abandoned.

As the heart's action becomes steadier so that it is not easily disturbed, indicating that the myocardium is regaining its strength, and the murmur has disappeared, light physical exercise, light gymnastics, and a properly selected diet become valuable aids in the treatment of the case. In diphtheria when myocarditis has been a complication, the patient should not be allowed to arise from the bed for any reason till the indications are that the heart has regained its vigor, and then only with due precaution.

The management of all these cases is the management of the acute valvulitis or myocarditis as the case may be, together with that of the original disease.

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The remedies indicated during the acute condition are th
that cover the totality of the symptoms. The symptoms indicat
the condition of the heart as revealed by your physical examinat
are but a part of the totality of the symptoms and should all en
into the question of the remedy. I have purposely entered into
pathology of the myocardium and endocardium during the acu
inflamed condition, that we may consider well the advisability of
ministering heart tonics to act upon the inflamed and softened m
cardium, and especially those that have an action upon the periph
arteries and capillaries, as there is no doubt that they are positiv
injurious in many of these cases.

During the acute stage such remedies as have in their pat
genesis a disorganizing action should be studied. Of this gro
MURIATIC ACID, with its marked prostrating ulcerations, its invol
tary movements of the bowels while urinating, its intermittent p
and unconsciousness, should be remembered.

CARBOLIC ACID is another remedy, especially in scarlet and
phoid fevers when the septic condition is pronounced.

BAPTISIA should be remembered in these low septic condit
when all the excretions are very offensive. There is great pros
tion. The eyes are stupid and heavy, and the face presents a beso
look as if drunken.

ECHINACEA is another remedy that should be remembered
these low septic conditions, it makes but little difference the name
which they are called.

LACHESIS should be remembered when there is mental and p
sical exhaustion with trembling of the whole body, and marked
gravation following sleep. And especially is this true in hemorrha
types of measles, when it should be compared with crotalus and n

ARSENICUM ALB. will be of service when the prostration, ra
sinking of the vital forces, the mental anguish, restlessness, fea
death, and the sensation of burning, are the leading symptoms.

The IODIDE OF ARSENIC is frequently of service in the subac
conditions.

CHININUM ARSENICOSUM is another remedy that is of servic
many cases when the patient is tired, weary, prostrated and weak

CROTALUS comes to the relief when there is bleeding with
low septic state, I care not whether it be the malignant diphtheri
the hemorrhagic type of measles or the malignant yellow feve
still serves us.

NAJA should be studied when, following the abatement of
general symptoms, there remains an enlargement of the heart

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dyspnea, prostration, pain referred to the cardiac region, cough and an irregular, rapid heart's action.

KALI FERROCYANATUM is of service in cases of anemia when there are indications of weakness of the heart. The pulse is weak and irregular and the extremities are cold.

When rheumatism has been accomplishing its ravages, KALMIA LATIFOLIA and prolonged rest will be of untold benefit. There are paroxysms of pain about the heart with dyspnea and palpitation of the heart which is worse while the patient is in the recumbent posture.

CACTUS GRANDIFLORUS should be remembered when there is the sensation of constriction about the heart as of an iron band that prevents its normal movement. This may be the result of myocarditis or other diseases.

SPIGELIA should also be remembered when there is carditis, neuralgia of the heart or rheumatism. There is most violent palpitation of the heart.

Other remedies that I find of service in closing up some of these cases are the CALCAREAS. Their deep constitutional effects are so frequently of service that they are now usually the remedies that I give the patient when saying good-bye to the case.

Always avoid active heart tonics as digitalis and caffein and employ the indicated remedy in the cases of cardiac degeneration.

ERYTHEMA

BY C. D. COLLINS, M.D.

Chicago

THE various types of cutaneous affections which are classed under the general head of erythema have led to some confusion to the general practitioner, hence my efforts to furnish some elucidating remarks on this subject.

Erythema may well be defined as a congestive and reddened condition of the skin and superficial tissues. It is a hyperemic condition due to capillary dilatation, transitory in nature, the redness of which is easily removed by pressure. This is the simplest variety of the disease, and hence is called erythema simplex. It is attended by but few subjective symptoms. The lesions consist of round or oval, flat, reddened erythematous patches devoid of scales or crusts, neither elevated nor depressed and show no tendency to degenera-

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tion. Its location may be general or local and rarely ever produ constitutional disturbances.

Another type of the disease known as erythema intertrigo i more severe but less extensive form, and is limited to the overl ping tissues only, as in the groins, the axillary spaces, between thighs and buttocks, and in fleshy subjects, the overlapping folds the skin of the neck. Heat, moisture and friction are contributi factors and produce a reddened and raw surface with more or l heat, burning, itching and irritation, and in severe cases the inflam surface may exude a sticky serous secretion. Not infrequently t type approximates a true eczema. This variety is definitely marg ated and is most persistent during the hot months.

Erythema medicamentosum is another distinct type of this culiar affection. The patient becomes the victim of a generaliz macular and hyperemic rash as the result of having swallowed c tain irritating and poisonous drugs. This is also known as dr eruptions. The drugs capable of producing such an eruption numerous. Among the more common are: copaiba, quinine, an pyrine, terebinth, iodide of potash, iodoform, belladonna, rh tox and many others. Almost any drug when applied locally to skin will produce an erythema which later may develop a true d matitis.

Another type of erythema more severe than the rest and wh is distinctive because of its congested pathology, is known as e thema multiforma. This type presents a variety of lesions such papules, tubercles and inflammatory nodules, varying in size fro split pea to an inch or more in diameter. They are usually o round or crescent shaped, and have the peculiarity of spreading pe pherally like an ever widening ring and becoming centrally pressed at the same time. They are always inflammatory and tended by itching, burning, tingling and sometimes pain. A varyi degree of swelling of the adjacent parts is common. In severe cas vesicles or bullæ often form in the center of the papule. Its pref red location is the hands and forearms, chest and thighs. The lesi come in successive crops and continue from a few weeks to seve months. Many times these cases are mistaken for urticaria to wh it has a close resemblance.

Erythema iris is merely a sub-division of erythema multifor and is so-called because the papules are followed by vesicles havi inflammatory halos about them giving a peculiar play of colors wh some one in fanciful imagination has likened to the colors of rainbow.

Erythema nodosum is also a sub-variety of erythema mu

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forma. This is similar in nature and is characterized by nodular formations larger in size but fewer in number than is found in erythema multiforma. These lesions remain the normal color of the skin; do not enlarge peripherally, nor form rings or crescents like the preceding.

Erythemas in general are usually due to constitutional disturbances, toxic influences, fermentative indigestion, poor elimination, a rheumatic or gouty tendency and habitual gormandizing. To this may be added the lack of exercise, the pregnant state, anemia, or it may follow the habitual drug habit. In a few cases no assignable cause can be found no matter how diligent the search.

TREATMENT: The treatment must be almost wholly constitutional and symptomatic. Little or no good can come from local measures. Herein, as in nearly all skin cases, the physician's hope must largely depend upon his ability to locate the cause and administer the correct internal remedy. Should palliation be required, let it be protection to the irritated skin by a cool salt and water dressing or starch water freely applied on gauze and covered by a pressure bandage. Sometimes mild antiseptic dusting powders such as bismuth, lycopodium or talcum will give great relief. The main dependence will be upon the internal remedies. The writer has been successful with the following:

ACONITE is peculiarly adapted to erythema because it exerts a controlling influence over arterial circulation and congestive skin lesions. The skin is hot, dry and burning with fine prickings as from needles. The patient is restless and anxious. Eruptions devoid of scales.

AGARICUS. Burning, stinging, itching and redness of various parts similar to chilblains. Papulo-erythematous eruptions. A crawling sensation in the skin.

APIS MELLIFICA. Edematous, inflammatory eruptions of the skin with stinging and itching. Nettle like eruptions all over the body with great itching, especially at night. Livid red appearance of the papules with hot, puffy skin.

ARNICA. Bluish red and shining skin which is very tender to pressure. General weakness of the patient with a bruised feeling of the skin; too sensitive to lie down. Ecchymosed spots with a tendency to gangrenous degeneration.

BELLADONNA. Scarlet redness of large areas of the skin. Confluent eruptions with erysipelatous swelling. Great sensitiveness of the skin and nervous system.

ECHINACEA in debilitated and anemic patients suffering from

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auto-intoxication. Sub-acute or chronic skin affections with a t
dency to hemorrhagic extravasations.

NUX VOMICA. Skin eruptions secondary to gastro-intest
disturbances especially due to over-eating and drinking. Burn
and itching all over. Urticaria.

NATRUM MUR. General debility and loss of flesh with erupti
of an unhealthy look developing over the entire body. Skin ab
the nails is dry and cracked. Urticarial, stinging eruptions devel
ing after exertion. Recurrent pustular eruptions.

RHUS TOX. Raw and oozing surfaces which burn and
severely. Malignant or gangrenous carbuncles or boils. Red, sw
len, edematous skin with scarlet like exanthema with intolera
itching and burning. Great restlessness especially at night.

STROPHANTHUS. A generalized dermatitis of a pruritic nat
with more or less swelling of the extremities and puffiness of
skin, indicative of feeble circulation. Great languor and debi
with an unhealthy looking skin. Defective elimination; toxemic.

COLLAPSES AND REACTIONS

BY EDUARDO FORNIAS, M.D.

Philadelphia, Pa.

THE ever increasing biological and bacteriological researches w
their long lists of bacteria, toxins, anticorps, aggresins, pha
cytes, enzymes, etc., seem to have shaken up and transformed
school therapeutics to such a degree, that an universal clamor is c
stantly heard among its followers imperatively demanding reform
the teaching of medicine, showing the unsteady and vacillating st
of their once cherished theories and hobbies.

Prophylaxis and reform are the daily outcries of our leading
ponents, and while the uneducated branch of their school is runni
riot with polypharmacy and daily applying the very means their tea
ers have openly rejected and condemned, another group is employ
or hired out by pharmaceutical chemists to introduce and indorse,
a rule, the most extravagant and dangerous combinations of dru
all presented as the synthesis of assiduous labor and talent, a
claiming results not sanctioned by experience, and which, if tr
would relegate most of us to an ignominious grave and place the
peutics within the reach of the ignorant.

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Fortunately, the evolution and phenomena of disease are well known, and while we can cultivate hygiene and prophylaxis with the same privilege and advantage as our detractors, with the single remedy and the small dose of the similar, we need not enter into the dark and intricate labyrinth where our friends are lost and where so far, judging by the result, little or nothing has been found of permanent and positive value.

No matter what the underlying causes of disease may be, collapse and reaction will remain always the expression of antagonistic nervous states, governing the road between recovery and death. Besides the well-known cardiac stimulants, enemas and intravenous infusions of normal salt solutions, homœopathy counts with the indicated remedy, which according to our law of cure, not once, but thousands of times, has aroused the reactionary forces of the system and re-established the necessary vital equilibrium for a successful issue.

In pathology we understand for reaction an act of resistance against any force whatever, hostile to the reparation and recovery of diseased organs and tissues. It is an organic manifestation, which once developed by any cause whatever, tends to reject the morbific agent which has caused it. In other words, it is a sort of vital power or excitement, which leads to the rousing of the depressed organism and aids it to free itself from invading microbes, to neutralize or destroy the pathological effects of the malady and to cooperate efficaciously with the indicated remedy. It is certainly dependent on the organic instinctive forces of the economy.

Formerly this power of organic resistance or excitement was attributed to the *vis medicatrix naturæ,* but at the present time, after the discoveries of Metchnikoff, Behring and others, phagocytosis and other defences of the organism have come to engage our attention, at least, with respect to the resistance of the economy against infections and auto-infections.

These researches may all have great value, but, so far, we can independently assert that neither of them can alter or have altered in the least our faith in the law of similars; neither have they come to break up our therapeutic precepts. On the contrary, the results of repeated biological and chemical experiments reach us every day, confirming more and more the power and efficacy of our small doses. With strict individualization and the accurate selection of the remedy, I repeat, we continue to obtain, in all corners of the world, the brilliant results of always and neither the slander of hostile elements, nor the presumptions of assumed authority, or the sophistical and scholastic pedantry and slyness of university faculties, have been, or

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are potent enough to disturb, much less to check the unyie course and progression of our school.

Our detractors boast daily of wonderful things that have an ephemeral existence and which we see soon replaced by othe equal future and importance. They claim that we have done ing for science, that we have not contributed in any way to the ress of medicine, that we remain passive spectators in the are medical knowledge, and all this while we enjoy the respect and ronage of the intelligent classes, who know well what they ca pect of us, who get well and remain well, who pay their bills gratitude, who reach old age and die exactly like other mortals who, above all, never become pharmacomaniacs. Do not ty fever, pneumonia, tuberculosis, and other infectious diseases on claiming their victims in increasing number every year? W is the therapeutic progress of the old school? Why is the therap arena so successfully and persistently invaded by surgery? death rate is the stigmata of old school. Have we not contribu system of therapeutics which admits of no change, and to suffering humanity hangs on with persistence and devotion; will be in existence long after many of the present men and fads and claims are gone and forgotten, which has outlived th famation of bygone bigots, and which if nothing else, has be rectly influential in correcting the shameful medical abuses of fifty years ago, such as blistering, cupping, bleeding and the ap tion of blood-sucking worms? And, finally, compare Hahne with his contemporaries, and see what have they to offer in peutics as immutable, as efficacious and as safe as the treatme diseases by the single remedy and the minimum dose. What h come of the thousand theories and absurd propositions of the Who would accept today the dictates of the conceited teache therapeutics of the early and middle part of the last century?

Let us, however, digress from the offensive discussion and over to certain considerations of immediate relation with the su of this paper.

In favorable cases of disease the reaction may be complet terminate without being disturbed; or is incomplete and dou when we observe the development of a multitude of interm phenomena between the attack and the cure; phenomena whi ways take a vacillating and dangerous course. Less frequent notice states of excessive reactions, as in cholera Asiatica, are of short duration, accompanied by intense fever, and usuall minate in a rapid cure; or may pass at once into a profound pr tion of the nervous system; the cerebral cortex, with all its fun

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of perception, of motion, and of sensation, being lowered and blunted, sometimes nearly to abolition.

The reunion of systemic efforts to recover dynamic vitality, destroyed or lost under the influence of infectious and denutritive processes, cannot always be operative. Strength, energy and life, in each and every organ of the economy, are subjected to various causes of intrinsic and extrinsic origin, in which age, sex, previous state of health, idiosyncrasy, diet, fatigue, exposure and excesses of all kinds, have a notable influence. To rouse the organism from this functional torpor, called collapse, we need apart from the intervention of the nervous system, a reactionary agent, to work up, incite and aid reaction. This agent is the indicated remedy. But, to appreciate the relative value or quality of this medicinal agent, understand its operation, and know how to select it properly, it is necessary to bear in mind that while the human body is a collection of organs and parts, each organ and part has a special function to perform, in other words they contribute in attaining healthy action and vital equilibrium, but, individually, no organ or part possesses by itself the power to create life, motion or activity.

The heart, the lungs, the liver, the kidneys, the spleen, the stomach, the intestines, are all capable of utilizing transmitted force, but, the nervous system only can elaborate vital force to be transmitted to these organs. Without this intimate dependence, these organs could not perform their especial functions, maintain physiological harmony, nor recover their normal integrity, when this has been compromised by disease. The nervous system confers vigor and harmony to all the organs of the body, guides and stimulates them during disease, and presides over all their functions; hence, all our therapeutic efforts should be directed to this centre of life, if we wish to recuperate the lost functional equilibrium, work up reaction and obtain complete recovery.

"Life is a mixture of reaction and collapse, the first being the opposite pole to the second. Collapse is the sudden and complete prostration of the vital forces, or the depression of the cerebral energy; differing from adynamia by the promptness with which it supervenes. Health may be appreciated by varying balance of both poles. In disease the body is sometimes successively under the influence of collapse and reaction, as per example, in cholera. 'Collapse and reaction are the expression of antagonistic nervous states; in the former there is no energy, in the latter there is a luxurious waste of energy in every direction; collapse is an example of inhibition or sheer exhaustion.' When reaction takes place, the bits, which retained the molecular operation of the nerves, give way un-

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der the recuperative impulse, and, as a consequence, the vital
tions outrun their energy and recover the normal state.

"When we examine carefully a state of collapse, we fin
bulk of the blood in the portal system and nervous system; the
is empty of blood, pale, cold, clammy; this is very evident i
pinched, drawn face. The temperature is generally below the
mal; the pulse is small, feeble, varies in rate and the respirati
shallow, slow, frequently sighing. The pulse, respiration and th
currence of hiccough, nausea and vomiting, clearly show the
turbance of the vagus. The vasomotor centres are paralyze
seen in the empty arteries and skin. The extreme prostratio
plains the exhaustion of the motor centres. The dimness of
and the noises in the ears show that the visual and auditory ce
are deranged. The cerebral cortex or chief seat of the mind m
intact or may be disturbed as evinced by the partial or complet
of consciousness."

Syncope is a slight collapse, often attended with loss of
sciousness, due to actual failure of the heart, to which the col
signs must be attributed. The symptoms of reaction are hot
skin; full, bounding, frequent pulse, and round portly face
breathing is deep and frequent, the very opposite of collapse.
blood tension is high and the veins are well-emptied, containi
little blood as possible.

Under the influence of our remedies, we see frequently
tion take place, especially in acute diseases and in constitution
broken-down by previous illness, or by excesses of every kind.
in organisms in which anemia and catabolic changes have left
impressions; when the cells seem to have lost the power to co
nutritive material into protoplasm, even in those cases, I repea
action occurs, and it occurs, sometimes, when the state of the pa
would lead one to expect a fatal end. It supervenes, occasional
a prelude of approaching death, so tenacious is the energy o
vital forces.

In a practice of over thirty years, I have observed simila
sults in all classes of toxemias and infectious fevers, in perfo
of the viscera, active hemorrhages, and other serious organic le
as well as in violent mental emotions, shock and painful traum

The principal object of the treatment is to restore the fu
of the heart and its vessels, particularly so in cases of serious
matism, complicated or not by fracture and extensive lacera
In such cases, success often depends on the promptitude with
we act. The first important measures are: dorsal decubitus, th
ternal application of heat, the arrest of hemorrhages and the a

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istration of cardiac stimulants (ammonia, cognac, coffee, hot milk, etc.)

In septic or infectious fevers, as in other ailments or reduced vitality, frequently the result of reflex inhibition, in which all the nervous functions are affected, we have to depend, almost exclusively on our remedies, though in some well-known cases, the enemas of warm normal saline solution, hypodermoclysis, and intravenous saline transfusions, are efficacious means. In many cases of shock or severe hemorrhages, we cannot dispense with hypodermic injections of sulphate of strychnia (1-30 grain) every ten or fifteen minutes, until we inject it three times, and if cold sweat exists combine the strychnine with atropine (1-100 of a grain).

The massage of the heart in syncope due to chloroform-narcosis has been recommended as a substitute for artificial respiration, subcutaneous injections of ether, and rhythmical tractions of the tongue, which have not always proved efficacious; but direct massage through the thoracic route or through the diaphragmatic, has not given positive results. The only track which seems to have answered well to surgical designs, is the sub-diaphragmatic, easily followed when the abdominal cavity is laid open for operation.

I pass now to analyse the therapeutic agents with which homœopathy counts to stimulate the depressed vital energies of the system, and aid the reactionary process of the same, and in doing so, it is well to bear in mind, that not all the cases of functional torpor, with defective reaction, are attended by actual collapse.

In the first rank we should place SULPHUR and CARBO VEG., two important remedies to combat lack of reaction. The clinical history of both is a credit to the law of similars. SULPHUR corresponds to those cases of defective reaction, in which the debilitated cells do not respond to the action of the best indicated remedies, and in which the exhaustion of the vital forces has not reached the state of genuine collapse. It is in such cases where we see this drug rouse most efficaciously the dormant energies of the system and prepare the soil for a reaction which itself may determine, or which other remedies may come to ultimate. Its action then, is complimentary or intermedial. This stimulating property of SULPHUR is easily understood if we remember that it is our great antipsoric, and that it has a profound action on the abdominal venous circulation (abdominal plethora, portal obstruction, visceral congestions, etc.)

CARBO VEG. on the other hand is principally indicated in states of advanced collapse, where, we know, the prostration, algidity and cyanosis are extreme, the pulse is filiform or nearly imperceptible and the body is bathed with a glacial clammy sweat. In all conditions of

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extreme adynamia with defective hematosis and prevailing t
all the functions, no remedy can replace this drug to arouse
tem from the utter prostration often observed in infectious
of serious character; and consequently it becomes our ancho
vation in many cases of typhoid, yellow, or septic fevers, i
the lowering of the forces and collapse suddenly supervene.
VEG. seems to have marked affinity for the abdominal viscer
not less efficacious in respiratory troubles (emphysema, bron
sis, bronchorrhea), which are accompanied by a progressive
of the powers, cyanosis, circulatory failure, paroxysmal
and reactionary torpors, especially in broken down constitu
in the aged, with bronchial dilatation.

In the typhoid state, which sometimes supervenes du
course of low infectious fevers, of a malignant character, o
sult of auto-infection, we have also PHOSPHORIC ACID and M
ACID, which, though in a lesser degree than CARBO VEG., h
power to urge the depressed forces of the organism and bri
reaction.

In PHOSPHORIC ACID the sinking of the forces and ex
are not as profound as in CARBO VEG. but the sensorial depr
intense. The patient is sunk in a state of stupid apathy, as if
ble to all external impressions, but reacts momentarily unde
fluence of active urging, to fall readily back to his previous
It seems as if the reactionary powers were sufficient to spur
operate a complete reaction. Under this drug the visual a
tory centres are deeply affected and the sopor is attended b
tering delirium.

MURIATIC ACID is as depressing as CARBO VEG., for in
functional torpor, exhaustion and collapse, are extreme. The
however, exhibits, in its decubitus, a certain degree of ereth
to be found in the latter, which corresponds to the most per
of stupor and collapse and where the disturbance of the cere
tex reaches its highest degree of intensity, as evinced by th
complete loss of consciousness. Frinks considers MURIATIC
plicable to erethistic conditions too severe for BRYONIA, too
for RHUS TOX, and not cerebral enough for BELLADONNA, h
CARBO VEG., I reckon MURIATIC ACID the most asthenic, an
the ataxo-adynamic, the one most depressing to the nervous
Its dorsal decubitus, as said above, exhibits, notwithstan
adynamia and stupor, a certain amount of irritability, but i
inferior grade than in either RHUS TOX or ARSENICUM. Its
tion amounts to paresis, with privation of the senses, and n
limited to a sliding down of the body towards the foot of th

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which, of course, the will does not intervene in the least, so extreme is the state of physical and moral impotency. Putridity, together with the disorders of motion and sensation, reveal an intense gravity, and are the leading characteristics of this remedy.

HELLEBORUS NIGER is another important remedy, comparable with MURIATIC ACID. It is also indicated in the most severe adynamic conditions, with lack of reaction, especially in those cases in which the centres are so perverted that they do not seem to respond to any stimulus. The privation of the senses, the abolition of the will, are complete; the look is vague, the expression stupid, the pupils dilated; the nostrils are sooty, the pulse nearly imperceptible, the muscles convulsed, the urine retained, and crushed down by toxemia, the body, as in MURIATIC ACID, slides to the foot of the bed, incapable of the least effort to change the distressing position. The suppression of the urine has been my leading indication in yellow fever and typhus at the beginning of my practice, but I shall always consider it inferior to CARBO VEG. to urge the nearly extinguished powers of the system.

Other varieties of functional torpor, daily met with in practice, may claim the employment of other remedies; for instance, HYOSCYAMUS, whose pathogenesis plainly reveals its ataxo-adynamic power, especially when the lack of co-ordination translates itself by psychomotor impulses of an impudic and lascivious character. In two cases of ataxo-adynamic typhoid, with manifestations of erotic irritability, this remedy, in my hand, brought about prompt reaction. The asthenic delirium, with its vivid imaginations and illusions, the convulsive motion and torpor of the entire organism, have led to its employment in cerebral typhus. In the retention or even suppression of urine of low adynamic states it shares honors with HELLEBORUS. The loss of consciousness and of the functions of the special senses, is sometimes complete; at other times, the functional torpor is attended by erotic exhibitions of extravagant affections for the opposite sex, or by displays of unchaste and lascivious acts. (Emotional insanity). In the typhoid state, calling for HYOSCYAMUS, the patient, like in PHOSPHORIC ACID, lies in the supine position, in profound stupor, as if the intelligence and sensibility were suppressed, but momentarily reacts when called or spoken to, to fall back again into his previous state of stupor. Another important indication of this drug is the state of irritability or hyperesthesia of the motor nerves, as shown by the convulsive movement of the limbs, the subsultus tendinum, the agitation of the hands and feet, which supervene in the midst of the most extreme prostration: a state which corresponds with the sensorial excitement (insomnia, delirium, mania) and which contrasts

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with the depression of the cerebral cortex (partial or complete los of consciousness). It is likewise indicated when the visual and audi tory centres are affected (dimness of sight, contraction of the pupils optical illusions, tinnitus aurium, deafness). It competes with LACH ESIS and HYDROCYANIC ACID in the syncopal state, which is a collaps of lesser intensity.

HYDROCYANIC ACID, like LAUROCERASUS, contains prussic acid and both have been employed with gratifying results, not only in cardiac syncope, but in the threatening asphyxia of capillary bron chitis and other pulmonary affections. The rapid sinking of the forces, with long-lasting faints, and lack of energy or vital reaction is its leading characteristic; particularly so, in pulmonary or cardiac troubles, when the respiratory centre in the medulla becomes debili tated and the motor nerves are almost paralyzed. Its action upon the blood and heart makes it further applicable to serious cases of ty phoid fever and cholera Asiatica. In cholera Asiatica, it should be studied when anguish and dyspnea prevail; the drinks pass with a gurgling sound, the diarrhea and cramps cease, the vomiting dimin ishes, the urine is suppressed, and a glacial coldness, with gradual ex tinction of the pulse, complete the dangerous picture. When the urine is suppressed HYDROCYANIC ACID compares favorably with OPIUM, CAMPHORA and HELLEBORUS. It has also given good results in many suffocative attacks of laryngeal phthisis; when asphyxia seemed impending. In a case of diaphragmatic paralysis, after diph theria, a few doses of the 3c sufficed me to bring about an incon testable recovery.

A much neglected remedy, in conditions of reactionary torpor, is OPIUM which like SULPHUR, serves to stir up the dormant or de pressed energies of the system, and make them react when other rem edies apparently indicated proved ineffectual. The privation of the general sensibility, with slow or defective reaction, is a condition of functional torpor, upon which both remedies seem to have an almost specific action. The prostration of OPIUM is similar to that of VERAT RUM; in both the syncopal paroxysms are repeated on the least mo tion, but in the former they are followed by a certain amount of re action after lying down or assuming the state of repose, while in the latter, the cold sweats and anguish continue for some time and then cease, to return again if the patient rises from bed, or makes a sud den motion. In other words, in VERATRUM the depressed feeling con tinues after assuming the supine posture, the other symptoms are re lieved, but the least motion brings back the syncope, with its alarm ing and fatal features. Long-lasting fainting spells are characteristic of HYDROCYANIC ACID. In syncopal, apoplectic, or typhoid states,

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with cyanosis, drowsiness, coma, stertorous breathing, dropping of the lower jaw, and suppression of urine, OPIUM frequently brings about surprising reactions. As in HELLEBORUS, it is indicated when the suppression of the urine is a prominent symptom. The determining causes of many of the ailments in which OPIUM has proved curative, comprise: fright, alcoholism, and old age; but the lack of impressibility to medicinal or reactionary powers is one of its most notable features.

In LACHESIS we have another therapeutic agent of considerable efficacy, against those typhoid and asystolic conditions, characterized by paroxysms of dyspnea and syncope. The lowering of the vital forces comes on suddenly; there is loss of sensibility and motion, the face is pale and sunken, the body is bathed in cold sweat, the pulse is intermittent, tremulous, almost imperceptible and there is lack of reaction. In valvular disease of the heart, with erratic palpitations, stitching pain, anxiety, dyspnea, fainting spells and cold sweat, it has been productive of good results, and the same may be said, in those attacks of cardiac asthma, so full of distress, inquietude, and apprehension, and which are always aggravated by lying down. It has also been employed with success in abdominal disease (appendicitis, septic peritonitis, infectious salpingitis, etc.) with prevailing dyspnea and syncope, in which there is an extreme sensitiveness to touch. The prostration of LACHESIS is not attended by the vascular and nervous erethism of ARSENICUM, nor the death-like asthenia of CARBO VEG.; it occupies an intermediate position between the two. Both LACHESIS and OPIUM can combat cerebral paralysis, when the dropping of the lower jaw is the prelude of impending danger. When syncope is of cardiac-asthenic origin LACHESIS should be compared with ARSENIC, HYDROCYANIC ACID, DIGITALIS, VERATRUM and CAMPHORA.

An essential remedy is also PHOSPHORUS, particularly in typhoid or asystolic states, during the course of pneumonia and bronchopneumonia, with dilatation or fatty degeneration of the heart; or in adynamic conditions of phthisis, with repeated hemoptysis, stertorous breathing, frequent fainting spells, cold sweats and threatening paralysis of the lungs. PHOSPHORUS is to tuberculosis what SULPHUR is to scrofulosis. According to Trinks, the same relation which exists between ARSENICUM and RHUS TOX, exists between PHOSPHORUS and PHOSPHORIC ACID. PHOSPHORUS takes the first place in the most intense forms of functional torpor, particularly in the ataxo-adynamic form of depression, with impending paralysis of either the brain or lungs. This is the position which Wurm and Kaspar give to CARBO VEG., which I consider inadmissible, for PHOSPHORUS is an

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erethistie remedy with a rapid transition to torpor, but alwa
hibiting an asthenic irritability, inferior only to that of ARSEN
The physical or nervous prostration indicative of this drug i
duced by a prolonged exposure to active morbific influences.
cope is frequent and sudden, with more or less reaction, or t
tient falls into a comatose state, as if life were extinguished.
should not forget the curative power of this remedy in apoplex
its immediate consequences, particularly in old age. Like ANT
IUM TARTARICUM, it is often indicated in pneumotyphus an
monary edema, with much rattling of mucus, intense dyspne
great prostration of the forces; cases in which MOSCHUS comes
to complete the cure. For the typhoid state, which sometimes
venes during acute atrophy of the liver, few remedies can ta
place of PHOSPHORUS.

In those incomplete reactions, which leave behind an ac
ated muscular asthenia, GELSEMIUM is the first remedy to c
Its favorable action, in such cases, has been constantly verifie
ticularly after grip and other infectious fevers. This drug
especially the motor nerves, causing prolonged exhaustion
forces, with a marked disinclination to all bodily and mental
The muscles refuse to do their work and feel notably sore; an
is a condition which frequently indicates GELSEMIUM in certain
cases of typhoid fever, exhibiting mental, corporal and vascul
citability, with languor, insomnia, vertigo, drowsiness and an
tion less marked than that of ACONITE.

There are other cases of incomplete and doubtful reaction
ally noticed after acute suppurative diseases, or prolonged a
bilitating losses of blood and other vital fluids (hemorrhages, s
diarrhea, etc.) for which CHINA is a very important remedy, es
ly when these losses cause an extreme general debility, with e
tion and indefinite state of malaise. CHINA is also our leading
edy, when the patient after repeated attacks of acute malaria
into a state of cachexia, which is due to the anemia, and in a
measure to the persistency of certain alterations of hepatic or
tinal origin. It is, likewise, indicated in those cases in whi
intestinal mucosa remains so impressible that the least excess
regimen, brings a return of the diarrhea and even of the co
attack, with its usual consequence, and creating besides pain
gestive troubles of long duration.

If, as it happens occasionally, the reaction is excessive, t
is accompanied by an intense febrile excitement with congeste
and conjunctiva, tumultuous beating of the heart, full frequent
violent headache, somnolence, and a slight nightly delirium,

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ITUM is the adaptable remedy for this condition, which is essentially a fever of reaction; true enough, with active congestion of the brain and a mild cerebral disturbance, but without any pathological change whatever. Under the influence of this remedy the circulation returns to its normal course, the congestion disappears, there are no ulterior localizations, and the malady retrocedes with enough rapidity and passes to complete recovery, coinciding always with an abundant elimination of urine, the development of a rash, or profuse sweating. When reaction does not take place, secondary disorders appear, the existing congestions persist and increase more and more, and the typhoid state finally supervenes; for this so-called excessive reaction, usually, is nothing else but the prelude of serious disorders. ACONITUM is also a powerful auxiliary against syncopal and asphyxic states supervening after insolation (*coup de soleil*), or after being for a long time exposed to an intense heat, and it is not less efficacious when syncope or collapse is the result of shock or traumatism, particularly when fear and anxiety persist after the accident. It is also applicable to shock after surgical operations, and its adaptation to traumatic neurasthenia, is absolute, when the muscular debility is accompanied by numbness of the limbs, and by a mental syndrome, comprising fright, anxiety and fear, especially agoraphobia.

For the attacks of cholera, or pernicious fever, where the sudden sinking of the forces, is so commonly observed, we count with three remedies, which, by themselves alone, are sufficient to maintain intact the credit of our school. These remedies are: ARSENICUM, CAMPHORA and VERATRUM, and to the list we can advantageously add CUPRUM, whose clinical history is intimately connected with that of the three.

ARSENICUM is indicated in those cases distinguished, not only by a rapid sinking of the forces and deterioration of the organic substance, but also by the nervous and vascular erethism. The predominant erethism and the colliquative losses, keep *pari passu* with the cardiac debility and collapse, but, no matter how profound the collapse apparently may be, it is always attended by the characteristic asthenic irritability, which we frequently see persist, until reaction is effected or death closes the scene. A glacial sweat, cyanosis, the lack or scantiness of the excretions, the almost complete extinction of the pulse, voice and forces, and the alteration of the face, always indicate a fatal issue, which perhaps only CARBO VEG. can prevent. Of all our remedies, ARSENICUM is the most ataxo-adynamic, for even in the most extreme cases of prostration and sensorial torpor, it always exhibits the same agitation and mental inquietude, which compels the patient to change place, and be continually on the go,

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without, however, obtaining any rest or relief. In the most a
mic typhoid states, when the function of perception, motion an
sation are blunted or seem extinct, the least trace of irritabi
tissue invariably indicates ARSENICUM, a remedy which has
proved curative, in those attacks of sudden collapse, asystolic
occurring at night and attended by irritability and anguish.

In VERATRUM ALBUM the rapid sinking of the forces is a
panied by cold sweats, filiform pulse, pinched countenance, re
spells of fainting and pertinacious hiccough; but its distinctive
acteristics are the algidity and the cold sweat on the forehea
influence on the vital forces, in what concerns the sensoriu
the nerves of animal life, is moderate, but it profoundly affe
trition. The digestive organs take part in the passage of tiss
terial from a higher to a lower plane of complexity, the se
function is altered, the nausea and vomiting become accentuat
the alvine evacuations, riziform or frumentoid (Koch), expl
destructive metabolism. Vomiting and diarrhea increase the e
tion, but the patient does not exhibit either the mental or se
disturbance, or the anxiety and agitation so characteristic of
ICUM. However, in certain typhoid states, especially of septi
tonitis, I have observed a degree of anxiety and inquietude i
to that of ARSENICUM, but sufficiently indicative of VERATRUM
the sudden prostration is attended by constipation, frequen
pulse, alteration of the features, and principally by vomitin
cessively bilious, greenish and porsaceous.

In cases of cholera Asiatica which commence with c
CAMPHORA is our best remedy, but in those in which the c
supervenes 12 or 24 hours after the attack, we find ARSENICU
VERATRUM more frequently indicated. CAMPHOR corresponds
exclusively to that variety of cholera, called cholera sicca, in
diarrhea and vomiting are either moderate, or entirely w
Thirst, if it exist, is insignificant, but as in ARSENICUM, anxie
agitation govern the scene. It is in this class of cases,
CAMPHORA, administered in the mother tincture, a couple of
every 15 minutes, has brought about the most admirable rea
We should bear in mind, however, that when not indicated o
in too strong and repeated doses, it produces a burning, epi
distress, which puts the patient in despair and which, accor
Carroll Dunham, a few doses of PHOSPHORUS will relieve.

CUPRUM is for spasmodic cholera, what CAMPHORA is for
sicca. In both, however, the thirst is moderate and the stools
but in CUPRUM, the cramps predominate, and usually occur in
and while the urine becomes suppressed, the cyanosis and c

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increase. It is also indicated in many cases of functional torpor with defective reaction, particularly when prostration supervenes as a result of inflammatory and spasmodic troubles, of gastro-enteric or abdominal origin, or occur in broken-down individuals from excess of physical or mental work, or from prolonged nocturnal watching. The results obtained with this remedy, in many cases of retrocession of rashes, have been very satisfactory. If to the retrocession of the rash we add the spasms and vomiting, and these are followed by cyanosis, dyspnea and extreme prostration, no remedy better than CUPRUM METALLICUM, will spur the reactionary forces of the system.

In the reactionary torpor noticed, now and then, in the malignant type of eruptive fevers, ZINCUM METALLICUM is an indispensable remedy, especially when the stupor precedes or accompanies the rash, which develops slowly, retrocedes, or fails to appear in due time. In such cases, as in the typhoid state which may accompany them, when there is impending paralysis of the brain and the spasmodic element is notable, we have to resort again to this remedy. It is, in fact, one of our most valuable drugs to combat the ravages of septic intoxication in the nervous centres, made evident by the extreme exhaustion, algidity, cyanosis, and alteration of the features. Attacks of syncope, with general dullness and distressing nausea are also indicative of ZINCUM. In all serious affections of slow, interrupted or incomplete development, as the result of enervation, we should study this remedy, which, as Farrington says, is indicated when the patient is too exhausted to develop the morbid phenomena pertaining to the disease, and suffers in consequence the effects of a latent toxemia, which expends its forces in the internal organs and principally in the brain. A similar state of nervous torpor is sometimes observed during dentition, when the intracephalic and spasmodic phenomena may be important enough to demand the employment of ZINCUM.

I think this work would be incomplete without mentioning a few other remedies, which have been recommended and employed during the doubtful and incomplete reactions of many acute maladies, or in retarded convalescence, when the exhausted forces seem to be incapable of restoring to the system its lost integrity.

PSORINUM is indicated when there is reactionary inertia, after severe diseases, especially when convalescence is protracted, without known cause and the patient is weak and nervous, and despairs of recovery; or when, in a sickly constitution, we suspect the existence of a latent toxic influence, such as tubercle, scrofula or psora. It may become a valuable remedy when the dystrophic condition has been preceded by the retrocession of a rash. Like SULPHUR, it serves

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to stimulate the dormant energies of the system and the ener cells, bringing about the needed reaction, when other remedies failed to produce permanent improvement.

In certain typhoid states, with sensorial depression, Hahne prescribed successfully NITRI SPIRITUS DULCIS, a few drops pure substance, in half a glass of water every two or three until reaction took place. It corresponds to those cases too mi PHOSPHORIC ACID, without nervous and vascular erethism, in also the patient can be momentarily aroused to fall back agai deep stupor. Spiritus nitrosi seems to correct the destructive bolism, probable cause of the reactionary inertia, as evinced b increased renal elimination, and the diminution of urea an solids.

COCCULIS INDICUS has also been recommended for those of incomplete reaction, in troubles of spinal origin, exacerbat prolonged night watching or insomnia, and which are accomp by lassitude, vertigo and persistent anemia. In typhoid stat exclusively nervous type, in which the cerebro-spinal nervous tem cannot get rid of the toxemic effect, COCCULUS will aid r the reactive forces of the system. Wurm recommends it in cases, where the animal life or of relation is deeply affected, the nutritive functions are hardly implicated.

ARNICA is one of our powerful agents, when syncope or co is the result of serious mechanical lesions, or attended by cer congestion, with cold, pale face, vertigo and loss of consciou It is always indicated in traumatic fevers, with great depressi the vital forces, and which are due to an accidental contusi shock, complicated or not with fractures or lacerations.

CAPSICUM is of useful application, and has given good r in those cases of functional torpor, occurring in obese individua lax fibre, gouty or hemorrhoidal with enlarged and tender live spleen; and particularly so, in those who suffer from ma cachexia with periodical spells of fainting and great inclination down and sleep.

A remedy of some importance in syncope, is SECALE CORNU especially when it occurs as the result of persistent hemorrh during labor, with algidity and loss of consciousness, in debili cachectic women. Also in the collapse of cholera Asiatica, with vulsive movements of the muscles, glacial coldness, and almost plete extinction of the pulse and voice.

In a case of brusque asystolia, with precordial anxiety, dis ing nausea and deathly paleness of the face, I obtained a rapi excellent result from TABACUM, which is also indicated in col

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when the tremor and pallor are extreme, and nausea and vomiting return on the least motion of the body.

VALERIANA and AMBRA GRISEA have been favorably mentioned, for incomplete reaction during the course of nervous affections, when the organism seems not to respond to the action of any indicated remedy; but, I think, MOSCHUS should be preferred when the enervation is extreme and the malady does not follow its usual course, either remaining stationary, or developing serious abnormal phenomena. This remedy is also useful, during or after serious fever, presenting repeated attacks of syncope, with gradual lowering of the pulse, audible mucous rattling and nervous inquietude, indicating impending paralysis of the lungs. The lack of reaction, when it occurs in hysterical women, during serious illness, however, claims the employment of CASTOREUM, a neglected remedy, worthy of our study in these cases, particularly, if due to spasmodic disorders and extreme exhaustion, convalescence is protracted and distressing. Asthenic irritability and predominance of abdominal symptoms are characteristics of this drug.

And in finishing this paper, I wish to state that I have found LYCOPODIUM able to operate true and permanent reactions, particularly so, in typhoid states, with pulmonary localization. I do sincerely believe that many cases of reactionary inertia, erroneously classified as mal-treated pneumonias, have been successfully treated with LYCOPODIUM by virtue of its profound action on destructive metabolism and its undeniable power to urge the enervated cells to act and bring about reaction.

In the collapse of old age and vigorous gouty subjects, COLCHICUM should not be overlooked, especially in typhoid states with incomplete stupor, or in asystolic conditions with great oppression and dyspnea.

SOME SUGGESTIONS CONCERNING THE HOME CARE AND COMMITMENT OF THE INSANE*

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THE vast amount of evidence of the lack of proper care many insane patients are subjected to in their homes pending examination for commitment to hospitals, together with the evident difficulties experienced in caring for these patients, not only by their

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friends, but by the physician as well, prompts me to offer this pa

I am well aware that the general practitioner has but little lik for this part of his practice, and that he would gladly wash his ha of it. There are times, however, when he is expected and requi not only to examine a patient for commitment to a hospital, bu also expected to direct and even assist in the care of the patient p to his removal to a hospital. This duty frequently proves to l great trial and responsibility to the physician which he feels bu prepared to assume, and it is to him, it is hoped, these suggest may prove to be of assistance.

I do not wish to convey the impression that the insane sh be cared for in their homes for a longer time than is absolutely essary. I believe that in the vast majority of cases the sooner a son suffering from an acute psychosis is removed from the home vironment to some institution designed for the custody and car the insane, the greater will be his chances of recovery. Indeed, rule, I think that much more time is allowed to elapse than th should be before a patient suffering from insanity is permitte avail himself of the care and treatment the institutions for the sane offer. Certain senile and harmless demented patients may safely and properly cared for in their homes.

Permit me here to cite briefly a few reasons why prompt intelligent action should be taken looking to his commitment w an individual becomes insane.

When an insane patient is removed to the proper institution, friends are relieved of much anxiety and perplexity. They have a rule, but little knowledge of what to do when a member of home circle becomes insane. The ill effects on children and o members of the family produced by an insane parent or other i vidual in the home are often serious and prolonged. The dange the patient's doing injury to himself and others should not be der-estimated. There is also a great liability to destruction of p erty, to unwise business ventures, and to serious social and m complications.

A patient having been sent to a State hospital has the advant of excellent hygienic and sanitary surroundings, the care of spe ly trained attendants and nurses, the service of physicians who m the problems of psychiatry a special duty, and often a lifework, where no one is able or legally liable for the expenses of the case State most generously assumes the burden.

Too often the nurse who has been sent to bring a patient to hospital finds him in most unsanitary surroundings. He is frequ ly found bound with ropes and straps, and tied to the bed, or to b

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in the floor, and even locked in unclean cells in jails with criminals, and is the victim of cruel and inhuman acts by the prisoners, or is, perhaps, so stupefied by the effects of powerful drugs, administered by the jail physician, as to make his removal to the hospital impossible or very difficult. All of which in nearly every instance is unnecessary with proper knowledge as to what to do and the use of tact. In dealing with the insane one is equipped with means which are of far more service, and infinitely more humane, than prison bars or the stupefying force of drugs.

It is a well known fact that the practice was long since established when called to see an insane patient to administer a strong hypnotic. This has not been done by members of our school of medicine because they felt such practices to be proper treatment, but often it is done out of sheer desperation, the physician not knowing what else to do. This practice is largely condemned today by all schools of medicine, and it is most certainly wrong and unnecessary for a homœopathic physician to resort to such a method to control an excited patient. Indeed, hypnotics are now seldom used in any of the hospitals for the insane in this State, and I am proud to say they have never been used, officially or otherwise, in the Middletown State Homœopathic Hospital. There are many excellent substitutes for hypnotics or drug restraints, first and foremost among which is the indicated homœopathic remedy. A clear understanding of the mental and physical symptoms of a long list of homœopathic remedies, together with certain other aids, is an equipment sufficiently formidable to enable the physician to combat successfully a large percentage of the difficult battles he is called upon to fight with insanity.

As in other diseases, a psychosis may call for almost any remedy in our materia medica, but your attention is invited to a list of a few remedies which long experience in their use has proved to be most frequently indicated and found to be useful:

Aconite, arsenicum, baptisia, belladonna, cantharis, hyoscyamus, nux vomica, stramonium, sulphur, veratrum album. The foregoing named remedies will do much toward equipping the physician with means of controlling maniacal outbursts.

Aconite, actea racemosa, arsenicum, aurum, cactus, gelsemium, ignatia, natrum muriaticum, pulsatilla, sepia, stramonium, sulphur and veratrum album are all excellent remedies in their depressions.

In conjunction with the indicated homœopathic remedy, there are, as I have intimated, other excellent aids at our command. The most useful, and at the same time simple and convenient, is hydrotherapy. For the noisy, agitated, or belligerent patient the hot pack is most effective, is always at hand, and is readily applied. Briefly

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the technique is as follows: The patient's clothing is remove
he is rolled in a blanket, or sheet, which has previously been
out of hot water (90—100 degrees F.). The blanket shou
spread out on a rubber sheet, and the patient placed on it nea
edge with his legs straight and arms extended; the blanket i
folded around him once, the arms brought down by the side
he is literally rolled up in it like an Egyptian mummy. A dry b
is then rolled around the wet one and the edges securely fa
with safety pins. An ice bag or a towel wet with cold water is
on the head. The patient is put in bed and allowed to remain
pack as long as necessary. The blanket may be removed fron
to time, as occasion requires, to be re-saturated with hot water
ally but a short time elapses, after having been placed in the pac
fore the patient becomes quiet and sleeps. There is, in addit
the well known therapeutic benefits derived from the pack, tha
most excellent form of mechanical restraint. Neither the p
nor his friends object to the pack as a means of restraint, wher
offer great objection to the straight-jacket or protection sheet.

The prolonged hot tub bath may also be used with results
as satisfactory as those of the pack. By first anointing the ski
lard, cocoa butter, or mutton suet, it is possible to keep the p
continually in a tub of water for days, or even weeks, witho
juring the skin. The temperature of the water should be ke
tween 90 and 100 degrees Fahrenheit. A higher temperature
100 degrees is liable to cause syncope, or a rapid rise of the pa
temperature, which is apt to be followed by exhaustive reactio
chill. An ice bag or cold wet towel should always be kept
patient's head while in the prolonged hot bath.

Either of these two methods—the hot pack or the prolong
bath—when indicated and intelligently used will save a vast a
of trouble and worry, by enabling the physician to have absolut
trol of the patient. It removes the possibility of the patient's
injury to himself or others, and prevents the destruction of pr
and exhaustion from constant activity by enforcing rest.

Patients suffering from depressive psychoses may be
with benefit in the cold pack or tub bath. When removed from
the pack or the tub they should be dried and vigorously rubbed

Most insane patients are more comfortable, more easil
safely cared for while in bed, and, as a rule, it is advisable to pr
ly place all patients suffering from a psychosis in bed. The us
semblage of well meaning, but often more than useless neig
should be dismissed, and the patient cared for by only such nu
of attendants as are necessary. The attendant should be tactfu

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firm, and preferably a stranger. Visitors should be excluded. A patient suffering from any of the depressed forms of insanity should on no account be left alone when means of self-destruction are at hand, or where they can be secured. Do not hesitate to have the patient thoroughly searched for means of self-injury. Do not trust your patient. The nurse must be impressed with the fact that the insane are apt to make desperate efforts at self-destruction. All unnecessary furniture should, of course, be removed from the room occupied by the patient. It is preferable to select a room on the ground floor, especially if the windows cannot be securely guarded.

In about 90% of the insane admitted to the State hospitals the bowels are found to be overloaded, and the rectum packed with fecal matter. The condition is one of the first calling for attention. The benefits following a thorough cleaning out of the bowels are often marked.

Liquid diet should be administered at frequent intervals. Food should be given at least once every three hours while the patient is awake if he is disturbed or poorly nourished. If the patient refuses to eat because of his excited condition, or because of delusions, he should be fed, at least night and morning, by means of the nasal tube. Milk, Bovinine, Mellen's, Borden's, and Horlick's food, beef, vegetable and fruit juices, and, in fact, all foods which are capable of liquefaction can be administered by means of the nasal tube.

Each and every cause of physical or mental irritation should be removed as far as possible as soon as discovered. Water should be offered frequently, and left where the patient can help himself unobserved if he refuses to take it from the nurse. Patients will often take food in the same way when they refuse to eat when the food is offered them.

In so brief a paper as this many suggestions which might prove of assistance in caring for the insane in the home must be left out. It is believed, however, that if the foregoing hints are accepted and used, they will answer in the greater number of cases.

To commit a patient to one of the State hospitals, or to a licensed private institution in the State of New York, it is necessary for a physician to have been in the active practice of his profession for three years, and to have filed a certificate of that fact in the office of the State Commission in Lunacy in Albany, and he must have received a notice from that body that the certificate has been filed before he is eligible to become an examiner in lunacy. Blanks for commitment of the insane are furnished by the Commission in Lunacy, and may be procured from them, or from the superintendent of

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any of the State hospitals, or private institutions, the Overseer of the Poor, or County Clerks.

The patient must be a resident of the State of New York. The petition for the commitment of the patient must first be made and verified by either a relative, overseer of the poor, or a person in whose house the patient may be. The patient is then examined jointly by two physicians, who must verify their statement before a Notary Public or Justice of the Peace. The medical certificate must show ample evidence of the insanity of the individual, and must be approved by a judge of a Court of Record within ten days of the date of the certificate, and the patient must be received at the hospital to which he has been committed within five days from and inclusive of the date of the judge's approval of the certificate.

Patients requiring immediate hospital care may be admitted to a hospital on the petition and the physician's certificate without the judge's approval, and may be held five days pending such approval, provided the medical certificate shows sufficient evidence of the urgency of the case. If a patient is admitted on an emergency certificate, one copy must be sent with the patient to the hospital, and another copy sent to a Judge of a Court of Record for his approval, and then received at the hospital to which the patient has been committed before the expiration of five days.

Town, county, or city authorities, or his relatives or friends, before sending a patient to a State hospital must see that the patient is in a state of bodily cleanliness and dressed in new clothing throughout, including shoes and hat. Between the last day of October and the last day of March there shall be provided, in addition to the foregoing, a suitable overcoat for male patients, and a suitable cloak or shawl for women patients; also gloves and mittens.

Whenever the superintendent is notified that a patient supported at public expense is committed according to law and provided with the above articles, he will send such number of trained attendants as may be necessary to transport him to the hospital. Relatives or friends may transfer or accompany such patient only at their own expense. If one or more attendants be sent to bring a private or reimbursing patient, all charges for transportation must be met in the same manner as the charges for his maintenance. Whenever practicable, a notice in advance by writing or telegraph should be sent to the medical superintendent of the hospital of the coming of the patient. The removal of a patient should never be attempted while suffering from severe physical disease or from the infirmities of old age, or from contagious or infectious diseases.

Patients who are residents of the State, other than poor and in-

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digent insane persons, may be admitted to the hospital by the superintendent under special agreement when there is room for such insane therein. Such patients should not be committed or brought until such agreement has been made. But no patient shall be permitted to occupy more than one room, and such patients when so received shall be subject to the general rules and regulations of the hospital. The amount agreed upon for such maintenance shall be secured by a properly executed bond, and bills shall be collected monthly.

The rates for private patients are $5 a week and upward. Reimbursing patients pay $3.50 a week.

If careful notes of the onset and subsequent history of the case were kept by the physician and nurse, and sent to the hospital with the patient, they would materially assist in a proper understanding of the case, and would be much appreciated by the hospital physician, and aid materially in the treatment of the patient.

REPORT OF THE INTERNATIONAL BUREAU OF HOMŒOPATHY*

By Geo. B. Peck, M.D.

Providence, R. I.

THAT homœopathy is a science, its present estate in Uruguay notably demonstrates; while but four practitioners are to be found among the million souls that constitute its population, the higher and the lower classes are thoroughly permeated by that abiding faith in its sufficiency experience only can impart. This has resulted largely from the business rivalry of two pharmacists who, with most commendable enterprise, have in different ways disseminated throughout the length and breadth of that land, as well as in the contiguous territory of Argentina and Brazil, a knowledge of the simplicity, the safety and the efficacy of new school medication. To one of these, Jose A. Fontela, of Montevideo, thrice elected President of the National Pharmaceutical Society of Uruguay, and the honorary member of the Academy of Homœopathic Medicine of Mexico, particular credit must be given. It is no small thing in such a country to dispose of more than 2,200 copies of Bruckner's "Manual of Domestic Homœopathy," with 200 copies of a volume on therapeutics by the same author, of many hundreds of the family treaties of Hering, Prost Lacuzon and Esparnet, as well as a good

*Read before the International Homœopathic Congress.

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number of books on materia medica and therapeutics by J
Jahr, and Hughes. Furthermore Senor Fontela published bi-
ly for a time a *Bulletin of Homœopathy* covering sixteen
(sometimes doubled) similar in appearance to the *Medical Re*
Of this 500 copies went into the interior while another 100
the frontier. To this Drs. E. M. Hale and Schussler were f
and valued contributors. Of course from time to time the Se
published catalogues and supplements to the same with pa
explanatory of the use of homœopathic remedies, amounting
to upwards of half a million of copies. One of the former p
ed in 1895, is an attractive volume of upwards of 130 doul
umned, octavo pages, bound in cloth. It contains a brief ma
treatment of more practical value than the refined diagn
European graduates. Meanwhile his competitor for public
did not allow himself to be distanced. Question then if p
the thorough education of the entire residentiary as to the
and demerits of all current systems of medication.

When an attempt was made to secure a professorship of
opathy in the faculty of medicine, the inevitable split occu
the ranks of the new school. A triangular fight of intense
ness took place, in which all classes participated. Rival dispe
were established and various periodicals started, none of whic
ever, survived their twenty-fifth issue. A law was secured pr
for the professorship, but through a slip (?) of the secretary
the name of the gentleman appointed thereto was omitted fr
posted list of the Faculty. Hence while homœopathy is lega
ognized, it has been despoiled of the legitimate fruit thereof.
it was ever thus.

As has been already remarked, homœopathy has been a
chiefly by the higher and by the lower classes; by the forn
cause of its known results, the facility of ingesting its medica
fashion and economy; by the latter because of its compatabili
work and with ordinary diet. Allopathic practitioners forbad
as a food, while the enervation produced by their massive dos
terially diminished the days of wage earning. The middle
balked at the doctrine of infinitesimals and especially at thos
acterized by fanciful exponents. The conquests our scho
achieved among them have been through the inexorable logic
perior success.

The homœopathicians of Uruguay, though men of charac
of attainments, have never secured earthly riches. In this
they differ materially from those resident in Brazil and in
tina. The former are many and prosperous, the latter well to

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Dr. Olof Teodor Axell, of Ostersund, Sweden, is engaged in a severe fight with the allopaths; for homœopathy has not as yet been acknowledged in that country. The *Medical Advance* for March contains an account thereof up to the opening days of the year, but since then the battle has waxed yet more intense and bitter. The enemies of medical progress have sought and bought false witnesses against him, occasioning much trouble and expense; but he is now in a good way to clear himself. As he has had no assistant since April 30, it has been simply impossible for him "to describe any of this summer's rich events." If one supposes that our experience at the present moment would differ in any particular from his, save for the strength of our right arms, he is utterly blind to the true signification of practically all regular literature. No species of leopard has been known to change its spots nor any tribe of Ethiopians its color during the past hundred years!

A homœopathic sanatorium for tubercular diseases is apparently most eligibly located in the English quarters of Davos, Switzerland, under the care of Dr. Nebel.

The holding of the session of the World's Homœopathic Congress upon these shores necessitated the suppression of the ordinary functions of the International Bureau of Homœopathy that suitable opportunity might be afforded for the reception by the Institute of direct communication from sister societies wheresoever scattered over all the globe. Other work must be sought, and what could be more attractive or more valuable if successful, than the collection of statistics from every clime indicating the comparative success or failure of homœopathy to remove from the human body every evil flesh is heir to. Accordingly early in the Institute year, letters were sent to all foreign homœopathic hospitals of which I had knowledge, at least twenty-five in number. That to the one in Madrid was returned by the post office of that city. Two promised statistics that have not as yet been received. Communications of varied nature have come to hand from eight other sources from which are quoted the only facts pertinent to the contemplated investigation.

The homœopathic hospital at Turin was closed recently, during a year and a half, for repairs and extension, hence no statistics for the last semidecade could be furnished. Most courteously, however, a percentage report of the city's mortality from certain diseases, concerning which special inquiry had been made, was enclosed, an exceedingly fortunate circumstance, as it affords an excellent counter-test of similar figures gathered in this country. It is safe to assume that in the well-disciplined, thoroughly-policed nations across the pond, physicians are more careful to report every case than in

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this glorious land of freedom. The death rate there from m
is 6.18%, from scarlatina 2.33%, from variola 7.50%, from t
16.33% and from diphtheria 12.11%. There are but six ho
pathic practitioners in Turin, so the influence of their work i
fixation of these ratios is practically inappreciable. The Hahne
Hospital of Paris reports having treated comparatively re
seven cases of smallpox in two years, with no deaths; eight
cases of scarlet fever in ten years, with no deaths; one hundre
nine cases of measles in nine years, with no deaths, (not a ca
this disorder has been lost in thirty-six years), four cases of
theria in five years, with one death; and twenty-three cases of ty
fever, in the same length of time, with two deaths, 8.7%.
Beaujoy hospital, (nearest allopathic), treated meanwhile 884
of typhoid with a loss of 124 or 14.0%. The London Homœop
did not treat a single case of this disorder in 1904 or 1905.
Bromley Hospital reports sixteen cases of pneumonia, with
death, the patient being admitted three days before in bad cond
while from Tunbridge Wells comes the suggestive account of a
ily of eight persons living nearby that became the prey of ty
bacilli. Three were treated at the Union Infirmary, two of
died; one was treated at home and died; one was sent to the Ge
Hospital and died; three were admitted to the Homœopathic H
tal, all of whom recovered as did also a girl friend, who was br
in, having contracted the disorder from the same source. A r
came to hand from our distinguished colleague, Dr. A. E. Ha
stating that in the Hahnemann Hospital of Liverpool, the mor
from enteric fever since 1887, has been 10.5%, while that in L
pool generally during the year of 1905, it was 15% of the cas
ported.

In the summer of 1905, a certain section of this land was v
with an epidemic of yellow fever. Because of a recent discove
its cause, and the energetic action of the health officers of the i
ed states, its ravages were limited both as to duration of time an
tent of space. In New Orleans the number of cases and of d
are alike unknown, but 3403 of the former and 437 of the latter
be considered a firm basis for calculation. The death rate in tha
therefore was 13.28%. But six members of the Hahnemann Me
Association of Louisiana residing in that city and reporting i
cordance with a vote of that society through its secretary, who
self barely survived an attack of the disorder, state that they tr
101 cases and lost by death, one only. This affords a death ra
0.99%. Drs. C. R. Mayer and J. W. Belden of that society wer
pointed by the Marine Hospital Service to the board of yellow

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Mississippi 840 cases were reported with 63 deaths, a .5%. However in one of its chief cities where the city recorded a larger number of both cases and deaths than in the report of the State Board of Health, a certain treated thirty cases and lost three, a mortality of ex- cent. He apologetically remarks on this subject that decedents was a German who had been accustomed to ne and a half gallons of beer daily. Two hundred and es were cared for by the remaining physicians in that twenty-four died or 11.88%.

fever abideth with us ever although the residents of J., might be inclined to challenge the statement, for oduction of artesian well water, eight years ago, rarely ur cases a month have been reported, in a population l most of these have been traced to Philadelphia as a ection. At an earlier period the city was over-run with being that of the Delaware river, unfiltered. During years twenty-eight patients in the St. Louis Children's e been treated for this disease, of whom five died or nty-seven in the Buffalo Homœopathic with a loss of %; 222 in the Massachusetts Homœopathic with twen- hs, 10.36%; 171 in the Children's Homœopathic of with seventeen deaths, 9.94%; 326 in the Hahnemann ege and Hospital of the same, with thirty-one deaths, in the Woman's Homœopathic, also, of Philadelphia, hs, 8.26%. In two of these last, pregnancy existed as a and in two others pneumonia. The superintendent of er hospital that has cared for more than double the er of cases heretofore mentioned, coolly informed me tell the number lost by death! This gentleman pre- ot responsible for such a condition of his institution's he medical men in authority there merit severest criti- rime object of these hospitals is the promotion of homœ- neither the neighboring people nor the outside world rly whether fifteen or fifty or 500 cases of this disorder eated during the past semidecade, though both are in- sted to know whether 80%, or 90%, or 99% of persons refor are likely to be discharged convalescent. Every emi-public institution is morally obligated to report to ity definitely upon the character of its work at stated ability to do so might not prove unprofitable to the f private hospitals.

tion concerning the more common acute infectious dis-

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eases had best be sought in orphanages. Reports of more
value have been received from seven such institutions. In
Louis Children's Home during the past five years, 77 cases o
latina were treated without loss, 90 cases of measles with
deaths, 3.33%; and 33 cases of diphtheria with six deaths, 1
"Fully half had the virus and with universally good results
the Baptist Orphan Home, in the same city, no records ar
Antitoxin was used in all cases that did not promptly yield to h
pathic remedies. (That remark suggests the inquiry—Wha
stitutes a homœopathic remedy? Certainly not the name nor
location of the room wherein it was prepared.)

A number of younger children who had been afflicted wi
tro-enteric diseases and who took pertussis, died therefrom.

The Protestant Orphan Asylum of Sacramento, Cal.,
the term of service of the present medical attendant had ca
twelve cases of variola, fourteen of diphtheria, ninety-three
tussis, and one hundred and fifty of morbilli, several of whic
complicated with pneumonia, without the loss of a single
But three deaths have occurred in that institution in fifteen
one from relapse of bronchitis, (practically a case of suicide
from membranous croup, and one from intestinal trouble.
toxin has never been resorted to.

The Colorado Industrial School for Boys came under h
pathic care November 16, 1903. Since then there have been t
seven cases of measles, unattended with fatal results. Prev
the allopaths had cared for thirteen cases of small-pox and
of scarlatina without loss. The Children's Home at Plainfield
was opened in 1877. No record is kept of cases, but no an
has ever been used and no deaths have resulted from diph
scarlatina, morbilli, or pertussis.

The Protestant Half Orphan Asylum of New York, has
for twenty-three cases of diphtheria, thirty-two of whooping
forty-six of measles, and forty-seven of scarlatina, during th
five years without loss by death. Antitoxin has never been
until the past year and then by the board of health as a prev
measure.

The Children's Friend Society of Providence, R. I. (The
St. Home) has cared for 15 cases of pertussis, 26 of diph
28 of scarlatina, and 72 of measles, during the last semid
without a single death. Antitoxin was never resorted to.

Combining these reports we find that in three institutio
cases of measles, 140 of pertussis, and 63 of diphtheria were t
without loss and in four 291 of measles. If now we add to th

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two figures from the St. Louis Children's Home, we have 381 cases of measles, with three deaths, mortality 0.71%, and 96 cases of diphtheria treated, with a loss of six by death, mortality, 6.25%. The lessons of these reports are obvious.

Of special interest are the latest comparative statistics concerning the treatment of the insane. Mindful, however, of certain experiences upon the witness stand, I applied to a prominent alienist unconnected with any public institution for facts upon which a list of questions to be propounded to the superintendents of state asylums might be based. These were courteously furnished and some wise suggestions made: then certain conundrums were presented to those officials. The result was unexpected and amazing. First, I discovered that three or four, if not more, systems of classification or nomenclature, or what not, have been recognized as good usage more or less extensively during the past five years. Second, that a question unhesitatingly answered by one superintendent was utterly incomprehensible to another. Third, that the methods of gauging the success of an insane asylum are about as numerous as their superintendents. Fourth, that while in ancient times, (when I was a student for example and earlier) "medical supplies" meant medical supplies, the term now includes anything and everything from a microscope in the laboratory to the disinfectant in the cow stable.

A few figures have come to hand that may be comprehensible to the average practitioner and encouraging, if not especially instructive. To the Westborough Insane Hospital during the three years 1903-5, 197 cases of manic depressive insanity were admitted: of these 159 or 80.71% recovered. Simultaneously in four allopathic hospitals 823 similar cases were admitted of which 287 or 34.87% recovered. During this period, a total of 1054 patients were admitted to Westborough of whom 201 or 19.07% recovered, while in four allopathic hospitals 4901 were admitted, but only 436 or 8.90% recovered.

Some alienists are of the opinion that the death rate of a hospital is the best criterion for the determination of its success. To my mind, it chiefly indicates the consideration with which its unfortunate inmates have been treated. However, to satisfy this class of critics, a double set of statistics concerning dementia præcox is presented. During the years of 1904 and 1905, victims of this disorder to the number of 143 were treated at Westborough, 18 of whom recovered (12.59%) and four died (2.80%); while in the four allopathic hospitals already referred to, 898 were treated, of whom 12 recovered (1.34%) and 93 died (10.36%).

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In New York there are three hospitals similarly locate Middletown (homœopathic), the Binghamton and the Poug sie, (both allopathic). During the five years 1901 to 1905 were treated at the first 240 cases of mania, of which 121 cured or 50.42%; 330 cases of melancholia with 175 cu 53.03%; 166 cases of manic depressive insanity and acquire rasthenia with 60 cures or 36.14%. Simultaneously at Bingh 313 cases of mania were treated with 137 cures or 43.77%; melancholia with 114 cures or 39.17%; 288 of other forms w cures or 32.64%. Likewise at Poughkeepsie, 379 cases of were treated with 178 cures or 46.97%; 592 of melancholi 268 cures or 45.27%; 239 of other psychoses with 48 cu 20.08%. At the Fergus Falls Minnesota State Hospital duri six years ending July 31, 1904, there were treated for mania 174 persons of whom 121 were discharged recovered or 69.54' acute melancholia 430 with 309 recovered, or 71.86%; for al insanity 154 with 85 recoveries, 55.19%. The superintenden "About 15% of the remainder of patients diagnosed in the forms left the hospital improved to such an extent as to be take up their work again in the outside world, and become ve citizens, but we did not feel that they were absolutely normal ally at the time of leaving the hospital. The above are th forms of insanity that I feel justified in calling acute." Gowanda Hospital, N. Y., during the five years ending Dec 31, 1904, there were treated 124 cases of mania acute of wh recovered, or 70.14%. Similarly out of 119 cases of melai acute, 67 recovered or 56.30%. The nearest allopathic hospit Buffalo. The percentage of recoveries here on the averag population for 1904 was 5.44, that at Gowanda was 17.018; number treated 4.46 and 14.32 respectively; on number disch 26.72 and 51.42; on number admitted 26.87 and 28.57. Th centages of deaths on the whole number treated in 1904, wa and 3.71 respectively while the percentage of recoveries on o admissions in 1905 were similarly 23.13 and 33.06.

Since insanity is but a special form of disease of brain I fail to see any valid reason why the same superior effect of ously selected "little pills" should not be manifested in this c ment of the healing art as is witnessed in those others, with the general practitioner is more familiar.

During the nineteenth semidecade of the nineteenth c David A. Strickler, M.D., undertook the collation of vital st from the various municipal health officers of American citie he might authoritatively show the relative success of the two

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ing schools of medicine in the treatment of pathological conditions. So little, however, did the profession at large appreciate the value of possible results, that in twenty cities only, was the work commenced; so burdensome was the labor that in seven only was the undertaking persevered in during the entire five years. Nevertheless the results obtained, though comparatively fragmentary, because of the transitional character of municipal registration, are of inestimable value; for long will it be ere other men can be found with the temerity to undertake anew such an investigation. At the same time their presentation was so marked by evident typographical errors and by detail considered by many unnecessary, that I determined if possible to "go back of the face of the returns," secure the original reports, carefully study them in accordance with the principles of "higher criticisms" and deduce lessons impregnable to every possible attack. The opportunity has been afforded through the courtesy of Dr. Strickler; the extent to which it has been improved is yours to determine.

Observe closely now the foundations upon which subsequent statements will be based. In all the cities investigated a permit was required from a designated official before a corpse could be moved a rod from the place where breath left the body. The number of deaths occurring and the alleged causes thereof are as definitely fixed as any other predicable fact of human knowledge. Their classification may vary, but that affects not the number of cadavers to be accounted for in some way. Yet the record thereof may be in so chaotic a state as to render its utilization for a given purpose unsatisfactory. For this reason and also because of their insignificant size, the figures from Seattle were ignored. Nor was cognizance taken of those from San Francisco; for they covered but a brief three months.

In fourteen of the principal cities of the United States during portions of the semidecade heretofore specified, 126,874 certificates of death from natural causes were filed, 117,408 by allopathic physicians and 9,466 by homœopathic. These numbered respectively 3,884 and 482. Hence it is evident that each of the former filled out three to the latter's two (more exactly 30.23 to 19.68); in other words that each person who employed a "regular practitioner" in those cities at that time, increased chances in taking the last long journey 54% above those incurred had he consulted a homœopathist. In seventeen cities containing 4714 allopaths and 600 homœopaths each of the former certified to a loss of four (4.17) through acute stomach and bowel diseases while the latter lost but two (2.41), a significant tribute to the effective work of the concentrated dosage

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even now employed by the dominant school. Similarly sentative of these rival systems of medication signed during the same periods of time five (5.25) and three tificates of loss from acute respiratory disorders, that is, chances for speedily testing "the sweet bye and bye" i 65% if he calls in an allopath when visited by such a ma

In nine cities at this time 1146 maternal deaths follo allopathic accouchments, while only 74 followed 6388 ho that is an old school practitioner lost a mother in every finements, a new school one in 86.32. Not very dissimila sult if the total maternal deaths following parturition sixteen cities be compared with the number of physicians classes. 4611 of the former filled out 1706, or each hund seven (36.99); 588 of the latter signed but 113, or eac nineteen (19.22). Thus a practically double mortality hibited by the regular profession whichever the basis of A close scrutiny of details may afford some explanation t convenience, if for no other reason, deaths ascribed t septicemia and to puerperal fever will be grouped under title. It appears then that out of 1706 decedents watch allopaths, 1006 died from septic causes or 58.97%, w looked after by homœopaths, 46 died for similar reasons Similarly we find that the allopathic loss of 299 from eclampsia is but 13.42% of its total obstetric maternal d the homœopathic loss of 24 is 21.24% of its total. Whe we discover that each hundred allopaths made out five tificates for eclampsia while a corresponding number of h returned but four (4.08) for identical cause the disgrac rank after all. Our apparent unsuccess in handling th results from the heavier mortality of allopaths in other d notably the preceding. There each hundred allopaths l two patients (21.82), a hundred homœopaths but eight excess of the former being exactly 179%. This is not to to the inferior social position of the vast proportion of ele, for the filth theory of disease is an exploded chimera. dred per cent is to be credited to the effects of heavy d already enfeebled systems, while the remaining 79% suspicion that some of our friends, the enemy, have not y the germ theory of disease. In the management of certain conditions rarely encountered that are grouped under title of "affections of pregnancy" the success or lack o more nearly equal for a hundred members of each schoo 3.97 and 3.40 certificates respectively. The losses from

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correspond still more exactly, for a hundred allopaths returned but 2.28 deaths against 2.21 by a hundred homœopaths. But in dystocia, the difference is again impressively conspicuous, the former century assigning four (3.97) deaths to this cause, the latter century but two (1.70). This is a striking corroboration of the accuracy of my demonstration of the superiority of American women (designating thus women of European extraction at least twice removed) published in the Transactions of the Homœopathic Medical Society of the State of New York, for 1889 and reprinted in the *Hahnemannian Monthly* and the *Homœopathic Journal of Obstetrics* in March of the same year or it proves the inferiority of the old school in that department in which it claims to excel, mechanical medicine.

Of all infectious diseases typhoid fever is most rarely reported for reasons already sufficiently indicated. The number of cases registered in five cities are cited merely as best specimens of the way in which the average doctor performs his duty as a custodian of the public health. These would lead us to conclude that allopathic mortality is 13.81% and the homœopathic 14.21% or 28.9% greater; but 6750 regulars made out 4978 death certificates from this cause while 994 irregulars of a certain sort made out but 469 or one hundred of the former filled in 73.75 while a hundred of the latter could succeed only in collecting 47.18, thereby establishing beyond a peradventure the fact that in eighteen of our chief cities, one third of those who perished at that time under old school treatment would have been saved had they been sufficiently progressive to employ a new school physician. The returns concerning diphtheria are scarcely more complete. Cases registered in ten cities show an allopathic mortality of 27.78%, and a homœopathic of 25.78%; but in eighteen cities each century of the former returned 101.73 death certificates, each century of the latter 82.29; clearly an unnecessary death rate of 23.62% to be charged to the regulars' account.

Reports concerning scarlatina are reasonably complete. By them we learn that in fourteen cities the allopathic death rate from this cause is 8.19% and the homœopathic 5.15%. Each hundred of the former class lost by death 34.07 patients while each hundred of the latter similarly lost but 22.64. A mere glance reveals an unnecessary waste of life by allopathic practitioners amounting to at least 50% upon whatever basis one elects to estimate. Most cities fifteen years ago took no special note of measles, yet eight furnish an allopathic death rate of 2.97% and a homœopathic of 0.69%, while it took a hundred regulars no longer to make out 12.39 certificates than it did for a hundred irregulars to make out 3.82. It

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is in order now for the former to explain why their death ra
disorder should exceed that of the latter 224.35%.

A few minor items may prove both interesting and ins
In nine cities 2201 deaths from violence are reported by 2
pathic physicians while only 63 are reported by 302 homo
89.58 to each hundred of the former, 20.86 to each hundre
latter. Can any one ask for clearer proof of the difference
ity between the clientele of the two schools? Ah! Wiser
dreamed was Oliver Wendell Holmes when he declared that
opathy is a delusion of the *educated* classes." They have
credulous as to trust the testimony of their own eyes whe
rences similar to those herein classified have transpired al
them and so sappy as to prefer restoration of health to a
explanation of their ailments. In thirteen cities 3141 a
physicians certified to 506 deaths from croup while 424 hom
certified only to 55, or a hundred of each to 16.11 and 12.97
ively. This means that very nearly eleven per cent. of th
innocents might have been kept this side the Styx had s
given them a few doses of aconite, spongia and hepar. In
in one year 2561 allopaths reported 168 deaths from w
cough and 285 homœopathists 18, or each century 6.56 and
spectively. Evidently the old school largely resorts to trea
inhalation in this disorder; for its increased mortality is
four per cent. In seven cities 2869 regulars assigned erys
the cause of death in 136 instances and 296 homœopaths
4.74 and 2.70 for each respective hundred practitioners, a d
nearly double. Finally, in a certain city in the space of t
771 allopaths filled out 493 certificates of death from la gr
51 homœopaths eight only, i. e. each hundred of the fo
hand in 63.94 certificates while the homœopaths, had there
number, would have supplied but 15.69, less than a quart
proportionate loss experimented by their rivals. Behold
ceeding excellence of coal tar derivatives!

THE RETROCECAL APPENDIX

By Homer I. Ostrom, M.D.

New York

IT does not appear from statistics that a malformed app
one abnormally placed, is more liable to disease than
that occupies its normal relation to the other abdominal vi

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the large proportion of appendices removed show no evidence of having been misplaced, or of other congenital anomalies.

As drainage is the sum of the etiological factors of appendicitis, this is difficult to explain, for one would expect that any congenital position of the appendix that reduced its lumen, or caused constriction of its canal, predisposed to the very anatomical conditions that induce appendicitis. Such, however, does not seem to be in accordance with clinical history; the defective drainage that constitutes the essential feature of appendicitis, is usually the result of some degree of infective inflammation, not connected with malformation. Congenital anomalies may play their part in the etiology of appendicitis, but what I desire to emphasize is, that there is no direct, or apparently traceable relation between a vermiform appendix that is misplaced, or malformed, and inflammation, or defective drainage of the organ. I offer no explanation of this, but think it has been verified in the experience of every surgeon.

The case herewith reported represents a not very rare type of appendical disease, and in the operation no unusual technical difficulties were encountered, considering the anatomical relations of the ileocecal organs; but it serves to illustrate the point taken.

Mr. B.—, thirty-six years old, an unusually healthy man, reports but one illness, a very severe attack of inflammatory rheumatism in the spring of 1904. Convalescence from this was prolonged into the summer; there still remains considerable stiffness of the large joints, which swell, and become painful after any uncommon use. The etiological relation between this attack of rheumatic fever, and the subsequent appendicitis, is possibly somewhat close, but at any rate it is a matter for speculation. My own belief is, that rheumatism occupies an important position in the development of appendicitis, especially those cases that belong to adult life. No specific history. Digestion as good as could be expected in one always accustomed to rich and extravagant living, and a life of ease and luxury. Liver and bowels at times rather torpid, requiring slight catharsis.

Following an obstinate attack of laryngitis, which I suspected to be of rheumatic origin, and which yielded to anti-rheumatic treatment, appendicial activity manifested itself the sixth of last April, about two years after the inflammatory rheumatism, by the classical symptoms, severe epigastric pain, soon centering over the appendix rigidity of the right rectus muscle, and vomiting, first of the contents of the stomach, later of bile. The temperature reached 102, and the pulse ranged between 110, and 120. A blood count made

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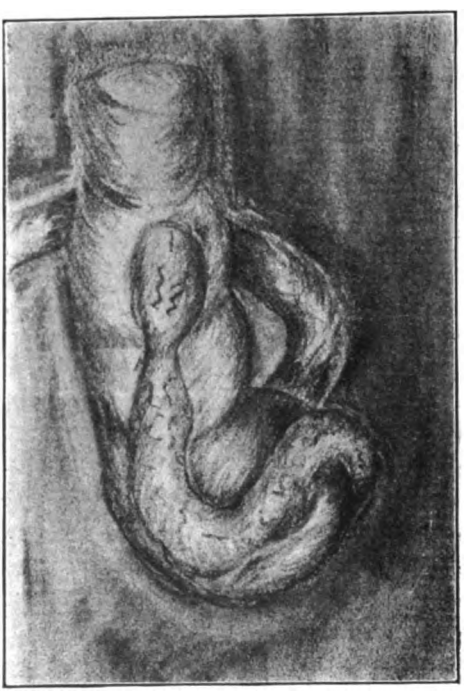
within six hours, indicated nothing more than systemic resistance; leucocyte count 25,100, polynuclear cells 59.7 per cent.

Thorough irrigation of the colon,—upon this I lay great stress in the early treatment of appendicitis—, the application of ice to the ileocecal region, and the internal administration of bryonia, and mercurius, so far controlled the local process, as to justify delay in operating. Pulse and temperature gradually fell; within one week all evidences of appendical disturbance subsided, and at the end of



VIEW FROM BEHIND, OF RETROCECAL APPENDIX.

two weeks the patient was convalescent, save that he complained of unusual languor and weariness after the least exertion. The general condition suggested a very probable intoxication, connected with the local lesion, and between three and four weeks after the initial attack I removed the appendix.

The cecum presented readily at the abdominal incision, and with the ileum gave evidence of slight previous local peritonitis. The

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appendix was not in its normal position, but by following the caput coli upwards, and pressing the ascending colon against the resisting pelvis, a hard cord, traceable behind the intestine, was found lying imbedded in its mesentery. This was recognized as the appendix, given off from the cecal pouch, but without its own mesentery, being covered by the same peritoneal folds that enveloped the ascending colon.

To reach the misplaced appendix it was necessary to enlarge the abdominal incision, which I did by a right angle extension. By drawing the ascending colon towards the median line, I was able to define the appendix, which was twisted around the intestine, lying in close contact with its walls, and directed upwards, and inwards, pointing in the direction of the right kidney. It was easily outlined, being rigid, and resisting, almost like erectile tissue. The distal end was bulbous, caused by a constriction.

By incising the peritoneal covering of the colon, I was able to reach the appendix without injuring the mesentery, or mesenteric vessels, and delivered the misplaced organ out of its bed, treating the stump with ligature, and cautery, as is my usual method.

There was but slight bleeding, the principal artery being ligated with the appendix at its base. The peritoneal pocket in which the appendix lay, was closed with continuous sutures that included all of its exposed surface. Like similar cavities left in the peritoneum, this one contracted to but a small part of its original size. The abdominal wound was closed without drainage. Convalescence was uninterrupted, the patient being discharged in two weeks.

The removed organ was six and one half inches long, its walls were hypertrophied, the mucosa greatly swollen, and lymphoid tissue increased. One inch from the distal end there was a complete stricture, and in the swollen end, a hard mass of feces the size of a pea. No pus but the lining membrane was in a state of active secretion.

The noticeable feature in this case, was, that an appendix so favorably situated for defective drainage, should have remained so long healthy, and inactive. Not only was communication with the cecum closed by a congenital abrupt bend, but at the point where the appendix curved around the colon, it was greatly constricted. Another source of danger lay in the pressure upon the fixed organ, necessarily made by the accumulation of feces in the overlying intestine. Impaction of the colon would force the appendix against the unyielding pelvic wall.

42 West 48th Street.

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MILK: RAW OR PASTEURIZED?

THE New York City daily papers have recently containe
articles on the New York milk supply. These artic
evidently inspired, though they are unsigned and appear in th
columns. Two ideas run through them all:—namely, first,
spection of the sources of the milk supply, and inspection of t
itself as it arrives in New York, as now carried on by the C
partment of Health is inadequate and useless, and second, t
entire milk supply should be pasteurized by the city.

As for the first, much has been accomplished by the sys
inspection. The only criticism that can be made is that th
not enough inspectors, and this is not the fault of the Depa
Milk is a sterile fluid naturally. If the cattle can be kept i
condition, and all their surroundings clean, proper asepsis on t
of the milkers will give pure milk to start with. After that,
care in handling will deliver the milk to the consumer in go
dition. If this is done no treatment of the milk is necessary.

As to pasteurizing the entire milk supply, that would
doubtful utility, even if possible. No one claims that paste
or sterilizing milk improves its quality for food, either proces
ly kills bacteria. The newspaper articles referred to clai

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pasteurization will kill the tubercle bacilli and thus prevent the ingestion of infected milk. Pasteurization will not kill the tubercle bacillus although it will kill many other germs. Pasteurization renders the milk less digestible and so lessens its value as a food.

Milk is naturally sterile. Any bacteria in it must have gotten in after the milk has been obtained, and through careless handling. Pasteruized milk is just as easily contaminated from outside sources. Finally, pasteurized milk deteriorates very rapidly. If pasteurization is done, it should be done just before use to be effective.

Of course, milk known to be contaminated should be sterilized just before use. That is common sense. But to pasteurize the whole city supply as it comes in is beyond reason—and would probably be useless.

THE ROUTINE EXAMINATION OF THE URINE AND THE DIAGNOSIS OF KIDNEY LESIONS

EVERY physician should be familiar with the ordinary methods of urinary examination, and the significance of the findings. It is a safe assertion that many are not. This is true of old and young alike. With a large number of the older practitioners, if the attention is called to the kidneys, a specimen of morning urine is asked for and tested for albumin. If no albumin is found the kidneys are considered all right. The younger men, judging from observation of a large number of hospital internes, get a sample of urine of any part of the day, make an elaborate series of tests, and base conclusions accordingly. Both err in important particulars.

In the first place the urine of every regular patron should be occasionally examined as a matter of routine. The kidneys are great eliminating organs, and much light may be thrown on many conditions by examination of their excretions. Again, extensive changes in the kidneys themselves, show in the urinary secretion. And it is now believed that when such changes exist they are only a part of a general process.

There are certain fundamental things to be observed in a urinary examination, however, without which the most elaborate detailed

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work is time wasted. First and foremost is the total quant twenty-four hours. The specimen for examination should be tion of a mixture of the entire quantity. Next in importance specific gravity. No marked change in the kidney can possib ist where these two factors are constantly at normal. All othe of whatever kind are simply confirmatory and in case of disea haps serve to make the diagnosis more exact.

In the two main divisions of nephritis—parenchymatous a terstitial—we have changes in the two essentials mentioned. parenchymatous form, lessened quantity, increased specific g In the interstial form, increased quantity, decreased specific g In the first we usually find albumin. In the second, we do ways. Urine passed at different times of the day, before an eating or drinking, before and after fatigue, and so on, varies Albumin may appear at certain hours only. Casts may vary quency. The specific gravity may be changed to a certain ex will in a given part of the day. A skilful physician may, a has sometimes been done, temporarily diet his patient in such as to make a given specimen of urine pass an insurance exa when a twenty-four hour specimen would have exhibited well ed chronic nephritis.

It is impossible for extensive changes in the structure kidneys to permit of a urine normal in quantity and specific g It is also impossible to find these factors constantly normal a kidney diseased. Without a knowledge of the total quantity, a er findings are of little or no value. These facts are not ne are frequently lost sight of in the elaboration of laboratory tech

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Notes and Comments

Important. Notice is hereby given that on and after 1st the office of the NORTH AMERICAN was transferred to Broadway, New York, and that all communications, editor business, exchanges and books for review should be addressed Managing Editor, Dr. Hills Cole, at that address.

Genu Valgum—A good deal that is not so is dogma written about many diseases and deformities, and nowhere more true than in the field of orthopedics. Ghillini, in *Il Poli* says that genu valgum is a deformity produced by a differen

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of the condyles of the tibia and femur, this difference being the result of the variable formative activity of the epiphyseal cartilages (upper of tibia, and lower of femur) at their respective localities. This formative activity is said to be produced by various stimulating factors. Has not the author put his cart before his horse? Does the deformity always start at the knee? "Variable formative activity of the epiphyseal cartilages" is a nice-sounding mouthful; but an abundance of verbiage is often a cloak for ignorance. In many cases knock-knee is a secondary condition which corrects itself without any measures addressed directly to it. And the primary cause is pronation of the foot, the so-called "flat foot." When the foot revolves inward upon its longitudinal axis, the knees approximate. If this is not obvious, rise on the toes and come down suddenly on to the heels. To distribute or take up the jar, the feet revolve inward directly the heels touch the floor, and the knees approximate. The position of equilibrium is attained by virtue of the muscles whose tendons pass beneath the sustentaculum tali to be distributed to the foot. Constant strain will weaken these muscles or at times the nervous system seems to be at fault, especially in children, inducing diminished muscular power. Pronation of the feet, made all the easier by the shoes which manufacturers compel us to wear, is the result and approximation of the knees follows. Stop pronation of the feet, and the genu valgum will gradually correct itself. This has been proved time and time again.

Iodine: Antisepsis. A sterilized glycerine or olive oil emulsion (10 per cent.) of iodoform has been found very satisfactory in the treatment of cold abscess in patients of lowered resistance. A 1 to 1,000 solution of iodine is of great value as an irrigation in uterine sepsis, suppurative arthritis, abscess cavities, empyema, boils, small abscesses and carbuncles. After emptying and removing necrotic tissue the plain officinal tincture of iodine is used. A 0.5 per solution of iodine for hand disinfection as a final application and also for the operative site has given excellent results. The formula is: iodine 2.5 gm., KI or NaI, 5.5 gms., water 250 cc. This is readily diluted and very stable. In using iodine care must be taken to avoid toxic effects, but in abscess cavities and septic infection there is greater tolerance of the drug.

Erysipelas: Formaldehyde. Excellent results are reported from the application of liquor formaldehyde to erysipelatous patches. In two cases the patients had had previous attacks which went through the regular course. When treated with compresses moistened with a solution of formaldehyde the dermatitis was arrested after the second dressing, temperature fell from 104° to near normal and cure was complete in four days.

A Crusade against Child Slavery—The *Woman's Home Companion* is taking a very commendable part in the campaign against child labor by publishing a series of articles revealing industrial situations that offer much food for thought among those who have the best interests of this country at heart. Of the 20,000,000 school children in this country, ten per cent are deprived of the education

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that should be theirs as residents of America. This is a mat
as vital interest to this nation as any insurance scandal, or the
ity of the trusts.

In the State of Pennsylvania there are some 24,000 ch
under sixteen working in the mines or at the breakers; the
mills of the south give employment to 60,000 children below the
age limit. Is it to be wondered at that there is such a thing
White Plague when these children are exposed during the mos
ing period of their lives to conditions recognized as distinctly
ducive to the development of tuberculosis? And in all our
cities are to be found little wretches doomed to work in the mo
salubrious surroundings at occupations that sap their vitalit
condemn them to a life of sickness and a premature death.

When a child of eleven is found in an evil-smelling ten
helping her mother to make cigars or in a basement making
bags for the munificent sum of four cents a thousand bags, is
wonder that socialism and anarchism are on the increase amo
or that the fathers of such unfortunates cast their votes for the
est speaking demagog who promises relief from such a con
of things?

Health and education should be the heritage and right of
child. As an interference with the enjoyment of this right
labor must be abolished or restricted by due safeguards. I
cruelty to the child; an injury to the mental, moral and ph
well-being of the child. "No child under fourteen should be al
to work in a factory, workshop, mercantile house, store, office,
or apartment house, in any place of public amusement, or shou
employed in making, preparing or distributing articles of sa
commerce at home or in any place in the nature of a factory,
shop or mercantile establishment." No child under sixteen s
be permitted to work who cannot read and write in the E
language. There should be a limit to the hours of work; for
dren under sixteeen there should be no work between the hou
seven p. m. and seven a. m.; eight hours a day should be the
imum; and there should be one day's rest in the week. No chil
der sixteen should be employed in occupations dangerous to
health or morals. No child should be allowed to work until h
received a certificate showing that he is physically fit.

Iodine Cataphoresis. Pisani and Paladine have experim
to determine whether iodine was hastened in its absorption by
tricity, and which pole was of more use. They first determin
examination of the excreta that iodine was not absorbed throug
unbroken skin. They used a saturated solution of KI or of i
to wet the electrodes and found that in dogs the iodine is abs
at the cathode alone. The absorption and elimination of iodi
gins at once and elimination continues two or three days. Witl
rents of high intensity and long duration, the elimination cont
longest. The absorption is small when currents of high int
are not used.

Psoriasis: Rheumatism. The relation of rheumatism to
and nail affections greatly modifies our treatment of them. Ev

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no rheumatic element is found present in these cases, inquiry will often show that the members of that family are prone to rheumatism. For instance, in the first case of nail psoriasis, the nurse girl's grandmother was living with a double cataract; the mother was deformed frightfully in both hands with chronic arthritis, and a younger sister, aged eleven years, had but recently died from acute rheumatism and endocarditis. Most physicians recognize a general connection between the two conditions, rheumatism and psoriasis, but the latter has not yet been worked out by the dermatologists. One practical point is that anti-rheumatic remedies, notably the salicylates, combined with hot air baths, effect a cure in certain obstinate diseases of the skin (and its appendages the nails) unattainable in any other way.

Scientific Therapeusis—"Scientific therapeusis" implies a proper study of both direct and untoward effects of drugs correlated with a study of the symptoms presented by a given case. * * * The fact that 'symptom remedies' have been decried in the treatment of disease (another very popular medical error) arises from the unscientific conception that treatment of symptoms has no effect whatever on the constitution of the patient, and hence on the progress of the disease." One would almost think the above quotation was written by a homœopathic physician so aptly does it express the philosophy of homœopathy. As a matter of fact, it is an extract from an essay on "The Treatment of Symptoms a Rational and Scientific Procedure," contributed to the *Medical Record* by Geo. F. Butler, M.D., Professor of Medicine, Chicago Post-Graduate Medical School. The article is an earnest protest against therapeutic nihilism. One other quotation from it: "I am weary of listening to the cold, hopeless words of the ultra-scientific doctor who says we can do nothing for acute diseases, they are self-limiting, and Nature will do all that is necessary to do, and it is 'unscientific' to treat symptoms."

Flute Playing for the Tuberculous—Lung aeration is the secret of success in the therapeutics of pulmonary tuberculosis. A lung in which every available space is periodically filled with fresh air will never become tuberculous. If faulty hygiene has allowed the disease to develop, breathing exercises are at once the simplest and possibly most potent medium toward recovery. Many patients, however, object to assuming the postural attitudes customarily recommended, and the end can be gained by other means. Singing is a well known chest-developer, but unfortunately many lack a musical voice. Dr. J. Frederick Rogers, house physician of the New Haven, Conn. Hospital, (*Medical Record*, Oct. 6, '06), suggests playing on the flute. It is the most easily operated wind instrument, is naturally melodious and less intolerable than many during the novice stage. The flute does not call for more effort than a good normal, ordinary respiration.

The Kindergarten not an Unmixed Blessing—To suggest in the presence of a modern educationalist that the kindergarten is not an unmixed blessing is almost rank heresy, yet it is probably true that many, if not the majority, of medical men have, at times, wished

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Froebel had never suggested the idea of teaching little ch
make paper mats, sing pretty songs, and whatever else eq
practical may be attempted in the kindergarten. The you
and the young body are rarely fit for the discipline that th
garten brings with it, and endure it at the cost of a strain
fects are seen for many years, if not all through life. It is sa
over, by some of the "old-fashioned," they must be "old-fa
if they do not favor the kindergarten, that the child who e
primary grade at 7 years of age without a previous kin
experience, has proved to be more than the equal, in phy
mental capabilities, of the maker of mats, etc. And there is
ity in the number 7 in this connection, whatever may attac
other spheres. Not a few children entering school at 9 wi
plish more by the time they are 15 than the majority wh
school children as soon as possible after the seventh bi
passed. Children are tender plants and should not be for
ulists assert that defective eyesight among school children
increase. How much of it can be traced to the steady use
mature organ during the years of kindergarten study, or pl
you please?

Tea and Typhoid —According to Major J. G. McN
the British Medical Army Corps, the typhoid bacilli in pu
becomes considerably diminished in numbers by four hou
ure to an infusion of tea. After twenty hours' subjection to
there were no typhoid bacilli to be seen. Major McNaug
the natural suggestion that cold tea should be substituted
for drinking purposes while an army is in active service.
tinued steeping, with the consequent extraction of tannin, i
tea is a harmless and quite refreshing beverage. In cor
where typhoid exists and the drinking water appears to be
ated, it might be well to not only boil the water but to mak
for an infusion of tea.

Kissing Tabooed in Indiana.—The State Board of I
Indiana has issued the following order:

"Do not kiss any one on the mouth or allow any one
to you."

The law will be enforced by the oldest and ugliest off
can be found. Like members of some of the ascetic religio
they will be sent out to discharge their duties in threes so
will be no shirking or duplicity. Each will be armed wi
lantern, sterilized. Kissing dispensaries are to be establish
those who may wish to be kissed may be fumigated, and th
be kissed—the hand, the cheek, or the forehead, as the cas
—can be thoroughly cleansed with antiseptics. For the or
only to the kissing of the lips. All maidens are to have th
enclosed in screens with time locks that will open only at n
and then only in the presence of a state official. Glorious I

"Oh kiss, oh kiss! Thou direful kiss!
Thou bane of health, false source of bliss,
At last thou'rt done for, that I wis,
And safe from harm is the Indiana Miss."

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International Homœopathic Review

CONDUCTED BY - - - - - - - P. W. SHEDD, M.D

Plantago: Nicotinism. Plantago is not a commonly-used drug, but in its pathogeny two symptoms often found in chronic tobacco poisoning are prominent: depression and insomnia, which probably justified Farrington's remarks that the plant causes an aversion to tobacco, citing two clinical cases where this effect was produced. In the writer's practice two chronic smokers came to be freed of the habit. Lobelia inflata was prescribed without result; then plantago 6, gtt. ij four times daily. Within a week they dropped from 25-30 cigarettes to 8; after the second week a repugnance to tobacco in any form developed and for the last two months there has been no relapse nor inclination thereto. Dr. G. Seiffert. *Leipziger Zeitschrift fur Homœopathie.*

Diarrhea: Time Aggravations. Chief remedies: aloe, *argentum nitricum,* arnica, *arsenicum,* aurum, bryonia, capsicum, causticum, chamomilla, chelidonium, *china,* croton tig., dulcamara, ferrum, gambogia, graphites, gratiola, hyoscyamus, iris, kali carb., *lachesis,* magnesia carb., moschus, natrum carb., nux moschata, opium, *podophyllum, psorinum, pulsatilla,* rhus, sulphur, tabacum.

Appearing about midnight—pulsatilla; appearing after midnight —argentum nit., *arsenicum,* china, nux vom. (3 a. m.), *sulphur,* 2 a. m.—arsenicum. 2—3 a. m.—kali carb. 3—4 a. m.—petroleum, *podophyllum,* rhus. 4—6 a. m.—cepa. 5—6 a. m.—nuphar.

Nocturnal only, especially towards morning—psorinum (often involuntary, painful, watery, blackish.)

Ameliorated 3—4 a. m.—*strontium carb.* (diarrhea nocturnal, with constant urging; the patient has hardly risen from stool before he is driven back).

Diarrhea of children—jalapa, sulphur (nocturnal only). Dr. Ide. *Zeitschrift des Berliner Vereines.*

New Australian Remedies. MACROZAMIA SPIRALIS. The tincture produces boring pain exactly at vertex of skull; pain insupportable; incessant vomiting and retching all night; body cold; stupor; coma. Retching regularly every half or quarter-hour; impossible to open eyes; intense giddiness and cold. Strength suddenly disappears; one is a boneless mass of flesh sinking into the ground. An almost fatal case of poisoning was saved by veratrum alb., hot vinegar to stomach-pit and hot blankets.

The first dilution gives sudden strength in great weakness and debility after illness. In weariness from no assignable cause, when no other drug seems plainly indicated. No pains noticeable.

LOBELIA PURPURPASCENS. The tincture causes all symptoms of snake venom which it antidotes, rapidly:—

Nerves—profoundly depressed.

Head—overpowering drowsiness (often sudden), stupefication, sickly dizziness between eyebrows.

Eyes—strong desire to sleep, to close eyes, lids seem paralyzed and immovable

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Stomach—nausea, profound uneasiness and irresis
to vomit; chronic spasmodic retching.

Lungs—seem paralyzed, no desire to breathe; spasm

Heart—at first slow, then loud and strong, increasi
to 200—to a mere flutter.

Temperature—very low; chill generally without shiv

Other symptoms—sleepless when stupor is absent; ch
ing; sad; apathetic; longs to lie down.

Bowels and kidneys and bladder—no symptoms.

No. 1 dilution rapidly cures influenza commencing v
ness, nausea, stupor, or any of the above symptoms. F
attack invading lungs and bronchi.

XANTHORRHEA ARBOREA. Tincture or first dilutio
balm of Gilead on wearied kidneys and bladder. It pr
cures white mortar deposit in urine, abundant; urine sca
pains in back, over kidneys; utterly unable to walk; has t
pains, originating in testicles; pains in back relieved by
of eucalyptus oil or camphor to testicles. The oil causes
scrotum to smart. The pains in small of back return fro
or damp.

Produces, therapeutically, full natural flow where the
scanty urine, especially in those inclined to gravel, ston
after chill; disposition to perspire too freely; useful
neuralgia.

After using xanthorrhea for two or three weeks,
58, became permanently cured of above symptoms: chron
alternating with gravel; inflam. bladder (cystitis), agon
in back continually returning at least chill or damp.

DIPODIUM PUNCTATUM. The tincture in over-doses
tient to lie on back, writhing and twisting incessantly.

Nerves—every nerve on rack, at utmost tension, as a
physical and mental overstrain.

Head—giddy, no pain.

Eyes—room at mid-day seems filled with electric li
phobia; disgust at light.

No. 1 dilution acts instantaneously in 1 to 3 drop do
plete insomnia; utter exhaustion from over-strain, menta
cal; longs for sleep, but brain too wearied; after profou
night-watching, etc., also after coffea, opium, gelsemium,
and similar drugs fail.

Does not seem to act on bowels, kidneys, etc.

E. C. White, *Monthly Hom. Review.* (London.)

Malaria—A correspondent of the *Leipziger Zeit*
Homœopathie commends particularly eucalyptus globulu
icum 3, chininum ars. 3 and chelone glabra, tincture
fevers. Eucalyptus is used as soon as the prodrom
chelone, when with the fever there is bilious vomiting.
that the residential physicians (in Surinam, Asia) ne
about the stools which are important indications in m
give only quinine. During a ten years' stay in the tro
been in excellent health. Attacked three times by ma
whose prodromes and symptoms he was naturally well

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eucalyptus aborted the attacks within two days. He has no faith in the mosquito theory but ascribes the disease to gastric derangement. Filtered rain-water only is drunk, never land-water as he has learned from the Kulis (natives) that it causes digestive disturbances with malaria *en suite*.

Anchylostomiasis—In the condition caused by the *uncinaria duodenalis* purges and anthelmintics constitute the chief treatment, but there is no doubt that sulphur 30, 3 globules every 3 hours for three days followed by stannum 30 in like dosage and then eucalyptus 3, gtt. x in 3xx of water a spoonful every 2 hours, would be of benefit. Dr. Hermann and Dr. Phillips have got excellent results in this disease from eucalyptus. This treatment is rational and logical and there is no necessity of employing purges for sulfur, in addition to its antiparasitic action promotes intestinal derivation. If the above treatment does not suffice, filix mas 1st. dil. a gram to 200 grams of water, spoonful every 2 hrs., increasing the dose if necessary, until cure results. For the after-effects—the existence of the *uncinaria* being no longer demonstrable in the stools—ferrum 6, every 2 hours, or the 3rd trituration of ferrum or ferrum magneticum or manganum, 5 centigrams t.i.d. will restore strength. Dr. Tulluis. *Revista de Medicina Pura.* Barcelona.

Cough Indications. Cough caused by an irritation in the stomach, pulsatilla and bryonia, especially with tickling in the stomach.

Phosphorus: irritation in the left hypogastric region followed by cough. Antimonium crud., when cough seems to start from abdomen; phosphorus when from left ovary.

Squilla: loose cough in the morning and dry cough in the evening. The loose cough in the morning is worse than the dry evening cough. With the cough, the urine squirts out.

Arsenicum: when moving about, no cough, but as soon as patient sits down or stands still, he coughs.

Aconitum: cough provoked by going from cold air to warm air; ranunculus bulb., ditto; phosphorus vice versa.

After falling asleep, the patient is wakened by a tickling cough—aconite, lachesis. If aconite does not cure, lachesis will.

Ferrum: patient hawks up scabs; there is catarrh with sense of dryness in the posterior nares. *American Physician.*

Chronic Neurasthenia. The more marked the condition, the more necessary is it to begin with a Weir-Mitchell basis and continue with a therapeutic superstructure for a considerable time. Many cases of sub-acute form and recent origin may be cured by therapeutic measures alone, given the removal of causative agencies.

But in all cases the author maintains that the cure is either incomplete, or recurrence of the illness sooner or later is to be looked for, until a diathetic and symptomatic course of therapeutics is diligently instituted. His experience clearly indicates that cure without therapeutics is on a very insecure foundation, and that the treatment of diathetic taints is just as important as the remediation of insistent symptoms.

There is no necessity to give in detail the indications for par-

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ticular remedies. The materia medica provides these. The rheal and tubercular taints need in particular to be included area of prescribing. Nosodes such as tuberculin, and animal e such as adrenalin, are of especial value, and the higher dilut nearly all the remedies used are much more fertile in resul for the most part, the lower potencies. This note of caution es ly applies to neural remedies like picric acid. Several unpleas periences have been had from giving this remedy, in low po for neurasthenic symptoms. The sixth more than once has to, not lessened the patient's sufferings. Dr. George Burford *of the British Hom. Society.*

Chronic Rheumatism: a Case. A patient who had be der treatment for several months presented the following sym sensation of ice in the occipital region and oppression in the disturbances of digestion with sunken abdomen; stools gree and fetid flatus; pain and difficulty in moving about. Calcarea 6 was prescribed with complete cure. The pains in the lim swelling of the joints disappeared, with the recovery of perfect ity. Dr. Comet. *Revista de Med. Pura* (Barcelona.)

Menyanthes: Intermittents. The drug has been used eral intermittent fevers with great chilliness and icy coldn hands, feet and nose. Menyanthes and ipecac may be differe thus: When there is a long-lasting chilly stage present with ic ness of hands, feet and nose, thirstlessness, the hot stage o duration ending with the commencement of sweat in the even bed, menyanthes 30 may be unhesitatingly prescribed. Ther or may not be nausea and vomiting tendency in it, but there n icy-coldness of the hands and feet present in menyanthes. In anthes, time almost always irregular. In ipecacuanha, fever with chilliness, the hands and feet are icy cold and sometim with cold sweat, thirstlessness, the hot stage is of long duration which there may or may not be perspiration. Nausea, vomi the guiding symptom. Symptoms of cough and oppressed bre are generally present. Fever of ipecacuanha is usually betw and 11 a. m. and 4 p. m. Dr. P. C. Majumdar. *Indian Hom. R*

Some Diabetic Remedies. PLUMBUM: urine guttatin is high-colored and fetid. Contracted kidney; fever is presen great thirst; constipation; emaciation; bulimia.

SYZYGIUM JAMBOL: urine saccharine, copious, frequent.

THUJA: urine foamy, deposits a brown mucus; too freque copious. After urination, sensation of a drop running dow urethra. Bulimia and anorexia alternate; hankering after cold or food. Weakness, < in the morning. Glycosuria after a suppressed gonorrhea.

URANIUM NITRICUM: Polyuria; urine has a fishy odor. nate sleepiness; copious salivation; great languor and debility nolence and shivering during the day. Used in hepatogenic di Best suited to diabetes from dyspepsia or assimilative derange

SECALE: urine saccharine or albuminous or both. Violen ing after urination; urine red or pale-yellow, of high specific g Anxiety, fearfulness, forgetfulness are present; giddiness or v

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dryness of mouth; bitter taste, great thirst; hunger even after meals; constipation—stools hard or tenacious; pulse weak or slow; great lassitude and prostration; pale, earthy complexion. Diabetes insipidus or mellitus.

ARSENICUM: urine clear, copious, attacks of anxiety at night, so great that the patient jumps out of bed; restlessness so severe that he goes from one bed to another, gets easily irritable and vexed. Thirst great, for cold water, drinks often but little; tongue dry as if burnt; violent burning pain in stomach; emaciation, weakness, pallor; disposition to gangrene; dry mouth, tongue, throat.

ARUM TRIPHYLLUM: urine limpid, increased to 4—5 times usual amount. Tenderness and moderate burning at meatus, generally when urinating. Severe asthmatic attack at night, especially midnight although the patient had sound sleep before then; fits of dyspnea, associated with secretion of mucus in larynx and trachea. Sexual desire absent. A sovereign remedy in diabetes with respiratory affections.

SULPHURIC ACID: urine saccharine, copious. Lassitude, weakness, despondency; dimness of mind and of sight; flatulency upward and downward; skin is totally inactive, cold and dry; liver painful, enlarged. May be watery, offensive diarrhea. Its efficiency is marked in diabetes of drunkards and topers.

LYCOPUS VIRG.—urine clear, of high specific gravity. Great thirst, emaciation and exhaustion; cardiac depression marked. Both forms of diabetes, especially with cardiac troubles.

LAC DEFLORATUM: urine pale; enormous quantity. Great lassitude and prostration; great unrest, and severe and lingering suffering from loss of sleep at night; severe throbbing headache (frontal) with nausea, vomit, and obstinate constipation. Pale face, dry mouth, offensive breath.

TARAXACUM: urine pale, frequent, copious. Tongue white, with a sensation of rawness, followed by clearing off of the white coat in patches, leaving dark-red, tender, sensitive spots. Gastric troubles are present, and thirst; stool difficult and hard, requiring much pressure; unhealthy, pimply, sycotic skins with stinging in them. Symptoms < by sitting, lying down or resting; > from walking or moving. Useful when diabetes is not of miasmatic origin. Dr. S. C. Ghose, *Indian Hom. Reporter* (Calcutta.)

Phosphorus. An interesting case of Dr. Strohmeyer is reported in the *Homœopathisch Maandblad* (Holland). E. W., æt. 47, smith by trade, suffering for two years from an unusual form of tabes dorsalis. Married, and the father of three healthy children, he had previously been in perfect health. The onset began with violent, rheumatoid pains, clearly of the shooting tabetic nature, which, however, did not alarm the patient overly as there were no other disturbances. Later there appeared an increasing sensation of dizziness, a less comfortable walk, and sensory changes in skin areas, which drove him to a surgeon. For several weeks powerful drugs and electricity were prescribed without effect, and the patient began to doctor himself, drank great quantities of decoctions of so-called "blood-purifying" plants, applied hydro-therapeutic measures, etc. At last, all else failing, he went to the homœopath. In addition to the pre-

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viously mentioned phenomena, there had developed a continuou
zing (suizen) in the head, aggravating the vertigo already pr
and the patient complained of burning here and there in the
Motor disturbances were not yet perceptible, but the patient f
uncertain in the dark that he constantly used a cane. With
eyes, he could scarcely maintain equilibrium, but the knee, ac
and all other reflexes were rather heightened than diminished
the legs sensibility was lessened; elsewhere normal. The pupils
greatly contracted, of unequal size, and reacted very little to
illumination.

On examination and questioning it was noted that the pat
speech was exceedingly hasty; he often interrupted, and in a
movements betrayed an extreme and anxious unrest. Going fu
into his history it was found that for several years every trifle
so excite him that he would fall into a rage, the entire household
ing dominated by these outbursts. His sleep had long been
turbed by horrible dreams; in falling asleep he would be awaken
a shock through the whole body; and he was often tormente
nightmares, waking up trembling and covered with sweat.

Can a better phosphorus syndrome be imagined? Phosph
was prescribed, and the author may affirm that, had he heret
known nothing of homœopathy, or had been in the habit of pres
ing low potencies only, this case would have made him a homœ
and a high-potency partisan.

But what happened? It appears that the patient reacted to a
tain potency of the drug only, and, to that potency in a manne
before remarked by the prescriber. The action of that potency
always indisputable. The potency was changed or sac lac given
each time the patient bluntly said, "Doctor, that is not my old
edy." During the treatment phosphorus in low potency, in
more than it helped: phosphorus 200 might just as well have
aqua destillata, but, every time that he got phosphorus 60, h
turned contented, saying, "That was the right remedy. I knew

That the remedy was helpful his generally improved cond
demonstrates—corroborated by a surgeon who had examined h
the beginning of treatment, and later. The subjective phenom
the head buzzing, the burning sensations have disappeared, u
tainty in locomotion markedly lessened; there is an occasional
ing or pricking pain, but the patient is content and desires o
continuance of his present health.

Sulphur. From an obituary in the *Monthly Homœop*
Review on the death of the venerable Dr. Thomas Skinner of
don the following interesting paragraphs are excerpted.—well w
perusal:

"The conversion from allopathy to homœopathy of a colle
is always interesting, and very different in each individual, ac
ing to 'the way he is built.' That of Dr. Skinner is particularl
teresting and instructive. In a book on homœopathy and gyneco
first published in 1875, he says: 'During my career as a physic
have always taken a decided stand against homœopathy and its
titioners, believing, as I did most sincerely, that Hahnemann an
followers were not only deceived, but in turn they were decei

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The whole system seemed to me, in my then profound ignorance of the subject, so preposterous, and so far beyond the bounds of human credibility and reason, as that no ordinary thoughtsman could be blamed if he refused to give it even a hearing, far less to take the system into his serious consideration. I was one of the physicians in Liverpool who took an active part in persecuting or attempting to put down homœopathy—to stamp it out, in fact. Like the great Apostle to the Gentiles, who, before his conversion to Christianity, persecuted the Church and kicked against the pricks, I have persecuted the truth in another form, and I now, with bent knees, exclaim *Peccavi*, and trust to be forgiven. . . . So great was my abhorrence of homœopathy, and so determined was I to put it down, I was instrumental not only in passing, but also in perpetuating, the most illiberal law that ever was made by a profession styling itself 'liberal'. The law is still existing, I believe, as one of the code of laws of the Liverpool Medical Institution, and is as follows: 'The Liverpool Medical Institution shall consist of physicians, surgeons, and other legally qualified practitioners; but no one practising homœopathy shall be eligible either as a member of the institution or as a subscriber to the library; and any member or subscriber who may become a practitioner of homœopathy shall cease to belong to the institution.'" In his ignorant and violent opposition to homœopathy, he was much influenced by the personal fascination and genius of Sir James Y. Simpson, whose private assistant he became. What Dr. Skinner says of Simpson is worth recording. "So far as Sir James Simpson was capable of investigating the works of Hahnemann, he did investigate them in his own peculiar way—no quarter. He examined them as a *litterateur* and a rival, never as a genuine truth-seeker or truth-lover ought to have done. He never tried the practice on the smallest scale, except to ridicule it. . . . If every new truth or discovery were investigated in the manner in which Sir James investigated homœopathy, no other result could ensue but a wilful closing of our eyes to the truth. If any one will peruse Sir James' *Homœopathy; its Tenets and Tendencies*. Edin., 1853, he cannot fail to observe that the reigning passion in the author's mind is not the sober, unbiased investigation of truth, but a thorough determination to prove the discoverer of homœopathy not only as deceived but next to insane and a deceiver, and his entire system nothing but the baseless fabric of a vision. Having a great idea of the capability of Sir James Simpson for the investigation of medical science, and being for the time spellbound by the greatness and power of his genius, which I fully acknowledge, I took his reply to Hahnemann and his work as a complete settlement of the question. Sir James Simpson and Samuel Hahnemann are both in their graves, but not so homœopathy, which is only commencing to bud and develop, for *magna est veritas, et prevalebit.*"

Having thus seen the violent and uncompromising attitude of Dr. Skinner towards homœopathy, and his subsequent entire conversion and action, analogous to that of St. Paul in regard to Christianity, let us see how this remarkable change took place.

In the early "seventies" Dr. Berridge wrote to him about a place he had visited in America. Dr. Skinner replied, asking in turn what homœopathy really was. He said he had heard in America of one

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or two good cures, but that homœopathy as he understood it to be practised in Liverpool was "rather mixed." He had been a chronic invalid for at least three years. In his own words: "For at least three years I had been perfectly *hors de combat* in so far as the practice of my profession was concerned. During twenty-one months of that time I had never experienced more than two hours of sleep in fourteen days, and more than once I have been as much as six weeks without knowing what it was to be one moment unconscious day and night. At the same time I was suffering from habitual constipation and terrible acidity of the stomach, with bodily and mental anguish unutterable. Allopathic medicine merely aggravated my sufferings. It may be interesting to note that through Dr. Berridge, I was cured of the constipation, the acid dyspepsia (which I have had all my life), my sleeplessness, deficient assimilation, and general debility, and restored to a life of usefulness and full vigor of body and mind by a few doses of the millionth potency of sulphur. To give the indications for the remedy would be too tedious a task. I shall never forget the marvelous change which the first dose effected in a few weeks, especially the rolling away, as it were, of a dense and heavy cloud from my mind."

Gelsemium. The following, by Dr. J. W. Fyfe (*Eclectic Review*), is an excellent study of gelsemium, used antipathically (and curatively in many cases) by the so-called eclectic school:

"In the treatment of diseases peculiar to women gelsemium often constitutes a remedial agent of much usefulness. In amenorrhea it is a drug of positive action and its curative power is promptly manifested, and as a means of relieving patients suffering from dysmenorrhea it is employed with marked success. Hysterical convulsions, when not caused by organic wrongs, are speedily controlled by this medicament. It not only controls the spasms for the time being, but in many cases effects a cure through its tonic influence on the nervous system. In this disease the dose should be sufficiently large to bring the system completely under the influence of the drug. As soon as the convulsions have ceased the dose should be lessened, and then continued until a cure is effected. In some cases it will be necessary to keep the patient continually under the influence of the medicament for a considerable time. In order to quickly control the convulsions it is sometimes advisable to administer the drug hypodermically, when the dose should be from five to ten drops of the specific medicine.

"As a parturifacient gelsemium is often employed with gratifying result, as it is of special value in cramps and other spasmodic conditions. In the nervous irritability, vertigo, wakefulness, and other unpleasant symptoms which frequently accompany gestation, it affords a considerable relief, and its continuous use in small doses for five or six weeks before the time of delivery will mitigate many of the disagreeable symptoms which often appear in the latter period of pregnancy. In labor, when the lower segment of the uterus, vagina and perineal tissues are constricted, and the os uteri rigid, gelsemium will aid much in securing a normal condition of the parts involved. In this condition ten drops of the specific medicine (or a good fluid extract) should be added to five drams of water and one

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teaspoonful of the dilution taken every ten minutes until the entire quantity has been administered.

"In the treatment of gonorrhea gelsemium exerts a desirable influence. It subdues the urethral inflammation and prevents chordee. When a medium dose—five to ten drops—is taken at bedtime the patient's rest is seldom disturbed by this unpleasant condition. In spermatorrhea it induces a remission of the symptoms, and thus prepares the way for other remedies.

"Gelsemium, like other remedies, gives its best results when administered in accordance with well-known specific indications, among which the following are perhaps the most frequently met with: Irritation and determination of blood to the brain; child rolling its head from side to side; sudden movements of the extremities or facial muscles; neuralgia and nervous headache; flushed face, unnaturally bright eyes and contracted pupils, with increased heat of the head; restlessness and indisposition to sleep; urine passed with difficulty and in small quantities, with a sense of irritation of the urinary organs; rigidity of the os uteri, it being thin, sharp and unyielding; sense of constriction in the loins, with tensive or drawing pain seemingly in the spine.

"Gelsemium sempervirens is febrifuge, antispasmodic, alterative, relaxant, nervine, emmenagogue, parturifacient and narcotic.

"The dose of gelsemium is from one to ten drops of the specific medicine (or a good fluid extract), but usually its most desirable influence is obtained by adding from ten to thirty drops of the specific medicine to four ounces of water, and administering one teaspoonful of the dilution every hour."

Tar Products. On referring to the materia medica we find excellent provings of petroleum, kreosote, carbolic acid and eupion, and slighter ones of benzine, naphthalin and hard paraffin. A few indications for their use developing in the writer's practice may be mentioned. Upon a general survey we may say that tar and its constituents act in moderate doses almost exclusively on the various mucous membranes, and it is for this specialty of action that they are so useful. On all mucous tracts they set up irritation with more of less acrid secretion, and, as might be expected, the more volatile elements affect the pulmonary tract; the heavier ones the alimentary. Dr. Murrell found tar pills of one or two grains very efficacious in winter cough, and the syrup of tar equally so in teaspoonful doses three or four times a day. If you look up your provings of kreosote, and prescribe syrup of tar in accordance in cases of catarrh and cough you will not be disappointed. The writer has found that kreosote and tar syrup have given better results in the cough remaining after influenza than any other treatment. These bronchial and laryngeal irritations are very intractable, and until one or the other of these remedies was used, nothing was found of much value except kali bichromicum. The kreosote was given usually as gtt vi of the pure drug to oz. vi of water with a little syrup added, teaspoonful doses three or four times daily. This may seem crude homœopathy, and perhaps smaller doses might answer, but no reason has been seen for diminishing the quantity, except in special cases. The syrup always agrees with children and delicate adults

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and may be given with confidence. When we touch on kre range of action is extended. As a remedy in gastric affe has quite a reputation of old, and along with carbolic aci sponds to certain acute forms of indigestion with flatulen and nausea, with retching and vomiting. Their action exten g. u. tract, setting up pruriginous irritation and acrid secreti latter condition well-marked in eupion. As regards carbo in particular, it is a favorite remedy in irritable bladder in with frequent urination at night, of probable prostatic nature doses of the 1x are usually prescribed.

Petroleum was one of Hahnemann's medicines; it is ch istically a catarrh remedy, corresponding to a more chron than kreosote, and it is singular to find its use recommended various emulsions) in precisely those conditions for whic homœopathically indicated. Our literature contains numerou by it of chronic catarrh of the air passages, and of chronic di Its general employment simply gives the stamp of popular a to indications for its use as given in the "Chronic Diseases." demonstrably homœopathic, and the material doses in whi useful only proves that material doses are wanted with remedies. Dr. P. Proctor. *Jour. of the British Hom. Societ*

Dr. John H. Harris, Gasden, Tenn., writes: "My fath seized early in the morning with a chill lasting over an ho lowed by high fever, cough, stabbing pain in right side bel nipple—typical symptoms of pneumonia. He enveloped the t cavity with a thick dressing of antiphlogistine, and covered it cotton lined cheese-cloth jacket; and gave a brisk purgative a atrum viride. The results were great. Relief from pain; tion of fever from 104° to 100°; copious perspiration, and sub of cough. This was followed by a general favorable reacti rapid convalescence."

The difficulties that are frequently encountered in tion with the use of ordinary cow's milk in feeding infants a cate children have led many physicians to rely upon Horlick' ed Milk in such cases. In preparing this unique food prod lect dairy milk is taken as the basis. There is added to the proper ratio of malted cereal nourishment, then it is elabor vacuo at a low temperature, by special methods, until the m is eliminated. There has also been secured a modification casein sufficient to ensure the formation of fine, light curds stomach, like the proteids of human milk.

Dr. Wadsworth's Sanitarium, at South Norwalk, Cor ing in full view of the sea and all the shipping on Long Island and at the same time commanding an extensive land prospe stitutes an ideal home for a mental invalid, where, under the lent individual care given to the patients, the happiest results expected.

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Original Article

SOMETHING NEW IN AUTOINTOXICATION*

By S. H. Blodgett, M.D. and A. A. Starbuck, M.D.
Boston, Mass. Springfield, Mass.

THE poison from toxines generated within the body is due to one of two causes, either the toxine is one of the natural products of metabolism and not being eliminated as nature intended, it is retained and causes the poisoning, or else the poison comes from some toxine formed from some of the non-poisonous substances which are naturally in the body. Probably the most common source of poisonous toxine, not introduced into the body as such, is a faulty detrograde metabolism in the body.

The whole question of so-called autointoxication is one of the least known subjects and probably one of the most important. The so-called uremic coma has for many years been recognized, but what particular toxine it is that causes the coma and convulsions has not yet been determined.

It was at one time thought that the retention of urea in the blood was the cause of the convulsions, but we all know now that for years this theory has been known to be incorrect, for the injection directly into the blood of a large amount of urea will not cause convulsions. But we use the fact of a diminished elimination of urea as our index that the poisonous toxine (what-

*Read before Massachusetts Homœopathic Medical Society.

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ever it may be) is being formed or retained and that ur coma is to be feared.

It is our pleasure to bring into notice here, another of toxine, which, in view of our many experiments, s to be quite prevalent and which is certainly very impor What this toxine may be, we are unable to say and the e method by which it acts. we can only theorize on. But important facts that are indispensable to us as practising pl cians, we have demonstrated; namely, some at least of clinical symptoms, a very easy method of diagnosis and a si and easy method of treatment.

The question which interests all of us, as practising pl cians, namely whether this particular toxine is present or and is a menace to our patient, is extremely easy to decid a few simple tests of the urine and if found present, the t ment is very simple and most satisfactory.

In all of the cases reported below, with the exceptio number six, it is to be noticed that while acetone and the chlorid reduction were present in the urine, there was no tra sugar and in none of these cases was it possible to find history which would lead us to think that the patient had been troubled with glycosuria and this is the particular for autointoxication about which we are to speak: namely, presence in the blood and urine of acetone and diacetic acid one of its higher forms) but where no sugar is present and t is no history that any sugar has ever been present.

The first few cases of this particular kind of autointoxica showed on examination of the urine, acetone and diacetic without any history that the patient had even had glycos but in some of our later cases, the tests have shown that o the higher forms in the diacetic group was present. In s of these cases (more particular mention of which will be m later) we have found hydroxybuteric acid present and not cetic acid, and not to go too deeply into the purely che question of the relation between these various substances will class them as being of the higher forms of diacetic acid convertible into that, as for instance, hydroxybuteric acid oxydization outside the body, will give diacetic acid and dia acid in the presence of an alkali will give acetone.

In almost every case of glycosuria, where the acid redu is present, we have found that it is in the form of diacetic while in the cases quoted below, where no sugar was prese

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the urine, the acid appears as hydroxybuteric acid in the larger proportion of cases. According to our experiments, the decision as to which particular acid may be present is apparently of not the slightest account clinically, as in all the cases where acetone and the characteristic red terchlorid of iron reduction took place in the urine. the symptoms ceased very quickly after the proper treatment was instituted.

Perhaps we may be pardoned for saying a few words regarding the prevalence of acetone and the diacetic group in the urine; acetone alone appears in the urine in many fevers, in starvation, in a strictly meat diet, after the use of chloroform as an anesthetic, as well as in some other conditions, and here we might mention the fact, that acetone but no diacetic acid was found present in the urine in every case that was anesthetized with chloroform during a three months' service at the Massachusetts Homœopathic Hospital: but acetone in conjunction with some of the diacetic acid group has been supposed to be present, only in cases of glycosuria. In order to determine the frequency of acetone in the urine of pregnant women, we recently tested the urine of twenty-five consecutive cases of pregnancy, at two weeks' intervals, during the entire pregnancy and failed to find either acetone or diacetic acid in any of the specimens examined, at any time.

The most prominent clinical symptom that accompanies the presence of these substances in the blood and urine in non-sugar cases is, as far as our experience goes,, vomiting of a more or less pernicious form, although, by reference to the cases reported below, other symptoms have been present in some of the cases. The improvement of the clinical symptoms in some of our cases, after treatment began, has been almost magical, while in others the improvement has been somewhat slower. Several of the cases have never been seen personally by either of us: our diagnosis has been made from the examination of the urine and the treatment undertaken on our recommendation.

We do not wish to be understood as thinking that every case of vomiting is due to this particular form of autointoxication, but the cases which we report below most certainly show that it is a comparatively common form, hitherto unrecognized, and a form of which the treatment is very simple and satisfactory.

From observation and treatment of the cases of this so-called autointoxication which it has been our privilege to have under our care, we have discovered that the reaction in the urine may

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not show until the vomiting has been present for from twenty-four to thirty-six hours. We have found that the vomiting or other unfavorable symptoms which may be caused by the toxines, will cease before the reaction disappeares from the urine, sometimes as many as four to five days before. We have also found that as the reaction begins to disappear it is best to reduce the dose of bicarbonate of soda, although this should not be done too hurriedly, as in two of our cases the vomiting has returned and necessitated increasing again the amount of the dose of bicarbonate of soda. On the other hand, large doses of bicarbonate of soda should not be continued any longer than is absolutely necessary. In regard to this latter question, the analysis of the urine will have to be the most prominent guide. We have also found that giving the bicarbonate of soda by the rectum is of very little use: if it impossible to have it retained by the mouth, it can be given intravenous as we have found necessary in a few cases.

Before proceeding to report our cases, we should like to say a few words in regard to a very closely allied subject, namely eclampsia or puerperal convulsions. Eclampsia or puerperal convulsions are commonly supposed to be caused by faulty action of the kidney. Opposed to this theory is the fact that while in many cases of pregnancy, the ordinary urinary examination will foretell the probable occurrence of convulsions, still in a considerable number of cases the ordinary urinary examination will show no abnormality but suddenly convulsions will occur. We believe that in many, perhaps in all of these cases of convulsions of pregnancy that occur where the ordinary urinary examination has shown no trouble in the kidney, the autointoxication is caused by this diacetic acid group and the prevention of the convulsions would be simple and easy. We have been following out this theory for the past year, but as yet have not had cases enough which we have been privileged to follow throughout, to declare with absolute certainty that this, instead of being a theory, is a fact. At a later date, we shall have another paper embodying these cases.

During the past few months the cases of this form of autointoxication have multiplied so rapidly that we have not reported all our later cases, fearing that it would make the paper too long; but we have reported the following twelve cases in the order of their occurrence, with the exception of the cases of puerperal eclampsia which we shall report later.

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CASE 1. So-called pernicious vomiting of pregnancy.

This case was a woman, age thirty-four. Third child. During her previous pregnancies, she had only slight nausea, which had ceased at about the end of the third month. Her previous labors had been normal and she had been exceptionally well throughout the past six or eight years.

During this pregnancy she was about as usual up to the end of the second month, when she began to have very persistent vomiting. This continued, until about the fourth month she had lost a great deal in flesh and apparently retained nothing which she ate. She also vomited when she did not eat anything.

I saw the patient in consultation, her attending physician thinking there might be a kidney complication, which was causing the vomiting (the patient has previously been thoroughly examined by an obstetrician, who could find no cause for the vomiting and advised having the kidneys examined).

After seeing the case, the twenty-four hour amount of urine was sent to our laboratory. The analysis indicated that it was from a case of starvation, the urea being only 2.5 grams in twenty-four hours, with a very slight trace of albumin and no casts. Acetone and diacetic acid however were found present in large amounts.

The woman was immediately given bicarbonate of soda, five grains, three times a day. Several days afterward, the physician telephoned to me that she was very much better and one week later, at my request, he sent me another specimen of the urine, in which we found no acetone nor diacetic acid; with the specimen he sent a note saying. "she eats everything in sight and has no nausea."

CASE 2. The following history was given with this case: A man about forty-eight years old, had always been commonly well until about six months ago when he had an attack of "acute indigestion," some nausea and vomiting, for which he did not find it necessary to consult a physician. About three weeks ago, he began to have nausea and within a few days, rather persistent vomiting. He was treated for indigestion but the vomiting growing worse rather than better. I was asked to see the case and examine the urine for any question of renal trouble.

The urine only showed a characteristic urine from a case of partial starvation, with the addition that we found both acetone and diacetic acid, present in large amounts. I advised bicarbonate of soda, five grains. four times a day, (the patient then

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told us that he had take bicarbonate of soda tablets for l
of indigestion six months ago).

The physician in attendance reports to me, that
three days, the vomiting had ceased and in about two v
patient was back at his work and feeling as well as eve
not able to secure another specimen of the urine after
ered.

CASE 3. Woman, six or seven months pregnant. H
ited constantly for over a week. The urine showed
amount of acetone, diacetic acid and indoxyl.

The following day, the patient was delivered of a d
cerated fetus: vomiting ceased and acetone and diac
disappeared without medical aid.

CASE 4. July 25. Woman, age twenty-four. Ma
years, one child. Two months pregnant. Was ta
severe pain in the abdomen; after pain copious stool (
appendicitis). Began to vomit and vomited constantl
entrance to the hospital. Enema and salts gave r
Vomitus watery and greenish (the patient had taken e
home and taken no nourishment).

Pulse 114. Temperature 99.6. Urine, first samp
after entering the hospital; color slightly high; react
sp. gr. 1027; indoxyl large increase; albumen very slig
acetone large amount; diacetic acid large amount.

July 26. Vomiting incessant until 10 a. m.. v
stomach was washed out and first 10 grains of bicarb
soda was given; this was repeated at 2 and 7 p. m.

Suds enema at 5 p. m. Expelled with partly form
Rectal feeding retained. Urine same as July 25.

July 27. Temperature normal. No vomiting;
Rectal feeding discontinued. Liquid diet in small q
Hot water, cocoa, milk. Soda bicarbonate, 10 grain
Urine same as July 25 and 26, but indoxyl showed a s
crease.

July 28. Temperature normal. No vomiting; no pai
and cereals. Milk, malted milk, milk toast and cocoa.
carbonate 10 grains t. i. r. Blood count; Hemoglo
Disks 4,608,000. Leucocytes 11,400. Sample passed a
showed a decrease in indoxyl, acetone and diacetic aci
m. marked decrease in acetone, diacetic absent and
normal.

July 29. Temperature normal. No vomiting;

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Urine: small amount of acetone present; no diacetic acid; indoxyl normal. 5 grains soda bicarbonate t. i. d.. Milk, cereal and cocoa, potato, custard, broth, crackers, milk-toast and cocoa. Enema every other day.

July 30. Temperature normal. No vomiting; no pain. Acetone absent; diacetic absent; indoxyl normal. Full diet. Soda bicarbonate continued.

July 31.—August 1. 10 grains soda bicarbonate a day.

Patient discharged ten days after entering the hospital.

In this case it will be noticed that the vomiting ceased almost immediately after beginning the bicarbonate of soda. While the vomiting ceased at once, it is also interesting to notice that the indoxyl did not begin to decrease until about forty-eight hours after the bicarbonate of soda had been started and that the acetone and diacetic acid did not show such decrease until about three days after beginning the treatment, but the decrease then was very rapid.

The patient's physician reports that on August 20, she had a sudden severe recurrence of the pain and vomiting which lasted during one night, but with this single exception she has been perfectly well up to the present time; on January 22, she was delivered of a healthy girl baby at a normal confinement and made a good recovery.

CASE 5. Woman, age thirty-four. Was operated on September 4, for ulcer of the stomach, which was found on the posterior surface of the stomach near the lesser curvature; the ulcer was completely excised.

The patient was kept on rectal diet of peptonized milk and white of egg, every four hours. Water was given by the mouth on the fourth day; beef juice on the sixth day. The recovery was uneventful until the ninth day, when she began to vomit incessantly.

September 13. All food by the mouth was stopped. Apomorphia hypodermically and by the mouth was given. also ipecac. The stomach was washed out by having the patient drink 4 ounces of warm water several times. During the next five days the vomiting continued. very much aggravated by the slightest attempt to take food by the mouth, despite the use of various medicines.

September 19. 6 p. m. Temperature 101.2 Pulse 140. The patient was moved from the ward to a private room as it was feared that death was imminent. She had taken, several

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times through the day, 1 ounce of albumen water. The
to that time, had not been tested except on the patient
tance and at this examination we did not test for a
diacetic acid. When she was transferred to the priva
the urine was tested and found to contain a large a
acetone, diacetic acid and indoxyl.

The patient was at once given a mixture of bicar
soda in water, a few spoonsfuls at a time. Part of
vomited up, but some of it retained. The amount of bi
of soda was increased during the next two or three day
vomiting grew less and less and ceased September 21 at

September 20. The patient received 2 ounces of
water at 6 p. m., and this was continued every hour whi
until September 23.

September 23. Lamb broth added to diet.
" 24. Rectal feedings discontinued.
" 25. Milk toast added to diet.
" 28. Cereal and milk added to diet.
" 30. Half diet.

October 2. Full diet. For drugs she was given
of bicarbonate of soda t. i. d. The urine did not begin
a decrease in acetone, diacetic acid nor indoxyl, until S
25, (six days after the bicarbonate of soda was comme
the ability to retain food by the mouth was marked,
few hours after beginning the bicarbonate of soda).
doxyl decreased first, then the diacetic acid, then the
The patient was discharged October 29, apparently
well.

This patient was seen the latter part of March an
herself perfectly well and having gained forty-one p
three months, after leaving the hospital.

Case 6. Woman. Age 39. Six months pregnant.
the following history: she was nauseated for about thr
previous to her admittance to the hospital and had vo
about two weeks. She vomited everything, even water.
sour eructations following meals, with distress in the epi
and had an acid taste in her mouth, before the prese
began. She lost a great deal of flesh and had hardly
enough to walk; her lips were parched and dry; face
skin a dirty yellow. Pulse 110. Temperature 99.6.

February 3. Analysis of first urine passed after ad
showed color slightly high; reaction acid; sp. gr. 1024

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much increased; albumen large trace; sugar none; acetone present, large amount; diacetic acid present, large amount; large pink sediment, mostly amorphous urates; many hyaline and fine granular casts. some with renal cells adherent. She was given 10 grains of bicarbonate of soda at 10 p. m.

February 4. The full analysis of the twenty-four hour urine showed: 720 c. c.; color slightly high; reaction acid; sp. gr. 1019; total solids 31.8 gms.; urea 19.17 gms.; chlorine 6.1 gms.; phosphoric acid .42; indoxyl much increased over normal; albumen large trace; sugar none; acetone slightly increased over previous day; diacetic acid, large amount; sediment same as sample. Patient vomited only once (early in the morning) after beginning the treatment.

She received to-day 40 grains of bicarbonate of soda.

		ACETONE.	DIACETIC.	INDOXYL.	SUGAR.	DIET, ETC.
Feb.	5 A. M.	Present.	Present.	Increased.	None.	
"	" P. M.	"	"	"	"	
"	6 A. M.	"	"	"	*10 gtt.	Felt hungry taking lots of milk.
"	" P. M.	"	"	"	6 "	
"	7 A. M.	Not so much.	"	"	13 "	Pulse 90, temp. 98.88. Milk, milk-toast, cocoa, dropped egg.
"	" P. M.	" " "	Decreased.	Sl. increase.	25 "	
"	8 A. M.	" " "	"	" "	20 "	Blanc-mange, cocoa, milk-toast, malted milk.
"	" P. M.	" " "	"	" "	10 "	
"	9 A. M.	None.	Slight.	" "	20 "	Half diet.
"	" P. M.	Sl. amount.	Present.	" "	5 "	15 grains, bicarbonate soda, a day.
"	10 A. M.	Very slight.	"	" "	5 "	15 grains, bicarbonate soda, a day.
"	" P. M.	Scarcely any.	"	" "	5 "	
"	11 A. M.	None.	"	" "	5 "	
"	" P. M.	"	Sl. trace.	" "	6 "	
"	12 A. M.	"	" "	" "	5 "	Full diet.
"	" P. M.	"	" "	" "	20 "	
"	13 A. M.	"	None.	Normal.	10 "	10 grains, bicarbonate soda, a day.
"	" P. M.	"	"	"	10 "	
"	14	"	"	"		

" 15. Discharged from the hospital apparently well, having a good appetite. She was ordered to send a sample of the urine to our laboratory each week until confinement and below I give the result of the analyses to date:

*Sugar never was present in any large amount, and these figures mean that the indicated number of drops of urine was necessary to produce the characteristic reaction in two drams of Haines' solution.

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		ACETONE.	DIACETIC.	INDOXYL.	SUGAR, DIET, ETC.
Feb.	23	None.	None.	Small amount.	No medicine.
Mar.	1	"	"	None.	Full diet.
"	9	"	"	"	
"	16	"	"	"	
"	23	"	"	25 gtt.	
"	30	"	"	24 "	

This case was rather remarkable in not showing any sugar for the first three days and then showing varying amounts, but at no time very much, until sometime about March 1, when the sugar entirely disappeared and has not yet returned. During her stay in the hospital, the patient was given, even while showing sugar, a full carbohydrate diet and after her return home was allowed her ordinary diet; notwithstanding this, the sugar disappeared and at present there is none showing. The patient is coming to the Maternity for her expected confinement, about May.

This is the only case of autointoxication we have had, where sugar has appeared in the urine in conjunction with the acetone and diacetic acid and it illustrates what I have so often maintained, that during cases of pregnancy where a comparatively slight amount of sugar is present, the patient can be allowed a full diet without the slightest harm resulting and in a case like this one, a diet with plenty of carbohydrates is almost a necessity.

CASE 7. Woman. Third child. Seven and a half months pregnant.

She had no trouble during her previous pregnancies, except some vomiting during the early part of them. This time she had the nausea and vomiting as before but the nausea did not pass off as it has done previously.

Her nausea continued but without vomiting and she had a good appetite up to the end of the fifth month when she had a sudden great nervous shock, she also took cold and developed a cough; since then she has had no appetite, she vomits at once after eating and also when the stomach is empty; she has an acid taste in the mouth, acid water rising in the mouth and burning in the esophagus.

February 14. Examination of the first urine passed showed: Acetone none; hydroxybuteric acid present.

February 15. Vomiting, etc., the same. Gave bicarbonate of soda, 5 grains t. i. d.

February 16. Gave bicarbonate of soda, 5 grains t. i. d.

February 17. Considerable acetone; hydroxybuteric acid, large amount.

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There was no vomiting after she began the bicarbonate of soda. The next day she said she was hungry, and it was the first time she had had an appetite for three months. She left the hospital two days later and I have been unable to get any report from her since. Up to the time of her leaving, she had had no vomiting since beginning the bicarbonate of soda, although when she left she was showing acetone and some diacetic acid in the urine.

CASE 8. Woman. Age, 23. First child. She was well up to the fifth month of her pregnancy, when she suddenly had a pain in the knee which continued when she moved her knee; afterward, she had the pain in her ankle and then in her hands, apparently articular rheumatism. After a few days, when she had the pain in her knee it would seem to run through her and she would become unconscious for from five to ten minutes. These attacks increased in frequency until she had them at intervals of about ten minutes, day and night. She had no nausea, no appetite. This was her history when she was admitted to the hospital:

February 9. A. M. Acetone present; diacetic present. Bicarbonate of soda 5 grains t. i. d.

February 7. P. M. Acetone present; diacetic present.

February 10. P. M. Acetone very slight; diacetic large amount.

February 11. Unconscious spells much less often.

February 13. Acetone none; diacetic large amount.

February 14. Acetone very slight trace; diacetic large amount. No more unconscious spells.

February 15. Acetone none; diacetic very slight trace.

February 16. Acetone none; diacetic very slight trace. Appetite good.

February 17. Acetone none; diacetic none; bicarbonate of soda stopped.

February 22. Acetone none; diacetic none.

February 23. Acetone none; diacetic none.

Sugar tested for in each sample but was not present.

This case is still suffering from articular rheumatism. She still has the sharp pain in the knee, shooting up through the body and lasting at times several minutes, but she has not had any more unconscious spells with it.

CASE 9.. Woman. Age 25. Second child. With her first pregnancy she vomited for two weeks and then was all right

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except that she vomited once the first thing on risin morning until the child was born. Her appetite was go she made a fair but slow recovery.

During this pregnancy, at the end of her second mor began vomiting every morning for about a week. S no appetite and felt miserable. The next week she v a great deal and felt unable to go outdoors; she could and vomited even when she did not eat. During the nex she was unable to get out of bed and vomited day and nig great straining; she had burning in the esophagus and mained in bed ever since.

She was kept in bed and with an enema, diet and tre she only vomited mornings and her appetite returned son

February 2. Analysis of first specimen after adm to the hospital shows: color high; turbid; reaction alkal gr. 1026; albumen slightest possible trace; sugar none; th was not tested for acetone or diacetic acid.

February 4. She sat up in bed.

February 5. Analysis of twenty-four hour amount 660 c. c.; color normal; reaction alkaline; sp. gr. 1011; tot 16.25; urea 6.5; chlorine 4.7; phosphoric acid .39; albumen sugar none; sediment large, white, many amorphous phates, few bladder cells.

She was given half diet but did not relish it.

February 10. She sat up in a chair.

February 11. She felt worse and began to vomit. Ex tion of the urine showed: Acetone present large amoun cetic acid present large amount.

February 12. Analysis showed: 920 c. c.; color pa action acid; sp. gr. 1012; total solids 26.76 gms.; urea 2.2 Chlorine 6 gms.; phosphoric acid 1.5 gms.; albumen trace none; acetone large amount; hydroxybuteric acid large a sediment slight; bladder and vaginal cells; few hyaline c

Vomiting day and night, absolutely no appetite, un take anything but a few ounces of water. Tried to give bonate of soda by the mouth but it was vomited up a as taken. The vomiting persisting and being unable t the bicarbonate of soda by the mouth, she was given 10 intravenous. She slept some during the night.

February 13. We were able to give a little bicarbo soda by the mouth; she had absolutely no appetite. Sh vomited when she took something but she refused to tak thing except water.

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Being satisfied that there was a mixed intoxication, the urea toxine and the acid toxine, we decided to curette.

I think that the vomiting (being so decidedly partly helped by the bicarbonate of soda intravenous) would have been entirely cured by giving large doses by the mouth. If the patient had not been in such extremely poor physical condition, I should have waited longer before curetting but she appeared so weak and her pulse was becoming so poor that we decided to curette at once.

February 13. Acetone, large amount; diacetic, large amount; curetted.

February 14. Acetone, very large; diacetic, very large; slept some during night; vomiting some; 10 grains bicarbonate soda, by mouth.

February 15. Acetone, large amount; diacetic. very large; vomited some; no appetite; 10 grains soda; liquid diet, bread, potato.

February 16. Acetone, large amount; diacetic, very large; some vomiting; 20 grains soda.

February 17. Acetone, less; diacetic, less; no vomiting; 20 grains soda.

February 18. Acetone, still less; diacetic, less; more appetite, light half diet; 20 grains soda.

February 19. Acetone, very slight; diacetic, less.

February 21. Full half diet; feels perfectly well; good appetite.

February 23. Full diet; up and about; 10 grains soda.

February 26. Discharged from the hospital apparently perfectly well. In this case hydroxybuteric acid was present until the 14th, at which time diacetic acid appeared and the hydroxybuteric acid disappeared.

Case 10. Woman. Age 41. Had suffered from stomach trouble for about twelve years. Began having extreme pain in her stomach which would double her up; this lasted from one to two hours and then would become easy. For the past four or five years has vomited a large amount (sometimes 2 quarts at a time). After vomiting she was relieved from pain. This has happened as many as ten times a day; diet made absolutely no difference.

Gastroenterostomy was performed by Dr. Chandler with apparently perfect results. She had no vomiting for ten days after the operation and no pain; then began to vomit two or three

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times a day. For several days she was put on rectal feedings but continued to vomit. Vomit tasted acid to her; she had absolutely no appetite but was thirsty and wanted cold drinks.

March 15. Analysis showed: Acetone present; diacetic acid present. She was given 5 grains of bicarbonate of soda, every three hours. Diet: custard, milk and crackers.

March 16. Slept nearly all night. Feels first rate. No vomiting, some appetite. Diet of blanc-mange. crackers and milk ,junket and potato. Stopped rectal feeding.

March 18. No vomiting, sat up in bed. Tongue clean. Increased diet. 5 grains soda twice a day.

March 20. Sat up half a day, feels all well. Sleeps well and asks for food. 5 grains of bicarbonate of soda a day. Had an enema at 11 a. m. with good results, after which she had some pains in her abdomen and suddenly vomited up greenish liquid with a lot of hard, very large, milk curds. Her tongue was clean and she was anxious for food. Urine passed this p. m. showed a little hydroxybuteric acid.

The patient left the hospital and went home and I have this subsequent history from heresay. She vomited frequently the day after her return home. Had a great deal of pain in the abdomen but no other symptoms of peritonitis; the next day she had a "sinking spell' and died the following day.

Case 11. Woman. Age 19. Married. Two months pregnant. Had always been nervous but has had no serious illness.

February 7. Complained of pains in the stomach, nausea. tired and very nervous.

February 14. Began to vomit severely and persistently, very thirsty but soon throws up the water. Severe dry retching for a while, then would vomit mucus and bile.

February 15. Vomiting the same. Sleepless. Constant nausea and attacks of vomiting. Paroxysms of pain in the abdomen for 1-4 to 1-2 hour before vomiting. Hypodermic of morphia 1-8 grain.

February 16. Slept some and pain is much relieved. Constant nausea. Pain in abdomen not so severe.

February 17. Acetone, present; diacetic, present; nausea and vomiting same as before; 10 grains soda t. i. d.

February 18. Acetone, present; diacetic, present.

February 19. Acetone, present; diacetic, present.

February 20. Acetone, present; diacetic, present; no vomiting.

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February 22. Acetone, slightly less; diacetic, slightly less.

February 23. Acetone, present; diacetic, less; steadily improved, slight nausea, no vomiting; slept better, no bad paroxysms; still has nervous spells.

February 24. Acetone. less; diacetic, less.

February 25. Acetone, less; diacetic, less.

February 26. Acetone, very slight; diacetic, very slight.

February 28. Acetone, very small amount; diacetic, very small amount; has vomited but once since 19th, and then followed a nervous shock caused by burning of brother's shop.

March 1. Acetone, none; diacetic, none:

March 3. Improving in strength. no vomiting, nausea almost gone.

March 9. Acetone, large amount; diacetic, large amount; began vomiting just as at first, only no thirst.

March 11. Acetone, large amount; diacetic, large amount; eaten nothing for 18 hours as could keep nothing down, no thirst, constant nausea. 10 grains soda, 5 times a day.

March 12. Acetone, large amount; diacetic, large amount; better, keeping down some cereal; slept better.

March 13. Acetone, less; diacetic, less; no vomiting though some nausea; 10 grains soda t. i. d.

March 15. Acetone, less; diacetic, less.

March 17. Acetone, none; diacetic, none.

March 18. Acetone, none; diacetic, none; steady improvement, up and about the house, good appetite, no nausea, less nervous.

March 25. Patient apparently perfectly well.

This is the only case where we have had a recurrence of the trouble and the second attack was of much shorter duration because of the early recognition of the apparent cause of the trouble.

The acid in this case was hydroxybuteric acid throughout the entire course. Sugar was tested for in every sample but was not present at any examination.

April 1. Analysis showed no acetone or diacetic acid. Patient reports as being perfectly well.

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DELIRIUM TREMENS*

By ROBERT MONTFORT SCHLEY, M.D.

Gowanda, N. Y.

THIS paper was brought about by talking with several sup tendents of general hospitals, who complained that death-rate in delirium tremens was 107; and in looking ove catalogue of a number of large general hospitals in New and Pennsylvania, I found that their death-rate ranged 8-10%. As we have had such uniformily good results in the ment of these cases, I have taken the liberty of adding one article to the already large number that have been written.

I find that much has been said regarding the symp pathology and general results of long continued and excessiv of alcoholic beverages; but the treatment has generally beer missed in a few words, with the simple statement that i patient becomes violent he shall be given large doses of hyp or be restrained by mechanical means, and in addition shou given a supporting diet.

I present two cases, the symptoms of which, cover, I b to a great extent, the varieties of delirium tremens which w apt to meet. They are typical as to symptoms and treatme a large number of alcoholics which we have had under our We never get the milder forms of delirium tremens, but those which are more desperate and whom it is impossible to trol either in jails or general hospitals without injury to thems or others.

Case 1. Victor A.; age, 32; laborer; married; Swede mitted June 5, 1906; family history, negative.

Patient was a healthy child who had St. Vitus dance 12 years of age. He started drinking heavily when 18 yea age, was married at 21 and has four children who are he He was employed at skilled labor in a furniture factory.

Psychosis: Three weeks before admission he st drinking very heavily, being able to work days by taking 3 drinks; but as soon as night came he would go to a saloon drink till morning. Two days before his admission he swo heard a man just leave the house who had been there for im purposes with his wife. During the following days he threa

*Read before the Homœo. Med. Socy. of the State of N. Y.

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her to such an extent that she became frightened and had him arrested and sent to us.

He came quietly with a friend, but kept complaining that people were under the car seat blowing dust up his pants-legs.

On admission, he was quiet but kept shaking his legs to get the dust out of his pants. He appeared much frightened, sitting on the edge of the chair looking about him. Whenever any one would speak in the hall he would say: "Hear that, they are going to hurt me as soon as I get out of here; they are laying back of that door." He was much depressed, crying on the slightest provocation over the supposed infidelity of his wife. There were men he said on the ceiling, who kept blowing greenish powder down on him, that made him drunk.

He appeared distracted by his hallucinations and on account of these answered some questions at random.

After some urging, he gave an accurate account of his past life, but was very easily confused, not remembering whether things occurred to-day or yesterday.

His judgment was fairly good, recognizing his condition and being easily persuaded out of his false beliefs. He knew he had been drinking heavily, which accounted for his present condition.

Physically he was well developed and well nourished. The reflexes were very brisk. He had a slight mitral regurgitation.

Recognizing from his mental condition on admission that he was liable to develop a serious case of delirium tremens, he was given a special attendant. A thirtieth of strychnine was immediately prescribed, with a sixtieth every 3 hours following. Hot milk, a high enema and nux v. 3x hourly were also prescribed.

Through the first night and the following day, he was sleepless but quiet. He still expressed delusions, believing that the medicine which was being given him kept him intoxicated.

On the second night of his commitment, early in the evening, he began seeing large, green grasshoppers jumping about on the bed. These frightened him and he became quite restless trying to catch and kill them.

He was put in a pack of 100 degrees, a physician being constantly with him. He continued very restless, and after twenty minutes his pulse reaching 120 and his hallucinations becoming more active, it was considered advisable to take him from the pack. Following this he quieted down, but complained that he was annoyed by people talking to him outside of the window and he would call back to them in Swedish.

Early in the the morning the special attendant left him for

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a few minutes in charge of another attendant, who tried to restra
him when he became restless, and he at once became excited.

He then conceived the idea that he was a soldier in th
Swedish army and was commanding the room, which he ima
inged was a fort. All opposition made him more desperate an
it was only by the attendants falling in with his ideas, tellin
him that they would assist him to repulse the enemy and tha
that his foes had been overcome, that he became quiet. All th
day he was very restless, controlled to a great extent by his del
sions; seeing bears, elephants and rats going by in endless pr
cession. He heard his daughter calling him from outside and
answered her.

People were also spitting on him from above and he w
obliged to dodge to avoid it. The catch which came out fro
a register high on the wall he thought was a match stuck in
girl's finger. This troubled him and he was kept quiet for hou
by his attendant turning it off and on, believing for the time bei
that it was gone, but soon catching sight of it again.

The same afternoon, forty-eight hours after admission, he st
remained quite restless. He was given a bath of 100 degrees.
the end of eight minutes his face became very flushed, his pul
went up to 130 and his nose began to bleed. He was therefo
taken out and put to bed, where he remained quiet, though som
what nervous, believing that the hospital authorities were keepi
his wife away from him. He remained thus until midnight, aft
which he slept quietly for six hours, awaking perfectly clear.
remembered his delusions only as bad dreams. He was able
tell all that he had said and done since his stay with us. Fro
this time on he showed no further psychosis, though for a fe
days following he remained nervous, weak and exhausted, goi
on to an uneventful recovery.

This man was always more or less his own boss, being ab
at any time to command a good position regardless of his failin
Under the excitement of over-stimulation, this independence
character, with slight moroseness became very evident. To ha
opposed a man with these characteristics would have only emph
sized his resistiveness and it would have been impossible to ha
controlled him except by mechanical means or sedatives, either
which might have helped to bring about a fatal termination, as the
was already evidence of some cardiac insufficiency. But, by agre
ing with him and apparently carrying out his orders as far as w
were able, and falling in with his delusions and assisting him, w

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were enabled to allay his worst fears and direct his energies, rather than oppose them.

The next case is also that of a Swede.

Age, 34; single; laborer; admitted, July 12, 1906; family history, negative, except that one sister suffers from epileptic seizures.

Patient was a healthy child, who did very well in school. When 17 years of age he had an attack of typhoid fever and was given large quantities of whiskey and eggs. This seemed to start an appetite for whiskey and he has been a very steady drinker since then. A year before admission he took the liquor-cure in Gowanda Sanitarium and made an uninterrupted recovery.

Two weeks before admission he started drinking very heavily, taking from one quart to a quart and a pint a day. Two days before coming to us he threatened to kill some people, so was locked up in jail and there developed delirium tremens, becoming so violent that it was necessary to have him committed as insane.

He came readily with the attendant who went for him. While waiting in the station he saw a large dog walk up to the telephone and send a message. He then thought that the man opposite him in the train had his nose bleeding in streams and the patient wished to go to his assistance.

On admission he was disorientated as to place, believing he was in the bottling works at Gowanda, and would demand beer. The first night of his stay he was quiet, but slept none. Early the following morning he suddenly became restless and disturbed, getting up, tearing the bed to pieces, looking for bugs and spiders which he had seen crawl under the clothes; he also saw water boiling out of a spittoon. He became more active, perspiration poured off of him in streams; at the same time, he worked faster and faster at the bed and bed clothing, calling loudly for whiskey.

The muscles of his face started twitching and this spread steadily over his whole body until he had an epileptiform seizure, which lasted about five minutes. Following this he was as restless as ever. He was continually looking for his clothes which he believed contained considerable money and had been stolen. He explained that the rubber sheet on the bed was a pair of rubber boots which had been left for him to wade through a large pond that he thought was just outside of the window. He talked continually, expressing his delusions, his thoughts being the distracting medium.

His mental examination showed a hallucinatory, delusional condition, believing he had a large vegetable garden which he

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thought he must cover up with a rubber sheet to keep from getti wet. He heard people talking to him from Minneapolis and C cago; he was continually talking about shoes, waists, etc., with any connection. He was constantly looking for bugs which h just gone under the bed. He also saw a whole drove of pigs r ning around outside. He carried a pillow case around, offering every one what he termed "musical fruit."

He mistook the identity of the physicians and nurses, calli them by names of people he had seen before.

His memory of recent events was very defective. He told that he had arrived the day before and had spent his entire ti hoeing potatoes. He was unable to remember the names of attendants five minutes after they were told him.

When educational tests were given him he answered at r dom or said, "I haven't time to answer those things. I am entir too busy."

His judgment was very defective, believing that he was p fectly well in every particular and was able to work; "Couldn't physicians see how well he was doing."

Physically he was in excellent health except for exaggerat reflexes and fine tremor of tongue and fingers. His temperat was 100.2 with a blood pressure of 111.

He remained in the above condition for two days, sleeping v little, showing the same busy activity. Then he suddenly went i a quiet sleep in which he stayed for 16 hours, and on awaki wished to know where he was and how he got there.

When told, he was very angry and demanded his immedi release. He soon became reconciled to his confinement and w very tractable, doing everything to be cared for. He was with ten weeks, when he was discharged, having entirely recovered fr all evidences of the psychosis.

The natural characteristics of this man are almost oppos those of the first case. He made his way through life by his go fellowship rather than his ability. A painter by trade, he drift from one position to another, "Jack of all trades," but good none, living from hand to mouth, a veritable grasshopper of fab fame. As during his delirium he mistook the identity of tho about him, calling them by the names of his friends, advantage w taken of this idea to "jolly him" into doing things we wished, e. g He became tired of milk and refused to take it. Two glasses we then brought and both were filled with milk; one was given to t patient and the other to the physician or attendant, who said

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him: "You won't turn a good friend down, but will take one with me?"; he would then drink it readily. In this manner we were able to kep him supplied with a necessary amount of nourishment. When he became restless, insisting that he must go in search of his clothes which contained his valuables, it was only necessary to call his attention to the rubber blanket, his supposed rubber boots, or point out to him the pillow-case which he said contained his musical fruit, when he would readily return to his self-appointed tasks.

In these two cases we have men of opposite characteristics, one strong and domineering who never asked favors but made his way by force of ability, drinking because he wished to do so. The other, weaker, readily giving away to others, socially pleasant, who made excuses for his intemperance. In both, much was gained in the treatment by taking advantage of these natural though diametrically opposite characteristics.

In summing up our treatment, I would say that, although in the beginning of each case we take whiskey away from them entirely, we substitute for it strychnia, which we push almost to its physiological limit. We also give hot milk freely, a glass every half-hour, often every fifteen minutes during the excited period. This appears to act as a sedative to the already irritated stomach, and at the same time quiets and supports them physically.

Every case is carefully prescribed for according to the similia. The remedies most often used are nux vomica, belladonna, hyoscyamus, stramonium and the mercuries.

Particular attention is paid to the elimination of toxic products by washing out the bowels with large enemas, followed in some cases by a further stimulation of saline enemas.

Though these patients are often much disturbed and noisy, they are placed in rooms adjoining and opening into our most quiet hospital wards, where there is the least noise in the house, as they are very susceptible to unusual sounds.

We fortunately have in our institution a man of much tact and ability whom the writer has personally trained for these cases, and as soon as a patient with alcoholism is admitted he is at once put under the charge of this attendant, who stays with the patient almost constantly while his psychosis lasts.

Restraint of any description whatever, under no circumstances, is allowed. The majority of these people are controled by delusions of persecution and are in constant fear of the loathsome animals which are figments of their imaginations.

If the patients are tied down and in a position where they can-

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not defend themselves, they will strain and pull at their bon putting a severe tax on an already over-stimulated and w heart, often causing their death from exhaustion.

We have found hydrotherapy of some value in a fe Hot baths at 100 degrees have quieted some cases, but I that a degree of danger attends the application of this the measure and a physician should be in attendance through procedure. Packs are of very doubtful benefit, as they a tically a means of restraint. I have also found it unnece give hypnotics in any form, but am able to control these as stated, by studying characteristics and giving them th ment already outlined.

In closing, I would make a plea for the more ration ment of these poor unfortunates who have the disease of alc firmly fastened upon them, for they seldom or never attack of delirium tremens in the first few sprees, but on they are chronic alcoholics.

The greatest kindness and consideration should be them. Under their own stimulation, their natural charac stand out very prominently, and by taking advantage of t using a little tact, I am sure the most desperate case can be controlled until nature asserts herself and sleep is obta natural means, without the necessity of endangering th either by mechanical restraint or hypnotics.

THE PUBLIC SCHOOL AS A FACTOR IN THE S OF CONTAGIOUS DISEASES*

By Edwin H. Wolcott, M.D.

Rochester, N. Y.

Director of the Division of Contagious Diseases of the New York State Department of Health

TO secure, at first hand, information respecting this in subject, the following letter was sent by the Ne State Department of Health, July 3, 1906, to all the Officers of the State—about 1,400 in number.

*Read before the Seventh Quinquennial International Congres

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To the health officers of the State:—

This department is very anxious to obtain any information possible tending to show to what extent the public school is a factor in the spread of contagious diseases. You are requested to express your views at your early convenience and at length, if you choose, upon any phase of this subject.

We are also interested to know how much has been accomplished by methods of prevention, especially the medical inspection of schools, where this method has been adopted.

Your communication will be greatly appreciated.

Cordially and fraternally yours,

EUGENE H. PORTER,
Commissioner of Health.

Prompt responses were received from about one hundred health officers located in different sections of the state. These letters evinced a gratifying interest in the subject to which the attention of the writers had been called—in some instances expressing hearty satisfaction that fuller information in regard to the best methods of guarding against the spread of contagious diseases was likely to be available as the result of the inquiry which we had instituted. Some of the writers frankly confessed that, in their districts, little or nothing was being done to promote the sanitary condition of the schools, and regarded "the ignorance and superstition" of the community as affording almost insuperable obstacles to scientific sanitation. Others seemed entirely satisfied, and apparently had reason to be satisfied, with what was being done to safe-guard the communities which they represented against the spread of contagious diseases through the influence of the schools. Many of the letters received, embodied important information and valuable suggestions; though not of a nature essentially to modify the opinions held, and made the basis of recommendation, by the Health Department.

There seems to be a general consensus of opinion that our schools are a prominent factor in promoting the spread of contagious diseases; although, through the preventative methods now in vogue, less so than formerly.

This fact, however, does not pass without question. In the series of letters to which reference has been made, we get such answers as these: "Schools have not been a factor to any great extent;" "But a small factor, if factor it can be called;" "No factor in our town at all." Indeed, one health officer—and evidently a very intelligent man—takes the ground that "Schools are a preventative against the spread of contagious diseases,

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especially in villages and cities where quarantine is s
forced. If children are not in schools, they are playing
on the streets and largely without restraint or discrimina
school is the one place where they are safe, and und
tion and restraint. Occasionally, an incipient case of
disease will be found in school, but it is seldom com
to others, being detected by the teacher, if the latter
and competent."

This gentleman seems to think that a health officer
assume, with reference to the milder types of contagiou
a similar attitude to that which many of us doubtless ta
own families. He says: "Scarcely any adult person, d
escapes having measles, mumps, whooping cough and ch
My theory is that these should not be avoided during
when they are lightest and time is not valuable; and hen
to be looked on as evils, but as part of the physical ed
childhood, like vaccination, etc." While I act upon tha
in my own household, I question whether I should be
in acting upon it as a custodian of the health of our pub
—especially in the case of measles, which not infreque
fatal termination; and when the after effects are some
manently serious.

In contrast to the opinions just cited, one health office
our schools are "The chief means of disseminating
diseases." Another says: "The greatest of all factors;"
in proof, 130 cases of measles in one school from one
was in full bloom at the Christmas exercises"—which s
clusively, that that school had a grossly incompetent tea

Another writes: "My experience, as a health offi
practitioner, leads me to think that the school is a la
I have had to do with epidemics of scarlatina, me
whooping cough; and, in every instance, the schools s
the point of least resistance." This gentleman's sugg
regard to the treatment of such an epidemic are so per
I may be excused for quoting them at length. He say
mild types of measles and scarlatina, I have found it ve
to impress the parents, and even members of the board
with the urgent necessity of taking proper precaution
spreading the disease. Where the severe type exists,
trouble I have experienced is the tendency toward the
treme; and the alarm shown by the same people has b
hysterical. My endeavor has always been to impress
board and the community with the idea that the disease—

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how mild the type and how few the cases—may become widespread and virulent in its nature. At the same time, I endeavor to cause no undue alarm. I do believe, however, that a community does wrong in endeavoring to belittle the gravity of the existence of contagious diseases in their midst; and think many a serious epidemic would have been stamped out clearly, if the health board had frankly admitted the situation, and reassured the people, not by misrepresentation, but by their practical efforts in the suppression of the contagion."

Despite this conflict of testimony and opinion, I must still believe that our schools, notwithstanding modern preventative methods, are a not inconsiderable factor in the spread of contagious diseases. Though in the case of scarlatina, for instance, the disease being considered non-contagious before the vomiting takes place or the rash appears, little danger follows, as the child is usually too ill to remain in school until this time; while with measles, whooping cough and chicken-pox the reverse is true, as in each of these diseases sufficient time may elapse for the spread of the disease before the teacher finds it necessary to send the child home. So far as diphtheria and smallpox are concerned, it has not been so definitely determined as to when these diseases first become a menace to those coming in contact with them. The best authorities, however, state that in the former "In ordinary circumstances, the period between the exposure to the contagion and the appearance in the throat of the exudate peculiar to diphtheria, is probably from one to four days, a longer period being exceptional;" while with smallpox it is considered infectious in all stages characterized by symptoms, but least so during the initial stages, and most highly so during the suppurative and early period of the desiccative stages.

However, it matters not what disease is under consideration the danger of infection is undoubtedly greater in urban than in rural districts. In support of this contention Buffalo submits statistics, covering two years and a half, accompanied by a letter from which I quote a single paragraph:

"You will notice that in July and August, when the schools are not in session, these diseases are fewer than in any other months of the year. About the only exception is in 1904, at the commencement of an epidemic of measles in July, when we had 74 cases. But in August it dropped to 13; September gave us 20 cases, with an increase to January, 1903, when we had 1,215 cases reported, decreasing gradually until June, 1905, in which

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month we had 147 cases. The schools closed, and in the n
months we had only 17 cases."

I have been informed by the health officer of the city c
that, in that community, there are twice as many cases
tagious diseases when the schools are not in session as wh
are, the increase being attributed to the indiscriminate r
of children at church fairs, public places of amusement,
the streets, etc.

While the schools of our large cities are more likely
mote the spread of contagious diseases than those of our
towns, even our rural districts must realize that eternal
is the price of immunity from contagion. As one healt
naively writes: "Pure air and beautiful scenery will not
filth and disease in and about a country school house."

Our schools are especially likely to become centers of c
in communities—even if they are comparatively small—whe
is a considerable percentage of a degraded population, wh
dren are forced into our schools by our compulsory educati
In guarding the state against the evil of allowing these
to grow up in ignorance, we expose it to other evils, whi
health officer who has to deal with the filthy, ignorant an
stitious foreign element which we are now taking into t
politic, will keenly appreciate. While this state of thi
doubtedly intensifies the evil with which we are grappling, a
much to neutralize those preventative methods which lea
communities to regard our schools as no longer a facto
spread of contagious diseases, yet we must remember that
or may not contain germs of contagious diseases.

The question now before us is: What can be done to r
the evils which, despite all that may be said in abatemen
we must undoubtedly recognize?

First of all, we should see to it that our school b
are located, constructed, and equipped in conformity to
ideas of healthful sanitation. It is certainly within the
of the health department in any community to see that new
buildings are located and constructed in accordance with
principles; and to insist that the outrageously unhealth
ditions which prevail in many of our old school building
be remedied as far as possible.

The school buildings should be ventilated thoroughly
twice a day, and fumigated with formaldehyde gas, w
necessary, even though the janitor does complain that
have the building at a certain temperature when school o

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ng, and for that reason cannot allow any amount of enter.

n experience as this lends especial significance to the uggestion in a recent report of the health officer of Rochester:

ime will come when a school may be established for of men who are to take care of the buildings in which and growing human plants spend many hours of the nfinement that is away from nature and under unnatural As it is, we do less for the physical needs of our their school environment, than the horticulturist does ers in the greenhouse. Not until we attempt to give are to our children, under natural housing conditions, ower of plants and vegetables gives to his roots and flowers, will we be able to raise up a race of boys and ill be as strong and well as the race of boys and girls one before."

t only need teachers who are better informed with hygienic conditions, but we need quite as much intelli-le and enlightened janitors.

hool-room should be swept and dusted, after an intelli-n, which is thus set forth in the experience of a western a school-building with more than 450 children, the ad a celebration in which she burned all the feather Henceforward, sweeping was done with moist sawdust ne floors; and dusting with moist cloths. The rooms natically aired before school and after the classes were During the whole school session, not a case of infec-se occurred in the school." To supplement this sensible the floors and walls of the school-buildings should be scrubbed a great deal oftener than is commonly done. ce of oiling the floors as obtains in some schools, is ctionable, while soap and water is a valuable antiseptic. lition to this, the school-building should be thoroughly at the close of every school term—oftener, if a single ntagion occurs. One health officer speaks of the dele-ects of opening rural school-houses for lectures, travel-ainments, etc., and thinks that it might be well to fumi-each performance of that nature. But if we get our ol-houses fumigated once a year, we shall probably do acme of hygienic precaution—in which each pupil shall wn drinking-cup, etc., etc., as two health officers recom-vill hardly be attained immediately, though wherever it

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is possible, it would be well to do away with drinking-cups altogether, and install the Hyde Drinking Fountain. But that a great deal can be accomplished by a little intelligent effort is shown by the following extract from the letter of the health officer of the city of Buffalo: "We disinfect thoroughly all schoolbooks of the public schools during the summer; and, after the work was commenced, there was a diminution in the cases of contagious diseases in the city—notably, scarlet fever which was reduced, in the number of cases and in deaths, one-half."

The best disinfectant is, unquestionably, formaldehyde; and the best method of using it is well set forth in a little pamphlet, entitled "Disinfection with Formaldehyde," by Wallace Clark, M.D., Health Officer of Utica.

The preventative work which we have outlined must, of course, to a very large extent, be energized and made successful by the teachers in our schools; and we must rely on them for efficient co-operation in another line of preventative work which is quite as important. The teacher must assume the *role* of a health inspector, or medical detective. To this end she should be trained to recognize the incipient stages of contagious diseases. One health officer suggests that every teacher should be furnished with a printed card, setting forth the symptoms of those diseases against which it is most necessary to guard; and that this card should be conspicuously posted near the teacher's desk. The idea of such a card isn't a bad one; but we wouldn't fly it as a perpetual danger signal, procreative of imaginary aches and pains. Let it be *in* the teacher's desk, for consultation, when necessary, rather than posted conspicuously on the wall.

In this way, or some other, perhaps, a series of informal talks will be as well—the health officer should see that the teachers in his district have sufficient knowledge of the symptoms of contagious diseases to render him effective assistance in safe-guarding the public health. One health officer writes: "The principals render excellent co-operation in preventing the spread of disease. It is my custom to give them such information as will enable them to detect real and suspicious cases. I also report to them all cases occurring in their districts, that members of the household may be excluded until they present a health certificate."

The teacher should not only scrutinize, with care, the sanitary conditionn of those pupils who are present, but investigate, with care, the reason why pupils, who have brothers or sisters in the school are absent. The simple question why Johnny isn't at school

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this week may suggest the imperative necessity of quarantining Johnny's whole family.

The teacher should isolate, at once, a pupil whose physical condition excites suspicion—send him home, if necessary, and report the case at once to the health officer of the district, or the medical inspector of the school. No reluctance to interfere with the child's course of study; no fear of offending the child's parents; no consideration that the case of disease, if it really exists, is only a slight one—because a slight case may be as serious a menace to the health of the community as a severe one—should interfere with the teacher's prompt discharge of this plain and obvious duty.

One health officer suggests that the Health Department of the State of New York should secure from the Educational Department such action as will make the duty of the teacher, in such contingencies, obvious and compulsory; and enable the health officer of a district to hold a teacher responsible for failure to isolate and report a case of real or suspected contagion.

It is evident, from the answers which have been received to our letter of inquiry, that the best results are being attained, and the most satisfactory conditions exist, where the relations between the educational authorities and the health officers of a community are cordial and sympathetic. Notice the contrast in the tone of the following letters.

"Immediately following my appointment as health officer, there was a case of smallpox in our village. I mentioned to the president of our health board the advisability of vaccinating all pupils dating their vaccination three years back. I was told that the care of the schools was left in the hands of the trustees—one of whom was, and still is, a doctor; that the schools were out of our jurisdiction. So I have not interested myself further."

"Our schools are fumigated frequently, and the superintendent and myself work together. That is: As soon as a contagious disease is reported to me, I report to him; and he excludes the children of the family from the schools, until the family is pronounced well and their premises thoroughly fumigated."

"Our teachers keep pretty close tabs on the pupils and we get along nicely together."

"I have a map of the city, on which the location of each case of contagious disease is designated with a pin. If any considerable number of cases occur simultaneously in one school district, I immediately inspect the school-building and every child in the school, taking pains to visit those who are reported as sick in any way. A number of times, by doing so, I have found children sick

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with a contagious disease, whose illness would never have been discovered by us except in this manner. I have recommended to our school board that where children were absent from school, the teacher should carefully investigate the cause of this absence; and to-day the teachers are reporting to me all cases that, in their judgment, are at all suspicious; and I at once make a careful investigation."

These letters illustrate—both negatively and positively—the advantages resulting from a thorough understanding and cordial co-operation between the school authorities and the health authorities of a community. An ideal state of things is perhaps illustrated in a village of this state, where "One of our foreign pupils was taken ill with scarlet fever, while spending the evening at the home of a neighbor where there were four other pupils. The writer was called as the attending physician, and, recognizing the nature of the case, had authority, as health officer, to institute quarantine at once; while, also having the honor of being President of the Board of Education, no time was lost, in preventing school being opened the next morning."

We cannot expect to find, in every health officer, such a "Pooh Bah;" but this exceptional case will illustrate the importance of a good understanding between the department of public health and the department of education.

The health officer must, of course, realize that he is responsible for the hygienic condition of his district; and must act with firmness, yet with tact and discretion, in enforcing the laws with reference to vaccination, quarantine, etc. In any sudden emergency he must act promptly and efficiently; yet not in such a spirit of trepidation and flutter as will tend to develop a panicky feeling and intensify, rather than alleviate, the evils of the situation.

In regard to the question of closing the schools to avert a threatened epidemic, I am satisfied that this is often done when a rigid quarantine of the infected families would adequately meet the emergency. One health officer puts himself on record as in favor of "quarantining the sick, and excluding the members of their families, instead of closing the schools." Another writes: "When proper regulation and care are exercised, the child at school is less likely to contract infectious disease than the child allowed to run the streets. * * * Shut the disease up, and not the school." What this gentleman says is certainly worthy of serious consideration.

In the discharge of his necessary duties, the health officer must avoid antagonizing the parents of the children—especially where

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they are ignorant and suspicious—by a rude, dictatorial manner; by an inquisitorial spirit; or by insisting on minute and vexatious requirements which are not absolutely essential. He will do well to lay to heart two time-honored proverbs: "Half a loaf is better than no bread;" and "You can catch more flies with molasses than you can with vinegar."

In appointing medical inspectors for the schools of Rochester, it has been thought wise to have every school of medical practice and every phase of religious faith (Catholic, Protestant and Jewish) represented. I am inclined to think that better results would be attained if an intelligent foreigner were made health officer of a district where the foreign element was largely in the ascendant; an intelligent Hebrew where he would have to deal largely with Jewish families.

Not many of our schools have thus far adopted a regular system of medical inspection; and, where such a system nominally exists, the inspectors are few in number and inadequately paid.

So far as preventing the spread of contagious diseases is concerned, the work of the medical inspector consists largely in passing judgment on the condition of pupils to whom his attention is called by the teachers. That is: he does in a special way what the health officer does in a general way. It has also been observed that where inspection obtains, parents are not so likely to send the children to school when they are indisposed, fearing they may be sent home again.

There are, however, many advantages—apart from the greater efficiency in preventing the spread of contagious diseases—which would result from the maintenance of a thorough system of medical inspection in our schools. For example: the detection of cases of incipient tuberculosis, defective vision, malformation of the throat and vocal organs; the correction of tendencies to diseases of the spine, etc., etc. But there are especial difficulties in the way of securing the adequate treatment of these evils in individual cases where the medical inspector may regard such treatment as necessary; and the medical inspector of the future will have to be a man of exceptional tact as well as professional skill. A recent illustration of lack of tact occurred in New York City where a medical inspector found a tonsil that he thought ought to be removed, proceeded at once, and without the knowledge or consent of the child's parents, I am informed, to amputate it. The New York papers reported interesting "Fire Works" at the home of the child upon his return from school.

The systematic medical inspection of our schools might well

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be supplemented by such a system of home visitation by nurses as is carried on, under the supervision of Miss Lina L. Rogers, in connection with the schools of New York. In that city, thoroughly trained nurses—there are 50 of them—follow up the cases which the medical inspector regards as requiring treatment. They visit the homes of the pupils; give the mothers needful suggestions and practical assistance in dealing with the diseases for which children are quarantined; instruct them with reference to the importance of habits of cleanliness and other sanitary conditions that are essential to the healthful development of the child; and, by aiding them in various ways, win their confidence, and thus secure their help in the work of hygienic reform.

It is not my purpose, however, in this paper, to forecast the future; and unfold ideal systems of education. My paper owes such interest and value as it may have, to the fact that it tells, in plain and simple language, what is actually being done, at the present time, to promote the sanitary condition of the schools of the State of New York, and thus safe-guard the health of the community.

ANISOCORIA COMPARATIVELY A VALUELESS DIAGNOSTIC SIGN

By H. Otto Sommer, M.D.,

Washington, D. C.

IT would seem axiomatic that the value of any symptom, or physical sign as a diagnostic measure would necessarily depend, first upon an absolute knowledge of the normal condition from which it is supposed to be a deviation, and hence an indication of abnormality, or disease.

Further we should for practical purposes learn to carefully differentiate between the value of a slight deviation from what we are pleased to consider the normal, or usual, and a decided deviation from the essential features of health of such a degree, and definite association with some definite pathological change as to constitute absolute disease.

Möbius in his work on "Diagnosis of Nervous Diseases" lays especial stress upon this idea in the chapter on "Neurasthenia," viz.: "Absolutely normal people we do not meet with at all, and all who live under the conditions of civilization, vary more or less from the normal."

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Möbius recognizes such a thing as "the physiological breadth of abnormality; that is, a latitude within which the functions of the nervous system may deviate from the standard, or average of normality which we have taken the liberty to recognize as the "Creator's" intention.

Perhaps, with the exception of the numerous classical phenomena occurring in diseases of the nervous system, which are so beautifully definite as to be in several instances almost pathognomonic, there is no class of diseases in which the degree of "physiological latitude" is more necessary of definite determination than in nervous diseases, and it is just as clear that in no class of diseases will it be more difficult to determine this latitude definitely.

A number of observations of a difference in the size of the two pupils in one and the same individual—anisocoria—and several instances in which the recognition of anisocoria has been a matter of practical importance led me to look into the literature of the subject to some extent and now to offer herewith a modest contribution to the subject in the hope that some one will be stimulated to a more exhaustive and conclusive judgment as to the value, or lack of value, of anisocoria as a symptom.

A number of text-books have not even considered anisocoria worthy of a place in their indexes.

Osler has, and in his edition of 1895, on page 850, considered it worthy of one or two very definite sentences. He is especially definite in his statement that "It (inequality of the pupils) may occur in perfectly healthy individuals."

He also states that "Irregularity of the pupils—anisocoria—is not infrequent in progressive paresis and in tabes, but he makes no pretense to assert that it is either a constant symptom of these conditions, or what is of more importance, he makes no effort to assert that its existence is a sign (positive or other) that these diseases must be present. That it may occur in perfectly healthy individuals he seems quite sure of, as previously stated. He treats of anisocoria exclusively in the discussion of diseases of the third cranial nerve.

On the whole I found the text book treatment of the subject not at all exhaustive or conclusive unless we consider Osler's assertion sufficient.

A search of the literature of the "Index Medicus" shows that the subject of pupillary changes as symptoms has received considerable attention at the hands of some writers, but anisocoria as a definite subject of individual importance seems to have received scarcely any consideration at the hands of writers, and

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certainly not in such form as to be directly indexible.

Among writers who have devoted attention to the pu wish especially to mention Doctor Reicharz of Eudenich Bonn, in 1853, and J. C. Shaw of New York, in 1877, in Condition of the Pupil in Disease."

Shaw asserts "that the knowledge which we have of th ject at present (1877) is comparatively limited owing to imperfections in physiology, and from the want of accurate cal records." He refers, of course, to pupillary disturban disease in general—not anisocoria alone. He is quite emph clear *"that pupillary alterations occur during certain physic conditions, such as great muscular effort, violent movem inspiration and expiration."* His discussion of the work of Mosso et al., along physiological lines is hardly directly rele our specific subject though a direct acquaintance with thei should precede an attempt at further understanding.

That disturbances of the size of "either pupil indepen as shown by Mayo, reflexly from remote irritation"—as ir of a sensitive nerve,—"the sciatic for instance causes dila a pupil" is of importance; further, "irritation of a sensitive may produce this."

Since it is clear that mydriasis may occur as one of a of symptoms, incidental to lesions of the third nerve, cen peripheral, it is well to bear in mind that "it sometimes l that paralysis of the third nerve occurs from colds, the same have in peripheric facial (7th) palsy but the paralysis is not so complete as in syphilis, and the dilated pupil not s as in syphilitic disease; at least this was the fact in such cas (Shaw) have observed."

Mydriasis does not always follow paralysis of the third and is explained by the fact that exceptionally a branch passe the sixth nerve to the ophthalmic ganglion and assists in reg the pupil.

In neuralgias of the fifth nerve myosis is often observed by comparison the other pupil will appear larger and we l anisocoria.

"It has been determined by F. Roques that certain un lesions cause inequality of the pupil and that the largest on the side of the disease. It (anisocoria) may occur in all of the lung—in phthisis, pleurisy, pneumonia, and also peri Among the diseases recorded by Roques, in which there equality of the pupils were various lesions of the lung, br and pericardial ganglia.

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A case of jaundice in which the pupil was larger on right than on left.

Case of hydrarthrosis of right knee-joint, right pupil larger.

Epithelioma of right ear, right pupil larger.

Abscess of right side, right pupil more dilated.

In case of bubo following chancre, pupil wide on that side.

Case of subacute rheumatism of right shoulder point, right pupil wider.

Injury of forearm or right side, right pupil more dilated.

Burn of right leg, right pupil larger.

Fracture of left leg, left pupil larger.

Unilateral lesions of kidney, and liver, and spleen may cause inequality of pupils with larger pupil on side of lesion.

In diseases and injuries of the testes and ovaries, we have dilated pupil on side of lesion.

Shaw concludes that as an absolute diagnostic point it (anisocoria) is not truly reliable, and this is readily understood when we consider that the variation of the pupils is due to reflex action and therefore as a rule can have no constant indication.

Osler, page 1033, under the symptoms of neurasthenia, says that among other things "A difference between the pupils may be present."

Personally I have observed it as a symptom or coincidental occurrence in neurasthenia in a number of cases. That anisocoria is regarded as a symptom of neurasthenia and not a symptom of organic trouble, I have had ample evidence from patients who have been examined by medical examiners of some of our most important life insurance companies. This very fact that it is an occasional concomitant symptom of neurasthenia is additional proof of its valuelessness and indefiniteness as a symptom of any particular disease, and moreover because Osler himself says, "No hard and fast line can be drawn between neurasthenia and certain mental states, particularly hysteria and hypochondriasis."

I have myself observed anisocoria in cases of hypochondriasis.

Green, p. 91, "Examination for Life Insurance," says, "A slight variation in the pupils may be present in *healthy* persons, but any marked difference in the size or response to light is an indication of local or general disease."

Hall, "The Medical Examination for Life Insurance," third edition, says, "Irregularity should excite suspicion of general paralysis, aneurism, etc."

In closing, I wish to add that I have observed it in cases

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where 25 years before the patient in question has had pne
and as a result a "healed lung" or "scarred lung."

I have observed it in one case after typhus fever, in
case the irregularity was at times marked, and again
absent, both pupils reacting promptly to light by contractio
pupil dilating rather markedly in the dark or on turning th
so that the other was nearer the window, while the oth
rather sluggish comparatively in dilating on removal from
by turning head. If both pupils were exposed simulta
directly to light no difference was visible.

The more mobile pupil also seemed to dilate markedly
mental excitement or physical exertion.

Professor Greef (successor to von Graefe) at the
Charity Eye Clinic of Berlin and myself have observed an
from excessive microscopy, presumably where one eye ha
used considerably more than another at the ocular.

I have observed anisocoria in which the left pupil
larger subsequent to a severe typhus occurring in a youn
seventeen years old, and who had been treated by deep hypo
injections of unknown medicament in the left buttock (the
which the larger pupil was), and as we have heard of an
because of lung lesions or coincidental with same, it is well
in mind that—as in cases in which hypodermics of mercury,
limate, calomel, etc., have been made into the buttocks w
sultant injury to blood vessels, pulmonary embolism has
—such hypodermics may have caused it. In the case in m
scesses had resulted at the seat of former injections and to
healing, cauterization with nitrate of silver was necessary, re
in cicatrices involving peripheral nerve filaments as shown
odic recurrence of pain, as in old amputation stumps, i.e
"amputation neuromatis." In this case the patient has som
asymetry as manifested by a slightly higher development of
of left face, or asymetry of left and right inferior maxilla.
ever, antedating the first discovery of the anisocoria in t
the patient suffered a traumatic deviation of nasal septum
right with two unsuccessful operations upon it, and
peripheral nerve irritation, and possibility of reflexes inci
traumatism of peripheral filaments of the olfactory nerve.

As the most wonderful cures of epilepsy, etc., have
from correction of peripheral lesions, I consider myself
in expecting cures of anisocoria by correction of slight d
involving the periphery of sensory nerves, but as I do not
wander into the realm of theory I will close with the abo
gestions.

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SOME CONSIDERATIONS REGARDING THE HYPERTROPHIED PROSTATE

By GEORGE CLINTON JEFFERY, M.D.

Brooklyn, N. Y.

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THE prostate is one of the most important functional glands within the human body, and contributes much to the happiness as well as the misery of him who is liable, in the later years of life, to become a sufferer from the changes which frequently take place within the structure. This gland lies in quiesence during the greater portion of life when, if disease involves it, insiduously and without notice begins the accumulation of conditions which surely terminate life, if not retarded, through a course of many months or years of suffering. As these conditions so frequently arise, the question which comes uppermost in the mind of the surgeon is how best to relieve the patient, and return him back again upon the pathway that leads him to good health. It is, by a strange coincidence, recognized as a fact by genito-urinary surgeons that those men who have records of having lived the most abstemious lives should be among the greater number of sufferers.

The functions of this gland are largely sexual, lying within resisting ligaments at the neck of the bladder, and it would seem that, as soon at its sexual activities had ceased by the arrival of mature age, those changes depending upon its alteration, have their beginning. The prostate gland consists of three lobes—two lateral and one middle lobe, and while enlargement of the lateral lobes may exist without any marked sign of such existence, it remains for the middle lobe of this gland in its enlarged state to produce those portentous conditions, which afterwards menace the existence of life in the patient. An existent hypertrophied prostate is one entirely along mechanical lines, inducing as it were, an obstruction to the outward flow of the urinary stream from the bladder, and it is the alteration in the drainage of the urine from the bladder, induced thereby, that begins the development of those serious pathological conditions which, without relief, must sooner or later terminate life.

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In health, the prostate gland lies in such a relation neck of the bladder as to make the flow easy at the highe of the middle lobe of the gland. When fibroid changes begi its structure, the gland increases in size, and as it enlarge the bladder attachments upwards with it, and in the same tion as the gland enlarges in size just so deep is the pouch which lies below the level of the entrance to the urethra pouch within the bladder frequently has a capacity of fr to four ounces of urine, and as long as the patient is ca voiding the urine, the bladder is evacuated with the exce whatever quantity of residual urine may lie within the pouc has been formed by the rising prostate.

Therefore, it becomes obvious that the residual urine undergoes changes tending to decomposition, and the urin bladder being intermixed with the fetid urine lying within sidual pouch, induces a condition that readily takes upo the same changes, if allowed to remain without voidance length of time. But the fact remains, nevertheless, that standing the over-flow which may be from time to time pa of the bladder, a quantity equal to the capacity of th remains behind, inviting the changes of decomposition.

As the condition of hypertrophy increases and th within the bladder becomes more capacious, the greate compression upon the vesical urethra which finally pro partial or complete retention, so that the only means or of relief is by the catheter, which the patient must alwa about him to be used as necessity requires.

The catheter, in most instances, owing to the lack of care, improper washing and antiseptic ablutions, becomes a for the introduction and maintenance of septic elements wi bladder, intensifying the conditions of infection already there. When these conditions are viewed from any sta the natural question which must arise and interest the is, "how shall I give relief to my patient?" Numerous ex have been devised, but unfortunately every one of them imperfections and frequently fails to fully satisfy, even w most carefully devised efforts upon the part of the surge been conscientiously employed. Castration was a method s some years ago, and it found many enthusiastic advocates was proven by experience that but little that was promis that measure could be sustained, and it has been abandone profession to-day. The operation of Bottini, who furro prostate with a current of galvano-cautery, has proven t

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manent benefit, owing to the fact that the furrow is anulating wound which after a reasonable period of with new granulations, and the hypertrophied lobe is in practically to its former size. There have been, ne cases in which the Bottini method has been em- e a cicatrix formed at the neck of the bladder, due n healing, has permitted a moderate passage of the m: but even then not sufficient to avoid a cystitis and owing improper drainage.

l seem, therefore, that prostatectomy remains as our of averting the serious consequences that must always condition if allowed to follow its course without suc- ference. Different surgeons divide their selection be- rm of supra-pubic and perineal prostatecomy, each of s merits as well as its disadvantages.

the past five years, I have performed sixteen of these nd to-day am divided in my judgment, as to which course to pursue in any case. By the route above the is more shock following the operation, due largely ions within the bladder, profuse hemorrhage, more me in performing operation, and a much longer period ence; while by the perineal route, the operation is inducing little or no shock, but leaves in most cases ula, which is disturbing to the patient, and heals with er the most carefully devised operations have been In either case, at least one thing is accomplished. The bstruction is relieved, the pouch, previously contain- urine, is abolished, and the consequences depending are relieved. If these results could be easily accom- but slight mortality, a great step forward would have lished toward relieving one of the most devastating e lives of men; for, I believe that in a very large per- en who die over sixty years of age, the fatal condition y or indirectly upon conditions due to obstruction, a rtrophied prostate.

Fuller of New York operates almost invariably by the route, while Prof. Morton, of Brooklyn, and Dr. Wil- of Philadelphia, are strong advocates of the perineal ne mortality after the operation is one of the dis- lements; but this may be in part due to the reason ldom undertaken until life has become well-nigh un- seems, however, to be a reasonable proposition that, eath is certain to be realized if there is no interference,

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the operation should be attempted even though it f
the fullest degree of success.

Internal medication in the form of Urotropin-C
Salol, whose antiseptic influence is supposed to b
directly within the bladder, are markedly insufficient i
to overcome the overwhelming amount of decomposi
there. Well selected remedies can have but little effec
possess the power of altering the fibrous structure
by changing the histogenetic conditions existing withi
plainly, are capable of reducing the size of the glan
to give improved drainage. There is surely no efficacy
for where attempts are merely employed to relieve
cystitis, as long as the disorganizing elements are
remain uncorrected within the bladder itself.

So, after all, the interesting question to be determ
shall we advise a patient who consults us regarding th
and who looks to us to suggest to him a successful m
lief." My personal judgment is that prostatectomy shou
taken notwithstanding the age or the apparent decaden
for it must be remembered that the conditions awaiti
count in many instances for the anemic face, emaciated
general appearance of enervation which is presented by
Naturally, if the deterioration in health has been inc
constant and never ceasing absorption of septic elem
blood, surely an alteration in this state must bring the c
One patient I operated upon, was seventy-five years
made a rapid and uneventful recovery. Another fr
town, Ohio, was so far advanced in the progress of
tion, that an attempt to operate at first appeared to be
able. This patient was relieved of an immense pro
through the route of the bladder, and two years ag
when I visited Youngstown in consultation upon anc
met my former patient, who claimed to have perfect h
be equal to all of the demands that the arduous nature
pation required of him.

The age of the patient is of little importance co
the secondary infection of the kidneys that often exi
operations are attempted in these cases, the result
fatal. And yet in a certain number of cases, where
apparent evidences of kidney involvement, a metastasis t
occurs, especially if pathological charges within the pr
have gone on to suppuration.

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POLLUTED ICE AND TYPHOID FEVER

DURING the ice harvesting season the Commissioner of Health of the State of New York was severely criticized by many citizens of New York City and by the public press because he made no move to prevent the gathering of ice from the Hudson River, which was said to be grossly polluted and a menace to the health of the city. It appears, however, that the Commissioner had the subject under serious consideration all the while, for in the recent issue of the *Monthly Bulletin* of the Department of Health of the State of New York is a statement on the ice question that shows that a thorough investigation of the possible dangers from impure ice has been made by him.

From this article we learn that "there are but a very few cases on record, either in this country or abroad, where intestinal diseases have been traced to ice as the vehicle of infection." Out of the six epidemics gathered from medical and hygienic literature attributed to infected ice. in only one was the number of cases reported greater than a dozen. "Of the two epidemics of typhoid fever, the circumstances connected with them were . . . . of such a nature as, judged from our present knowl-

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edge and later experimentation and observations, to cast considerable doubt upon the alleged cause of the infection."

It is pointed out that ice can become infected in several ways. It may be cut from water polluted by sewage and containing disease germs. It may be contaminated during the period of harvesting by contact with the hands and feet of laborers and the hoofs of horses. It may become infected by surface drainage during thaws. Infection may be the result of exposure and handling incident to distribution. The number of these avenues gives plenty of occasion to the amateur sanitarian or the sensational newspaper reporter to fill the minds of the laity with apprehension, if not panic; and yet the actual number of epidemics from infected ice is almost negligible.

The article enumerates the natural provisions for the reduction or elimination of the bacterial life in polluted water before it reaches the consumer in a cake of ice. First, there is the well-established phenomenon of subsidence, affecting particularly ponds and lakes, but operating also in rivers sufficiently to remove 50 to 70 per cent. of the bacteria in a run of from 10 to 50 miles. Then there is the so-called "filtration process of freezing," whereby the solid particles, including bacteria, and even chemicals in solution, are excluded from crystalization. This process will remove 90 per cent. of the remaining bacteria and about 25 per cent. of the chemical impurities. Another vital factor is the effect of cold on pathogenic bacteria. Exposure to freezing temperature for one hour will reduce the bacteria 50 per cent., and for two to three weeks practically 100 per cent. "The few that are not killed after an exposure of one month have become so attenuated as to be unable to produce disease." Finally, water is not a natural habitat for pathogenic bacteria, and in a river 99 per cent. may be destroyed in from 30 to 60 days.

The result of this natural purification is that if the water originally was one-third or one-half raw sewage, out of an assumed 1,000,000 bacteria per cc. originally, only 5 would be present in the ice delivered to customers. This is a reduction of 99.95 per cent., or better than can be obtained by the best municipal sand filter.

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This reduction of the possibility of causing disease does not affect in any way the esthetic side of the question. The idea of using ice cut from a sewer's mouth is repulsive. And, too, effective measures should be taken to prevent contamination from the other sources mentioned above.

The article closes with the announcement that a measure has been prepared for the control and regulation of the ice business which will shortly be introduced into the New York legislature. At present the Department is not vested with any authority controlling the cutting of ice and has no funds with which to carry on such work.

ABNORMAL PSYCHOLOGY

THE field of abnormal psychology presents a large domain offering a big field for research work which has hitherto been very much neglected in this country. In this field are included such cases as functional mental disease, and all psychological disturbances due even to organic troubles. There should also be a thorough scientific investigation into the phenomena and capabilities of hypnotism, especially on their psychological side, and a proper organization of the application of hypnotic therapeutics in their scientifically legitimate forms. For this purpose a clinic and hospital of the Salpetriere, Nancy or Bertillon type would be advisable.

There is some reason to suppose that the phenomena of consciousness have something like a causal nexus between different events in its stream and also that they probably exercise a frequent influence to produce bodily disturbance; and it is desirable that the purely psychological connections and relations of mental phenomena in certain cases be studied with reference to their possible value in diagnosis and the application of supplementary therapeutic methods. Many important facts may be ascertained for practical life antecedent to the autopsy which must be the last stage of inquiry and which never aids in the

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treatment of the individual patient. Experience has show psychological study of certain disorders may lead to ment in methods of treatment. The many cures in effected by suggestion are evidence of what might b plished after a more scientific knowledge of abnorm phenomena has been obtained.

We know that the study of physiology and the of medicine were revolutionized by the study of pathol similar manner the fundamental problems of psycho have to wait upon the methods and results of psycho If there be any hint of a non-co-ordination between the conscious or subconscious mental action and its ph pression, a very large possibility is opened to scientif eration, and possibly also to practical and corrective If there be adequate reason to believe that the range ality is larger than is expressed in our normal conscio than that which gets normal motor expression, we raise the question of the adequacy of the current conce explaining the phenomena. It would, therefore, be i to find that abnormal psychology might open the wa clusions which have hitherto been supposed to be the property of normal psychology. It is therefore time th nected and concentrated study of these phenomena taken with reference to their comprehensive value sci and practically.

It will be no easy task to accomplish this obj phenomena that will throw light upon the problem are and must be collected from large masses of irrelevant Co-operative effort would bring science into knowledge phenomena more rapidly than individual labors. It is that normal psychology will become as important an e of the physician as abnormal psychology, and there sh center for the organization for such study.

The work of Charcot and Pierre Janet at the Salp Bernheim at Nancy, and of Bertillon's Clinic are exa what we should have in this country in all the large cit work of men like Bernheim, von Kraft Ebing. Forel,

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many others show what may be done with the scientific use of hypnotism. There are special reasons for concentrating the work in this field, but more important still is its psychological study which has not been made with any degree of completeness. Many would say it has not been studied at all. But while this is hardly true, it is certain that it has been better understood as a therapeutic agent than it is as a phenomenon of the mind. Our command of it in both its use and its dangers will be proportioned to our knowledge of its psychological functions. Its phenomena were the plaything of charlatans for a century, the contempt of science for nearly the same period and its amusement for a large part of this time, the serious interest of only a few who have been able to use it in practical therapeutics, and never the subject of more than a superficial psychological study. Its phenomena are, of course, extremely difficult to investigate, as are all phenomena that are outside the reach of direct individual experience. Hypnotic phenomena belong to the field of the subconscious where caprice and triviality sometimes seem to prevail. But we shall never know their use and their dangers, —if they have any dangers,—and we shall never understand them until they are brought under intelligent scientific exploration. Moreover, the general public labors under an entire misconception of hypnosis and this avails to prevent the therapeutic use of it by many able physicians who would be glad to employ it in certain emergencies did it not affect their practice. A clinic would obviate this difficulty wthout affectng the practice of those who wish to employ it, while it would at the same time afford rare opportunities for the scientific study of hypnotic phenomena on a large scale.

It is gratifying to know that an effort to secure the cooperation of physicians in this psychological investigation is being organized by the American Institute for Scientific Research whose Section A is to be devoted to psychopathological research, and in which the NORTH AMERICAN hopes to learn that many of its readers have enrolled.

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Notes and Comment

Turnip Tops for Diarrhea—Drs. Wilson and Pressly, of Birmingham, Ala., writing in the *Journal of the A. M. A.*, recount their fortunate experiences in the treatment of chronic diarrhea, chronic dysentery and gastric ulcer from a diet of turnip tops, or the tops of mustard, spinach or poke root. It is said that to be palatable these greens must be cooked in a certain way: a piece of bacon must be boiled for half an hour, then the greens added to the water and boiled from one to two hours.

Preliminary Medical Studies at Universities—It is reported that the University of Wisconsin is providing courses covering the first two years of a medical student's education. The practical medical and surgical subjects can be taken at any medical college, then, if certain regulations have been complied with, the student can return to the university for final examinations leading to a degree.

Major James Carroll—All those who heard or met Dr. Carroll when he read his paper on Yellow Fever at Atlantic City last September, will be glad that Congress has recognized the invaluable work he has done at personal sacrifice on behalf of sanitary science by promoting him by special action to a majority.

The Opsonic Index and the Homœopathic Remedy—At the March meeting of the Detroit Practitioners' Society, Dr. R. H. Stevens stated that at Ann Arbor they are experimenting to determine the effect produced by the indicated homœopathic remedy upon the opsonic index and had found that in many cases it was raised.

Commended to Medical Societies—The following Bureau Rules of the Homœopathic Medical Society of the State of Michigan contain suggestions worthy of adoption by other societies: 1. The time limit of each bureau shall be one hour and fifteen minutes. 2. The number of papers in each bureau shall be limited to three. 3. Papers shall be limited to fifteen minutes each. 4. Discussions shall be limited to three minutes each. 5. It shall be the duty of the president to call to order any author or discussor exceeding these limits. 6. No writer shall be on the program in more than one bureau. 7. All papers shall become the property of the society and shall not have been previously published or read before any other society. 8. A synopsis of the paper shall be furnished the chairman of the bureau at least one month before the meeting who in turn shall appoint at least two members to prepare discussions of the same. Said synopsis shall be printed in the programs.

Thanks for the Bouquet—The *Chicago Pan-Path* says that "the NORTH AMERICAN JOURNAL OF HOMOEOPATHY is the oldest, the most dignified and the most representative publication of the homœopathic school. We commend it to our readers who wish to keep abreast with homœopathic literature."

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Getting There—Calcium Sulphide Prophylaxis—Writing for the *Practitioner,* Dr. F. S. Deem, of Lyons, Ind., says that if a person has been exposed to smallpox or diphtheria, calcium sulphide given to the point of saturation for three or four days before the disease is expected to manifest itself will in a great many cases prevent the disease. He reports the treatment of over 200 cases of smallpox without loss of a patient, and calcium sulphide has entered into the treatment of each. Of all his cases, not one had been successfully vaccinated in the last twenty years.

Inebriety Should Be Taught in Medical Colleges—A recent issue of the *Albany Medical Annals* contains an article by Dr. T. D. Crothers, bearing the foregoing title. Now, why should the student learn the art of getting drunk? Why not teach him the advantages of temperance in all things, if anything at all along this line? But, then, Dr. Crothers runs an institution for dipsomaniacs and perhaps he wants to sow the seed for a crop of victims. Moral: When you write an article for a medical journal or society, read it over and see if your words convey the idea you wish to express.

At Unity—Not Yet—A news item in the *Journal of the A. M. A.* announces the fact that the various medical societies in New York State have agreed on a single board of examiners, and the editor is glad to hear it. This is news indeed! Perhaps the wish was father to the thought.

Irritating Gynecology—The February issue of the *Journal of the A. M. A.* presents the interesting query as to the relation of office treatment to uterine cancer. We "irritate the uterus every day or every few days for a month or a year with chemicals and foreign substances." How many cases of cancer of the female pelvic organs have never been preceded by gynecological treatments?

Flattering Imitation—If imitation is the sincerest flattery, the NORTH AMERICAN is glad to follow the lead of *The St. Louis Medical Review* in designating the papers sent in for publication as "Contributed Articles." As our contemporary says the term "Original Article" should be reserved for a contribution which is original, which is not based upon what others have written or said, but which embodies the author's own findings or theories, which are not corroborations but entirely *de novo.*

Thus in this issue there is an article by Drs. Blodgett and Starbuck, of Boston, on "Something New in Autointoxication." The contributors publish to the profession in this article some findings the like of which do not seem to have found place in medical literature up to this time. The appearance of acetone, diacetic acid and hydroxybuteric acid in urines in which there is no trace of sugar has hitherto not been suspected. Their prompt disappearance together with the concomitant general symptoms under the use of bicarbonate of soda is equally interesting. The article raises the hope that a cause of obstinate vomiting during pregnancy has been discovered and a measure of relief for that distressing condition found.

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Correspondence

OKLAHOMA'S WELCOME

DEAR NORTH AMERICAN:

A cordial invitation is extended by all Oklahoma to the can Institute of Homœopathy to meet at Oklahoma Ci gateway of the great Southwest) in 1908.

The Southwest is the last of this great country to be up; and Oklahoma is the last State chisseled out of th Louisiana purchase—and it needs no prophet's vision to day when the new structure shall rise high among the siste

The land rises in elevation from about four hundred thousand feet above sea level. The major portion is a prairie; the balance, broad river bottoms occasionally bro hills, with very few mountains. Climate mild in winter hot and oppressive in summer. Summer nights delightfu and refreshing. Soil and climate are adapted to a great of crops: corn, wheat, oats and cotton grow side by side.

Our country is checkered by railroads. Cities, tow villages are springing up everywhere. The country is dott by schoolhouses and churches.

The City of Oklahoma has a population of about thirty-five miles of asphalt pavement; five hundred (500 of cement or brick sidewalks; 40 miles of street railroad public parks; many hotels, four of which are modern in ev a convention hall that will seat five thousand and many other halls and places for public meetings; three colleges and public school buildings; a public library, 7 splendid churc ings, and in fact, everything that goes to make a mode Four lines of railroad to Kansas City, St. Louis and Chica through sleepers. Two lines to Memphis and Texan points to San Francisco and Denver. Two to Omaha and Des In fact we have competing lines in every direction, with sleepers.

There are hundreds of homœopathic physicians in ad states who have never attended a national meeting of our on account of great distances; many of these would attend ing here and become interested. This great new countr the influence that would grow out of a meeting here. It w us a great good; and the members of the Institute would b fited by seeing this wonderful country.

Won't you come and help us?

J. HENSLEY, M.D
Oklahoma

President Oklahoma State Institute Hom.

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Neurotic Indigestion—PHOSPHORIC ACID. With weakness of memory; incapable of connected thought or physical exertion; often a sexual basis. Pressure in stomach; poor appetite; acrid eructations; dry tongue with red streak in middle, widening in front.

NUX VOMICA. With its well-known irritability of temper; confusion and vertigo in head; worse in the morning and after eating. Nervous system injured by excesses, either of eating, drinking or working. Sour, bitter eructations. Bad taste, with coating at base of tongue.

ASAFETIDA. Hysteric cases, with globus, difficult breathing, sensation of pulsations and reversed peristalsis in stomach. Great distension of abdomen with gas.

ANACARDIUM. Great mental weakness and irritability; suspicious; expecting some misfortune. Hypochrondriasis. Stomach symptoms disappear during dinner, begin again two hours afterwards.

Compare ignatia, absinthium, pulsatilla, chamomilla, valerian, zincum, ambra, nux moschata, etc.

Metabolic Indigestion—LYCOPODIUM. For the so-called lithiasis, with the well-known associated symptoms of tympanites, constipation, the peculiar appetite, etc.

COLCHICUM. The rheumatic and gouty diathesis, with aversion to the sight and smell of food; nausea excited by motion; a sensitive and burning epigastrium.

ABROTANUM. Metabolism so badly performed that although there is a ravenous appetite the patient rapidly emaciates and becomes marantic.

CALCAREA CARB. AND PHOS. With their well-known imperfect conditions of digestion and assimilation. Dr. E. O. Adams. *Cleveland Med. and Surg. Reporter.*

Chelidonium. Adapted to thin, spare, irritable persons; light complexion, blondes; subject to hepatic, gastric and abdominal complaints. Indications:

Constant pain under the lower and inner angle of right scapula.

If you find this symptom, you may be as sure of finding chelidonium as you would expect to find a woodchuck if you saw his tail out of the hole.

Ailments renewed on change of weather.

Periodic orbital neuralgia (right side), with excessive lachrymation; tears fairly gush out.

Constipation; stool hard; round balls.

Diarrhœa: At night; slimy, grayish, yellowish, watery, pasty.

Debility and lassitude after eating; wants to lie down.

Everybody who wants to lie down after eating doesn't need chelidonium; some are afflicted with physical inertia, and need a strong stimulant, like oil of birch.

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Face, forehead, nose, cheeks remarkably yellow.

Chills begin in hands and feet.

Shaking chill, with shivering, chattering of the teeth, as if dashed with ice-cold water.

Pressive pains in the right side of the forehead.

Whites of the eyes dirty yellow.

Pains transversely across the umbilicus, as if the abdomen were constricted by a string.

Urine dark-yellow.

Urine turbid on passing it; dark brownish red, frothing at edges of vessel.

Urine stains the diaper dark-yellow.

Stiffness of the neck.

Pathogenetically, therefore, chelidonium is adapted to: Bilious derangements with dull headache, burning in the face, flushed face, loathing, nausea and vomiting, coated tongue, pasty taste, flatulence, increased frequency of the alvine evacuations, dark urine, dimness of sight, sopor.

Gastric troubles with sour or saltish-bitter taste, bitter eructations, increased secretion of mucus and saliva, pasty taste, pressure in the stomach, sense of abdominal fulness, increased urging to urinate, with a more copious discharge of watery urine.

Jaundice, with bitter taste, tongue clean, and deep-red, precordial tension, urine brown-red, clear, sour; stool white.

The provings show it suited to papules, pustules and rheumatic stitches, when concomitant with bilious gastric derangements. Dr. M. E. Douglass. *Hahnemannian Monthly.*

Some Plumbum Traits. Plumbum is much emaciated, but his was not a sudden emaciation. He had a way of growing thin peculiar to himself and took plenty of time to do it. First he had neuralgias and they were painful neuralgias, burning, shooting pains, then the part would wither. Muscles would become paralyzed and then wither. In the meantime he emaciated all over until now the skin seems drawn over the bones. It is no wonder he is numb and stiff and partly paralyzed. Plumbum has had a variety of pains, sometimes they were simple pricking, sometimes, they were tearing, crushing, mingled with violent darts; sometimes it was as though the bones were being broken, or as if the bones were being scraped. They would remit, then begin again. They were sometimes superficial and sometimes deep-seated and quite impartial as to location, attacking the skin, muscles, bones and nerves and would often wander from one place to another. Motion and coldness were usually signals for the attacks to begin and though motion made his pains worse, he would frequently change his position in spite of it.

Plumbum has suffered from constipation almost all his life. It began after spasms when he was a child, then his mother physiked him and he went from bad to worse, stools were little hard balls, sometimes ash-gray, but most always dark in color, black or green. With the constipation he had spasms of rectum, constriction and retraction of anus, with excruciating pain and with

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it all was an exceedingly painful drawing from navel back to the spine. When Plumbum wasn't constipated he was pretty sure to have diarrhœa and he suffered as much with his diarrhœa as with his constipation. With the diarrhœa he had most violent colic, spasms of abdominal muscles, long-lasting tenesmus and spasms and drawing up of the anus. The stools were watery, offensive, involuntary, profuse, bloody, slimy, yellow or dark, and with it all, violent vomiting.

Plumbum children have terrible convulsions. Most children will have one convulsion and be quite satisfied with the commotion that the one causes. Not so with Plumbum's children; they will have four or five paroxysms. They utter frightful shrieks and bite their tongues during the paroxysms and will remain unconscious sometimes an hour after the paroxysm is over. Sometimes they utter deep moans toward the end of the convulsions and sometimes the convulsions alternate with pains in the limbs, stomach or bowels. The limbs of one of the children were paralyzed after an attack of convulsions and one of the children was injured at birth—the occiput was too much depressed, and lock-jaw followed. Dr. F. E. Gladwin. *The Critique.*

Phytolacca. This extensively-employed remedy is commonly known as poke. In many abnormal conditions it occupies a place peculiarly its own. In the treatment of diseases of the glandular system this fact is many times markedly apparent. Its curative effect is so manifested in inflammations and ulcerations of the mucous membranes of the various parts of the body that there can be no doubt of its energetic power. In inflammation of the breasts its early exhibition will prevent the formation of abscesses, and in tonsillitis and the sore throat of scarlet fever it has no superior. In wrongs of the liver, especially when there is enlargement and induration or a torpid conditions of the organ, the patient should be given the aid afforded by this efficient medicament. In gonorrhea and leucorrhea phytolacca is deemed a remedy of decided merit, and in syphilis, especially of the tertiary form, it is thought by many to be essential to a rational treatment. It is also a remedial agent of great usefulness in the large number of chronic conditions in which the secreting, absorbing and eliminating vessels have become impaired, and it is one of our most efficient drugs in the chronic form of articular rheumatism, its long-continued employment doing much toward preventing a return of the painful affection. Dr. J. W. Fyfe. *Eclectic Review.*

Some Diabetic Remedies—ARGENTUM. *Urine;* Profuse, turcase records with the autopsy findings, which are dictated to a stenbid. *Concomitant;* Extreme debility and prostration; scrotum, ankles and feet edematous; itching; aggravation at night.
the same dictated and placed in the record.

ACID PICRIC. *Urine;* Albuminous; dark-red, high specific gravity. *Concomitant;* Insatiable thirst for cold water; predominance of animal propensities, with emissions; throbbing, jerking of muscles; patient lacks will-power.

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ACID. PHOS. *Urine;* Thick or looks like milk or l with jelly-like, bloody pieces; limpid and albuminous. urging to urinate; must rise frequently at night to void la tities of colorless urine. *Concomitant;* Vision grows dim feels pressive; stools are hard; pain in the back and felt Useful also in neurogenic glycosuria; diabetes fro causes.

CALCAREA PHOS. *Urine;* Profuse and of high spe ity; sore aching in bladder; worse after micturition. *Co* Involuntary sighing. Useful in glycosuria when the affected.

CURARE. *Urine;* Clear; pollakiuria. *Concomit* disease is associated with crampy pains in the kidneys; thirst especially evenings and at night; extreme emaciati ing pains felt in the stomach. Useful in grave cases of betes.

HELONIAS. *Urine;* Albuminous; frequent; burning nation. *Concomitant;* Emaciation, thirst, unrest, melan

KALI BROM. *Urine;* Saccharine or phosphatic; quent, or of high specific gravity. *Concomitant;* Gums be spongy, bleeding; voracious appetite; constipation; dr skin; pulse rapid and full; tongue red and tender; gr Useful in diabetes mellitus with great emaciation and pa

NATRUM SULPH. *Urine;* Yellow or brick-dust Frequent desire; cannot retain urine; urine burns or stitches are felt in the bladder. *Concomitant;* Epistax able thirst, longing for very cold drinks; voracious appe boring pain; aversion to food while eating; head dull, vi dry and burning eyes; cough with purulent expectora urine may or may not be saccharine; patient is depresse taciturn, tired of life. Useful especially with diabetes patients.

PHOSPHORUS. *Urine;* Whitish, like curdled milk, dust precipitate and variegated cuticle on surface. Cop watery or turbid. *Concomitant;* Associated with cer ease. Especially useful in glycosuria with phthisis; or, a thesis is present. Dr. S. C. Ghose. *Indian Hom. Repo*

The Kalis. Kali carbonicum was proved by Hahne the aid of Councilor of State Gersdorff and six physicians ing to Hahnemann, this is a specific remedy in tubercul the pulse 10 beats per minute, and has potent influence portal system. It may be noted here that the ancient Ro cured their severely wounded soldiers, developing tetanu ting them into hot potash baths. In pertussic attacks, in in suppressed menstruation, the drug has proved curat

Kali bichromicum has profuse secretion of tough, from the respiratory tract, especially in the morning. a ticularly adapted to the dreaded pharyngitis follicular nasal stoppage, polyps. Like belladonna, its symptoms a vanish suddenly.

Kali bromatum is serviceable in great nervousness,

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ion. Its continued use should be avoided, or the acne will appear. In vaginal contractures or cramps the salt useful.

chloricum (chlorate) is indicated in buccal fetor. Kali was used with great success by Dr. Petroz (Paris) in an of the tongue. Kali iodatum meets the later develop- yphilis and removes neural gummata.

muriaticium (chloride) is a component of muscle; use- ronasal and pharyngeal catarrh, and in gastric catarrh lar rheumatism. In deafness from Eustachian swelling ction of the cavum naso-pharyngeum.

itricum is useful in pyrosis, fever with chilliness, swell- otids and submaxillary glands, in violent gastric cramp us accumulations.

hosphoricum is a great nerve remedy, specific in so-called eakness, in brain-fag, neurasthenia, paralysis of the vocal . Rosas found it useful in advancing the pains of labor. sulphuricum, the mineral analogue of pulsatilla, is, like y, prescribed in wandering rheumatism. Like all potash ay be useful in papular dermatites.

ilicicum is indicated in arthritis deformans; kali salicyli- ile atheroma where the arteries are so hardened that the hardly be felt; kali arsenicosum in chronic, dry eczema, nd acne; fiinally, kali permanganicum (like muriatic acid) in hypertrophied uvula. Prof. Hegewald. *Leipziger f. Hom.*

cy and Dose. "It is remarkable," said a prominent and teacher to us lately, "that as sure as you get medica man in the pulpit, and he gets warmed up to his will prove to be a high potency man and rub it in on sion. Not that that is either a disgrace or a sin, but it ct from the practical value of the teachings of Hahne- n the class is composed of raw and materialistic material. let the question of potency and dose remain with the and clinic chairs, and in those departments show the e clinic the practical value of the high potency and the dose? The teaching of material medica ought not, it ne, to get the student confused on dosage and powers." oper statement. Dr. Frank Kraft, *American Physician.*

ulsions in Children: An important condition not ly giving rise to convulsions in the young child, by re- ating the brain, is dentition. In a child of hyperesthetic rganism, perhaps of neurotic parentage, there is little the irritation set up in the gums, not always at the apex h but sometimes at the root, can travel over the nerve con- the cerebral centres to the extent of causing these nerve in much the same way that it travels from the digestive these cases CHAMOMILLA takes first rank in interrupting irritation, as nux vomica does in the intestines, while for al condition itself, belladonna is the most frequently indi- edy.

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In the treatment of convulsions in children and thei
ing and accompanying conditions homœopathic therapy aff
satisfaction. Belladonna, helleborus, zincum, byronia, a
in the ordinary forms of cerebral meningitis; bryonia
zincum in the delaying or retroceding rashes of the eru
cases; chamomilla and nux in the dental and digestive
hyoscyamus in curing that nervous hyperesthesia followin
sions and making, by its manifestations, the anxious m
that her child is always on the brink; cimicifuga, cicuta, i
the lesser manifestations of nerve explosions.

Of old school physiologic measures one of genuine
in certain cases is the intelligent use of bromide of soda
ring convulsions which cannot be prevented because o
possibility of removing the cause; e. g., prolonged irrit
rachitic child of a troublesome and slowly developing t
the irritation is not at the apex, and removable by lanci
tion on the gums but at the root where no mechanical
can be of service. The value of the bromide of soda in
is in keeping down the number of convulsions, which, for
reasons, do not yield to our specific remedies and whi
often repeated, might lead to permanent cerebral mischi
prominent tendency in such cases to the development of
and permanent epilepsy. Dr. J. H. Moore. *N. E. Med*

A State Hospital for Clinical Test—An editori
New England Medical Gazette, entitled "Medical Legisl
Unsolved Problem," suggests that any claim made by a
peutic system should be willing to submit itself to hone
gation and open experiment. The ideal condition of thi
perhaps be for the state to establish a hospital for clinical
whose board of trustees should be at least one represe
every system of therapeutics represented in its wards; and
medical staff at least one practitioner of every such system.
entering the hospital should be given their free choice un
system of therapeutics they wished to place themsel
general conditions of hygiene should of course be the
all patients. Whenever a new medical cult could be
boast a certain number of socially and morally reputa
tioners, and a certain number of patients enlisted to it
it should be allowed representation on the board, on
and in the wards of said hospital. Exact statistics shoul
lated as to the results of the various systems of treatmen

The NORTH AMERICAN, while acknowledging the use
such an institution and recognizing the element of justi
practitioners and patients embodied in the idea, is obliged
that the day seems far off in practical politics when any
establish a hospital of this character. On the other ha
individual or society might start the work and if the outc
satisfactory, state or civic aid might be procured.

A Good Prescription for a Nervous Case is:
℞ Go to "Interpines."

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Physical Therapeutics

D BY W. H. DIEFFENBACH, M.D.

kwell, *Medical Record,* March 23, 1907, advocates the use baths in neuralgias and neuritis as a distinct analgesic uent repetitions in most cases as a permanent cure. In urosis and toxemias he lauds the light treatment when d with other physical methods especially general fara- and the static high frequency currents. His conclusions ie basis of action of the light baths are as follows: I. idal power. II. Promotion of Tissue Metabolism. III. e in increasing the hemoglobin carrying power of the ouscles. IV. Analgesic properties, due to its power to lood pressure thro induced congestion of superficial ves- to its infinitely rapid vibratory action on the nerve units ody.

sive Hyperemia in the Treatment of Seasickness. Roesen *ener Med. Wochenschrift,* No. 7) describes his experi- with Bier's hyperemia in Mal-de'mer. He induced hy- by means of an elastic band around the neck and found produced subjective well-being but had no influence on dency to vomit when the stomach was full. When the was empty, however, there was not the slightest y to nausea. The application of the elastic band must be ualized and the pressure regulated by the physician. He keeping up the hyperemia during the night, when the are in a prone position.

perimental Studies on the Influence of Roentgen Rays on sticles. Bergonié et Tribondeau (*Archives d'Electricité e,* No, 200) experimented on white rats with the Roent- to definitely determine the action of the ray on the tes- They selected young, healthy animals and for the sake parison removed one testicle in several instances. The s of the rat consist principally of glandular tubules held r with a small amount of interstitial tissue. The younger mal the greater the preponderance of glandular tissue. on was applied at a distance of 2—3 inches with 10 s thro the primary. Time of exposure from 25 to 120 s. It was found that a steady radiation of 25 minutes to cause cessation of the production of spermatozoa. y of the testicles supervened after repeated repetition of losage, a large number of tubules being destroyed. The yma of the testicle thus destroyed is replaced by fluid s, slowly, in time, re-absorbed.

oscopically, the seminiferous tubules were found de- and in their stead were noted vacuoles filled with an al- us liquid. Parts of the organ receiving less of the ray atrophic and degenerated canaliculi and resembled

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senile degeneration of the testicle. In the tubules whic destroyed all evidence of spermatocytes, spermatides and atogoni is lacking. In parts where atrophy only has take regeneration was possible and spermatozoa were aga erated. Wherever karyokinsosis was still found in the elements it was safe to conclude that regeneration of sper was possible, when cellular proliferation was absent, des of function even in apparently intact tissue was inevitabl blood vessels and nerves did not show any organic chang epididymis showed but little change, but secondary was possible, when cellular proliferation was absent, des is noted when the tubules disappear; when atrophy tubules takes place, hypertrophy of connective tissue is ob Ardor coeundi shows no diminution even when absol struction of the tubules takes place.

Ascarelli (*La Semaine Medicale, Sept. 5, '06*) report of osteomalacia cured by means of the atrophy of the secured through Roentgen radiation.

From the fact that castration has been known to favorable influence upon the evolution of osteomalacia, thor reasoned that if atrophy of the ovaries could be p by means of Roentgen rays that theoretically the prog osteomalacia could be checked similarly to the result castration.

The patient, aged thirty-eight, presented all the class nostic points of osteomalacia and agreed to the trial tre

Treatment consisted of raying daily first the right the next day the left ovary, and treatment was contin seven months. The first improvement noted was the c of pain in the bones and general improvement was pro so that when the patient left the hospital she was pro completely cured. The radiotherapy produced atrophy ovaries in four months, the menses ceasing absolutely af period of radiation.

Renal Calculus of Unusual Size. The Roentgengra calculus of the right kidney is presented to readers of the AMERICAN on account of the unusual size of the stone clearness of its outline. The plate was exposed for 2 an eight-inch Gundlach tube employed, distance 24 inch plate, 15 amperes through primary. Efficient compressi made with a modified Robinsohn's "Schlitz-binde" o hitch.

Roentgenization for Menorrhagia due to fibroids of Goerl (*Zentralblatt fuer Gynaekologie*, No. 43) gives his ences with the Roentgen ray in Myomata of the uterus coincident menorrhagia. In one case after five months treatment the author was able to produce cessation of th truation and atrophy of the Myoma. Premature clima coincident with above results. High vacuum tubes were e and the tissues and ovaries rayed alternately from different

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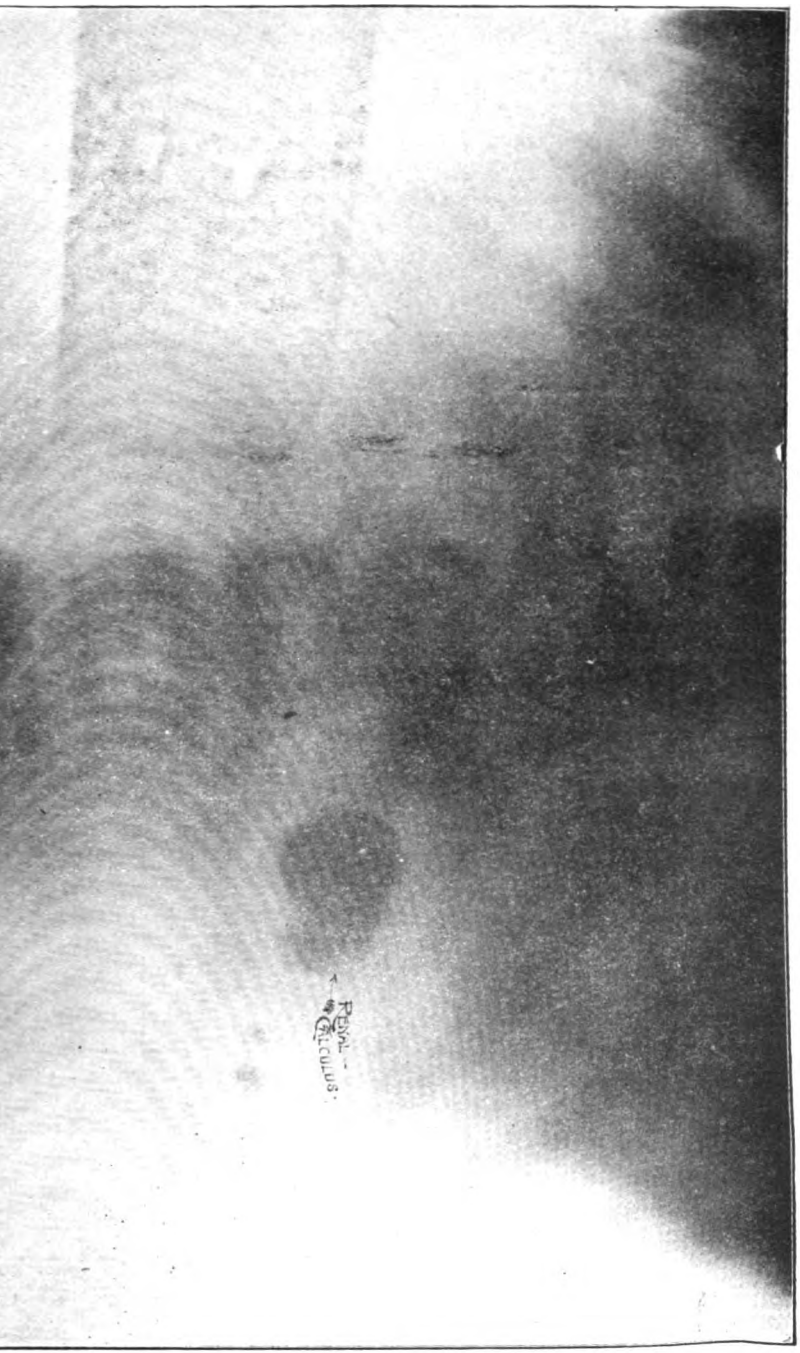

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These experiences corroborate the cases of Dr. He ported in September, 1904, *Advanced Therapeutics*) and the writer (reported in October, 1904, N. A. Journal of H opathy) and go to show that our European colleagues always lead but sometimes follow. While preference is ably to be given to surgery in the removal of fibroids, oc sometime arise where surgery cannot be utilized and emergency it is well to emphasize that the Roentgen r been successful in the treatment of this affection. The dent atrophy of the ovaries must always be borne in mir accompanying climaxis.

A High Frequency Electrical Apparatus. What It be from a Physician's Standpoint. King (*Medical Century* 1907) reviews the field of high frequency apparatus and e the defects and advantages of the respective machines des He favors the step-up transformer connected with an alte current. Condensers built up of alternate sheets of me glass well immersed in paraffine wax and boxed are pr to the ordinary Leyden jar condensers. Properly enclosed gaps to muffle the noise are recommended. "The appr ends of a spark-gap should be comparatively large from to three quarters of an inch in diameter."

The inductants are D'Arsonval or Solenoid, the Te and the Oudin resonator.

Dr. King recommends two seperate coils for D'Arso tion, one of low frequency for auto-condensation, the o comparatively high frequency for derivation currents. Tes also should be multiple if it is desired to energize vacuu trodes with this type of current. Resonators to be of s tory quality must be properly tuned so that the quality efflueve extracted be neither too severe in action nor to for therapeutic purposes.

Dr. King also recommends construction of the hi quency apparatus so that the condenser discharge can l to energize a spark-gap lamp of the Goerl or Piffard typ much larger amount of ultra violet ray is thus obtained.

Coyle (*Medical Electrology and Radiology*, June, 19 ports three cases of carbuncles and one of pararectal treated with Roentgen rays. The latter was evacuated af treatment and granulated within four days. The thr buncles were exposed five. four and three times respective a soft tube for 8-10 minutes and healed after a few day scarcely any scar tissue. The author also recommends genization in pruritus ani et vulvæ.

W. H. DIEFFENBACH.

Eusoma **Ointment**, containing 10 per cent. Eusom bined with a bland, unirritating base, is designed to meet quirements in those cases of disease of the skin in which, reason, a liquid application is not indicated nor desired.

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Original Article

EYE STRAIN NOTWITHSTANDING ACUTE VISION*

By David W. Wells, M.D.

Boston, Mass.

EYE strain may be defined as a disturbance of the sympathetic nervous system, caused by excessive effort to overcome some abnormality, either in the form of the eye balls or in the power of their muscles.

It is not my purpose to enter into a discussion of the symptomatology of eye strain, but such extravagant claims have been made of the cure of all sorts of bodily ills by optical means that there is some danger lest, in the reaction, general practitioners may doubt the existence of any well-proved symptoms. We shall be well within the truth if we accept the conclusions of Dr. Lucien Howe of Buffalo, based on a study of 350,000 cases by 24 ophthalmologist of national reputation.

He says, "We may safely include symptoms referred to the eyes, to the head in general, and to the stomach."

Naturally most of the manifestations are functional neuroses, but it is certainly a factor in many cases of migraine, chorea and epilepsy, however we may classify these conditions.

It would certainly be a great help to the general practitioner had he some simple means of determining the existence of eye strain in a given case.

*Read before the Hom. Med. Soc. of the State of N. Y.

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To this end many physicians have a card of test le which it is easy to determine if the sight is up to the nor equal in the two eyes. Any inequality or lowered acuity picious and appeals to both physician and patient as suffici son for consulting an oculist.

But if the sight be normal, the physician is very apt clude that eye strain is excluded as a factor in the case. S lent is this state of mind that a note of warning should be s to the effect that good vision excludes near-sightedness an ing else, and that near sight is a condition which, as will be later, seldom causes eye strain.

There are certain facial expressions which may lead suspect that vision is not accomplished easily. Spasmodic ing or twitching of the face or wrinkling of the forehead a common. It is not claimed that each particular condition characteristic "facies," but that a certain troubled, wor pained expression is very often indicative of some form strain.

A simple means of excluding eye strain is much to be and it is to be regretted that such a thing is absolutely imp It requires just as much technical skill to decide this poi prescribe the necessary lenses for its correction. Patien large pupils are very susceptible to ocular disturbances. T tor muscle of the iris is enervated by the sympathetic and ritation of the sympathetic system may cause dilatation. over, peripheral portions of the cornea are very irregul any error of curvature is much more noticeable in a large small arc. The small pupil acting as a diaphragm, "stops the lenticular system. It is frequently noted that the corre slight refractive errors is very important if the case presen pupils. Inattention and backwardness in school children a indicative of a faulty vision, and this symptom alone ju thorough examination.

The following case is only one of many which might be A boy nine years old, very backward at school, frequent co being sent to the parents. Distant vision was nearly norm the boy complained that the 'words jumped round." Glas far-sightedness gave almost immediate relief. Not only complaints from the teacher stop, but in less than three w brought home a special note for commendation of his p

The State of Massachusetts has passed a law requir testing of the sight of all school children. These tests ar made by the teachers simply to determine the acuity of visi

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Those of us who have devoted considerable energy to promoting this movement have felt that more elaborate testing would not be practical, although we fully realize that many who pass these tests will suffer with unsuspected eye strain. The boy just referred to would have passed the test. Educators must be reminded again and again that eye strain exists notwithstanding acute vision.

To advise the general practitioner when to send his patient to an oculist is perhaps a rather delicate matter and the writer's only excuse for assaying the role is his daily experience of curing by optical means, some case of long standing, where eye strain was not suspected. Any attempt to differentiate headaches and to decide by the location of the pain, or any other subjective symptom whether it be a reflex from eye strain or not, would seem to be thoroughly impracticable. Every case of chronic headache, whether frontal, vertical, or occipital, merits ocular investigation. The same may be said of every case of migraine, though the cure of this malady is not so general.

Every case of epilepsy, preferably before it gets beyond the stage of petit mal should be examined not only with the usual care, but a paralysis of the accommodation insisted on, lest there be some latent error. Intractible cases of chorea, insomnia, vertigo and dyspepsia should be examined. All children whose vision is below .7 of the normal, or who are extremely irritable or backward and inattentive at school. All children with strabismus, just as soon as the defect is noticed, as many of these cases depend upon a faulty development of the fusion faculty and can be cured without operation if taken early. All forms of inflammation of the eyes which do not quickly yield to medicinal treatment, and especially all chronic and recurrent cases like red and crusted lids, and styes.

Reduced or unequal sight, or a tendency of the eyes to deviate are presumptive evidence of eye strain, but it is the purpose of this paper to show that their absence does not exclude eye strain. Normal visual acuity does preclude near sight and that is all.

In order to emphasize the fact it may be well briefly to review the physiology of vision, and to show how eye strain is produced.

The normal eye is so formed that in a state of rest (that is with no stimulation to the ciliary muscle) parallel rays of light are brought to focus on the retina. (Fig. 1.)

Practically a pencil of light from a point twenty feet distant, entering the pupil, is considered as made up of parallel rays.

The diameter of the average pupil is about 4m.m. and the

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angle between the outermost rays which can enter this size aperture from a point distant twenty feet is so small as to be insignificant.

A pencil of rays starting from a nearer point would come to a focus behind the retina of the same eye were it not for the power of accommodation.

Traction upon the ciliary muscle allows the anterior surface of the lens to bulge forward, thus increasing its convexity or refractive effect.

This is so nicely adjusted as to be just sufficient to restore the focus to the retina. The function is very properly named accommodation. (Fig. 2.)

The far sighted eye is abnormal in being too short in its anterior-posterior diameter, that is, with the eye at rest parallel rays are brought to a focus behind the retina as in a normal eye are the diverging rays from a near point. (Fig. 3.)

The accommodation of increased convexity of the lens is here required not only for objects at less than twenty feet, but constantly.

While this accommodation is operative and the proper adjustment of the lens maintained, this eye sees just as well as the normal eye. And unless the ciliary muscle has become actually unable to maintain this tonic tension, the far sighted eye has normal visual acuity. This far sighted eye reads the distant test type just as well as the normal eye, but how? By constantly maintaining a tension on the ciliary.

The near sighted eye is too long from front to back, and parallel rays are brought to a focus in front of the retina.

As the lens has no power to reduce its convexity, this eye cannot accommodate for distant objects, and unless some other defect be associated is not subject to eye strain but has lessened visual acuity.

If objects are brought near enough to the near sighted eye vision is even better than the normal eye, as by this form the retinal image is larger than usual. (Fig. 4.)

This need of accommodation in the far sighted eye and needlessness of accommodation in the near sighted eye are shown by the excessive development of the ciliary in the one case, and its lack of development in the other. The cuts are taken from Landolt. (Fig. 5, 6, 7.)

It was stated that the near sighted eye seldom suffered from eye strain unless there be associated some other defect, and unfortunately both near and far sighted eyes have frequently an irregularity of curve of the cornea, known as astigmia. There is

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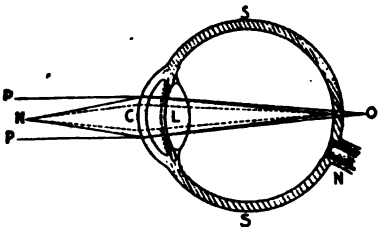

FIGURE 1

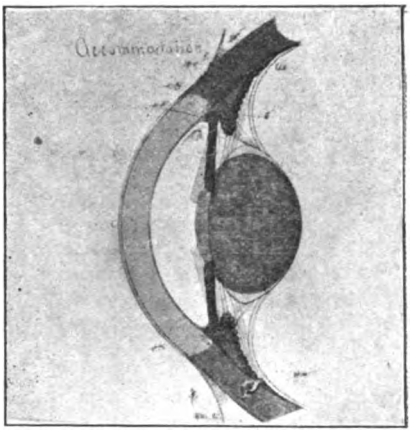

FIGURE 2

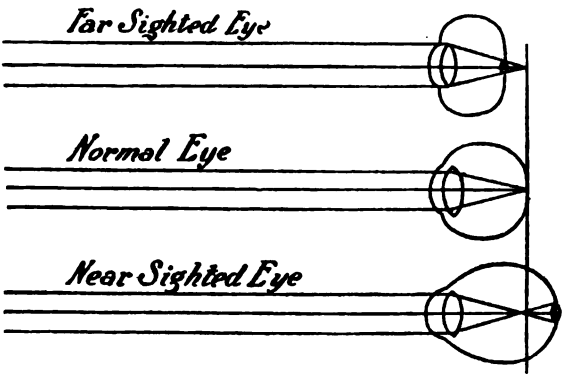

FIGURE 3

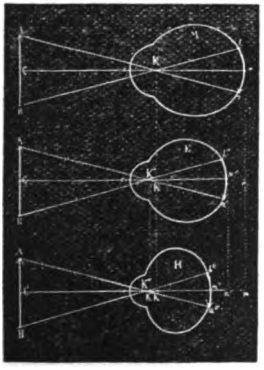

FIGURE 4

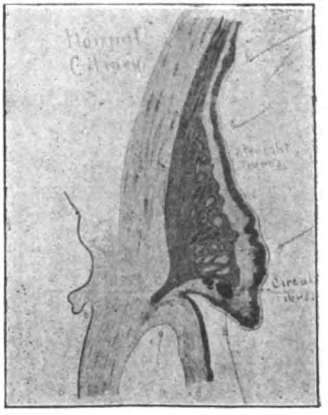

FIGURE 5

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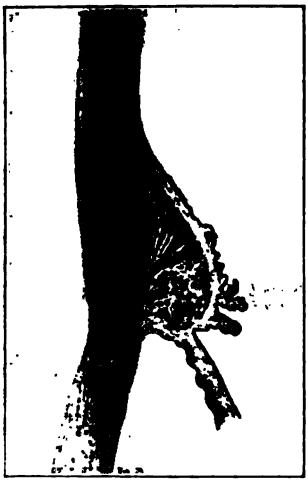

FIGURE 6

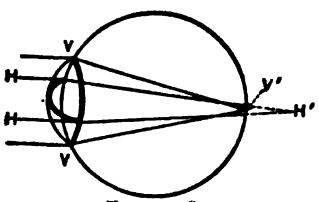

FIGURE 8

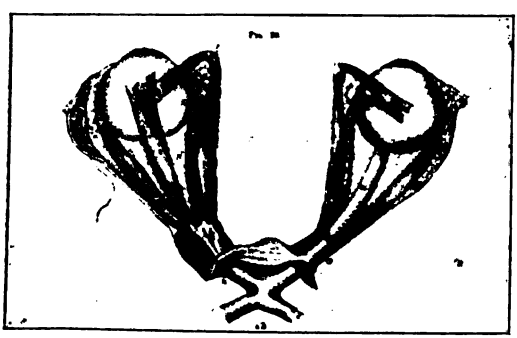

FIGURE 10

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igmia of the lens, but that of the cornea alone will be

is a wide spread opinion among the laity that astigmia the two eyes are unlike, and at the risk of being tedious will be made to explain this most common cause of eye

nia has to do wholly with the front of the eye, nothing its length. The terms "far" and "near sighted" astigmia misnomers.

ornea is not round, not a segment of a sphere, but or egg shaped. Fig. 8 is a case of simple astigmia. The rve is normal and the eye being in other respects normal es normally in that plane, for instance, one line of a out the horizontal curve is less rounding, so that in this ye is similar to a far sighted one, in that the focus falls retina. Now just as the far sighted eye can by ac- on secure good vision, so this inequality can be over- n unequal contraction of the lens in the same meridian ct of the cornea, and the patient may see as much as the . Even fairly high degrees of this variety of astigmia ercome by an active accommodation, and so radiating are supposed to appear different to an astigmic eye equally distant.

is a limit to this irregular accommodation, so that in the rees of this form of astigmia the vision is reduced.

is also the variety when one meridian of the cornea may vex. This causes light entering the eye in this meridian a focus in front of the retina. (Fig. 9.)

e ciliary has no power of reducing the convexity of the l the normal traction of the Zonule of Zinn, accommo- mpossible and certain lines of a radiating chart must be l the vision reduced.

is the common experience of all oculists to find the us cases of eye strain among those who can by a con- the lens overcome the deformity and secure good vision. he lessened sight which causes the strain, but the nerve sted in securing better sight. So it is that the high de- rror, which the ciliary can in no way overcome, cause than the lesser errors.

d of saying that eye strain exists notwithstanding nor- acuity, it would be more exact to say of these cases that exists because of normal visual acuity.

ctively we endeavor to secure a clear retinal image. As

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nature abhors a vacuum, so the retina abhors blu
"Good vision does not necessarily mean good eyes."

So far I have been speaking of the single eye,
that ability to see does not exclude eye strain must
parent when it is remembered that normal sight is bin
10.)

Each eye sees a separate picture and unless the
so directed that the images fall upon correspondent
two retinæ double vision is the result.

True binocular vision requires the co-ordinattio
muscles which turn each eye, and the two ciliary muscle

When each eye accommodates for a near object
recti must converge the eyes till the visual lines mee
looked at. Failing in this, there occurs either doubl
tendency toward doubling, which causes more or les

Normally the brain abhors double vision with
which it occasions.

Any tendency of the eyes to turn in a wrong dir
come by excessive energy to the lagging muscle whic
eye into line.

This not only occasions a waste of nerve energy,
disturbs the cerebral centers which preside over the
These patients are often conscious of the excessive ef
eyes on a given objects for any length of time.

This function of co-ordination has through deve
relegated to the subconscious. This leaves the higher
free for their proper cerebration. Now when these hig
ters are obliged to exercise a conscious control over
functions, it is as disastrous to the proper economy of e
the manager of a great business is obliged to attend
details which he had delegated to subordinates. Let
gotten that each eye separately may be absolutely pe
possess normal visual acuity, and yet a lack of bal
muscles which turn the eyes cause severe strain. U
refractive error in each eye often co-exists with a te
eyes to deviate. It should be borne in mind that
is constantly turned the patient learns to suppress th
by the squinting eye. Binocular vision no longer exist
is no attempt to secure it, there is no strain except in
den paralysis.

The tendency to turn is like the fractious hors
completely frees himself from his mate but gives his
of trouble to make the team "pull together."

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Lenses for the correction of eye strain relieve by supplying in a glass lens the necessary refractive power, leaving the accommodation function to do only its normal amount of work.

For astigmia the corrective lens produces its effect only in the direction of the defective meridian. Deviating tendencies are corrected either by gymnastics, prismatic lenses or by operative measures. The latter include section of the strong or advancement of the weak muscle.

Just as an eye strain may exist without any reduction of vision, so lenses may give perfect relief without any improvement of vision. Moreover it is necessary in certain conditions to prescribe glasses which cause an actual blurring of distant objects. These two facts go hand in hand and emphasize the statement that has been previously made, that neither eye strain nor its correction depend upon the amount seen, but the effort expended in the act of seeing.

Every ophthalmologist will corroborate this statement, but I doubt if many realize how frequently they observe it. I confess that I was surprised at my own figures, and it was these statistics which suggested to me the importance of bringing the matter to the attention of the profession.

In order to get some definite data I looked over 100 consecutive cases of eye strain. Patients over 35 years of age were not considered, and only those cases counted where consultation was had on account of headache, pain in eyes, or some well recognized symptom of strain. Of the 100 cases thus considered 36 had normal visual acuity in each eye; 14 had .9 vision; 50 reduced vision.

A majority of the 14 had normal visual acuity in one eye, so that it would be fair to say that in one-half of the cases the acuity test would not have suggested the diagnosis. It might on the other hand have been really misleading if one did not appreciate fully that strain is entirely independent of the amount one sees.

It may be that a large number of cases might show somewhat different results, but as the purpose of this paper is not so much to give exact percentage as to establish the fact, it seems fair enough to draw inferences from 100 taken consecutively.

LEARN RIGHT DRUGS.—We have no use for the sort of men who shirk a problem because it is difficult. Instead of decrying the use of drugs, learn to use the right kind of drugs in the right way.—*A. J. C. M.*

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THE BASIS OF HOMŒOPATHIC PRESCR

By B. Le B. Baylies, M.D.,
Brooklyn, N. Y.

HOMŒOPATHY is like that universal principle, s
expression of the correlation of everything in n

"All are but parts of one harmonious whole,
Whose body nature is, and God the soul."

Our object as physicians is to retrieve the lost
the human organism; to attune the distuned instrume
this end we must first obtain a thorough knowledge of e
tion subjective and objective, of that disturbance of th
which constitutes the distunement, or disease,

It is said that in the search for the remedy must be
respondence of the totality of the symptoms, to that of
be treated. But Hahnemann directs us to select from t
and find as nearly as possible the identical likeness, in th
istics, the corresponding characteristics of the objectiv
jective phenomena, mental, psychical and physical.

This can be found, for all thus far curable cond
every drug is individual, in its ability to excite certain m
tional or passional phenomena, concurrent with the ph
presenting a prototype of that similiar morbid action wh
although it may not, like disease, unless given in toxic
produced similar organic changes, which if they were
life, could be of little or no value for homœopathic
Among the characteristtic symptoms of a remedy, often
are rather obscure than prominent, have the highest
relation.

These obscure symptoms will frequently be more
of the patient's idiosyncrasy or dyscrasia, the fundamen
of his case, whether it be psoric, sycotic or syphilitic,
some hitherto undescribed miasm.

Next to Hahnemann's demonstration and developn
scientific law of homœopathy, his discovery of the heredit
as essential principles of disease, is the greatest of medi
ments, and of the greatest practical value. Rendering
of disease more inveterate and difficult of cure, they
sought in every case; and there are few cases untainte
more of them, simple, or composite.

Our treatment of a case in the first instance applies
mary phase of the disease; to what then appears, as the

*Read before the Hom. Med. Soc. of the County of N. Y.

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the symptoms. But when progressive improvement under the remedy has promised a restoration of health, an interruption of improvement, aggravation or metastasis, a change of symptoms may occur, resulting from the intervention of a hitherto latent miasm; and the patient's condition then exacts the selection of a new remedy.

In the selection of the remedy the symptoms and the modalities of their manifestation, often more important than the symptoms, must as heretofore be regarded; but they now lead us to a deeper plane, which seems most directly to involve the system of organic life.

Here, the external lesions indicating this involvement of the organic system, nutritive, assimilative and reproductive, such as dry or humid squamous eruptions, erysipelas, warts, moles, tumors, ulcers, which may be distinctly significant of miasm, appearances in diseases of the throat, all external and internal lesions which can be located by physical examination, the sides of the body, or the part of the organ affected, if not determining the remedy, will suggest the direction of the search, as all remedies have their correspondent affinities for tissues, organs and localities.

I present a case which may afford an illustration. A patient of the late Dr. Bayard, accustomed to the occasional single dose in high potency, was frequently troubled with indigestion accompanied by frontal headache, and evidently affected by a chronic miasm, having traces of old eczema upon the legs, and constantly hot perspiring feet. He had been benefited during several years, for modifications of these symptoms, by natrum carb., natrum mur., silicea, and later by sulphur, more rarely by lycopodium. The headache and gastric symptoms were accompanied by sleepiness, and were worse by riding, a modality to which these remedies correspond, the natrums and lycopodium in the lower degree, silica and sulphur in the third higher degree. The rank of the remedies stated by Boenninghausen generally signifying, I believe, their true relative value.

January 19th. After a chill the previous evening, and a restless night, I found these symptoms prominent in the morning,—sensations of painful pressure and fulness in the forehead, worse immediately after eating, severe supraorbital ache, smarting of the eyes, ache and soreness to the touch of the whole surface of the nose, of the alæ nasi and the nostrils, moderate discharge of nasal mucus, sensitive submaxillary glands, sore commissures of the lips, and hot flushes of the whole head at intervals; soreness around the lower back and abdomen, pain in the sacro-iliac region, when mak-

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ing effort at stool. The pain and soreness worse moving, b and straightening the body. Urging to urinate early in the m with sharp cutting pain extending from the neck of the l along the urethra. ℞. Natrum muriaticum 45 m F., in s half at once, the remainder in the morning if required. some relief from the first portion of the natrum mur. and the second.

January 21st. Erysipelas of blooming, scarlet hue, appea the forehead and extended down upon the nose and cheeks; s without vesicles. Natrum mur. the same potency one dose patient felt stronger and improved, after each dose. Ve diet, water freely, and milk were directed.

January 23rd. Feeling better, the patient indulged v permission in a little chicken in the evening; passed a n night, and the following morning at eleven had a severe ch shake, which ceased soon after a dose of the same medicine.

January 24th. Inflammation has left the face, and appea the left ear, which is much swollen.

January 25th. Improving, stopped natrum mur., a dose taken if required.

January 26th. Toward evening yesterday, came on pe ing, stitching pain at the upper angle of the right scapula the vertebral column, and coincidentally, a similar pain at ab fifth rib antero-laterally; also drawing pain in the right groi extending down the posterior aspect of the thigh; worse on the right side, better lying on the back with the knee up: burning sensation in sole of the right foot. These toms continuing during the night, remained this morning. B three and four this morning, sensation of a painful knotting the muscles of the right calf; pain in the limb worse at beg of motion; with stiffness if long in one position; stool at 8 M., preceded by much flatus. Amelioration by lying on th with knee bent, with aggravation by lying on the painful sid responding to 24 medicines. Being worse at beginning of n burning of the sole of the foot, locality in thigh affected, r the number to three, calcarea carb, lycopodium and phosp The summary of the relative value of these according to Boe hausen's repertory, ranked them as calcarea 21, lycopodiu phosphorus 16. By comparison with the text of the M Medica, I selected lycopodium, and gave a dose of the 45m F.

January 28th. Pains in the groin and thigh have peared; patient can walk well; no acute pain in the ch scapula; only a slightly drawn feeling, in that region.

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January 29th. No trouble on the right side; aching throbbing, soreness and stiffness of the left knee have appeared. Swelling with inflammation and intra-articular effusion, knee often painless when lying or sitting still; restless turning in bed at night without relief; flushes of heat in face and head after eating, aggravations in the evening and early morning, weakness of the limb in the morning. ℞. Thuja 5m F.

January 30th. Knee better, less pain and swelling, improved appetite, no more discomfort after eating.

January 31st. Free motion, no inflammation.

February 9th. Patient has attended daily to business since the last note, without trouble in the knee or elsewhere.

This case was evidently complicated by the psoric and sycotic miasms.

The miasms referred to by Hahnemann are so prevalent in the human system today, that if one or more of them is not apparent in a case as first presented for treatment, when a second or later prescription is required, although that prescription must always accord with the symptoms, perception of their presence will suggest the direction of our search for remedies and incite us, if possible, to perfect the cure.

APPENDICITIS FROM A FOREIGN BODY*

By J. Hubley Schall, M. D.

Brooklyn, N. Y.

NOT many years ago foreign bodies in the vermiform appendix were supposed to play an important role as an etiological factor in appendicitis.

To-day it is generally conceded that in the majority of cases the disease has no association with the presence of foreign bodies.

Some of the seeds reported in the older literature were no doubt fecal concretions for many of these masses resemble various fruit seeds.

However, in some instances foreign bodies gain entrance into a dilated appendix and excite an inflammatory condition as shown by the history of the following case:

Miss J., aged 22 years, while walking down Broadway was seized suddenly with acute lancinating pain in the lower abdomen. This condition was soon followed by nausea and vomiting. She was taken to a nearby drug store where an anodyne was adminis-

*Read before the Brooklyn Hahnemannian Union.

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tered, after which she was removed to her home in Brooklyn and her physician, Dr. Frank E. Caldwell, was called in.

At first her symptoms pointed to an acute intestinal indigestion which yielded to the prescribed medication.

On the third day the patient was able to sit up and seemed to be doing well, when she was again seized with severe abdominal pain which localized itself in the right iliac region. Constipation was present. The vomiting marked and of a bilious nature.

On the fourth day Dr. Caldwell asked me to see the patient with him.

At the time of the examination the patient presented that classical pinched face, the temperature was 101, pulse rate 115, respiration 26. No action of the bowels for three days; nausea and vomiting of biliary matter. The abdomen was slightly distended; severe pain on pressure over the entire abdomen, with acute sensitiveness and resistance on pressure in the right iliac fossa.

The following day the temperature and pulse steadily rose and immediate surgical interference was advised, to which the patient consented and she was at once removed to the Williamsburg Hospital.

Upon further questioning the patient it was learned that she had had frequent attacks of "colic," which were attributed to indigestion. Her first attack came on after eating a liberal portion of cucumbers.

Operation was performed on May 27, 1906. Section of the abdominal wall showed the muscles infiltrated. The peritoneum was adherent to a mass which was composed of the omentum and cæcum. The appendix was difficult to locate, but by following the longitudinal fibres of the colon, the organ was found bound down by a mass of adhesions behind the cæcum. The appendix was carefully enucleated and brought outside of the wound. It was 7½ inches long, and the diameter of a lead pencil. The appendix was tied off and removed according to the method of Fowler.

Upon examination, the organ was found to be distended with liquid feces which contained three cucumber seeds. The mucous membrane was inflamed and thickened and presented three ulcerated spots at the site of the location of the seeds. The distal end was sacculated and contained a small quantity of pus.

The abdominal wound was closed by interrupted chromic catgut sutures and dressed in the usual aseptic fashion.

The first week following operation the patient suffered from

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a sharp attack of gastritis, which was attributed to the ether. Otherwise her recovery was uneventful and she was discharged from the hospital June 9, 1906, fourteen days after the operation.

141 St. Marks Avenue.

A BRIEF CONSIDERATION OF INVOLUTIONAL MELANCHOLIA WITH AN ILLUSTRATIVE CASE*

By Edward A. Everett, M.D.

Elmira, N. Y.

MOST men and women pass through the grand climacteric unscathed as far as their nervous systems are considered. Quite a number do not, however, and it is with these that we are concerned. According to the most satisfactory classification, that of Kraepelin, the abnormal mental changes met during the decline of life are placed into three groups, namely: melancholia, presenile insanity and senile dementia. A brief reference to the last two-named is all that will be necessary in this paper.

Presenile insanity, a rare condition, is best described as a "gradual development of marked impairment of judgment, accompanied by numerous unsystematized, hypochrondriacal, and persecutory delusions, and greatly increased emotional irritability." (1) The chief symptoms are the senseless ideas of persecution which are usually connected with hypochondriacal ideas. These delusions are not stable and the ideas expressed one hour are denied the next. As time goes on these delusions fade out and the mental state gradually changes to one of enfeeblement but not to the extent that is found in the next group mentioned. No recoveries have been reported.

Senile dementia, a very common disease, is characterized by progressive mental deterioration and is due to sclerosis of the brain. The mental deterioration ranges from a slightly confused condition with loss of memory to a state where the patient is practically helpless, mentally. All cases progress to this final state, the rate of progression varying. As the disease is due to destructive, organic changes, no recoveries can be expected.

The melancholia which we will now take up should not be confused with what is usually known as melancholia. It used to be the fashion to call all insanities in which there was depression, melancholia. We now know that states of depression occur in many mental disorders and it has been shown that to call these

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*Read before the Southern Tier Homœopathic Medical Association.

1. Clinical Psychiatry, by Ross Defendorf. page 267.

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melancholia, *per se,* is a mistake. In the variety under consid
tion the depression is the most prominent and uniform sympt
In the other diseases it is only an incidental factor, comparati
speaking. In involutional melancholia it colors the whole pic
and the other symptoms are only secondary in importance t

Connected with the depression are fears and ideas of
accusation with motor-restlessness. As compared with similar st
in other mental diseases, the train of thought is not so much
turbed and there is not so much confusion of mind present. A
a prolonged course the greater number of cases show some sl
mental deterioration.

This disease attacks both men and women in the involuti
period. It occurs rather more frequently in the female sex.
may begin as early as forty and as late as sixty. In wome
usually starts more early than in men.

Two groups of cases can be made. In one group, and
is the more common form, we have those cases that do not s
so much fear, are not so much confused, not so restless and do
have hallucinations. They present the following picture as a r
For some time, several months or perhaps a year or two, the pat
complains of symptoms common to neurasthenic states—headac
vertigos, constipation, anorexia, and increasing difficulty in
performance of the usual work. Finally, ideas of not being of
use become prominent and the sadness that was only periodic
becomes quite permanent. The nature of the delusions of unw
thiness and self-accusation are peculiar to this disease in that t
are usually gross exaggerations of some trivial fault. For insta
a patient says he is the greatest sinner on earth. He reiter
this and finally confides that the great sin is, that, in his e
youth he was sent to the store for something and on the way
got his errand and never brought home the thing he was sent
He is unable to see the absurdity of the idea of this being s
a sin and it constantly appears to him in its distorted light m
ing him miserable.

Many of these patients have erroneous religious ideas. T
do not think they prayed as much as they should have; they
no longer loved by God, etc. They become very hypochondria
alleging that their bowels never move; they have no stomach,
They often think they are to be terribly punished for some inno
thing such as upsetting a glass of water, etc.

They may sit for hours not saying anything, but all this t
they are observing and listening and if they can be drawn ou
will be seen that there is not the inactivity of mind present

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might be supposed. Attempts at suicide are frequent and as a rule they are the result of planning, although in a few cases the act apparently has been due to impulse. They fully realize their condition. In fact it is too obvious to them.

In the second group we find those classes that have a great deal of fear with hallucinations and a good deal of restlessness. They move about a great deal, rubbing thier hands together. These patients are often confused and they are quite constantly depressed to a marked degree. The delusions of self-accusation are more exaggerated than in the first group. Here crimes such as murder and arson are told of and the punishments feared are horrible. In consequence there is much anguish and the pattient's condition is really pitiable. The hallucinations are very pronounced. In some cases the patient gets into a state where the existence of everything is denied. He is alone in a world that does not exist and he even doubts his own existence. There is much agitation, crying out to God for succor and bewailing the fate that persues. One very unfortunate symptom is the self-mutilating tendencies often shown. Patients will pull hair out, tear off skin, pull out finger- and toe-nails, etc.

With these mental symptoms there are somatic disturbances such as exaggerated heat-flashes, palpitation, peculiar headaches, obstinate insomnia, constipation, and refusal of food. There is usually a fairly well-marked arteriosclerosis and high-tension pulse. As yet, no definite pathological condition has been demonstrated, except the arteriosclerosis mentioned.

In both of these groups the course of the disease is slow and the average time of attack is two and a half years. Many recover after a slow and tedious convalescence but relapses are quite frequent. Recovery from a second attack is not very common. In some the severity of the attack causes deterioration which is lasting.

In the matter of treatment, the first thing to do is to provide a new environment for the patient. As a rule communication with relatives and friends should cease. In some cases this can be modified with advantage but great care must be used in doing this. In the new environment a "rest cure" should be established. The patient should be kept in bed, the period of enforced rest varying according to the case. Traveling and other diversions are strongly contra-indicated. In connection with the "rest cure" systematic nourishment is to be maintained. Nutritious food in small quantities, at frequent intervals, should be the rule. In some cases resort to forced feeding is necessary. It is hardly necessary to state that the bowels should be kept open with enemata, etc.

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The extreme restlessness and insomnia are often relie warm baths. The patient should be placed into a tubful o at 90 degrees and the temperature of the water should be ally raised to 100 or 110 degrees. In this bath, the patient be kept at least one hour. In some cases a period of two hours is necessary. If the hot bath (110 degrees) is use should be taken that collapse does not occur. In conjunctio the bath the use of hot milk is advisable. A half pint take going to bed will act as a sedative, in many cases. Amo homœopathic remedies useful in this disease cimicifuga is p the best. Next comes arsenic. Coffea, chamomilla, gels ignatia, lilium tigrinum, and nux vomica are also indicated

The tendency to suicide in this particular disease is ver This should be constantly borne in mind and in the maj cases the patient should never be left alone.

The following case, a typical one, was under the write at the Middletown State Homœopathic Hospital:

A widow, housewife, aged 47, native of the U. admitted on March 18, 1903. Her father died of consu aged 73; he had been intemperate until within ten years death. One paternal and one maternal cousin were insan were both melancholy, were sent to asylums, did not reco died there.

The patient married at 21, had five children, all liv healthy, except the youngest, who had convulsions until fo of age. Her labors were always difficult, and with the la years before admission, she had much pain in the head an ousness, which lasted a month.

About a month before admission to the hospital she b worry. She thought she would be turned out of doors snow, and that she would freeze to death. She cried a gr did not sleep or eat well, and was confused and suspiciou doctor thought she had an attack of grippe about a week the onset of the mental symptoms and her family said worried over the effect the menopause might have on h had also had a lawsuit which had worried her somewhat. H eral relations were pleasant and there was really no adequa for anxiety.

When admitted to the hospital she was in good phys dition, weighing 186 pounds and being 5 feet 3½ inches t did not sleep well and her appetite was poor. She was give her age and the facts of her history, but was not c the date, month or year and was not sure of where she wa

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ing it Paterson, N. J. She was preoccupied with her anxiety, her face had a worried expression, she was constantly moving about in bed, rubbing her hands and expressing the fear of being punished for some crime which she said she had committed. She prayed frequently to God to save her from an awful death, saying: "Ten thousand deaths would be better, murdered by inches. Oh, dear! Oh, dear!"

She refused food because she thought it was poisoned; was suspicious of those about her and resisted any attempt to move her. At home she tried to get a revolver to shoot herself; threatened to burn her home and to kill her children so they would not suffer. She denied these acts and threats. She heard other patients' voices and declared them to be her daughter's voice. Patients and nurses passing through the room, she declared were her children. Sounds in the ward, she declared were her children's cries for help and protection, and she answered these in a loud voice. She was surprised that others could not hear them. She misinterpreted her surroundings and thought when she heard water running into a bowl that preparations were being made to boil her children. She insisted that she smelled them burning and became frantic over the thought.

During succeeding days she was very restless. Cries of other patients especially concerned her as those of her children. On being taken to the patients she was satisfied for a short time but soon believed that the cries came from her own children. She said the hospital was a jail and that her children were imprisoned there in a remote part. She repeated over and over again: "Oh, dear, I hear their cries." When she received a letter from her daughter she would not believe it came from her, but said it was written by some one else just to fool her. She declared repeatedly: "I am going to be killed for some awful crime I have committed. I am insane." She wandered about or rocked back and forth in a chair while giving utterance to these thoughts. Sometimes she would vary by saying: "I want my children out of the fire." She often wished she were dead, and one morning, early, was detected trying to hang herself with a sheet. One time she told very graphically how she saw her children cut up in pieces and saw the nurses carry them out in baskets.

Looking out of the window and seeing bags of clothing being taken to the laundry, she declared with much anguish that the bags contained her murdered children, that she could hear their cries for mercy, etc. A visit from her sister and two of her children left her worse than before. At this time hot baths were given

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her without marked effect. She often called out for her sometimes standing at a window calling for an hour or mo ing the latter part of May and through June she becam and in July was able to visit quite satisfactorily with her Even then she was not sure of the daughter's identity. Th der of the summer she was depressed, but no longer call the windows, and did not show hallucinations and illusio In September she became industrious and at the end of t she went home. She was discharged later as recovered. after she was reported as being as well as ever she had b

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THE TREATMENT OF CANCER BY A BAC VACCINE*

By Edwin A. Neatby, M.D.

London, England

THE hopelessness of the various diseases grouped under the name of cancer has caused even the mos laced of medical men to look with toleration upon the tendency of patients to take up any so-called "cancer cu

The same feeling makes the profession justly sever medical man allows himself to make excursions into fields and to trumpet abroad the statement that by his through his portal only salvation lies.

It is not without a good deal of hesitation that I hav to bring the subject of this paper before you. There are sons which justify one in regarding the treatment of ca bacterial vaccine as worthy of investigation.

First, it is based on an appeal to the protective for body rather than on local measures only.

Second, it is in conformity with recent successful logical work in other maladies and is regulated by scientifi of precision.

Third, it is believed to be another example of the fa rule of similars. The treatment of a disease by its own or secretions is not new. It has been written about b men for three-quarters of a century, and its recent elab the form of preventive and curative vaccines is well kn most of our modern knowledge in this subject, the world i

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*Read before the International Homœopathic Congress.

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to Sir Almroth Wright, Pathologist to St. Mary's Hospital, London. For the application of the principle to cancer our indebtedness is due to Drs. Jacob and Geets of Brussels. Twenty years ago Dr. Doyen, now of Paris, described a micro-organism occurring in new growths, notably in cancer. This he named the micrococcus neoformans.

In many ways it resembles a staphylococcus, and its features may be described as follows: It has a tendency to grow in chains and to divide like yeast in a Y-shaped fashion. This is more noticeable in broth cultures. When a portion of tissue—say a cancerous gland—is placed in broth, it does not usually begin to show signs of growth for 48 hours. A well-marked growth occurring earlier than this is more likely to be a staphylococcus or other septic microorganism. The colonies die easily when growing on gelatine. They are of a white color, which they maintain even when old. They stain well with Leischmann's (Romanowsky's) stain, and take Gram if young. The two most distinctive characteristics are the tenacious nature of the growth a few days old, which draws out in "vermicelli-like strings" when taken up by the platinum needle; and the fact that it agglutinates with normal serum in a dilution of 200 to 500. This last feature distinguishes it from staphylococci. The role of the micrococcus neoformans in the causation of cancer is not yet settled. It has been found by Jacobs and Geets in 90 per cent. of their cases. It is more likely to be found pure in the advancing margins of a tumor or in the glands newly infected, than elsewhere. Even in the last-named situation it may be associated with other organisms, e. g., streptococci.

In one case where an axillary gland was dissected out during an excision of breast, although fresh instruments were used and no contact with skin or fingers was allowed, a growth in bouillon took place of streptococci, staphylococci and micrococcus neoformans. The micrococcus may be found also in innocent growths like lipoma and myoma, while Jacobs and Geets report having obtained both local and general neoplastic lisions of 30 per cent. of their inoculations. Paine and Morgan of the Cancer Hospital, London, have only succeeded in getting inflammatory reactions. That it may be regarded as the cause of the cancerous cachexia seems certain. Even where the treatment is unsuccessful in checking the cell proliferation its effect in improving the color, appetite and weight of the patient is usually conspicuous.

The neoformans vaccine is made in the usual way, which may be described as follows:

Several tubes of agar are planted with the micrococcus and a

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growth allowed to take place for 24 hours. This young growth alone is used for the purpose. Into each tube a 1.5 sterile salt solution is poured in uncertain quantity—enough to wash off and "dissolve" the growth from the surface of the gelatine. The solution or emulsion so formed is shaken, or stirred with a sterile rod, to render it uniform.

A small portion is then withdrawn with a sterile pipette for counting, to standardize the preparation. This emulsion is counted along with an equal quantity of blood. The proportion of red blood cells per cubic centimetre being known (5,000 millions) it is easy to calculate from the relative proportion of red cells and micro-organisms in the field what is the quantity of the latter in a cc.

Having counted the vaccine, it is next diluted with 0.025 per cent. of Lysol to the required strength, is sterilized by heat for one hour at 60 degrees centigrade, tested for sterility and placed in bottles or flasks for preservation.

The frequency of dose of the vaccine is indicated by the blood examination, the object of which is to ascertain the protective power of the blood serum.

The antidotal or protective substances in the blood which prepares the bacteria for consumption by the phagocytes—that is, the polynuclear leucocytes—are termed opsonins. The measure of the protective power of the serum of an unhealthy individual as compared with that of a healthy one is termed the opsonic index, the healthy subject being reckoned as 1.

The terms healthy and unhealthy here refer to the power to resist any particular organism and for the purposes of this particular paper, the organism referred to is the micrococcus neoformans. The protective power of a patient may be high as regards one organism and low as regards another. In some instances it may be low as regards more than one, e. g., a patient may be infected by both tubercle and staphylococcus and have a low index to both.

From one to four weeks is a usual interval between the doses.

The first effect of a vaccine injection is usually to lower the resisting power for a short time—producing a so-called "negative phase" or period of aggravation. Experience has shown, however, if the examination be made very soon—that is, within six or eight hours—a passing rise sometimes takes place, a so-called "spurious rise." This is supposed to be due to the absorption of a portion of the vaccine, the depression coming on only after the absorption of the whole. If this be a correct explanation, it sug-

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gests that a small dose would yield a rise or positive phase without the production of an appreciable fall or negative phase.

The dose usually employed is from 10 to 100 millions of bacteria. If the small dose produces a good rise it is unnecessary to go higher. Any dose which produces perceptible general reaction or illness is too large.

The neoformans vaccine has so far been used for all varieties of malignant growths. One of the most brilliantly successful cases on record was one of myo-sarcoma of the abdominal viscera. It is probable that there are great undetected differences amongst cases classed together as cancerous. It would therefore be desirable ideally that each patient should be treated by a vaccine made from his or her own tumor the difference of strain of organisms of the same name being very great. The cases treated hitherto are too few to be advanced in strict statistical form. It must be remembered that we are dealing with cases practically always fatal and often fatal by way of a lingering, painful, if not also loathsome, illness.

Any remedy which will lessen the miseries of so dire a disease even if not cutting it short, is worthy of our thoughtful consideration.

Further, it is also noteworthy that the early cases of a hopeless disease which come for treatment by any new remedy are the refuse of other clinics and practitioners.

The largest list of published cases is by Drs. Jacob and Geets of Brussels, the introducers of the treatment. They publish thirty-eight cases with results classified thus: Seven cures, twelve with improvement or several months' duration; eight with only temporary improvement, and eleven with no improvement.

In the *Lancet* of August 25th allusion is made to five cases treated by Sir A. E. Wright. Two had died, one was quite stationary, two show marked improvement. Of these two, one was "a man of 75 years, and he was affected with a tumor of the left tonsil, the pillars of the fauces, the side of the tongue, and part of the pharynx. Large doses of potassium iodide had no effect, and it was agreed by all who saw the case that it was malignant, and the diagnosis was confirmed by the microscope, for histologically the growth was found to be a spheriodal-celled carcinoma. A vaccine prepared from the micrococcus neoformans was then employed. The injections were controlled by estimations of the opsonic reaction of the blood. Improvement commenced at once, the mass visible in the fauces greatly diminished, the ulcerated surface lessened in extent, fetor ceased, and pain and dysphagia disappeared. Most

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of the enlarged cervical glands subsided, but one small hard gland remained. The total improvement was marvellous, not only in the local condition but also in the patient's general health. No other treatment was employed. The result was in no way claimed as a cure, but as very definite improvement followed the treatment it is at least worthy of an extended trial."

My own cases have been twelve in number. Three of these have died. The first death was in a case of rapidly-growing epithelioma of the vulva, with extensive involvement of the glands in both groins. Operation was followed by immediate recurrence, the new growth very rapidly breaking down. This patient's wound yielded a heavy growth of nearly pure bacillus pyocyaneus. She died after two injections and before I could make a pyocyaneus vaccine. The cause of death appeared to be sepsis.

The second death was in a bad recurrence after hysterectomy for carcinoma of the cervix uteri. There was relief of pain for three days after the first injection, but after that pain and vomiting remained unrelieved to the end. Involvement of omentum and duodenum took place and the growth was breaking down.

The third death was from recurrence after excision of breast. Thrice recurrent growths had taken place. When first seen the arm was swollen to the size of a big man's thigh, the neck was brawny and ulcerating, the face swollen and distorted, and the opposite breast the size and hardness of a cricket ball. She died of exhaustion after two months' treatment. The second case died after six weks.

Two of my cases discontinued treatment because they were inaccessible; two others because it did not appear to be doing good.

A case of cancer of prostate in an old man of 82 seems to be controlled. The pelvic tumor has lessened, purulent urine cleared up, swelling of left leg disappeared, threatened obstruction of bowels ceased, lumbar glands lessened, life is being surprisingly prolonged and in freedom from pain or discomfort, except weakness, which slowly increases.

A case of rectal cancer recurring after operation improved greatly in general condition, such as strength, walking power, appetite, complexion and spirits. Hemorrhage was checked by the injections, but the growth continued to spread. This patient had a mixed infection, for her index to bacillus coli was very high.

A case of cancer of the liver is improving in general health and the patient is less breathless but the liver tumor remains unchanged.

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An epithelioma of vulva lessened noticeably in size, but glands in the groin increased considerably.

Two inoperable cases of uterine cancer are under treatment without notable benefit. Whenever operation is possible I advise that treatment as a preliminary. It is quite conceivable that the protective powers of the blood might become equal to preventing a recurrence or controlling a slight growth and yet be unequal to the absorption of a gross mass of diseased tissue.

The vaccine treatment must not be described as a cancer-cure. It requires further working out, in connection with other vaccines.

I venture only to repeat the *Lancet's* opinion that the treatment is at least worthy of an extended trial.

PRESENT METHODS EMPLOYED IN PSYCHIATRY AT THE MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL*

By George F. Brewster, M.D.
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THE above title for this paper was chosen because it was thought that possibly the members of this society might be interested to know of the work in psychiatry that is being done at present in the state hospitals' service, more especially at the Middletown State Homœopathic Hospital, with which staff the writer is connected.

As you may know, the New York State hospital service is composed of fifteen state hospitals, including two hospitals for the criminal insane. Two of these hospitals are under the control of superintendents, and medical staffs, who are homœopathic physicians. I refer to the institutions at Middletown and Gowanda, in order of establishment. There is associated with the service a Pathological Institute, composed of a director, the present incumbent being Dr. Adolf Meyer, the noted alienist, and several assistants, whose duty it is to work in conjunction with the state hospitals in pursuance of pathological research, in the investigation of problems relating to psychiatry, and to instruct members of the hospitals' staffs in psychiatrical work.

Our hospital at present has, besides its superintendent, eight physicians, who act as assistants. The first assistant physician, in addition to his other duties, is responsible to the superintendent for the keeping up of the psychiatric records. The other assistant physicians, including the woman physician, under the direction of

*Read before the New York State Homœopathic Medical Society.

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the superintendent, assist in making the records and in doi
medical and some administrative work. It is the present
of the superintendent to increase the importance of the s
medical work of the hospital, and to as far as possible ha
administrative duties performed by other than medical office

For the past two summers we have had with us a senior s
of the John Hopkins University Medical School, who has co
his duties strictly to work in the laboratory.

We have at present 1,300 patients. The patients are cla
as far as possible according to the nature of their disease, w
acute or chronic. Most of the patients on admittance ar
o reception services in the male or female department.

Each of the physicians of the staff in rotation is assig
ase to work up. This patient is made his especial study, a
is allowed to treat him under the direction of the medical su
endent.

The psychiatric methods I will endeavor to consider
nder three headings, namely:—I. Psychiatric records, II.
ment of the insane, and III. Autopsy and laboratory work.

Psychiatric Records: Every patient on admittance is exa
by a medical officer, and a careful note is made of the observ
After the usual introduction we endeavor to see how the
grasps the situation, questioning him in regard to his trip
hospital, and ascertaining whether or not he appreciates th
ous events of his journey, and whether he is oriented as
time, place and person, and has a knowledge as to why
been sent to the hospital. It is frequently found that on adm
information of value can be obtained from the patient bette
later when it may be impossible to obtain much because
suspicious tendency, or perhaps confusion. This prelimina
vestigation frequently helps to pave the way for the meth
attack in future examinations.

The family, personal history and onset of psychosis are
obtained from the patient's relatives after the patient has
received. Frequently the relatives accompany the patient, in
case they are immediately interviewed by the physician, wh
work up the case.

It is the custom to provide all of our nurses, whose du
to convey patients to the institution, with a copy of "T
Friends of the Insane," an excellent little pamphlet written
Barrus, the woman physician of the staff, explaining what in
tion we desire. This is given to the relatives of the insane
and they are earnestly requested to read the same carefull

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come to the hospital at their earliest opportunity, for the purpose of giving the information called for, and to be questioned by the examining physician in order to bring all facts possible in making up the anamnesis. In perhaps the majority of our cases we thus obtain important data from personal interview with relatives. In a few cases where the relatives live at a considerable distance from the hospital, and for other reasons, we have to content ourselves with obtaining facts by correspondence, but even in this way with the aid of Dr. Barrus' little work we get some surprisingly good histories. We find that it is well to interview as many members of the family as possible, and to talk with them separately. Quite frequently in endeavoring to obtain facts concerning heredity we find that it is necessary to question the relatives as carefully and tactfully as possible. It is frequently the case that when relatives are asked if there is any insanity in the family they will often answer in the negative when the facts are to the contrary. They do this either consciously or unconsciously, because of the idea that it is a disgrace to have insanity in the famil,y or because of a false interpretation of the term insanity. Many people even now think that a person to be insane must be raving and scorn the idea that an individual was out of his mind if he was "suspicious," or had the "blues," or sat around and refrained from doing work for a few months.

We often find mental peculiarities in relatives of patients. These are carefully noted and placed in the family history.

In regard to the personal history of a patient we try and ascertain about any prenatal influences, the nutrition and development for several months after birth, and the general mental and physical condition during childhood. A brief statement of the capacity at school is endeavored to be obtained, also the duration of the school age, the details of the puerperal epoch, especially in girls, and of the menstrual history. The period of youth is of much importance in investigating the personal history of our patients. Any hobbies or peculiar traits, ambitions, accomplishments and eccentricities are most carefully inquired into. The marital stage and conjugal and parental disposition, the climacteric epoch in both sexes, and its nature and duration is of extreme importance, as insanity associated with the climacterium and puberty is, as you know, quite common.

All important facts are given their exact dates as far as possible, and in a well written history it should be possible to learn what and where the patient was at any given period of his life.

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As regards the present illness of the patient it is of importance to establish the exact time of the onset. This ever, is often quite difficult because the patient's friends usu not distinguish early psychic manifestations. Any physical toms which the case may present are not usually associated lay mind with oncoming trouble. In searching for data conc the onset of a psychosis it is often well to ascertain conc the state of nutrition during health as compared with us present conditions. Headache is, in some cases, an importan also the conditions of the bowels,—how long has the patien constipated? Has the condition grown worse of late? H patient's sleep been altered in any way? And similar questio asked concerning other functions. The menstrual function be most carefully inquired into, and questions asked in de that an approximate idea of the character of the menstrual may be obtained continuing directly from health into the d ing psychosis.

In all our psychiatric records we endeavor to avoid hac expressions which are found so frequently in the records of tals for the insane. For instance instead of stating that the became "excitable," "irritable," "nervous," "talkative," "d tive," "restless," etc., we endeavor to make careful descript the general and mental attitudes of our patients, so that on reading a record could differentiate one psychosis from a which would be impossible from some of the older records symptoms which have been enumerated may be present in melancholia, hysteria, alcoholism, dementia præcox, manic- sive insanity and other psychoses so that you can readily extreme importance of describing carefully a patient's de and general mental atttitude. As Dr. Meyer has stated, it of so much importance that a patient does or says a certain but that he does or says it in a definite setting, and this setti only be brought out in a careful description of the case.

The complete anamnesis having been obtained, entranc made, and initial treatment outlined, we next in every inv tion of a case make a careful examination of the ment physical condition of the patient. Most of the examinations at Middletown, as at other hospitals in the state service, are on a general plan outlined by the director of the Pathologi stitute. The physical status of the patient is often first especially if the patient presents physical symptoms whicl prompt attention. However, we have no set order in taki

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status of our patients, either mental or physical, it all depending upon the circumstances of the case.

In the taking of the physical status especial importance is attached to the examination of the nervous system. The general type, appearance and condition of the patient having been written up, we next note the general and subjective sensations. Various pains if present are carefully investigated, especially pain referable to the præcordium, which in involutional melancholia, and in hysteria, is often found accompanied by anxiety. A most careful examination of the eyes is made, in regard to the movements of the same, whether a nystagmus or strabismus is present, the size and form of pupils, and their reaction to light and accommodation. An examination for hemianopsia is made, this symptom being found in hysteria and organic brain trouble. Where further tests of the eyes are indicated perimenter tests and ophthalmoscopic examinations are made by Dr. Woodman, the first assistant physician, who acts as ophthalmologist. The ears are examined as a matter of routine, but they are more carefully examined where there are subjective symptoms, and evidences of hallucinations. The examination of the sense of taste is important in each case, and is of especial importance in all organic and hallucinatory cases. Smell is also tested, especial care being used in testing epileptics and general paralytics. Lesions in the cornu ammonis are frequently associated with defective smell. The cutaneous sensibility is investigated, including the tactile sense, localization of touch, sensibility to pain, the temperature and stereognostic senses. Any abnormal vasomotor and trophic conditions are described. Dermatographia is not infrequently obtained in cases of dementia præcox. The motor functions, and of course, the various reflexes are tested thoroughly. Tremors, if present, are described, and a sample of the writing which will frequently show tremor is inserted in each record. The various speech tests are made in suspected cases and described. Speech tests, as is known, are quite important in cases of general paresis, the patient slurring many syllables, also omitting some. In some cases the use of a familiar phrase will bring out a speech defect readily, such as "The Third Riding Artillery Brigade," "Around the rugged rock the ragged rascal ran," and such others as "Electricity" and a "Methodist Episcopal." In othes cases we find it advisable to test speech by asking them to read several paragraphs, the following being quite popular at Middletown:—"The Third Riding Artillery Brigade, which is justly famed for the particular popularity that the individual members enjoy, was stationed in a truly rural region, after the army reorgani-

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zation had taken place. They missed the advantages of electricity and other appliances of civilization. A cavalry company was likewise stationed in a rocky rural region where they put to rout some skulking mauraders. Around the rugged rocks the ragged rascals ran at break-neck speed, exteriorly was more to their liking than associating with the artillery brigade or the cavalry brigade."

The organic reflexes are investigated. Convulsions, if present, are written up carefully, especial attention being paid to a description of the character and duration. Psychic and nervous symptoms, before and after the attack, are of considerable importance, also epileptic equivalents. The quantity and duration of the sleep and dreams are made the subject of thorough examination in certain cases. In addition to the neurological examination, other important organs of the body are examined with due care. Routine urine examinations are made and in the indicated cases the blood is examined and a blood count made. The stomach contents and sputum are examined in all cases where such examinations are indicated.

In suspicious cases where general paresis is likely to be considered in making a diagnosis a lumbar puncture is made, it having been found that in the early stages of general paresis there is a considerable increase in the cellular elements in the cerebro-spinal fluid. An increase in these elements has also been found in meningitis, cerebro-spinal syphilis and in meta-syphilitic diseases.

During the past summer we have found these cytological examinations to be of considerable value in differentiating paresis from other psychoses.

The operation of lumbar puncture is quite simple. We know that the spinal cord ends opposite the second lumbar vertebra. Also at this point the pia of the second sacral vertebra. There is, therefore, in this region a reservoir of cerebro-spinal fluid extending about 25 c. m. in length and measuring in breadth about 2 c. m. Here end the nerves of the cauda equinæ. Puncture in the third or fourth interspace cannot touch the cord, while the nerve roots which are occasionally touched by the needle never suffer damage. If the patient during the operation suddenly complains of pain shooting down the leg, the needle should be slightly withdrawn to disengage it. We have had several patients who complained of this pain in the leg, but we have had none who suffered permanently.

The puncture is best made in the fourth lumbar interspace where the dura mater is less firmly attached. To determine the fourth interspace the highest point of the crest of the ilium on both

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sides is obtained, and the line along its base passes over the fourth interspace. The needle should be about 10 c. m. long and 8/10 m. m. in bore for an adult, the best needle being made of platinum or platino-iridium, which can be readily sterilized by heating over a spirit lamp. We usually have our patients sitting up on a table and leaning slightly forward; however, in some hospitals in the state, a lying position with the patient on his side, being brought to the edge of the bed with head raised and thighs well flexed on the pelvis, is used. The lumbar region in every case is, of course, carefully disinfected. We usually have little difficulty in obtaining the fluid. In some cases, however, we have had to insert the needle several times before the fluid was obtained. Usually about 5 to 10 c. c. is withdrawn, the pressure of the fluid being carefully noted. The fluid having been obtained it is centrifuged and the number of cells in each field carefully counted, after having been stained with a hematoxylin and eosin, or Wright's stain. In the normal fluid we usually find from two to three cells in the field. If we find more than from three to eight we consider it quite suspicious. If over eight in the field, we regard the result as positive.

Dr. C. McFee Campbell, of the Pathological Institute, has come to the following conclusions in regard to lumbar punctures: "The lumbar puncture is a simple and innocuous procedure. Sometimes in itself it is of therapeutic value. (I have in mind one case last summer in which the patient presented symptoms of confusion, with restlessness and some physical signs which were believed to be indicative of general paresis, who immediately after lumbar puncture became quiet and normal in thought, improving so rapidly that in a month she went home in very good mental and physical health. The cell count in this case was negative)." The other two conclusions of Dr. Campbell are that lumbar puncture renders a great service to the clinician by establishing a diagnosis betwen organic and functional affections, and by giving a precision which the clinical phenomena failed to give. It also enables one to diagnose certain diseases in their earliest stages and thus to employ therapeutic measures under the most favorable conditions.

In cases accompanied by agitation and fear the blood pressure is obtained, and a report of the result, of course, entered in the record. The pressure is obtained at present at Middletown by the use of Janeway's tonometer.

In certain cases the conditions of the arteries is of much importance, especially in people advanced in years or who are subject to attacks of dizziness and temporary confusion with a memory defect. Many of these cases were formerly called senile dementia.

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It is probable, however, that with our present knowledge c disease, they should be classed as cases of arteriosclerotic

The physical examination having been completed th is given a thorough mental examination.

The length of time consumed in examining these cas In some cases the mental status can be finished in an afte two or three hours. In other cases, especially in parano tions with much elaboration, the examination may not be c until after the patient has been given interviews on succes of several hours each. In studying a case, first the pati meanor is carefully observed. We note among other t general adaptability to his surroundings, and the conditio sensorium; that is, his ability to take in impressions. T of attention and interest in the examination is noted, and eral responsiveness (cases of manic-depressive insanity wi show distractibility and lack of power of attention). We if anxiety is present as seen in involutional and hysteri We observe if fear, perplexity or a tendency to be start evidence. We note whether the patient's actions are ret seen in the depressed form of manic-depressive insanity, o if there is precipitation of speech. We observe the other whether there are stereotypes (in words or conduct), ma resistiveness and catalepsy, as is often seen in a deteriora chosis, especially dementia præcox.

We next endeavor to show the stream of thought o tient, a spontaneous account being obtained if possible. cases the flow of ideas is so accelerated that it is impo write down what the patient says in long hand. In th frequently the clinical stenographer is taken to the the the purpose of obtaining a specimen of the thought strea expression of flights of ideas is quite characteristic, the se ideas being considerably disordered so that the succession is determined by the motor inco-ordination. In these phrases, hymns and sound associations are quite promine following brief specimen is taken from a recently-admit "I have a friend who is crazy; she went crazy over me what made her crazy. Are you a reporter for that great of mine I wrote? You get up a new paper and call it *T* not *The Sun*—and the moon went down and the sun You know more than you think you do—your name must then. (Patient's name is Moore.) You know clerk and the same name—they are clerks in the store. He lost t and I have to pay the bill, but I can't find the money—i

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the safe. Blow up the *Maine,* we have to blow up the main-spring to get the watch. I don't want to marry my father's enemy, you know. It's Paradise Lost down in our alley. My brother died in our house at Greenville. (Patient's brother died in Grenville six years ago.) Greenville is too green to burn, so I'll be Florence Burns. I have got a new game of dominoes, block the game—you be double six and I'll be double nine. He is domino." (Laughs and points at examiner.)

If the patient is not spontaneously productive he is asked to tell about his illness, and he is questioned regarding his trouble. The stream of thought may show, besides prolixity, flights of ideas, and trifling elaborations associations, perplexity or inability to comprehend.

The genral mood and emotional state of the patient is next investigated. Facts regarding these may have been previously obtained in noting the patient's general attitude and manner, and in noting the production.

The patient is then sounded for paranoic ideas, if none have been previously brought out. Cases of so-called paranoia will often tell about their alleged persecutions at great length, elaborating much and systematizing their ideas. In studying our paranoic cases we make an effort to get a history of the development as far as possible in chronological order.

The patient is frequently questioned regarding peculiar thoughts or autochthonous ideas, and any tendency to do or say anything queer is investigated, as well as any tendency to preoccupation.

If the patient does not give direct evidence of hallucinations he is asked such questions as: "Has anything strange happened?" "Do you hear or see things?" The character of hallucinations of hearing, sight, smell or taste is inquired into carefully, as well as illusions of these senses.

Delusional developments, other than paranoid, are also investigated. If the patient is suspected to be hysterical hysterical stigmata are searched for, especially is the patient examined for anaesthesias, contracted visual fields, periods of amnesia, and systematized loss of memory for certain sets of facts.

Inquiries are made to ascertain the extent of mental disorganization present. Questions are asked to determine the patient's orientation, the grasp of his surroundings, and his memory for the present and past. The power of attention is ascertained, also his grasp of school knowledge and general experience. Various sums

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are given the patient to test his ability to calculate (and to bring out the presence or absence of retardation. He is asked to read and to give an account of what he has read. Also to write, a specimen of the writing being inserted in every case where it is possible to obtain the same. Finally a special paragraph is given to the reviewing of the patient's insight and judgment concerning the situation, and his general mental efficiency.

As many of these facts as possible are obtained and arranged in a systematized manner with summaries under each head. Technical terms are avoided as far as possible and simple language is used except for the summaries where psychiatric terms are permissible.

For aphasic patients a special examination is given as arranged by Dr. Meyer. In this examination a general description of the general mental condition and attitude towards the patient's needs and surroundings, the extent of his attention and spontaneity, and general appreciation of the condition and purpose of the examination is given, never omitting to question whether the patient is right or left handed. Questions are asked to bring out reaction to words heard, requests to pick out objects named, reactions to things heard, repetitions of words and sentences, speech reaction to things seen, to things smelled, tasted and felt and to words seen. His writing and drawing are analyzed from the standpoint of aphasia.

The anamnesis, physical and mental examinations having been obtained the record is dictated to the clinical stenographer, then it is abstracted, the differential diagnosis made, the etiology of the case written out, and prognosis made if possible. Following this the general line of treatment of the case is detailed.

At the staff conference, which is held every day in the year, except Sundays and some holidays, from 11.30 A. M. to 1.00 P. M., and which is presided over by Dr. Ashley, each case record is read, usually in abstract, but at times presented in entirety, especially in cases which are not clear. After the reading of the case record the patient is presented to the other members of the staff, unless he is in a weakened condition or his mental makeup such that the ordeal of the examination would react to his detriment, and is examined by the medical superintendent and the other physicians who may desire to do so, to bring out any obscure points and to indicate along what lines any further investigations are to be made. A note is carefully made during the staff meeting and is added as a daily note to the record. At these conferences the record is criticized freely, and the diagnosis either affirmed or disagreed with. The treatment of the case is also discussed and measures which are

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thought to be beneficial are recommended. From this time on regular notes are made on the case as often as is necessary, an effort being made as far as possible to bring out hidden points.

Four copies of the abstract of the case are made. One is kept in the superintendent's file of cases, one is filed with the case record, one is placed in the file of the first assistant physician, who has charge of the records, and the other is kept by the physician making the examination.

Every patient, prior to his discharge, is examined by the physician taking the record, and the difference, if any, between his condition when admitted and discharged is fully brought out. Frequently when there is some question regarding whether the patient is fully recovered or not, he is again brought into the staff conference and questions are asked to ascertain as to how he is to be discharged, improved or unimproved.

Treatment.

Medicinal therapy: The single homœopathic remedy continues to be prescribed in all cases admitted to the hospital, care being taken to select a remedy, if possible, not only covering the mental but also the physical complex. Frequently on admission there will be good indications for a remedy and that drug is prescribed. In a number of cases the indications for a drug are not clear; in these the remedy is selected after the mental and physical examination of the patient has been made. It is hardly necessary to state that no sedative or hypnotic drugs are tolerated at Middletown; neither are other drugs used for their physiological effect in either mental or physical conditions. Hot milk continues to be used in large quantities and is especially indicated in weak, restless and sleepless cases. The administration of hot milk to a restless, disturbed case on admission will often have a surprisingly good effect in producing sleep.

Hydrotherapy: At present hydrotherapy is one of the most valuable methods of treating selected cases of insanity. In many of the New York State hospitals it is largely replacing sedatives. Although we have no especial hydrotherapeutic apparatus at Middletown, as at some of the other hospitals, we are now using hot and cold packs and prolonged warm baths with excellent effect in some cases. These measures are especially valuable in dealing with forms of agitation and excitement, as seen in manic cases, and in involutional cases where wakefulness accompanies the motor excitement. We have a nurse, who, in addition to her duties as surgical nurse in charge of the operating-room, superintends the giv-

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ing of baths and packs, she having had special training in of work.

In the arteriosclerotic and in the old and feeble and heart disease these packs are rarely given.

The temperature of the water used in the cold pack at about 70 degrees. The temperature of the hot pack sl be too high, usually water at a temperature of from 95 t grees produces the best results. The method of giving th briefly as follows. After having patient empty the bladd mattress and pillow with a long rubber sheet, spread long over mattress so that it extends two feet beyond patient's left third hangs over left edge of bed. A large sheet (p linen), well wrung out of water, is spread on blanket. The head is wrapped in a cold wet turban before being place well to the right side. The arms are placed above the right third of the sheet is drawn across body from right t upper part is tucked in along left side of trunk. The low placed between the lower extremeties, the arms are lower sides and left overhanging part of sheet is brought over to right enveloping arms and entire body, the border is th in along the right side, the blanket is then drawn from tucked under right side of body, and right border drawn left in same way securing firmly under body. The upper drawn around neck and secured beneath. The lower tucked firmly around and over feet and secured. Some cases are benefited to a much greater extent by the hot cause of its soothing action, which causes vasomotor dilita continued profuse perspiration. In this pack cold ap are always placed to the head and hot applications should at the feet. On being taken out of the pack the patient is and an alcohol rub given.

In weak and excited cases accompanied by a motor ness much caution should be used in administering these pa patient should be watched constantly by a nurse who has training in this line, the patient's general condition should fully observed, the conditions of the face noted, and the p quently taken. The duration of the pack should rarely be n two hours in any case.

We have had one case of syncope from the use of the This patient was a case of excitement (manic-depressive and collapsed after being in a couple of hours; she was im taken out and placed in a cold bath, which soon revived h excitement ceased.

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We have tried the continuous bath in cases of extreme excitement with very fair results, but have never kept the patient in the tub longer than 12 hours.

In most of our cases, because of the marked resistiveness and excitability, we have found it advisable to place the patient in a sheet and wrap him up as if to give him a pack. This, of course, is not necessary unless the motor excitement is very marked. The patient's head is placed on a head rest and the body is entirely submerged and supported on a sheet in water at a temperature of about 100 degrees. The length of time the patient is kept in the tub depends considerably upon the reaction. On no acount is the patient to be left alone.

I do not speak of hydrotherapy, especially prolonged baths, as being anything very new in psychiatry. We know that the continuous bath treatment has been used in Europe for a number of years. However, it has not been employed at Middletown to any considerable extent until within the past year.

Bed treatment: This method of treatment, which, as is probably known, was first adopted by Dr. Talcott, the former distinguished superintendent of the Middletown State Homœopathic Hospital, and which he used so successfully for many years, is still employed in a certain percentage of cases. Those readers who have the reports of Dr. Talcott are probably familiar with this form of treatment, which in brief consists in placing the patient in bed for a certain length of time, giving him plenty of nutritious food, massage, and the indicated remedy, together with good nursing, the treatment being quite similar to the Weir Mitchell method. The rest treatment is especially indicated in some cases of involutional melancholia and in practically all exhaustive psychoses.

Mental treatment: The attitude of the physician towards an insane patient is of great importance. In a certain number of cases, especially those who may be classed in the psychosthenic group and in certain hypochrondriac cases the use of suggestion has been employed with fair results by some of the physicians connected with the staff.

The other methods we use in treating the insane have been employed at Middletown for years, such as proper occupation, special forms of diet, amusements, etc., and with which all are familiar.

Autopsy and Laboratory Methods

The autopsies are performed by Dr. Mitchell of the staff, who acts as the pathologist of the hospital, and is the director of the

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laboratory. He is assisted in the work by Dr. Moore, t
assistant physician.

We are usually quite successful in obtaining the nece
sents for autopsies. In a number of cases a letter has be
to the friends of the patient placing the matter of auto
proper light, and we have received a consent in their r
people of the more educated classes we find that an interv
visiting the patient is productive of good results. Some
glad to help us in our investigations, and a number have
a report be made to them of the results of the examinat
consent for autopsy during last year was gained as much
tion to a previous report of this kind in plain language t
of the person interviewed as by our effort at the time. D
little book, which has been sent out on nearly all occasions
of no little help in this campaign of education.

Before the autopsy is performed the case record is
by the autopsy physician in order to refresh his memory
ing points which may have been of importance before th
last illness. The record also is frequently taken to the autc
for reference. All members of the staff are expected to b
especially is the examination important for the assistant
who cared for the patient.

A complete post mortem examination is made in ev
A few notes are made, and the weights of the viscera tak
morgue. Such gross specimens as are suitable for the mu
removed, also specimens which are to be sent to the Pa
Institute. Small blocks of tissue are taken from all appar
eased organs and placed in preservative fluid for fu
Specimens which are sent to the Institute are those wh
pathological changes in the brain or nervous system or w
change is suspected. The brains of cases sent to the Ins
usually injected with a 10 per cent. solution of formalin,
nique of the procedure being according to that arrange
Meyer. All gross specimens are hardened and preserve
malin. Zenker's fluid is used principally as a killing fluic
mens are obtained from the paracental lobule and first fr
volution along the median fissure, as frequently in this r
paretic changes are most marked. Lately also cross sectic
medulla have been taken to study the fourth ventricle fo
lations. Also in cases of paresis, or where paresis is suspe
tions of the cord are taken to note any degeneration in t
The various methods of preparing specimens, staining, etc.
be discussed.

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During the past three years 45 brains have been sent to the Pathological Institute for examination. We have received 25 reports from the Institute, these, in many cases, being accompanied by specimens, drawings and photographs. These are filled in the case records with the autopsy findings, which are dictated to a stenographer as soon as possible after the performance of the autopsy, the same dictated and placed on record.

During the past three years 150 gross specimens have been prepared, mounted and placed in jars in the museum. In this period of time some 2,000 microscopic specimens have been added to the cabinet. Through the kind offices of the pathologist and his assistant various members of the medical staff have been provided with microscopic specimens, and drawing of specimens, so that now most of the assistant physicians have several hundred specimens for personal reference.

We who are doing medical work in institutions not infrequently have it said to us that we are narrowing our medical sphere and almost wasting our time performing institutional work if we wish to engage in private practice. In reply to this I would say that it depends on the individual man whether such is the case or not. The opportunity for acquiring psychiatrical and also general medical knowledge in our state hospitals at present is unequalled and the chances for advancement for men who show an aptitude for the work are excellent. If any one in the service allows himself to become narrowed and a victim of institutionalism the fault would seem to lie with him and not with present institutional methods in regard to medical work.

Owing to the lack of time because of professional duties, and for various other reasons, we find that comparatively few of the physicians of our school find time to visit us and inspect our work, although I am sure that the superintendent, Dr. Ashley, and the members of the medical staff, would be glad of an opportunity to extend the courtesies of the institution to visiting physicians and to explain much more fully and satisfactorily than I have done the methods of investigation and care of insane cases at present in vogue at Middletown.

WHOOPING-COUGH.—Fearn (*Ecl. Med. Jour.*) praises solanum carolinense in whooping-cough.

MEDICINE AND SURGERY.—Cabot says that only one-tenth of our cases can be aided by surgery and for others we must look to medicine.

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Editorial Department

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cations will be printed. The editor is not responsible for the v
tributors.

A SINGLE EXAMINING BOARD IN NEW

PASSED by a large majority both in the Assem
Senate, the bill substitutiing a single examinin
the three boards representing the old school, homœ
eclectics respectively, became a law a few days later by
of the Governor's signature, himself the patient of a h
physician. While the state organizations of the homœ
eclectics opposed the measure because it was felt that i
what they considered their vested interests, it is true to s
real sense, that the passage of the bill cannot be regarde
victory. The act gives no privilege to any school of
organized body of physicians. The appointment of th
is entrusted to the Regents of the University of the S
York, in other words, the State Education Department
impossible to convince the citizens of the State as re
the Legislature and by the Governor, that the Regents w
ister the trust otherwise than in a perfectly honorable
for the greater protection of the people against ignc
tioners.

The laity seem unable to grasp the essential point
ferences which keep the wings of the profession apar
agreement in so much, even in therapeutics (as in c

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therapeutics, etc.), that the step toward a united profession seems to their superficial observation but a small one. And, in the last analysys, it was the laity, and not the medical profession, that passed this bill.

It is deplorable that the advocates of the measure bought the support of the osteopaths by agreeing to a modification which let the bars down to the practitioners of this cult, so that those now practising this art in this State of New York can become licensed without passing an examination. This retrograde movement did not receive the universal support of the old school practitioners. The *Post Graduate,* commenting on the bill after its passage through the Assembly and Senate, but before it reached the Governor, said:

"It seems that the only barrier to the overriding of the good medical legislation of the State of New York, which culminated in 1891, is the Governor. The bill creating one Board of Examiners instead of three, has passed both houses of the Legislature. This bill in itself would be in the highest degree an advance were the homœopathic and eclectic practitioners satisfied with it, but they are not, and it seems as if a continued dissension will exist between the three sects, when the One Board is created. But that is not the great evil which we are up against in this bill. Clauses have been inserted which license osteopaths, so that all the osteopaths now practising will be made legal practitioners, as well as those who can pass a certain kind of an examination founded on their studies in osteopathic schools, whatever they may be. Judging from their literature they belong to the ages before medicine and surgery became an exact science. In 1910 osteopaths must have produced evidence that they have studied four years, but not as we read the bill in a regular medical school, but in an osteopathic school. It will thus be seen that the good work of 1888 to 1890, which went into effect in 1891, will be about undone, unless the Governor stands between the people and the action of the Legislature.

Yes, the great Empire State, that has prided itself upon its high educational standards, has taken a step backwards, and the Education Department, which has punctiliously concerned itself with casting out motes, raised no protest against this beam. But this is not the first time that high standards have fallen before a political exigency, and it would seem as though the homœopathic physicians of New York should have learned through twenty years of experience that to the practical politician and not to the idealist belongs the spoils.

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The status of the reciprocity question, as it applie
York, may be modified by this act, which provides that
nation shall be held in materia medica and therapeutics.
in licensing is based upon examinations of like character
grade. Will a State board that now tests a candidate's
of this very practical subject be willing to grant a licênse
didate from New York upon the presentation of a
license which has been granted without any test of his
of materia medica and therapeutics? If it decides to do
not thereby be doing an injustice to candidates who com
for examination and who have to answer questions in
jects? And should a candidate be refused a license b
fails to pass a satisfactory examination in this branch,
not have some legal redress if he can prove that the
admitted to practice in the State candidates from ano
who have been submitted to no such test?

And what of the future of homœopathy in New Yo
First, let it be said in capital letters: HOMŒOPATHY
DEAD, AND IS NOT GOING TO DIE. Even if it we
to conceive that the homœopathic physicians were recrea
trust, there is a large and intelligent laity that has learne
tical experience the value of the application of the law
in the treatment of disease, and these people will find a
homœopathic treatment.

Homœopathy must be taught to medical students. Y
and women considering the practice of medicine as a
should have it impressed upon them that a medical educat
complete if it does not include a working knowledge
opathy. The Dean of the New York Homœopathic Me
lege, and the faculty and trustees of that institution,
commended for their intention, as expressed by Dr. Ki
recent alumni banquet, to raise the standing of the col
its present position among the best ten medical schools in
try to a place among the best three; and they should have
support of the alumni and the homœopathic physicians t
the State. A good deal has been said about the passage
tions by various societies, pledging their members to sen
to the New York College. The NORTH AMERICAN trusts

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resolutions were not merely empty words, but that those who voted for them will, in current phraseology, make good.

Opportunity for the discussion of homœopathy and its practice must still be furnished, and so we need every one of the societies and clubs now in existence and every hospital and dispensary now established.

The advantages and good results of homœopathic practice need to be brought to the attention of physicians who through prejudice or any other cause have not tested it. How this can best be done is a matter for serious thought. The one thing of fundamental importance is the attainment of the end, the spread of homœopathic practice. The means to be employed are a secondary consideration. In general we may say that intimate association with old-school physicians would tend to break down prejudices and pave the way for inquiry into the real cause of a homœopathic physician's success in practice. At present there is no royal road to the goal, and the reader must "gang his ain gait," with charity and helpful sympathy for the other who may think to accomplish the same end by different means.

That prejudices are breaking down is manifest to all who have eyes to see. What reader of the NORTH AMERICAN ten years ago expected to read at the end of a decade only such an editorial as the following from the May number of the *International Journal of Therapy*?

To unify the profession, to bring under one roof all men who are practicing medicine legitimately, is the wish and aim of all those who love the profession and its ideals. What now is looked upon as the consummation devoutly to be wished, will ere long be the unavoidable outcome of the present condition. Even the most reactionary pinheads will have to accept the inevitable.

Some one has said that unification of the profession will block scientific work and progress. Schools can not lose their identity without sacrificing the things that gave them existence, life, strength and success. Unification would take away incentive and purpose, would cause men to repose lazily upon their haunches. It would all resolve itself into a condition of self-satisfied mediocrity.

There is no doubt that these objections are honestly uttered and honestly meant. Yet they have no foundation in fact. We know that therapeutic ideals (excuse the bold word!) should not belong to one school or faction, but be the possession of the whole profession. If there is truth and progress in what the homœopath or eclectic believes and practices it belongs to mankind, because it

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touches the most vital interests of mankind. It belongs to the whole profession, to every servant of public and individual health.

Even granting that sectional therapeutic interests have a *raison d'etre,* why should the profession be divided into hostile camps? No one, except an idiot, ever thought of classifying the men practicing physical therapeutics under the head of a special school or sect. They are physicians in identically the same sense as surgeons or any other specialists. They represent a specialty in therapeutics. Why should homœopaths or eclectics be classified otherwise? There are associations of laryngologists, dermatologists, etc., for the purpose of studying certain minor subjects in general medicine. The men belonging to these associations do not constitute special schools in medicine. Their association does not kill ambition and progress. On the contrary, it concentrates and intensifies effort. Why should we not have special associations for the study, elaboration, and practice of minor therapeutic subjects or special therapeutic methods? This would enhance the work quantitatively and qualitatively. It would serve to disseminate knowledge and promote the true aims of medical practice. There is no sane reason why the eclectic, for instance, should surround himself and his work with a Chinese wall. He should be marching shoulder to shoulder with those who are doing the same scientific and humanitarian work. If he pursues his aims by adopting a special method of practice, this is his privilege. Physicians are notoriously discordant in matters of therapy. If some of them band together for the purpose of studying and practicing a special therapeutic method, and give to this method the name of "eclectic" method, "alkaloidal" method, or any other name, they hold the same relationship to the profession at large as those physicians who study any branch of the art and science of medicine, e. g., laryngology, surgery, etc., and are nevertheless members of the general profession. We are all members of a great profession, work in the interests of the same grand cause, are vitally interested in the same economic, hygienic, and educational problems. Why should we countenance the perpetuation of a system which teaches and, in a simple way, compels us to look askance at our brother in the profession?

This is not a question of "eclectics" becoming "regulars," any more than it is a question of "regulars" becoming "eclectics." If the word "regular" is used in a sectional sense it is objectionable, and should be dropped. There is no "regular" school of medicine any more than there is an "allopathic school. The latter word, in addition to being badly coined, and therefore etymologically objectionable, conveys an insult to any intelligent physician. It suggests a limitation of therapeutic reasoning, a prepossession of mind, an absence of scientific culture. Is it not glory enough to be a physician with all the culture of mind, heart, habits, and associations which the word contains? It is, indeed, a strange vagary of the human mind, this sectionalism in medicine. Sectionalism in religion can be readily understood, since all religion is a matter of heart and controlled by the emotional and more or less hysterical temperament of the individual. But in medicine! Let us be physicians in mind and heart, study and practice without prejudice,

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treat each other right, and do our best to promote *all* the interests of the *whole* profession. This is the duty we owe to the cause we have espoused, to the profession to which we belong, to the patients we treat, and to the spirit of the twentieth century.

There are homœopaths who are grieved because some brethren outside their ranks "steal" from homœopathic materia medica and practice homœopathy without acknowledgment. There are also democrats grieved because President Roosevelt and his followers have appropriated planks from the democratic platform without giving credit to the democratic party. There are other democrats who find satisfaction in the fact that the planks are being used in the upbuilding of a better political structure. *Verbum sap.*

The laity needs to be educated. Every patient of every homœopathic physician under homœopathic treatment should be instructed in the principles of the method of drug prescribing being employed. Patients have proved good missionaries in the history of homœopathy; are we employing their services in the good cause as much as we can? Mrs. Jones may just as well tell Mrs. Brown that Dr. Smith is a good doctor because he prescribed homœopathically and cured her child as to omit any reference to homœopathy in her conversation. People are taking an intelligent interest in these matters; public lectures on medical subjects are well attended; pamphlets issued by health departments are eagerly read; the soil is fertile, where are the sowers who will sow the seed? The home use of homœopathic remedies for simple ailments should be encouraged—not the use of so-called homœopathic combination tablets, but of the classic drugs according to the indications set down in any of the many first-class domestic manuals.

In short, the passage of the single board bill is a call to the homœopathic physicians of New York State for a revival of the spirit that animated the fathers of homœopathy. If the result be an aggressive campaign for homœopathy, born of a rekindled enthusiasm and making use of the modern methods of publicity, we shall have cause to thank those who builded better than they knew.

Notes and Comment

Go to Jamestown—It being part of the advertiser's art to produce action by suggestion, he has learned the trick of preceding the text of his "ad," to use the current abbreviation, by a compelling heading. For the same reason the NORTH AMERICAN says to

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its readers: "Go to Jamestown." Don't "think about it," don't "try and plan"; just "Go." It is a matter of vital importance that you should be there. Self-interest demands that you confer with your co-workers at a time when organized efforts are directed against your interests. The hundred dollars, more or less, spent or unearned through attendance at the Institute is a small matter in comparison. You need a vacation, you need the mental and professional stimulus that one gets at an Institute meeting. The monetary outlay is just as necessary an expenditure as your life insurance premium. Go to Jamestown.

Advertising for the Institute—Inasmuch as it has been the practice of all journals of our school to record as a matter of news the arrangements for meetings of the American Institute of Homœopathy, and the names of those in charge of committees or bureaus, it seems a little strange that the secretary should have felt it necessary to send out a special request to homœopathic publishers that a list of such officers recently compiled by him should be carried as free advertising. If such announcements are to be considered as advertisements, why should they not be paid for? Is not the American Institute just as able to pay bills for advertising as are our medical colleges and our publishers and pharmacies? And if free services are to be rendered to the Institute because it is the Institute, what becomes of the secretary's salary?

Well! What of it?—Under this caption the *New England Medical Gazette* quotes and comments on a newspaper report of an interview with Dr. Timothy Leary, professor of pathology and bacteriology at the medical school of Tufts College, Boston, on the subject of vaccine injections as increasing the germ-resisting power of the blood. Dr. Leary is reported to have said:

> "It must always be borne in mind that, in order to secure results, we are obliged to specialize. In the words of the old adage, we must make 'the hair of the dog cure the bite.' In order to secure the vaccine that we need to successfully treat the specific case, we must have a culture of the bacilli obtained from that part of the body which is affected. If the lungs, from the sputum of the person affected. If the bone, from the bone bacilli. In an additional abscess, for instance, the bacilli from the abscess itself. And so on. The homœopaths will exclaim at once that this is the principle they have always worked under. Well, what of it? If the cure is effected, any one may claim the glory."

The *Gazette* italicizes the reference to the homœopaths and the four words which follow and states its conviction that truth will be recognized as truth, and that those who see the light for the first time and those who have lived in it for some time will hail it in unison as *the* truth, not as my truth or your truth.

Physiologic or Pathologic Doses—The books on materia medica published for the use of our brethren in the orthodox school give what the authors are pleased to term the physiologic doses of the various drugs enumerated. As a matter of fact, the dose given might be more correctly designated as pathologic, since the quantity specified is that which may be expected to produce in the patient a certain train of symptoms which cannot be considered physiologic, inasmuch as they are not normal to that patient.

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Correspondence

AMERICAN INSTITUTE OF HOMŒOPATHY

OFFICE OF THE PRESIDENT

721 Main St., Hartford, Conn.

TO THE HOMŒOPATHIC PHYSICIANS OF AMERICA:—

Your national society is about to hold its annual meeting at Jamestown. I say *your* society, for it is yours whether you belong to it or not, since it is the standard bearer of homœopathy, and because of its strength and activity your position is stronger and you command greater respect in the communities in which you live.

Are you alive to your duty to the American Institute of Homœopathy and the privilege of belonging to it—you, who are not members or who do not attend its meetings? I am sure you neither realize how much you owe to the Institute nor how much you lose in not being in that company which yearly meets for scientific work and friendly intercourse. Both are of great advantage to the physician, since he will never reach his best if he strive alone and does not mix in just this way with his fellows, for the Institute is now so large and so strong that here will be found men and women of the highest attainment, standing in the front rank of the profession, leaders in every department, be it general practice, surgery, or any of the specialties. Is it not worth while to know such men and women, to hear their views and learn their methods, not only from their papers but by personal contact? The Institute is a very democratic body, acquaintances are easily formed, and the quiet interchange of ideas is constantly going on and is one of the best ways of acquiring information.

The social side of Institute life is one of its most enjoyable and profitable features. The acquaintances of the first year or two soon ripen into friends, each year increasing in number and becoming dearer. To one who has attended the meetings year after year the friendships thus formed become very precious and the experiences of Institute week are counted among the most enjoyable of his life, to which he looks forward with pleasant anticipation. He soon begins to have a personal feeling toward the Institute, which ere long becomes a positive affection, and he looks upon her as the college man does upon his Alma Mater.

There is still another feature of Institute life that should not be overlooked, for it is important and legitimate. It is a valuable professional asset to have acquaintances and friends located all over the country, for the American people are migratory and frequently change their places of residence and in so doing almost invariably ask their family physician to tell them what physician to employ in their new home. He is far more likely to recommend a man whom he personally knows and whose ability he has measured than he is a stranger, and a man does not attend the Institute many years before an accurate estimate of his character and ability is formed.

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The Jamestown meeting affords an inviting opportunity to begin or renew Institute life, since we meet under favorable conditions both for work and recreation, the details of which have already been published. The reports of the annoyances and discomforts of the opening day of the exposition need not alarm us, even if they were not exaggerated. Unquestionably the exposition was not ready to entertain a large number of visitors in comfort on April 26th, but there is no question about our being well taken care of on June 17th. The Inside Inn, our headquarters, is completed and in excellent condition to take care of us in a satisfactory manner. All the sleeping rooms are in the second story, so that danger to life from fire is eliminated. I can state positively that the arrangements of the Inn are good and that the drinking water is above suspicion. The Hall of Congresses, where we hold our sessions, is completed and its sanitary arrangements are also satisfactory. In fact, there is every reason to believe that the sanitation of the whole exposition, which is under the supervision of a United States Government expert, is excellent.

I believe that the Institute has never before met under conditions more favorable for work and recreation. It goes without saying that there will be some annoyances and inconveniences—such things are inevitable—but I am convinced that those who go to the Inside Inn will have less annoyance and greater comfort than those who may choose to patronize hotels at a distance from the exposition grounds.

EDWARD BEECHER HOOKER, M.D.

REGISTRATION IN TEXAS.

DEAR NORTH AMERICAN:

The present session of the Texas Legislature has passed a new, one-board medical act, that does away with our independent homœopathic examining board. This law takes effect July 11th, 1907. Until that time, our homœopathic board is ready to grant certificates to all homœopaths of other states who are now practising under a certificate granted by a State examining board. We call this Reciprocity. The applicant does not have to come to Texas, but write to our Secretary, H. B. Stiles, Waco, Texas, and he will tell you how to proceed. Do not delay, for our board has not long to live. We want several hundred good homœopaths to immediately apply to our board for certificate to practice in this State.

F. L. GRIFFITHS, M.D.,
Vice-President Texas Hom. Ex. Board.

Austin, Texas, April 25, 1907.

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International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Naja is one of the most important remedies in our hands. From the proving we get very meagre symptoms of the mental sphere. Low spirited, the patient has no inclination to talk. Drooping spirit, melancholy. Suicidal insanity, not like aurum, but a kind of dejected life. It has the symptoms of delirium. Incessant talking, seeing visions—one patient thinks that fire is all around him and tries to get out of bed for fear. It has been extensively used by our native physicians for cases of typhoid fever. Burning fever, intense redness of eyes, delirious talking, etc.

Cobra is full of head symptoms. Intense pain in frontal region. Congestive headache, neuralgic menstrual headache, dull heavy pain, aching about the head, pain in the orbital region, especially the left side. A woman suffering from a bad headache in the menstrual period, attended with dimness of sight and nausea, was cured with the 30th potency of naja.

In throat there are some very unique symptoms. Constriction and dryness of the throat, difficult and painful deglutition, spasm of esophagus, diphtheria, sore throat. Naja is used in cases of sore throat where lachesis fails. Peculiar heat in the throat is a guiding symptom.

We use naja in this country extensively in cases of cholera. Stools are not characteristic, but the nervous symptoms, respiratory symptoms and collapse state are particularly benefited by it. White and greenish and watery stool. Dyspnœa and great prostration, pulselessness and extreme coldness of body, cold and sticky perspiration, impeded and labored breathing, sleeplessness and drooping down are all symptoms that point to the last stage of cholera. In this stage of cholera when both the heart and respiratory nervous systems are in great difficulty cobra performs wonders.

Cobra is used very freely in cases of heart disease both organic and functional. We have the following symptoms worth recording: Fluttering of heart with headache. Palpitation, inability to speak, choking nervous palpitation, chronic hypertrophy and valvular disease of heart. It is useful in angina pectoris. Attack of severe stitching pain in the region of heart during which respiration almost ceases and death seems impending.

Many cases of nervous palpitation and cardiac pain, and a case of heart failure from anemia and extreme prostration were cured by naja 6 trit. In the latter the second dose produced great aggravation; the drug was stopped, and cooling drinks and applications made which relieved at once. Valvular disease has also been cured; in one case due to rheumatism and cured by the 30th. The similarity of naja with lachesis is very close. Though naja is a left-sided remedy it has been found efficacious in symptoms of the right side as well. In tonsillitis the right side is affected. Dr. P. C. Majumdar. *Indian Homœopathic Review.*

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Benzoic Acid—The leading indications of benzoic acid are almost comprised in the urinary symptoms. They govern the scene, for all other manifestations, rheumatic, gouty, respiratory, circulatory, etc., are subordinate to them. Next in importance come the pains and their modalities, which, in the choice of the remedy, often become valuable factors. And, finally, the respiratory and circulatory disorders, which, although subservient to the urinary changes, are not devoid of value.

1. Rheumatic and gouty diathesis. Gouty concretions and nodosities. Joints and fibrous tissues involved. Cracking in the joints on motion. Feeling of weakness in the loins. Great weakness, perspiration and drowsy condition. Irritable heart, with palpitations and trembling.

2. Pains (tearing, stitching), change suddenly in locality; they pass from the left to the right side, or from below upwards. Sore pain in the back. Dull pain in the kidneys. Stiffness and weakness in the loins. Pain and tenderness in tendo-achilles. Tearing and stitches in the metatarsal joints of the right great-toe. Headache from a draft of air; from uncovering the head; in the morning, when awakening; when at rest, returning periodically, and accompanied by pain in the stomach, nausea, and cold hands. Shifting pain in cardiac region.

3. Urine, acid, high-colored; dark reddish, brown, with strong ammoniacal odor, and increased specific gravity; hot and scalding, depositing urates. Urine, alkaline, of an offensive odor, dark, cloudy, depositing phosphates; containing mucus and pus (cystic inertia). Uricacidemia. Phosphaturia. Calculi. Irritability of the bladder, with frequent desire to pass urine. Dribbling of strong-smelling urine. Dysuria senilis. Vesical catarrh from suppressed gonorrhea, calculi or gout.

4. Difficult breathing. Cardiac asthma. Mucous oppression in the lungs. Bronchorrhea. Awakens with oppressive breathing, palpitation of the heart and temporal arteries, after midnight (arsenic), Dry, constant, hacking cough, followed by expectoration of green mucus. Stitches in the chest, especially on breathing deeply. Pain in the right side, about the third rib, midway between sternum and side, increased by breathing. Pain in the left side, about the sixth rib, increased by deep inspiration and bending to either side. Sneezing and hoarseness; takes cold in the head readily.

5. Circulatory disorders every morning (2 A. M.) preventing sleep. Awakens every morning at 2 o'clock with violent internal heat, and hard, beating pulse, compelling patient to lie on the back, because the pulsations of the temporal arteries cause a humming in the ears and prevent him from going to sleep. Wakes after midnight with violent palpitations of the heart and temporal arteries (110 in the minute) without external heat and cannot fall to sleep again.

MODALITIES. Most of the symptoms of benzoic acid appear first on the left, going then to the right side, or suddenly shifting from below upwards, especially in rheumatism and gout. Periodical attacks. The pains suddenly change place, but are mostly felt

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in cardiac region. When moving the joints crack audibly. Takes cold in the head readily. Pressure of the clothing on the chest is annoying. The throat symptoms are relieved by eating. Aggravation of headache when at rest; of toothache when lying; of the eye and ear symptoms in the open air; of the head symptoms when uncovering one's self and when in a draft of air. Amelioration of the face symptoms by heat. Dr. E. Fornias. *Homœopathic Recorder.*

Sulfur :Calcarea—Mrs. L. consulted the writer in May, 1906, in regard to her son, æt. 14 months, of very poorly developed musculature for his age, the head lopping backwards when raised, the large fontanelle not yet closed, the head apparently moderately hydrocephalic, the face pale, somewhat bloated. Dentition had begun late, and each eruption had been very troublesome; restless sleep, the child starting up with a frightened cry, the well-known hectic cheeks, also fever and light convulsions. For weeks this condition, with accompanying mal-nutrition, had been oft repeated, and the development of the child greatly delayed. Calcarea carbonica was the only possible remedy, of which the patient got morning and evening a dose of the 6th trituration. In July the mother wrote: "The child, since using the powders has cut four back-teeth without fever or other disturbance, much to my surprise and delight. For 14 days we have been without medicine, and it seems as though the eyeteeth were coming through, as for the last two days there has been unrest, hot head, and reddened lids." The remedy was, of course, continued.

Mr. F., æt. 62, consulted me in April, 1906. In 1876 an accident caused loss of vision in the right eye. The left eye, since youth, has had central corneal opacities, and hence his seeing power has been much diminished. Since September, 1905, he has been in an oculist's care. From the old cicatrix in the right eye a grave inflammation had developed, and the patient was fearful lest this extend to the fairly good left eye and destroy it. During this period he has had many pains, and many crops of boils. The oculist had treated him with atropine instillations and ung. præcip., without result. I found a nearly vertical cicatrix in the median line, iritic adhesions to the corneal scar, marked redness and swelling of the conjunctiva, the whole eye greatly irritated. At the upper extremity of the scar the patient felt as if a foreign body were sticking in, and here was great sensitivity to pressure. Heat and sunlight were badly borne. During the last few weeks no boils had appeared, but the patient complained of piles, abdominal fulness. and constipation, and after meals congestion of the head. No local applications were prescribed other than lukewarm compresses, while the plethoric condition was met by a proper dietary and other suitable measures. The whole condition called for sulfur; an uninterrupted improvement began, and in a few weeks he was able to take up his long-neglected work.

Another sulfur case may be mentioned which, superficially, seems to have no relation to the preceding. Mrs. R., æt. 54, was found lying in bed, a lean, slender individual, with yellowish com-

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plexion and a pained physiognomy. She had suffered for eight weeks with a severe sciatica; the least motion aggravated the violent pains which tearing and lightning-like shot from thigh to foot. She had previously suffered from chronic constipation, but now avoided stool for days for fear of motion, thus clearly adding to the pelvic plethora. The patient complained of great muscular weakness, almost paralysis, in the affected right leg. The nature of the pains led to the prescription of colocynth, without the least result, and electrictity, baths and fango were equally ineffective. The pains continued. I then gave sulfur 3 on the totality, and its action was so remarkable that on the third day after the first dose the patient surprised me by taking a few steps alone, though with much swaying and holding fast. Dr. Karl Kiefer. *Homœopathische Monatsblatter.*

Some Obstetric Remedies—In the *Hahnemannian Monthly* Dr. M. M. Fleagle says:

That the homœopathic remedy will shorten labor, and render it less painful, is a matter of common observation; nor is it less true that it will render the puerperal state more free from complications. As a type of remedy useful in these conditions, I will select caulophyllum, or squaw-root. Although one of the newer remedies, we must not forget that it was used by the Indians in almost the identical conditions for which it is now used. They administered the drug during the last months of pregnancy, believing that it would render labor more easy and free from complications. When a woman is very nervous or hysterical, and suffers from irregular, spasmodic pains, flying here and there through the body, sometimes in the groins, or in the bladder, or into the lower extremities (like pulsatilla), and these pains are very severe, and yet there is no apparent result from them, caulophyllum will correct these conditions; a rigid os will quickly relax, and labor pains will become more orderly. It is a wonderful remedy in atony with hæmorrhage, or when the woman is exhausted, and labor pains cease. It is also useful in delayed involution, and is probably one of our best remedies for the prevention of premature labor, or irregular after pains. We thus see the strongly-marked spasmodic tendencies of this drug, and the rheumatic symptoms are also prominent. A symptom quite marked in nervous women, and in those suffering with womb or ovarian trouble, is a sensation of internal trembling. Caulophyllum has this symptom quite prominently, and future observation may prove it to be characteristic. The face of the caulophyllum patient is frequently covered with "moth-spots" like sepia. In pregnancy cimicifuga is one of the very best remedies for lumbago.

If you will give belladonna, bryonia or phytolacca, according to their various indications, you will have few cases of mastitis.

In puerperal eclampsia cuprum arenscosum is probably most useful, but stramonium, hyoscyamus, jaborandi and veratrum viride should always be thought of when the homœopathic remedy can be used.

In peuperal septicemia the homœopathic drug has won some

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of its greatest laurels. It is the author's belief that ordinary cleanliness (such as flushing out the uterus and vagina with normal salt solution) combined with the internal use of the indicated remedy, will be all sufficient to cure the majority of cases. The principal drugs in this condition are: Arsenicum, echinacea, carbo veg., lachesis, sulfur and pyrogen. Aconite, belladonna, byronia, etc., are not deep enough in action for a truly septic state, so we only lose time with them. There is one drug which apparently leads all others in septic states, especially puerperal sepsis, and that drug is pyrogen. The patient complains of great aching in the bones as if they would break, and feels as if she were bruised or pounded. With this condition there is great restlessness and anxiety of mind, must move constantly on account of a great soreness. The bed feels hard and she must move and is generally relieved by motion. There is great coldness and chilliness, usually at night, followed by high fever, and a profuse sweat, which soaks everything—nightgown, bed clothes, but does not relieve any of the symptoms, nor reduce the temperature. Notwithstanding this high temperature, the pulse is but slightly accelerated. This is one of the great characteristics of pyrogen—lack of relationship between the temperature and the pulse rate. There may be either rapid pulse rate and low temperature or vice versa—you can readily see how closely the symptoms correspond to septic conditions. We may say then that pyrogen has the soreness of arnica, the restlessness of rhus tox., the aching of eupatorium, and the mental anxiety of arsenic. No other single remedy has all of these characteristics combined, hence you see the value of this drug.

Review of Surgical Progress

By O. S. Ritch, M.D.

Brooklyn, N. Y.

A PERMANENT operating room nurse is an innovation most heartily welcomed by the active and busy surgeon, both as to saving time and expediting operative work, by the thorough and complete preparation of the room, complete list of instruments to be used, sterilizing solutions and every article for a given operation at hand, thus relieving the house surgeon and internes of duties well within the prerogative of the nurse and permitting them to devote more time directly to the patient.

It has been demonstrated by experience that the prolonged preparatory treatment to which patients have been subjected in the past, is obsolete, unnecessary, and in most instances positively deleterious and injurious from a neuro-psychological standpoint, if for no other reason. In our large city hospitals where operations are constant and continuous, where patients are brought in suffering from frightful injuries, more or less moribund, where time is the

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most valuable consideration. many of the patients are prepared expeditiously, and with as much care as time will permit, the field of operation rendered as aseptic as possible, and are at once subjected to surgical procedure. For proof and wisdom of such measures, one has only to refer to the hospital records and statistics for verification.

Anesthesia has provoked hard discussion during the last year; there has been some advance in the use of inhalers, and some new preparations for anesthetic purposes. All have had a limited tenure of life. The discussion has been principally upon the best anesthetic for general use; this is governed primarily by the work to be performed and the physical state of the patient. In the East ether is principally used, while in the West chloroform is more generally employed for all operations than in the East. The reports from those who use chloroform exclusively are quite as good as those advocating ether, many claim chloroform quite as safe as ether in the hand of experts. Time will not permit any detailed account upon the subject but there is always the happy medium, in this case it is the mixture of chloroform and ether in equal parts. In Cumberland St. Hospital, Brooklyn, N. Y., it has been administered thousands upon thousands of times with but one death. This patient was moribund at time of operation. There has been one from chloroform and one from ether in about twelve thousand cases; the ether death was due to carelessness, the chloroform death to an internal malformation, viz. rudimentary left lung, one kidney, two ureters and a seven and a half inch healthy appendix. Nitrous oxide or chloride of ethyl, followed by ether, is the ideal all around method; oxygenated chloroform and other formulæ are used from time to time but in England and America, ether and chloroform straight or in equal combination stand supreme.

The leucocyte count as a diagnostic factor in acute surgical cases during the last year has practically fallen into disuse by pathologists, and in its stead the differential count, based upon the increase or disproportion of the polynuclear cell over the leucocyte count. The value of this means toward early diagnosis as very thoroughly elucidated by Gibson, depends not upon the percentage of the polynuclear cells as formerly of the leucocyte, but on the relative disproportion of the polynuclear cells to the total leucocytosis; and as there has been confusion and uncertainty in the ordinary leucocyte count in the past, for authentic and practical workings, the differential count is a most welcome advance.

Suture material has remained at the standard during the year. Kangaroo tendon has proven uniformly good, but from time to time one has the experience of observing stitch hole abscess, which is the result of one or two conditions, viz. some lack of cleanliness or technique, or an imperfect state of the suture material. There has not been much complaint from silk-worm gut; it appears to be more often the fault with the material, than the technique; and it is at this point we should constantly look for improvement in the preparation and preservation of such material. What appeals to me more favorably than any of the previous methods is known as silverized cat-gut, as advocated by Crede and thoroughly tested in the preparation by Blake, and used extensively by Pilcher. The medium for rendering

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the catgut aseptic as well as antiseptic is through the use of collargolum, which is a metallic silver prepared so as to be soluble in water and not diffusible through animal membrane. The point was brought to the attention of Blake through the fact that Crede used colloidal silver and silver salts in the treatment of infection and as a means against infection. Crede's method was to treat catgut with colloidal silver rendering it sterile and at the same time impregnating the animal tissue with an antiseptic agent, which provoked an inhibiting influence against the growth of bacteria. Blake's preparation of this method gives the profession practically a perfect suture material; it is well worth the time for our assistants and internes in our hospital laboratories to follow this method of preparation and preservation.

Serotherapy as applied to surgical pathology remains practically in the same state of unscientific demonstration. Through the research and experiments of Vaughn and Powers much on the subject has been condensed to something tangible as a starting point for further demonstration along more accurate and scientific lines.

The advisability and justification of exploratory abdominal section meets with no tangible objection at this time, due primarily to the perfection of technique and aseptic methods employed. Patients brought to our hospitals suffering from internal injuries have had their lives saved by immediate section and the injury repaired; waiting for signs of approaching dissolution should not be tolerated, and with the means at our disposal there is no excuse for hazarding a patient's life. I presume in a general way much abdominal work is exploratory in the beginning, for occasionally one has in his mind what he intends doing, but on opening the abdomen he is compelled to pursue another method, (an indication of a good surgeon to say the least). There are some cases other than trauma wherein a positive diagnosis is impossible without an exploratory section.

Cancer. As to the treatment of cancer in general trypsin as used by Morton seems to be the latest. His results have been good and have revived once again a method of cure of this most incorrigible disease. In the hands of other investigators the results have not been satisfactory. The digestive ferment trypsin which is manufactured from the pancreas may have within itself or the blood an anti-body which may prevent the full effect of trypsin, the pancreas may and is subject to disease of malignancy in whole or part, which may prevent the full effect from trypsin. In one case in which trypsin was used very thoroughly by Dr. Price, I obtained no beneficial results whatever. Doyen's serum appears to be of no permanent value. Radium in so far as true deep seated malignancy is concerned fares no better. Adrenalin in large doses has apparently cured some cases according to the Imperial Cancer Research Fund by provoking an influx of blood into the tumor, thereby compelling the tumor to break down and throw off necrotic material and producing a retrograde change.

After all is said and done I believe Fowler fundamentally correct, when he stated in substance that the best results, the most comfort to the patient, at least as much encouragement is offered for permanency, by total enucleation, as soon as the diagnosis is con-

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firmed as any method of the present time. If we can not get at the subjective root, let us remove the objective member, and battle with the storm as it appears, ever searching for new weapons.

FRACTURES constitute a large proportion of the cases treated in our city hospitals, especially among the males; and it is to be said results are very satisfactory. Compound fractures must of necessity be treated as the case is presented, and with our modern asepsis, results are uniformly good, there has been no material change or advancement made in this line of treatment except in treatment of fracture of the base of the skull. Crandon has given the profession a most valuable summary of his experience and has opened a new thought upon the subject, one worthy of our most thoughtful consideration. I feel certain all who are engaged in hospital work, especially, will feel thoroughly repaid in giving close attention to his experience. True, the death rate is high, but that should be no barrier to the most faithful study of each case and the application of operative procedure in all cases which offer hope of success. He gives two reasons for operative intervention: first, definite signs of hemorrhage, and belief that hemorrhage might be present. He lays stress upon the fact that only those cases should be trephined in which hemorrhage seems to be the most important part of the clinical picture. If in his experience, this is a valuable observation, it is hopeful. Another suggestion is in the fact that in those cases in which unconsciousness, stertorous respiration, and accompanying brain symptoms due secondarily to bleeding from the anterior cerebral and possibly from small deep vessels, swelling up from below, he believes operation a discredit, as the case is hopeless. So at least we have the two extremes, in which to utilize our experience, when we contemplate the fatal results of fracture of the base in the past.

HERNIOTOMY. Pfister sums up the present status of the surgical treatment of hernia in a most scientific manner and brings the subject well up to date. Patients suffering from this malady are always in our wards and from observation, experience and research, one arrives at the conclusion that this is a surgical procedure quite perfect as to operation and technique. He advocates three divisions which are most accurate. Hernia in which operation is not necessary or contraindicated; hernia most favorable to radical cure by operation, hernia in which surgical interference is imperative to avoid continued disablement or threatened danger to life. The one object sought by all operators is the same, the permanent cure of the hernia. There are slight modifications by exponents of some special technique. The methods of Bull, Halstead, Czernv, Coley, Sultan, Witzel and other prominent operators in conjunction with Bassini have established permanently the proper, correct and best means for the cure of hernia and should rightly be considered one of the operations as fixed for all times.

GASTRO-ENTERIC SURGERY. It is probable that we are more indebted to Drs. Wm. and Chas. Mayo than to any other surgeons during the last year for their valuable experience and election of technique with good and favorable results. It is not so much to-day a question of technique as of early diagnosis and operation. The field

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of gastro-enteric surgery is so voluminous, subject to the various pathological degrees of disease, benign, malignant, traumatic and reflex, from adjoining adnexa which are so varied and call for special individualization that any dissertation upon the subject is useless beyond the fact that surgeons are well agreed as to the method of anastomosis, and closure of intestinal perforations. It has been demonstrated that the "no loop" operation in gastro-jejunostomy offers the best chance for success, thereby greatly reducing the regurgitant vomiting.

GALL BLADDER AND BILE PASSAGES. We find the technique practically perfect. Early diagnosis, prompt operation in so far as loss of life is concerned, tends to reduce the percentage of mortality to the very minimum and compares very favorably with other abdominal sections. Election of operation is vital. A gall bladder performing its function does not of itself demand removal. Mayo claims that cholecystostomy, particularly from the standpoint of mortality is the normal operation. The permanence of the operation as to cure or disablement which may follow are vital considerations; where the gall bladder structure or functionating power are lost, cholecystectomy is the safest method providing that attachments are not too severe, necessitating a lengthy procedure. The permanence of cure after cholecystectomy is absolute, when the disease is confined to the gall bladder; and it is in view of this fact that a diagnosis by exclusion should be demonstrated, as much of the future condition of the patient will depend upon accuracy for procedure. If surgical measures can be inaugurated while the disease is within or of the gall bladder, results can practically be assured with lowering mortality; while if prolonged irritation result in changes in the common duct, bile passages and the pancreas by involvement, then operative procedure is far more dangerous and disastrous to the patient, and largely in proportion to the delay will the percentage of mortality arise.

GENITO-URINARY SURGERY has been principally concerned during the last year with the surgical treatment of the pathologically hypertrophied prostate, and as Fuller justly says, prostatic hypertrophy when the non-inflammatory senile condition is understood, requires in itself no treatment; and as Martin discourses upon indiscriminate prostatectomy, it would appear that within the boundaries of these authors the correct treatment of the hypertrophied prostate is contained. Packard, Carleton, Fuller, Chetwood, and Martin have advocated their preferences in respect to enucleation; all authorities apparently are agreed that therapeutic measures are of small moment, because in cases of acute infective inflammation with only a small degree of obstruction, the patient may be led to believe a cure has been effected. It is admitted that catheter life has its place, but not much stress is given it, inasmuch as nothing is being accomplished toward a cure. The route of preference is still an open question.

Supra-pubic, perineal and the combined method have their advocates, and judging from favorable results produced, all these methods have their special application. Chetwood sums up the treatment under three heads. Conservative treatment by which he

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means, catheter life in certain individuals, for a certain length of time, under certain conditions and up to a certain time. This treatment should be based upon much experience as to when to operate, which may be any time from the knowledge of infection or unfavorable symptoms, up to the period of prolonged procrastination when operation is imperative, regardless of the hazardous nature of the case. There again the guiding factor is experience. Choice of operation, the question of drainage enters largely into the choice of procedure. Packard's combined method with his unique system of drainage will go a long way to solve the question; in selected cases, Chetwood's method of a preliminary perineal bladder drainage, to be followed in a few days by radical perineal removal is productive of very gratifying results; yet Fuller's suprapubic prostatectomy is well known as among the earlier methods and with drainage has been especially good in curing many cases. Galvano-cauterization as practiced by Bottini, Carleton and others in the past appears today to have a limited field of usefulness, and in a few selected cases, as the so-called bar or collar type by Chetwood, the cauterv is applied with the best results through a perineal incision. The weight of evidence at this time is in favor of the perineal route. The enucleation of the prostate is a simple procedure in itself, but the resulting incontinence and the loss of sexual power in cases, lead one to the conclusion that the most favorable results obtained by some of our operators have led some of less experience to juggle with the operation and with baneful results which are only too often observed.

Proctology. Under the leadership of Tuttle, Gant and others this branch of surgery is quite up to date, save in results from cancer of the rectum, though in some of these cases where the rectum is isolated, drawn well down, removed and upper end of the healthy intestine annexed to the sphincter, good and permanent results do occur. The cocainization of the inferior hemorrhoidal branch of the pudic nerve, permitting easy dilatation of the sphincter and the performance of several small operations is an advance worthy of consideration for both office and hospital work. The use of bi-carbonate of soda as a local application following the cautery operation for piles, is one of the most important procedures, rendering convalescence practically painless. Perhaps the most important procedure of recent date brought down to a scientific basis is appendicostomy as practised by Tuttle and others; for not only the relief but the permanent cure of amebic dysentery. This operation may be a cecostomy or made through the cecum and by means of the appendix. Both operations are attended with but little danger to the patient; the nut of either procedure is the irrigation of the lower intestinal tract from above, downwards, rather than per rectum.

A cure is effected of this most intractable disease and we are indebted to Wier and Tuttle, specially, though other surgeons have given their experience. Hemmeters digital proctoscopy is an innovation worthy of the highest consideration. The dorsal aspect of the index fingers will permit gradual dilatation of the sphincters which allows the inrush of air so that the rectal mucosa may be examined microscopically for a distance of six to eight inches and only obstructed in case the shelves or rectal valves appear or are loaded.

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Original Article

THE STATUS MEDICUS: A STATEMENT AND A PROPOSITION

By James Krauss, M.D.
Boston, Mass.

THE therapeutic awakening in the midst of the two largest schools of scientific medicine, the dominant traditional school and the smaller homœopathic school, has brought in its train the question of the union of the medical profession as a whole. Next to the advancement of medical knowledge and practice, there cannot be a more laudable object to occupy the attention of the medical societies and practitioners than the effort to heal the breach that, for one reason or another, still persists in the ranks of the medical profession; and it is possible that if the facts be balanced by truth on the one side and reason on the other side, the effort may be crowned with abiding success.

There can be no doubt that a new era of therapeutics is upon us. Almost every day somebody discovers that there is such a thing as therapeutics. Men find that looking through an opthalmoscope or a Crooke's tube, that pounding a chest or counting the teeth, does not constitute therapeutics. Under the impetus of Leyden and Behring and Roentgen in Germany, of Nothnagel and Winternitz in Austria, of Bouchard and Bernheim and Roux in France, of Eichhorst and Forel and Dubois in Switzerland, of Brand and Finsen in Denmark, of Weber and Wright and the Neo-Sydenhams in England, of Shattuck and Kellogg and Baruch and Trudeaux and Solis Cohen and a host of others in America, an era of unusual therapeutic activity has been ushered in by the dominant school; and the homœopathic school has not been altogether idle.

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Clinical therapeutics, says Leyden in the preface to his Ernæhrungstherapie, is to-day not based on a single definite method of cure. We take the good, that is, that which does the patient good, wherever we can find it, as soon as exact investigation has determined its value.

This catholic statement carries with it such far-reaching consequences that one might well wish it were both original and true. But, as in all phases of history, so in the present phase of medical history, events and thoughts repeat themselves. Centuries ago Celsus said exactly the same thing that Leyden says to-day. Many others have said the same thing in the interval of eighteen hundred years between Celsus and Leyden, and the straight and beneficient path mapped out in Leyden's dictums has not yet been followed to the end, even by the best-intentioned of men.

It appears that the two schools of medicine make use of about the same means of therapeutics. Both schools practise polypragmasia. A minority of practitioners only is content with monopragmasia or anapragmasia, or what approaches monopragmasia or anapragmasia. Diet, exercise, water, heat and cold, massage, electricity, surgery, suggestion, drugs constitute with both schools the means of attaining the end of the art of medicine: the amelioration and, when possible, the total removal of the aches and ills that harass human flesh.

In the use of all these established therapeutic means, except drugs, there is practical agreement in the two schools. The time has not yet arrived when we can do entirely without drugs. Whatever may be said to the contrary, drug therapeutics is really the characteristic part of medicine. Although an attempt is made to have diet and manipulations and electricity and the other forms of physical and psychic therapeutics take the place of drugs, yet the use of drugs finds unceasing justification in the fact that the human organism contains organic and inorganic material similar to the material contained in drugs and hence has the power to assimilate drugs within certain limits. Eliminate the use of drugs, and the term "medicine" is no longer proper. Though the rose may smell as sweet under any other name, yet we know that the rose smells sweet because it makes use of medicinal substances, known as drugs, notwithstanding the fact that we make use also of auxiliary measures and employ auxiliary methods of treatment in general diseases, but mostly in localized or localizable conditions of disease. Pathology teaches that even local conditions tend to impair the general state of the body and that, when the local infirmity is removed, general ailments very often remain behind. These are still to be

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removed, unless we take the ground, now too commonly and falsely taken, that they are imaginary ailments and require merely mental treatment. General ailments can in most cases and in the best manner be removed only by drugs, by medicinal means. We may turn as we may, drug therapeutics is the characteristic part of medicine; and to understand the action of drugs is the particular duty of the physician. It is owing to the various methods of using drugs that the profession has become divided, that two separate schools of medicine exist, that prejudice still blinds the one and distrust holds aloof the other. May it not be possible to agree now, when we recognize that to-day we must take the good wherever we can find it, as soon as exact investigation has determined its value?

We have the admission of some of the best minds in the dominant school that homœopathy has a method of drug application that makes for system and order, when mere empirical application means only chaos. Dr. Richard C. Cabot (*New England Medical Gazette*, December, 1906, page 591) says: "It has been perfectly just to charge our school"—namely, the dominant non-homœopathic school—"in the past with the absence of any principle or law in therapeutics, and to contrast the order and system of homœopathic treatment with the helter skelter omnium gatherum of merely empirical methods." "But," he goes on to say, "the contrast is no longer just. Homœopathy has a well-defined law which has been established, like all laws, empirically and is constantly and properly subjected to re-verification through careful experiments. We also have at last, after much groping and long years of work, obtained a law of therapeutics, a principle of therapeutic effort—namely, the principle of immunity—natural and acquired, and of the means by which it may be attained, augmented, protected." . . . . "To increase the power of the organism to resist disease is the aim of our diet therapy, our hydrotherapy, our mechanical and surgical therapy, our mind cure, rest cure, and work cure, our climatic and hygienic efforts, and of all the most satisfactory part of drug therapy."

Here is the candid admission of a representative man of the dominant school, in our very midst, that a principle of treatment, and what he pleases to call a law of therapeutics, is something to be desired. Without a principle, a law of action, we have indeed no art that can be said to be based on science. Mere observation is but an elementary process, and empiricism is but a tentative, observational method of repetition. To be of rational import, empiricism must lead to induction and deduction, and then experiment

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and comparison may furnish the proof of rational validity. Without generalization and proof, there is no science. Science discloses principles of action. The homœopathic medical school presents a principle of therapeutic action; and now it appears that the dominant school also has found one in the principle of immunity.

But we must insist at once, before we proceed any further, that immunity, both natural and acquired, relates not so much to therapeutics as to prophylaxis. The principle of immunity is to lead us to increase the natural power of resistance to disease. Though such immunity, since Metchnikoff's work on the phagocytes and Wright's work on the opsonic activity of the blood serum, is now thought to be obtained by alert phagocytosis and by the antitoxic action of the blood, yet it is impossible to maintain, in the light of history, that the medical world has only recently begun to "increase the power of the organism to resist disease" by food, water, manipulations, surgery, mental influence, rest, exercise, change of air, or even drugs.

We need only recall that as early as four hundred years before the Christian era Hippocrates dwelt on the importance of proper diet both for the sick and the well. Then Aretæus came to declare that in food there is healing: *in cibo posita est medella;* that healing comes with strength and sickness comes with weakness. Celsus said medicines should be used only in severe diseases; in all others, diet is sufficient. Joost van Loom declared that food given at the proper time is the best medicine: *optimum medicamentum est opportune cibus datus.* Sydenham believed that many diseases could be cured only by proper diet. Hahnemann regulated the diet of his patients, and while diet itself never constituted the principal part of his treatments, yet we know that he fed his patients when Brown and Broussais and Bouillaud starved them and before Liebig and Voit and Beaumont established the present scientific status of dietetics.

The same may be said of hydrotherapeutics. The medical use of water did not begin with Priessnitz and his populararizer, Oertel, although even Priessnitz cannot be said to belong to the last few decades. It is a classical fact that the ancient Greeks used water for health as well as in sickness. The heroes of Homer took their dips in the ocean. What for? Homer says, to strengthen their nerves. Hippocrates prescribed baths of all kinds. Baths were used with and without friction. Musa's treatment of Augutus Cæsar and of Horace consisted of hydrotherapeutics. The writings of Pliny, Horace, Levius, Suetonius give literary testimony to the popularity of baths and bathing among the Romans. The ruins of the celebrated baths of Caracalla and the present

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watering places of Baden, Baden-Baden, Aix-la-Chapelle, Pyrmont, Weisbaden, Bath testify to the Roman predilection for baths in both health and sickness. Paul of Aegina recommended mineral baths; Avicenna, vapor and sweat baths; Paracelsus, tub baths; Floyer, cold baths for hardening the body. Again, Hahnemann employed both balneotherapeutics and hydrotherapeutics; he and his followers used with the best effect the cold compress of Priessnitz at a time when these were generally tabooed. Water was used for internal flushing as well as for external cleansing, hardening, relaxation, sweating and cooling long before Wilhelm Winternitz, following in the footsteps of Hoffmann and Hahn, established hydrotherapeutics on a scientific basis.

Then, as to change of air and climate, we have the work of Hippocrates on air, water and soil, *peri aeron udaton kai topon,* wherein he considers the effect of seasons and winds, the situation of towns, the valleys and mountains, fallow and cultivated soil. He constantly prescribed a change of locality in long-lasting illness. Celsus told his Romans to seek the air of Alexandria in Egypt. Pliny favored the balmy pine woods. Aretæus advised travel, warmer climates, the sea coast, sea and sand baths. Galen anticipated Brehmer of Goerbersdorf and Smith of Lima, and sent his consumptives into the mountains. The unbeliever, Mondeville, believed in pilgrimages because of the good that came from a change of air and food; and Henshaw insisted that the benefit of climatic changes might be procured at one's home without expensive travel.

Mind cure, rest cure, work cure, electrotherapeutics, massage, gymnastics are taken to be modern achievements. So some of these are. Electrotherapeutics had to wait for Galvani, Volta, Faraday, Duchenne. But as to massage and gymnastics, it is well known that the Greeks and Romans used to rub and knead and press before the time of Metzger. Galen employed friction as a preparative and therapeutic measure long before the days of osteopathy. The Greeks and Romans took physical exercises before the time of Lingg and Zander and Schreber. Even mind cure is not so very modern. It certainly did not begin with Mrs. Eddy in 1875. Mental direction, suggestion, discipline, knowledge, praise, punishment, education, faith, cheer, encouragement, hope, love, and sympathy were, even before the advent of Mesmer, a part of the physician's tools, exerting their influence over both the sick and the well alike. Or, is it only recently that foolishness and wisdom, anxiety and despair have entered the portals of the world? We would almost be inclined to think this true when we find that churches trans-

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form themselves into so-called clinics of auto-suggestion and masses of people seek refuge within the folds of Christian Science. But what about the many religious systems of the past, which really were only so many mind cures for evil times and harassed people in need of mental rearrangement, mental quietus, mental discipline? What about the crusades, the miracle pilgrimages? Have we forgotten Peter the hermit, or the immortal Kant who distinctly speaks of the power of the mind to master one's disease by mere will, *von der Macht des Gemueths durch den blossen Vorsatz seiner Krankhaften Gefuehle Meister zu werden?* Psychotherapeutics differs from all other forms of therapeutics in that it requires on the part of the physician a good intuitive knowledge of human nature, and practitioners will differ in success as they differ in the degree possessed by them of this knowledge; but it is idle to say that such knowledge of human nature or the appreciation of the value of such knowledge has only recently come to us.

Modern psychotherapeutics is scientific, not because of its supposed recent appearance, but because Liébeault and especially Bernheim set aside all the impertinent hocus pocus of religious and pseudoreligious and mystic practices and placed mind cure on a biological basis where observation can lead to generalization, and experimentation can bring proof. Scientific gymnastics differs from that observed in sport or haphazard gratification in that it obeys the demands of rational empiricism built on solid physical and physiological fundaments. Likewise, massage has become scientific since it has begun to observe the demands of rational empiricism. Dietetics has become scientific since subjective inclinations and disinclinations have given way to chemistry and physiology, to rational empiricism with a solid biochemical basis. Hydrotherapeutics is scientific because it is served by exact physical methods derived from observation and experiment and based on physiological, physical and chemical facts. It is the same in medical as in extramedical disciplines. Their scientific nature depends for premises on facts derived from systematic and exact observation; depends for conclusions on induction or deduction; and depends for proof on experimentation; depends, in short, on organized rational empiricism. Scientific medicine is based on rational empiricism. Scientific medicine takes facts, generalizes them, experiments with them, and submits them ultimately to clinical experience as the controlling factor.

Immunity, the principle of insusceptibility to noxious influences, was known to the medical world even before Jenner vaccinated the boy Phipps against smallpox and before Hahnemann

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gave belladonna for the prevention of scarlet fever. While the injection of antitoxins is the most recent achievement in the problem of infection immunity, it has been for ages a recognized fact that many people are sick only once with measles, scarlet fever, smallpox, whooping-cough, diphtheria, syphilis; thus becoming immunized to further infection from the same disease. Immunity is a problem of prophylaxis and not of therapeutics. It can become a problem of therapeutics only when it is proved that the individual organism carries within itself the power to cure and that no extraneous agent introduced for therapeutic purposes can be curative. Boerhaave used to say that the physician cares for the patient but it is God that cures him. To-day, it is said that while we take care of our patients, it is nature that cures them. It is plain we are no further on in this respect than our forefathers were. What Paracelsus used to call arcanum or indwelling spirit; and Van Helmont, archeus or creative spirit or vitality; and what Stahl called anima, soul; and Hoffmann called nervous fluid; and Cullen, vis medicatrix naturæ; and Hahnemann called dynamis or vital force; nowadays we call nature and think we are definite and scientific; but if we will acknowledge it we are only in the position of Faust, who after all his toil in philosophy, jurisprudence, medicine and theology, was forced to exclaim: Now here I stand like a poor fool and know just as much as I did before,

Nun stehe ich da, ich armer Thor,
Und bin so weise wie zuvor.

It is true that Metchnikoff's theory of phagocytosis comes within the reach of actual demonstration. But to say that nature accomplishes the cure is nothing more than to say that we do not know wherein the cure actually lies. We know that nature, unassisted, very often fails to cure, when experience in similar cases with medical aid would lead us to expect a cure. It must be admitted, therefore, that the art of the physician is at least, the antecedent of the effect known as cure; is then practically equivalent to the cause of the cure. There is no breadth of mind behind specious, enigmatical language. What object is there in saying that man cares and nature cures, if nature does not cure unless man cares? Our interest centres in this: What must we do in order to bring about cures, or effects that manifest cures? If we place ourselves on the ground of human experience, the only safe and demonstrable ground for science and philosophy to stand upon, then we must understand and acknowledge the relationship of cause and effect, the tests of fact and reason, the verification of conclusions. We can

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judge causes only by their effects, and effects only by their causes. What is hidden from sight and sense may be an object of conjecture, speculation, error; but whatever explanation be given it cannot alter the true relationship of cause and effect or of antecedent and consequent. If the use of the terms cause and effect be objected to, we may content ourselves with the terms antecedents and consequents. But we must remember that both in science and philosophy a constant antecedent of a constant consequent is equivalent to the cause of an effect. Only when we are dealing with inconstant phenomena must we be cautious in ascribing qualities of cause and effect. Unless we be permitted to take such a position, we cannot justify the art of medicine and discourse rationally on matters of therapeutics.

In drug therapeutics, three distinct methods are followed. No good reason can be given why these methods should not be designated by their appropriate terms, in spite of the current tendency to mass them together as though they were all one and the same thing. One method of drug application consists in giving a drug with the idea of relieving a diseased part by affecting a healthy part, ALLŒOPATHY, which has been corrupted into the false term allopathy; a second method consists in giving a drug with the intention of affecting disease by opposite action, ANTIPATHY or, to be in full conformity with Greek usage, enantiopathy; and the third method consists in giving a drug with the idea of relieving conditions by similar action, HOMŒOPATHY.

Nowadays, it is fashionable to deny that there is such a thing as allœopathic practice; and some go even as far as to say that such practice has never existed. But as long as we treat, for instance, apoplexy by purgatives (Tyson, Practice of Medicine, 1897, page 995), ascites by diuretics (Musser, Hare's System of Practical Therapeutics, 1901, volume II, page 449); pericarditis with effusion by blisters to the præcordial skin (Daniel E. Hughes, Practice of Medicine, 1895, page 329); catarrhal jaundice by diaphoretics (Mitkowski, Hare's Practical Therapeutics, 1902, page 365); not to speak of other instances that will readily come to one's mind; just so long we shall be practicing allœopathy, because we are attempting to relieve a disease condition by means of a drug that attacks a healthy portion of the body, because we are employing drugs whose physiological or toxic effects appear to have no relationship whatever to the phenomena that the disease presents and that we are attempting to allay. No authorities will be needed for the proof of antipathic practice. Everybody knows that when we

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use an antidote for poisoning, an antiseptic for sepsis, an anodyne for pain, an antispasmodic for spasm, a purgative for constipation, a diuretic for anuria, we are practicing antipathy, because we are employing drugs for their opposite action, drugs whose physiological or toxic effects are the very opposite of the disease phenomena we are attempting to remove. Finally, everybody ought to know that when, for instance, we use a diuretic, like belladonna, digitalis, or scilla, in polyuria; a cathartic, like aloes, mercury, rhubarb, senna, colcynth, podophyllum or croton oil, in diarrhea; an emetic, like ipecac, apomorphine, or tartar emetic, in vomiting; a nerve stimulant, like nux vomica or ignatia, in convulsions; we are practicing, *nolens volens,* homœopathy, because we are applying drugs that affect the disease condition by similarity of action, drugs whose effects on the organism are similar to the symptoms or disease effects that we are attempting to relieve.

Thus it is a fact that all physicians, more or less, consciously or unconsciously, effectively or ineffectively, at some time or another, practice—why shall we deny it?—all three methods of drug application, allœopathy and antipathy and homœopathy. What is the justification, then, of calling allœopathic and antipathic medication unscientific? Why is it that men like Leyden (Die deutsche Klinik im Beginne des 20. Jahrhunderts, 1901, page 10) persist in speaking of the perversion homœopathy, and men like Wood (Hare's System of Practical Therapeutics, 1901, page 18) of the medievalism of homœopathy? Is it that Don Quixote is still fighting windmills of his own making?

The dominant traditional school maintains that it is all inclusive, that it does not confine itself to one method of cure, that it practices polypragmasia. Does polypragmasia mean science? Is polyragmasia scientific, because, as Goethe says, when one offers many things he will have something for many people and every one will go away contented,

"Wer vieles bringt, wird manchem etwas bringen;
Und jeder geht zufrieden aus dem Haüs?"

The scientific method of treatment is described by Dr. Horatio C. Wood (Hare, System of Practical Therapeutics, 1901, volume I, page 21) "as being based upon a knowledge of what it is necessary to do in disease; an acquaintance with the power of the forces at hand; and an application, by the ordinary process of reasoning, of such forces to the needs of the occasion." If this is a true statement of the scientific method of treatment,—and it cannot be denied that it is accepted as such by

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the great mass of the profession,—then homœopathy is without a doubt a scientific method of treatment, for homœopathic medication is based "upon a knowledge of what it is necessary to do in disease, an acquaintance with the power of the forces at hand, and an application, by the ordinary process of reasoning, of such forces to the needs of the occasion.

Homœopathy is the result of scientific processes of observation, generalization, experimentation. Hahnemann, after taking four drachms of china twice a day, found that he was experiencing symptoms of intermittent fever of a particular kind. This is a matter of experience, and hence open to repetition and verification. The paroxysms lasted two or three hours each time, recurred when the dose was repeated, and ceased when no more of the drug was taken; all matters of observation which may be repeated ad libitum. Hahnemann took other drugs also and had various other people test drugs on themselves in the same way, as a matter of experiment. This experimentation cannot be too highly recommended to all those that desire knowledge of drug action at first hand. No two drugs appeared to produce exactly the same effects, and Hahnemann concluded that the effects thus constantly derived from a particular drug were due to that particular drug; certainly, a justifiable inference. He observed that the drug effects were very much like disease effects; that, for instance, china produced not merely one symptom, like fever, but many symptoms, more or less all the general and special symptoms of intermittent fever that a patient would complain of. This was an entirely new observation, equivalent to a discovery. The wonderful correspondence of the symptoms produced by the drugs on the healthy body with the symptoms that patients complained of when ill, caused Hahnemann to infer that drugs capable of producing symptoms similar to those complained of by patients when ill, remove such ailments;; an inference which led him to formulate the rule, *similia similibus curentur*. To prove the practicability and the reliability of his working formula in the treatment of his patients he, first, learned the action of the drugs in the healthy body, and, then, applied them to the diseased body; and in this he has been followed by numerous earnest practitioners for more than a hundred years. The process of verification has not been closed to any one; it is open and courted by all true followers of Hahnemann. Is there anything unscientific in Hahnemann's procedure? There can be no objection to his method of observation, experimentation, generalization, proof. It is the method of science. Objection may be made to the result of

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his observation, experimentation, generalization, proof. There may be errors of observation. There may be errors in his conclusions. As homœopathy is an empirical discipline, its truth may be tested by the laws of identity. Truth is based on the uniformity of human experience under identical conditions. Those that make objection, and make objection not from habit but from scientific conviction, must be prepared to prove the falsity of Hahnemann's observations and inferences by the accredited methods of science. They must prove that drugs do not produce symptoms in the healthy. They must prove that drugs capable of producing certain symptoms in the healthy cannot remove similiar symptoms in the sick. They must prove that knowing the action of drugs by provings on the healthly human body and applying such knowledge to the exigencies of the diseased body is not, in any sense, "Knowledge of what it is necessary to do in disease; an acquaintance with the power of the forces at hand; an application, by the ordinary process of reasoning, of such forces to the needs of the occasion."

There can be no question that in order to use a remedy effectively we must know what it can do. Haller was the first to suggest that if we wish to know the action of drugs, these drugs must be tested on the healthy human body. Hahnemann made the tests. But Haller is considered one of the great fathers of dominant medicine; and until now, Hahnemann has been a forbidden name outside the ranks of his followers. Is it scientific to make suggestions and unscientific to carry them out? It is scientific to give urotropin in bacteriuria; and excellent treatment by the way. Why is it not equally scientific to give apis mellifica in albuminuria with scanty urine, pallor, dropsy, restlessness and lack of thirst? Is it because the former treatment is antipathic and the latter is homœopathic? Why is it scientific to give opium for sleeplessness and not scientific to give opium for sleeplessness with emotional exhilaration, delirium, fright or terror, dark red face, contracted pupil, stertorous breathing, and almost tetanic rigidity? Is it because in the former treatment we practice one-symptom homœopathy and in the latter treatment we practice homœopathy covering a totality of symptoms? Why is it scientific to combine many drugs in order to remove as many symptoms and not scientific to prescribe just one drug which is known to produce many symptoms and to disperse as many? Is it because the former is traditional polypharmacy and latter is homœopathic monopharmacy? Dr. Frederick C. Shattuck of Harvard University (*New England Medical Gazette*, April, 1906, page 171) states the leading therapeutic principles as follows:

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"First, Do no harm. . . " "Second, Try to see as clearly as possible just why you give a drug, your purpose in giving it, whether as a specific, curative, palliative, or as a placebo." "Third, As far as you *can*, give a drug uncombined." "Fourth, In using an efficient drug be as sure as you can of a good preparation, and then give it until something happens—either the desired effect or evidence appears that the limit of toleration has been reached. . . ." In 1797, Hahnemann (Lesser Writings, translated by Dudgeon, page 373) wrote: "Dare I confess that for years I have never prescribed anything but a single medicine at once, and have never repeated the dose until the action of the former had ceased,—a venesection alone, a purgative alone, and always a simple, never a compound remedy, and never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful, and given satisfaction to my patients, and seen things which otherwise I never would have seen?" Evidently, it was not scientific for Hahnemann to have been one hundred and ten years in advance of his time.

To an impartial observer it must seem strange that a method of cure, based on observation and experiment and open to verification, should be characterized as unscientific, impractical and medieval by the very men that claim so much for science; and should have been so characterized without being subjected to exact investigation. When we maintain, in brief, that homœopathy rests primarily on the provings of drugs on the healthy human body, that is, on observation and experiment; that homœopathy requires the single remedy, for the very cogent reason that as the drug is proved on the healthy so should it also be administered to the sick, a procedure absolutely necessary for scientific precision, for further observation and consequent verification; that homœopathy demands a comparatively small dose and seeks to avoid toxic effects, a procedure now accepted all over the world as the proper one for curative treatment; that homœopathy works by the rule *similia similibus curentur*, let likes be treated by likes, let certain symptoms of disease be treated by drugs that produce similar symptoms in the healthy, a rule of inference derived from observation and experiment and verified at innumerable times through clinical application; we should not be met with the answer that this is not science. Why should blind empiricism, such as is boastfully said to constitute the greater part of ordinary medication, be called scientific and the rational empiricism of homœopathy be declared unscientific? Why should heroic medication on the one hand and expectant nihilism

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on the other hand deserve to be called scientific, and the definite, gentle homœopathic medication be termed unscientific? And if homœopathy is a scientific method of cure, why should any one object to its name? A name that expresses the nature of an object or of an act is a great help to the understanding. Only an improper name, a name that does not express the state or condition or object named, should not be countenanced. Every scientific physician should not only use, but should also be at liberty to acknowledge that he uses homœopathy no less than antipathy and, where necessary, allœopathy, and should court the criticism of his confrères when he uses the homœopathic method imperfectly so that he may perfect himself in the art of medicine. Correct language clarifies, and the understanding of principles makes the mastery of detail a comparatively easy task. The teachings of the dominant school are full of unacknowledged homœopathy. One need not examine the text-books of Ringer, Phillips, Shoemaker, Hare, and the current medical reports, to be satisfied on this point. Why should a principle of therapeutics or a method of cure not be openly acknowledged when it is found to be true and practical? Are we obliged to teach that which we do not practice and practice that which we do not believe? It is time that the medical profession grasp the duties of the present, the duty to our patients, the duty to ourselves, the duty to the noble art of medicine we propose to practice; and follow Leyden's dictum unconcernedly to take the good wherever we can find it when exact investigation has determined its value.

It is no compliment to homœopathy to be put into a class with undeveloped and specious methods of healing, even though a compliment be actually intended, as of late, when a practitioner, evidently aiming to show his breadth of mind, said: "I am anxious to get together not merely with the homœopath, but with every other group of persons who think they can cure disease, with the osteopaths, the mental healers, anybody else who thinks he can help the sick." Failure to understand is not breadth of mind. Homœopathy is based on a principle which has been verified and which seeks constantly to be verified, a scientific position wholly at variance with osteopathy and its false and dogmatic pathology, with Christian Science and its illusions and delusions or with "anybody else who thinks he can help the sick" and only thinks he can. Homœopathy is a scientific method of drug therapeutics and should be approached in the light of science. Either homœopathy is true and therefore should be practiced by all who recognize it as true; or homœopathy is false, and therefore should be proved to be

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false. In science, concessions can be made only in unessentials. Science is not politics. Politics lives on concessions, for its principle is expediency. The principle of science is truth, and truth can make no concessions to error. Men may differ in their measure of truth, as one generation may have a measure different from that of another, and many a man besides Pontius Pilate has asked "What is truth?" shrugged his shoulders, and passed on without waiting for an answer; but this does not affect our contention. Both the dominant school and the homœopathic school have a duty here to perform. The duty of the homœopathic school is to prove the truth and the practical nature of the homœopathic method of drug therapeutics. The duty of the dominant school is to investigate the homœopathic method of drug therapeutics, and when its truth and practicability is established, to accept the proved fact and acknowledge homœopathy openly and unreservedly. No epithets or opprobrium can do the duty that lies before us. Nor will mere writing or talking do it. There must be a willingness on both sides: on the one side, to convince, and on the other side, to be convinced. The attitude of science is the attitude of inquiry, of appropriate investigation, of the acceptance of the truth; not of wilful, unreasonable contention. In the holiest temple of humanity, in the temple of medical art, there should be no place for the ignorant, the pretender, the politician. There should be only men of science, courting truth without fear of the consequences to which their conclusions may lead them.

Mere affirmations on one side and negations on the other side will not lead to a union of contending forces. For our purposes, it will be necessary to find such an authoritative basis for action that an honorable agreement may be reached without any detriment whatever to the scientific and personal bias of the two medical schools. One-sided procedure can have no result, except to please the side that happens to use them. A conclusive agreement can be expected only on the basis of the requirements of science, when both schools will consciously and conscientiously fulfill the demands of science. The practical elements involved in the exercise of our profession, the modes of practice as well as the individual conduct, must and may be safely left to professional honor, moral dignity, and the laws of the country. Liberty of action is needed in medical life no less than in political life, and diversity of action is not inconsistent with science and honor. This position is now so well recognized as legitimate that both the American Medical Association and the American Institute of Homœopathy act in accordance with

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it to a certain extent. Both the American Medical Association and the American Institute of Homœopathy have for their object the promotion of the science and the art of medicine. The American Medical Association permits the use of all established means of cure, empirical and rational. The American Institute of Homœopathy also permits the use of all established means of cure and emphasizes the necessity and, wherever applicable, the superiority of the homœopathic method of drug therapeutics. There would be no such emphasis needed if opponents of homœopathy did not think it incumbent upon them to deny the truths of homœopathy without putting them to the test of an exact and impartial investigation. The term, homœopathic physician, is merely a term of identification. As long as homœopathy is practiced its practitioners have just as much right to the title of homœopathic physicians as the practitioners of surgery have the right to call themselves surgeons, as the practitioners of electrotherapeutics have the right to call themselves electrotherapeutists, as the practitioners of orthopedics have the right to call themselves orthopedists; and the institutions exemplifying in a special and complete sense the teachings of homœopathy have just as much right to call themselves homœopathic medical colleges and homœopathic hospitals as an institution for postgraduate instruction has the right to call itself postgraduate medical school and hospital, as a hospital devoted to gynecological work has the right to call itself hospital for diseases of women, as a hospital devoted to the eye and ear has the right to call itself eye and ear hospital. The epithet is not the nomen; it is merely the cognomen, and serves to identify the distinguishing aim of practitioner or institution. The nomen identifies the physician; the cognomen identifies the kind of physician. That a cognomen is today a necessity is proved by the existence of the specialties. The term physician, though it covers all the disciplines and specialties of medicine, does not disclose the particular speciality practiced by a particular physician, nor the particular methods followed with predilection by a general practitioner; and no one would consider it unbecoming a physician if, by reason of his surgical dexterity, he should declare himself to be a surgeon, or, by reason of his especial familiarity and knowledge of genito-urinary diseases, he should declare himself to be a specialist of genito-urinary diseases. The specialists are with us and they require a cognomen for their identification. Homœopathic physicians and institutions require equally their cognomen for their identification. Why should distinctions be made and homœopathic physicians be asked to drop their cognomen

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while specialists are made welcome to theirs? The old cry that the retention of the name homœopathy is merely for economic reasons is not justified. The same cry has been raised in regard to the specialists, and this, by the way, in both schools; and time is hastening to prove that this cry is also unjustified. What is it that makes men prefer the specialties to general medicine? It is not money. The true specialist is not a specialist for money. The money specialist is only the limited practitioner who limits himself to a part of general medicine because he thinks there is more money in it than in another part. He may become skilful in time, but he will never be a true specialist. Specialization is not limitation. Specialization is concentration, and depth is no more possible to obtain without breadth than it is possible to obtain ice without water. A specialist is only he whose judgment and skill are superior in his specialty to those of the best general medical practitioner and general surgeon. Likewise, a homœopathic physician is only he who in the application of the homœopathic method of drug therapeutics is superior. The satisfaction of a true specialist is in his ability to practice with precision. The satisfaction of a homœopathic physician is in his ability to practice homœopathic medication with precision. As long as homœopathy is practiced, the use of its name is justified. Honorable physicians may meet in union and yet, with different aims before them, may pursue their studies in different schools and hospitals and societies. When the American Medical Association will enroll in its membership every honorable practitioner of medicine in the United States, there will yet be justification for the existence of the American Institute of Homœopathy and its affiliated institutions, societies, schools and hospitals, for the reason that there will be practitioners who will desire to pursue their studies and compare their experiences in homœopathy. It will be a blow to medicine when these institutions are entirely relinquished. No parent institution can foster all the desires of all its children. For these special institutions will always be necessary. But shall on this account disunion exist? Shall on this account the door remain shut in the face of numerous honorable practitioners? The American Medical Association is the parent organization of a great many subordinate and special associations of physicians. This is also the case with the American Institute of Homœopathy, but only because hitherto the American Medical Association has peremptorily set its face against anything that is called homœopathic. Many of the subordinate and special societies in affiliation with the American Institute of Homœopathy might just as well be in affilia-

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tion with the American Medical Association, but for the fact that this association has constituted itself the vengeful arbiter of the fate of all who consider homœopathy to be true and therefore practice it. There will never be union of the two schools on any basis that is not in perfect conformity with the demands of science. It is not in the interest of the dominant school to dictate union at the expense of truth and justice; and it is not in the interest of the homœopathic school to hinder union by a desire for exclusiveness. An indisputable basis for an honorable union will be reached when both schools will truly fulfil the demands of science. Happily, both schools insist that they are doing what science requires them to do. Then it remains only to convince each other that this is the fact. An exact conjoined investigation of the current practice of the two schools will, I believe, furnish the impetus for establishing the necessary basis for honorable union.

All that is needed, in my opinion, is to provide a public clinic in which the current practice of the two schools is, conjointly and simultaneously, exemplified by chosen representatives of the two schools, men that are imbued with the high purpose of this work, men of knowledge, of honor, seekers of truth, men with developed scientific acumen. It ought not to be difficult to induce a hospital to open its doors and place two adjoining wards in charge of men chosen for this work from each school by their representative medical organizations. Two men, or, if more than two men are chosen, two of these men in turn should be required to attend jointly every case admitted to their two wards. They should be required to see every case together, to make their diagnostic examinations together, to treat their patients together, with this one condition of difference that in one ward the prevailing practice should be final with the homœopathic practitioner and in the other ward with the non-homœopathic practitioner; but in every case the one should be the companion, observer, consultant and supervisor of the other in his work, both noting the results together and both putting into writing their daily observations, their ordinations, their differences, all to be finally published, side by side, case for case, with comments and reasons. This would give us not only a highly interesting but a very valuable document, showing conclusively:

That two medical men of apparently equal scientific attainments may, without any detriment to their professional or moral status, agree on many things medical and disagree on perhaps as many things medical and yet serve with equal fervor and nobility the high purposes of science;

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That different premises must lead to different conclusions, but that a cogent reason will sanctify even most glaring differences and no reason will detract from the best result;

That there may be perfect agreement between two men and while both may be right yet both may be wrong.

But more than all this, the data and reasoning made apparent through this document would go a long way to establish the truth or falsity, the comparative effectiveness or ineffectiveness, the justification of the treatment followed by the two schools. The document emanating from representatives of the two schools chosen for their scientific attainments, their power of observation, their judgment and probity of mind, would command the implicit confidence of the profession at large and would thus help, more than anything else within sight of present doings, to constitute a conclusive and authoritative basis for the honorable union of the two schools of medicine. The document would disclose the folly and injustice of passing judgment on medical theories and facts without adequate investigation. The document would disclose, I believe, the imperative desirability of openly appropriating the truths of homœopathy throughout the length and breadth of the medical world. At least, such a document would show that an exact investigation of homœopathic medicine is imperative and eminently proper; that the homœopathic profession is a worthy integral part of the whole medical profession; that in medicine as in anything else, a majority is not always right and a minority is not always wrong; that there is only one just basis upon which the American Medical Association may invite into its membership the homœopathic practitioners of the country and only one just basis upon which these practitioners can accept such invitation without sacrificing their own honor and scientific position, without detriment to their own institutions, from the American Institute of Homœopathy down to the humblest association or hospital; that this basis is not the keeping or abandoning of a name, but scientific qualification, the fitness of a man to be a physician.

The union of the two schools, wherever and whenever it will take place upon the unequivocal basis of science, will mark an indelible epoch in the history of medicine. Every man not a traitor to the cause of the suffering world will do his best to hasten the coming of that day.

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THE POLLUTION OF NEW YORK HARBOR *

By George C. Whipple, C.E.
New York City

THE Statue of Liberty stands at the centre of a circle of eighteen miles radius which bounds the limits of New York City and extends over forty-five cities and towns in the State of New Jersey. This circle covers about one thousand square miles, of which three-quarters is land and one-quarter water.

Within this circle dwells a present population of about 5.5 millions, of which 4.5 millions are in New York and one million in New Jersey. The sewage of this Metropolitan district amounts to at least 500 million gallons a day, perhaps 600 million gallons, while to this must be added large volumes of street wash at times of rain.

Through the district there flows one large river, the Hudson, and several smaller ones, the Passaic, Hackensack, Rahway, and Elizabeth in New Jersey, and the Bronx River in New York. The Harlem River and the East River are tidal channels rather than true rivers. New York Harbor, or speaking more exactly, the "Upper Bay," stands at the centre of the circle and from its appearance on the map would appear to act as a receiving basin for these various streams. The Hudson enters it at the north, the New Jersey streams flowing through Newark Bay and the Kill von Kull, enter it at the west; on the south, at the Narrows, there is a main discharge to the ocean, and on the east a secondary connection with the ocean through Long Island Sound.

This picture of a receiving basin, or, as it has been termed, a great cess-pool for the sewage of New York City, is not wholly a true one, for a study of the soundings in the Harbor shows that the Hudson River Channel preserves its identity and passes as a deep cut through the upper Bay, through the Narrows and well into the Lower Bay. The Kill von Kull is a tributary to this submerged river, while that part of the upper Bay west of the channel is where the old Hudson River overflowed its banks when the region sank. The water over the Jersey Flats is only five or ten feet deep at low tide and there are places where the depth is less than two feet It is not impossible that another century may see these flats covered with buildings.

The pre-historic Hudson River discharged into the Atlantic through a sort of delta, very much as the Mississippi River does now, and like the Mississippi it deposited its load of silt in the delta. These submerged deposits form the bar of to-day, which really, though not superficially, marks the outer boundaries of the Lower Bay.

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* Read before the Hom. Med. Soc. of the County of N. Y.

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There are three channels through the bar, the Main Channel, used by ocean-going steamers, the Swash Channel, and the Ambrose Channel now being dredged. Beyond the bar is the open sea.

The Harlem River acts as a cross-connection between the Hudson and the Sound, and the Arthur Kill as a cross-connection back of Staten Island between Newark Bay and the ocean. Jamaica Bay is a shallow extension of the Lower Bay on the south side of Long Island between Rockaway Beach and the Brooklyn shore.

These waterways receive directly or indirectly practically all of the sewage of the district, thus far without any attempt at purification. For the most part sewers of short length discharge the sewage at the nearest point at the shore, though in Brooklyn and the Bronx there are several trunk sewers which convey the sewage of large districts to distant points. In all there are upwards of 350 sewer outlets which discharge into the waters which wash the shores of the district, exclusive of those which discharge into the New Jersey streams. Practically all of the sewage of five million people, therefore, passes into the harbor of New York, except that which settles in Newark Bay or the other streams and tidal channels.

The New York Metropolitan district is adding from 30 to 35% to its population every ten years. If this rate is kept up in another generation the population within eighteen miles of Liberty will be nearly ten millions instead of five and a half, and the amount of sewage entering the Harbor will be a billion gallons a day,—enough to cover the Upper Bay to a depth of nearly three inches if it were all concentrated there,—which, of course, it will not be.

Looking forward to the conditions which may obtain a generation or two hence and taking into account the intolerable conditions which now exist at certain points along the water front, such for instance as the Gowanus Canal, and Newtown Creek, in Brooklyn, besides many local nuisances of lesser magnitude; considering also the experience of other cities where the water front has become offensive on account of excessive pollution, sanitarians have been for some years looking with concern at the possible dangers which confront New York. This has been stimulated by the projected trunk sewer in the Passaic River Valley, which is designed to take the sewage of Paterson, Newark and other New Jersey communities out of the river and deliver it directly into New York Harbor, instead of allowing it to enter through the Kill von Kull as it does at present; also by the Bronx Valley sewer which is intended to divert the sewage of a portion of Westchester County from its natural drainage in the Bronx River to the Hudson.

As a result of the agitation the New York Bay Pollution Com-

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mission made a preliminary study of the subject in 1904-5, and this study is being continued by the Metropolitan Sewage Commission, now sitting. Individuals have also discussed the subject in the scientific journals and the daily press, sometimes upon insufficient data, and as a result there has been gradually creeping over the community a feeling of alarm, which conservative sanitarians believe to be unwarranted by the conditions.

That local nuisances from the disposal of sewage in the harbor exist to-day cannot be questioned. They ought to be abated at the earliest possible moment. That there is a limit to the amount of sewage, which the harbor can receive must also be admitted, and before that limit is reached steps ought to be taken to avoid the general nuisance which must follow. The point at issue is as to when this limit is likely to be reached and where and in what way trouble is first likely to manifest itself. This is the fundamental question which must underlie all discussions of policy and all attempts at remedy.

What is the capacity of the harbor of New York to receive sewage without giving rise to a general nuisance? This question cannot be fairly answered at this time, for the facts upon which the answer depends are not known. We can and we have made many estimates, and as a result some sanitarians have arrived at one conclusion and other sanitarians have arrived at other conclusions. We think we know a good deal about the hydrology of New York harbor, but we really know very little. How much sea water comes in at each tide? How much Hudson River water leaves the harbor by way of the East River, or does any of it leave it that way? How long does the river water linger in the upper Bay before going out to sea? How much silt is carried into the harbor by the Hudson River? Where does it settle? How much suspended matter and how much organic matter does the sewage contain? What becomes of this sediment? What effects have the current on dispersion? What effects has the wind on the tidal flow? What is the extent of the under-run of seawater? And what is the influence on sewage dispersion and on sedimentation? What are the laws which govern dispersion when a stream of sewage of low specific gravity enters a body of higher specific gravity? These and many other questions concerning the fate of the sewage bacteria and the sewage sludge demands an answer based on a study of the subject which shall be commensurate in magnitude with the importance of the interests involved.

The disposal of sewage by dilution is generally recognized by sanitary science as a legitimate, economical and generally satisfactory method, provided the proportion of the sewage to the water into which it is discharged is not too great, provided the mixture of the

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sewage with the water is prompt and thorough, and provided problems of water supply or shell fish are not involved.

Disposal by dilution is the natural method for a city like New York situated by the sea and provided with the great tidal estuaries which here exist, and whatever may happen in the future it seems absolutely certain that this method of disposal will be used for many years to come. Such being the case, every effort should be made to use this method to its best advantage. That it is not so used at the present time is evident to any one who compares the sluggish flow of the North and East Rivers near the shores, where the sewers discharge, with the great volumes of water which circulate up and down in the main channels with each incoming and outgoing tide.

But to study the various aspects of dilution brings us face to face with another fundamental phase of the city sewerage problem,—namely, the location and arrangement of the main sewers.

From the natural advantages of Manhattan with respect to the shore line the location of main sewers has been a simple problem, but in the other boroughs there are large areas where the problem is not so simple. These areas are developing with great rapidity, demanding the constant extension of sewers. To a considerable extent this work is going on without the existence of well defined and carefully considered plans, and unless this is rectified in the near future disaster or great expense to the city will inevitably result.

Take for example, the Borough of Queens, now made up of separate communities somewhat widely separated, just as was the Borough of Brooklyn a generation ago. These separate communities have their independent sewer system. But it will not be many years before these communities will grow together, and there will then be demanded trunk sewers of large size. Such trunk sewers need not all be built at once, but the general plans should be so laid out that the extensions as they are needed can be made to fit them, so that in the future it will not be necessary to design the main trunks to fit the little feeders.

These main trunks should also be designed with reference to the best method of disposal by dilution and with due consideration of the need of purification in the future.

There are, then, these three phases to the problem of sewage disposal in New York,—named in the order of their immediate importance—first, that of the location of trunk sewers; second, that of proper dilution at the outfalls to prevent local nuisances; and third, that of the capacity of the harbor to receive the sewage of the future Metropolitan district.

Having now considered some of the things we don't know about

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the subject, let us turn to some of the things we do know, even though we know them imperfectly and in part.

The amount of sewage matter which enters the harbor can be estimated approximately from the population and from our general knowledge of the constituents of sewage. Making a fairly liberal allowance for manufacturing wastes and street wash and taking into account other matters in solution and those in suspension the total quantity is found to amount to upwards of 2,000 tons per day, of which about 900 tons is organic matter subject to decomposition. There is probably about 700 tons, at least, of matter in suspension, 40% of which is organic. The New York Bay Pollution Commission estimated this suspended matter as 1,000 tons per day instead of 700 tons, and possibly the larger figure may be nearer the truth.

If the harbor of New York were a body of standing water the sanitary conditions would have become intolerable years ago, but it is very far from being a body of standing water. The drainage area of the Hudson River is 13,266 square miles, and the combined catchment area of all the streams entering above the Narrows is given by the Government engineers as 16,335 square miles. The average daily flow of these streams is about 16 billion gallons per day, the minimum flow 2.5 billion gallons and the maximum flow perhaps 150 billion. There must also be considered the tidal flow which is the real controlling factor and which has been estimated as about 200 billion gallons per day. This alone is enough to dilute the sewage of a population almost equal to that of the whole United States.

The problem is not a simple one in proportion, however, and rules that apply in a continuously flowing stream cannot be used when there is an ebbing and flowing tide which exceeds in volume the flow of the streams itself. Not all of the day's flow of the Hudson River leaves the harbor in a day and not all of the sea water which enters the harbor through the Narrows is new water which has not been in the harbor before. The river reaches the sea by an intermittent flow, like the old toy image of the Ben Butler which used to take two steps forward and then one step backward. In the discussion of a paper by Dr George A. Soper, on the Pollution of the Tidal Waters of New York City, Mr Allen Hazen gave the results of calculations, based on the best data available, which showed that about 70% of the water which passed out through the Narrows comes back again on the succeeding tide, and that 21% goes out never to return. He stated that "of the gross amount of water flowing out of the Narrows with each ebb tide 7% is river water on its last trip out, 28% is river water that will come back, 14% is sea water on its last trip out and 51% is sea water that will come back.

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These figures are merely illustrative, as the data upon which they are based are meagre. They do not take into account the great underflow but they serve to show the importance of the tidal movement in connection with the disposal of the city's sewage.

All of this vast tidal flow is not available for the dilution of the sewage. The sewers discharge at points near the shore but the great volumes of water pass through the central channels. Every one who has crossed from Manhattan to New Jersey or to Long Island must have noticed how much greater the velocity of the water is in mid stream than along the shores. The water in the Hudson River, for example, flows in lines parallel to the shore, and there is little mixing of the water from one side to the other, unless, perchance, through the action of winds blowing across the river, or through the swerving of the main channel from side to side. Practically speaking, it is only the water near the shores which is utilized for dilution under present conditions.

The conditions which affect dilution are quite dissimilar along the different shores. The East River receives more sewage in proportion to its width and volume and to its tidal flow than the North River and the analyses indicate a higher degree of pollution. It is not possible to treat the subject of dilution in a general way—it must be studied locally at each point on the shore and in the main channels.

The harbor water is a mixture of fresh water and sea water, but the proportion is not constant. In the spring when the stream flows are large the water in the upper bay may be more than half fresh water, while during dry periods it may be three-quarters sea water. The proportion is different for the flood and the ebb tides and it is also affected by the winds.

The Hudson River below Albany must be coonsidered as a great tidal estuary. The salt water flow extends up the river anywhere from Yonkers to Poughkeepsie according to the flow of the Hudson, the height of the tide and the direction of the wind. Tidal variations of the water in the river are noticed even at the foot of the Troy dam, where the differences in elevation between high and low tide amount to about 25 feet. It takes from nine to twelve hours for the crest of the tidal wave to flow from the Battery to Albany, hence before one high tide reaches Albany another has started up the river .

Salt water is heavier than fresh water. It, therefore, tends to keep to the bottom, and in an incoming tide it creeps up under the outgoing water which is fresher and lighter, giving rise to the so-called phenomenon of the "under-run." In the lower Hudson this is

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well-marked, but higher up, as the river is less brackish its influence is less felt. During the spring the fresh water spreads out as a comparatively thin layer, while the salt water tends to keep to the bottom of the deep channels.

In considering the present day condition of the harbor the subject must be viewed from two very different standpoints, namely, from that of the public health and from that of public esthetics, or from the sanitary standpoint and that of common nuisance. The two are not necessarily related to each other. Sewage may be diluted in water, or attenuated to a degree that would surprise even a homœopathist and yet be potentially dangerous to a person drinking it; on the other hand a person might sail in a boat over a sea of sewage, or work in sewers as thousands of laborers do, without ill effects. These two aspects touch all phases of the subject and materially affect matters of policy and cost. Everyone will admit that when questions of the public health are concerned no cost is too great to avoid danger; but the elimination of nuisances which are merely unsightly, or unpleasant in other ways, is a different matter and one where we may well apply the maxim of old Polonius, "Costly thy habit as thy purse can buy."

If the harbor pollution is now a menace to health or is likely to be, the matter is one of the highest importance to the wellfare of the city, but if it is merely a question of nuisance or a series of nuisances it behoves us to ascertain how these nuisances can be removed so as to give relief to the greatest number of people, in the shortest time and at the least cost to the city.

The New York Bay Pollution Commission has put its finger on the two sources of danger to public health from the pollution of the waters around New York, namely that of contracting disease by bathing in sewage contaminated water, and by eating oysters, clams or other shell-fish which have grown or been kept in water infected with disease germs. The bacterial analyses of the waters around New York, as reported by Dr Soper show that nowhere above the Narrows is the water free of the sewage contamination. The colon bacillus, the common index of fecal pollution, is widely distributed through the waters of the harbor, though of course not equally distributed. The water over a large part of the region above the Narrows where the oysters and clams are gathered has been shown to be contaminated, and the oysters themselves have been shown to be contaminated.

During the summer the waters of the bay are used for bathing by untold thousands. The great beach resorts are below the Narrows. Rockaway Beach is outside the bar and its shores are washed

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by the open sea. Coney Island and Midland Beach are inside the bar and the chance of contamination at these places is somewhat greater. Public bath-houses are located along the water front at numerous points in the North and East Rivers and at some of these places the conditions are bound to be unsanitary.

What can be done to render bathing in the East River and the Hudson River less dangerous to health? It is certainly not practical to discontinue the discharge of sewage into these rivers, nor would it be wise to discontinue public bathing establishments. It may be impossible, perhaps, to avoid all dangers of contamination; in fact, even if all outside dangers were removed there would still remain the danger of one bather infecting a bathing tank in which others are swimming. The location of a public bath house should be made with the greatest care and with special reference to the avoidance of the great sewer outfalls. The possibility of pumping water into the tanks from the middle of the channels instead of taking it from near the shore where it is polluted, the use of Croton water instead of sea water, and the disinfection of water are ideas worthy of consideration.

The greatest danger to the beaches is from local sewers. As time goes on, the waters which surround Coney Island are likely to become more and more contaminated. This region should be studied in detail to ascertain the trend of the local currents. It is quite likely that sewage purification works of a modern type in this vicinity will be one of the sanitary demands of the near future. On Staten Island there are also a number of important problems of beach pollution.

The oyster industry in the vicinity of New York is vitally involved with the pollution of the harbor. Wherever sewage matter is deposited, even though it be in small quantities, there it is unsafe to cultivate oysters or to fatten them. Oysters and clams from a contaminated region are a menace to health and their sale should be prohibited by the health department. Some of the oyster beds around New York have been irretrievably ruined; others have been seriously endangered. As pollution increases, they also may have to be abandoned. It does not seem likely that the oyster layings which are any considerable distance outside of the bar will be seriously affected by the pollution of New York for many years to come, as, in all probability, most of the sewage matter settles or is destroyed inside the bar. In Jamaica Bay, Gravesend Bay, and around the shores of Staten Island the conditions are sure to become serious, in fact, in many instances, are already so. These layings should be

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under the supervision of the health authorities and regions found to be open to contamination should be abandoned.

The writer believes that the sale of local oysters should be severely restricted and conducted only under certification by the proper authorities. It would be wiser to reduce the danger by restricted sale than to indulge in the wholesale contamination of the local oyster industry. It seems likely also that the oyster dealers would find it to their interest to put on the market oysters which have been certified as to their safe origin, just as milk is now certified.

The nuisances resulting from the too great accumulation of sewage at certain points along the shore and in some of the inlets may be classified under the following heads: (1) Miscellaneous litter; (2) Discoloration of the water by suspended matter, dyestuff, etc.; (3) Odors of oil and of decomposition; (4) Oily sleek on the surfaces; (5) Shore deposits of offensive sediment.

Along the shores of the East River from the Battery to Blackwell's Island the litter which is seen floating in the water is the most conspicuous nuisance. An observing patron of the Fulton Ferry has kept a list of what he has seen floating during the past year in the ferry slips. This list includes dogs, cats, bottles, neckties, a feather bed, all sorts of garbage, drift-wood, straw and a thousand and one things. What is the origin of this litter and how can it be prevented? Much of it is undoubtedly thrown overboard from boats and from wharves. A large part of the garbage comes from the sewers. Statistics from other large cities show that every million gallons of sewage contains about 0.25 cubic yard of matter that can be screened out on a half-inch screen. For a city like New York this would amount to about 150 cubic yards per day,—almost enough to cover an acre to a depth of two inches. This matter scattered along the shores and collecting in eddies is enough to become very conspicuous. Some garbage is doubtless dropped from the scows which carry it to the disposal works at Barren Island.

Discoloration of the water is most conspicuous when the sewage is discharged into some slip or inlet. The Gowanus Canal, with its black, fetid, bubbling liquid is one of the most glaring instances of intensified pollution. Work is now under way to provide an abatement of this nuisance by forcing a circulation of water through the canal at an initial expense of a million of dollars to which must be added heavy maintenance charges,—an excellent example of the effects of tardy and perhaps ill-advised action on the part of the city authorities. The prevention of pollution might have been accomplished at far less expense if taken in time. Newtown Creek is

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another glaring case of intense pollution by manufacturing wastes. It is one of New York's sore spots, upon which it will be necessary to spend large sums of money in the near future. The Harlem River is also in danger of an overdose of sewage if the Bronx continues to grow at its present rate.

There are two well-marked groups of odors caused by pollution—first, the characteristic odor of decomposing sewage, and, second, that of manufacturing wastes, especially oil wastes. These are all local, but in many places they are very bad. The works of the Standard Oil Company, at Bayonne, the oil works along the Newtown Creek, and particularly the gas works, contribute largely to these odors. Wastes from the gas works produce odors many times more noticeable than sewage, and they are mistaken for sewage by many people.

The oil and gas wastes also impart an offensive appearance to the harbor water near the works by causing an oily sleek on the surface, suggestive of pollution. Sewage from some of the large outfalls does the same.

Another noticeable nuisance in the harbor is the deposit of sewage sludge along the shores. The piles and the wharves become coated with it, vessels become coated with it, and the ice in the winter is conspicuously fouled. There is a curious negative side to this nuisance. Wooden piles exposed to tidal action are destroyed in most harbors on account of the action of the teredo and other living organisms. Not so in New York. The water around the docks is so polluted that they cannot live: consequently the piles are preserved.

These nuisances affect many people—those who patronize the ferries and the excursion boats, ship-owners, those who do business at the docks or near the shore, and those who patronize the water front parks. They are all practical matters, but essentially local, and subject to local remedy. Many of them could be remedied by an extension of the sewer outlets to the pier heads, by having them submerged, or by providing some more or less elaborate device for getting the sewage quickly and thoroughly mixed with the water of the main currents. In the case of the larger sewers, screening would reduce the amount of litter. It might even be possible to combine some of the smaller outlets, for the purpose of economical screening.

These suggestions are by no means new. They were made to the Sewer Department by Mr. Rudolph Hering more than twenty years ago.

One other effect of the harbor pollution remains to be con-

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sidered, namely, the problem of silt. It was said above that a mass of suspended matter equal to nearly 1,000 tons is discharged from the sewers each day into the waters around New York. The Hudson River is not always a clear stream; its waters frequently contain more or less silt and clay. In the spring the turbid brownish-yellow color of the North River is conspicuous, especially at ebb tide. From the best available data on the turbidity of the water, it has been calculated that the average amount of clay and silt brought down by the Hudson to be about 10,000 tons a day. The suspended matter of the city's sewage, therefore, amounts to about 10% of the total sediment which is now accumulating in the harbor.

Where the bulk of this sediment is deposited no one fully understands. That it tends to settle where the current of the water is retarded and that it does not settle where the currents are swift is naturally to be expected. The two most conspicuous regions where the cross-section of the tidal stream is expanded are, first, the Jersey flats, and, second, the lower bay at or behind the bar. In all probability these are the principal regions of deposit. Probably a third at least of the suspended matter does not settle in the harbor at all, but is carried seaward in a finely-divided or colloidal condition.

What is likely to be the effect of the continuous deposit of a mixture of 10% of river silt, more or less, on the condition of the harbor? The speaker cannot see how it is likely to become serious from the sanitary standpoint, or even to give rise to any nuisance other than that of silting the channels and obstructing navigation. There may be spots where the percentage of sewage sludge may be great enough to cause a local nuisance, but that the harbor is going to suffer a general nuisance from this cause he does not believe. The problem is one of the most interesting and important ones involved in the whole subject and ought to be more carefully studied than it ever has been.

The situation with respect to the pollution of New York harbor may be summed up as follows:

The discharge of the city's sewage along the water front has irretrievably ruined the oyster beds in all regions above the Narrows. The sale of oysters from these regions should be prohibited.

The oyster beds below the Narrows have been partially injured. The use of oysters from these regions should be under the restrictions of the health authorities, but not all beds need be condemned at the present time.

The contamination of the harbor has introduced an element of danger in bathing in the waters above the bar. The danger is

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greater in some locations than in others, and the remedies are correspondingly local. Sewage purification near the beaches will be one of the demands of the near future.

There is no general nuisance in the harbor resulting from the present method of disposing of the city's sewage by dilution, but how long this immunity will continue cannot be foretold from the data at hand. It is not likely to occur within the lifetime of any one now living.

There are numerous local nuisances along the waterfront, such as litter, discoloration of the water, foul odors, and deposits of slime and sludge. These might be materially eliminated by better police regulations as to litter, by a partial screening of the sewage, and by an extension of some of the sewage outlets into the stream, as far as or beyond the pier heads. The larger the sewers the more elaborate should be the precaution to prevent nuisances. Each trunk sewer outlet, especially each proposed new one, should be marked for separate study, with a view to the prevention of trouble around the point of discharge.

There are three principal directions along which investigation ought to be made—first, a study of the sewers themselves with respect to the districts to be drained and the points of disposal; second, a study of the local conditions at each main outfall, with a view to utilizing the method of disposal by dilution to better advantage; third, a study of the tides and currents of the harbor with the object of ascertaining the fate of the sewage and of foretelling the effect of future pollution on the quality of the water and the practical result of the method of disposal by dilution, on the health and comfort of the citizens of New York. The whole subject is not one for immediate alarm, nor on the other hand is it one to be carelessly brushed aside.

BACTERIAL TREATMENT OF SEWAGE*

By Roger Butler Williams, Jr., C.E.

New York City

I HAVE often noticed the lack of a correct understanding of the principles of bacterial sewage purification among well-informed men in all walks of life, and although physicians are perfectly fa-

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* Read before the Homœopathic Medical Society of the County of New York

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miliar with the principles of bacteriology, I have met very few who have shown a correct understanding of the bacterial principles involved in the treatment of sewage.

Domestic sewage is little more than water polluted by organic matter held in solution and suspension. To dispose of sewage in a sanitary manner has been a problem since earliest times. Attempts at purification also date back several centuries.

We may class the means employed to purify sewage under four heads—mechanical, chemical, electrical and bacterial. Under the first, screens have been tried to remove the solids, and also sand filters, using the sand as a strainer only, but the best of these merely clarify the sewage without removing the organic matter in solution, which, of course, remains putrescible. Hence a mechanical purification plant solves but a small portion of the problem.

Chemicals have been used for two purposes—coagulation and sterilization. In the first a coagulant is introduced which causes a rapid sedimentation of all of the suspended matter and carries with it, in addition, a considerable quantity of the organic matter in solution. This process has the same effect as the mechanical treatment, but usually gives better results. There remains, however, aside from the disposal of the effluent, the very serious problem of disposing of the large quantities of sludge deposited. Under the second method of chemical treatment we may perhaps classify all electrical processes as well, as they aim at producing chemical results by electrical aid. In cases where pathogenic germs in large quantities are known to be present, sterilization is undoubtedly of high sanitary value, but as to its value in purifying sewage, I believe it to have little or none. Every stream into which sewage may be discharged will contain some bacteria. The action of any chemical which may have sterilized thhe sewage will sooner or later wear off, leaving, as before, putrescrible organic matter. This matter is immediately attacked by the bacteria in the water, which rapidly increase as they find the necessary conditions for their activity. You have, therefore, merely postponed the dangerous pollution for a varying length of time. If the sewage is treated by this process, without any attempt to remove the suspended matter, the pollution will be most severe at the point of discharge into the stream where the solids deposit, while if the sewage is clarified and then sterilized, the dangerous pollution from such sewage will not commence until the sewage has passed some distance down stream.

We come then to the bacterial treatment of sewage, which is being used so largely and with marked success throughout this country and abroad. There is a cycle through which the elements

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which go to form organic matter must pass in the ordinary processes of nature. We start as these elements are absorbed and utilized in plant growth. The plant dies or is consumed by animal life; the animal dies or discharges its wastes. In all three types of waste organic matter we have the elements combined in highly complex organic compounds, none of which are in a form to be immediately absorbed into new plant growth. These compounds must be broken up and reduced again to forms that may be absorbed by plants as food. You are familiar, of course, with these, such as a nitrogen, carbonic acid gas, and various nitrates and other stable inorganic compounds found in the air and soil. We, therefore, have completed the cycle.

You must have noticed that manure is of value as a fertilizer only after it has stood for some time, that a fallen tree will decay in the forest and eventually disappear, that polluted water kept in casks for a sufficient length of time, as on ship board will eventually purify itself, and many other instances of the breaking down processes of nature. This breaking down or simplifying of the complex compounds is accomplished by low forms of animal and vegetable life, but largely by bacteria. A bacterial purification plant, therefore, is simply an artificial means of aiding nature by placing its processes under scientific control, in short, a hot house for bacteria.

The processes involved which break down the complex compounds are both oxidation and deoxidation. The deoxidation consists of removing the oxygen from highly complex compounds to produce simpler ones, no free oxygen being given off. This process is almost entirely the work of anaerobic bacteria, while oxidation is the function of the facultative and aerobic bacteria, which take free oxygen from the air to produce simpler compounds. Sewage may be purified by oxidation, but experience seems to point toward more economical and successful results where anaerobic bacteria are at first employed. The first step of the process, then, is to create the proper conditions for anaerobic growth. This may be in a pool, in a septic tank or by any other means whereby anaerobic conditions are developed. Anaerobic action on the solids liquifies them and simplifies the organic matter in solution, thereby purifying the sewage anywhere from 25 to 50 per cent. The latter percentage must be assumed as being partly due to the removal of organic matter in the solid form, which, if discharged into a stream, would create more nuisance than liquid pollution. If it is desired, therefore, merely to clarify the sewage before discharging into a stream to prevent the formation of sewage mud banks, the

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process has been carried far enough. If the water is to be used subsequently for domestic purposes, no matter how remote, or if it is liable to reach oyster beds or other places where it could pollute the food supply, septic treatment alone is insufficient. The effluent from the first step of the process will contain practically as many bacteria as is found in the original sewage, although some analyses will show a marked decrease and others a marked increase. Practically the only suspended organic matter in the effluent from a properly working septic tank is a product of bacterial action known as humus, which is practically non-putrescible and harmless. The time required for anaerobic treatment varies as the quantity of the sewage varies. If the sewage is detained a markedly too short a period, particles of suspended matter will pass out without being liquified, and the deposit of sludge will soon fill the tank. If the sewage is detained too long, it will putrify, producing noxious odors and toxins. The latter, as poisonous by-products of bacterial life, are detrimental to any subsequent bacterial action, and hence injurious to further treatment.

The requirements of the aerobic bacteria are, aside from the temperature, an alternate supply of food from the sewage and oxygen from the air. The results of this treatment are to reduce the remaining complex compounds through amido compounds and nitrites to stable inorganic nitrites, giving off, at the same time, gases of various kinds. In properly designed and operated purification plants the gases are inoffensive, 85 per cent. of them being ordinary marsh gas.

There have been many means devised and put in successful operation to bring the proper conditions for this aerobic treatment. Perhaps the most important are the sand filter, the contact bed and the sprinkling filter. The sand filter is of little or no value from the point of view of a straining process, but is of marked value from a bacteriological standpoint. The bacteria form a thin gelatine-like layer over the surfaces of the individual sand grains. They receive their supply of food and oxygen by alternate doses of sewage with rest periods between to supply the air. The contact bed brings about the same result in another way. The medium on which the bacteria attach themselves in a contact bed is in much larger pieces than in a sand filter, the material used being broken stone, clinker, coke or any similar substance. A contact bed is a water tight tank filled with contact material and having a valve of some description at the bottom. In the sand filter, the bacteria attack the sewage as it passes the particles of sand on which the bacteria have collected. In the contact bed, the process differs slightly. The valve

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at the bottom being closed, the tank containing the contact material is then filled with sewage which is allowed to remain in contact with the bacteria. After a certain length of time the outlet valve is opened, the purified effluent is discharged with a rush, thereby sucking the necessary oxygen to the very bottom of the bed. The bed then rests while the bacteria supply themselves with oxygen preparatory to the next dose.

Sprinkling filters, which are receiving more attention at present than previously, consist of piles of large material, similar to contact material, piled loosely . The sewage is sprinkled continuously or intermittently on the top of the filter and percolates downward, draining off at the bottom considerably purified. In this filter, the bacteria receive their food supply continuously and absorb the necessary oxygen from the air which is always present in the interstices of the filters.

We have then a bacterial sewage purification plant. The effluent will be clear, odorless and non-putrescible. There will be no offensive odor about the plant. The nitrates in the effluent will be inorganic and hence harmless. If the process is carried far enough, nothing whatever will remain in the effluent of a harmful nature from a chemical point of view, and but very little from a bacterial. Throughout the oxidizing process, the bacteria are very much reduced in number, the reason being, apparently, that as an individual bacillus lacks food or oxygen for an instant, it becomes dormant and hence liable to attack by the next bacillus as simply a small particle of organic matter. It has also been found that if pathogenic germs in a given proportion enter with the sewage, the proportion of those pathogenic germs in the effluent will be materially reduced. For example, if the incoming sewage contains a million bacteria per c. c., and ten thousand or 1 per cent. of these bacteria are typhoid germs, the effluent which may contain say ten thousand bacteria per c. c. will contain much less than 100 or 1 per cent. of typhoid germs. This falling off of the pathogenic germs through the plant may be explained by the fact that normal temperature for the pathogenic germs is body temperature, while the temperature of the sewage in the purification plant is usually much lower. The pathogenic germs are, therefore, weakened and more easily subject to attack by the stronger bacteria which are normally active at the sewage temperature.

In the light of our present knowledge, therefore, it would seem that the disposal of sewage by bacterial methods, in a sanitary and efficient manner, is entirely feasible.

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THE JAMESTOWN INSTITUTE MEETING

THE man who, for some years to come, stands up on the floor of the Institute and proposes that that body meet at an Exposition, will receive a scant hearing. An attendance thinned by the reports of the unready state of the exposition, a hotel of barn-like character that was the acme of discomfort, an exposition management that had failed to keep its promises in practically every detail, made a combination that will linger in the memory for a good many years.

President Hooker was exceedingly unfortunate. His well-laid plans had been seriously interfered with by his protracted illness, and the disappointment at the situation that confronted him at Jamestown broke him down and caused confinement to his room during the latter part of the session.

The features of the week were Dr. J. P. Sutherland's masterly address at the opening exercises on "Homœopathy, What It Is, and What It Has Done for Humanity;" the enthusiastic sessions of the Bureau of Homœopathy culminating in the passage of a resolution referring to a committee the working-out of a plan for the employment of a paid organizer or field secretary; the symposium on Modern Theories of Immunity in the Bureau of Clinical Medicine; and the recognition by the Institute of its obligations to the south-

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west by an overwhelming vote in favor of meeting at Oklahoma City in 1908.

The president in his address suggested the publication of a bulletin to contain society and legislative news but no scientific articles, and those who for some time have advocated the establishment of an Institute journal followed up their opportunity by securing the passage of a resolution empowering the executive committee to publish a bulletin on the lines laid down by Dr. Hooker, providing that such action entail no expense to the Institute.

The anti-vaccinationists made their periodical fight to get the Institute to endorse their views, but had to be content with the authorization of the mailing of Dr. C. W. Eaton's paper on "The Facts About Variolinum," read before the Bureau of Sanitary Science, by the publication committee to all homœopathic physicians.

The elections of officers evoked no enthusiasm. There was only one nominee for each office. Dr. Royal S. Copeland can be depended upon to give a good administration. He is a hard worker, a trained organizer and an enthusiastic homœopath. There will be something doing before the next meeting and still more doing at Oklahoma City next June.

As usual, too many meetings were held and too many papers were read and discussed. The new executive committee should at least try to arrange for fewer meetings and thus leave more time for recreation and mental digestion.

THE TUBERCULOSIS MEETING IN WASHINGTON

THE National Association for the Study and Prevention of Tuberculosis held its third annual meeting in Washington, May 6, 7, and 8. Like its predecessors, the meeting was one of great interest and value to the large number present.

There were general sessions each day to discuss general problems connected with the work. At other times one or more of the sectional meetings were in progress.

The Sociological Section discussed Day Camps, Country Treatment, Schools and Tuberculosis, and Factory Inspection in Tuberculosis. Many prominent charity workers, as well as physicians attacked these problems. It was shown that good work in edu-

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cating the public regarding the prevention and care of the disease was being done in many places.

The Clinical and Climatological Section held largely attended meetings. The Committee on Clinical Nomenclature reported that the modified Turban method, as used during the past year, was probably the most satisfactory form of classification so far. Some slight changes were made.

The Committee on Medication made a report that was nothing more nor less than a number of individual opinions. As a committee they were not unanimous, and as individuals the opinions were opposed in many particulars by the discussors. The majority held that there was some value in the various serums for tuberculosis. When it came to drugs for the control of hemorrhage, cough, night sweats, and so on, each speaker was a law unto himself.

The Committee on Mixed Infection was even more widely divided than that on Medication. The discussion of both of the above reports was of great value, notwithstanding the wide variations in the beliefs of the speakers. Free discussion, amicably conducted, is a great education. In this case it shows how little is really known, and how much there is to learn about tuberculosis.

The Section on Tuberculosis in Children, the Section on Pathology and Bacteriology, and the Section on Surgical Tuberculosis, all had many valuable papers. In each of the sections the opsonic index was reported on and discussed. The opinion was almost unanimous, first, that it might be a step in the right direction; second, that as yet it was of no practical value. The technic of the opsonic treatment is exceedingly delicate and difficult. The opsonic index, when found, varies from day to day, almost from hour to hour. The results are so uncertain and so at variance that it is of no value now. That, in a few words, is the impression gotten after listening attentively to papers and discussions rendered by well known experts on tuberculosis and on bacteriology from all parts of the United States and Canada.

The National Association for the Study and Prevention of Tuberculosis was organized in 1904. It admits to membership reputable physicians of all schools of medicine, and laymen who are specially interested from a charitable or sociological point of view. It is a valuable organization, the membership is carefully scrutinized, the work being done by it is extensive and useful. The homœopathic branch of the profession should be more largely represented in it.

The next meeting occurs in Washington in September, 1908. It will be international in character. Invitations to foreign countries

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have been issued in the name of President Roosevelt, one of the honorary vice-presidents of the association. The AMERICAN INSTITUTE OF HOMOEOPATHY has been invited to confer with the committee of arrangements in order that the meeting may be catholic in character.

Notes and Comments

Looking for an Opening—This is the season when a large number of young men who have recently entered actively upon the practice of medicine are looking for an opening.

One of the most natural points to be considered in deciding the future location is the ratio between the number of physicians and the population of the community from which they draw their livelihood. At first glance it might seem that where the ratio is high there was room for another physician, but the law of supply and demand holds good in the practice of medicine as well as in any other field of activity, and it will usually be found that the prosperity of physicians in a community showing a low rate is greater than in those where the ratio is high.

Dr. J. Howe Adams of Philadelphia, has systematized some of the information to be gained by a study of the recently issued directory of the physicians in the United States, published by the American Medical Association, his article being published in the *Medical Times*. The assumption has been that a physician needed a clientele of 2,000 people from which to draw a comfortable income. This rule does not hold in any state in this country. The ratio according to Dr. Adams runs from 1 to 323 in Colorado to 1 in 1,067 in South Carolina. Evidently it is not the number of people who live in places that counts, but the number of sick people who are there, since California and Colorado head the list, if we exclude the District of Columbia as being practically a city. New York and Pennsylvania, the two States having the largest populations, present a ratio of 1 to 566 and 1 to 575 respectively. The city ratios are of interest. New York City has 5,167 physicians, being 1 to 461 of the population. Philadelphia has 1 physician to every 434 people, and Chicago has 1 to every 420. Boston does not do as well, or perhaps it should be said on the contrary, it is a profitable field, for it shows the low figure of 1 to 326. Such health resorts as Hot Springs, Ark., Los Angeles, Pasadena, and other California towns, and Atlantic City, N. J., show a very low ratio based upon the fixed population, but when one considers the influx of visitors, a very large part of whom require the services of a physician, the ratio would prove very much higher.

Library of Homœopathic Classics—The editor of the Library of Homœopathic Classics which appears each month as a sixteen-page supplement to the NORTH AMERICAN would be delighted to have the elder members of the profession familiar with the early journalistic literature of the school and who have derived much

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benefit from some classic article on materia medica, forward to him such article, either a typewritten copy or the original publication (with the name and address of the owner plainly written therein), that it may be re-printed in the Library for the advancement and use of the rising generation. All printed matter will be carefully returned to its owner at the expense of the NORTH AMERICAN.

Some time ago an eminent materia medicist yearned for the establishment of what has now been materialized as The Library of Homœopathic Classics, under the auspices and at the expense of the NORTH AMERICAN. Those interested in showing the enduring value of homœopathic materia medica should be glad to add their quota of classic articles which have been enlightening and beneficial to them.

Kindly address Dr. Shedd, 1318 Brook Ave., Bronx, N. Y. City.

Reincarnation of Denver Homœopathic College—*Progress* announces that Denver Homœopathic College has now become the Westminister University College of Medicine. We are told that "this university, while the youngest in America, will soon take its place as one of the greatest in the West, as it will have back of it the vigor, wisdom, power and financial strength of the Presbyterian church, and it will draw to all of its departments students from every state." University prestige is all right. Would that every homœopathic college were affiliated with a university! But don't forget that it is the name behind the gun that counts.

Boston University Medical School—Dr. John P. Sutherland, Dean of the Boston University Medical School, has announced that, beginning next year, the course at the school for the M.D. degree will be increased from four to five years—*Medical Record.*

New York State Examining Board—The Regents of the University of the State of New York have named the examiners to serve under the new single board law, as follows: Drs. W. W. Potter, of Buffalo, W. S. Ely, of Rochester, Floyd M. Crandall, of Manhattan, New York City, Eugene Beach, of Gloversville, Lee H. Smith, of Buffalo, W. S. Searle, of Brooklyn, New York, F. W. Adriance, of Elmira, F. S. Farnsworth, of Plattsburgh, and Ralph H. Williams, of Rochester. The first four are old school practitioners and Drs. Potter, Ely and Beach were members of the old school's examining board. Dr. Lee H. Smith was the president of the eclectic examining board. Drs. Searle, Adriance and Farnsworth are homœopaths; none of them was on the old board. All are members of the state society, but what, outside of politics, secured their appointments is not known. Ralph H. Williams is said to be an osteopath. His name does not appear in the American Medical Directory. His appointment has caused a great deal of surprise and is far from satisfactory to the medical profession.

Liberality at White Plains—The trustees of the White Plains (N. Y.) Hospital have invited Dr. Edward G. Tuttle of New York to become consulting surgeon, and have asked the homœopathic practitioners of the city to join the staff on an equal footing with the present old-school physicians.

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International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Some Prescriptions of Dr. Skinner—In the *Homœopathic World* (London) Dr. J. H. Clarke says:

As an example of how he went straight to his remedy, I may mention the case of a gentleman, now a member of the Cabinet, who came to him some years ago suffering from sciatica, which had crippled him for some time. The affection was on the left side, and the patient told Dr. Skinner, in response to inquiries as to how it came on, that it seized him suddenly as he was stepping out of a bath. Dr. Skinner at once saw the remedy. He translated the last item into "aggravation by wetting," which is a grand indication for rhus. This, combined with the left-sidedness of the affection, determined the selection of the remedy. Rhus 10m F.C. was given, and the patient was soon well. Another somewhat similar case was that of a lady patient whom I sent to him. In this case there was a great abundance of symptoms and a great dearth of anything fixed or characteristic. It was also a left-side sciatica, and Dr. Skinner elicited that, whereas getting out of bed aggravated the pain, there was subsequently relief after moving about for some time. Rhus 10m F.C. cured this case also. A year later the trouble returned through some indiscretion, and this characteristic was absent. Rhus in any potency failed to touch the case then. On one occasion, in the case of a young lady patient, who was anemic and in many ways debilitated, and whom he had failed to relieve, he made the discovery that she was inordinately fond of taking baths. This Skinner at once construed into repertory language—"worse from working with water, or bathing," which is a keynote of calcarea. Calcarea which corresponded otherwise, was given in a high F.C. potency and rapidly cured the patient.

Aphasia Remedies—In the Materia Medica Pura we find significant indications for stramonium in aphasia: He stammers, falters in speech, becomes taciturn and then only stammers single words or brokenly, in a loud voice. Speech is entirely lacking in the proper modulation; the voice is higher and thinner, an aping of speech, he cannot utter an understandable word (this he himself hears and feels, and is correspondingly anxious). A sort of paralysis of the vocal organs; he must labor long to get a word out, he merely falters and stammers. Other observers have noted: He is dumb, does not answer, indicates his desires by pointing to the objects.

Of other drugs indicated in aphasia Jousset places colchicum in the first rank, ignoring stramonium. He says: Colchicum causes the following symptoms: Inability to find single words, vain endeavor to utter them; the patient cannot find the word to express his thought; in writing he forgets single syllables and the conjunctive words. The remedy is so much the more indicated in aphasia

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as it is the chief remedy in gout, in which aphasia is not infrequently found."

Corneal Ulcers—HEPAR SULF. must always stand as the king of remedies for ulcers in the cornea, no matter what their classification clinically. The symptoms are acute, though the ulcer be of long standing. Pains are—severe aching, throbbing, and stitching; relieved by heat and aggravated by cold, touch, and bright light. Swelling of the lids is not always manifested, neither is chemosis. Hypopion is invariably present. Rawness or a pimply eruption on the lids is a very characteristic symtom. Blood vessels run from the conjunctiva into the ulcer. Photophobia and lachrymation are always severe. The general strumous condition of the patient is a well-known and reliable guide. Mentally the patient is irritable, sensitive, contrary; wants many things, but never advice; suggest that he do this or that, and he becomes cross and stubborn.

SILICEA. In chronic ulcers and in slow, sluggish, acute ulcers. Just the reverse of hepar. The symptoms are seldom severe in their inflammatory manifestation. The appearance of the whole eye denotes chronicity. Redness is never very great, and vascularization of the cornea is rarely present. Painlessness of severe sloughs is often seen. This is the reverse of hepar, for under this all ulcers are painful; at least, they are bitterly complained of; while under silicea painlessness is more characteristic. Small, round ulcers, not severely painful, with marked tendency to perforate, clearly calls for this remedy. Aggravation from cold is as characteristic as under hepar, but the patients will complain much less of it than under the latter remedy. The mental state of the patient has often been a clearer differentiating guide in the selection of the remedy than the local expression.

MERCURIUS SOL.—This is always to be thought of in syphilitic patients, both in acquired and congenital syphilis. When congenital, we see the flat nose, the notched teeth, the sickly skin, and the general expression of maldevelopment and malnutrition. A characteristic local symptom of this remedy is a great amount of infiltration around a comparatively small ulcer. In other words, a degree of opacity out of proportion to the size of the ulcer. Pain is usually severe, especially at night. Photophobia and lachrymation worse at night and from artificial light, especially the glare from an open fire. The lids are swollen, crusty, and scabby. The discharge is always acrid, whether thin and watery or thick and creamy. Pains are worse from extreme heat and cold. This symptom will help to differentiate from hepar and silicea, both of which are greatly relieved from extreme heat.

MERCURIUS COR.—This is especially indicated when the iris becomes so much involved that the symptoms of iritis quite overshadow the symptoms of the ulcer. The pains are agonizing, especially at night. They drive the patient out of bed. (Ars., Rhus.) Lachrymation very acrid. Burns like fire. Between arsenicum and mercurius cor. there is a striking similarity of symptoms. The greatest difficulty is often experienced in differentiating between them. A few general symptoms will greatly aid.

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Mercurius cor.	Arsenicum
Underlying condition as a rule syphilis.	Underlying condition as a rule anemia.
Emaciation the exception.	Emaciation the rule.
Weakness rarely present.	Weakness invariably present.
Mentally dull, sluggish, depressed, stuporous.	Mentally irritable, anxious, fearful, restless.
Aggravation from heat, both local and general. Relief from cold.	Aggravation from cold, both local and general. Relief from heat.
Profuse sweat during pains.	Absence of sweat during pains.
Unable to remain in bed because of bodily distress.	Unable to remain in bed, owing to mental distress.
Sanguine or blonde elements predominant.	Dark or brunette elements predominant.

Asafœtida.—A remedy entirely overlooked by the profession at large in corneal ulcers, when in reality it occupies a prominent place in the therapeutics, especially in syphilitic patients. The most striking symptom is aching, boring, gnawing pains deep in the orbit, as if in the bones; worse at night.

Conium. Ulcers of phlyctenular origin, objectively very slight, but subjectively very painful. Intense photophobia and lachrymation.

Rhus. Superficial ulcerations with excessive photophobia and lachrymation; on opening the eyes there is a profuse gush of tears; erysipelatous swelling of the lids; general aggravation in the A. M. Calcarea carb., graphites, psorinum, sulfur are frequently needed to cure the underlying or constitutional dyscrasia and must be selected, not for the corneal ulcers, but for the patients. Dr. Philip Rice, *Pacific Coast Jour. of Homœopathy.*

Picric Acid. This remedy, when entering the blood, invades all tissues and is excreted in the urine after a destruction of erythrocytes, whence we have anemia and leucocythemia, icterus, and profound disturbances of the nervous system. Sometimes there is an increase of uric and phosphoric acids with diminution of sulfates and chlorides, showing a loss of oxidizing power; othertimes the contrary occurs, and we have a heightening of function, a decided feeling of well-being, an increase of energy and combustion. These apparent contradictions are not illogical, but merely illustrate the double action of all drug substances.

The nervous centres are completely disorganized, the chief focus of the drug action being the mesocephalon to the upper portion of the medulla, thence proceeding forward and backward. We have paralysis, anesthesia and analgesia of the lower limbs; tonic and clonic spasms; swaying of the body from loss of equilibric power; legs cold, heavy as lead, with sensation of great weakness; headaches beginning in the occiput with extension upward and downward. Vision is obscured. There is lack of any inclination to work. Great sexual desire, with painful erection particularly at night, restless sleep, and profuse seminal losses. Painful and

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bright red eruptions on the face, which suppurate. Pain in the lower part of the medulla.

The drug is indicated in diffuse myelitis with disturbances in cerebellum and medulla; in acute or chronic paralysis of medullary origin; in spinal irritation; in locomotor ataxia with much heaviness in the legs and back. Debility and great depression from the least bodily or mental labor. Student's headache, with vertigo, heaviness of the head, dilated irides, anorexia, bitter taste, nausea, epistaxis, injected eyes, slight icterus, all of which are phenomena found in the period of physical and mental growth, and hindering many from continuing their studies. Neurasthenia, with headache and mental debility, loss of volition, need of lying down, with burning sensations along the spine, and insomnia. Lumbago, with suspicious spinal symptoms. Coccydynia; neuralgia of the lumbosacral plexus. Spinal and cervico-brachial neuralgia with wasting of arms and legs and scapular numbess. Sciatica of spinal origin. Grave cases of typhoid, with amyosthenia. Jaundice. Excessive venereal excitement; nocturnal pollutions, with strong and painful erections. Furuculosis. Chronic deafness, sequent to prolonged headaches where there is suspicion of encephalic lesions. Frequent abscesses in the external auditory meatus.

Dilutions: From the 6th to the 200th. *Joya Homœopatica.* (Barcelona.)

Echinacea. The indications for the use of this medicine can be expressed in two words, BAD BLOOD; to be more explicit, septic conditions, all diseases malignant in character, boils, carbuncles, all unwholesome and fetid suppurations and low devitalized conditions of the blood. It seems to be a remedy embodying the combined good qualities of the mercuries, the iodides, and the arseniates with sulphur and the silicates thrown in. The symptoms elicited in the meagre provings and that personal observation appears to verify are as follows:

The characteristic head pains are dull rather than acute, and this is in the main true of the pains in other portions of the body. Depression and weakness is also a keynote. The tongue of the echinacea patient is generally coated white and appetite is entirely wanting; sour stomach, full feeling in the abdomen from gaseous distention, somewhat similar to lycopodium, and evening aggravation. Heart's action increased, with anxiety, pain in the back and throughout the muscular system; these pains in back and muscles of a dull aching nature, rather than sharp; the patient tells you that he aches all over with general weakness and inability to move without support; feels very easily exhausted; sleep is disturbed by bad dreams.

These foregoing symptoms may be taken as being in the main reliable, although not in the least remarkable.

Now comes its real sphere of action where it leaves the commonplace; where it probably has no peer, and few competitors. Echinacea has a remarkable and unmistakable action on that portion of the abdominal viscera in which dwells in questionable security that "white elephant" of the country, the appendix vermiformis.

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Seriously, echinacea for all abdominal inflammations, all puerperal invasions, all sepsis connected with the pelvic viscera, comes as near being a specific as is possible for one remedy to be.

For boils and carbuncles its field is large and very promising; for rheumatism, and especially for those cases that have been injured by overdosing with mercury and the iodides, and in old cases of specific origin, echinacea will not be forgotten after using a few times and noting results.

Now as to the dose, it has been given in strength from the concentrated tincture to the 3x and shall try it in the higher attenuations in the future. The 1x has been the favorite and most frequently used potency thus far. It is a safe remedy. I have never noticed an aggravation even when exhibited in 10 drop doses of the mother tincture. It has also been used in the 1x as a lotion for indolent stinking ulcers, giving the same strength internally with the most gratifying results. However, it is in appendicitis true and so diagnosed, and in septic peritonitis that it has been found to act more brilliantly than any other one medicine, and to those unfamiliar with this drug let me ask them, for the sake of humanity, regardless of fame or gold, to make its acquaintance. Give it a fair trial; think of it also in malignant diphtheria both as a medicine and a gargle.

I have been unable to study it in its relation to other remedies, except that it is complimentary to hepar, one following the other admirably. Dr. Arthur Bullard, *Progress*.

Three Calcutta Cases—DIPLOPIA. Woman, aet. 50, was suffering from double vision of both the eyes for about a week. No other cause could be ascertained except an attack of cold, as she was accustomed to bathe almost every morning. Slight squinting of the two eyes was a noticeable feature. With the diplopia she had vertigo, lachrymation more in the left eye than in the right, and the vision of a net swimming before the eyes, which she expressed as the sight passing through a veil. She was seen on the 19th September, 1906. Carbo animalis 12 dec. was administered.

20th. She was feeling better with regard to her vision.

23rd. It was reported that she got rid of her complaints. The medicine was continued for a week. Remarks: It is evident that the medicine, carbo animalis, was administered for the characteristic symptom of vision of a net swimming before the eyes. The other symptoms as vertigo and lachrymation were covered also by the medicament. As far as the author is aware of, no case of diplopia cured by carbo animalis has been recorded. It shows how the characteristic symptoms favor us in our selection of remedies.

A case of headache. Woman, aged about 56, was suffering from headache for the last five months. She took various allopathic medicines and quack nostrums. Nothing could give her relief. Her headache was of a peculiar character. It commenced from the morning and ceased in the evening. At night there was no headache. The disease attacked both the sides. By using ammonium muriaticum 6 dec. and spigela 3 dec. the right side was relieved. The left side of the head was as bad as before. She felt

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relief by pressure on the vertex during headache. I prescribed bryonia 6. dec. on the 21st October, 1906. From that day she began to feel better and was cured within a week. Remarks: The peculiar kind of headache, which begins from the morning and lasts till the evening is common in this country. Most of the cases are cured by either ammonium muriaticum or spigelia. On their failure, bryonia was selected for the following symptoms, aching beginning in morning on first opening and moving eyes, aching in morning after rising; outward pressure and desire to lie down; relief by lying on the painful side (belladonna has the contrary).

In this case there were all the recorded symptoms, with the addition of relief by pressure.

Malaria. Man, aet. about 30, contracted malarious fever in Purnea where he went on business. On each return of the fever he had nausea and bilious vomiting, and the nausea would continue for a long time even after the cessation of the fever. The attacks of fever were irregular. He used quinine but with little effect. He was seen Oct. 18, 1906 and given ipecac 6x. The drug cut short the fever, and on its cessation arsenic 30 was administered, with the effect that the fever did not return. Remarks: It is a well-known fact that ipecac is a potent medicine when there is nausea and vomiting. Arsenic has the power of arresting malarial fever when ipecac cannot perform the task. Dr. H. C. R. Chaudhuri, *Calcutta Jour. of Medicine.*

Extreme Temperatures—In the influenza epidemic of the present year three cases presented respectively 107.3, 109.4, 113 Fahrenheit temperatures, fortunately not of long duration, but, with the inconstancy of this infection reappearing capriciously, and as may be imagined, throwing the patients into grave collapse. Arsenicum 3rd trit., pyrogenium 6th and chininum sulf. 1st overcame the fevers, and the patients were fully cured, although the convalescences were tedious.—Dr. Comet, *Revista de Med. Pura.* (Barcelona.)

Suffocative A. M. Cough: Ipecac—This is a very frequent and intractable trouble, often the sequela of an acute catarrh, and without the appropriate medicine it will persist, extending to trachea and bronchi and causing chronic organic lesions in these tracts. We have many recent cases on record in which a cure was made by a few doses daily of ipecac. This drug, as is well known, is so potent, and the susceptibility of individuals to it such that we may have to experiment as to the dilution, but commonly the third trituration may be used for some days without inconvenience. Dr. Comet, *Rev. de Med. Pura.* (Barcelona.)

Coccus Cacti. This is a seldom-used remedy and easily overlooked if its characteristics are not now and then brought to mind. Its specific action is renal: Pressive, sticking, drawing pains from kidneys to bladder; urine brown-red, pungent, strongly acid, with heavy sediment. Not alone this syndrome, typical of catarrh of the renal pelvis, is cured, but various other disturbances, non-febrile and with the characteristic urine, call for the remedy. It acts specially also upon the mucosae of the respiratory tract—tough, ropy albuminoid, difficultly expectorated mucus. Pertussis with the above indication and scanty, red, sedimented urine. The 2x—3x are commended. Dr. H. Kesselring. *Homeopathische Monatsblatter.*

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AMERICAN INSTITUTE OF HOMŒOPATHY

THE SIXTY-THIRD ANNUAL SESSION of the American Institute of Homœopathy convened at the Jamestown Exposition, Norfolk, Va., on June 17, 1907. The meetings were all held in the Inside Inn and the Kentucky Building, next door, which was hospitably placed at the service of the Institute. Although much interest was manifested at the business and bureau meetings, yet all were poorly attended. Scarcely 250 members registered in all—yet the Institute will persist in going to expositions. It may be remarked that the "outside attractions" did not keep many from the sessions.

Opening Exercises—After the call to order by President Hooker, the invocation was given by Rev. George E. Booker, of the Epworth M. E. Church, of Norfolk. The address of welcome by Dr. C. E. Verdier, chairman of the local committee, followed. He welcomed the Institute to Virginia and the South, saying that they came as a missionary body, and were needed for their influence in behalf of homœopathy. In replying, Dr. Hooker said we were glad to give of our strength. We should look upon this location not as a scene of the battle between the *Monitor* and *Merrimac* but rather as the birthplace of English civilization in America and recall its fight for preservation and remember that to-day we also should fight for the good of the race. Vice-President W. E. Reily, of Fulton, Mo., then took the chair, and Dr. William Beecher Hooker, of Hartford, gave the annual

ADDRESS OF THE PRESIDENT—Dr. Hooker first called attention to the advance in general medicine especially of preventive medicine and sanitary science. He urged the necessity of caring for the poor school child in body as well as in mind and advocated a State interference in the child-labor problem. He argued that, as germs knew no State lines, quarantine should be in the control of the national government and we should have a National Bureau of Health. An advance would be made if sanitary officers were able to devote their full time to the prevention of disease, being relieved from practice entirely. All healers of disease should be properly registered physicians with sufficient preliminary education; then there should be no distinctions drawn. He argued that physicians' as well as surgeons' fees should be in proportion to the gravity of the case. He urged the investigation of serum therapy, as it is so similar in many respects to homœopathy.

This opened the second division of the paper on the relation of the two schools to each other. He said that, while we had much in common with each other, yet we should preserve our identity. There should be no amalgamation, but, on the other hand, the Institute should be strengthened, as it is the standard-bearer of homœopathy. On the other hand, we should accept honorable fellowship when offered, where it is possible for us to meet on a basis of equality.

The third division had to do with homœopathy. Dr. Hooker first counselled the incorporation of the American Institute under the laws of the District of Columbia. He recommended a closer affiliation between the National organization and the State societies.

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Especially he recommended that the Secretary be not only empowered to issue the transactions as heretofore but that he also edit a monthly journal devoted to the interests of the Institute. This journal to contain no scientific papers but only articles telling of legislation and other matters of advantage for the propagation of homœopathy. This could be done if one man were responsible for it and he were adequately remunerated.

In speaking of the cause for the slow general adoption of our principles, Dr. Hooker thought that possibly our claims have been too sweeping, so that we have been misunderstood and charged with claiming infallibility. We have a definite law which guides us in selecting a remedy, but it is not an infallible law of cure. We should claim only what we can prove. Our method is built upon a scientific foundation, and we should have the modesty of scientists. He suggested that, as the Institute yearly has more business come before it, we should have some affairs managed by a smaller body and recommended the Senate of Seniors, who would thus give of their experience. He suggested that an age limit of 65 years be fixed for ceasing to pay dues instead of the present method; that the executive committee be chosen as far as possible from one section of the country, and that the office of secretary as well as treasurer be made more permanent. In concluding, he spoke of the deep love that we should have for the Institute, as it means so much to all that love homœopathy.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS, Drs. J. H. McClelland, W. A. Dewey and Florence Ward, approved of the address as a whole. They endorsed his recommendations as to improved sanitary conditions and child labor, recommending that the bureau of pedology consider this subject next year. They endorsed the increase of cordial relations between the schools but with no amalgamation. They recommended the incorporation of the Institute and the appointing of a special committee for this purpose with Dr. Hooker as chairman. The matter of an Institute journal was referred to the committee, and the matter of the seniors paying dues, to the Senate of Seniors. The report of the committee was received and its recommendations adopted.

Following the presidential address, Dr. John P. Sutherland, of Boston, gave a masterly paper upon "Homœopathy, what it is, and what it has done for humanity." Among other things, he said: "Homœopathy is a definite guide for the treatment of the sick. It is the application in the treatment of the sick of the law of nature that likes should be cured by likes. A knowledge of drug pathology is necessary in order to properly employ drugs, the smallest possible dose is an inevitable corollary and the homœopath goes against his theory if he use more than one drug. Homœopathy is, we believe, the only direct curative method of employing drugs, but it is not the only method of treating the sick. It has taught humanity the value of clinical manifestations and individualization. It has alleviated countless sufferings and saved innumerable lives."

Both these addresses were very favorably commented upon, and the Institute ordered 10,000 reprints of Dr. Sutherland's ad-

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dress made and sent to homœopaths all over the country. This address will also be published in the NORTH AMERICAN.

Music was furnished by the orchestra of the Inside Inn. Following the exercises, a reception was given by the officers of the Institute and their wives, after which an informal dance was enjoyed.

Memorial Services—The memorial services were held at the afternoon session on Monday, with Vice-President Reily in the chair. He introduced Dr. H. F. Biggar, who conducted the services in the absence of Necrologist C. B. Kenyon, M.D. He read the list of those who had "passed before" during the year: Drs. C. B. Currier, of SanFrancisco; Francis E. Doughty, of New York; Pemberton Dudley, of Philadelphia; John P. Ermentraut, of New York; Bernhardt Fincke, of Brooklyn; Chas. B. Gilbert, of Washington; Wm. H. Grant, of Pinebluff, N. C.; Henry C. Jones, of Mt. Vernon, N. Y.; Robt. W. Martin, of Philadelphia; Ruth S. Marvin, of Sioux City. Ia.; John C. Sanders, of Cleveland; Robt. W. Southgate, of South Weymouth, Mass.; Mark M. Thompson, of Chicago, and Chandler Weaver, of Philadelphia. Dr. H. H. Beckwith read a paper in memoriam of Dr. Sanders, while informal obituaries were given of Dr. Dudley by N. B. Delamater, M.D., of Philadelphia, and of Dr. Doughty by Alfred Drury, M.D., of Paterson, N. J. The change of hour of these memorial services to the afternoon has spoiled the attendance. It seems too bad that no more respect should be paid to our departed members than to have a scant score of physicians attend the services and have but one prepared obituary.

BUSINESS SESSIONS—The President called the first session to order at eleven o'clock Monday morning. In a brief address he told of the efforts of the executive committee to make this meeting a success and suggested a few minor changes in the program. Dr. A. W. Baily of the board of censors then reported favorably upon 29 names. In all 67 new members were admitted during the week, among them being the sons of such leaders as Custis and King of Washington and Beebe of Ohio. The treasurer, Dr. T. Franklin Smith of New York, reported a balance of $926.20 in the treasury. The auditing committee, Drs. N. B. Delamater, J. H. Sutherland and George Royal reported all accounts correct.

THE COMMITTEE ON PUBLICATION, Dr. J. Richey Horner, reported that the work had been done by the secretary pro tem and that two volumes, in all 1,500 pages, had been issued containing the transactions of the Homœopathic Congress and the Institute. By special vote, the thanks of the Institute were given to Dr. Horner for his work as secretary pro tem.

PRESS COMMITTEE—Dr. Wm. Rufus King of Washington reported for the press committee that reports would appear in the local papers and the associated press.

HAHNEMANN MONUMENT COMMITTEE—Dr. Jas. H. McClelland reported that both the monument and grounds are in perfect

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condition and that this is now pointed out as one of the sights of Washington.

FOR THE SAN FRANCISCO HOMŒOPATHIC HOSPITAL to which the Institute donated $1.000 last year, Dr. Florence Ward reported that no more contributions were needed either by it or by the local physicians.

GREETINGS were received by cable from Drs. Clarke and Burford of London, to which the Institute responded. Drs. Ward and Boericke of San Fransicco also sent greetings to the Institute.

AMENDMENTS—The proposed amendments to the By-laws providing for the increase of the secretary's salary and the issuing of the transactions in another form than at present, were killed.

The amendment providing for the election of an honorary president of the Institute from the Senate of Seniors was adopted. (Dr. Hiram L. Chase is the honorary president for this year.)

The amendment providing that members need not be members of but must be eligible to membership in their state societies was unanimously adopted.

INTERSTATE COMMITTEE—Dr. J. B. Gregg Custis, the chairman, reported that 60 delegates were present and that reports had been received from 30 states. He recommended the adoption of resolutions to the effect that the Institute affirm that materia medica and therapeutics is a necessary part of all state examinations for license and that no reciprocity be given to those states who do not examine in therapeutics. That separate examining boards be continued where they now exist and that homœopathy be mentioned by name and be given a fixed representation. That homœopathic representatives of state societies be kept informed regarding legislation and that records be kept of the medical affiliations of the various members of Congress and state legislatures. That we affirm that homœopathy is a legitimate school of medicine, that we have all departments of medicine represented in our various bureaus and that we add to these a special knowledge of homœopathic therapeutics. On motion of Dr. Fisher these "beatific platitudes" were adopted.

INTERCOLLEGIATE COMMITTEE—Dr. C. E. Walton recommended for this committee that a special committee be appointed to secure establishment of chairs of homœopathy in state universities. He reported that for the first time in a number of years there was an increase in the number of representatives to this committee and an increase in the number of freshmen enrolled in the colleges.

COMMITTEE ON INSTITUTE JOURNAL—Dr. George Royal reported that the committee could do nothing until the Institute is incorporated. They had an estimate from a publishing company guaranteeing a successful journal at $1,800 a year cost. The report was received and the committee continued.

INSTITUTE OF DRUG PROVING—Dr. J. B. Gregg Custis reported that a practical method of procedure had been found and a number of colleges were pursuing the work.

HOMŒOPATHIC PHARMACOPEIA—Dr. T. H. Carmichael reported that the pharmacopeia has been adopted as the standard by many of the states. They are now striving to have it adopted by Congress and by all pharmacies.

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COMMITTEE ON CONFERENCE WITH THE AMERICAN MEDICAL ASSOCIATION—Dr. A. B. Norton reported that all schools had been classified by a committee from the A. M. A. and those having a certain percentage were recommended to the state boards. This committee was discharged.

A COUNCIL ON MEDICAL EDUCATION was established for the purpose of equalizing and elevating the standard of medical education and to protect the interests of homœopathic colleges. The committee to consist of five to serve for five years each, one being appointed each year on the expiration of the terms of those now appointed. By a two-thirds vote the By-laws were suspended and this standing committee appointed: Drs. George Royal, chairman, five years; W. A. Dewey, four years; J. B. Garrison, three years; J. P. Sutherland, two years; T. G. McConkey, one year.

THE COMMITTEE ON VACCINATION—Dr. George Royal reported that a paper was presented upon this subject by Dr. C. W. Eaton before the bureau of sanitary science. The Institute did not endorse this paper but it ordered 10,000 reprints of it sent to the homœopathic profession.

COMMITTEE ON NEW MEMBERS—Dr. W. A. Paul reported that about 8,000 packages of literature had been sent out. As he was re-appointed chairman of this committee he promised more work for 1908.

MEDICAL EXAMINING BOARDS AND LEGISLATION—Dr. H. E. Beebe reported that the public was fairly well guarded. Different boards were raising the standard. There is progress toward reciprocity.

THE SENATE OF SENIORS reported that they condemned a physician's using membership in the Institute for commercial purposes. The Institute supported them in this.

THE COMMITTEE ON CONFERENCE with the O. O. & L. was discharged on report of having done nothing.

IT WAS VOTED that an endeavor be made to have the number of crippled and deformed enumerated in the next census.

THE THANKS OF THE INSTITUTE were given to the homœopaths of Brazil for a live rattlesnake sent from them. Boericke and Runyon gave out triturates of crotalus cascavella made from this specimen.

RESOLUTIONS ADOPTED—Drs. J. Richey Horner, J. P. Cobb, A. B. Norton and L. B. Swormstedt recommended the following resolutions which were adopted: That a committee of seven be appointed to consider the establishing of a board for propagating homœopathy and employing a field secretary for this purpose and report at the next meeting.

That the executive committee be permitted to issue an Institute journal on the lines outlined in the president's address, if it can be done at no expense to the Institute.

That the interstate committee insist upon separate examining boards if they discover any attempt to lessen the reputation of homœopathy or the standards of medical licensure.

That a committee of three be appointed to confer with the

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committee in charge of the International Tuberculosis Congress to be held in Washington in 1908, to arrange for due representation of homœopathic physicians in the Congress.

That the incoming executive committee be empowered to select the place of meeting in addition to the resolution now in force and that notice is hereby given of an amendment to the By-laws to that effect.

A RISING VOTE OF THANKS was given to President Hooker as well as the sympathy of the Institute to him for the indisposition brought on him by his hard work in his weakened condition, which prevented his being present the last two days of the session.

THANKS were also tendered to the management of the Inside Inn and to the secretary of the Kentucky State Building.

OFFICERS ELECTED—The officers were all unanimously elected. *President,* Royal S. Copeland, M.D., of Ann Arbor; *1st Vice-President,* W. E. Reily, M.D., of Fulton, Mo.; *2d Vice-President,* J. Richey Horner, M.D., of Cleveland; *Secretary,* Frank Kraft, M.D., of Cleveland; *Treasurer,* T. Franklin Smith, M.D., of New York; *Registrar,* J. H. Ball, M.D., of Bay City, Mich.; *Necrologist,* Geo. T. Shower, M.D., of Baltimore; *Censor,* Millie J. Chapman, M.D., of Pittsburg, Pa.; *Treas. pro tem,* A. Worrall Palmer, M.D., of New York.

COMMITTEE AND BUREAU CHAIRMEN—President Hooker appointed the following as chairmen of the committees and bureaus: *Organization, Registration and Statistics,* T. Franklin Smith, M.D., of New York.; *Transportation,* W. O. Forbes, M.D., of Hot Springs; *Publication,* Frank Kraft, M.D., of Cleveland; *Press,* Wm. Rufus King, M.D., of Washington; *Resolutions,* J. P. Cobb, M.D., of Chicago; *International Bureau of Homœopathy,* Geo. B. Peck, M.D., of Providence; *Medical Examining Boards;* H. E. Beebe, M.D., of Sidney, O.; *Memorial Services,* David A. Strickler, M.D., of Denver; *Homœopathic Pharmacopeia,* T. H. Carmichael, M.D., of Philadelphia; *Hahnemann Monument,* J. H. McClelland, M.D., of Pittsburg; *Institute Journal,* Geo. Royal, M.D., of Des Moines; *New Members,* Willard A. Paul, M.D., of Boston; *Formation of National Association for Clinical Research,* Walter Wesselhoeft, M.D., of Cambridge; *Local Committee,* Jos. Hensley, M.D., of Oklahoma.

BUREAUS—*Homœopathy,* R. F. Rabe, M.D., of New York; *Materia Medica,* James T. Kent, M.D., of Chicago; *Clinical Medicine,* C. M. Duffield, M.D., of Citronnelle, Ala.; *Sanitary Science,* A. K. Crawford, M.D., of Oakland, Cal., *Pedology,* W. B. Hinsdale, M.D., of Ann Arbor.

PLACE OF NEXT MEETING—On invitation of Joseph W. Hensley, M.D., of Oklahoma seconded by Florence Ward, M.D., for the physicians of California, it was unanimously decided to hold the next session of the Institute at Oklahoma City unless the executive committee should find it necessary to change.

The O. O. & L. Society—The American Homœopathic Ophthalmological Otological and Laryngological Society, held its twentieth annual convention in the ladies' parlor of the Inside Inn from

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June 18th to 20th. President Eugene L. Mann, M.D., of St. Paul, in his address given on Tuesday evening, took for his subject, "What the Specialties Have Done for General Medicine," calling attention to the benefits derived from glasses, the removal of adenoids, and the more definite understanding of symptoms. There were twenty-five papers down upon the program. Among those which attracted especial attention were "In What Percentage of Refractive Cases is a Cycloplegic Necessary and Why?" by C. Gurnee Fellows, M.D., of Chicago, "The Mysteries of Glaucoma," by A. B. Norton, M.D., of New York, and Endarterites in the Ophthalmic Nerve, Loss of Vision and Color Perception with Recovery, a Case," by G. DeWayne Hallett, M.D., of New York. Especial interest was given to the discussion of this paper by the participation of John E. Wilson, M.D., the nerve disease specialist of New York.

The "experience meeting" or informal smoker held on Tuesday evening was again a great success. It is for members only and is not reported. Another most interesting session was held on Wednesday evening when Dr. Cornelius G. Coakley of New York gave a demonstration of his collection of skiagraphs of the accessory sinuses of the nose together with a talk on diseased conditions of these parts. This demonstration was given before an audience that crowded the rooms and was pronounced excellent by all fortunate enough to witness it.

The new officers are President, David W. Wells, M.D., of Boston; Vice-Presidents, Drs. John L. Moffat, of Brooklyn, and Z. N. Short, of Hot Springs; Secretary, H. S. Weaver, M.D., of Philadelphia; Treasurer, G. DeWayne Hallett, M.D., of New York; Censors, Drs. W. B. Hughes and W. H. Phillips. Five new members were admitted. One hundred dollars was given to Dr. Bellows to use at his discretion as a partial remuneration for those who assisted in the laboratory work done in the provings connected by him.

Bureau of Homoeopathy.—Dr. Wm. Boericke, the chairman of this bureau was unable to be present, but the secretary, Dr. W. A. Dewey, presided over this important section. Dr. Boericke sent a letter outlining the plan of the work of the bureau and urged the study of the propagation of Homœopathy which although a truth yet needs spreading. A symposium had been arranged upon the 'Necessity of Perfecting a Systematic Development of the Homœopathic Organization." This was subdivided, the first being a study of a propaganda among prospective students. Dean Wm. Harvey King of the New York College, spoke on the "Means by Which We May Place Ourselves in Touch with Prospective Students of Medicines." He deplored the passing of the country and village homœopathic doctor, who used to send many students. "One good, earnest homœopathic physician in a community is the strongest influence to win students to homœopathy." Dr. W. A. Dewey followed with a paper on the "Value of Literature to Accomplish This End." He spoke of the homœopathic league tracts in England. "We should have articles in country newspapers, city, Sunday editions and popular magazines." Under the subdivision on the "Attitude of the Profession," Dr. Royal S. Copeland read a paper on "How to

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Enlist the Active Co-operation of the Profession in the Efforts to Sustain an Effective Organization of Our Own, Including the Earnest Support of Our Colleges," giving as ways, better service to the practitioner by the faculties of colleges, the services of field secretaries to direct the work of education and organization, that a board be formed to direct the propagation of homœopathy and the constant fighting for our principles by all homœopathic physicians.

Dr. H. E. Beebe, of Sidney, followed with "Suggestions as to How to Correct the Indifference of Homœopathic Physicians and Its Ill Effects."

Dr. Copeland moved and it was carried that the Bureau recommend that the Institute endorse a resolution to form a bureau of homœopathic propagandism.

Under the subdivision of homœopathic societies and their relation to the work Dr. H. R. Arndt, of San Francisco, presented a volunteer paper on "The American Institute of Homœopathy" in which he advocated the employment of a paid organizer. Dr. J. P. Cobb, of Chicago, in a paper on "Local and Special Societies" urged the organizing and perfecting of local and state societies as the best means of securing members for the Institute, instancing the good results secured in Illinois in recent years.

The Colleges as a Factor in the Work was the last subdivision considered. Dr. Lincoln Phillips, of Cincinnati, who spoke on the "Prospect in Which a Greater Degree of Elasticity in Present Regulations of Qualifications as Matriculants may be Attained," urged that there should be one standard of entrance requirements which should be below that of the most restrictive states, while higher than that of others. Dr. J. P. Sutherland, in speaking of the "Full Co-operation and Proper Directions to Aid in Securing the Advancement of Effective Organization," thought that the independent medical journal is hampered in its work for organized homœopathy by the necessity of its editors being compelled to suit his subscribers and his being finanically unable to refuse many advertisements that may seem directly contrary to homœopathic teaching.

Materia Medica Bureau—This bureau was opened on Wednesday morning with a short introductory talk by the chairman, Dr. Victor H. Hallman, of Hot Springs. The first paper was read by Dr. George Royal on "A Study of New Provings," in which he outlined the methods used in the homœopathic department of the University of Iowa, and gave some drug pictures of Kali Phosphoricum. Dr. R. F. Rabe, of New York, the secretary of the bureau read a paper upon "Tuberculinum," in which he said that this remedy is no longer an empirical one but has been proved to act in accordance with the homœopathic law. Dr. J. B. Gregg Custis, of Washington, gave a "Criticism of New Provings," in which he urged among other things the necessity for the observation of the effects of drugs on animals as well as man in order to determine the pathological effects as well as the subjective symptoms.

Dr. Guernsey P. Waring, of Chicago, under the head of Pulsatilla and Some Complimentary Remedies called sensitiveness the red strand of pulsatilla rather than the objective pathological con-

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dition. Dr. W. B. Carpenter, of Columbus, gave some "Phosphoric Acid Pictures," among which he mentioned typhoid, sexual neurasthenia, diabetes and nephritis. Dr. Spencer Carleton, of New York, spoke of "Causticum" as inimical to and hence not to be followed by phosphorus. He instanced a remarkable result from "Its use in a case of epithelioma of the breast". These papers were all freely discussed.

The Bureau of Sanitary Science—This bureau met in the Kentucky Building on Wednesday afternoon under the direction of the secretary, Dr. Hills Cole, in the absence of Dr. Eugene H. Porter, the chairman. Dr. Cole introduced the discussions with a paper upon "The Family Physician and the Board of Health," in which he urged that practitioners aid the work of the board by more exact and careful reports to it. An interesting paper was presented upon the "Improvement of Market Milk," by E. M. Santee, M. D., o f Washington, Dairy expert of the U. S. Department of Agriculture. Dr. Santee, gave many valuable suggestons upon this important topic. Another interesting topic was brought up by Dr. A. E. Smith, of Freeport, Ill., who read a paper on "Sanitaria and Tent Colonies for Consumptives under Homœopathic Control." He spoke of the work done in this line in Illinois. The paper which was probably as important as any presented was one on "The Facts About Variolinum," by Chas. W. Eaton, M.D., of Des Moines. The Physicians of Iowa have made quite a study of this subject and Dr. Eaton's paper was a careful and scientific study of the facts. He submitted conservative figures, reporting that of over 2,000 cases vaccinated by this method, 500 of which were known to be exposed to variola, there were only 14 who contracted the disease. A resolution was passed by the bureau to the effect that any method of vaccination endorsed by a homœopathic society should be accepted as legal. The Institute did not endorse this resolution.

Bureau of Clinical Medicine—This bureau was opened on Thursday by the secretary, Dr. Hudson T. Bishop, of Cleveland, owing to the absence of chairman, C. E. Sawyer, M.D. Dr. Bishop read a paper upon the "Effect of Excessive Feeding and Absolute Rest upon Nutrition," in which he showed the advantages of rest cures and occasional forced feeding. A symposium followed upon "Modern Theories of Immunity," especially showing their relation to homœopathy. The opsonic index was cited as one of the first practical scientific proofs of the action of small doses of the homœopathic remedy, for its shows a variation after a dose of the indicated remedy. Papers presented under this head were "The Present Status of Bacteriological Therapeutics," by F. Laidlaw, M.D., of New York; "The Opsonic Index in Its Relation to Inoculation by Practical Toxines," by W. H. Watters, M.D., of Boston, and "Notes on the Results of Eight Months' Experience in the Treatment of Infectious Diseases with Opsonogens," by Rollin H. Stevens, M.D., of Detroit.

Bureau of Pediatries—Although Chairman H. H. Baker, M.D., of Chicago, called this bureau together on what proved to be the last day of the session, yet enough physicians showed their interest

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to comfortably fill the ladies' parlor. After a short introductory by the chairman, a most valuable paper was presented by Dr. Stuart Close of Brooklyn upon "Hereditary Gonorrhea, Its Diagnosis, Symptoms, Etiology and Proper Homœopathic Treatment. Other papers followed and nearly all were well discussed. "The Etiology of Rachitis," by Z. T. Miller, M.D., of Pittsburg; "Pathology and Symptomatology of Rachitis," by John Hutchinson, M.D., of New York; "Medical and Preventive Treatment of Rachitis." Under the heading of Tuberculosis: "The Tubercular Diathesis in Children and How to Meet It," by A. L. Blackwood, M.D., of Chicago; "Tubercular Adenitis," by W. R. Stewart, M.D., of Indianapolis; "Tabes Mesenterica," by E. A. Severinghaus, M.D., of New Albany, Ind., and under the caption of syphilis: "The Etiology, Symptomatology and Differential Diagnosis of Infantile Syphilis," by J. A. Lenfesty, M.D., of Mount Clemens, and "The Homœopathic Treatment of Infantile Syphilis," by C. Sigmund Raue, of Philadelphia.

The Surgical and Gynecologlcal Society—The eighth annual meeting of the Surgical and Gynecological Association of the A. I. H. opened on Tuesday in the Kentucky Building. Dr. Dean T. Smith, of Ann Arbor, the first vice-president, presided over the sessions. He presented a short introductory paper upon the "Opsonins in Surgery." Among the interesting papers presented were "The Relative Advantages of Abdominal and Vaginal Hysterectomy," by L. Claude McElwee, M.D., of St. Louis, "Procidentia Uteri," by Hamilton F. Biggar, M.D., of Cleveland, "The Treatment of Shock," by T. Drysdale Buchanan, M.D., of New York, "Retrograde Catheterization," by O. S. Runnels, M.D., of Indianapolis, "A Transverse Skin Graft Abdominal Incision—No Dressing," by Geo. T. Roberts, M.D., of New York; "Appendicitis Reconsidered, May We Dispense with Drainage in Perforated and Purulent Cases?" by T. L. MacDonald, M.D., of Washington; "How to Care for Free Pus in the Pelvis," by J. O. Chase, M.D., of New York, and "Sarcoma of the Abdominal Wall Cured by the Coley Injection Fluid," by Wm. E. Green, M.D., of Little Rock. The new officers are President, Hamilton F. Biggar, M.D., of Cleveland; 1st Vice-President, Nathaniel W. Emerson, M.D., of Boston; 2d Vice-President, C. E. Kahlke, M.D., of Chicago; Secretary, J. Wylliss Hassler, M.D., of New York; Treasurer, E. R. Gregg, M.D., of Philadelphia. The retiring Censor G. M. Christine, M.D., of Philadelphia, was re-elected.

The Obstetrical Society of the A. I. H.—The fifth annual meeting of this society was held in the Kentucky Building on June 18th and 19th, under the efficient leadership of Dr. Florence Ward of San Francisco. In her presidential address, Dr. Ward called attention to the action of the American Gynecological Association in collecting and endorsing uniform head and cranial measurements and recommending these as the standard for teaching in all colleges as well as army and navy examinations. She thought these should be made the standard in homœopathic institutions also. She also advocated the regulation of midwifery, not by bringing over the

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old-world schools, but by educating the laity to employ regular physicians.

"The Elements of Success in Perineorraphy," by Dr. Geo. H. Roberts, of New York, was appreciated by its hearers and was well-discussed, being opened by W. E. Green, M.D., of Little Rock. "Anesthesia in Obstetrics" was the title of an excellent contribution by Dr. T. Drysdale Buchanan of New York and its value added to by the discussion of Dr. T. E. Costain of Chicago. A paper upon "Atelectasis in the New Born," contributed by Dr. Gertrude G. Mack of New York was read and later the discussion was opened by Dr. J. P. Cobb, of Chicago.

A feature of the meeting which was especially interesting as well as valuable was a symposium on the "Toxemias of Pregnancy," introduced by D. Gilbert FitzPatrick, of Chicago, the secretary of the society. The specialists who contributed prepared papers to this symposium were Drs. H. C. Aldrich, of Minneapolis, on "Etiology," W. H. Watters, of Boston, on "Pathology," H. D. Bishop, of Cleveland, on "Diagnosis," F. T. Becker, of Iowa City, on "Treatment," C. B. Kinyon, of Ann Arbor, on "Prophylactics," and J. P. Cobb, of Chicago, on the "Effect Upon the Child."

The new officers of the Society are President, H. C. Aldrich, M.D., of Minneapolis; Vice-President, Frank L. Newton, M.D., of Somerville, Mass.; Secretary and Treasurer, Gilbert FitzPatrick, M.D., of Chicago. Fourteen new members were admitted into the society

The National Society of Physical Therapeutics held its first session in the Walter Baker Co.'s beautiful house on the Exposition grounds, listening to the address of the president, Dr. Hills Cole, New York, in which he deprecated the dependence of physicians on manufacturers of apparatus for therapeutic "knowledge," and urged a thorough study of the etiology of the condition in order that an intelligent treatment may be instituted, and a paper by Dr. Clara E. Gary of Boston on "Electric Light Therapy," with reports of cases benefited by sun baths and incandescent light. Three other papers on light therapy: "Phototherapy," by Dr. John V. Allen, of Philadelphia, "The Leucodescent Light," by Dr. J. D. Boileau, of Philadelphia, and "Tubercular Glands treated with Violet Rays," by Geo. C. Haller, M.D., of Philadelphia, were read and interestingly discussed at subsequent sessions held in the Kentucky building. The value of light was well established, but the claims of some manufacturers were considered unjustifiable. Dr. A. E. Smith's (Freeport, Ill.) paper on "X-Ray as a Pain Sedative," called attention to one of the most interesting and valuable features of Roentgen therapy. Dr. G. T. Birdsall, Glens Falls, N. Y., contributed a paper on "X-Ray in the Treatment of Skin Disease." An exhaustive paper was that by Dr. Thos W. Brockbank, of Philadelphia, on "Treatment of Diseases of the Female Pelvic Organs by Electric Currents." Dr. Boileau, of Philadelphia, were read and interestingly discussed at offers more to many women than surgical gynecology. Dr. E. C. Williams, of Hot Springs, Va., in a paper on "The Necessity of

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Prescription in Hydrotherapy, deprecated the practice adopted by many physicians of leaving the choice of baths, etc., to bath attendants. Dr. Walter W. Seibert (Easton, Pa.) discussed the "Homœopathicity of Electricity," but found no one in the Society upholding his position. A paper on "Adjuvant Treatment of Tuberculosis, by Dr. A. W. Yale, Philadelphia, was read by title.

The following officers were elected for the ensuing year; President, Dr. Rollin H. Stevens, Detroit, Mich.; 1st Vice-President, Dr. W. H. Dieffenbach, New York; 2d Vice-President, Dr. A. E. Smith, Freeport, Ills.; Secretary, Dr. John D. Boileau, Philadelphia; Treasurer, Dr. Annie R. Higbie, New York; Executive Committee, the foregoing with Dr. John V. Allen, Philadelphia, and Dr. W. H. King, New York. A special committee, consisting of Drs. Brockbank. J. V. Allen and J. D. Boileau, of Philadelphia, and Drs. W. H. King, W. H. Dieffenbach and Hills Cole, of New York, was appointed to examine into the claims of manufacturers for their apparatus.

The Society of Neurology and Psychiatry of the American Institute held two interesting sessions in the Kentucky Building on Tuesday, under the able leadership of President F. C. Richardson, M.D., of Boston. The society now has fifty members and there was a great interest manifested at these meetings, so much so that the executive committee was instructed to arrange for a mid-winter meeting in New York.

A feature of the meeting was the exhibition of a number of specimens from the Westboro (Mass.) Hospital for the Insane presented by Drs. W. W. Coles and S. C. Fuller of that institution. Among them were brain sections showing hemorrhage into lateral ventricles, into the cerebellum, into the cerebral cortex and specimens of meningitis, all beautifully prepared and mounted. Dr. Fuller, the pathologist, showed micro-photographs of cut sections and drawings of neuro-fibrils. The specimens presented by these two were the equal or superior of any ever prepared by any laboratory, while their papers showed a superior scientific study and knowledge.

Papers presented were: "A Case of Diffuse Cerebral Sclerosis," by R. E. Mitchell, M.D., Middletown, N. Y.; "A Case of General Paresis Presenting Obscure Clinical Symptoms, Diagnosed after Death," by William W. Coles, M.D., Westboro: The report of the autopsy and that of the microscopical examination, especially of the sections from the brain, with some comment on the findings and their importance in this case; "Traumatism as a Cause of Mental and Nervous Disease," by William Morris Butler, M.D., Brooklyn; The Clinical Report and Anatomical Findings in a Case of Delirium Tremens." by S. C. Fuller, M.D., Westboro: A description of the histological components with appropriate illustrations; "The Pathology of Bronchial Asthma, by J. Richey Horner, A.M., M.D., Cleveland: Being notes on the various theories advanced during more than two centuries and a brief account of the work done by various investigators and original research workers; "A Brief Report of Four Cases of Huntington's Chorea," by George F. Brewster,

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M.D., Middletown: Abstract of the cases from the records of the Middletown State Hospital; "Demonstration of a Pathologic Brain," by N. B. Delamater, M.D., Chicago, Ill.; "The Functional Origin of Some Organic Nervous Diseases," by Edward P. Coley, M.D., Boston; "The Diagnosis of Mental Diseases," by Dana F. Downing, M.D., West Newton; "A Case of Accessorius Spasm, a Probable Motor Equivalent of Migraine," by Frank C. Richardson, M.D., Boston: A series of rhythmic accessorius spasms at the rate of eighty per minute, continuing without intermission for twenty-four hours and followed after an interval by a typical migrainous attack.. Full and valuable discussions followed all these papers. The new officers are President, Frank C. Richardson, M.D., of Boston, who was re-elected; Vice-President, John E. Wilson, M.D., of New York, and Secretary, N. B. Delamater, M.D., of Philadelphia.

The Meissen—The Ladies had some pleasant outings, including a trip around the exposition grounds and a visit to the battleships on Hampton Roads. A tea and reception was given at the Kentucky building on Wednesday afternoon. The new officers of the Meissen are President, Mrs. Joseph P. Cobb, of Chicago; Vice-Presidents, Mrs. Walter E. Reily, of Fulton, Mo., and Mrs. J. Richey Horner, of Cleveland; Secretary, Mrs. Harry S. Weaver, of Philadelphia; Treasurer, Mrs. Edward Gerry Tuttle, of New York.

Among the Exhibitors—The exhibitors fared badly from the misarrangements. Among those present were Swindelle & Thompson, of Norfolk, representing Allison & Co.; Boericke & Runyon, the Albosol Diagnostic Light; Mellin's Food an ever-welcome visitor; Devilbis Atomizer; Pineoleum; Horlick's Malted Milk (without the customary ice-cream); Arlington Chemical Co., showing their well-known Liquid Peptinoids; E. Fougera & Co.; Boericke & Tafel; Walton's Oxygen; Borden's Malted Milk with a hand-bag souvenir which was very much in demand; H. W. Gossard Co. demonstrating corsets; Phillips Chemical Co. displaying Milk of Magnesia and Digestible Cocoa; Lentz surgical instruments; Keystone Electric Co.; Ballardvale Lithia Water, which proved a most popular drink; Wm. Wood & Co.; Keasby & Mattison; Boston Vibrator Co., showing the Boston Vibrator and Nebulizing outfit; Smith, Kline & French, with a demonstration of Eskay's Food, and Hart's Lac Bismo.

Deserving Commendation—The recent agitation for the supplanting of whiskey drinking by the use of light wines has drawn attention once more to the excellent motto of the Brotherhood Wine Co.—*Abusus non tollit usum.* American light wines deserve more attention than they have received from the medical profession. Two of the products of the Brotherhood Wine Co. are in everyway worthy of endorsement by physicians; their Medicinal Old Port is a better tonic than most that are advertised and their Sparkling Burgundy surpasses "beef, wine and iron."

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Original Article

HOMŒOPATHY: WHAT IT IS AND WHAT IT HAS DONE FOR HUMANITY*

By John P. Sutherland, M.D.

Boston, Mass.

WHAT IS HOMŒOPATHY? The question has been answered a thousand times, both by its friends and by its enemies. I think that out of that thousand, the accurate, impartial, demonstrably true definitions have been singularly few. They have varied from its enemies' qualification of it as "a rapidly dying charlatanry"—and truly , like Charles II., it has been an "unconscionable time a-dying!"—to the presentation of it, by its heated partisans, as the one and only cure-all of every ill that flesh is heir to; to depart from which, or to associate which with any other therapeutic resource, were to show one's self a renegade to divinely-revealed truth. To-day neither of these extreme definitions has very loud proclamation. Yet both, once loudly proclaimed, had their formative influence on the general thought; which warring influences may be traced even to-day, in many utterances, public and private. It is far from either extreme, the true definition must obviously lie.

The definition of homœopathy should be as simple, as uncompromising, as demonstrable, as incontrovertible, as is the thing defined. Homœopathy is a very safe and sure method of treating sick people. Homœopathy is a method of treating sick people in

*An address delivered before the A. I. H.

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accordance with the formula "similia similibus curentur"—let likes be treated by likes. It is a definite method, in harmonious accord with a dictum of Nature. The method offers no affront to Nature. It does not assume to coerce Nature; it studies, and then seeks to work in harmony with certain unvarying natural laws. It is a guiding therapeutic rule; a principle which within its sphere of action is as constant, certain and immutable as are Nature's laws everywhere. It does not leave one helplessly waiting for the slow, perilous teaching of accumulated personal experience, with its possibilities in the way of mistakes, accidents and failures, so fraught with perils to others; experience which mounts not only on its dead self to higher things, but too frequently on the dead selves of its trusting friends and patients. Homœopathy is a method of practice. There has been much contention as to whether its guiding rule should read *"similia similibus curentur"* or *"similia similibus curatur."* Whether or not this formula is a statement of a law; or a guiding rule; whether, if a law, this law be universal and unlimited in its activities; these things, after all, matter little. Whether the phrase be the statement of a law, or of a rule of practice, it is the same unvarying, reliable guide-post to the destination sought by every true physician; namely, the safe, speedy and permanent restoration to health of those whose health stands in peril. The law of similars may well be likened to a compass; a guide over trackless seas, and through untrodden forest depths; a something to be relied upon, in an emergency, where experience and precedents are lacking. It is true, but too often forgotten, that the rule *similia similibus curentur* is not restricted to drug giving; it applies to the use of any influence, mechanical, dietetic, psychic, electrical or otherwise classified, which is capable of disturbing health. Such influences, whatever they may be, can be utilized homœopathically. This is a fascinating field of thought, but time forbids further exploitation of it. It is, as Kipling says, another story.

Let us repeat and fully grasp that homœopathy is, in its simplest definition and in its final analysis, the application in the treatment of the sick of the law of Nature that likes can be cured by likes. Am I brought to pause by the question, possibly prompted by cautious scientific curiosity—"Is not this rather a daring statement—rather a lofty promise—that your rule of practice is founded on a law of Nature? How do we know it to be a law of Nature?"

We know it to be such a law exactly as any scientist knows his working rule to be founded on a law of Nature: by patient and exact experimentation, and by the reiterated and exact results obtained. The day is rapidly passing when fair-minded men waste

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their time in arguing the tenableness of theories. The day has come to stay when theories are adopted or disproved, not in the forum, but in the laboratory. We, who call ourselves homœopathists, have made laboratory and clinical tests of the rule of similars, and our results are on record; "who runs may read them." Let those who question this rule question it where it was established, in the laboratory and in the clinic. When they have set their results, disproving it, over against the results which have established it, then will be ample time for us to take our cause to the forum for controversy. Till that is done, controversy is time badly wasted.

Homœopathy is established from the laboratory. For the application of the simple rule of similars necessitates primarily an intimate and exact knowledge of drug pathogenesy. The sick-making power of drugs, the effects they produce upon healthy human organisms must be known before they can be used intelligently in accordance with any therapeutic principle whatever. Drug pathogenesy must be mastered in the laboratory before drug prescription can be made in the clinic.

It was thought in former times, and is often tacitly taught by many to-day, that drugs have curative action. It is not sufficiently recognized that their curative action is a secondary and dependent issue. It is easy to show that drugs are primarily sick-making things. Calling them medicines does not make them curative. It is the very fact that they do have power to disturb normal conditions in healthy people that makes them of possible use in the treatment of people whose normal conditions have by other causes been disturbed. This point is not sufficiently realized. Drugs are the disturbers of the peace of the economy. The question which has always faced our profession has been how to use that disturbing influence in a curative way. We begin by recognition, founded on experiment, that drugs in certain quantities or doses must and do act, whenever and to whomever administered, in practically the same manner; that is, they produce similar effects upon all people. Were it otherwise, drugs would be simply unreliable, unknowable, and highly dangerous agents; of no therapeutic use under the rule of similars or any other rule.

The provings of drugs, therefore,—the ascertaining by exact, reiterated experiment, just what powers are inherent in each drug, became one of the first obvious duties of the early homœopathists; and it remains one of the most important duties of present-day homœopathists. The absurdity of judging of the action of drugs from the effects produced by the administration of these drugs to sick people was recognized even before Hahnemann's day; though

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it still waits its full and final recognition. But until Hahnemann's day no one had insisted that knowledge of the action of drugs could be obtained only by administering drugs to healthy people, and thus by the only rational method mastering their powers and properties. This debt alone, did we owe him nothing else, should make Samuel Hahnemann's name not only to homœopathists, but to the whole profession of medicine, a toast to be drunk standing.

"The sins of the fathers are visited unto the third and fourth generations." The sins, the errors, the ignorances, the mistaken, dogmatic theories of our profession are visited upon our medical children, the laity, unto many generations. Such an ignorance perilously close to sin, we find in the present-day credulity of the laity concerning drug effects in their purely empirical aspect. Our predecessors in medicine had a like "belief" in the usefulness of drugs; a "belief" that but very sparsely obtains to-day among their professional successors; but which among the laity has had so firm a root that it is well nigh ineradicable. Hence the terrible tenacity of the patent medicine evil. Homœopathy founds itself on the certainty that drugs must act in the same way in illness that they do in health. For, while susceptibilities may be quickened or dulled by illness, the body remains essentially the same. A simple experiment will prove the correctness of this view. For instance, a certain quantity of glonoin will produce without much variation, and with great promptness, in a healthy person, a peripheral vaso-motor paralysis, with cerebral hyperemia, and a pulsating, throbbing sensation. The same set of symptoms will be produced if the same amount of glonoin be administered to a person who is ill; and if he happen to be suffering from a set of symptoms similar to those producible by the drug, these symptoms will be much intensified or aggravated. This first: and then following it the disappearance of the drug symptoms, and of the disease symptoms for which the drug was administered. Here we touch a truth which marches with homœopathy, though it should never be preached as identical with the truth of homœopathy; namely that of the smallest possible dosage compatible with obtaining results. The earliest experiences in homœopathy revealed the necessity of reducing the doses of a drug to the minimum; and the small dose came as a natural result. Thus the small dose is a natural corollary to the therapeutic rule of similars.

Another corollary of homœopathy and a most valuable one is the doctrine of the single remedy. Perhaps we have wandered from this truth more generally than from the two preceding ones. There is practically no dissent over the statement that a knowledge

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of drug pathogenesy is an essential to the intelligent use of drugs. Neither is there much difference in opinion among us concerning the necessity of reducing the dosage to the minimum, when applying drugs in accordance with the therapeutic law of similars. But in the effort to produce effects quickly, to bring about a cure in a short time, the temptation is great to use more than one drug at a time. That such a practice is illogical to the point of absurdity can be demonstrated without much effort. As homœopathists, we must know that drugs that are closely similar in their action would act as homœopathic antidotes to each other; and drugs that are dissimilar in their action naturally cannot both be similar to a condition under treatment. This reasoning should put an end, so far as homœopathists are concerned, to those "combination prescriptions" and "combination tablets" whose use, in my own "belief," is viewed with too complaisant an eye. The specialist in therapeutics who calls himself a homœopathist cannot consistently make use of drugs whose action on the healthy remains unproved. Where are our provings of "combination tablets?" Let the physician employ such if he desires—but let him not call himself a homœopathic physician while employing them.

The doctrine of individualization is almost as characteristic of homœopathy as any of the principles already enumerated. Briefly stated, it means that individual characteristics are quite as evident in illness as in health; and, since all cases of similarly diagnosed illness are not exactly alike, it is therefore necessary to study the peculiar manifestations of the condition in a given individual, in order to adapt thereto a similarly-acting drug. Next to the phrase ***similia similibus curentur*** there is no other so characteristic of homœopathy as the phrase "totality of symptoms." Probably no phrase has been more misused or abused, or less understood. It means, on the part of the physician, a pathological grasp of a case, as complete as his pathogenic grasp of its possible remedies should be.

Homœopathy is not a lazy man's method of treating sick people. It is not consistent with empiricism in any of its protean forms. Let me add, though here again I cannot pause to elaborate my statement, that homœopathy is not an exclusive, sectarian method of treating the sick. Rational homœopathy does not claim, nor did it ever, nor did its founder ever claim, it is the *only* method of *treating* the sick. We, as homœopathists, hold it to be the only direct *curative* method of employing drugs for the relief of the sick. This "belief" in no wise limits the resources of the homœopathic physician. Every therapeutic resource outside the

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ever-narrowing field of drug-administration belongs as much to the homœopathist as to any of his professional brethren; and I venture to say is by him to-day as intelligently studied and as effectively employed. This, then, shall we say, in answer to "What Is Homœopathy?": It is the administration of drugs to the sick, under a scientifically demonstrable law of Nature. It is a mild and mighty system of treating diseased humanity. It is a truth that has been tried out in the fires of enmity, of ridicule, of long, fierce and merciless opposition.

Probably only the so-called heresies dealt with by the Spanish Inquisition can justly be compared, in point of suffering and survival of unremitting and relentless persecution, with homœopathy, in what it has suffered and survived, at the hands of traditional medicine. *Sic tensio ut vis* the old axiom of physical science says. The stress must mate with the strain. The strength of a given thing may be measured by its power of resistance. Measured by what it has resisted, homœopathy stands among the giants. It is a truth that stands to-day tested and unshakable in public and private esteem, and in honorable recognition.

WHAT HAS HOMŒOPATHY DONE FOR HUMANITY? In order even measurably to answer this question, one should be familiar with the conditions of physic a century or more ago. We recall the days in which George Washington was bled to death by the leading physicians of his environment; when superstition clothed itself as medical learning; when Nature was never questioned, never trusted, never guided; but merely bullied, gagged, assassinated; when the doctrine of a total depravity, to be terrified into submission to blind dogma, reigned alike in the spheres of theology and of medicine. Over this chaos in the steady hand of that brave old thinker and wise and patient experimenter, Samuel Hahnemann, the lamp of an immutable, guiding law of therapeutics was lifted to shed its mild, far-illuminating ray. That lamp has become a Pharos, lifted by the hand of Hahnemann to the height of the tower of science, whose foundation rests on the rock of basic truth. Its light to-day shines very clear and very far. We dare not say that lamp was kindled by the hand that lifted it; for to do so would be to belittle the truth to human origins. Hahnemann himself honorably and gladly pointed out that Nature's law of similars had been glimpsed long before his day; and himself quoted allusions to it from the writings of early medical authorities. But the fact remains that it is to Samuel Hahnemann the credit is due of not only seeing the truth in question, but testing it, formulating it, practising it, teaching it and establishing it, not, I think, easily

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to be dislodged, in the armory wherefrom honest physicians draw their weapons for the age-long battle with human suffering and premature death. We may not venture to say that to the kindled lamp of similia, alone, is due the light by which medicine has groped its way from essential barbarism to humane science. "Many lights Thou hast kindled," says the Hindu sage:—"By any or them, may we find the Path." Homœopathy may not have been the sole factor in a century's medical reform; but we firmly claim it to have been one factor, and a strong and beneficent one. These reforms it assuredly and past contradiction has brought about in the sphere of medicine.

Homœopathy has taught all medical scientists the value of close, exact, and complete observation and analysis of conditions. It ante-dated by many years what are known as modern laboratory methods. For the inexact study of drug pathogenesy is worse than useless; it is highly dangerous. Very early and notable instances of "original research" were the drug provings by Hahnemann, who was working in an entirely new field; not only was the path untrodden but the trail leading to it had not even been blazed. It was necessary to devise methods whereby to work; and that under such conditions his work proved to be as thorough and satisfactory as it did is so marvellous as almost to silence criticism of its errors. Homœopathy has taught the uselessness of pathological classification in therapeutics. It has taught the incalculable value of clinical individualism. Homœopathy has taught the value of individual thought and judgment, and has helped to develop alike insight and reason, by forcing a physician to decide for himself what is useful in drug therapeutics, in every individual instance, instead of slavishly following the dictates of some ever-changing and unauthoritative authority. Homœopathy has taught liberalism in medicine; it has blazed a trail for individual research to follow; it sounded the first note of revolt against the tyranny of tradition in medicine. Before its day Galenical doctrines had governed the profession unchallenged for hundreds of years.

Finally, and most proudly of all, to the question, "What has homœopathy done for humanity?" let us give answer: "It has alleviated the sufferings of millions of the sick; it has saved innumerable human lives by methods that never once have put a human life in peril." This is no idle boast; no flight of fancy. It is demonstrable and sober fact. Statistics have proven it, as daily experiences are proving it.

Such, in pathetically inadequate outline only, are my answers to the questions—What is homœopathy, and what has it done for

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humanity? Over the portal of our near to-morrow we read the question, What is to be the future of homœopathy? I have not been asked to discuss that question; nor shall I venture an attempt to do so. But to the pessimism which reads the defeat, the decline, the decay of homœopathy, in those signs of the times which make for reconciliation and reapproachment between homœopathy and traditional medicine, which has been so long, so openly, so savagely and implacably its enemy, I would say:—

Let us remember that Samuel Hahnemann never desired nor strove to found a sect in medicine. He strove to bring a great, reformatory truth to the knowledge and to the acceptance of the medical profession at large. Had the medicine of his day shown itself willing to investigate his teachings, and to assimilate all that in them, was demonstrably true, homœopathy as a segregated sect would never have come into being. Traditional medicine showed itself a very Herod toward the new-born truth; and the sect of homœopathy, perforce, formed itself about that truth to save it from utter obscuration, if not extinction. The separated sect of homœopathy, as such, will have fulfilled its use when the truths of homœopathy have achieved, the world over, explicit and honorable recognition and acceptance at the hands of traditional medicine; and when Samuel Hahnemann, with all his human fallibilities seen and admitted, shall be assigned, by traditional medicine, his true place as a scientific thinker and experimenter and a benefactor to the cause of medicine. This day has hardly dawned; yet here and there the watchers on the walls see a lightening in the skies of opposition and misrepresentation that have been for a century so dark; and cry to us who listen:—"The morning cometh!" So far as this faint dawn foretells the true morning, in whose light all men shall fearlessly see the truth, and by whose light all men shall fearlessly follow the truth till all division is merged in brotherly co-operation for the healing of mankind, speed that dawn. For, in the day, it heralds—

"* * * only the Master shall praise us, and only the Master shall blame—
And no man shall work for money, and no man shall work for fame,—
But each for the joy of the working; and each in his separate star,
Shall lift his truths, as he sees them, to the God of truths as they are!"

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OUR PRESENT KNOWLEDGE OF THE ETIOLOGY OF YELLOW FEVER*

By James Carroll, M.D., U. S. Army

Member of the U. S. Army Yellow Fever Board. Curator of the Army Medical Museum, Washington, D. C.

I HAVE taken it for granted that you wish me to discuss the more recent developments in regard to yellow fever, but in order to make my story intelligible it will be necessary to bring into review the previous status of the question of the etiology of this disease, up to the time our work began.

My narrative may seem to be somewhat personal; it is made so intentionally, because many points in connection with this work have been misstated and misrepresented. It is my duty and privilege to maintain the truth and I assume personal responsibility for all the statements that follow.

Yellow fever is essentially an American disease, and it may be truly said that during the last century it was the terror of the southern half of the United States. We, in this latitude, cannot now appreciate the horrors of its presence, until we take time to delve into the literature of the early epidemics that devastated the most important cities of the United States. It was truly called the American plague, and it is hard to believe now that in Philadelphia in 1793, more than one-tenth of the population died of yellow fever, and this after more than one-fourth had fled from the city. We may assume that for every case that died at least four recovered. The population being at that time 40,000, of whom 4,000 died and 12,000 fled to other places, a simple calculation will show that over 50 per cent. of the persons who remained contracted the disease. Imagine a city, the capital of the country, in which every other person contracted the pestilence and one in every ten died. The conditions were such that the dead were thrown into the streets or left unburied in their dwellings. Too often the sick were deserted by their relatives and servants, and died unattended; robbery and pillage were of frequent occurrence; persons on the street passed friends without speaking, or crossed over to the other side, to avoid the contagion. The majority of the physicians had fled with other persons to places of safety, and of those who remained but few escaped. Law, the rights of property and the ties of relationship were disregarded and the scenes

*Read before the International Homœopathic Congress.

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were those of the ancient plague repeated. On the other hand, there were beautiful instances of noble self-sacrificing devotion to duty on the part of physicians, many relatives of the sick and even of the slaves belonging to those who were afflicted.

Four years later there was another epidemic, and in the year following, viz., 1798, the mortality rate was almost as high as in 1793. Boston and New York also became infected and the disease was carried to Norfolk and many other places on the seaboard. It is interesting to note that Baltimore, which suffered heavily both before and after this date, was saved at this time by the institution of a strict quarantine against Philadelphia and the other infected ports.

The attention of physicians was directed early toward discovering the origin and manner of conveyance of the disease, which some held to be, in every instance, imported primarily from the West Indies; others held that it originated *de novo,* as a result of imperfect measures of sanitation. Some brought forward indisputable evidence that the disease must be in the highest degree contagious; others showed that apparently it must be non-contagious, for many persons who attended upon and even slept with the sick, were not affected by the exposure. It was even noted in many instances that mosquitoes were unusually numerous during epidemics; that the first cases appeared on vessels from the tropics or in persons who had visited them; even the aerial transmission of the disease was shown when persons who had secluded themselves in their dwellings and held no intercourse with their neighbors were known to have suffered. To add to the confusion, mild cases of yellow fever were confounded with malaria, and black vomit was regarded as an indispensable symptom of yellow fever. The physicians who diagnosed the first cases of yellow fever were declared enemies of the community, and, as the result, many cases known to be yellow fever were intentionally concealed. New Orleans was probably either permanently infected or reinfected each season, for the permanent inhabitants became immune like the natives of Havana, who were probably all infected during childhood.

The tremendous importance of this disease in its bearing upon the health, commerce, and prosperity of our seaport towns, was fully appreciated, and many of the most eminent physicians the country has produced, have devoted their best energies and skill to the elucidation of the important problems it presented, with a view to preventing its importation or dissemination. The arguments and evidence brought forward in favor of the importation

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theory were, at times, most convincing and unanswerable, and without refutation of the facts so presented, others were brought forward which seemed to show with equal certainty that, in certain localities, the disease was of local origin. It must be remembered that at that time nothing was known of the conveyance of malarial infection by the mosquito; the relationship of bacteria to certain diseases and infections was not suspected and the aerial transmission of disease was believed to be effected through miasms and effluvia of a gaseous nature.

Finally, within the last fifty years, there came the revolutionary discoveries of Pasteur, Koch and others, who demonstrated that many processes of fermentation and disease were brought about through the activities of extremely minute unicellular organisms, that invaded the human body, and which could be recovered from it, propagated and studied under artificial conditions.

As a natural result, the attention of skilled investigators was at last directed towards yellow fever, and a number of bacteria were isolated and reported by Freire, Carmona y Valle, Babes, Gibier, Finlay and one or two others, as the probable causative agents of this disease. In consequence of the fact, now better known, that under conditions of disease other organisms than the one producing the condition may invade the body, and in consequence of the universal presence of these microorganisms (bacteria) on the surface of the body, upon other objects, and, in fact, everywhere, the mistake was made, as shown by Sternberg, of regarding such extraneous organisms as the etiological factor in the disease. The same mistake was made again in 1897 by Dr. Guiseppe Sanarelli, an Italian bacteriologist of reputation, who, while examining cases of yellow fever in South America, had found and described an organism that was new to him, and by means of which he believed he had produced the symptoms and lesions of yellow fever in men and animals respectively. Within the preceding ten years, Dr. George M. Sternberg, of the U. S. Army, had made a most elaborate bacteriological study of this disease in Brazil, Mexico, Cuba, and the United States, and finally reported his failure to find any organism that could reasonably be regarded as the cause of that disease. Sanarelli's bacillus was named by him "Bacillus icteroides," and he reported that he found it in about fifty per cent. of his cases. Sternberg also had isolated a special bacillus from fifty per cent, of his cases, and this, on account of his inability to positively identify it, he called "Bacillus X." Bacillus X, like Bacillus icteroides, was markedly pathogenic for animals, and for this reason Dr. Sternberg has caused it to be preserved. Sanarelli

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stated that intravenous inoculation of dogs with his bacillus caused fever, illness, black vomit, fatty degeneration of the liver and sometimes death. Uuon receipt of Sanarelli's announcement Dr. Sternberg's interest was at once aroused and he gave a culture of his Bacillus X to Major Reed and myself, with instructions to test its pathogenic properties in rabbits and dogs, and study it for the purpose of identification and comparison with Sanarelli's description of his Bacillus icteroides. Upon injecting bouillon cultures of Bacillus X into the circulation of dogs they were attacked with vomiting, tenesmus, fever, and often death took place, after which the stomach and intestine were found deeply congested and frequently filled with quantities of bloody material resembling black vomit. After several months we received from General Sternberg a culture of Sanarelli's bacillus, with which we obtained practically the same results. A comparative study of both organisms was then undertaken, the results of which showed that Bacillus icteroides was practically identical with the hog cholera bacillus, while Bacillus X was an atypical member of the colon group, and nothwithstanding the apparent confirmation of the claims of Sanarelli by various investigators, we felt justified in asserting that neither organism bore any direct relation to yellow fever. There can be no doubt that if Sanarelli had been familiar with the bacillus of hog cholera he must have been struck by the striking similarity between his Bacillus icteroides and Bacillus choleræ suis, in the same group with which we may now include the so-called paratyphoid bacillus and others of less importance. But the bacillus of hog cholera was an American discovery and it was much better known in this country than abroad. A rather spirited controversy took place, in which we were involved with more persons than Sanarelli, but we believe now that the scientific world has accepted our position as correct.

Up to the summer of 1900 our studies in regard to yellow fever had been pursued for about three years in the laboratory at Washington, but the American occupation of the island of Cuba and the appearance of the disease among our troops afforded the opportunity to study it in its natural habitat. For this purpose a board of Army Medical Officers, consisting of Drs. Reed, Carroll, Agramonte and Lazear, was appointed on the recommendation of Surgeon General Sternberg and met at Columbia Barracks, near Havana, on June 26, 1900. Dr. Agramonte, a Cuban by birth, had already isolated Bacillus icteroides from several cases of yellow fever, and from persons dead from other diseases, but his negative conclusions, like ours, were disputed by other investigators, after working both in the United States and in Cuba.

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The Army Board made a careful bacteriological study of the blood of eighteen cases during life, and of the blood and tissues of eleven cases obtained after death, without finding Bacillus icteroides present in a single instance. This was most surprising, but very convincing as to the non-relationship of the organism to the disease, notwithstanding certain investigators had reported that a diagnosis of yellow fever could be made by isolating Bacillus icteroides from blood drawn from the lobe of the ear of a patient in the early days of an attack. We now dismissed Bacillus icteroides as a secondary invader, of no importance in relation to the etiology of that disease.

Considerable time and thought had been given towards a determination of the next line of investigation, of which two at once presented themselves: 1st. The study of the bacterial flora of the intestine, because the black vomit and hemorrhages suggested the presence of the specific cause in that viscus. The favorable results obtained by the Sternberg treatment with mercuric chloride and bicarbonate of soda seemed to suggest the effect of the powerful germicide upon an organism free in the digestive tract. In such case it would be very difficult, we thought, to explain the non-infectiousness of patients after recovery, and the erratic manner in which the disease extended itself, its absence from certain localities, its occurrence only in certain seasons and locations and its disappearance upon the onset of frost; 2d. The mosquito theory. Dr. Chas. Finlay, of Havana, had been a most persistent advocate of the theory of the transmission of yellow fever by means of the mosquito—a theory that had been advanced and ably supported by Dr. Josiah C. Nott, of Mobile, Ala., in 1847. I advise every American who is interested in this subject to read the able and brilliant arguments of Dr. Nott in the *New Orleans Medical and Surgical Journal*, Vol. IV., 1847-1848, page 536. To be thoroughly appreciated this article must be read with care, not once, but several times; for with every perusal one's interest and wonder increase. At the first reading we are apt to assume that most of his statements refer only to malaria, of which he writes, but he states specifically near the beginning, that although he speaks of malaria, he wishes it to be understood that yellow fever is the subject he has before him. This point being borne in mind, it will become apparent to the reader that Dr. Nott fully appreciated many of the striking features of resemblance between malaria and yellow fever, above all, that the natural history of yellow fever corresponded closely to the natural history of the mosquito or some similar insect. This recalls to mind the important observations previ-

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ously made by a number of physicians in the United States at various times and places, but first by Dr. Drysdale, at Baltimore in 1794, who wrote that mosquitoes were observed to be unusually numerous during the epidemic of 1793. The fact that the disease was imported and that it was absolutely non-contagious in certain parts of the city, was also strongly maintained by him and others, but the opposing fact that in certain other localities those near the docks and shipping, a single visit after dusk was usually sufficient to insure infection was strongly in favor of contagion. The acknowledged presence of the mosquito in the latter districts affords abundant explanation in the light of our present knowledge of its relationship to the disease.

Returning to the subject of the Army Board in Cuba, an interview was arranged with Dr. Charles Finlay, who courteously permitted us to examine his notes and discussed the subject with us. While Dr. Finlay's evidence was not convincing, he appeared to be quite certain that he had produced cases of the disease through the application of contaminated mosquitoes, and he kindly presented to us at this time some dried eggs of the Stegomyia callopus, the common house mosquito of Havana, to which, from its habits, he attributed the conveyance of the disease. There were many reasons for considering probable the theory of mosquito transmission—p. e., the many points of resemblance between malaria and yellow fever as regards its seasonal prevalence; the exemption of certain localities from the infection even after many cases had been carried and treated there; the non-contagiousness of the disease; its undoubted transmission, in some way, through the atmosphere; the prompt subsidence of an epidemic after the appearance of sharp frosts; the well-known fact that the infection was contracted most often at night, of which we had good evidence at Columbia Barracks, six miles from Havana. Here the troops were forbidden to visit the city during the warm season, except between the hours of 9 a. m. and 4 p. m., and while the disease raged in Havana the large garrison of troops was remarkably free from it, and from actual investigation of the cases in the command available to us, we learned that in practically every instance the disease had been contracted through sleeping out of barracks. Investigation also showed that an appreciable interval of time elapsed between the earliest and the secondary cases in an outbreak, as shown by Wm. Fergusson at Ascension, Gorée and Gambia in Africa in 1837, in a paper published in the London Medical Gazette, Vol. XXIV, 1839, p. 843, and sixty years later by Dr. Carter of the Marine Hospital Service in the United States. The demonstration by

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Ross that malaria is conveyed by mosquitoes of a single genus afforded an example in a disease similar in many respects, and as it was evident that the question as regarding the mosquito could be settled with certainty within a few weeks, it was decided, after much discussion, that that should be the next step to be undertaken. As this of necessity involved the risk of human life, it was not to be viewed in the light of ordinary research work, and it brought up the question of moral responsibility. It was concluded that in case the theory should prove to be well founded the enormous benefit and saving of life that must follow upon the consequent ability to control the disease would justify the risk, while, on the other hand, if no infection resulted, the persons used for the experiments would have suffered no injury and another line of work could then be chosen. As an earnest of our appreciation of the absolute necessity for using human beings and of our sincerity and willingness to assume the same risk that we were compelled to impose on others, it was agreed among the three American members of the board that they would submit themselves to the same mode of attempted inoculation. In those who did not appreciate the fundamental biologic law underlying the transmission of disease by insects acting as the intermediary hosts for obligate animal parasites, the suggestion that a fearful disease, like yellow fever, might be acquired through such a simple everyday incident as the bite of a mosquito provoked a smile, and volunteers were obtained without difficulty. To Dr. Jesse W. Lazear, the only member of the board who had previously dissected and handled mosquitoes, the work of propagation and infection was assigned. It is proper to state here that Dr. Aristides Agramonte, the Cuban immune member of the board, was at this time kept in ignorance of this phase of the work, by direction of the president of the board. Dr. Agramonte resided in Havana, six miles distant, and his duties required his presence at another place; besides the greatest secrecy was necessary to prevent the circulation of rumors or of premature reports. Dr. Reed left Cuba for the United States on or before August 4th and later in the month of August this work was begun by the application of contaminated mosquitoes to a number of persons, including Dr. Lazear himself, and one other medical officer, Acting Asst.-Surgeon Pinto, after the insects had been kept varying periods of time up to thirteen days. On the 27th of August, 1900, Dr. Lazear applied to my arm a single mosquito which had bitten a severe case 12 days before. After two days I experienced a feeling of malaise with slight dull headache, impairment of appetite and deep-seated tenderness in the loins. I

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thought this might be an ordinary indisposition, but it did not respond to simple remedies and on the morning of the 31st my flushed face and injected eyes told me that something was taking place. Neglecting my breakfast I proceeded to the laboratory about 9 o'clock and examined my blood for malarial parasites; finding none the deduction was obvious, for I had had typhoid fever some years before. I knew if my condition were discovered I would be hurried to the isolation camp, but we were to be paid on that day and I desired to participate. I kept quiet and concealed my eyes as much as possible with my helmet. Early in the afternoon I rode with others to headquarters for pay and then lay dawn for the usual siesta. In the evening I did not appear for dinner and my temperature, taken by Lazear, was 102°. At about 9 a. m. I arose, wrote one letter to my wife in Washington, enclosing a cheque, and another to her mother at Cleveland, Ohio, informing her of the actual condition of affairs. Next morning the fever persisting, Dr. Lazear repeated the customary blood examination for malarial parasites. and the result being negative, I was removed later to the yellow fever isolation camp.

On the day that I was taken ill, August 31st, Dr. Lazear applied the same mosquito, with three others, to a soldier, who was also attacked with yellow fever six days later. Lazear thus obtained immediate confirmation of the source of infection in my case, by the infection of another individual following the application of the same mosquito, and within the usual period of incubation. This case, though not severe, was quite characteristic and typical.

On September 13, 1900, I was permitted to leave my bed for the first time, and on that day Dr. Lazear, while applying mosquitoes to a patient in Las Animas Hospital, was bitten by a stray mosquito which he saw in the act of feeding upon his hand, and permitted to satisfy its hunger. On the evening of September 18th, just five days later, he suffered a sharp chill and this was followed by another about three hours subsequently. As he slept in a separate building he was not seen until the next morning, when, as he did not appear for breakfast, he was called and found to be ill. The routine examination of his blood for malarial parasites gave a negative result then, and on the following morning, and the diagnosis now being clear, he was removed to the isolation camp. On this morning he related to me the manner in which he was bitten "by a common culex mosquito" and turned over to me the slips containing his record of inoculations. On about the third day after his removal to the yellow fever camp delirium and black vomit set in and he died September 25th, just one week

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from the date of the beginning of his illness. Early in the following month Dr. Reed returned from the United States, verified by inquiry the results that had been reported to him, and prepared a report for the meeting of the American Public Health Association at Indianapolis, October 22-26, 1900. After this report had been written Dr. Agramonte was informed, for the first time, of the results that had been obtained.

I cannot refrain from mentioning an amusing incident that occurred during my illness. One of my nurses was a tall, robust, conscientious, tender-hearted woman from Tennessee, who had lost her husband and several children during the disastrous epidemic at Memphis in 1878, and who had had a large though sad experience with yellow fever. I remember her surprised expression when I told her one day during my sickness that my attack resulted from the bite of a mosquito, and I was much amused when looking the case notes after my recovery to find an entry something like this: "says he got his sickness through the bite of a mosquito—delirious."

After the above cases had been reported it was deemed necessary that further experiments must be made before the medical profession would accept the mosquito theory as proved. For this reason a second set of confirmatory experiments was undertaken under the direction of Doctor Reed, and for this purpose a specially isolated camp was established in an open field, nearly one mile from Columbia Barracks and away from the direct line of travel. This camp consisted of seven tents, in which were quartered three immunes and nine non-immunes—one of the immunes and one of the non-immunes also being physicians. These persons were all required strictly to sleep beneath mosquito netting, and means were taken to see that the rule was enforced. After the occupation of the camp the non-immunes were required to remain in quarantine a sufficient time before the experiments were begun. There were then constructed two compact mosquito-proof frame buildings, 14 feet by 20 feet, with double floors, tongued and groved walls and ceilings; the windows protected by copper wire screens of fine mesh, and the doors provided with closed vestibules protected by two wire screen doors in addition to an outer door that could be locked. These houses were well separated and placed some distance from the tents. One was intended for experiments with fomites to determine whether or not the infection could be contracted from them under the most favorable conditions for fermentation, viz., darkness, heat and moisture, such as were believed to pertain in the holds of the old wooden vessels in the tropics. With the other building it was designed to show, by actual experiment, that by

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setting free within a house mosquitoes that had bitten yellow fever patients a sufficient time before, all the conditions of an infected dwelling could be produced; on the other hand, it was intended to show that a building immediately adjoining one that was infected, with a free interchange of the same air between them, could be protected absolutely from infection and rendered perfectly safe for non-immunes, by the simple use of wire screens to effectually exclude mosquitoes.

On December 5th, after a quarantine period of fifteen days, five insects that had been contaminated fifteen days or more were applied to a soldier who volunteered for the experiment. On December 8th, after a period of incubation of a little less than three days and a half, this man came down with yellow fever and suffered a sharp attack from which he recovered.

On this day, December 8th, three of the same contaminated mosquitoes, with another that had been applied to a case of yellow fever seventeen days previously, were permitted to bite a Spanish immigrant, who also voluntarily submitted, and within six days he was taken ill with what proved to be a mild attack of yellow fever.

On December 9th, another Spaniard was bitten by a single mosquito that had been applied to a fatal case of yellow fever, in the second day of the disease, nineteen days before. Within four days he also was down with yellow fever.

Again on December 11th another Spanish immigrant was bitten by the same four mosquitoes that had infected the third case, two days before, and he also exhibited an attack of yellow fever, after a period of incubation of less than four days. These men had been selected from different tents within the camp, here and there, and no case of yellow fever occurred except in those who were bitten by mosquitoes or otherwise inoculated. To make the observations complete the temperatures of all non-immunes within the camp were taken and recorded, with the pulse rates, three times daily. Upon the manifestation of the first symptoms the patient was at once removed, in an ambulance, to the yellow fever isolation hospital at Columbia Barracks for treatment. By this means the possibility of infecting any stray mosquitoes about the camp was avoided. In every case, without exception, the blood was examined for malarial parasites and the result invariably proved negative.

The above cases having afforded ample confirmation of the first set of experiments, attention was next directed to the house intended for the test with infected mosquitoes. This had been provided with a partition wall of fine mesh copper-wire screening which

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extended from floor to ceiling, and divided the building, which consisted of a single room. into two compartments. The ceiling of these compartments was low in order that mosquitoes resting upon it might be easily captured, if necessary. The ceiling and walls of the compartment into which mosquitoes were subsequently released were covered with white cotton cloth to render the insects visible. To each compartment there was a separate entrance through a vestibule about three feet by five, and, in addition to the outer door provided with a lock, each vestibule was protected by two tightly fitting metallic wire screens doors, one of which guarded the entrance to the vestibule, the other the entrance from the vestibule into the room. Before passing into either compartment of the building one opened the outer door, to admit light to the vestibule, then entering the vestibule a careful search was made for mosquitoes, and finding none upon our person or within the inclosure, with the outer screen door shut, the inner screen door was opened and the room entered. On leaving the room the same precautions were observed in the reverse order. One entered the vestibule from the room and finding no mosquitoes after closing the inner door, emerged quickly through the outer screen door, which was promptly closed and protected by the outside door, which was closed and locked. The mosquito compartment was furnished with a single bed and bedding that had recently been disinfected; in the opposite compartment there were placed two beds that had been similarly treated. On December 21st, 1900, fifteen mosquitoes that had been contaminated at various times were set free in the compartment known as the mosquito chamber, and an hour or two later this compartment was entered by an American volunteer who lay down on the bed for half an hour and permitted seven of the mosquitoes to bite him. Again in the afternoon and on the following morning he was bitten, fifteen times in all. Four days after the first exposure to the mosquitoes he was taken ill with a sharp attack of yellow fever. On the night of December 21st and for thirteen nights following two non-immune soldiers occupied the beds in the opposite compartment, exposed to the same air, but protected from the contaminated mosquitoes by the wire screen partition. These men remained in perfect health, which demonstrated that a person might sleep in an infected room with safety so long as they were protected from mosquitoes. On the other hand, the previously described experiment showed that a room or dwelling containing contaminated mosquitoes was, for all intents and purposes, infected.

After the demonstration that yellow fever was conveyed by the mosquito, and that a definite poriod of time must necessarily elapse

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before the insect become capable of infecting, it was quite evident that, as in malarial infections, we were dealing with an obligate parasite, whose prolonged existence could be maintained only by passing alternately through man and the mosquito. Such being the case, there was no possibility of the disease being contracted by contagion or exposure to fomites, because such parasites can not exist free in nature. This readily explained the numerous historic instances of the non-contagiousness of yellow fever, while the supposed instances of proof of contagion were now made clear, through the presence of contaminated mosquitoes. In order to give a practical demonstration of the non-contagiousness of this disease and of the innocuousness of fomites, that would prove convincing to the layman as well as to the physician, another series of experiments were contrived, using the other mosquito proof house for the purpose. This house was provided with double walls and floors, the ceiling, walls, and floors being tongued and grooved; the entrance was protected by a vestibule having an outer door and two screen doors; the small windows were protected by screens and covered by solid shutters; all ventilation was excluded; the building which consisted of a single room was furnished with a pan of water and a gas stove, by means of which the temperature was kept above 90 and the air moist; three disinfected beds were placed in the room and the walls were plentifully supplied with large nails. In the meantime boxes had been sent to Las Animas yellow fever hospital for the reception of sheets, pillow slips, pajamas, blankets and other articles of bedding and clothing from the yellow fever wards, and these were liberally soiled with black vomit and dejecta from patients and packed in the boxes. On November 19, 1900, three of these boxes were placed in the building, which was entered the same evening by a physician and two soldiers, non-immunes, with instructions to unpack the boxes, remove the articles one at a time, shake and handle them well and then hang them upon the nails on the walls. They were then to retire for the night, sleeping in the presence of these articles. Upon rising in the morning they were to remove the articles from the nails, one at a time, shake them and handle them thoroughly, then fold them and repack them in the boxes where they remained during the day. Every precaution was taken to guard against the entrance of mosquitoes into the building, which was kept locked during the day; the men being allowed to pass the day time in a tent pitched nearby for the purpose. As fresh material could be obtained it was added to the supply, the conditions of heat, moisture and darkness being intended to resemble those in the hold of a ship in the tropics. On one occasion

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these men were driven from the house by the stench, but they returned and spent the night there. This was kept up for twenty nights, while during the same period their pulse rates and temperatures were carefully recorded three times daily. All three remained in perfect health throughout the experiment and all gained in weight. They were then kept under observation in quarantine for five days, but nothing resulted from their exposure. The building was occupied again by two American non-immunes who repeated the same performance, while from time to time other articles were added as they could be obtained. Many of these had purposely been allowed to remain in contact with patients during the whole period of their illness in order to have them soiled and contaminated as much as possible. These men were also wholly unaffected after contact with this material for twenty consecutive nights.

A third and last experiment was made with two additional non-immunes, who, like their predecessors, slept in the garments worn by yellow fever patients, and upon blankets, and in contact with sheets soiled by them. They also slept for two weeks with their faces in contact with blood drawn from a yellow fever patient, on towels, the same blood proving capable, upon actual inoculation, of conveying the disease. These men passed twenty consecutive nights under the conditions described, without suffering the slightest deterioration of health.

The results of these tests justified the statement that yellow fever is non-contagious and that the disease cannot be contracted by exposure to fomites.

The susceptibility of three of these men was shown subsequently by their infection through the bites of mosquitoes or by means of blood injections.

Although, so far as we know, the parasitic cause of yellow fever has never been recognized, its presence in the blood of patients suffering with yellow fever was proved by the prompt infection of four non-immunes through the subcutaneous injection of 2 c. c., 1.5 c. c., 1.0 c. c. of blood, respectively. These results established another strong point of resemblance between malaria and yellow fever.

In the three last cases of experimental yellow fever produced at this time through contaminated mosquitoes, the infection resulted from the application of mosquitoes kept 39, 51 and 57 days respectively after biting the patient and, as the latter period was within two days of the death of the insects, it is justifiable to assume that the mosquito, once infected, is capable of transmitting the disease

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as long as she lives. Up to the time of the completion of these experiments sixteen cases were purposely infected; twelve by the application of mosquitoes and four by the injection of blood drawn from the venous circulation in the first and second days of the disease, and with the exception of Dr. Lazear, whose infection was not intentional, all our cases recovered.

Following these demonstrations, the work of ridding Havana of yellow fever, by means of measures based upon the transmission of the disease by the mosquito, was undertaken by Dr. Gorgas and successfully accomplished.

In the month of August, 1901, a small outbreak had appeared at Santiago de las Vegas, a small town about sixteen miles from Havana. I returned to Havana early in that month for the purpose of testing the power of the living virus to pass through a new sterilized Berkefeld filter. Dr. John Guiteras of Havana had made a number of mosquito experiments and his first case came down August 11th, the day of my arrival. With his consent I prepared to withdraw a few c. c. of blood and begin work on the following morning, but the consent was withdrawn in the morning and I was forced to wait. On the following day another case appeared and so on until by August 25th he had seven experimental cases, of which three were fatal. I was not permitted to draw blood from any of them nor to apply mosquitoes, with the exception of a few to the first or second case, and I was opposed by the protests of Dr. Guiteras, Dr. Finlay and Dr. Ross, the director of Las Animas Hospital, that further experimentation was unjustifiable. I believed that with selected individuals, carefully observed, there need be but few deaths among experimental cases of yellow fever, and the objects to be attained were of such importance that I determined to proceed. With four of Dr. Guiteras' mosquitoes I infected a Spanish immigrant who volunteered for the purpose. He was bitten September 16th, and was taken ill September 19th, 1901, with a severe attack. On the fifth day an unfavorable prognosis was given by two physicians of wide experience in yellow fever, who were asked to verify the diagnosis. Blood was drawn on the second day and the serum separated, but, through the carelessness of a laboratory attendant, it was lost, and the proposed experiment had to be postponed. The patient made a good recovery.

On October 8th another Spaniard was bitten by eight mosquitoes that had been applied to a severe case eighteen days previously and in the second day of the disease. This man came down within five days with a comparatively mild, but typical attack of yellow fever. At the beginning of the third day blood was drawn

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from a vein at the elbow and the serum separated, diluted with an equal volume of water, and passed through a sterilized Berkefeld filter, which, by actual test, was proved capable of holding back the micrococcus aureus from a bouillon culture. 3 c. c. of this bacteria-free serum filtrate, containing 1.5 c. c. of the serum, was injected into each of three non-immunes, 10½, 10½, and 14 hours after the withdrawal of the blood respectively. Two of them were attacked with yellow fever within five days; the third escaped, but was infected a week later, at his own request, by the subcutaneous injection of 1.5 c. c. of blood direct from the venous circulation of one of the serum cases. This brought about a mild attack, which began within 24 hours. This last inoculation would not have been made, but the subject was an American gentlemen who intended to settle in Cuba and who was anxious to suffer an attack or to have his immunity thoroughly tested.

Another object of this work was to determine, if possible, the effect of moderately high temperature upon the viability of the specific cause of yellow fever. On account of imperative instructions to return to the United States before a fixed date, only one test was possible. This was made with the clot remaining from the blood after the removal of the serum for the tests described above. To the clot, in a sterile test tube, I added a sufficient quantity of sterilized water to make up the original volume of the blood withdrawn. The whole was then poured into a sterilized mortar and whipped up with a sterilized egg-beater to form a mixture approximately representing the blood. Of this one portion was set aside, the other was placed in small test tubes, which were immersed in a double water bath, running at 55° C., until they acquired about the same temperature. The immersion was then continued for exactly ten minutes, at the end of which time, the tubes were removed and immediately cooled by placing them in ice water. This gave me two lots of the blood mixture; one of which had not been heated; the other had been heated at 55° C. for 10 minutes. Of the former 0.75 c. c. was injected beneath the skin of a non-immune Spaniard, to serve as a control; of the latter, 1.5 c. c. were injected beneath the skin of each of three non-immunes. The man who received 0.75 c. c. of the non-heated blood mixture was attacked with yellow fever five days and two hours after the injection; the three men who received each double the quantity, or 1.5 c. c. of the heated mixture did not manifest a single sign of discomfort, but remained in their usual health.

This completed the work of the Army board, the various members of which are entitled to credit, according to their participa-

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tion, for the following determinations made between the years 1897 and 1901, viz.:

1st. That B. icteroides of Sanarelli is not the cause of yellow fever.

2d. That the disease is absolutely non-contagious, and that it cannot be contracted by contact with soiled garments, bedding, etc.

4th. That yellow fever can be communicated by means of blood inoculations.

5th. That the specific cause of yellow fever is sufficiently minute to pass through a new Berkefeld filter, capable of withholding the ordinary bacteria.

5th. That the infectious power of the virus of yellow fever is destroyed by exposure to 55° C. for ten minutes.

These results have all been confirmed and are now generally accepted. The most important confirmations of the mosquito inoculations have come from Dr. John Guiteras, of Havana; Messrs. Marchoux, Salimbeni and Simond, the commission from the Pasteur Institute of Paris, and other investigators, all working in Brazil; and from Working Party No. 1 of the Yellow Fever Institute.

We claim priority in the demonstration of the mosquito theory because, in the attempts previously made by Dr. Finlay, although infection took place in a few of the cases, this resulted from actual exposure in an infected city and not from the bites of the applied mosquitoes. As a matter of fact these mosquitoes were kept only from two to five days, and in one case six days, whereas it is well established that the mosquito is never capable of infecting until after the lapse of twelve days or more, from the time of biting the patient. The time required for the mosquito to become capable of infecting represents the period necessary for actual growth and development of the parasite in the body of the insect. This proceeds more rapidly or more slowly, depending on the temperature of the environment of the mosquito, and as the same has been shown to be true of the malarial parasite, we must assume the cases to be analogous, though the minute parasite of yellow fever has hitherto eluded observation. In all the experiments that have been made, twelve days is the shortest time in which the mosquito has developed the power to infect; assuming that this period may possibly be shortened by a day or two, we may place the extreme minimum limit at eight or nine days; the latter being the interval necessary for the malarial parasite under the most favorable conditions. As a rule the period of development in the mosquito seems to be

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between fifteen and twentyfive days for yellow fever and the power to infect lasts throughout the lifetime of the insect.

The experiments to show the non-contagiousness of the disease have been repeated in Rio de Janeiro, with the same result, but the simple fact that the mosquito becomes capable of infecting only after the lapse of a definite interval of time, indicates that the body of the mosquito is an indispensable medium for the extrinsic development of the parasite, consequently we have nothing to fear from any other source.

The inability to recognize the parasite is due, in part at least, to its minute size, shown by the experiments in which it was made to pass through a filter impervious to the ordinary bacteria. These filtration tests have been confirmed by the Pasteur Institute Commission and by that of the Yellow Fever Institute.

The destruction of the virus at a temperature of 55° C. in my experiment was also confirmed by the French Commission, who succeeded in reducing the time of exposure necessary, to five minutes. The filtration experiments were suggested by Dr. Wm. H. Welch; the temperature experiments by myself; the blood inoculations by Surgeon General Sternberg, who records one negative experiment in the ninth day of the disease.

It is a matter of congratulation that, although in the course of our work, twenty-two persons were intentionally inoculated with yellow fever, they all recovered. The infection which resulted so sadly in the death of our lamented colleague, Lazear, is regarded as accidental, because it was not, in any sense, premeditated.

The results of the work of the American Army Commission are apparent in the suppression of yellow fever in Havana, and in Vera Cruz, as well as on the Isthmus of Panama. The partial control of the epidemics in Texas in 1903 and in Louisiana in 1905 was due to our knowledge of the mosquito transmission of the disease. Rio de Janeiro is happily proceeding along the proper lines. Indeed, the problem of the prevention and suppression of yellow fever has now become so simple that given the determination and the means, the end can be assured; further, there is good reason to believe that with mutual cooperation on the part of the countries concerned the disease may be entirely eradicated from our continent.

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TUBERCULIN*

By R. F. Rabe, M.D.
New York City.

VERY much in the lime-light of professional publicity has this remedy basked since the epoch-making investigations and part conclusions in the realm of opsonins, by Wright. Even the lay mind has been deeply stirred in its enforced attempts to grasp the mysterious significance of the opsonic index and kindred subjects, presented as histrionic pabulum by that prince of grotesque satirists, Bernard Shaw.

Indeed, tuberculin as a remedy in human tuberculosis, had almost ceased to excite consideration of any sort, until Wright again brought its possibilities into prominence. If, whatever value tuberculin has or will be credited with having in the future, as a result of these most important investigations, shall lead to the further confirmation of the truth of the homœopathic law, then will the discovery of the method of measuring the resisting power of the human organism to morbid bacterial invasion, be an unmixed blessing to the righteousness of the principle for which we as a school stand.

Whether we accept or not the theory of the bacterial cause of disease, and there is much trustworthy evidence to go far towards overthrowing this theory, as is shown by the experiments of Middendorp of Groningen, it may safely be predicted that future research will prove, that the opsonic index is raised in every case of disease, in which the truly similar homœopathic remedy has been given. Passing now to a consideration more in detail, of the subject-title of this paper, let us see in how far tuberculin as a remedy, has an interest for us. Used by Burnet with apparent success in the treatment of tubercular disease, especially of the pulmonary form, it was for some time proclaimed and heralded as the specific remedy in this disease. By many physicians, such use was openly asserted to be grossly isopathic and in no way related to homœopathy, hence to be unhesitatingly condemned. By others, and these represented the majority in the school, it was given as the only remedy offering any hope, wherever and whenever the diagnosis of tuberculosis had been established. In other words, the label affixed to the disease process, the obvious remedy followed. Of

*Read before the A.I.H.

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course there could but one result come out of such chaotic usage and that, disappointment. Amid all the noisy discussion and interchange of conflicting opinions, a small minority in the school held fast to the time honored Hahnemannian principle, that, in order for anything to serve as a remedy in the treatment of the sick, that thing must first have undergone a careful proving upon healthy human subjects. Little by little such tests were put into execution, here and there bringing out effects startingly similar to some observed in the tuberculous sick. Experimentation with highly potentized preparations upon sick subjects, proved many important symptoms clinically, as well as produced numerous new and hitherto unknown effects in unduly sensitive patients. Gradually a pathogenesis, showing a truly individualistic symptom genius of it own, was evolved for this nosodic product, placing it side by side in usefulness at least, with our antipsoric polychrestic remedies. Clinical experience has served to further fix the exact place and sphere of action of tuberculinum, until its administration is no longer the outcome of empirical knowledge or blind experiment. It acts by virtue of the law of similia similibus curantur, or not at all.

The manifestations of disease vary according to the constitution in which they arise. Hence are various remedies required in the removal of these manifestations, albeit of the same disease, pathologically or diagnostically considered. Yet each disease so disturbs the equilibrium of the vital force, that its impress upon the organism is sufficiently stable to entitle it to a fixed place in nosology. The same may be said of a drug, whose effects, though frequently different in degree, are essentially alike in kind. To prove sulphur, means to produce a sulphur sickness; to prove tuberculinum means to produce a sickness similar in its outward expression i. e. symptoms, to those of tuberculosis. Were this not so, tuberculosis could have no existence in fact, for it would then be unable to establish any impress of its own upon the organism. It follows that to give tuberculinum medicinally, its action must be truly similar, hence homœopathic only.

Tuberculinum is many times the chronic of pulsatilla, and resembles the latter in its amelioration from cold open air. Many of its symptoms are also aggravated in the evening. At this time the hoarseness even to aphonia, showing marked laryngeal involvement, increases, with much oppression of the chest. This is like phosphorus, but Lucifer does not take kindly

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to the cold open air; a point most valuable in differentiation. Stomach pains in tuberculinum are most atrocious, being burning, cutting and rending in character and greatly increased by the indigestion of even the blandest food. Cold things are often craved; in this the remedy resembles phosphorus again, as well as in the deathly sinking sensation at the stomach, which is agonizing in the extreme and causes the patient to sigh deeply for relief, as though trying to fill the void by inhaling more oxygen. Food if retained, relieves this sensation, but usually excites pain and prompt emesis. The tuberculinum patient will even in mid-winter, lie thinly covered with the cold air sweeping over her. Cannot seem to get enough cold air and is greatly refreshed by it. The fever comes on or increases toward evening and at night with decided hectic flush on the cheeks. In the extremities many pains are found, tearing in nature, compelling the patient to shift his position for relief. Of course rhus tox suggests itself. The finger tips become painful as if suppurating, though nothing is to be seen. Humid or wet weather aggravates the suffering of the tuberculinum patient, especially the catarrhal and pulmonary symptoms. The nose becomes obstructed and large tough greenish pieces of mucus are discharged. In this phase is shown its close relationship to many of the antipsorics, whose action it most ably supplements. Mentally the patient is peevish, irritable, impatient and restless for change. Wants now this, now that. The bowels are often obstinately constipated with tympanitic distension of the abdomen and soreness of its walls.

Much more might be said of this great antipsoric, for such in truth, it is; enough has been mentioned to suggest its sphere of remedial activity and usefulness.

IMPROVEMENT OF CITY MILK SUPPLY*

By C. E. Santee, M.D.

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Washington, D. C.

IN considering the improvement of a city's milk supply, the matter of prime importance, for early consideration, is the man to be behind the man behind the cow.

The chief inspector should be, first of all, a practical dairy-

*Read before the A. I. H.

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man, wherever possible. He should understand each ramifying detail of the production, handling and testing of milk. He should have all the qualifications of a born diplomat. No class of men will more readily detect a counterfeit man than will the dairy farmer. The inspector must be able at all times to keep the dairyman feeling that the interests of producers and consumers are identical, and he must make them identical by being always ready and quick to point out remedies for the defects that are injuring the producer financially, as well as those that are contaminating his milk. If he meets the dairyman in a spirit of hostility, if he engenders his opposition or if he leaves the impression that he is acting in the capacity of a policeman, a dictator or a spy, he has lost nearly every opportunity for good service to his city.

Most municipalities begin with legislation, which is a great mistake. No law was ever enforced that did not have public approval back of it. Then, why force the farmer to produce that for which there is no adequate demand? Legislation, to be effective, should be last rather than first, and is needful then only as a guide, and for the straggler and vicious. Education as to the value of clean milk should come from the school, the home and the medical college. We physicians have a great responsibility in the matter. When our slightest suggestion contains more force than all the laws and an army of policemen could have, we should be prepared to intelligently make that suggestion.

More infants are annually sacrificed to the lack of knowledge of the ordinary precautions necessary to be taken in handling milk in the home by mother, nurse, or even family physician, than by the cupidity, the carelessness or the slovenliness of the farmer who produced it or the dealer who handled it. While it is a fact that most milk that comes to us is just reeking in fecal matter, the average consumer is so educated to the taste that this filth produces, that if he were to be given a sample of clean milk he would at once declare that there was something wrong with it.

Therefore let the newly-appointed chief milk inspector turn his attention first to the matter of teaching the consumer what clean milk is; the danger of and the usual methods of contamination; that it is necessary to sterilize each vessel that is to contain milk in the home as it is to do the same thing on the farm. That ordinary city milk fresh from the farm contains innumerable bacteria which multiply very rapidly in it at a temperature of 60 to 90 degrees. In short, that the highest quality of milk can only be produced from healthy, comfortable cows, in clean surroundings; poured from one vessel to another as few times as possible, and cooled, bottled and sealed at the earliest possible moment and then so kept until time of

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using. He should discourage the too prevalent habit of receiving milk in open dishes (usually put out the evening before), as a receptacle for all floating dust from the street, much of which is laden with the germs of disease, and all of which is undesirable as a part of the milk supply. When the consumer has learned these things, and many more which the good inspector will teach him, there will be little use for legislation except as noted above.

When the consumer knows what he wants, he will also know that to produce it will entail a slightly added cost, but he will be ready to pay for it, and when he looks for it in that frame of mind he will have no trouble in getting it. A conference of producers, consumers and health authorities, if guided in the right channels, usually ends in mutual understandings and the happiest results. The farmer likes to be consulted upon a subject which so closely affects his future welfare, besides his moral support is sure to follow a policy which he has helped to outline.

Next let the inspector visit each dairy farm and distributing depot, and score them according to the sanitary score card devised by the U. S. Department of Agriculture; at the same time tactfully giving advice as to improvements. These score cards should be filed with the city clerk and be at all times open for the inspection of the consumer. The custom of publishing the names of the best scoring ten to fifty, according to the size of the city, together with their scores, works well when tried. The best results of the use of these score cards is that they have a tendency toward grading the milk, thus rewarding the producer who furnishes a superior article by causing a premium to be paid for it. I recently heard a dealer in a meeting of producers offer to pay a bonus of $25 to any of his shippers who would make improvements which entitled them to scores of 80 per cent. or better, at the same time to give them 3 cents per pound more for their butterfat. At the same time he offered a bonus of $20 for scores of 70 per cent., $15 for 60 per cent., and the same advance for each pound of butterfat. At another place, they are offering a bonus of 3.5 cents per gallon for milk from non-reacting tuberculin tested cows at dairy farms scoring 80 per cent. or better.

There should be a municipal laboratory fitted up with a Babcock outfit for determining percentages of butterfat and computing solids; petri dishes, culture media, flasks, etc., for determining the bacteria count; chemicals, pipettes, etc., for determining the presence of preservatives, pasteurization, etc.

As soon as possible after the first general inspection, a chemical and bacteriological test of the milk from each farm should be

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made. The results from the best ten to fifty places, according to the size of the city, should be published in the daily press, and the entire report should be open for inspection of the consumers. Where the bacteria count is over 100,000, the inspector should visit that farm and learn, if possible, the cause and point it out in a kindly but firm manner to the producer.

If no milk ordinance has been passed, it will now be time for the authorities to turn their attention in that direction. First of all, a provision should be made that all who sell milk, cream or ice-cream in the municipality should do so only after having obtained a license from the health authorities. It is well to have the license fee elastic. Not to exceed $10.00 per year and fixed each year, works well. Five dollars per year, under proper management, will be ample to meet one-half all necessary cost of inspection, sanitary and veterinary, including the tuberculin test once each year; and the municipality, getting the greater part of the benefit, should be willing to bear at least one-half the cost. All licenses should expire yearly at a fixed date. No applicant should be permitted to sell until after the place is inspected and found satisfactory. The inspector should have authority to temporarily suspend a license, subject only to appeal to the chief inspector, whose decision should be final. Provision should be made for the yearly tuberculin test by a veterinarian employed by the city, of all cows furnishing it with milk. Reacting cows should be indelibly marked by the veterinarian and at once isolated from the herd. The application for a license should contain an agreement to abide by all the rules and regulations of the board of health pertaining to milk. Short, crisp rules should be adopted and printed in pamphlet form, and should be left with each applicant for a license. The Twenty Rules of the U. S. Department of Agriculture cover the ground admirably.

The city of Cleveland, Ohio, gets the best of results by having a sort of an annual dairymen's institute, conference and milk contests. Prizes are offered for the highest scoring dairy farm, best samples of milk, etc. The meeting is attended by experts from the United States Department of Agriculture, city health officials and all who are interested.

The experts of the United States Department of Agriculture are always at the service of any municipality desiring them.

The intelligent application of the suggestions briefly pointed out above will very greatly reduce the infant mortality of most of our cities. The community always depends upon the physician to take the initiative in these matters. We should awake to the situation.

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SANITARIA AND TENT COLONIES FOR CONSUMPTIVES UNDER HOMŒOPATHIC CONTROL*

By A. E. Smith, M.D.

Freeport, Ill.

WHEN we consider that there are 137,557 physicians in the United States and of this number only about 13,000 are registered as homœopathic physicians, and when we note that there are sixty sanitaria and tent colonies chartered under the laws of different States caring for tubercular cases only, and that of this number only four are under homœopathic control, we may, at first thought, be surprised, but when we stop to think of the fact that the regular school of medicine dates back to 2,000 years before the Christian era and has all of the accumulated impetus that hundreds of thousands of years can give it, while homœopathy is only a little over 100 years old; we shall again marvel that there are as many homœopaths as there are at the present time and that they have as many as four chartered and distinct sanitaria and tent colonies in this country for the treatment of one malady alone. There are some institutions in which both schools are represented and scores of small unchartered institutions controlled and operated by individual physicians of both schools.

The regulars have been represented in this country since its earliest settlement by people from the eastern hemisphere. The first regular medical college was established by Wm. Shippen at Philadelphia in 1765. Homœopathy has been represented in this country since it was introduced by Dr. Gramm in 1826, and the first homœopathic medical college was established at Philadelphia in 1848. By comparison, then, from a time standpoint of reasoning, we have no right to expect the homœopathic school of medicine to be as well represented in number of individual physicians or number of institutions as the regular school of medicine, but a comparison of skilled work accomplished shows no discredit to a school with fewer followers or one that numbers its existence by years instead of hundreds and thousands of years, and while the idea of out-of-doors living and the dietary process in the treatment of tuberculosis practically, as far as I am able to learn, originated with Dr. Edward L. Trudeau, a graduate of but one school of medicine; yet there is no reason why graduates of other schools of medicine should not make use of the practical demonstration for the benefit of their patients. There are internal remedies and

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other therapeutic agents whose uses have been determined by graduates of other schools of medicine, but it would not be indicative of broadmindedness or enhance our ability to practice the science and art of our profession, to preclude that the graduates of one school of medicine cannot make use of the same drugs or agents that have been determined as useful in the treatment of the sick and afflicted by a member of some other school of medicine; in fact, there are, and of necessity must be from the nature of things, many things in common with all schools of medicine, for the fundamental foundation or object of all medical educational institutions is the same, namely, to fit and prepare individuals that they may care for those suffering with diseased conditions. Besides embracing all other foundation principles in its course of instruction, the school of homœopathy has for its foundation in teaching the application of internal medication, the law of similars.

That there is great need for sanitaria and tent colonies for the treatment of tubercular cases no one who has investigated statistics along this line questions. The control or management they will come under depends not upon what school of medicine a man may be a graduate of but on individuals that are willing to put time, money and energy into such institutions. A number of our State legislators, during the last few years, have had their eyes opened in one way and another and have been made to realize that such institutions are a necessity and that they can be and are established and maintained by the State. In some States strong efforts have been made to pass bills and make appropriations for such institutions, but without success. In the State of Illinois, two years ago, and again at the last general assembly, a bill for an appropriation to establish and maintain such an institution was introduced and strongly urged, but without being passed.

No State institution for the care of tubercular cases has ever been established and then abandoned because it was not considered in every way a paying investment on the part of the State; a few private institutions have been demonstrated to be poor investments so far as the financial side of the question is concerned, but this, like all other classes of business, in order to be a success, must have a good business management. Homœopathic institutions cannot live from the mere fact that they are homœopathic institutions, no more than any other kind of business can be a success from the name alone. Those interested in homœopathy have had a hard struggle to bring it up to its present state of perfection, and were those that are now interested in the success of the school to lay down the sword and shield and battle no more for the cause, only in so far

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as it is of personal gain to them, what would be our standing as a school of medicine in one single decade from now? On the other hand, what a stride could be made in homœopathy in one short decade, if all that are at present practising under the banner of homœopathy would come boldly to the front and line up solidly for homœopathy, work for homœopathy and, if needs be, die for homœopathy. But we recognize on so many sides only a luke warmness toward homœopathy, especially where public interests are involved. We see it not only in homœopathic societies, local, State and National; but it is true in sanitaria and tent colony work, and while we find a few willing ones in nearly every undertaking, there are so many whose spirit of ambition for the success of the undertaking is so apathetic that it never survives after the first shock of syncope, but is borne quietly to its last resting place and buried in the bosom of its first aspiration without a mourner to shed even a silent tear during the last sad rites.

The chartered sanitaria and tent colonies under homœopathic control for the treatment of consumption are not many and the operators of these institutions, so far as I am able to learn, are not paying very much attention to homœopathic prescribing. In a communication from the manager of one of these institutions, in reply to an inquiry from me relative to the use of the indicated remedy in his institution, he privately says: "I would state, that careful consideration is given to each patient in regard to the manner of living, his exercise and rest are controlled, as is the kind and quantity of food taken; but from long personal contact with tuberculosis I have learned to be very skeptical on all forms of medication, either homœopathic, allopathic or eclectic. Our patients are sent to us by the very best physicians of these schools; they have had the most expert prescriptions. I could mention to you some of the best men in the country who have sent us patients after trying the 'indicated' remedy. These patients have come to us with active diseases. with temperature, night sweats, emaciation, cough, expectoration and all other symptoms. From this fact I am lead to believe that the indicated remedy has not been of any value. Put these patients out of doors, make them take advantage of rest, exercise and the other details of the open-air cure, and a goodly percentage get well, but not with the indicated remedy." He further says under a given specified circumstance: "I was impressed with one thing, that our school placed too much dependence upon the indicated remedy. Physicians prescribe for months according to the indications; they do not make an early diagnosis, they do not make their patients leave their work and lead the life that is absolutely necessary to make a cure."

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I have endeavored to secure some form of statement from some of the other members of our school that operate institutions of this sort, but they seem reticent about making statements for public professional use on the question, and I have been obliged to halt with at least two reasons why they are reticent; for certainly these men would not show the discourtesy to not respond to a communication when there is such an opportunity to say a word that would mean so much in the way of support to the law of similars, if their observations and experiences were demonstrating that the law can be successfully applied in the class of cases that are receiving attention at their institutions. Firstly, either there is no virtue in the administering of the indicated remedy in these cases; or, secondly, those that have endeavored to make use of the indicated remedy under ordinary circumstances have met with such discouraging results that it has disheartened them from making further use of the indicated remedy even under more favorable circumstances and surroundings, and they have absolutely abandoned prescribing internal medication in all such cases. If the former reason is true, then there come still other questionings in my mind as to why it is true. Is it because there is really no virtue in the use of the internal medication even when prescribed in accordance with the law of similia where there is a pathological condition to be overcome? Or is it impossible to administer internal medication in accordance with the law of similars to symptoms that arise from pathological conditions; or is it because these men, on account of the imperfect condition of our materia medica, have not been able to accurately select the indicated remedy in this particular class of cases? Or, does it mean that the indicated remedy cannot be successfully used where there are such pathological conditions to be overcome as we find in pulmorany tuberculosis?

For over two years the Illinois Homœopathic Medical Association entertained and supported a resolution to establish a tent colony in the State of Illinois under homœopathic control for the treatment of tuberculosis. To carry out the resolution a committee was appointed by the State society and the matter was finally, after a great deal of investigation and strenuous effort on the part of those most deeply interested in the matter, for the sake of an opportunity to demonstrate what can be done in accordance with their own faith and belief in the efficacy of the homœopathic remedy being rightly applied, culminated in the organizing of a stock company, incorporated under the laws of the State of Illinois for $35,000.00, with a charter broad enough to admit of any kind of business necessary for the success of the institution. The entire

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amount of stock has been subscribed for, a tract of one hundred and three acres of land, located on the Illinois River, between Ottawa and LaSalle, has been purchased and paid for. A more favorable location could not be found in the State.

While the stock has been entirely subscribed for, there is still stock for sale to homœopathic physicians and their friends, and when I state that such men as Dr. Joseph P. Cobb, Dr. Alexander L. Blackwood, Dr. Samuel H. Aurand and Dr. B. F. Bailey are among the directors of the institution, I feel that further comment as to business management and insured success of the institution is unnecessary. While capital is a necessity in every business proposition, energy and ambition in promoting such an undertaking is of just as great necessity.

From a medical standpoint all homœopathic physicians seem to be proud of their personal achievements and some go so far as to think that it is they themselves that have accomplished the great work of relief, notwithstanding they applied an agent in accordance with a law that was given them and which they were not even instrumental in framing. Yes, it is true that we are the first school to follow a real law in prescribing internal medication, but let us not be content with that, but add more commendable virtues to this particular school by stretching out a helping hand to every effort that is being made to broaden the scope of homœopathy, and here in the treatment of one affliction that is claiming more victims than any other known disease the application of the indicated remedy without the necessary surroundings seems to have fallen into disrepute. The necessity has been forced upon us, the opportunity is here for the demonstration, the effort at the present time is to secure the necessary conveniences and accommodations for its practical application.

THERAPEUTIC NIHILISM.—We have to avoid making our students therapeutic nihilists, as well as keeping them from blind polypharmacy. Just listen to that now, from Thomas McCrae, of Johns Hopkins, in the *B. M. J.!—A. J. M. C.*

THERAPEUTICS AT JOHNS HOPKINS.—McCrae describes an ideal system of teaching therapeutics at Johns Hopkins, and leaves us in a painful doubt as to how the men can go through it and come out so ignorant.—*A. J. M. C.*

A SIGN OF PTOMAIN POISONING.—Dilation of the pupils, as from atropine, is an important symptom of ptomain poisoning, distinguishing it from arsenical poisoning.—*Wis. Med. Rec.*

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HETEROTROPIA, OR CONCOMITANT SQUINT: ITS INTEREST TO THE GENERAL PRACTITIONER*

By F. G. Ritchie, M.D.

New York City

Surgeon to New York Ophthalmic Hospital, New York

IT is no infrequent occurrence even at this present day to meet with cases of strabismus in which the family physician, having been consulted by solicitous parents concerning the appearance of a squint in their child, has dismissed them with the advice "to wait and see if the child will not grow out of it. He may have been correct in his surmise, but he did not appreciate the fact that the vision of the squinting eye would also be irretrievably impaired.

It is a fact that during the earlier months of infantile life, before the development of the fusion faculty has made much progress, that the eyes may show an excessive convergence for a few seconds or minutes at a time, due to some reflex gastric or other disturbance; or this may occur even at a later period in those in which the development of this faculty is somewhat retarded. But if this symptom be present for several minutes at a time, or if the defect be confined to one eye, it is not safe to temporize, but competent authority should be consulted without delay.

I have spoken of the development of the fusion faculty. Worth has demonstrated that the preponderance of central vision of each eye separately, and the symmetrical vertical movements of the eyes are fully developed at birth; that the conjugate horizontal movements, enabling the two eyes to simultaneously fix an object is fully developed between the fifth and sixth month; and that the fusion sense, or the desire for single binocular vision, is present at that time (the fifth or sixth month), while it does not attain its full development until between the fifth and sixth year.

Now, provided there are no disturbing influences, the child will maintain the direction of the visual lines toward the object fixed—that is, the eyes will appear "straight", because of the inherent desire to maintain single vision. But if, with an imperfect or retarded development of the fusion sense, there is present a disturbance of the balance of coördination of the ocular muscles, squint will result. This disturbing factor may be an error of refraction, or a muscular imbalance due to anatomical defects of the ocular muscles, or their

*Read before the Connecticut Homeopathic Medical Society.

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functional impairment, such as may be induced by exhausting illness, violent disturbances, or the action of a toxine.

For convenience, let us divide heterotropia into two general varieties, the alternating and the monolateral. In the former variety the patient fixes with either eye indifferently; the tendency of this variety is to change to the monolateral, except in those patients who have what is termed "an antipathy to binocular vision," which is a condition of congenital absence of the fusion faculty. In such, the vision does not suffer, both eyes straining their normal visual acuity.

Monolateral heterophoria is that form in which the patient squints habitually with the same eye. At first the acuity of vision of the squinting eye may be equal to that of its fellow, but the images of the two eyes, being formed on unsymmetrical portions of the two retinæ, cause the patient "to see double." This gives rise to confusion and annoyance, and the patient learns to ignore the less distinct image of the squinting eye; in other words, he unconsciously suppresses the mental image of that eye, and, as a result of the disuse, the central or macular region of the retinæ ceases to functionate., and this loss of function gradually extends to the peripheral portions; but the function of the extreme peripheral zone is never entirely lost. This will account for the fact that on covering the sound eye, the patient will frequently, by turning the squinting eye so as to present a more sensitive portion of the retina, be able to discern large or brilliantly illuminated objects.

The deterioration of vision is more rapid in the younger child, so that an infant who develops a monolateral squint at the age of six or eight months, loses central fixation in from eight to ten weeks, while a child of three years would not lose it under a year.

Constant monolateral heterotropia, not due to pathological changes in the eye-ground, appearing after the sixth year, does not, as a rule, cause loss of vision in the deviating eye to any appreciable extent, and, should a slight diminution of vision occur, it may be regained under appropriate treatment.

How may the family physician be able to preserve the vision in a case of monolateral concomitant strabismus until such time as the patient can be placed under the care of a competent oculist, when, either because of inaccessibility, or because the financial condition of the child's parents or guardian is such that they are absolutely unable to afford the expense attendant upon a journey to a medical center, where the child may receive free treatment? I have suggested that the deterioration of vision in the squinting eye is due to non-use, and that as long as the type of the squint remains distinctly alternating, the vision does not suffer deteriora-

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tion. This suggests to us a temporary expedient. Force the child to use the squinting eye for a certain period daily by covering the non-deviating eye for two hours each day, in such a manner that he will be unable to use it, but will be obliged to depend upon the affected eye for vision. In this way the vision of the squinting eye may be preserved (provided the squint be not due to pathological changes in the eye) until such time as proper treatment can be instituted.

How can the general practitioner, who has had no special training, and who is so situated that he cannot avail himself of the services of an oculist, be able to differentiate between a concomitant and a paralytic strabismus? No trouble would be encountered in the case of a patient who was old enough to describe the persistent diplopia present in paralysis of an ocular muscle, but in a young child we would have to rely upon an objective test.

With the child seated upon the lap of the parent or nurse, and head firmly held between the palms of her hands so that it cannot be turned; the room darkened; the light from an ophthalmoscopic mirror is thrown into the eyes, or, if this is not available, a lighted night-lamp or candle is held about three feet from and slightly to one side of the patient, care being taken that it is on a level with the patient's eyes, neither above nor below, and as the child fixes the light, the examiner's eye being behind the sight-hole of the mirror, or sufficiently above the flame to enable him to view the patient's eyes, but directly in line with it (a screen perforated with a single hole may be used to protect the examiner's eye from the glare of the light), he notices the position of the image of the light reflected from the patient's corneæ. The light is then moved to the opposite side of the patient and the position of the image again noted. It is thus possible by carefully comparing their positions when viewed from the two extreme positions to judge the angle of the deviation and thus determine whether we have to deal with a concomitant or a paralytic squint. If the angle remains the same the squint is concomitant, but if, however, the angles are greater or less, we have a paralysis or paresis.

From the ground already covered can be judged how important it is that treatment of a heterotropia be undertaken as soon as practicable after it becomes manifest, in order that deterioration or practical loss of vision in the squinting eye be forestalled by training of the fusion sense, or operative interference if necessary.

Briefly considering those cases of heterotropia in which the vision of the squinting eye is practically lost, are operative meas-

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ures to be recommended in such cases? What are the dangers, and what is the probability of a successful result?

In answer to the first question—Are operative measures to be recommended—I unhesitatingly answer in the affirmative, if for nothing more than the cosmetic effect. Why, I ask, should any fellow-mortal be advised to go through life with a defect that is a source of mortification to himself and friends; that makes him an object for rude remarks; with a countenance that is a caricature only of what nature intended; with the loss of that factor which, more than any other, gives expression to the finer feelings of the soul; and weighted with an unnecessary handicap to his success in social life and mercantile pursuits; and, in the female particularly, to her matrimonial prospects?

As to the dangers of the operation, they are practically nil, and, performed as it under local anesthesia, it is painless. The only possible objection to the operation, for it is uniformly successful in competent hands, is the inconvenience of being obliged to wear an occluding dressing over the operated eye, and a stenopaic slit before the unoperated one for from five to eight days.

Sulphur in Malaria—Quinine has hitherto been considered the true specific in the treatment of malaria, because it was the only known drug which affected the life of the plasmodium in the blood of the patient. But a writer in a German journal devoted largely to tropical medicine, has recently called attention to the value of sulphur as a prophylactic and method of treatment in malarial infection. In the course of his personal experiences in South Africa, he found that it was customary among the natives for a patient to shut himself up in a tightly closed hut with some burning sulphur, staying there as long as he could possibly put up with the fumes of sulphur dioxide. He described cases in which the fever disappeared within twenty-four hours after this exposure, and examination of the blood showed an absence of the parasite. The malarial parasite depends largely for its existence upon the blood pigment. It is well known that sulphur unites with the hemoglobin to form a much more stable product which undoubtedly resists to a greater extent the disintegrating action of the parasite. This is an interesting development in the treatment of malaria and one that may prove of considerable value.

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VARIOLINUM AS A PROPHYLACTIC

A LEADING member of the faculty of the Harvard Medical School stated recently that it could no longer be said that the dominant school was without a therapeutic law inasmuch as the law of immunity had been adopted as a principle. In the development of this principle the school has come periliously near, to say the least, to homœopathy and immunization is by no means a new idea recently evolved in old school ranks. Every student of Hahnemann's writings knows that he called attention to the well-known fact of natural immunity to certain diseases acquired through one attack of these maladies, and he developed the idea of immunity artificially produced by the administration of drugs, notably in the case of belladonna and scarlet fever. The most recent advances in immunization bear close relation to the use of nosodes which have been used more or less widely in the homœopathic profession for a number of years.

The most familiar example of prophylaxis is the use of vaccine virus as a preventive against smallpox, and so widespread has been its use, and so satisfactory, on the whole, have seemed to be the results that the majority of homœopathic physicians have not thought it necessary or advisable to inquire if there were any superior method of prophylaxis.

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The internal administration of variolinum has been advocated for smallpox prophylaxis, however, for many years by a number of homœopathic physicians, and in the State of Iowa this method has the support of the majority of our branch of the profession practising there; and three district courts have decided that prophylaxis by this method complies with all the requirements of law.

In a paper read before the Bureau of Sanitary Science at Jamestown, Dr. Charles Woodhull Eaton, of Des Moines, Ia., by invitation represented the homœopathic physicians of his State in presenting to the American Institute of Homœopathy the "Facts about Variolinum," as elicited by them. In that paper he pointed out that variolinum was a preparation of the virus of smallpox and not cowpox, as is vaccine virus. He then discussed the reasonability of the use of variolinum, showing that this depends upon whether an individual can be rendered immune to a given disease by the administration of the virus of that disease, and upon whether the virus can be effective if administered by the mouth. Then comes the test of experience. By correspondence with other physicians in Iowa, soliciting conservative figures borne out by actual case records, Dr. Eaton presented the following statistics: Number of people to whom variolinum had been administered internally as a prophylactic against smallpox, 2,806; number of these actually known to have been exposed to smallpox after taking variolinum, 547; number who had smallpox after taking variolinum, 14. Dr. Eaton called special attention to the fact that the number of prophylactic administrations and of subsequent exposures was far larger than the above figures would indicate, since the figures dealt with cases on record only. One correspondent suggested that the number of known exposures was probably less than ten per cent. of the actual number of exposures.

These figures demand some consideration; certainly they cannot be ignored. Did they emanate from some European authorities high up in the councils of the dominant school they would be widely quoted. They certainly show that prophylaxis against smallpox by the internal administration of variolinum deserves further investigation and possibly submission to a scientific testing out under the strictest regime of modern science.

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What sanitarians advocate and are aiming at is prophylaxis —vaccination is only a means to that end. If the internal use of variolinum is as efficient a means of prophylaxis as vaccination as ordinarily understood, the choice of the means can well be left to the patient or guardians of the child; and if preference is shown for the newer method it will be a feather in the cap of homœopathy.

"THE PRESENT POSITION OF THE MEDICAL SCHISM."

UNDER the above title, Dr. Kenneth W. Millican published a paper in the *Nineteenth Century* of February, 1888, nearly two decennia ago; the essay was republished in the *St. Louis Medical Review* of May 26 and June 2, 1906.

We quote two succinct paragraphs of this estimable essay:

"And how stands the case now? Is there any justification, any excuse, for the maintenance of a designation, of special organizations, at the present time? We are told that if those whose practice is more or less based upon the 'law of similars' will only abstain from calling themselves 'homœopaths,' give up their special organizations, directories, and societies, and dismantle their hospitals, the hand of professional fellowship shall be once more extended to them. Individuals have tried it, and with what result? Why, that they are immediately accused of dishonorable conduct. Call yourself a homœopath and you are 'trading on a name' that is derogatory to the profession. Do not call yourself one and you are sailing under false colors. 'Heads I win, tails you lose!'

"In a discussion in the *Times* (London) in December of last year (1887) we were told by two of the writers, as certain medical journals never tire of telling us, that the medical profession has long since 'definitively spoken' on the subject. It is just such absurd and pitiable dogmatism as this which does more harm to the medical profession than any amount of quackery. On how many subjects has the medical profession yet spoken 'definitively' in regard to which it has not seen fit to change its opinion in course of time? This attempt to bar appeal, to stop discussion, is a most narrowminded policy, and one which has proved disastrous in all times to every organization that has tried it."

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In view of the recent utterances of Prof. Shattuck, chief of the Harvard Medical School, of Dr. R. C. Cabot of the same institution, of Prof. von Behring, regarding the homœopathicity of his antitoxic agents, of Dr. Sisca of Queensland, Australia, individuals belonging to the "majority" school, and also in view of the eternal truth in the case, we may say that there will be no justification for the maintenance of a designation (as a schismatic body), nor any excuse for the persistence of special organizations, whenever the American Medical Association sees fit to yield, not to politics, but to a demonstrable and century-long demonstrated science, or law, or rule of practice—whichever term pleases best.

Hahnemann promulgated his Newton-like discovery in the following words:

"The furtherance of every means, be it ever so small, that can save human life, that can bring health and security, should be a sacred object to the true physician, chance, or the labor of a physician, has discovered this one. Away, then with all grovelling passions at the altar of this sublime God-head, whose priests we are!

"We all strive after a common, holy object; but it is not easy to be attained. It is only joining hand in hand, only by a brotherly union of our powers, only by mutual intercommunication and a common, dispassionate development of all our knowledge, views, inventions and observations, that this high aim can be attained—the perfecting of the medical art."

Millican, looking backward, says:

"Now let us look a little into the history of medicine. A therapeutic rule by no means novel, but which had for centuries remained practically buried, was unearthed as it were by a certain section of the medical profession and proclaimed afresh. That rule was the 'law of similars,' and the application of it is fitly called 'homœopathy,' and those who use it to any extent are *to that extent* 'homœopaths.' Its applicability, either partial or universal, was at first flatly denied and pronounced absurd by the mass of the profession; and it therefore not unnaturally came about that those who acknowledged it, independently of the extent of their claim, were dubbed 'homœopaths,' *by their opponents.* They were also, as a matter of history, anathematized and excommunicated,

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were deprived of their posts in hospitals, of their chairs at universities, of membership of medical societies, and were thus in accordance with a law of nature driven into combination and organization *in self-defense.*"

When the "majority" school becomes as unafraid of the scientific term, "homœopathy" as it is of the "opsonic index" or "antitoxicity" et alia, and when the indications, uses, and value of drugs prescribable homœopathically is taught in schools and colleges under the domination of the American Medical Association, there will be no further reason for sectarian designation or special organization.

Notes and Comments

Fresh Air, Cold Air and Cooked Air—Considerable interest has been aroused in the treatment of pneumonia and other infectious diseases in children in hospital wards from which all artificial heat has been withdrawn, or upon the roof of the institution. While the results are an improvement, as a rule, over those obtained in institutions conducted on the ordinary lines, it cannot be said that it has been proved that there is any virtue in cold air which is not to be found in fresh air. And the same undoubtedly holds true in the treatment of pulmonary tuberculosis. The exposure of the sick to the rigors of winter is not without danger. On the other hand, fresh air is an essential to life; and not only must we preserve it from the contamination of products of combustion, but we have got to recognize that in heating fresh air we probably deprive it of some of its essential constituents. This probably takes place whenever the air is heated beyond 60 degrees to 65 degrees F. Fresh air we want and plenty of it, and cold air is undoubtedly preferable to heated or cooked air. We need also to continue our campaign of letting the public know that there is nothing wrong, nothing harmful in night air, and that to spend eight hours or more in a bedroom with the windows tight shut is not conducive to well being.

A Bit of History—The following, reprinted from a History of the Eclectic Medical Institute (Cincinnati), contributed to the *Eclectic Medical Review* by Harvey Wickes Felter, M.D., records an incident in the history of homœopathy in America which probably few readers of the NORTH AMERICAN have heard of:

Homœopathy, introduced into the United States in 1825 by Dr. Hans Birch Gram, was now beginning to gain ground in the West. In May, 1849, the feasibility of establishing a homœopathic college in Cleveland was discussed, but no definite action taken. Professor Buchanan, heartily seconded by Professor Hill, who leaned toward homœopathy, saw an opportunity to enlarge the scope of the college, and thus advance his scheme for the formation of a great medical university. At this time, many of the eclectics felt kindly disposed toward the homœopathists, and Dr. Morrow wrote in reply to an accusation: "Far from denouncing homœopathy as empiricism, we look upon the science with sentiments

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of sincere respect. We have lectures upon the subject delivered in the Institute, and have contemplated the establishment of a permanent professorship of homœopathic science." Accordingly, observing the efforts of the homœopathists to establish themselves in the West, on June 9, 1849, a circular was issued by Prof. T. V. Morrow, as Dean of the Institute, which read as follows:

"Resolved, That in order to enlarge the circle of instruction in medical science, we deem it desirable to establish a professorship of the principles and practice of homœopathy in the Eclectic Medical Institute.

"Resolved, That we invite the homœopathic physicians of the United States, and of the West especially, to unite in recommending and nominating a professor to fill the chair of homœopathy in the Eclectic Medical Institute."

On June 26th, the homœopathic physicians of Northern Ohio met in convention in Cleveland to deliberate upon the above invitation. Prof. B. L. Hill, of the Institute, was present, and gave a history of medical reform which had resulted in the establishment of the Eclectic Medical Institute, and on behalf of the Trustees and Faculty of the latter, "tendered 'a full, free and equal' professorship to the homœopathists of this country and the West." Resolutions were passed by the convention returning "their cordial thanks to friends of medical reform in Cincinnati for their large-hearted liberality in extending to them the offer of a professorship," etc. They also unanimosly recommended the appointment of Dr. Storm Rosa, of Painesville, O., for the professorship, issued an invitation to all students of homœopathy in the West to attend the lectures of the Institute, and appointed a committee to circularize the physicians of the new school in the West. Professor Hill, on behalf of the Institute, also offered the columns of the *Eclectic Medical Journal* for a homœopathic department. This was also accepted, and Dr. David Sheppard, of Bainbridge, O., was selected as editor. This liberality on the part of the leaders in the Institute resulted in the prompt resignation of Profs. A. H. Baldridge and James H. Oliver from the Faculty of the Eclectic Medical Institute. Dr. Wooster Beach, upon whom the infirmities of years were fast creeping, was now made an emeritus professor. The vacancy caused by the resignations of Drs. Baldridge and Oliver were filled by the appointment of Horatio P. Gatchell, M.D., a decided homœopathist, and John B. Stallo, A.M., a distinguished scholar and scientist. Professor Gatchell, antedating Professor Rosa, began his duties by giving preliminary lectures on homœopathy.

Dr. Rosa entered upon his duties in the fall session. His attitude was dignified, and while the majority of the class were numbered with the eclectics, some were won over to homœopathy, and the whole class, by resolution, thanked Professor Rosa, "who so kindly, with becoming dignity, expounded the principles and practice of homœopathy, notwithstanding the many embarrassments appendaged thereunto," and voted "that he receive an expression of our highest esteem."

At the end of the session of 1849-50, however, the Faculty appeared to be in as much haste to rid itself of homœopathy as it had been eager to invite it. Consequently, on August 22, 1850, the chair of homœopathy was abolished. The objections leading to this action were published in the college organ. The homœopathists had not fully appreciated the enlarged liberality that had invited them in; for, as Professor Gatchell remarks, neither his own course nor that of Professor Rosa was as conciliatory as it might have been. Thus ended this attempt to mix oil and water. Immediately after the abolishment of the chair of homœopathy in the Institute, Professor Rosa received an appointment as Professor of Obstetrics in the Western College of Homœopathy, at Cleveland, O., where he served with credit through many sessions.

The attempt to form a coalition with the homœopathists had failed; but it must forever remain a historical fact that the first homœopathic physicians who graduated in the West graduated from the Eclectic Medical Institute, for on March 6, 1850, six students received both eclectic and homœopathic diplomas from the president of the Institute.

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Antitoxines Produced by the Pituitary Body—Deploring the scanty contributions of American physicians to research work, Dr. C. DeM. Sajous, at the banquet of the American Medical Editors' Association, announced as the culmination of his own long-continued investigations into the ductless glands, the discovery in the pituitary body of a membrane similiar in function to the Schneiderian membrane in that it tested the quality of the blood and automatically generated antitoxines to overcome any toxin constituents. The detail of this discovery will be awaited with interest. The editors gathered around the table at the Malborough-Blenheim, Atlantic City, on June 3d, greeted the announcement with enthusiasm, as one that would not only advance the prestige of the American profession but was possibly an epoch-making incident in the history of therapeutics throughout the world.

Cholera Vaccination—According to the report of the Bureau of Science at Manila, the vaccine extracted from the immunizing substances from the spirilla has proved very successful. "The first provincial point at which any extensive cholera vaccinations were practised was Augat and its barrios, in the Province of Bularan, where 1,078 individuals (about one-sixth of the inhabitants) were vaccinated. Since that time 122 cases of cholera have appeared in Augat, 121 of which are among the uninoculated and only one among the inoculated." These are the statistics up to November, 1906.

The Cause of Left Handedness—We are accustomed to think that in the average person the right arm is larger and stronger than the left because it is used more. As a matter of fact, the truth probably is that we use the right more because it is naturally larger and stronger than the left. There is a difference of more than 7 per cent. in the mass of muscular tissue in the two upper extremities. This muscular growth seems to depend largely upon anatomical conditions. The right subclavian artery is given off from the arch of aorta nearer to the heart than the left, and consequently the propulsive power of the heart is more felt in it than in the left subclavian; and because the blood in it is forced through it at greater pressure, it is to be expected that its calibre would be larger. With greater calibre comes an increased blood supply, planting great nutritive material in the muscles in the right upper extremity.

In about 2 per cent. of the cases that come to the dissecting table there is an anomaly in the origin of the blood vessels, the right subclavian taking its origin behind the left. In that case, the greater quantity of blood and the greater pressure exist in the left subclavian, so that it is more than a mere coincidence that the proportion of left-handed people should also be about 2 per cent. These anatomical peculiarities exist through fetal life, so that the child is born right handed or left handed, as the case may be.

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International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Sciatica: Nux vomica—G. C., aged 55, severe sciatica in right leg. Patient had had several severe attacks, one lasting fifteen weeks, compelling him to stay in bed and submit to hypodermatic injections of morphia most of that time. He did not believe in homœopathy, but came as a last resource.

Patient is a nervous, pale, spare man, enjoys fairly good health, and complains only of the sciatica and dull, heavy, stupefying headachhes, with vertigo and dimness of vision. The sciatic pain is very severe and at times unbearable, extends from hip to knee, and is always on the right side. Prescribed rhus tox. and told patient to return in a week. This he did, but was no better. Prescribed nux vom. 3x, and patient to return in a week. This time patient reported that he was cured, and remarked that the effect of the medicine was magical. This took place two years ago, and patient has not had a bad attack since. He has had slight returns, but two or three doses of the medicine invariably removes the pain. The headache is always rapidly relieved by phosphorus. Dr. W. C. Pritchard. *British Hom. Review.*

Climaxis: Antimonium arsenicosum—Emaciated woman about fifty years of age, suffering from various climacteric troubles. She had occasional asthmatic fits that had also baffled the skill of many physicians. The author had treated her for months with but partial success. Her symptoms were as follows: Frequent, violent palpitations, would get completely out of breath in coming up a flight of stairs. She had enlarged liver and a tumor in the uterine region that had been diagnosed as a fibroid, polypoid growth, etc., by others. There was an acid leucorrhea; menses irregular, profuse, debilitating, sometimes large clots. The discharge would sometimes continue for days. Very anemi, and generally after the periods her pulse became very weak. There was no organic derangement of the heart. She had been given calcarea 30, sanguinaria 6x, lachesis 30 and 200, calcarea ars. 30, sulfur 30, nux vomict 30 and china 30 with but partial relief. The patient's people were satisfied when she would feel a little better, but the prescriber derived no satisfaction, as it was zigzagging a cure all the time. At last the case was studied more carefully and antimonium ars. 30 was given, six doses in three days. Immediate improvement was noted, and she has been free from all aches and pains for a considerable time now. Dr. J. N. Majumdar. *Indian Hom. Review.*

Post-climaxis: Sulfur—Spinster, æt. 63, short and fat; since the cessation of the catamenia twelve years ago the whole body has been bloated, swollen and there has been an eruption on the skin. The lower limbs were edematous, the epiderm everywhere watery, doughy, the face covered with a vascular eczema, scabby and crusty, yet apparently dry, extending to the eyes, which were also affected; there was a similar eruption on the hands to the fingertips. No

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renal or pulmonary lesions, but the heart was somewhat enlarged, presumably from fat, and its impulse weak and languid. Under the use of sulfur 6x, t.i.d. a marvelous improvement began. When the patient came again, ten weeks later, the eruption had practically disappeared, only a light-brown discoloration remaining, and the edema of limbs and skin, while not wholly gone, had markedly diminshed. To this objective amelioration was also joined a feeling of great improvement generally. The remedy was continued, and the patient has not been seen since. Dr. F. W. Kallenbach. *Homœopathisch Maandblad* (Holland).

The Beasts of the Field—Our friend, the country doctor, may be interested in the three following cases reported by Dr. J. S. Hurndall, *Homœopathic World* (London), and even a homœopathic automobile friend ought to learn something from them.

CASE 1. **Influenza: Gelsemium**—A number of horses belonging to an omnibus company were the victims of an outbreak of influenza. The symptoms in every case were identical, or as near so as possible, viz., internal temperature ranging between 104 degrees and 105 degrees F.; rapid pulse, soft and irregular; conjunctival membrane congested and suffused. in some cases jaundiced; fluent coryza; heavy, dull appearance, as though the head ached badly, frequently rested head on manger or against sides of box; sore throat, difficult deglutition; prostration of the muscular system generally, accompanied with considerable stiffness and inability to turn about or even move; legs cold as ice, necessitating warm bandages; appetite very capricious. I prescribed gelsemium 2x in every case, with the most complete satisfaction, and to the unmistakable surprise of the manager and stable attendants did not lose a case; indeed, the whole lot were convalescent in a remarkably short time.

CASE 2. **Constipation: Plumbum**—A dun cow, one of four in a milkshed belonging to a poor woman who was dependent upon the produce of these animals for her livelihood. The cow was an aged one, low in condition, very decrepit, and practically worn out. But for the fact that the woman's evident impecuniosity appealed to my sympathies, when thinking about the case since I have often debated whether it was my duty to have condemned the animal to be slaughtered. However, the following were the symptoms: Emaciated body; eyelids closed, eyeballs dull and heavy, pupils contracted; nose cold and dry, complete absence of the ordinary dew upon the nose; ears and body stony cold; tenacious, frothy saliva hanging about the mouth; fœtid breath; marked retraction of the abdomen; obstinate constipation, fæces passed in small black balls (a very unusual occurrence in the cow); retention of urine; visible mucous membranes all lead-colored and dry; general lethargic conditions; pulse small and quick; internal temperature 103 degrees F. I commenced by having the animal well rubbed down with a whisp of hay; flannels wrung out of boiling water laid on the loins, over which waterproof rugs were laid. I injected with a Reed's pump two gallons of warm water per rectum, and gave 10 grains of plumbum 3x, with instructions to repeat the dose every three hours; by way of diet I ordered warm oatmeal gruel and car-

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rots. I called the following day and found a most marked change for the better; the cow took notice as soon as I approached her; the temperature had fallen to 102 degrees F.; the pulse was less frequent and firmer in tone; the eyes brighter; external body heat was almost normal; urine had been passed in fair quantity several times, and the fæces were of much more natural consistence; the plumbum was continued, three doses daily for two more days, after which all medicinal treatment was discontinued and the cow made a most satisfactory recovery, but the lacteal secretion, which had been entirely suppressed, only partially returned.

CASE 3. **Enlarged Spleen: Ceanothus**—A red cow, the property of a small milkseller in Liverpool. So far as I could discover from a superficial examination, the animal did not appear seriously ill, but she had refused food for three days, and the lacteal secretion was gradually becoming less; her internal temperature registered 102 degrees F., which for an animal kept under such conditions was quite normal; the pulse-beats numbered 52, also normal; the fæces were inclined to be slightly firmer than usual, and there were no irregularities in the urinary secretion. This was all the information I could obtain. I therefore commenced to make a careful physical examination of the liver, lungs and heart, but could find nothing wrong. On passing my hand over the seat of the spleen I found a large rounded body behind the ribs of the left side, but on manipulating it could make no impression; the animal did not even wince nor give the slightest evidence of pain, though I kneaded it with my knuckles pretty freely. So far I had not arrived at any satisfactory conclusion, but told the owner I would send him some medicine. After referring to one or two text-books on veterinary medicine, from which I derived no light whatever, I turned to Hale's *New Remedies*, and there, under "Enlargement of the Spleen," I found that Dr. Burnett had cured this condition with ceanothus virginiana; and having carefully perused a most interesting article from his pen, entitled "Ceanothus Americanus in Relation to Diseases of the Spleen," I unhesitatingly prepared 12 doses of 10 drops each of the mother-tincture and sent the bottle, with instructions to give the cow a dose three times a day at intervals of four hours. The day but one following I called again, and on manipulating the swollen spleen the cow sprung forward as though I had struck her, which was pretty strong evidence that the organ was becoming tender to the touch. This being strictly in accordance with what I was led to anticipate from its recognized action in the human subject, I ordered its continuance, and in a week from that time the swelling had subsided, the cow resumed her ordinary diet, and the lacteal secretion returned in full quantity.

Facial Neuralgia. Thuja, China—This affection, whose pains are often variable cannot be treated by any one method. Here, as always, in order to really cure, the practician must search for the indicated remedy, the most similar, in order to succeed. Nevertheless, the majority of facial neuralgias present many symptoms in common, such as a regular aggravation at a certain hour, aggravation from the least touch, alternations of redness and pallor of the face, and often a disagreeable sensation of internal cold; enough

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to justify a prescription from which we daily obtain prompt amelioration, and often a complete cure of the affection. This simple method consists in the use of thuja and china in alternation. The two drugs are so well adapted to the average facial neuralgia that 1st, 6th, or 12th. The effect is equally good if they are mixed in the same potion. Practice has shown, however, that greater success is obtained from a low or medium dilution, thus: two bottles of 200 grammes of distilled water, slightly alcoholized, to which are added gtt. 15 of the 3d dilution of thuja; 15 of the 3d of china, a teaspoonful in alternation every hour, or if pain be violent, every half-hour. It is rarely that the two bottles are finished without a marked amelioration, and often the patients reurn in one or two days announcing complete cure. During this medication coffee and vinegar should be avoided, the latter antidoting china, and both antidoting thuja. This procedure seems to merit mention for two reasons; its surety and its rapidity in most facial neuralgias, and since its prescription by Dr. Emery has become a routine measure in the Lyons homœopathic school and particularly so in the clinic of the hospital of Saint-Luc, where its successes have been innumerable. After curing facial neuralgia by this method, exact constitutional prescription should be made to prevent its return. Thuja or china alone may be continued for some time, according to the case, unless symptoms call for pulsatilla, ignatia, silica, arsenic or other remedies, whose action, in general, will be more satisfactory because the way will have been paved by the therapy just mentioned. Dr. C. Bernay. *Le Propagateur de l'Homœopathie.*

Some Tumors—Dr. P. C. Majumdar, in the *Indian Homœopathic Review*, remarks: We have treated many cases of uterine tumors of various kinds with medicine successfully. In our allopathic days we had no faith that medicine could cure such cases. A decided attack upon such dogmatism was made, in the author's case, by that distinguished homœopath of Calcutta, Dr. B. L. Bhaduri. An elderly woman had a big uterine tumor occupying the whole pelvic cavity. The patient had passed the climaxis, was emaciated, had suffered long from acidity and looseness of the bowels. She was under treatment by allopathic and Kahairaj physicians. An operation was decided upon, which she resolutely refused. Treatment was begun with calcarea carb., high, a dose every fourth day. This gave a perfect recovery in three months. She gained health, the acidity and the big fleshy mass completely vanished.

Young woman, æt. 18. Bad polypoid tumor of the uterus. She was in robust health, with no other complaints. The hemorrhage from the uterus was alarming, profuse, bright red and hot blood came out in gushes. She used to have headache now and then. Belladonna 30, t.i.d. was given for a week. Hemorrhage less, but not entirely gone. Examination showed a polypus as large as a hen's egg. Sanguinaria 3x morning and evening was prescribed, and after ten days' use of the remedy the tumor was dislodged and came out entire. The cure was complete, and she has since borne several children.

Uterine fibroid in a woman, æt. 25, mother of four children, two of them dying early. The last labor was tedious with consider-

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able postpartum hemorrhage. Menses stopped about eighteen months, followed by profuse and long-lasting catamenia. She was plethoric, of sanguine temperament, complaining often of palpitation and dyspnea after the slightest exertion. After even a light meal she complained of a bursting sensation in the abdomen and pelvis, and a dragging-down sensation in moving about. She had acidity and heartburn, and she noticed a gradual enlargement of the abdomen. The tumor was diagnosed, operation advised, which she refused. The author being consulted, lycopodium and calcarea were tried without much benefit. Then lilium tig. 3x was given morning and evening. At the end of the first week she felt much relieved of the abdominal heaviness and shortness of breath. She now felt light and easy. The medicine was continued, with occasional stoppage for a few days. Gradually digestion improved and acidity and pyrosis were relieved. The remedy was not changed, and she made a complete recovery in six months, the big fleshy mass disappearing without any application or external means.

A short, thin woman, æt. 40, was found to have a hard, resistant uterine fibroid. She was mother of four children in rapid succession. The tumor was about the size of a bael fruit, movable but very hard. Menses were late, scanty, painful, followed by leucorrhea of fish-brine color and intensity. fetid odor. She used to get slight fever in the afternoon, burning of the hands, feet and eyes, little or no thirst. Bowels obstinately constipated. Dejected and hopeless; complained of rheumatic pains in various points. Pulsatilla 30, one dose every other day. The fever disappeared in a few days with its coincident symptoms. She was brighter, more cheerful. No medicine for a week. Menses appeared at the usual time, but the discharge was as bad as ever, leucorrhea likewise. Secale 200, one dose, followed by placebo. A week later the tumor seemed softer and a little smaller. Another dose of secale was given. After eight months of this treatment, no change being made in the remedy, she was rid of the tumor. Since that time, five years ago, she has continued in god health.

So there is no despair about the cure of morbid growths. They are, as usual, the result of deranged action of the vital force and if we can restore that force to its normal activity there is no doubt that these growths also disappear.

Remedies in Progressive Muscular Atrophies—These atrophies are to be considered in two classes, the myelopathic, of spinal origin; the myopathic.

Of the myelopathic we have two types, the Aran-Duchenne and the Charcot-Marie, the first more frequent and better known; the second differing markedly from the other by commencing in the lower limbs. In both the onset is slow, insidious. The muscles atrophy, become lax, contract slowly, with fibrillary waves and jerkings; then the normal contour is lost and the action of the antagonistic muscle predonimates. A lowering of temperature locally is noted. Commonly the first muscle involved is the short adductor of the thumb, extending to other muscles of the hand, and producing various types of contractures. Thence the process extends to the arm and forearm, the antero-external muscles being

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first affected; then the shoulder in involved, with deltoid atrophy; then the trunk with atrophy of the posterior and flexor muscles with rapid sequent distortions. The respiratory apparatus may exhibit involvement, particularly if the diaphragm be attacked; also the digestive apparatus, hindering deglutition and accelerating inanition. The lesions begin unilaterally, but later become bilateral. All muscular effort should be avoided. The chief remedy is plumbum 30, 200, since its pathogeny contains paralysis with muscular atrophy. Phosphorus 30 may also be used ,or arsenicum iod. 30, or arsenicum nitricum 30. Physostigma 6, if there are pains.

Of the primitive, progressive myopathic atrophies (muscular, not neural) there are five types:

1. Pseudohypertrophic paralysis of Charcot-Duchenne, very common in early childhood, and often beginning before the child has walked, with well-marked apparent muscular hypertrophy of the calves. Debility of limbs. Walks like a duck, with bandy legs. Cross-eyed, open-mouthed. The progress of the disease is slow, several years, and ends in marasmus. The drugs are bryonia 30 and phosphorus 30.

2. Progressive atrophic paralysis of Landouzy-Dejerine. Observed in the adolescent, and both positive and negative symptoms are to be looked for. The positive are: stupid physiognomy, and the progressive invasion of the muscles of the upper limb, beginning at its base. The negative: Erb's reaction is nowhere found, nor fibrillary contractions, nor fatty degeneration of the conjunctiva, nor trophic lesions. The disease is slowly progressive. Plumbium 30 should be used in alternation with bryonia.

3. Type of Leyden-Moebius. Similar to the preceding save that it begins in the legs and extends upwards.

4. The juvenile type of Erb. Affects the upper limb with the exception of the hand.

5. Mixed type.

To the treatment already given may be added arsenicum iod.

6. Dr. Pinart. *Revista Homœpatica* (Barcelona).

Some Cough Remedies—AMMONIUM MUR. Persistent cough, tickling in trachea or larynx, dry in morning, loose in afternoon and night, when it becomes spasmodic, ending sometimes in gagging or vomiting. Stitches in left chest or hypochrondium. Coughs so severe that he coughs up blood.

AMMONIUM CARB. Cough worse about midnight with asthma about 3 A. M., dry cough like a feather in throat, accompanied by a constricted feeling in chest.

SILPHIUM. Cough loose, expectorates copiously of grayish mucus, asthmatic breathing, worse at night, copious acrid discharges from anterior or posterior nares, causing smarting sticking, sensation in throat and soft palate.

SANGUINARIA. Marked soreness and rawness in larynx and under sternum, cough paroxysmal, no relief till some mucus is raised, worse at night, stitches in right chest, and hypochrondrium. Later in the stage of catarrhal conditions expectoration becomes yellow or brownish yellow.

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RUMEX. Cough excited by a tickling irritation behind the upper end of sternum, dry, harsh, shaking, excited by pressure on sternum, inhaling cold air and worse at night, great difficulty in raising a small quantity of thick, tenacious mucus.

HYOSCYAMUS. Voice husky as of mucus in throat, dry cough, of a spasmodic nature, comes on at night or excited by talking or laughing, during coughing a constricted feeling in larynx. Sensation as if the palate had dropped down.

YERBA SANTA. Copious quantities of mucus in chest, worse on right side, cough like whooping cough, coming on during dentition in scrofulous children, cough immediately becomes dry after exposure or when a fever develops. Breathing does not become asthmatic like in silphium.

STICTA. Croupy cough during beginning of influenza, oppression of the chest, hard, racking cough, with pains reaching from the sternum to spinal column.

SENECIO AUREUS. Loose cough with copious expectoration of thick, yellow, sweet mucus, often streaked with blood, rawness and soreness in chest, especially when accompanied with delayed menstruation, flushes of heat to head and chest, worse in afternoon and night. *The Clinical Reporter.*

Epiphora: Nitric acid—A case of epiphora or hyper-lachrymation, especially of the left eye, which had been under an oculist's care, sought homœopathic aid, no improvement having taken place. The canal had been slit and sounds passed. On examination, no inflammation or suppuration was observable and the trouble was clearly referable to a neural irritation of the lachrymal gland. Nitric acid 5x was prescribed. In two weeks the individual returned, cured. Not all lachrymation can be removed with nitric acid. If the cause be an inflammation and occlusion of the canal nitric acid is of no use; silica or other remedies come into play, aided by the proper use of warm or cold compresses; sometimes surgical intervention is necessary, slitting up the canal and passing sounds. Dr. Frohne. *Leipziger Zeitschrift fur Homœopathie.*

Amalgamation—Says Dr. George Royal, in *Progress:* "If I thought the abandonment of our name and colleges would help promulgate the truths and practice of homœopathy I would cheerfully abandon them. I do not believe ours to be the only system of medicine. I believe every system has its sun and stars, differing in magnitude, to be sure, which may be lights or beacons to many minds. But, having come into the sunlight of the homœopathic system from the sunlight of the old school system and perceived the difference between the two, I sincerely wish all could bask in the sunlight of the former. However, I fail to see how dropping the name homœopathic will help bring this about.

And if the Cabots of the old school are really desirous "of pooling our knowledge for the good of all," they will not ask us to abandon our colleges, but rather will ask us to supply their best schools and hospitals with men who are experts in the study of drug action, made expert by long and careful training. Until the old school is ready to ask for our experts, I would advise that all our colleges be maintained, that they be made as efficient as

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possible in teaching the action of drugs, and that they cordially invite and welcome to them, free of charge, students of the old school."

Mercurius corrosivus— CASE 1. Boy, æt. 3, with a complete rectal fistula, a rare occurrence in children. Operated the year before, but, as often with rectal fistula, the trouble had returned. Although the child appeared sound, the result of medication seemed to point to luetic heredity, for mercurius corr. 5x healed in a few weeks, and for two years there has been no return.

CASE 2. A blooming, healthy woman (eine bluhendegesunde Frau) with no possible specificity apparent. Mercurius corr. ix healed the fistula in a few weeks. Dr. Sternberg. *Leipziger Zeitschrift fur Homœopathie.*

Gnaphalium polycephalum—Knowledge of the value of this drug in sciatica we owe to Farrington and American authors, and with it marked success has been attained. A cure of marvelous celerity with it may be mentioned. A woman about 40 has suffered from sciatica for six to eight weeks and unable to take more than a few steps about the room, presented gnaphalium indications: Amelioration during rest, tensive, drawing muscular pains, the muscles stiff and shortened, with a numb sensation in the affected parts and through the whole thigh. Within five hours every pain had vanished, and after a comfortable night she, like a fool, in the fulness of her strength, went for a five-hour walk—causing a slight return of the pain, which, however, disappeared on renewing the drug and after rest. Gnaphalium is pathologically very similar to colocynth, which, however, has decided aggravation in bed and more tearing, twitching pain, with well-known intestinal and rectal reflex pains, and the reflex pain of the sphincter vesicæ. Dr. Windelband. *Zeitschrift der Berliner Vereiner.*

Progress in Ophthalmology and Otology

By JOHN L. MOFFAT, M.D., O.et. A. Chir. Brooklyn, New York.*

AMONG the notable features of the year is the brilliant cure with barytā iodide of an undoubted severe case of tubercular iritis by Dr. J. B. Gregg-Custis (*Homœopathic Eye, Ear and Throat Journal,* March, 1907, p. 109).

The diagnosis, as well as the treatment, of ocular tuberculoses has received a material impetus, not only by this verification of the reliability of the homœopathic law of cure but the hope is aroused that study of the opsonic index will afford a demonstration of immunization with the homœopathic remedy that must win recognition from the old school. The allopaths have had such success with subconjunctival injections of tuberculin that their dictum has been

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changed so that "to-day enucleation should be the exceptional practice in grave tuberculosis of the eye." Tuberculosis may cause serious lesions in all portions of the conjunctiva, the cornea, iris, uveal tract retina and choroid. Carpenter and Stephenson have shown that acute tuberculosis of the choroid is frequent in the child. In tubercular iritis tubercles may be miliary or large and conglomerate, and they may occur on the posterior surface of the iris and hence be invisible. Darier begins with injections—not oftener than every second day—representing 1-500 milligram of the solid tuberculin, and lessens the dose if reaction follows; he says it should not be given if there be any fever. (*La Critique Ophthalmologique,* Nov. 25 and Dec. 10, 1906.)

The idea that phlyctenular ophthalmia is due to infarctions of dead or attenuated tubercle bacilli has received confirmation by Wright's method of testing the tubercular opsonic index of the blood in more than fifty cases of phlyctenular conjunctivitis. (London *Lancet,* Dec. 1, 1906.)

Perhaps the year is most notable for Norton's cure of trachoma with Lieber's radium coated rods. (*Hom. Eye, Ear and Throat Jour.,* Jan., 1907, pp. 3 and 1.)

According to the latest researches radium gives off alpha rays and emanations only; the total activity of radium is due to fully 95 per cent. to alpha rays and not over 5 per cent. to the combined beta and gamma rays; the emanations and the alpha rays possess an exceedingly low penetrating power, being unable to penetrate glass, very thin sheets of aluminum or even tissue paper. Hugo Lieber, of New York, has succeeded in embodying radium in a paint-like coating with such a thin and penetrable protection that it is now feasible to bring radium practically into contact with the tissues to be affected. By storing cotton (gauze or water) in radium-coated receptacles it can be made radio-active for twenty-four hours. For reliable and scientific application the radio-active substances, coated rods, etc., should be verified with a Braun electroscope before use. Radium therapy of the eye has been advanced during the year, as has been the application of the X-rays, especiallv for trachoma. (Ibid., July, 1907, p. 253; *J. of Adv. Therap.,* June, 1907, p. 271; *Jour. A. M. A.,* Sept. 29, 1906.)

The high frequency current is gaining favor in ophthalmic practice, and Deady has been trying it in glaucoma; he reports encouraging results. (*Hom. E. E. and T. J.,* April, 1907, p. 134; Ibid., Nov., 1907, p. 409.)

T. M. Stewart adds another remedy for detached retina; he has cured a case with instillations of dionin.

Oatman of Brooklyn holds, as a result of histological investigations, that expression treatment of trachoma is apt to result in epithelial inclusion cysts of the conjunctiva. (*Arch. of Oph.,* May, 1907, p. 353.)

Felix mas is reported as causing sudden blindness (amaurosis) twelve hours after taking (for worms) 4 grams of the etherial extract. (*Wien. Med. Woch.,* Sep. 15, 1906.)

At last we have a satisfactory explanation of how and why

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we see objects erect. David W. Wells upsets the old teachings and shows that it is "by projection"; rays of light falling upon one hemisphere of the retina not only actually come from the opposite hemisphere of the field of vision but are so interpreted—spontaneously, without tactile education or inversion. (*Ophthalmology*, April, 1907, p. 427; Ibid, pp. 528 and 559.)

Due appreciation of eye strain as a widespread factor of various serious reflex troubles has gained more ground in this twelve months than in the previous twelve years, notably as one of the causes of backwardness in school children. The following resolutions were adopted by the American Medical Association, twenty two State medical societies, and other associations, boards of health and of education, and their principles enacted by the legislatures of Connecticut, Vermont and Massachusetts:

WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures; be it

Resolved, That it is the sense of the American Medical Association that measures be taken by boards of health, boards of education and school authorities and, where possible, legislation be secured looking to the examination of the eyes and ears of all school children, that disease in its incipiency may be discovered and corrected.

Errors of refraction have been found responsible for automobile accidents. Clements of London cites five accidents in which drivers of motor cars misjudged distances in turning and were found to have errors in refraction, the correction of which has prevented subsequent mishaps. Chauffeurs should have their eyes, particularly binocular vision, examined before being licensed. Their glasses should be correctly centred; smoked goggles should not be worn after sun down, or on dark days, as they create a false dusk. Curved goggles (and sometimes cheap, plain ones) are virtually myopic glasses, he says, and therefore are apt to strain the eyes. (*Brit. Med. Jour.*, Dec. 8, 1906.)

John Dunn of Richmond, Va., draws a distinct ocular picture, new to medical literature, of "the spinal eye." As a result of pressure upon or stretching of the cervico-dorsal sympathetic nerves there is more or less constant discomfort or distress, particularly on near vision, without any visible changes in the fundus and without relief from wearing glasses, even though the vision tests normal with correcting glasses. Sometimes there is photophobia, slight external muscular errors, maybe ciliary spasm, the pupil responds to light and to mydriatics and "the eyes which were examined more than once showed always the same refractive condition." The symptoms are bilateral and the same on each side. Objectively, the anterior chamber is shallow, the iris bowed as if pressed forward by a bulging lens, and the pupil is contracted. (*Arch. of Oph.*, May, 1907, p. 361.)

Increasing attention is given to the nose—inflammation or suppuration of the nasal accessory sinuses—as a frequently-overlooked and not uncommon cause of ocular symptoms: as asthenopia, unstable refraction as evidenced by the acceptibility of the glasses, recurrent noninflammatory edema of the lids, pain or tenderness in

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the eye, inflammation in various parts of it, neuroretinitis, orbital cellulitis and displacement of the globe. (*Hom. E., E. and T. J.*, March, 1907, p. 36; *Arch. of Oph.*, Jan., 1907, p. 74; u. *fuer A.*, Mai, 1906.)

In the operative field, cataract extraction in the capsule is gaining in favor. Homer E. Smith, of Norwich, N. Y., recommends a preliminary capsultomy; and E. Zirm has successfully transplanted the human cornea—vision after eight months was 3/20. (*Hom. E., E. and T. J.*, April, 1907, pp. 130 and 119; *Ophthal. Rec.*, Oct., 1906, p. 493; *Graeff's Arch. f. Ophth.*, B. 64, H. 3, Oct. 15, 1906, and *Wien. klin. Woch.*, Jan. 17, 1907.)

Snydacker, of Chicago, successfully obliterated the orbital cavity—the first case on record. (*Ophthalmology*, April, 1907, p. 422.)

The leucodescent lamp has leaped into favor for the prompt relief afforded by the intense (and peculiar?) light and heat of its 500-candle-power incandescent lamp and reflector to pain and inflammations of the eye and mastoid. Operations upon the latter has been avoided, suppuration prevented or cured, and incipient, but marked, cataract is reported cured quickly in conjunction with vibratory message. Hemorrhages and iritic exudattes are promptly absorbed. (*Hom. E., E. and T. J.*, May, 1907, p. 194.)

Neumann, of Vienna, has performed twenty radical mastoid operations under local anesthesia, and—in his latter cases—with no pain except while curetting the opening to the Eustachian tube. After a hearty meal by the patient three injections are made in the line of the incision and two along the anterior surface of the mastoid process of "50 per cent. stronger than" 5cc. of 1 per cent. cocain solution plus 12 drops adrenalin plus 3cc. normal saline. The operation and anesthesia in some cases lasted 75 minutes. (*Arch. of Otol.*, vol. xxxv, No. 4.)

W. Sohier Bryant pleads for conservation of hearing after the mastoid operation: the use of the probe should be restrained by consideration of its effect upon the acoustic balance, such parts of the conducting mechanism as the disease has not seriously injured should not be dislocated. (*Ann. of Ot., Rhin. and Lar.*, March, 1907, p. 32.)

Ralph I. Lloyd, of Brooklyn, has thrown light upon obscure routes of inflection in mastoiditis by pouring a fusible acid resisting metal into the antrum and thence through the connecting cavities of the diploe and even the cavities of the middle and internal ear. Upon decalcifying and dissolving the animal constituents of the bone the cast shows connections with the diploe of the occipital bone as far as the condyle. A notable collection of spaces is found along the posterior upper wall of the external auditory canal, from the antrum outward. In another type the diploe above the antrum is prominent, explaining those cases where the necrosis spreads upward into the squamous portion of the temporal. Sometimes only a very thin layer of bone protects the glenoid fossa. (*Hom. E., E. and T. J.*, May, 1907, p. 170.)

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Original Article

TO IMPROVE THE STATUS MEDICUS

By Eldridge C. Price, M.D.

Baltimore, Md.

In the North American Journal of Homœopathy for July, 1907, is a most scholarly and interesting article by Dr. James Krauss. It is such an article in fact, that one could but wish it would be read by all physicians, of all schools.

In his paper the author refers to Dr. Richard C. Cabot's article published in the *New England Medical Gazette* for December, 1906, in which what Dr. Cabot calls the "principle of immunity" is emphasized. Dr. Krauss very properly shows this principle, if it may be so dignified, as belonging to prophylaxis rather than to therapeutics, and he also calls attention to the fact that this principle is by no means new, but has been applied for a long time in the past. Dr. Krauss says:

> "The principle of immunity is to lead us to increase the natural power of resistance to disease. Though such immunity since Metchnikoff's work on the phagocytes and Wright's work on the opsonic activity of the blood serum, is now thought to be obtained by alert phagocytosis and by the antitoxic action of the blood, yet it is impossible to maintain, in the light of history, that the medical world has only recently begun to 'increase the power of the organism to resist disease' by food, water, manipulation, surgery, mental influence, rest, exercise, change of air, or even drugs."

Dr. Krauss then calls attention to the fact that this principle of immunity has been applied since the days of Hippocrates, show-

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ing through his conclusions that Dr. Cabot has certainly added nothing new to medicine.

The writer then gives us the following paragraph, for which all men who see the necessity for systematizing therapeutics should be thankful to him:

> "In drug therapeutics, three distinct methods are followed. No good reason can be given why these methods should not be designated by their appropriate terms, in spite of the current tendency to mass them together as though they were all one and the same thing. One method of drug application consists in giving a drug with the idea of relieving a diseased part by affecting a healthy part, Allœopathy, which has been corrupted into the false term allopathy; a second method consists in giving a drug with the intention of affecting disease by opposite action, Antipathy, or, to be in full conformity with Greek usage, enantiopathy; and the third method consists in giving a drug with the idea of relieving conditions by similar action, Homœopathy."

He then goes on to show that these three pathies are in constant application by all schools of medicine, and from his further remarks on this point we are lead to the conclusion which some of us have long since adopted, that it is a matter of ignorance on the part of the physician who does not recognize the fact that he does use agents according to the three ways noted.

It would, therefore, seem that one of the educational necessities of the present day is that our colleges systematize instruction in the field of therapeutics. In fact, in examining the curricula of the various colleges throughout this country, in all schools of medicine, very little attention is shown to be given to a study of systematized therapeutic theories, i. e., therapeutic philosophy. This should not be. The introduction of a study of therapeutic philosophy into the curriculum of every medical college in this country is, according to my views, one of the absolute necessities of the future. Without such a course the past has shown us that the average physician has no ability to reason about drug action, or to give the slightest hint of what should be some of the plainest drug facts.

This is stating one of the chief reasons why the reconciliation between the two dominant branches of the medical profession has not long since been effected. Men apparently cannot reason on the questions which are keeping the two schools apart, they simply make assertions. As Dr. Krauss says: "Mere affirmations on one side and negations on the other side will not lead to a union of contending forces."

The effort of all scientific men should be to find the truth

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always; and certainly unless the basic factors in these various problems in therapeutics with which we have to deal are understood, it is not possible to find the truth with any degree of certainty. In such an unsystematized state of knowledge the desire for a given result not infrequently has a powerful effect in bringing about such a result; and with minds of "scientific mould" this should not be.

In consequence of this lack of systemization of the fundamental facts upon which antipathy, allopathy and homœopathy rest, very many theories have been advanced, some of which ultimately have proved to be true and some of which ultimately have proved to be false. Because of this lack of training the tendency of many believers in homœopathy is to accept the newer hypotheses, because they are new, especially if they have been formulated by men who stand well with the leading school of medicine. Having accepted these new things they then attempt to prove them consistent with homœopathy, whether they be in the stage of embryonic development or whether they have been accepted as perfected by recognized authority. That they are new and are thus endorsed is sufficient.

Many times the merest tyro in therapeutic philosophy, the most superficial, hide-bound student of the subject will endeavor to prove the truth of homœopathy in the light of some of these superfluous sophistries; the result of which gratuitous vaporings simply obscures and adds confusion to an already confusing subject, and brings ridicule upon the school.

In this article of Dr. Krauss which has formed the basis of these remarks, I have been struck by what I feel constrained to regard as a point not well taken, a point which concerns the limitations of specialism in its various fields, including homœopathy. Dr. Krauss says:

"As long as homœopathy is practiced, its practitioners have just as much right to the title of homœopathic physicians as the practitioners of surgery have the right to call themselves surgeons, as the practitioners of electrotherapeutics have the right to call themselves electrotherapeutists, as the practitioners of orthopedics have the right to call themselves orthopedists; and the institutions exemplifying in a special and complete sense the teachings of homœopathy have just as much right to call themselves homœopathic medical colleges and homœopathic hospitals as an institution for post-graduate instruction has the right to call itself post-graduate medical school and hospital, as a hospital devoted to gynecological work has the right to call itself hospital for diseases of women, as a hospital devoted to the eye and ear the right to call itself eye and ear hospital. The epithet is not the nomen; it is merely the cognomen, and serves to identify the distinguishing

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aim of practitioner or institution. The nomen identifies the physician; the cognomen identifies the kind of physician. That a cognomen is today a necessity is proved by the existence of the specialties. The term physician, though it covers all the disciplines and specialties of medicine, does not disclose the particular specialty practised by a particular physician, does not disclose the particular methods followed with predilection by a general practitioner; and no one would consider it unbecoming a physician if, by reason of his surgical dexterity he should declare himself to be a surgeon, or, by reason of his especial familiarity and knowledge of genito-urinary diseases, he should declare himself to be a specialist of genito-urinary diseases. The specialists are with us, and they require a cognomen for their identification. Homœopathic physicians and institutions require equally their cognomen for their identification."

This specious reasoning is a surprise when viewed in the light of the broad, scientific position taken by the writer. There is no reason why a man who restricts himself to the practice of homœopathy should not call himself by the restrictive title; but he has no more right to use this restrictive title, unless he restricts himself to homœopathic prescribing, than has the oculist the right to use the distinctive and restrictive title if he does not limit himself to his definite field. It is only consistent, and I believe ethical to adopt a restrictive title of distinction in case of limitation to a restrictive field.

The man who advertises himself as a specialist—even to the limited extent of a sign-board—and engages in a general field of practice not covered by his definite restriction is a menace to the general profession, so far as the general educational qualifications of the specialist are concerned, he certainly should not hastily enter a limited field, he should have laid a broad foundation during his days of pupilage which covers the whole field of therapeutics, and should also have had some general practical experience in the general field of therapeutics before restricting himself; but having once entered his restricted field he should limit himself to special work and should refuse all cases not within his specialty. If a physician places on his sign anything informing the public that he practices in accordance with allopathy, antipathy, homœopathy, electro-therapeutics, or any other therapeutic method, then should this man restrict himself within the field to which he is calling special attention. Unless he does this he cannot expect to be above suspicion of infringement of what may be regarded as the highest interpretation of the fundamental principle upon which rests the moral code of society.

The present *status medicus* which Dr. Krauss' remarks are intended to improve, certainly would not be improved by the rec-

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ognition of the wisdom of the believer of homœopathy using a distinguishing and restrictive title, any more than would the use of a distinguishing and restrictive title benefit the cause when used by the non-believer in homœopathy. The man who claims not to practice homœopathy has just as much right to put on his sign Dr. Medicus, un-homœopathic practitioner, as has a believer in homœopathy to put on his sign Dr. Medicus, homœopathic practitioner. According to Dr. Krauss' statements, it is a fact that neither of these gentlemen restrict themselves to what their restrictive titles would suggest, and consequently, either both have a right to use these titles or neither has such a right. For the general practitioner of medicine the whole field of therapeutics is open, whether he believes in homœopathy or not, and when he covers this whole field he should not use a restrictive title.

Dr. Krauss suggests as a method of solving the problem of the present state of the medical profession, the testing of homœopathy side by side with un-homœopathic methods. It is a matter of history that this test has been made more than once in the past, but the results have proved nothing.

Dr. Krauss states his views as follows:

"All that is needed, in my opinion, is to provide a public clinic in which the current practice of the two schools is, conjointly and simultaneously, exemplified by chosen representatives of the two schools, men that are imbued with the high purpose of this work, men of knowledge, of honor, seekers of truth, men with developed scientific acumen. It ought not to be difficult to induce a hospital to open its doors and place two adjoining wards in charge of men chosen for this work from each school by their representative medical organizations. Two men, or if more than two men are chosen, two of these men in turn should be required to attend jointly every case admitted to their two wards. They should be required to see every case together, to make their diagnostic examinations together, to treat their patients together with this one condition of difference; that in one ward the prevailing practice should be final with the homœopathic practitioner, and in the other ward with the non-homœopathic practitioner; but in every case the one should be the companion, observer, consultant and supervisor of the other in his work, both noting the results together and both putting into writing their daily observations, their ordinations, their differences, all to be finally published, side by side, case for case, with comments and reasons. This would give us not only a highly interesting but a very valuable document."

In this suggested test the scientist will insist that the therapeutic experimenters be sure of their drug pathogenesy, the indications for the use of the agents used. All concerned must be satisfied that these results are really reliable. It would be interesting to know from what sources Dr. Krauss would recommend

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the securing of drug indications that would be considered reliable to both schools of medicine concerned in the test.

Another factor to which Dr. Krauss does not call attention, is that most potent of factors in all things that have to do with human testimony, psychic influence. The influence of suggestion upon the patient is accountable for more important results than the average therapeutist imagines, and in a test of such gravity as the one suggested, it should be weighed with great care and given proper consideration.

In concluding his admirable paper Dr. Krauss says: "The union of the two schools, wherever and whenever it will take place upon the unequivocal basis of science, will mark an indelible epoch in the history of medicine. Every man not a traitor to the cause of the suffering world will do his best to hasten the coming of that day."

That this day will sometime be realized there is little doubt, but that it will result from such a test as Dr. Krauss suggests is by no means certain. In my opinion, a much more certain way of securing the desired result is through the college curriculum. The adoption of a modern course in therapeutic philosophy by all of our medical colleges, in which the proper sphere of homœopathy, of antipathy, and of allopathy is taught, may be brought about by the co-operation of the Councils on Medical Education of our two National Associations, the American Medical Association and the American Institute of Homœopathy, if these bodies can be convinced of the wisdom of such a course; and in this course lies the solution of the present *status medicus*, from which solution should develop a united medical profession whose individual members may believe in and practically apply any therapeutic belief designed within the limits of correct reasoning for the greatest good of the patient.

MUSHROOM POISONING.—Powdered charcoal is said to be effective for mushroom poisoning. Maybe so; it absorbs alkaloids and probably toxalbumins like phallin.—*Amer. Jour. Clin. Med.*

SANTONIN.—The *Courier of Medicine* intimates that improvements following the use of santonin may be due to its effect on the nervous system and not to the destruction of worms.

ECHINACEA.—French (*Med. Council*) classes echinacea with calx sulphurata and baptisia as systemic antiseptics. He prefers tablets of the extract.

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ON THE NEED OF REFORM IN METHODS OF CLINICAL RESEARCH*

By Walter Wesselhœft, M.D.

Cambridge, Mass.

MY theme is not merely the need of Reform in Clinical Research, but the need of Clinical Research for Therapeutic Purposes. This is a difference which I will ask you to bear in mind. Of clinical societies there is no lack. Like other similar organizations the American Institute of Homœopathy has its bureau of Clinical Medicine doing excellent work and everywhere clinical research and clinical teaching are recognized as of paramount importance. But if you will reflect for a moment you will see that the work, done with the sacrifice of so much time and energy, lacks the essential elements of system and method by which alone abiding results are to be obtained. It is almost wholly individual work, with all the shortcomings and vulnerable spots naturally inherent in the unsupported and uncontrolled efforts of men in private practice, or of those giving of their limited time to hospitals and dispensaries. It is true that by such work the advances in which we all rejoice have in no small measure been effected; but it is equally true that along the lines of therapeutic certainty and exactness the progress has been and remains in too many respects slow and halting.

I need not explain here more fully that I do not now refer to the labors of the surgeon, the specialist and the pathologist. They have in great degree emancipated themselves from the uncertainties and stagnation still resting so heavily upon the shoulders of those whose field is that of the internal diseases with all their unsolved problems both of diagnosis and of treatment. Here the command of rules and methods and positive knowledge is far more limited than in the more mechanical branches, where diagnosis is so greatly aided by instruments of precision and direct examination, and where treatment strikes at once at accessible lesions and structures. That portion of the medical field, therefore, which has not as yet been invaded by surgery in its widest sense, and in which diagnosis, however keen and satisfying to the pathologist, affords but scant and uncertain means of treatment, offers problems of its own for the solution of which special methods of enquiry are demanded. Such measures have indeed been evolved

*Read before the Hom. Med. Soc. of the County of New York.

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in some degree out of minute observation and experiment, but as yet they cannot claim for themselves the attribute of exactness, at least not in so far as they can be made to serve as the foundation for rules of treatment.

The obstacles presented to any marked and substantial progress in this direction are so great that no single individual can hope to overcome them. I say this in the face of the facts, for example, that Behring is now instructing classes in the use of his tuberculin-derivative, and Wright of London, has brought forward his opsonine-control. Both have attacked the most formidable clinical problems single-handed, and both have struck out in new paths. but their fields are restricted, and we will wait, though hopefully, for confirmation of their successes. Meanwhile we see everywhere individual experiences, individual, opinion and individual skill either gaining success in practice not to be so fully explained, or failing inexplicably in the presence of possible success; and all this with the inevitable result of perpetuating the disagreement among doctors which for generations has been the stumbling-block in the path of progress, and not only a by-word and a hissing among the people, but the prolific mother of schools, systems and measures founded on the most divergent theories, or on shrewd and plausible assumptions.

These things we all know and fully realize at odd moments. They are frankly confessed in public utterances from time to time, and in our daily practical life they are too often brought home to us, sometimes in a painful manner. They are in part our fault and in part our misfortune. In so far as they are our fault we are bound by every consideration of right and duty to remedy them, and in so far as they are our misfortune we must be able to show that we are fully living up to our responsibilities. So long as it may be said without fear of contradiction, as was declared by the candid practitioner appointed by the Harvard Alumni Association a year of two ago, to inquire into the modern facilities for teaching therapeutics, that "for the treatment of the body after death, superb; for the treatment of the body before, most deficient—," there is something radically wrong which we must find means to right. Think for one minute what it means for the American Medical Association to be told by one of the ablest clinical teachers of the Harvard Medical School, as was done last summer, that nearly one half of the prescriptions written by the leading physicians in Boston were compounded of medicines of which they knew little or nothing. (And what applies to Boston applies with

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the same force to all the world.) Or what inspiration, what idealism can be drawn by a class of earnest students from a characterization of modern therapeutics like that of Dr. Howslip Dickinson in his introductory lecture at St. George's Hospital in London, when he said that our available therapeutics are no better than "a jumble of contradictory rules and expedients, originating in part, in shallow and illogical generalizations and in part, in the crudest empiricism."

Such citations from the ablest and most thoughtful men could easily be multiplied tenfold; and when we consider that now the American Medical Association is ready to throw its doors wide open to us if we will but abandon our sectarian designation, *since the question of therapeutics is held in abeyance*, we can only conclude that the somewhat sapless olive-branch thus held out has grown on a deplorably sterile soil. Let me give but one instance, as I could mention many, of a therapeutic agent, alcohol, the history of which illustrates most fully the tardy and hesitating course of therapeutic evolution. From the time of John Brown of Edinburg to that of Todd of London, who gloried in feeding fevers, and fed them mainly on alcoholic stimulants, in fact, from the time of St. Paul who recommended Timothy to take wine for his stomach's sake, down to our own day, when Anstie and Atwater and Binz and many others have expended endless time, energy, and ingenuity in the vain endeavor to prove alcohol a tissue builder, this stimulant or tonic or whatever else it may be called, has been on purely theoretical grounds the chief resource against debility in countless forms. And despite the fact that volumes of evidence of the most incontrovertible character have been brought forward to prove its worse than uselessness, it remains the chosen panacea in the hands of the great majority of practitioners of all schools. Where in all these generations has been science, where mature experience founded on exact observation, judicious experiment and clinical control-tests, where enlightened professional judgment regarding this and a hundred other unstudied therapeutic agents?

Within the past year the foremost educator, I may say, the most profound student of human nature in this country, had the courage to declare before an audience of younger divines, that the difference between theologians and scientific men lay chiefly in this, that theologians held fast through ages to ancient traditions and dogmas, while scientific men promptly abandoned that which was unproved and outworn in favor of that which was proved and new. We may leave the theologians to defend themselves as

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best they may against this charge of bourbonism; but can doctors, in so far as they claim to be scientific men following scientific methods, candidly declare that they promptly reject that which is unproved, and accept all that is new and good? From the time of Dr. Holmes to the last meeting of the American Medical Association this claim to openness to conviction on the part of doctors has been constantly put forward; but with how much truth and justice? Can we as practitioners or clinical investigators truly claim to occupy a higher scientific plane than the theologians? For them it may be said that outside of casuistry and dialectics, they possess no means of making good their divergent faiths and dogmas, while we, who command in our scientific methods of inquiry the most effectual means of establishing sound principles and rules of practice, still remain steeped far too deeply in the old medieval ways of attempting to solve our problems and settle our differences.

I mention these matters regarding the old school—as in its relation to therapeutics it must still be called—because they characterize the prevailing attitude of the medical mind towards therapeutic inquiry and the resources of daily practice,—not because they constitute a valid reason for our separate position and aims. My object is solely to impress upon all, the deficiencies of present day therapeutics, the same deficiencies exhibited quite as clearly in homœopathy if we candidly review our own backward position. Can we fail to realize that, though we claim to possess a therapeutic law, we are, in fact, riven and rent by the most discordant conceptions of this law, and consequently by differences in theory and practice as irreconcilable as the views, for example, of Koch and Behring in regard to the etiology and treatment of tuberculosis? What wonder that outside of the profession "sciences" and "pathies" arise, enlisting the enthusiastic support of the laity, and that courts and legislatures are constantly called upon to determine the rights and immunities of different modes of treatment? Before these authoritative bodies the systems or methods originating in lay minds, have practically the same legal standing as those recognized as of scientific or professional origin, methods which, despite the confessed deficiencies dwelt upon, yet embrace resources of approved value with which to meet grave emergencies and countless dangers and disabilities before which the lay cures stand powerless. And what is of much more weight, they are founded on knowledge far more important than the remedial agencies alone, because capable of indefinite development. I say this in the full consciousness of the

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truth of Goethe's words, that "it is no gain to call that bad which is bad, but a great loss to call that bad which is good." Loving and upholding our profession, we are not blind to its faults, and instead of being led to a pessimistic attitude by considering them, we are on the contrary incited to unceasing efforts towards genuine progress.

In the laboratory, in pathology and surgery such progress has left clinical therapeutics far behind. As investigators in this latter field we occupy a peculiar, and I may say, an anomalous position. This is most plainly set forth by Prof. Albert Robin on taking the chair of Clinical Therapeutics founded last year in Paris, when he deplored "the cold indifference exhibited by teachers of therapeutics to questions of treatment, in which they either follow a commonplace routine, or relegate the duty of prescribing to a house physician." He considers this scepticism out of place in the practice of their profession, and wishes they could consent to confine themselves to laboratory investigation. "In Clinical Therapeutics," he says, "a clean sweep should be made of all general doctrines, and while recognizing the rule, that in treating cases we should seek to remove the cause, he asks, "how seldom do we know what the cause is, and how often, claiming to do so, are we merely following some transient medical fashion whose basis crumbles away after a few short years." (see *Brit. Med. Journ.*, May 12, 1906.) The same thought was uppermost in the mind of the distinguished clinical teacher who spoke before the last meeting of the American Medical Association on, "How Progress comes in Medicine." He demanded the close study of clinical phenomena, and insisted that the work of the clinician was, *or might be,* every whit as scientific as that of the laboratory man." The laboratory man has the advantage of being able to inaugurate, to systematize, and to govern his experiments, most of which must be upon animals, but the clinician has the advantage that the experiments are performed for him by disease on human beings, and are often of such a nature that they could not be made artificially. The comparative facility of laboratory work," he adds, "and the comparative certainty of the conclusions to be drawn from it, have a direct tendency to divert students from that careful observation without which a man may indeed be a biological chemist or a pathologist, but will never be an accurate diagnostician or a successful practitioner."

This is precisely the position we, as homœopaths, have taken for nearly a century, and the one on which we are bidden to work with our best energies if we hope to rise out of the stagna-

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tion into which we too have drifted. For years we were powerless to do more than pursue our observation in private practice; now we command hospitals, admirably epuipped and with abundant material of the character most favorable for exact observation and accurate record.

But at this point we come directly upon the most serious obstacle to minute investigation. While, as has been said, the clinician has the advantage of having the pathological experiment made for him by disease, this experiment is of a nature so far beyond control, so varied, and influenced by so many undeterminable factors, that to describe it as an experiment is unduly stretching the meaning of the term. Clinical research for therapeutic purposes demands methods of inquiry different not only from those applicable in other biological branches, but different also from any to be applied with satisfactory results in private practice. We know so well that diseases terminate favorably under every conceivable kind of treatment, even under such as we should all condemn. We know that they terminate favorably without treatment of any kind, and we know that they terminate unfavorably despite the best treatment, or what any particular medical party or school recognizes as the best.

Here is cause for endless confusion of mind not only in the laity, but in the profession as well, a confusion out of which neither the perfection of diagnosis, the laboratory, nor deductions from the sciences, have been able to lead the medical mind. Surgery, as we recognize, may be said to occupy a much more favorable position. Successful operations are, for the most part, followed by saving and prolonging of life. Unsuccessful operations are such in which the risk is greater from not operating than from operating. But for internal medicine there is no such appeal to plain reason. Here the last appeal of any therapeutic procedure, theory of method must ever remain the *clinical test.* And this can be applied nowhere save in hospital wards, with their unfailing material, their elaborate facilities and their willing observers. The rules to govern this test are those governing the work in all well equipped hospitals. The point of paramount importance to be kept unceasingly in view, is the *rigorous adherence to these rules throughout a long course;* a course so long as to determine the value of different methods of treatment old and new.

On the strength of all these considerations the proposal for the formation of a National Society for Clinical Research was brought before the American Institute of Homœopathy at its Niagara meet-

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ing in 1904. It was felt that in order to produce not only prompt but authoritative results the co-operation of many hospitals was indispensable. A committee was appointed to further the object, but despite a general agreement regarding the dsirability of reaching some means or plan to settle our differences on theory and practice, nothing was accomplished. The difficulty was found to lie more especially in the organization of the hospitals themselves, with their crowded wards and overworked, unpaid staffs. Systematic and uninterrupted research under such conditions was seen to be unattainable. It is to be noted here, that while we have in the profession no small number of men who cheerfully and in the truest scientific spirit take up the non-remunerative branches of medicine such as anatomy, physiology and others, it is most difficult to find those ready to devote their time and energies to the vastly more difficult therapeutic research on the extended scale and under the exacting rules which alone can be fruitful. But it is not simply the men who are wanted. Without a strong organization not only in each hospital, but embracing a number of hospitals, the most devoted individual labor must fail. Since the work must be of an exacting nature and calls for sustained effort, such an organization should be composed of a sufficiently large number of men to afford each other the needed relief. It should include not only those of different views and experiences, qualified and willing to conduct the observations, but others as well, equally able and willing to supervise and control the work, and to reach in time, conclusions above the suspicion of partizanship or preconceptions of any description.

The exacting nature of the work will be seen to lie in the unaccustomed character of the observations: its main difficulties are in our imperfect means of judging results. To assign to their true causes the fluctuations in the course and condition of cases either of acute or chronic affections is in many cases impossible, in others most difficult. This, I think, will be readily admitted, and also that while in the course and termination of some affections the effect of treatment is plainly observable, there remains a very large proportion in which this is determinable only in the most imperfect and uncertain manner. Here our reasoning from cause to effect is too often at fault. To the effects of medicine in minute doses this applies with double force, but no class of remedial agencies for which is claimed a curative effect is exempt from this uncertainty.

These points call for the most critical examination. Simple as in some respects they may appear at first sight or to enthusi-

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astic adherents of any special therapeutic theory, they have always caused and continue to cause, endless confusion. And grave as they are when fully examined, it cannot be denied that the profession has always treated them far too lightly and set them aside in favor of more immediately interesting pursuits. But all theoretical discussion, all consideration other than that of the most practical character must be wholly excluded from the reformatory work now proposed. What is needed, after completing the organization, is the agreement on certain means and methods of observation and record, and on rules drawn from wide clinical experience, and so framed as to ensure the most undubitable results. These are the rules for the elimination of error, more particularly those forms of error arising from the personal equation of the physician, the utter lack of knowledge and judgment on the part of patients, and all manner of pardonable and unpardonable forms of self-deception.

With these considerations in view, and with the determination to make a beginning, however imperfect, three members of the Massachusetts Homœopathic Hospital Medical Staff agreed upon and set on foot a short series of clinical observations for purely therapeutic purposes. It could unfortunately be only a short series, since those engaged could do no more than take advantage of their three months term of service, a period far too short to lead to results of value.

We agreed, first, to have no purpose in view save that of unbiased observation and record. Second, that in order to gain a standard of comparison all medical cases presenting themselves, of whatever character, should be divided into three classes, each assigned to its own physician; one-third of all cases to be treated without medicine of any kind, save under certain exceptional conditions; a second third to be subjected to treatment with medicines highly attentuated and on the indications accepted by the International Hahnemannian Association, that is, those peculiar to the individual case and patient; while the remaining third were to be treated with low attentuations and material doses, mainly on indications derived from pronounced structural and functional changes, characteristic of the particular disease and case, and met by the pathogenetic effects produced by drugs in appreciable quantities.

The rules for our gudance were tto be:

1st—The strict attention to diagnosis in order to establish the nature of the case. All new cases to be examined where needful, by all three participants, and the course and changes in each case to be freely discussed.

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2d—Diet, nursing and all outward conditions to be the same in all three classes; of course, with modifications for the individual case.

3d—All changes attributable to favorable or unfavorable outward conditions to be noted and recorded with the same exactness as those attributed to medicinal effects.

4th—The indications for every prescription to be plainly stated on the record.

5th—The preparation, dose, repetition of doses, time and circumstances of administering, to be invariably given.

6th—The preparation of all medicines used to be fully known and the drugs of unquestionable purity.

7th—The single remedy and the minimum dose as conceived by the respective observers.

8th—To refrain from the use of all medicinal applications and of all so-called stimulants, tonics and other remedial agents tending to vitiate the observations immediately under consideration, viz., those on the curative effects of medicines.

It was felt that while the difficulties of observing and of distinguishing between cure and recovery were very great and of the first importance, those of intelligent recording with minuteness and accuracy could hardly be less formidable. And here certain lapses were inevitable, partly in consequence of limited time, absences and changes in assistants, and partly from other extraneous causes. We also knew full well that in the absence of control by a board of supervisors the results obtained could have value or interest only for those engaged. Moreover it was unfortunate that our service fell at an exceptionally healthy season, when the general morbidity and mortality rates were unusually low. The average number of acute cases was therefore absent, and the beds largely filled with the more intractable cases such as, chronic and subacute arthritis, neuroses and others apt to linger long in hospital wards. Nevertheless, it can be stated that the course was one of unusual interest. Dr. Maurice H. Turner, an assistant editor of the *Medical Advance,* was in charge of the Hahnemannian observations; Dr. Stephen H. Blodgett, of the cases under expectative management, and I of those under what is called low potency, "rational" or, if any one chooses, "mongrel" homœopathic treatment. In all, not more than one hundred and seven cases were treated, far too small a number to warrant any conclusions, especially, as I repeat, in the absence of all control.

I will not weary you therefore with the details of the work.

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nor with an analysis of the slender statistics obtained. These could not be said to differ in any sense from others gathered in the same wards in similar seasons or under the usual conditions. Yet I cannot refrain from mentioning a few observations which we sincerely wished could have been seen by unbiassed observers. This was our wish not because they were of a character so striking as to call for special attention, but because of their distinct bearing on several questions of moment still unsettled among us, and the light they could throw on the usual mode of judging the effects of treatment in individual cases. A case of unusual interest was that of a woman, æt. 60, with pernicious anaemia. She had been at other hospitals, notably the Massachusetts General, and for some six weeks in our wards with no result save that of steady aggravation of her condition. In order not to turn her out into the poverty and privation which would have been her lot, she was sent to "Sunnybank," the convalescent annex of our hospital in the country. There however from some unknown cause and despite good nursing, medicine, the favorable influence of fine spring weather, she grew rapidly worse, with extreme sleeplessness rising temperature, diarrhea, vomiting and falling blood-count. Returning to the hospital, she fell under the expectative treatment, with no medicine of any kind, and no changes in diet and regimen. Yet after some ten days signs of improvement set in, and continued with little interruption for weeks, until the patient could leave her bed, spend much time in the open air, even walk about, take food freely and sleep satisfactorily. Even the blood-count improved, though not in the same measure as the general health. She died in the end, but is there any doubt that the marked gain would have been attributed to medicine had this been administered? Even those, who know well the fluctuations and remissions common in this disease, could hardly have failed to reason post hoc, propter hoc, and to have permitted their scepticism as to the benefit of medicine to slumber, had this been used.

Two other cases, though of the most ordinary character from the usual clinical point of view, came to have a new interest when compared and considered critically from the side purely of clinical therapeutics. Both were uncomplicated cases of malaria, one, that of a young woman with chills of the tertian, the other that of a young man with those of the quotidan type. The first, pale, feeble, exhausted in the intervals, and with violent headache, vomiting and temperatures of 105 and 106 at the height of the paroxysms, was treated with 2 gr. doses of quinine every four hours with the

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result of marked convalescence by the end of a week, cessation of the paroxysms, returning color, strength and the increasingly normal performance of all the functions. She remained well three months after her early discharge; but the question with some of us is still, whether it was a case of suppression or of genuine cure? The other case with the history of a longer illness and much exhaustion by his daily paroxysms, fell under the strictly Hahnemannian class and received arsenicum 200, Dunham, on June 23d. By July 1st the paroxysms were no more than slight chills followed by temperatures no higher than 100-100½ where at first they had risen to 104 and 5 and been of an unusually prolonged and exhausting character. He then received one dose of arsenicum 1000, and soon left the hospital. As our service was then at an end, we lost sight of the patient. Is it not most probable that neither case would have recovered so promptly without the aid of medicine? But what sceptic who had not seen the second case would believe that arsenicum 200 could have produced so marked an effect? As malaria is of comparatively rare occurrence in our hospital there was unfortunately no opportunity of comparing these cases with others under purely expectative management.

A fourth case I will cite as of equal interest, and by no means exceptional, was that of a child 4 weeks old, sent in April 5th, from the maternity department, where it had been steadily wasting almost from the time of its birth, despite its mother's milk, at first and various modifications of cow's milk, besides the same good care under which other infants were thriving. Its condition was that of marked emaciation, with frequent green discharges, vomiting after every feeding, however small, constant crying, restlessness and varying temperatures from 99 to 100 and 100½. April 6th, no medicine, whey in small quantities; April 8th no change; cries as if in pain, discharges sour, greenish, slimy and watery, vomiting even the smallest quantity of whey. Ipecac. 3x—April 10th no change. April 11th, chamomilla 3x, hourly. Already by the following day distinct improvement; has slept more, discharges less frequent, more yellowish, retains more whey. From this time forward rapid gain in all directions, so that by April 14th the child could be discharged with safety. The psychological question arises at this point whether had the same favorable results followed under chalk-mixture or similar barbarous empirical dosings, who among all the learned would have doubted the efficacy of the drugs?

Other cases of a similarly favorable character might be cited, such as acute arthritis, notably one with pronounced erythema no-

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dosum, recovering within a fortnight under no other medication than that of a single dose of rhus 200, and later, arnica 200; an exceptionally rapid recovery, as all will admit. Or a case of left lobar pneumonia in an old woman of seventy-three, feeble, underfed, with a history of earlier hemoptysis and other pulmonary signs of a most suspicious nature. Though considered a most unpromising case by Dr. H. C. Clapp, our lung specialist, whose judgment no one shall doubt, the patient recovered under bryonia and sulphur, both in the 3d decimal, the only remedies administered, and was promptly discharged in a most satisfctory condition.

But why multiply instances? These are every day experiences as are others less gratifying. Cases of a much more promising character occurred terminating fatally under medicinal treatment, and still others, tho' of a grave prognosis, which recovered under the strictly expectative course.

I have purposely chosen these simple cases as they illustrate the prevailing attitude of mind towards our daily successes and failures. The final comparison of results of all three classes left us, as was to be expected, no wiser than we were in the beginning, so far as positive knowledge was concerned. Yet we all felt that we had gained a point of view far more free than that everywhere prevailing, from boh the scepticism which rejects all curative drug effects and the credulity which accepts all recoveries as cures. We could do no more than aim for the scientific attitude of mind, that attitude which in the law weighs and sifts and compares evidence. The evidence itself, in order to be admissable must be cumulative and, what is of far greater moment, beyond the suspicion of being brought forward to prove or disprove any special theory, or the claims of any school or authority. In a hospital with limited clinical material such evidence, such data on which to form valid opinions can come but very slowly. They cannot come even in the larger hospitals, without an organization of their staffs so constituted, as to include the representatives of different views and experiences, who must be prepared to subject every doubtful case to a careful scrutiny on the part of others.

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THE HOME TREATMENT OF TUBERCULOSIS.†

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The history of phthisio-therapy has demonstrated that the best and most successful treatment for this disease is the sanatorium* treatment. Thus, in order to make the home treatment of tuberculosis a success, we should as far as practicable institute the sanatorium treatment at home. What then is the first and most essential thing in this method of treatment? It is individualizing; that is to say, treating the patient and not the disease. The successful phthisio-therapeutist must not only have the implicit confidence of his patient but he must also know the patient's character, peculiarities, idiosyncrasies, and daily habits. You should impress your patients with the importance of telling all their troubles to you, and to nobody else, and after having told you everything not to dwell any longer on their disease. If other patients or well meaning friends try to give him advice or tell him of their woes, he should quietly tell them that he has enough trouble of his own and that one physician at a time will do him.

In speaking of the home treatment of tuberculosis we must divide our subject into ambulant and bed cases. The former are up and about and perhaps even at work and afebrile, the latter mostly confined to bed and room. Necessity compels us to again subdivide these cases into the well-to-do and the poor. The first thing in all cases is to see that the patient is properly housed. Among the well-to-do and those having their own house, see to it that the patient has a number of rooms on the upper floor at his disposal. In all cases where this is not feasible, select the best lighted and ventilated room preferably

* I use the word sanatorium in preference to the word sanitarium, for the following reasons: Brehmer, the founder of the first institution of that kind, called it "Heilanstalt," which means a healing institution; and the word "sanatorium" from the Latin *sanare*, to heal, gives certainly a better equivalent to the German word than the word "sanitarium." This latter word is derived from the Latin *sanitas*, health, and is usually employed in this country to designate a place considered as especially healthy, a favorite resort for convalescent patients, or an institution for the treatment of mental or nervous diseases.

†Address to Conference of Sanitary Officers of the State of N. Y.

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with southern exposures for the patient to sleep in. It goes without question that even in the poorest family the patient should have his own bed, and if he is in the latter stage of the disease and obliged to spend day and night in bed nothing will be so pleasant to him as to have two beds at his disposal, one to rest in during the day and one to sleep in during the night. The furniture should be plain or leather covered. Plush furniture and all dust-catching material, heavy curtains and fixed carpets, should be avoided. Still the room need not be made cheerless. A few small rugs, washable curtains and some cheerful pictures to decorate the wall, should be allowed. Even in the case of an ambulant patient the physician should be familiar with the invalid's home environments and while, as a rule, he may come to your office it will be in the interest of the patient that you should see him now and then at his home. With the absolutely poor, and particularly with our dispensary patients, it is of course difficult to make frequent visits to the patient's home and we have to rely on our visiting district nurses. The hygienic measures tending to prevent the spread of tuberculosis for rich and poor, ambulant or bed cases must of course be virtually the same. At home the patient may use a spittoon with a large opening or a special cup to receive his expectoration. The receptacle should be partly filled with water. A stationary spittoon should be preferably elevated and of course never be without a cover. (Fig. 1.) It has been sufficiently demonstrated that when flies and other insects have access to tuberculous material they can become the propagators of the disease. When walking the patient should use a pocket flask (Figs. 2, 3, 4, 5) if he is brave enough to do so, or expectorate in a paste-board purse (Fig. 6) or piece of cloth. Experience has taught me that the following method is most willingly adopted. I tell my lady patients to divide their hand-bags into two compartments and line them carefully with oil silk. My male patients I tell to have the right or left pocket of their trousers lined with some impermeable material. I suggest buying a number of yards of cheap white muslin to cut into squares resembling handkerchiefs. On starting out in the morning the men fill one pocket and the ladies one of the compartments of their bag with these make-believe handkerchiefs, which after having been used to receive the expectoration are placed in the oil silk compartments or pockets lined with oil cloth. In the evening on their return home, the soiled make-believe handkerchiefs are burned,

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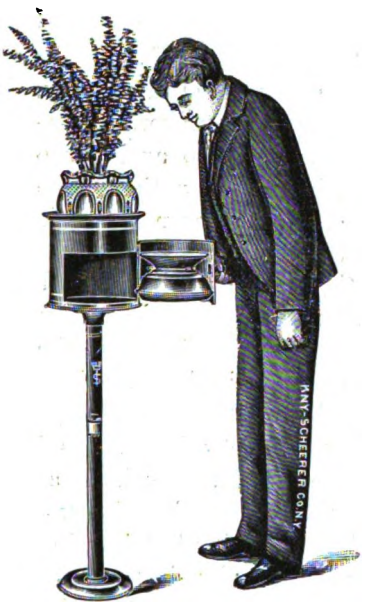

FIG. 1—Author's elevated spittoon entirely of metal, the receptacl only visibl when in use.

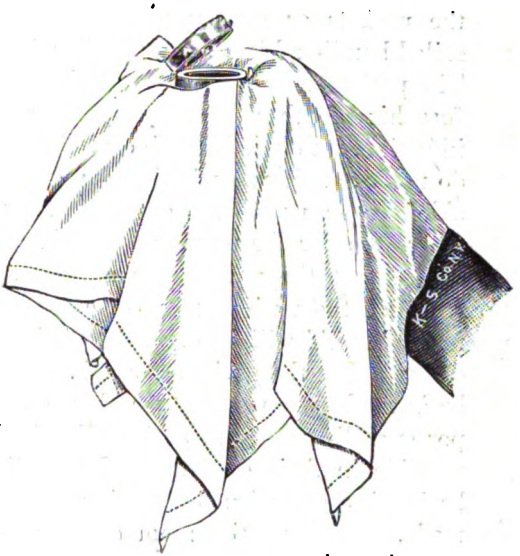

FIG. 3—The same, hidden in the folds of a handkerchief.

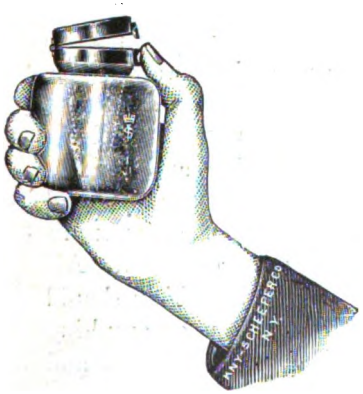

FIG. 2—Author's nickel-plated oval-shaped pocket flask, manageable with one hand.

FIG. 4—Method of emptying the flask

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the pockets or compartments which serve as receptacle for the soiled handkerchiefs are cleaned and the hands washed thoroughly. The patient is taught always to hold his hand or handkerchief before his mouth when he coughs or sneezes so as to avoid drop infection. You will at times, of course, have some patients who do not get well and who become finally so weak as even not to be able to use a pasteboard cup (Figs. 7, 8, 9) or light aluminum cup (Fig. 10) for the purpose of expectorating. In such instances I advise that the nurse keep a supply of moist rags within easy reach of the patient to receive the expectoration. At times the nurse herself will be obliged to help the patient by holding these cloths before the patient's mouth. The soiled cloths should always be burned before they get a chance to dry and the soiled bed and personal linen of the patient should be manipulated as little as possible in their dry state. If possible the patient should never be in his room when it is being cleaned or when his bed is being made. Cleaning the room ought never be done by dusting and sweeping; but if on account of a fixed carpet sweeping is inevitable, let it be preceded by throwing moist saw dust or bits of moistened paper on the floor to allay the dust. The furniture should be wiped with a moist cloth, and whenever possible cleaning by the pneumatic exhaustive or vacuum process should be resorted to. This is the ideal method of cleaning the apartments of the sick.

After the general hygiene we come to the personal hygiene of the patient. The skin should be kept in good condition by weekly warm baths and daily sponges. Beard and moustache should not be worn at all or be closely cut. As underwear I recommend linen-mesh, heavy weight in winter and light weight in summer. If, as it happens in some cases, the patient feels cold even with the heavy weight linen-mesh, I tell him to wear linen-mesh next to the skin and an additional cotton, silk or very light woolen garment over it. I prefer linen-mesh underwear because it dries quickly when the patient perspires. It produces a constant pleasant friction on the skin, allowing free ventilation and renders the patient less apt to catching cold. His outside garments should be comfortable and according to season, light in summer, warm in winter; but not too heavy so as to hinder free movement. All garments restricting free thoracic or abdominal breathing should be done away with. The high tight collar for men or anything constricting the neck for women is injurious; so is the corset and

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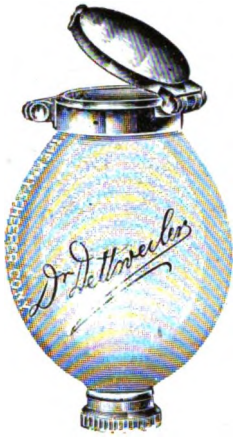

FIG 5—Dettweiler's pocket flask of blue glass with metal settings and funnel.

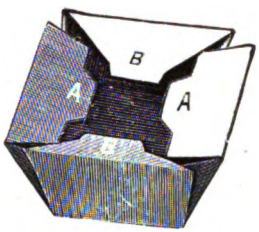

FIG. 8—Pasteboard box for Seabury & Johnson's frame.

FIG 6—Johnson & Johnson's pasteboard purse.

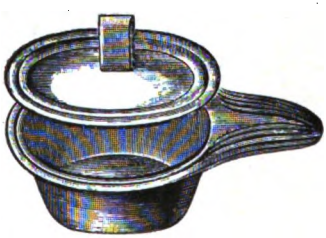

FIG. 9—Pasteboard sputum cup for use at the bedside.

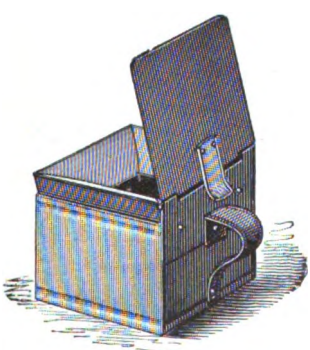

FIG. 7—Aluminum frame for Seabury & Johnson's sputum cup.

FIG. 10—Aluminum spit cup for use at the bedside.

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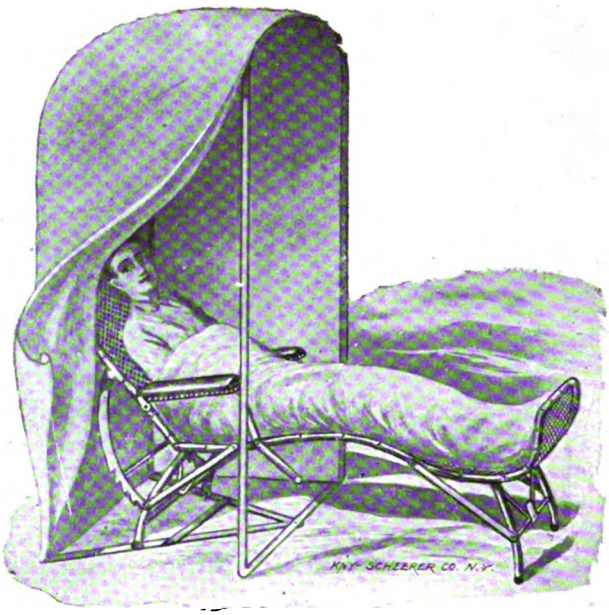

FIG 11.—Half-tent with patient resting on metal reclining chair taking the rest cure.

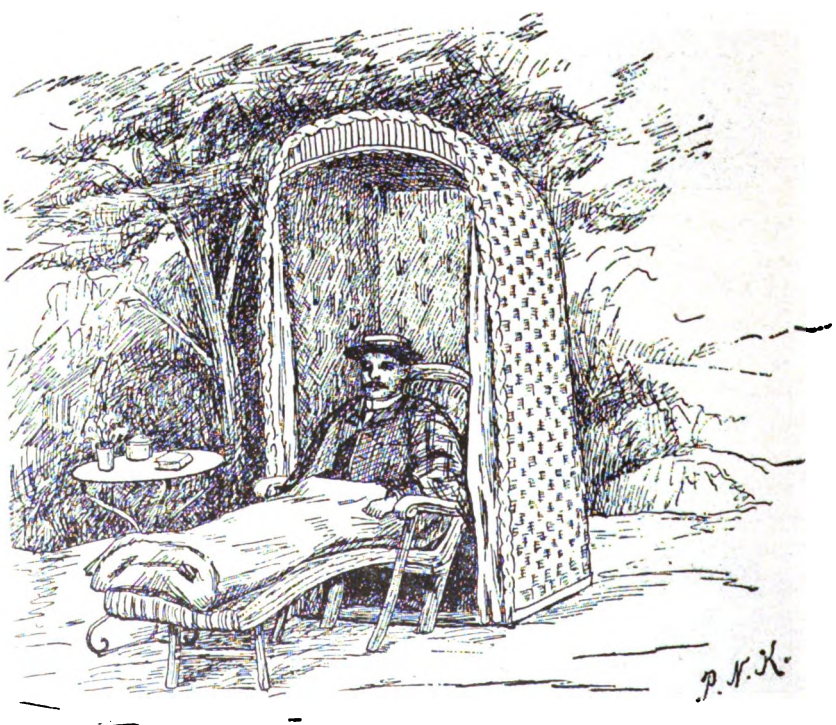

FIG. 12—Beach chair of wicker work transformed into a half-tent for taking the rest cure on the reclining chair.

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tight belt and the tight band holding the skirt around the waist. I like to see these latter garments suspended from the shoulders and instead of the steel corset I like to recommend a comfortable waist. Lastly, I don't like to see trailing skirts doing the scavengers' dirty work.

As the most important therapeutic factor in the modern tenement of tuberculosis we must consider, fresh air, pure air, and as I stated above, we can make the home treatment most successful when we imitate as far as practicable all the salient features of the sanatorium treatment. In these institutions the patients live outdoors virtually twenty-four hours of the day. Let us now see how we can imitate this aerotherapy of the sanatorium treatment in the home of the patient. In summer we have of course all the windows open and during the day we place our patients in the yard, on the veranda, or on the roof, whenever and wherever conditions permit us to have the patient take what is known as the rest cure in the open air. Here he rests on a reclining chair with a proper knee bend and comfortable back. If the patient can afford it we get him also a half tent. This half tent is composed of a frame of steel tubing, which can be folded together when not in use. (Fig. 11.) Over this frame strong sail duck is stretched and secured by snap buttons on the inside, so as to completely protect the patient against wind and sun. To prevent the tent from being overturned by the wind, the frame has ground spikes holding it securely. The reclining chair is placed in this half tent in such a manner that the floor bracing, attached to the frame, is held down by the chair and this adds to its security. A beach chair of wicker work can also be made to do the service of the half tent. (Fig. 12.) After the seat has been removed, the inner walls of the wicker chair are lined with padding. A reclining chair is placed with its back in the interior, and the whole arranged so that the patient is protected from the wind and sun. Whenever the patient is on the chair he should be so comfortable as to allow complete muscular relaxation. Mind and body must be at rest. For poor patients the simple steamer chair and a few boards joined together to replace the costly half tent will have to answer the purpose. A large and stout umbrella, such as is often used at seaside resorts, can be fastened to the back of the steamer chair, and will answer the purpose where the tent cannot be provided. The poor patient in cities will probably be obliged to resort to the roof for his rest-cure, as the small yard of the tenement-

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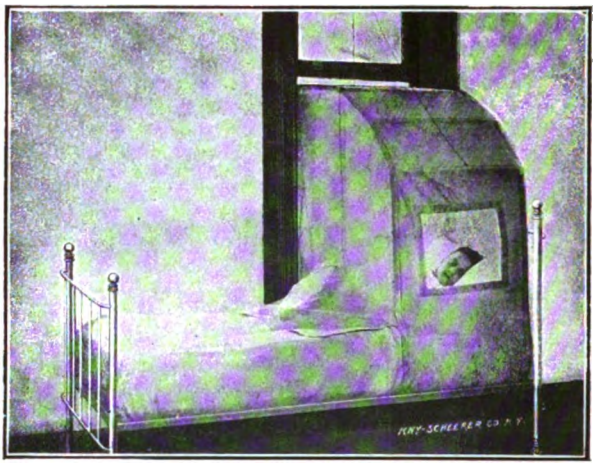

FIG. 13—Dr. S. A. Knopf's window-tent with patient in bed looking through celluloid window into the room but breathing outdoor air only.

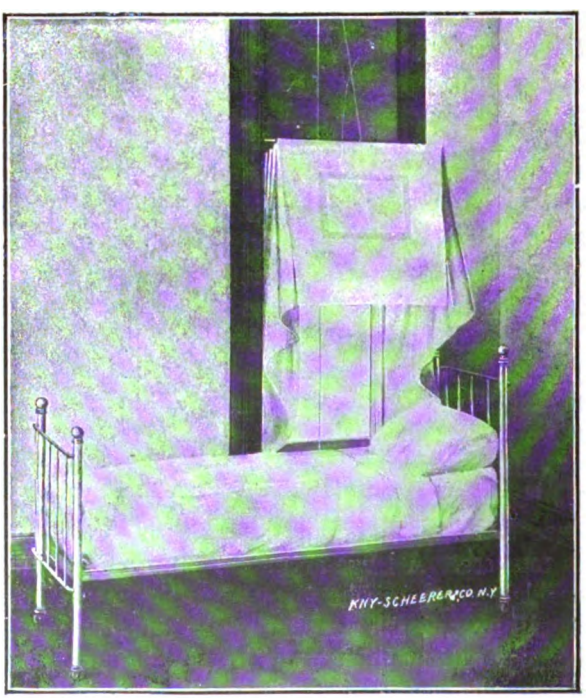

FIG. 14—Dr. S. A. Knopf's window-tent raised when not in use.

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house, with many children playing in it, will scarcely be suitable. I do not favor the use of the fire-escape for this purpose. A recent conflagration in New York city, where many lives were lost owing to the obstruction of the fire-escape, showed the dangerous results of evading the law in this way. On this reclining chair in the open air the patient should remain during the day whenever he is not taking any walking exercises. In the modern American and also in some European sanatoria the majority of patients have their beds moved out on the veranda during the night and there they sleep often in the coldest weather. The brilliant results obtained through this method of sleeping outdoors in cold weather are too well known to all American physicians to need further mention here. What has worried me for years has been the fact that I could provide this open-air treatment at night only for so relatively small a number of patients when there are so many who need it and particularly among the consumptive poor. I believe I have been fortunate enough to solve this problem in a measure by a modest little invention which I call a "Window-Tent." The first model of this device which I presented to the profession and in the construction of which I had the kind co-operation of the former resident physician at Riverside, Dr. McLaughlin, had many defects. It was nevertheless put in practical use by a number of physicians and by myself. A second model was somewhat better but far from being perfect. In the third model which I have the honor to show you to-day, I have tried to overcome all the defects learned through my own experience and that of others in the use of the tent. The Kny Scheerer Company have kindly incorporated all my suggestions in this latest device, and upon my request have refrained from seeking a patent. I am particularly grateful for this generosity on their part for the tent will be of greatest service to the consumptive poor unable to avail themselves of sanatorium treatment. Many of them will not even be able to pay the modest price at which the window-tent is now put on the market, and they, with the illustrations before them, may have sufficient mechanical skill to imitate the device at very little cost.

The advantages of the last model of our window-tent over the former models are greater simplicity and cheapness in construction, greater facility for cleaning and disinfecting and a method of attachment which permits the removal of the tent from the window when not in use.

As you see, this window-tent is an awning which, instead of being placed outside of the window, is attached on the inside of the

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g 19—Veranda arrangements for the outdoor sleeping at home.

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room. It is so constructed that the air from the room cannot enter or mix with the air in the tent. The patient lying on the bed, which is placed parallel with the window, has his head and shoulders resting in the tent. (Figs. 13, 14, 15, 16.) By following the description closely you will see that the ventilation is as nearly perfect as can be produced with so cheap a device. The tent is placed in the lower half of an American window but it does not quite fill the lower half of the frame; a space of about three inches is left for the escape of the warm air in the room. By lowering the window, this space can be reduced to one inch or less, according to need. On extremely cold and windy nights there need not be left any open space at all above the window frame. The patient's breath will rise to the top of the tent, the form of which aids in the ventilation. The tent is constructed of a series of four frames, made of Bessemer rod suitably formed and furnished with hinged terminals, the hinges operating on a stout hinge pin at each end with suitable circular washers to insure independent and easy action in folding the same, the Bessemer rod being hardened to make a stiff rigid frame to insure its maintaining the original form.

The frame is covered with extra thick yacht sail twill, properly fitted, and having elongated ends to admit of their being tucked in, under and around the bedding to prevent the cold air from entering the room. The patient enters the bed and then the tent is lowered over him. Or with the aid of a cord and a little pulley attached to the upper portion of the window, he can manipulate the lowering and raising of the tent himself. Shutters or Venetian blinds, whether they are attached on the inside or on the outside of the window, can be utilized in conjunction with the window-tent as a screen to intercept the gazes of the neighbors, and in stormy weather as a protection. The bed can be placed by the window to suit the patient's preference for sleeping on his right or left side, so that he has the air most of the time in his face. Another advantage of the window-tent is that it will not attract attention from the outside. The bed being placed alongside the window will be convenient for a majority of the poor who have small rooms. If, however, the bed must be placed at a right angle to the window, this can be arranged as well. A piece of transparent celluloid is placed in the middle portion of the tent to serve as an observation window for the nurse or members of the family to watch the patient if this is necessary. It also serves to make the patient feel less outdoors and more in contact with

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his family. He can, if he desires, see what is going on in the room. If the window-tent must be placed at a right angle to the window, the observation glass can be put in on the side. It goes without saying, that as a rule, patients should not smoke; when, in exceptional cases, this can be allowed, the danger of the celluloid window becoming ignited must be impressed upon them, and the greatest caution urged. I prefer celluloid to ordinary glass for this purpose because it can easily assume the vaulted form of the rest of the tent, and thus even the slightest possibility of an air-pocket formation is avoided.

If it is necessary to raise the bed to the height of the window sill, it can be done with little expense. If the bed is of iron, a few additional inches of iron piping can be attached to the legs by any plumber, or one handy with tools; raising a wooden bed can be accomplished with equal facility. If the window-tent is to serve the patient only during the night, the tent can be pulled up and the bed moved away from the window during the day and the window closed. Or the tent can be taken from the hooks and put out of the way.

The window-tent will, of course, be of greatest service to the consumptive sufferer in winter. If he is feverish, or his stay in bed is advisable, he can spend his entire time in the window-tent. If the people are poor, and the room where the consumptive sufferer lies serves as living room for the rest of the family, the fact that the well members need not shiver and yet the patient can take his open-air treatment, is of vital importance in many respects. While the room will not be quite as warm as if the window was entirely closed, it will be much warmer than if there was no tent in front of the open window. Laying aside the economic advantages to a poor family when not being obliged to heat more than one room, the patient feels that he does not deprive his loved ones of comfort and warmth and that he is less a burden and hindrance to their happiness. The other members of the family, on the other hand, feel that they can give the patient all the air he needs and that he himself need not suffer for their comfort.

In winter the patient's bed must be covered with a sufficient number of blankets to assure his absolute comfort and warmth throughout the night. Still, this covering should not be so heavy as to press down upon the body and make the patient feel uncomfortable or tire him. The tightly woven blanket is a better pro-

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tection than the loosely woven one. To the poor, whose disposal of blankets is, alas, often very limited, it may be valuable advice to tell them to put several layers of newspapers between the coverings. *Outdoor Life,* of December, 1905, recommends to have a dozen layers sewed between two layers of flannel. This will certainly make a cheap, light, and warm covering. In extremely cold weather the patient, while sleeping in the window-tent, should wear a sweater and protect his head and ears with a woolen cap, shawl, or woolen helmet, such as shown in Figs. 17, 18.

Some patients will complain that the bright light awakens them too early in the morning, and that they have difficulty in going to sleep again. In such instances I counsel the patient to have some light weight, but dark-colored material (such as black lisle-thread hose) to put over his eyes. This usually suffices to obviate the inconvenience caused by the bright light.

The pulmonary invalid when in bed should be provided with a bell to communicate with his nurse, relatives, or friends who take care of him. He should, of course, have a small sputum cup or pocket flask handy to receive his expectoration. I prefer the flask for the use in the window-tent, for it seems to me that any kind of cuspidor which had to stand on the window-sill would not be as safe, as there is always a danger of its falling. A urinal should also be placed at the bed side, so that the patient will not have to leave the bed in the night and be uselessly chilled.

There is one more benefit to be derived from the use of the window-tent that is not to be underestimated. Patients who can only be persuaded with difficulty to sleep with the window wide open will not hesitate when they have this tent as an inducement. Draft, which the consumptive patient usually dreads, particularly when he perspires and in cold weather, need not be feared when sleeping in the window-tent. The construction is such that even should the shoulders be accidentally exposed the three tent walls protect the patient from violent currents of air which may be produced by leaving opposite doors in the room open. In this respect the window-tent even has an advantage over sleeping on porches when they are not properly inclosed.

Besides the fact that the patient feels easier when he knows that the rest of his family are not in discomfort because he must be exposed to the cold, there is another advantage in this window-tent arrangement, whereby the patient's physical and mental condition will be benefited. His prolonged rest cure in bed will be

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more endurable when he is permitted to look out on the street and watch life there, than when obliged to gaze at the four walls of his room.

When arranging for the rest cure on the reclining chair during the day whether it is in the half-tent in the garden, on the veranda, in the sleeping shack, on the roof, or on the balcony, one should always bear in mind that it is much more agreeable and conducive to the well-being of the patient when taking the cure, to have a pleasant view to look upon. In building sanatoria, the greatest attention is paid to the proper selection of the place for the rest-cure gallery or veranda. The more pleasing and entertaining the outlook from these places, the more certain is one to keep the patients quiet and restful.

Lastly, an important point gained by the use of the window-tent for consumptives is in regard to drop infection, that is to say, the prevention of the dissemination of the bacilli through particles of saliva expelled during the so-called dry cough, sneezing, etc. While as a matter of course, the patient should be taught to always hold his hand or handkerchief before his mouth, when he coughs or sneezes, this is not always done, and to limit the possible infection to the interior of the window-tent is obviously a great advantage. First, the constant exposure to air and light of the bacilli which may have been expelled with the saliva and remain adherent to the canvas, will soon make them innoxious; and secondly, in this last model of our window-tent the canvas of the tent is attached to the frame by simple bands. Its thorough cleansing, washing, or disinfecting is thus made easy.

Northrup and others have of late demonstrated that the ideal treatment of pneumonia is likewise pure, fresh and cold air by day and by night. When sleeping on the roof or in the entire open is not feasible, the window-tent is admirably adapted to the treatment of pneumonia in adults and in children. Thus, even if there should develop an intercurrent pneumonia in the tuberculous patient the window-tent would be still of great service.

When there is no garden, no veranda, such for example as shown in Fig. 19 (which can also be utilized for outdoor sleeping), no roof, the window-tent can also be put into service for the rest-cure during the day. The bed is moved away and the reclining chair is put in its place. The latter can be raised to the necessary height by wooden blocks or a platform, and with the aid of blankets and comforters the air from the room can be excluded and

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the patient being in front of the open window breathes only outdoor air. When beginning this aero-therapy, it is of course essential that it must be done gradually according to the susceptibility to cold of the patient. Impress upon him that night air is as pure as day air and begin by placing him in the tent for a few hours at night and a few hours during the day in the chair. Get him gradually accustomed to living in the pure cold air, day and night. A hot water bottle for the feet either in bed or in the chair may often be necessary in extreme cold weather. The patient's feet must be kept warm if he is to benefit from the open-air treatment.

As an adjuvant in aero-therapy I must not forget to call your attention to the importance of respiratory exercises. I have repeatedly described and illustrated them in my books* and various articles† so that I do not think it necessary to dwell upon the details of this phase of aero-therapy at this time. I will simply demonstrate them to you and only wish to say that these exercises judiciously taught and carefully carried out, are suitable in nearly all afebrile early and moderately advanced cases. Even in the third stage have I seen beneficial results from judiciously directed breathing exercises. Most careful clinical observations made under Dr. Otis‡ at the Massachusetts State Sanatorium prove conclusively the value of judicially directed breathing exercises in the treatment of pulmonary tuberculosis.

Presuming that you have satisfied yourself that the patient to whom you are to teach respiratory exercises, is dressed in such a manner that there is not the slightest restriction around throat, thorax or abdomen, you can begin your instructions. It goes without saying that you should teach the breathing exercises always either in the open air, or in a well-ventilated room, preferably in front of an open window. A locality where the individual, by taking deep breaths, would only inhale an additional amount of injurious odors or dust, is of course, not a suitable place to teach breathing exercises. Starting out with the presumption that we find ourselves in suitable environments for respiratory gymnastics

* Les Sanatoria (Doctor thesis), Paris, 2d Edition, 1900.
Pulmonary Tuberculosis, Prophylaxis and Treatment, Blakiston, Phila.
Tuberculosis as a Disease of the Masses and how to Combat it, American Edition, F. Flori, 514 East Eighty-second street, New York city.

† Johns Hopkins Medical Bulletin, Vol. XII, p. 282.
Annals of Gynecology and Pediatry, Vol. XVI.
Journal of Outdoor Life, July, 1905.

‡ Otis. Boston Med. and Surg. Journal, July 19, 1906, and Transactions of National Association for the Study and Prevention of Tuberculosis, 1906.

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we teach our patients to assume the position of the military "attention" heels together, body erect, chest forward, head straight, the palms of the hands touching the external portion of the thigh. We tell the patient to keep his mouth closed and to take a slow deep inspiration through the nose, that is to say, take in all the air possible with one inspiratory movement; to hold his breath a few seconds, and then exhale a trifle faster. If the patient has done this act well, we supplement it by allowing him to raise the arms to a horizontal position. He does this during the act of inspiration, remains in that position for a few seconds and while exhaling brings the arms down to the original position. The act of expiration should again be a little more rapid than that of inspiration.

When the first exercise (Fig. 20) is thoroughly mastered, after a few days the patient can be taught a second one, which is like the first except that the upward movement of the arms is continued until the hands meet over the head. (Fig. 20.) The third respiratory exercise, somewhat more difficult and requiring more strength and endurance, should not be undertaken until the first two have been mastered and practiced for several days. The third exercise might be called a dry swim; one takes the same military position of "attention," heels together, body erect, and then stretches out the arms as in the act of swimming, the dorsal surface of the hands touching each other. He then moves the arms, just as if he was dividing the water; during the act of inspiration, the hands meeting finally behind the back. The patient remains in this position for a few seconds, retains the air, and during exhalation brings the arms forward. This somewhat difficult exercise can be facilitated and made more effective by raising on the toes during the act of inspiration and descending during the act of expiration. (Fig. 21.)

Valuable as these exercises with moving of the arms are, they cannot be practiced everywhere and at all times without attracting attention. Under such conditions one must often content one's self with raising the shoulders, making a rotary movement backward during the act of inhalation, remain in this position, holding the breath for a few seconds and then exhale while moving the shoulders forward and downward, assuming again the normal position. This exercise (Fig. 22) can be taken while walking and, of course, very easily while sitting or riding in the open air.

Young girls and boys, and especially those who are predisposed to consumption, often acquire a habit of stooping. To overcome

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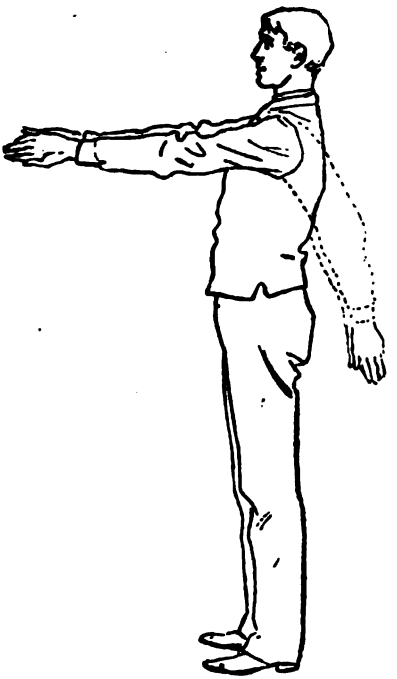

FIG. 20—First and second breathing exercise.

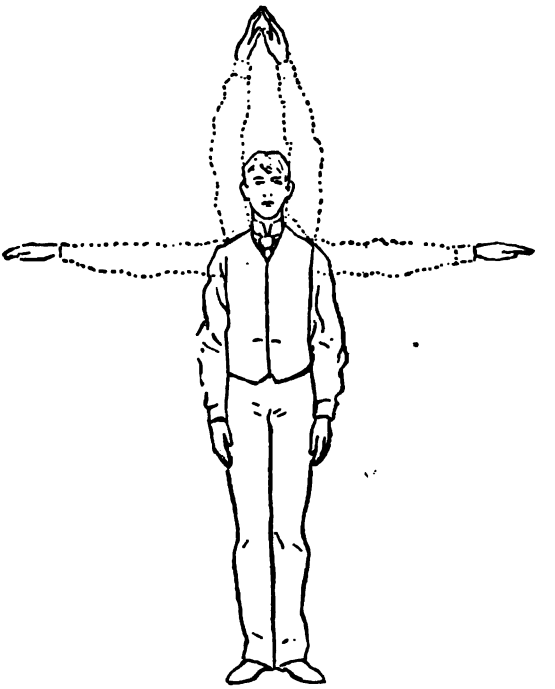

FIG. 21—Third breathing exercise.

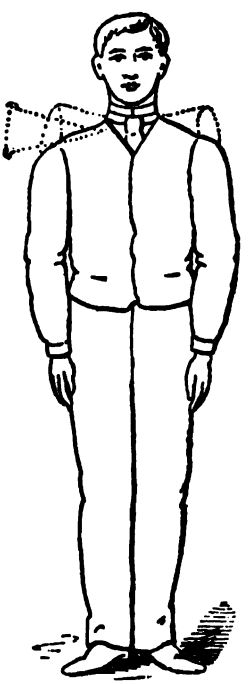

FIG. 22—Breathing exercise with rolling of shoulders.

FIG. 24—Exercise for children in the habit of stooping.

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this the following exercise is to be recommended. The child makes his best effort to stand straight, places his hands on his hips with the thumb in front, and then bends slowly backward as far as he can during the act of inhaling. He remains in this position for a few seconds, while holding his breath and then raises again somewhat more rapidly, during the act of exhalation. (Fig. 23.)

Concerning the general directions as to the frequency and order of these exercises, I can only say here the same that I have said in previous writings when speaking of aero-therapeutics proper: Commence always with the easier exercises and only gradually take the more difficult ones. Repeat the exercises from four to six times either of one kind or the other, or one or two of each every half hour or so, and continue this practice until deep breathing has become a natural habit. One rule which is applicable as well to the predisposed individual whom you teach to breathe to prevent disease as to the patient for whom you prescribe respiratory exercises as a means of cure, is the following: Instruct them never to take the exercises when tired and never to continue them so long as to become tired.

In all chronic forms of tuberculosis I have found the above-described ordinary respiratory exercises of the greatest value. To increase their efficiency I have added a few movements to my armamentarium. While we need not be over-careful and over-precise when teaching respiratory exercises to a relatively healthy child or a young man or woman, we cannot be too careful when the exercises are given to develop the chest capacity and respiratory function of the tuberculous patient. To increase the efficacy of the respiratory exercises I add an additional movement by having each respiratory act, that is to say, each deep inspiration and corresponding expiration, followed by a second forced expiratory effort. This is for the purpose of expelling as much of the supplemental and residual air as possible, which may be effectually aided by supinating the arms and pressing the thorax with them.

Considering that the amount of tidal air, that is to say the volume which is inspired and expired in quiet respiration — is only 500 cc., the complemental air — the volume which can be inspired after an ordinary respiration — 1,500 cc., and the supplemental or reserved air — the amount which can be forcibly expelled after an ordinary respiration — amounts to 1,240 to 1,800 cc., one can readily see the value not only of deep breathing, but particularly of this second expiratory effort. As to the main contra-indica-

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tions, let us remember that a patient in a highly febrile state, or during an acute exacerbation of the tuberculous process, or an active hemorrhage, should refrain from all respiratory exercises. Following a haemoptysis all respiratory exercises with movements of arms should be prohibited, at least for a time. On the other hand, I encourage quiet and deep respiratory movements, a few at the time, following a prolonged haemoptysis. In cases where the sanguine expectoration has continued for weeks, these deep, quiet respirations seem to act as a veritable styptic. Irritating coughs resulting from the attempt to carry out the breathing exercises, or pleuritic pains resulting from the tearing of cold adhesions, are no contra-indications to the continuation of the respiratory exercises. Both cough and pain will cease in a short time. As long as the patient has learned to breathe properly through the nose and the air is relatively pure; cold, warmth, rain, snow and even wind should not prevent him from carrying out the physician's instructions for breathing exercises.

The pneumatic cabinet must receive mention as a second adjuvant in the aero-therapy of pulmonary tuberculosis. Those interested in this subject I must refer to the works of Bowditch,* Quimby,† and others. I have also described its indication and contraindication in my text book on tuberculosis and my article on tuberculosis in the XX Century Pract. of Med., Vol. XX.

After aero-therapy comes solar or helio-therapy, that is to say, the utilization of the rays of the sun in the treatment of pulmonary tuberculosis. To be as brief as possible let me give you the concise directions which I think should be followed in order to get the best possible results from the sun-bath.

The sunniest room should be selected for the purpose. Fixed carpets should, of course, not be placed in such a room, and the floor must be kept scrupulously clean.

In a private home, where neighboring windows are often near, the arrangement will be more difficult, and low screens will have to be used. In winter the room should be heated to from 70° to 75° F. By and by, the patient's skin will be less sensitive to the air, and the temperature of the room can be decreased. The room must always be well ventilated. In summer the upper part of the windows can be left open.

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* V. Y. Bowditch, Boston Med. and Surg. Jour., July 16, 1885; and Journal of the Amer. Med. Ass'n, Aug. 1, 1885.

† Quimby, C. E., The Pneumatic Cabinet in the Treatment of Pulmonary Phthisis, Internat. Med. Magazine for January, 1893.

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The patient undresses entirely, but if he complains of cold feet he can keep his stockings and even his shoes on until he has become warm enough and desires to take them off. He places first a warm sheet around his body and then a large blanket; he then lies down on the floor in the sun, his head in the shade and slightly elevated by a cushion. As he begins to feel the warmth of the rays of the sun, he uncovers himself gradually until the whole of his body is exposed to the rays of the sun; he exposes his back by turning over on his chest. He remains in the sun-room for from half an hour to two hours, according to the direction given him by his physician. He may change the recumbent to the sitting position or walk about.

Like all curative agents in the treatment of phthisis, the carrying out of this solar therapy should never be left to the caprice of the patient. Too much exposure to the hot rays may cause an erythema, an urticaria, or other cutaneous troubles. To prevent the latter the patient should cover himself with one or even two layers of his sheet when the sun's rays produce a slightly burning sensation. Should these cutaneous complications occur nevertheless, the sun-baths must be omitted for a time and the skin bathed in warm water, and friction with lemon juice applied. Headache, or a feeling of discomfort, is the signal to stop, no matter how short a time the bath has lasted. A high bodily temperature is, of course, a contra-indication to sun-baths. Such patients must remain in bed. Slightly feverish patients may be allowed to try solar therapy, but when experience shows that the baths are followed by an elevation of temperature, they must be discontinued.

While taking his sun-bath, the patient should breathe deeply or take his regular breathing exercises.

If it is not possible to take sun-baths, or enough sun-baths, undressed at home, patients should be advised to take them outdoors, and be told to dress as far as possible in light-colored clothes—never in black, red or brown—so as to permit the better penetration of the actinic rays. Patients should always take an umbrella or parasol with them to be able to shade their heads, no matter where they take the sun-bath.

The dietetic treatment, that is to say the proper nutrition of the tuberculous patient, is of course a most important factor. My esteemed teacher, the late Prof. Detweiller, in whose institution I had the privilege of serving as assistant, used to say "The kitchen is my pharmacy." He paid the greatest attention to the dietetic management of the patients in his care. The menu

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for each day was submitted for his approval previous to its preparation. Concerning "Suralimentation," that is to say over-feeding, I am willing to confess that I have modified my views somewhat during the past few years. It is well and good to feed patients good and abundantly; but I question the wisdom of excessive overfeeding, which so often causes the patient great distress and produces a sense of disgust for any kind of food. We should be guided in directing dietetic treatment by the patient's digestive and assimilative powers. We should strive to have him regain the best weight he had when in good health or get a good average weight for his height. Increase in weight of muscular is better than that of adipose tissue. Let us never forget that an increase of adipose without concomitant improvement of pulmonary lesions is of little value.

After these preliminaries permit me to give you a general outline of what I think a good menu for the average consumptive. As soon as the patient awakes in the morning he should take, while yet in bed, a glass of hot milk, half milk and tea, or half coffee and milk, with a slice of milk-toast. After a little while he will rise to prepare for his douche, friction, or massage, whatever the physician's prescription may call for. After this it will probably be nine o'clock, and the patient may take his ordinary breakfast. He should have eggs, and may have his choice as to the way they may be prepared or served—soft-boiled, poached, raw, etc., or in the form of egg-nog, with or without a little sherry, orange or lemon juice (whiskey only when such is indicated). If he is accustomed to a meat breakfast, he should have broiled steak, chops, poultry, sweet bread, etc., or raw chopped beef. Bread a day old,— preferably whole wheat bread or French rolls, but not hot — with plenty of butter or honey, either milk, cocoa, coffee with milk, but not too strong, or a cup of bouillon, should also form part of the meal. Whether the patient likes to have his cereals for breakfast or supper may be left to his choice. Some fruit should always precede his eggs or meat in the morning. If fish is served in the morning it should be either broiled, boiled, or baked.

The patient should take the heartiest meal between the hours of twelve and two o'clock (four hours after his breakfast). Broths or soups should be the first course. Oysters and clams are most easily digested raw. Any kind of fresh fish may be served again at dinner and in any form except fried. There will be, of course, roast meat of some kind, rare roast beef mutton, poultry,

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etc. Of vegetables, spinach is to be particularly recommended on account of the large proportion of digestible and assimilable iron. Next to this in nutritive value come lentils, peas, beans, cauliflower, potatoes. Fresh vegetables should be given whenever it is possible to have them. Lettuce and other salads, preferably prepared with lemon-juice instead of with vinegar, are permitted. Light puddings, fruits and nuts may constitute the dessert.

At about four or five o'clock some milk with toast may be taken, or, if the patient cares for it, he should have a cheese or meat sandwich. At this time the milk may be replaced by bouillon or chocolate.

The supper should not be quite as voluminous as the dinner; cold or warm meat, rice with milk or gruel and jellies, fruits, such as grapes which are particularly good because of their nutritive value, etc. At bedtime again a glass of milk or some milk-toast.

It is of course impossible to lay down an absolute rule of what to allow and what not to allow. One must consider the patient's likes and dislikes; there are idiosyncrasies for certain dishes as well as for certain medicines. I have learned to allow my patients occasionally such things as ham, smoked tongue, and even pickled or salt herring, sardines and sardelles, and I have not yet found any occasion to regret this practice, for they seem at times to stimulate the appetite. Experience has taught me that patients can take the greatest number of eggs without inconvenience and without interfering with their appetite for their regular meals, by taking them immediately after the principal meals. Thus, two or even three or four fresh eggs can be taken twice to three times a day. When the patient is unable to take them in the pure state I employ the following method, which has rarely failed me. In a wine glass with rather a narrow opening pour about a half of a teaspoonful of lemon juice and on top of it put a small pinch of pepper and salt. Upon this I break the egg carefully so as not to have the yolk mix with the white. On top of this I put again a layer of lemon juice and pepper and salt. The patient does not taste anything but the lemon juice and the egg goes down the throat like an oyster.

As a rule, I do not favor any so-called food medicines. I am willing to admit, however, that iron tropon or the simple tropon, which is an albuminous preparation invented by Prof. Finkler of Bonn, has rendered me valuable service as an adjuvant in the dietetic treatment of pulmonary tuberculosis.

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I tell my ambulant patients to rest half an hour before and half an hour after meals. It is not always easy for the patient who is at work to rest half an hour, so I tell him to get all the rest possible, and I add, "If you do have to work all the week stay at home in the evening, resting in the open air, in front of the open window or stay in bed all day Sunday with windows wide open."

Hydro-therapy you will find most valuable as a tonic and as a means to prevent your patient from contracting colds. But you must be careful with a patient who has never used cold water on his body, and you will find quite a number of such persons. The surest way to educate the skin and nervous system to the use of cold water is to begin with frictions with pure alcohol for a number of days. This is to be followed by frictions with half alcohol and half water; then, for the same length of time, water alone, and then you commence gradually with douches of cold water at the ordinary temperature (40° to 60° F) as the water comes from the faucet. If the patient feels chilly after the application of water it is a sure sign that he has not reacted well and you must temper the water accordingly. To avoid any serious consequences it is best at first to have the patient take douches when arising from his bed, to which he should quickly return if the application of cold water leaves him with a chilly sensation. When the patient has become thoroughly accustomed to the use of cold water and reacts well, he can, in order to produce a reaction, take a vigorous walk before having his douche. Individualizing is of course most important in hydro-therapy. Children and the aged do not react as well as the middle-aged, and in cold weather douches should never be given in cold rooms. No elaborate hydro-therapeutic appliances are necessary in order to give a douche. In the families of the poor the luxury of the douche apparatus is unknown and often they have not even a bathroom. In such instances I advise the following. Take a large circular English bathtub, about three feet in diameter and ten inches high, and pour about five inches of cold or tepid water into it. The bather jumps into the water, keeping his feet in motion for a few seconds, then a second person pours one or two pitcherfuls of water quickly over each shoulder, thoroughly wetting the whole body. It is not at all essential that the head should be wet at the same time. The douche can, of course, be taken more easily with the help of a second person to pour the water from

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the pitcher or water-pot. If a hose can be attached to a nearby faucet, a douche, bath, or direct jet can be improvised. If the ambulant patient is obliged to attend to the douche himself he should proceed as follows: He places a large empty washbowl near the bed on the floor to stand in, and has a smaller washbowl filled with cold water placed at the height of the table with a good sized sponge. He may go to bed first and get thoroughly warm, then rise, remove his night clothes and take his douche by standing in the larger bowl and squeezing out the sponge soaked in the smaller basin full of cold water once over his left shoulder, once over his right, once in front of the neck and once over the back of the neck. Thus the whole body will be douched. He dries himself quickly and should he feel chilly he can return to the warm bed.

Now we must devote our attention for a few moments to the symptomatic treatment. The remark was made here last night that physicians believe no longer in giving medicine. If the gentleman spoke for himself he had of course the right to express his conviction, but I don't think this statement holds good for all physicians. While I do not believe in senseless drugging of the tuberculous patient, I believe that we are not only justified but obliged to relieve suffering by medication when pain cannot be relieved by any other means. The conscientious phthisiotherapeutist will always try to get along with as little medicine as possible. For example, in cough, discipline will be tried first.

The patient is told to control his cough when he feels that there will be no expectoration. He should try to accomplish this first by using his will power. By making a short respiratory movement he will also often succeed in stopping the irritating impulse to cough. Taking a small sip of cold water or milk will often help, and one may give a menthol tablet or pastille to allay the constant irritation of the throat. If the cough is painful, small doses of heroin (1-15 to 1-12 of a grain) or some codeine (1-8 to 1-6 of a grain) might be given every few hours in a tablet form or solution. To ease the morning cough which is usually the most troublesome, I have the patient take a hot orangeade immediately on awakening in the morning. When the expectoration is very tenacious, some expectorant such as cherry laurel water, Syp. prun, virg. ammonia nuriat. and some glycerine, etc., should be added. The patient should of course be instructed never to suppress a cough when he feels that he must

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expectorate, and never should he, out of a false modesty, swallow his expectoration. Before I resort to internal medication for persistent and annoying cough I instruct the patient to inhale with the aid of an ordinary perforated zinc inhaler 5 to 10 drops a few times daily from 15 to 30 minutes of the following mixture: Ol. eucalypt., menthol, spirit. chloroform, a.a. 3IISS. When the patient is away from home so that he cannot very well use the inhaler, he can use the handkerchief for that purpose. If the patient has no aversion to the odor of creosote, beachwood creosote and alcohol in the same proportion may be added to this prescription. The creosote alone or in combination with eucalyptus seems to give particularly gratifying results as an inhalant in the chronic bronchial trouble.* When the cough is so violent that it results in a concussion of the whole thoracic cavity, I resort to the use of a broad flannel bandage bound tightly around the chest so as to lessen the painful feeling produced by the concussion.

What are we to do for those vague indeterminate pains in the chest? Before we can give effectual relief we must know the cause of the pain. If it is due to an acute pleuretic envolvement we must stop breathing exercises, put the patient to bed and strap the side of the chest where the pain is located. If the painful sensations are evidently due to the gradual tearing of old pleuretic adhesions as a result of the newly instituted breathing exercises, I tell the patient not to mind these occasional stitches as they are simply the result of increasing pulmonary development. If the pain seems to be deep seated in the pulmonary tissue or due to intercostal neuralgia I have found hot compresses during the day, changed frequently, and a cold compress at night enveloping apices and anterior and posterior portion of the chest, of great value. In all sorts of thoracic pain, deep seated or superficial, let us, however, never forget the time-honored remedies of our fathers, dry cupping and the old fashioned mustard plaster. Particularly, when there is an active congestive process I have found the dry cups to do valuable service.

When in the later stages of the disease these non-medicinal and external remedies do not suffice to allay the pain, I consider it our sacred duty to render the suffering patient comfortable by the judicious but ample use of opiates.

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* Beverley Robinson, N. Y. Medical Record, December 8, 1906.

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We come now to that important symptom, pulmonary hemorrhage. The psychical treatment of hemoptysis should begin when the patient is seen the first time. He should be told that a hemorrhage is in itself rarely anything serious, only one of the phases of the disease not necessarily lessening the chances of complete recovery. Early hemorrhages are sometimes a blessing. They are often the cause of the patient seeking timely medical aid. The patient must be warned to keep quiet at the appearance of blood in the expectoration, go to bed as soon as possible and send for his physician.

Have we any effectual antihemorrhagic remedy? I do not know of any except morphine, hypodermically, and an ice bag over the heart. In very severe cases ligation of the lower and upper extremities is indicated. This can be easily done with the aid of a flannel band or a large handkerchief or towel. The value of ergot, acetate of lead, etc., I venture to question. The suprarenal extract—3 to 5 grains per dose—seems to do some good.

While, of course, I do not favor a coarse diet which might possibly bring on a coughing spell followed by a new hemorrhage, I think too much of a liquid diet and particularly the ingestion of great quantities of milk is injurious, for it increases the work for the heart which is already in a weakened condition through hemoptysis. A semi-liquid strengthening diet should take the place of the milk diet. If there is a fear of an approaching hemoptysis, it should be anticipated by limiting the ingestion of liquids to the least possible amount.

All patients having a temperature over 100 should be in bed. All those having a temperature over 99 should refrain from exercises, particularly when the thermometer shows more than physiological increase in temperature after exercise. I prefer cold sponging to the administration of coaltar products, which as a rule depress the heart together too much for the good of the patient. If rest and cold drinks internally and cold water externally do not suffice to reduce the temperature, I try moderate-sized doses of quinine for a few days. If the fever is due to the derangement of the stomach this of course has to be attended to. The chronically high fever arising from the secretions of the tubercule bacilli and their associates in the mixed infection, is the hardest thing to deal with in tuberculo-therapeutics. Anti-streptococcic serum has been of some use in a number of cases.

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Hypodermoclysis has likewise been resorted to with some good results. It goes without saying that the best of all antipyretics is the cold pure outdoor air in which the patient should be day and night, particularly in the earlier stages of the disease. To insist upon continued outdoor life in winter when the patient is hopelessly ill and when he dislikes cold and suffers from it, is to my mind not only useless but cruel.

Night sweats depend, like fever, usually on the amount of toxines in the body. The medicinal remedies employed are atropin, agaricin and pyramidon. The aerotherapy is as important to prevent night sweats as anything else. As a dietetic treatment I recommend the patient to take a glass of milk and toast just before retiring and have a glass of milk and some toast placed near the bed to eat in case he awakens during the night with a feeling of faintness. Sponging with aromatic vinegar must also be considered a valuable remedy in hyperhydrosis.

A chilly sensation or a genuine chill in the tuberculous patient must at once be treated internally by hot drinks, only exceptionally alcoholic, and externally with hot water bottles and warm coverings.

All digestive disturbances must be attended to. A hyperacidity or hypoacidity must be treated the same as in any other patient. So must constipation and diarrhea. The constipation should, whenever possible, be treated dietetically and hygienically and only if these means fail should laxatives be resorted to. A diarrhea due to overfeeding or injudicious feeding should be treated first by cleansing the intestinal tract and by giving it a rest afterwards. When the diarrhea is due to the tuberculous invasion we are confronted with greater difficulty. Careful dieting, bismuth, opium, tannin and other astringent preparations may have to be resorted to, good claret, hot or cold, thick nourishing soups, rice, with cinnamon are also helpful. All fresh bread and pastry should be avoided.

The tuberculous patient is often a bad eater. He complains of lack of appetite. The psychical treatment should consist in telling the patient that his digestive and assimilative powers are far greater than his stomach indicates and he should eat regularly whether he has an appetite or not. Massage is to my mind one of the best remedies to overcome anorexia. The patient's muscles are exercised without fatigue. In the ambulant cases douches are also well indicated to overcome a bad appetite. At times,

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bitters such as cinchonia tinctures with a little nux vomica are indicated. In pronounced anemia Blaud's pills (Pilulæ Ferri Carbonatis) oveferrin, pepto-mangan and similar iron preparations must be resorted to besides the hygienic and dietetic measures.

You have a right to expect from me an expression of an opinion on the value of culture products. Have we any serum, tuberculine or similar substances of value in the treatment of tuberculosis? Maragliano's serum, the most widely used of all sera, has proved a disappointment. For Koch's tuberculine better results are claimed. For my part, I only consent to the use of tuberculine in the very few rare cases which are at an absolute standstill and which the hygienic, dietetic and climatic treatment does not improve. Let us hope that with the simplifying of the method to obtain the opsonic index in such cases, whatever danger there is now connected with the administration of tuberculine, may finally be done away with. Of Behring's promised new remedy known as tuluse we know as yet nothing. So let us frankly confess that we have no effective specific treatment as yet.

The idea of tuberculosis causing a demineralization has long been a topic of discussion. It has been shown that workers in chalk and lime are relatively free from tuberculosis. I have myself always favored giving large quantities of chloride of sodium to tuberculous patients with the food, and of late I have added, upon the suggestion of some French authors,* the following prescription to this treatment to counteract the demineralization:

R Calcis carbonitis, } ää ℥ii
Calcis phosphatis, }
Sodii chloridi. ℥ii
M. F. in Chart. No. xxx.
S. Take one in wafer after each meal.

The patient is to take as little acid as possible and avoid all food which may cause fermentation. In a number of cases this has proved to me a valuable adjuvant in the hygienic and dietetic treatment. If the administration of these salts produce diarrhea, the dose must be diminished or the powders discontinued. The treatment can, as a rule, be persisted in for a long time and there is hardly any danger connected with it.

* Ferrier and Binnet, Tribune Medicale, July 24, 1906. Les Alcalines de la therapeutique.

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So far for the hygienic, dietetic, symptomatic and specific treatment. I have not yet said a word on climate and what I have to say on this subject brings me to the conclusion of my address.

Without depreciating the value of climate as a precious adjuvant in the treatment of tuberculosis, I claim that the sanatorium treatment, also known as hygienic and dietetic treatment in special institutions, and in many homes, is feasible in nearly all of our home climates; but alas, not in all homes. Therefore, I wish to say that while advocating the treatment at home for those who cannot or those who do not wish to enter an institution, I plead with all my heart and with all the earnestness I am capable of with you sanitarians, with the philanthropists present and absent, and above all with the incoming Governor of our Empire State and our legislators at Albany, and the legislators of all the states of this great land, for the establishment of more state and municipal sanatoria, for the treatment and care of the great number of consumptives in all stages of the disease who by reasons of their environments and extreme poverty cannot be treated at home.

In face of the indisputable fact that tuberculosis is a curable disease, it should be a matter of deep humiliation to our statesmen and philanthropists that there are at this moment thousands and thousands of our fellow-citizens suffering from tuberculosis, many of them in the prime of life, and that they must continue to suffer and die not because their disease is incurable, but because there are no places to cure it.

Argentum nitricum, Ratanhia—In a recent case of acute catarrhal conjunctivitis, where, with much injection of the sclerotica, nocturnal agglutination of the eyelids and amelioration of all symptoms from cold air or cold washing, one dose of argentum nitricum, 10 m. (Skinner), produced a prompt cure, there remained a sensation as though air were bubbling under the right upper lid, on reading. This was interpreted as a twitching of the eye, not of the eyelid. One dose of ratanhia, 10 m. (F), removed the symptom within two days. The symptom is found in Allen's Handbook of Materia Medica on page 266, first column; under "twitching," in Kent's Repertory.

Prescribing on single simptoms is not good prescribing and seldom admissible. This occasion appears to have proved an exception. Dr. R. F. Rabe. *The Critique.*

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DAWN!

BUT whoso looketh into the perfect law of liberty and continueth therein, he being not a forgetful hearer but a doer of the work, this man shall be blessed in his deed."

For some time we have been wondering in which particulate corner of the globe some still untamed, still unbossed thinker and "doer of the work" would rise up in an old-school concilium and rudely disturb the atmosphere of smuggish omniscience which damned Hahnemann and his works, and caused the old man to cry out:

"Refute these truths if you can by pointing out a still more efficacious, sure and agreeable mode of treatment than mine—and do not combat them with mere words, of which we have already too many.

"But should experience show you, as it has me, that mine is the best, then make use of it for the benefit, for the deliverance of humanity, and give God the glory!"

The expected has happened.

In the amphitheater of Laennec in the hospital Necker in Paris (that cannon-song of liberty, the "Marseille," we believe is

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French), Huchard, one of the greatest European authorities on diseases of the heart, rose and said:

"I have the courage of my convictions, and these I do not fear to utter publicly," and he made his confession of faith in knowledge of and profit by the principles of homœotherapeusis.

As reported in the *Revue Homœopathique Française*, "his audience, astounded for a moment, smiled ironically; but incredulity changed to stupefaction when, resting upon the clinical results of his therapy, Huchard unhesitatingly and firmly announced his full acceptance of the law of similars. The investigations of Claude Bernard, of Pflüger, Hugo Schulz, Rudolf Arndt, Ritter-Valli's law of successions were successively cited with a clarity that admitted no mis-interpretation. Eulogistically, Huchard spoke of the dean of French homœopathy, "Pere" Jousset, and of Sieffert, who, in the recent encyclopedic work on therapeutics edited by Prof. Pouchet of the Paris Academy of Medicine, has had charge of the homœopathic section."

When Huchard had finished, Lucas-Championniere, the celebrated surgeon of the Hotel-Dieu, rose and said:

"My friend Huchard wishes to give up active practice, to retire. We beg of him not to do so. We have too great need of him. WE WISH TO FOUND A SCHOOL OF UNTRAMMELED MEDICINE, not bound to the Faculty, where one may be taught what cannot be learned in university courses."

So, France has the honor! Von Behring, of Germany, nearly approached it; Cabot, of America, broke the vicious circle here; Lombroso, of Italy, told not long ago of his twenty years' application of homœopathic therapy in the psychopathic clinics; and Sisca, of Australia, the British contingent, has been uttering a "plain talk."

The world moves; and the *Organon of Medicine*, by S. Hahnemann, M.D., may yet become a standard text-book in—well, say, the College of Physicians and Surgeons of Columbia University, New York, U. S. A.

AUDE SAPERE! "And he, being not a forgetful hearer but a doer of the work, this man shall be blessed in his deed."

Dr. G. Sieffert (Paris), in the *Allgemeine Homœopathische*

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Zeitung, of July 11, 1907, relates interestingly Prof. Huchard's introduction to homœopathy. He says: "About five years ago Dr. Huchard was called to a patient some distance from Paris. While he was waiting for the train, he went over to Baillière's bookstore and asked him for any recent medical book, which he might read on the train. Baillière answered that he happened to have but one new publication, which, however, would probably be very uninteresting to the professor, a lexicon of homœopathic therapeutics. 'No matter,' said Huchard, 'Give it to me.' And Baillière handed the master my *Formulary of Positive Therapeusis*.

"Eight days later, Huchard, having returned from his journey, sent for an allopathic pharmacist in regard to some prescription. 'You find me occupied,' he remarked somewhat absentmindedly, 'in the assimilation of homœopathy. I have here a work which has profoundly interested me, although I do not know the author.'

"The pharmacist was my nephew. Mere accident! 'But I know the author,' he replied; 'he is my uncle.'

" 'Will you not ask him to come to see me?' said Huchard.

"Thus I came in contact with Dr. Huchard, who, apparently for some time had been directing his therapeutic studies to the homœopathic theories. Thus, often the slightest incident may have weighty consequences. 'All's well that ends well,' as the English proverb goes."

Gentlemen of the "dominant" school in America will find Boericke and Tafel's catalogue of new and old homœopathic literature a facile avenue of approach. Apropos of books, a writer who is a lover of old book-shops, says that he occasionally finds on the shelf some ancient homœopathic text-book, and the following dialogue ensues: "How much?" "One fifty." "But look at the date! 1840, and a medical book!" "Yes, my dear sir, but that happens to be a homœopathic book, and we book-sellers have been put wise to their value." To dispute further would crack this writer's scientific pride. One can buy a whole shelf of ancient old-school stuff at possibly a dime per volume.

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WATCHMAN, WHAT OF THE NIGHT?

A GRADUATE of thirteen years' standing is still nursing a grievance against his alma mater, a prominent homœopathic college, because she failed to give him a broad insight into therapeutics as a whole, confining her instruction to homœopathic therapeutics. Soon after graduation he settled in a small country town and found himself unprepared to meet the emergency that confronted him when he failed to accomplish with the remedy selected according to the teaching he had received all that he felt the patient was justified in expecting. He claims that it was never suggested to him that homœopathy had any limits, and he feels sore against the professor of practice who from the rostrum spoke in eloquent terms of the all-sufficiency of the homœopathic remedy in a certain disease, but, later, when called in consultation, after once more pointing to the indicated remedy, suggested in a hesitating way, as if he were not sure how the advice would be received, that a generous dose of a drug prescribed for the condition by probably fifteen out of twenty physicians in this country, be given the patient.

Such an instance, which can be paralleled manifold, serves as a justification of the claim put forth in the article on "The Status Medicus," by Dr. E. C. Price of Baltimore, which appears in this issue of the NORTH AMERICAN, that the medical student of to-day needs a thorough grounding in the theoretics, the principles of therapeutic philosophy, so that he may understandingly choose between antipathic, allopathic and homœopathic medication of a given patient. Along this road Dr. Price sees the unity of the medical profession.

While Dr. Price does not say so in so many words, it might be concluded that he gives up hope of convincing the bulk of the physicians now in practice of the value of homœopathy, for he holds that clinical tests, such as suggested by Dr. Krauss in his article bearing the same title, in the July NORTH AMERICAN, and still further elaborated by Dr. Wesselhœft in a paper to be found in this issue, will not accomplish this.

Why not let the work run simultaneously along both lines? Our new Council on Medical Education can exercise its endeavors

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in the one direction, our many hospitals ought to be able to aid in the other.

In the meantime things are not standing still in the ranks of the dominant wing of the profession. France, in the persons of Dr. Huchard and his supporters, is departing from its *non-possumus* attitude, and the NORTH AMERICAN reprints with great pleasure the following "Observations in Passing," from the *Bulletin of the American Academy of Medicine:*

Tempora mutantur, et nos non mutamur in illis is the unconscious gloss of many of the race, albeit in the same breath they laud the progress of our modern civilization. The Zeitgeist is showing itself in organization and concentration. Witness the trusts and unions. It spreads beyond the confines of trade and industrial life, as may be seen in the trend of denominational existence in the religious world. A century ago, polemic theology magnified points of difference which tended to separation; now it is the search for areas of contact and consolidation upon essentials.

The same is true in the medical profession. At no time have medical organizations been more popular or as effective. A century ago the medical man possessed a spirit akin to that of the New Testament Pharisee, which brooked no thought differing from the traditional thought. Now there is the tendency to overlook the points of difference and to unite in the broad reaches of community of ideas and practice.

There are members of the clergy and members of the medical profession that decry this condition. Probably they do not recognize the true cause and attribute other motives, too frequently the creations of their fancy. It is this class that gloss the Latin maxim by their actions rather than by their direct assertions.

The editor of *The Eclectic Medical Journal* is so exercised over the action of a county medical society in Ohio that has received into membership, a physician who still retains membership in an Eclectic Medical Society, that he not only writes an editorial article concerning it under the caption, "Do Not Fall into This Trap," but also sends us a reprint of it in common with other medical journals presumably; while a recent number of the *Eclectic Medical Review*, following up a series of articles in a similar strain in its editorial pages, urges its readers to resist the oncoming tide in an article entitled "Organization or Disorganization."

We doubt if either broom will be able to sweep back the ocean. The childhood of medicine was prolonged; now that it is becoming a man, it is putting away childish things. Hence it is that the imputation of sinister motives to account for these changes is altogether unwarranted. Such aspirations are liable to be misconstrued and provoke the quoting of the motto of the Order of the Garter as a retort. But will eclecticism and homœopathy become mere his-

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toric names? Assuredly! and with them will go regular, allopathy and all the rest. It will not be the lion and the lamb lying down together, either inside or outside each other. This is a prophecy of the Millennial period. The renaissance precedes the Millennium by millenniums! It is not an absorption, but a new birth; not a union, but a new creation. The same anatomic structure, governed by the same physiologic laws, liable to identical pathologic processes, is given to our care. *In the new profession, there will be perfect liberty to teach and to practice the employment of any kind of remedy for reasons that appeal to the individual. And it will not be cause for remark, other than friendly argument among confreres, for one to advocate the specific drug, another the proved remedy and the third the procedure indicated by the laboratory experiment or by pure empiricism.* (Italics ours.)

There will be no repentance or seeking forgiveness for former doings. The new profession is willing to let the history of the fast-passing schools remain as history, to commend or condemn, but not to perpetuate. Bygones can be nothing else than bygones, whether we would have it so or not, and the coming profession will have problems enough of its own without attempting to revive fossils.

This quotation is made, not because the NORTH AMERICAN is prepared to endorse the writer's views in all their details, but to acquaint organized homœopathy with the changes being wrought in medical thought and to urge its readers to be ready for the time when these remarks can be fairly said to reflect the opinion of the 125,000 physicians in this country who have hitherto and now for the most part taboo homœopathy and its practitioners.

Notes and Comments

Home Treatment of Tuberculosis.—The NORTH AMERICAN takes great pleasure in presenting to its readers in this issue the excellent address on the Home Treatment of Tuberculosis delivered at the last Annual Conference of the Sanitary Officers of the State of New York. The article exceeds the space usually allotted to papers in the NORTH AMERICAN, but the subject is so well presented and is of such importance that it is felt that the reader will overlook this. Dr. Knopf is not a disciple of Hahnemann, but he needs little introduction to the readers of the NORTH AMERICAN, who, we feel sure, have read others of his valuable contributions to American medical literature.

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Natrum Muriaticum—Its stomach symptoms are important, particularly the canine hunger, aversion to cereal foods, desire for oysters, for salty and sour food, its thirst, constipation, nausea and vomitings, eructations, pyrosis; painful piles, and eczema; these are its chief indications in the digestive tract. Some success has been had in chronic diarrhea, but as this condition is a result of large doses in the healthy, so here the lower potencies are preferable, while in the other conditions the higher, from 12th to 30th are indicated.

In intermittents, the drug should never be used empirically; the characteristic indications must be present for it to be of any use: attacks at 10 A. M.; thirst at the very commencement not relieved by drinking; headache before and during the chill; amelioration only from sweat; depression, urticaria or nettle rash in malarial conditions points to natrum muriaticum.

As to the dechloridization-cure lately in great vogue in the treatment of albuminura with cardiac disease, and especially in arteriosclerotic conditions, where the patient takes only unsalted food, a few remarks may be pertinent. No patient can be long held to such a diet without the appearance of gastric complaints, anorexia, and general weakness; he loses on the one hand what he dubiously gains on the other. The author has sought in vain for any favorable results from this mode of treatment. Hence he has never inducted it into his practice, and cannot commend it to the reader. Dr. G. Sieffert, *Leipziger Zeitschrift für Homœopathie.*

Remedies in Pregnancy—PRECURSORY PAINS. Sometimes these annoying pains occur many days or weeks before labor and an effort must be made to relieve or real labor pains may occur prematurely. They are caused probably by an abnormal condition of the sympathetic nerves controlling uterine function.

Arsenate of copper 2x or 3x: When the pains are colicky and referred to the bowels, should there be a diarrhea it is more clearly indicated.

Magnesia phos. 3x, teaspoonful of trituration in sup of hot water. Teaspoonful doses every 15, 30 or 60 minutes: Cramping pains referred to the bowels, neuralgic in character, not constant; heat relieves.

Viburnum op., 1 drop doses of tinct. or 15 to 30 drops to 4 oz. water. Teaspoonful doses of the solution: Contracting or cramp-like pain in uterus; bearing down pain; heavy aching in sacral region or drawing pain in anterior muscles of thigh.

There have been a number of cases where it has been necessary for me to give morphine, chloral hydrate 15 or 20 grs. or chloroform.

SLEEPLESSNESS: This frequently causes the patient to become nervous, irritable and naturally weak.

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Coffea 1x and 3x: Sleeplessness from excessive mental excitement.

Nux vom. 3x, 6x: Cannot sleep in early morning hours; many thoughts crowd and confuse the mind; acts best on thin patients. Those who have headaches and take little exercise and are constipated.

Ambra grisea 3x: The decidedly nervous temperament. The woman who scolds, nags and worries all the time.

Passiflora, one to three teaspoonfuls one hour apart of the tinct. after retiring: To the patient who may have no annoyances but cannot sleep, and knows not why. A good remedy for the mental effect where the woman wants to taste and knows she is getting something that will put her to sleep. It is the best remedy I know of to stop little starts and sudden jerkings or twitchings of muscles which wake the patient.

A most important thing to a sleepless woman is attention to the bowels. To have a good movement late in the day will be the greatest of all aids to a good night's rest. Dr. L. T. Gill. *Cleveland Medical and Surgical Reporter.*

Gonorrhea and Hydrocele: Clematis and Thuja—Mr. A., a robust young man with an indurated and inflamed testicle and a constant gleety discharge. He had been suffering for some time in this way and had been under the treatment of the best allopaths. He had injections and he had the hydrocele sac tapped but nothing would cure. Ultimately he was advised to undergo a radial operation for the hydrocele, when, being frightened of the knife, he came to the author. The testes were highly inflamed and he had very painful erections. Clematis 3x, twice daily for six days, after which he was relieved of some of the symptoms but the hydrocele was just the same. He had several warts on the genitals, the face and the head. He took Thuja 30 for about a fortnight and was completely cured, so much so that his allopathic physician was constrained to admit that there was no fluid in the sac and the testes were quite their normal size again. In this case the discharge continued for some time, but was not interfered with. It is a very dangerous practice to be in a hurry about checking the gonorrheal discharge. If it is let alone and all the symptoms are treated constitutionally, the discharge stops of itself after some little time. The hydrocele would not have been cured if I had tried to stop the gleety discharge with merc. sol., cantharis and such other strong medicines. Dr. J. N. Majumdar. *Indian Hom. Review.*

Coccygeal Neuralgia—Dr. J. C. Wood, in the *Cleveland Medical and Surgical Reporter,* gives the following remedies as oftener indicated in dealing with neuralgic affections in and about the coccyx.

Magnesium phos. Sudden, piercing pain in the coccyx; sudden, violent, concussive, tearing, stitching pain in the region, as if the coccyx were bent backward.

Mercurius. Tearing pain in coccyx; worse at night; pain in sacrum as if one had been lying on too hard a couch.

Kreosote. Drawing pain along the coccyx down to the rec-

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tum and vagina, where a spasmodic contractive pain is felt.

CAUSTICUM. Dull, drawing pain in coccyx region; every movement of the body gives a pain in the small of the back.

BELLADONNA. Intense, crampy pain in small of back and coccyx, better by standing or slowly walking.

LACHESIS. Continual pain in sacrum and coccyx; pain in small of back, as if sprained, hindering motion; agonizing pain when rising from a chair.

Cannabis sativa—A keynote is the sensation as if drops of water fell from or upon some part of the body. The drug affects chiefly the genito-urinary and respiratory tracts. There is aggravation when recumbent; when ascending stairs. Pallor of face and a general sense of languor and melancholy characterize the patient.

PAINS. In general, sensation as if a drop of water fell upon some part of the body: head, anus, urethra, stomach, heart.

In the head, cephalalgia congestive in type with sharp pain in the forehead. Painful, pressive sensation on the vertex. Sensation of cold in a small area as if a drop of water were falling upon the spot (Coccus). Anorexia. Difficult speech (in articulating).

In extremeties, contraction of the fingers after extension as from a sprain. Dislocation of the patella on mounting stairs. The feet seem very heavy on ascending.

NERVOUS SYSTEM. Insomnia, at night, from warmth; he feels as if warm water were circulating about him. Terrifying dreams. Tired-out in the A. M. Languid during the day.

Chronic vertigo, in paroxysms with the water-drop sensation on the head (he seems floating in the air like a balloon: Cannabis Indica).

EYES. Feeble vision. Amblyopia. Cataract, with commencing dimness, with corneal opacity, especially after the abuse of alcohol and tobacco. Ophthalmia gonorrheica. Scrofulous eyes (sulfur, calcarea).

DIGESTIVE TRACT. Anorexia from excess in alcohol. Constriction of the throat; food descends crossways (anacardium). Obstinate constipation, causing retention of urine, with anal constriction.

VASCULAR APPARATUS. Sensation of drops falling from the heart. Painful palpitations.

RESPIRATORY TRACT. Oppression with palpitations obliging the patient to stand. Weight upon the chest. Noisy respiration. Frequent, tearing, hard cough, sometimes dry, more often with difficult expectoration which is viscid, greenish, rarely bloody.

URINARY TRACT. Great urethral sensitivity to touch or external pressure. Must spread the legs when walking. Pricking, burning sensation when urinating, extending to the bladder, during and especially after micturition. Tearing pain extending irregularly along the urethra. Retention of urine. Great accumulation of urine, passes drop by drop, urine bloody and rare. Urgent desire to urinate. Renal pains, worse from pressure, drawing pains extending to the inguinal glands, anxious sick feeling at the stomach. Urine red, cloudy, with threads.

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Acute stage of gonorrhea; sensation as if knots were tied in the urethra. Meatus obstructed by mucus or pus.

GENITALIA. Sexual excitement. Epididymitis: drawing pains in the cord, with scrotal retracttion and sensation as if the testicles were being pressed upon or torn away. Prostatitis: muco-purulent urine. Prickings in the posterior urethra when standing. Urgent desire to urinate.

COMPARE: apis, cantharis, capsicum, copaiba, kali nit., pjetroselinum, thuja. Dr. Léon Vannier. *Revue homœopathique francaise.*

Echinacea: Sepsis—Case: Mrs. T., age 23, third pregnancy. The labor was protracted and she was lacerated. The perineum was repaired at once and the mother and child both did well until the third day. The family had employed no nurse and the husband and an old woman were taking care of her. The husband came directly from the barn and helped to change the dressings and infected the patient. The third day she had a temperature of 102 degrees F., no chill, some headache, the secretions somewhat scanty. In eight hours the temperature was 104 degrees F. with all the signs of sepsis present. I at once douched the vagina with a 1-3000 bichloride solution and put her upon echinacea in alternation with the belladonna prescribed in the morning. In about two hours I was recalled and found her unconscious, rigid, cyanotic, pulseless and cold. Temperature in the axilla, 106 degrees F.

It looked like a desperate case, but without hesitating I began echinacea, injecting 60 drops subcutaneously every half hour for three doses and later every two hours; also, applied external heat. After the second dose the patient began to rally some. The pulse improved and the muscles began to relax. In three hours, the pulse was 140 and the temperature 103 degrees F. Visiting her again four hours later, the temperature had come down to 101 degrees F. and the pulse to 120 with the patient warm, relaxed and conscious. The next morning the temperature was normal and the pulse 100. The lochia again became established and the case seemed to be doing well. I kept her on the echinacea, two injections daily with solution of one drachm to four ounces of water, a teaspoonful every hour. Thirty-six hours later the discharge becoming fetid and the temperature rising to 101.5 degrees F., I curetted and found a spot just above the internal os, on the right side, which was sloughing. The patient did well and while it became necessary to curette the uterus again, the same spot sloughing a little one week later, the recovery was practically uneventful and I certainly regard her life as saved by echinacea, as no other medication was used after the serious symptoms developed.

Such experiences have taught me that I can rely on the drug in these desperate conditions. It can be given when the patient is unconscious and nothing else can be given, even when stimulation is out of the question. I have never noticed bad results from its use in this manner; in fact, have not even had an abscess develop. In my first cases I used the ordinary mother tincture, taken out of my buggy-case and it was not sterilized. Later, I have used a

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special preparation, prepared by Luyties', but I have not noticed any difference in its action, except that it is less irritating and painful at the time of injection. Dr. J. D. Parker. *Cleveland Med. and Surg. Reporter.*

Theridion: Silent as a Fish—In the materia medica are found many odd relations between the morbid manifestations caused by certain drugs, relations which might startle one not familiar with homœopathic literature. A characteristic of theridion is the relation existing between any sound, even the most insignificant, and the aggravation of certain symptoms. Thus, sound seems to penetrate into the body and is then centrifugalized as nausea and vertigo; or, the headache becomes worse from any one walking across the floor; or, in toothache, every sound seems to penetrate the affected part. There is also an extreme sensitivity of the spinal cord, exacerbated from the least noise, as of some one entering the room. There is a popular phrase, "mudo como um peixe," "silent as a fish," and as spiders never emit any noise, neither singing, chirping nor murmuring, we might also say "silent as a spider," and the living insect, so timorous of the least sound, when transformed into drug, exhibits a similar sensitivity. *Annaes de Medicina Homœopathica do Brazil.*

Physical Therapeutics

CARBON DIOXID TOXEMIA AS A PROLIFIC CAUSE FOR DISEASE*

By William H. Dieffenbach, M.D.

New York.

IT is proposed to call attention to the theory of the late Dr. Lahmann of the Weisser Hirsch Sanitarium near Dresden, in regard to the train of symptoms and sequellæ of diseases due to the retention in the system of carbon dioxid. The late Dr. Lahmann's great success undoubtedly warrants consideration of his claims and while the writer does not endorse all his remedial measures, especially when he recommends bleeding in some instances, we can nevertheless gain much from carefully weighing his arguments and applying such of his remedial measures as appear in our judgment to be of undoubted value.

In discussing this subject in his pamphlet (Die Kohlensaeurestauung in unserem Koerper die wichtigste allegemeine Krankheitsursache), Dr. Lahmann gives a physiological review of the carbon dioxid cycle which it will repay us to consider. In the first place, he emphasizes the fact that the oxygen intake into the lungs and the

*Read before the N. Y. Physico-Therapeutic Soc. and the Academy of Pathological Science.

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carbon dioxid exhaled have no direct relationship. Oxygen is taken up by the hemoglobin of the blood and carried to the tissues; the latter excrete carbon dioxid which combines with the sodium contained in the blood, which salt, principally as sodium bi-carbonate, is, by means of diffusion and chemical change excreted through the lungs and skin.

It is the common belief that arterial blood is comparatively free from carbondioxid and that venous blood is charged with carbon dioxid. This is a mistake. All recent physiologies tell us that while the veins carry more carbon dioxid than the arteries the relative difference is not very great. All observers agree that at night CO_2 increases in the circulation owing to diminished respiration and consequent diminished pulmonary exchange. The greater the tension between the blood supply in the lungs and the atmosphere, the greater the relative exchange. As sodium forms the principal carrier for CO, it is apparent that when sodium and its compound are diminished in the tissues less CO_2 is bound and retention of the gas with toxemia will result. This is obviated to some extent by the CO_2 combining with other salts such as phosphoric acid, the albuminates and others which, however, do not compare with sodium in its quantitative combination with CO_2. The changes in CO_2 excretion are synchronous with the daily changes in the frequency of the pulse and body temperature, the minimum excretion being from 2-6 a. m., This minimum exchange at 2-6 a. m., is due to the superficial and slow breathing during sleep and the slower circulation of the blood during the night. The fact that CO_2 retention is greatest at 2-6 a. m. explains the marked increase in mortality at these hours. It also explains why most children are born after midnight as CO_2 relaxes tissues and acts as a narcotic. In the morning, on arising, the respiration increases and becomes deeper—one involuntarily stretches and takes deep breaths to get fully awake —and this involuntary act is merely an effort to rid the system of accumulated CO_2. Later in the morning respiration again is slowed down; after the midday meal respiration is again increased to its maximum.

When the CO_2 excretion increases in the early morning and in spite of activity, both physical and mental, during the rest of the forenoon, no increase in the CO_2 output is noted but rather a decrease is registered, Lahmann concludes that the condition of carbonacidemia is present and that during the night the tissues became surcharged with CO_2.

During the night when retention of CO_2 causes through combination with sodium salts a relative diminution of the latter, other compounds such as urates and uric acid, whose excretion depends to some extent on their combination with sodium salts also are thus deprived of this satisfying bond and are in this way stored up in the system. This point should be borne in mind as explanatory of rheumatic and gouty lesions.

Another feature to be noted from the retention of CO_2 is that the physiological retention of CO_2 during the night produces marked changes or effects on the nerve centers. The surcharged venous

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blood produces a narcotic, stupifying effect, producing lassitude. This occurs most markedly as already stated at from 2-6 a. m. and is frequently ushered in by slight short chills. This nightly physiological carbonacidemia, through irritation of the vaso-motor nerves which control the innervation of the blood-vessels produces increased arterial contraction and increased blood pressure and thus physiologically stimulates the retarded night circulation and the excretion of accumulated autotoxins. This carbonic acid retention and its excitation of the vaso-motors also irritates the respiratory centers and increased action in the lungs takes place with co-incident increased excretion of the accumulated CO_2 in the pulmonary tissues.

It has been noted that not only the vaso-motor centers are stimulated by the presence of CO_2 but that the walls of the blood-vessels contract as soon as the circulation becomes markedly venous in character.

On arising, the contact of the skin with the air of the bedroom contrasted with the warmth of the bed, produces an irritation of the vaso-constrictors which contract the arterioles of the skin and also its deeper branches reflexly. Now as we have seen, the CO_2 in the morning contracts through irritation of the vaso-motors the blood-vessels of the interior also and this double action produces the sensation of numbness and stiffness, which is especially noticeable in cold days and is most marked in the joints, fingers and toes.

This physiological arterial morning contraction of the blood-vessels is particularly increased in individuals whose metabolism is faulty and who from alimentary autointoxication have diminished respiratory and dermatological reaction.

When this condition becomes chronic, there ensues diminished circulation in the joints and coincident increased venous overloading with CO_2, as the arterial circulation is less liable to circulation stasis than the venous owing to its more rapid flow.

Reynaud's disease is a condition where such features have reached the ultimate stage. The next group is formed of persons who have bluish-red hands and who suffer from frost-bites and chilblains in the winter with numerous changes in the integrity of the skin evidenced as papules, pustules, carbuncles, eczema, etc. A large number of individuals have cold hands and feet as a chronic ailment. These symptoms are relieved by warmth and by exercise during the day, to return again at night. When carbonacidemia is marked and the arteries contracted reflexly, the veins, owing to increased pressure become distended—this is especially noted in the dependent parts. The veins contract to a certain extent until thorough reflex pressure further contraction is no longer possible and then permanent distention takes place and lesions such as hemorrhoids, varicose veins, uterine and nasal hemorrhages are produced.

Serous exudates from the veins are also a consequence of venous stasis and catarrhal lesions of all parts are invited through this discharge.

Another feature noted is that when carbonacidemia exists and the veins are surcharged with CO_2 the usual absorption of CO_2 in the alimentary canal is interrupted and gases accumulate with

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resultant meteorism, distention, colic and other symptoms due to collection of gas. Most cases of so-called nervous and flatulent dyspepsia are referable to the above cause. This distention of the venous radicles also prevents the usual absorption of fluids and causes retention of same in the tissues, the well-known baggy eyelids being a manifestation of this condition. Stasis of the pelvic organs also results from the same venous overloading with backache and reflex irritations of various kinds.

Carbonacidemia also explains the relative increase of anemia in women, compared with men. The male sex excretes 33 1-3 per cent. more CO2 than the female from the eighth year to old age. After the climaxis, the female excretion approximates that of the male of the same age.

There are, as is well known, about 500,000 fewer erythrocytes per c. c. in the female circulation than in that of the male. Hence there is diminished oxyhemoglobin and less of CO_2 excretion. Nature has placed the metabolism of women at a lower scale so that during pregnancy and lactation women can have an increase of function. If metabolism in the female was placed at its maximum at all times it would be impossible without detriment to the organism for the mother to stand the demands of increased metabolism coincident with child-birth. At the time of puberty the CO_2 excretion of the female is about one-half that of the male, and when this is combined with sedentary habits, improper diet and unsanitary surroundings it is not surprising that anemia and chlorosis are so common with the fair sex. In fact, women are by nature destined to be subject to diseases due to CO_2 retention, and only vigorous measures can obviate them.

In consequence of CO_2 toxemia women have poorer circulation than men; they have a cooler skin; retain more water in their tissues and are usually more readily affected with disease than men. Goitre is more frequent with them and cystic conditions of the breasts and ovaries are common. Myopia is also more common. Through retention of urates, uric acid and other toxins produced through carbonacidemia women also furnish a majority of the cases of gall-stones and rheumatism and gout. Improper dress, the use of the corset with narrow waists increase these drawbacks, as pressure about the hips prevents the return flow of the blood from the lower extremities and pelvis with consequent venous stasis and increased carbonacidemia. Pressure upon the thorax also prevents diaphragmatic breathing and respiration of the lower lobes of the lungs and consequent diminished CO_2 exhalation. The absurdity of having women who suffer from such conditions as outlined above take a rest cure must be apparent to all. In spite of seeming and even true weakness and lassitude, these patients must be treated vigorously; breathing exercises, walking, gymnastics, golf, sports of all kinds must be advised with properly-conducted baths to stimulate the peripheral circulation. These measures must be carefully supervised and rest prescribed between exercises as part of the treatment.

The relationship between carbon dioxid retention and uric acid

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has been touched upon; uric acid and urates cannot be excreted when an excess of CO_2 is present in the blood, as the CO_2 uses up the sodium bases required for the urate and uric acid precipitation.

It is clear, therefore, that instead of combating uric acid we must first direct our attention to CO_2 retention before we can in any way ameliorate conditions due to uric acid or urate deposits. Carbonacidemia also explains why gout preferably attacks the hands and feet.

As the circulation is most readily checked or hindered in the joints with coincident stasis, the CO_2 which collects combines with the sodium of the tissues and the urates are deposited and not carried off through the lack of sodium in the blood which the CO_2 has pre-empted. When these individuals who suffer from carbonacidemia for three-quarters of the day during the cool and cold seasons are thus attacked, their joints become natural repositories for these gouty salts. A warm climate is, therefore, always most beneficial for such patients.

Rachitis is also due to carbonic acid surfeit in the blood. The increased CO_2 combines with the calcium salts of the epiphyses of the child and prevents proper development of the bony system. Thus a child living in closed rooms with lack of oxygen and improper metabolism must have increased CO_2 retention and will invariably, if continued in such surroundings, develop rachitis. In Japan, rachitis is unknown, as the children live in bamboo houses, with little or no clothing, lead an active outdoor life, and CO_2 toxemia is, therefore, excluded.

Many cases of epileptiform and other convulsions are referable to CO_2 retention. It is noted that previous to an attack of epilepsy the urates are diminished (due to CO_2 retention and consequently robbing the blood of sodium). It is also noted that most cases of epilepsy occur during the night and morning when CO_2 retention is at its height.

Neurasthenics are also sufferers from the same fundamental cause—they are worse in the morning, sleepy and never fully rested and only wake up and become bright toward evening when a certain amount of CO_2 has been eliminated.

Cramps of the muscles, yawning, the desire to stretch are all manifestations of the same cause. The anemic and chlorotic patient suffers from chronic CO_2 retention. When this toxemia is increased, they faint or become hysterical reflexly and have convulsive attacks due to irritation of the medulla. Their respiratory center is irritated through the slightest bodily exertion and they suffer from shortness of breath. They have constant irritation of the vaso-motor centers through CO_2 retention, a deficient peripheral circulation with pale or puffy skin, increased frequency of pulse and with it (owing to obstructed capillary circulation) cardiac weakness which is enhanced during fevers and which is frequently followed by edema of the lungs.

Edema of the lungs is produced when the heart becomes weak after fevers where CO_2 retention is marked and the vaso-motor

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centers are unduly irritated. Distention of the pulmonary veins takes place and serous and watery transudates fill the vesicles of the lung. The left ventricle becomes exhausted through its attempt to overcome arterial tension caused by CO_2 retention and when weakened there is a backing up of blood in the pulmonary veins with consequent flooding of the tissues. Physicians know by experience, in pneumonia and other diseases of excessive CO_2 toxemia, that the heart is of more vital importance than the lungs themselves, and above explanations clear up the wherefore of this clinical fact.

A large number of people are classed among the healthy, as they do not complain and appear well-nourished. These individuals look plump and have a superabundance of subcutaneous fat. When they are attacked by disease they are surprisingly quick prey to death owing to the rapid elimination of fatty acids which combine with sodium salts and rob the blood of its CO_2 carriers, thus producing CO_2 retention and the train of symptoms already detailed. These individuals usually have poor teeth, suffer from rheumatism, gout, diabetes, nephritis and organic nerve lesions. They are also subject to cardiac lesions, softening of the brain and other diseases of the central nervous system.

THERAPEUTIC CONCLUSIONS—From what has gone before, it must be apparent that the usual dietary of heavy breakfasts so much in vogue in the United States is particularly unhygienic and harmful. The body has all it can do to excrete the nightly accumulation of carbon dioxid, the urates, uric acid and other products of waste without being called upon to take care of the toxins provided by a meat and egg breakfast. In making these statements we are aware of running counter to fixed habits, but on careful investigation the subsequent deductions will be approved by all who look into the matter. The so-called American breakfast is the foundation of many cases of rheumatism and gout, and individuals who indulge in them are in the morning hours dull, listless and slow, and their ability to do things increases as the day progresses and they have by exercising eliminated some of the toxins, including CO_2. Heavy breakfasts can be tolerated only by individuals who are much engaged in the morning hours, especially if in the open air, and even these individuals will eventually pay the costs for this dietary indiscretion. Convulsions are in many cases due to CO_2 retention, and the best remedial measure, if this basic diagnosis is suspected, is to place the patient in a hot bath for five to eight minutes and stimulate the respiratory centers with cold applications to the nape of the neck or by rubbing the cervical spine with cold water, so as to excrete the accumulated CO_2 through the lungs and skin.

It is recommended as a general measure to prevent CO_2 retention that patients take air-baths; i. e., exercise in a naked condition or clothed in wide-meshed linen gowns in their rooms (which must be well ventilated)or in the summertime walk about naked or loosely gowned in the open air in properly enclosed spaces.

Bathing exercises, diaphragmatic exercises are combined with

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these air baths and sawing wood, chopping wood, golf, walking, swimming, swinging Indian club and dumb-bell exercises are recommended.

A dietary should be selected so as to combine sufficient nitrogenous with carbohydrate and fatty constituents and especial care must be taken to consume sufficient sodium and calcium salts to neutralize the usual excess of nitrogenous principles found in the ordinary obtainable food-stuffs. These salts are found in greens—lettuce, cress, salads and fruits of all kinds, and these should be consumed in abundance in combination with the meats, eggs and fish which are found indispensable in the usual dietary. Spices are prohibited. Lemon juice is substituted for vinegar. A mixture of ordinary salt triturated with calcium phosphates and sodium phosphate has also been suggested as a seasoning.

Water is prohibited at meals, but may be taken between meals ad libitum. Alcohol is forbidden. Nuts and cereals are also favored dishes. Warm daily baths followed by a cold douche are excellent for these conditions. The bath should be taken at 95 to 98 degrees F. for fifteen minutes with a brisk sponge or a cold douche.

This bath is recommended as the best bath for health, and is to be distinctly preferred to the matitudinal cold plunge or tub.

Sleeping in cold, well-ventilated rooms or in tents during suitable seasons is enjoined and in pronounced cases of carbonacidemia the daily irrigation of the lower bowel with normal salt solution has been followed by good reaction.

Linen-mesh—wide-mesh underwear—is an adjuvant to these measures, as it permits radiation of heat and also exhalation of the products of the sudoriparous glands. The skin exhales normally about 1-200 part of carbon dioxid given off by the economy, the lungs being the main exit for this excretion. By keeping the skin active, this percentage can be increased materially. The drinking of physiological salt water once or twice a day is recommended by some observers, with the view of furnishing the blood with sodium in solution to act as CO_2 carriers. The curative effect of many so-called "healing springs" may possibly be referred to the sodium salts held in suspension, which assist in eliminating CO_2 toxemia. When carbonacidemia is pronounced, fasting in the morning is an excellent measure. The eating of merely a light cereal with milk and fruit is recommended for breakfast, the main meal, mixed diet, with an abundance of green vegetables, being preferred at one or six P. M.

Much more can be written on this exceedingly interesting topic, but time forbids. I have experimented with the carbonacidemia theory of Dr. Lahmann for the past two years and have formulated these conclusions from added personal observations. Cases which formerly baffled me now appear to react promptly when carbonacid retention is found as a basic cause and treatment instituted accordingly, and the profession is invited to carefully consider the arguments given and if in harmony with their understanding apply the remedial measures in their practice.

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Original Article

HYOSCINE-MORPHINE-CACTIN ANESTHESIA.

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Chicago, Ill.

SINCE the discovery of the anesthetic powers of ether there has been no such excitement over a drug-remedy as has followed the introduction of this new anesthetic compound, and the eagerness with which the medical profession has seized upon it as an addition to its therapeutic resources is abundant evidence of its need for just this thing.

In addition to its other effects, morphine lessens the sensibility of the skin. Hyoscine does the same but in a much greater degree, and together they possess far greater powers in this respect than either ingredient separately. As to how far this action is manifested on the other tissues we are uncertain, as no special data on the point as yet have been arrived at. However, the surgeon is aware that after incising the skin the sensibility of the deeper structures is less acute. The advantage of the compound over ether and chloroform is that while the latter act on the cerebrum, producing insensibility to pain, the H-M-C compound acts more on the tissues, rendering them insusceptible to pain. We have therefore in some cases the remarkable sight of a patient watching with interest an operation, absolutely painless, on his own tissues, he meanwhile perhaps discussing the matter with the surgeon with considerable mental clearness.

This is not a usual occurrence, since both hyoscine and mor-

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phine are hypnotics; but its occasional occurrence demonstrates the radical diversity between the anesthesia of the two methods.

The role played by cactin, to steady the circulation through forcing vasomotor balance, is little less important. This drug is by some pronounced "inert," by observers to whom a drug is a drug regardless of its source. The collector who knows cactus, and who supplies a true and active sample, is not very numerous and no cactus preparation yet presented to the writer is uniformly satisfactory or even approaches it excepting that prepared in his own laboratory. We have tried all the other heart tonics in this combination and none of them is satisfactory. Digitalin, sparteine, etc., do not increase the anesthetic powers of the compound as cactus (cactin) does; strychnine directly enhances the sensitiveness of the skin and tissues and thus combats the others, while none steady the circulation throughout as does this preparation.

Three distinct lines of use have been developed for this compound—as an anesthetic in major surgery, as a remedy for very severe and prolonged pains, and as an anesthetic in obstetrics. On each of these topics a small book might be written, far more material offering than these pages could admit. I shall take up here the consideration of "medical" applications, as the surgical uses are being treated in many journals, and Guass' fine report of 1,000 obstetric cases in which this anesthetic was employed covers that ground effectively. See *Clinical Medicine,* May issue.

While indicated in all severe pain, the typic case for H. M. C. is the paroxysm of agonizing pain attending the passage of an hepatic or a renal calculus. The pain is of the worst type, and the most powerful analgesants have failed to give more than temporary relief. Morphine alone is a feeble and perilous remedy here, and the use of atropine as an addition has become customary. The reasons for the use of the latter are founded on the following view of the pathology: The pain is not directly due to irritation of the duct, since a small, smooth stone may cause as much suffering as, or more than, a rough one. The pain is due to the spasmodic contraction of the circular muscular fibers of the duct, aroused by the presence of the stone; and continues in the spasmodic portion until its excitability has been exhausted and relaxation permits the calculus to move on to a fresh set of fibers, which are in turn contracted.

This view points to atropine as the remedy, as this is a far more powerful anti-spasmodic than morphine; and to obtain the speediest relief we have been in the habit of adding to this, when used, glonoin. Assuming that spasm is essentially an indication,

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not so much of increased force as defective control by the central nervous system, we add to the above a small dose of strychnine which aids in restoring this centric control. We thus have a triad, atropine, glonoin and strychnine.

Besides the ordinary crystallized atropine we have a therapeutically allied and chemically identical remedy known as hyoscyamine. This has come into use mainly in the amorphous form, and following our teachings, justified and proven by clinical experience, many physicians have come to prefer hyoscyamine to ordinary atropine in these affections, and we do ourselves. But amorphous hyoscyamine really contains a large proportion of hyoscine. This differs from atropine and crystalline hyoscyamine in the possession of anesthetic and hypnotic properties, although it resembles them in its anti-spasmodic powers.

This should have long ago suggested that hyoscine alone would be better than either atropine or hyoscyamine, but the discovery was only really made to stick when the H.M.C. tablets were employed in the treatment of these painful paroxysms. Scarcely had these tablets commenced to go into the hands of the general practicians when we began to receive jubilant reports of their efficacy in these calculous attacks. Many such reports have been received, and they are unanimous as to the superiority of the new combination over morphine and atropine, as well as every other remedy yet employed here. A full tablet is injected hypodermically and repeated as may be needed. Relief from pain usually follows quickly, but may be postponed for an hour as is rarely the case with surgical anesthesia. Up to the present we have had no suggestion of the danger and annoyances that attend the use of morphine alone; in all cases maximum of desired effect and no disagreeable after effects being obtained from the new combination. In exigencies like this, and following the old method, the doctor injects his opiate in increasing doses, impelled by the pitiful solicitations of his agonized patient, until the stone is at last released and rolls into the duodenum—the antagonism of the pain being suddenly removed the whole of the morphine-action is exerted on the weakened organism and dangerous, often fatal, narcotism follows. This is a necessary peril of all analgesia induced by action on the nervous centers. The obtunding of tissue-sensibility by H.M.C. has no such danger following its use, its action being upon the painful tissue itself.

In this last statement may be found the reasons for the astonishing harmlessness of this powerful remedy. It has been widely circulated that ether is so safe that but one death occurs in

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about 15,000 administrations. I have been at some pains to trace the source of this statement, and find that it is based on the report of the anesthetist at the Mayo Institution! An exceptional anesthetist, working under exceptionally favorable conditions for these phenomenal operators! Does anybody believe that equal results are being attained by the physician in general, doing his work as he must, all over the land, taking accidents as he finds them? We all know the great American doctor, collectively and individually, and we know that all are not Mayo's. In the hands of the profession, good, bad and all sorts, have already been placed by the Abbott Alkaloidal Co., over two millions of these anesthetic tablets. The recklessness with which experimenting is being made at first stood our hair on end—yet not a single report has been yet received by us of a death probably due to the tablets — one not fully justified from other causes. Usually men are not backward in notifying the manufacturer if bad results follow the use of new agencies, and we have urgently appealed to our friends to let us know of such. Until we are better informed we must assume that no such bad results have occurred. Commercial-scopolamine results and bad results from other sophistications, have been attributed to "H.M.C. Abbott," but alibi in each instance has been easily shown. "Murder will out" and "Truth is mighty and will prevail."

To account for this unparalleled freedom from danger, we present this somewhat hypothetic statement, a part of which is yet to be proven: *The analgesant-anesthetic action is largely exerted on the peripheric terminals of the sensory nerves and not so much on the nerve centers.*

Morphine and hyoscine relax vascular tension, and cactin, while steadying the vaso-motors, thus preventing over distention in areas, energises the cardiac fibers but does not materially contract the arterioles or the capillaries; hence elimination is favored, not checked, and the whole group of remedies is carried promptly out of the system, largely by their own elimination-incitation. In this we have an action similar to that of the pilocarpine group, which is characterized by the extraordinary union of powerful and prompt action with such speedy elimination that lethal results are next to impossible.

Besides this, we must assume that there can be no special contraindications. Guass used this method with 23 women who had organic disease of the heart, and their condition (cases of childbirth) actually improved under the anesthesia.

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It was feared that the compound might favor hyperemia and edema of the lungs, but Dr. Safely, of Livingston, Mont., gave it in a case of pleuro-pneumonia, a man of 68, finding it deepen the respiration, strengthen the heart, relieving the lung of its overload, while cyanosis disappeared in a few minutes after injecting the tablet. Others have reported similar results.

The earlier operators were at first dismayed by the reduction of the respiration, following the use of H.M.C. to complete anesthesia, to eight or six per minute, while the pulse was increased both in frequency and in volume; but when it was appreciated that this is practically the respiration of deep normal sleep, the anxiety was dispelled; and subsequent experience of a very extensive nature, both personal and through others, evidences that this is no indication for anxiety, in fact that it merely determines, or rather indicates, the degree of anesthesia that exists.

Advanced disease of the renal parenchyma is a contraindication to the administration of most active remedies, since it prevents their elimination, and in this condition we may have fatal poisoning resulting from a single small dose of almost any drug, this being retained in the blood to repeat its action on the centers continually. But even here we have had no reports, and we are now disposed to infer that the H.M.C. compound actually relieves this condition and unlocks the renal block to some extent. While we know it to be less objectionable than any other known form of anesthetic and so affirm, do not mistake us into advocating a reckless disregard of this condition—we are only seeking to account for the absence of fatalities.

From piles of clinical reports before us we select some notes as indicating the range of medical applications being made of this compound: Optic neuralgia; two doctors had failed to relieve; one tablet gave almost immediate relief with no return. Sciatica, relief in ten minutes. Ectopian gestation, menses stopped by exposure; severe pelvic pain relieved by one tablet. Toothache following filling; chronic gastralgia; acute delirium; intercostal rheumatism; to relieve pain of fractures and allow long and painless handling; inoperable cancer—four doses gave more relief than 20 gr. of morphine alone; severe headache; mania, delirium and insomnia (nervous), where morphine alone could not be borne; acute mania—effect simply magical; pain in frontal sinus; hysteria; violent typhoid delirium; abscess at root of tooth; morphine habit from psoas abscess; lenticular cancer; to aid taxis in strangulated hernia; pain with internal hemorrhage; gastrointestinal neuralgia resisting morphine; irritable bladder; mental aberration, insomnia

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and neurasthenia of menopause with weak heart and sick stomach; acute alcoholism with persistent vomiting; facial neuralgia; cramp colic; acute lumbago following strain; spasmodic asthma; delirium tremens; climacteric hemicrania; hysteroepilepsy; dysmenorrhea from checked menstruation; acute delirium of senile dementia; epilepsy (no particulars given); intestinal obstruction; angina pectoris; ectopia penis; intense gastric pain and vomiting following shock in a woman seven months pregnant, immediate relief from a half tablet; intense pain following injury to sacrum; pains of fecal impaction; traumatic neuritis—enormous daily doses of morphine replaced by half a standard tablet of H.M.C. Abbott at bedtime; sarcoma compressing spine, causing intense pain and insomnia—one H.M.C. tablet better than two grains of morphine; gastric cancer; gangrene of Raynaud's disease; influenzal trifacial neuralgia with cramps and convulsions; acute meningitis (cure) myalgia in back and thighs from uterine disease; acute inflammation in pelvis following oophorectomy two months previously, etc., etc.

In practically all these cases the suffering is described as being of unusual severity; when all the means of relief ordinarily employed had failed, these tablets were found effective. There is a consensus of opinion as to the immense superiority of this combination over morphine alone and in combination with atropine. The same striking unanimity is manifested by the women who, having previously had chloroform in confinement, try the H.M.C anesthesia.

We seem to have found the most effective of analgesics and the safest, the most free from objectionable effects, as yet presented to the profession. Yet, important as is this powerful remedy, we believe the greatest benefit it will prove to the profession will be as showing what may be developed by the study of the pure active principles, alone and in simple combinations, scientifically made. H.M.C. is only a beginning, a sample. There are many active principles, which await study and deserve it. The possibilities awaiting the right men are beyond conjecture. The best of this is that with many of these agents the preliminary experimental work has been done, and what remains is the long-postponed clinical applications. It is the active general practitioner who is needed here.

The surgeons, always prompt to appreciate and adopt a good thing, are making marvelous use of this preparation, cases being reported in almost every issue of a great majority of all the medical press, the last several issues of the *American Journal of Clini-*

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cal Medicine being especially rich with recorded experiences.

It is a great combination, destined to be of great help to the doctor and of inestimable value to humanity in general. And, making this statement in closing this brief resume of the uses and rationale of action, so far as understood, of hyoscine, morphine and cactin compound, the writer (who would make no secret of the fact that he is both the originator and manufacturer of the compound), while realizing the vindicative, theoretical and academic opposition that exists, yet appreciates its puerility as compared with the great mass of evidence from the active field, and believes that he fairly states the facts as they exist and that the outlook for H.M.C. (Abbott) is even more roseate than he has painted it.

A REPORT OF PERSONAL EXPERIENCE WITH SCOPOLAMIN-MORPHIN AND SPINAL ANESTHESIA.*

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ABOUT a year ago, after considerable deliberation, and contrary to the opinions of other investigators and writers, I made the statement that scopolamin is a harmless drug when administered in ordinary doses, and that no death alleged to be due to scopolamin-morphin could have been produced by scopolamin. Since then I have continued to investigate, and the following is a synopsis of my experiments with scopolamin:

I found that when three equal doses were given at intervals of an hour, the action of the drug was more pronounced after the second than after the third dose. This enabled me to increase the dosage at subsequent experiments with safety; for if two-thirds of a dose did not cause dangerous symptoms the remaining third could be given without hesitation. At my first experiment one patient received one dose of scopolamin, gr. 1-30, and it produced a quieting result, the patient being nervous from alcoholic poisoning.

Six patients, during several experiments, received scopolamin, gr. 1-10, in three divided doses at hourly intervals. Characteristic symptoms of the drug were exhibited in all except one person who was moribund from epithelioma of the tongue.

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Scopolamin, gr. 1-4, in three divided doses was given to six different patients at hourly intervals, producing interesting, but not alarming, symptoms. A quarter of a grain of the drug is an excellent dose for the study of its physiological effects; larger doses produce a stronger narcotic effect and fewer characteristic symptoms.

I should advise anyone desirous of experimenting with scopolamin to use no stronger doses than gr. 1-10, or gr. 1-4 in the beginning. Almost any patient will tolerate gr. 1-4 of the drug; stronger doses can no doubt be given with impunity, as I have proved by administering two grains of the drug without producing serious symptoms.

My most interesting patient is Hong Louie, a tall, powerful, athletic Chinese, thirty years of age, who is afflicted with a small, round-celled sarcoma of the lower jaw, neck and shoulders. His case is inoperable and hopeless; any accident that might have befallen him would have been looked upon as an act of mercy.

He first, on June 16th, 1906, received scopolamin, gr. 1-10, in three divided doses at intervals of one hour. Six weeks later, July 25th, 1906, he received in the same manner gr. 1-4. September 15th, 1906, gr. 1-3 was injected; and one week later, September 22, 1906, gr. 1-2 was given. On November 10th, 1906, hyoscine hydrobromate, gr. 3-4, divided into three doses, was given at intervals of one hour, and symptoms similar to those exhibited after scopolamin were produced.

Physiological doses of scopolamin and hyoscine produce symptoms apparently identical.

December 1, 1906, Hong Louie received scopolamin, gr. 1, in three divided doses at hourly intervals. Symptoms similar to those produced by smaller doses were exhibited; there was no increase in the frequency of pulse or respirations.

January 30, 1907, Hong Louis was given scopolamin, gr. 11-2, in three divided doses at intervals of one hour. The symptoms scarcely varied from those produced by scopolamin, gr. 1-2 or gr. 1, or hyoscine hydrobromate, gr. 3-4.

I waited for more than two months before proceeding further with Hong Louie, as I desired to allay all suspicions that he was becoming accustomed to the drug, and would thereby tolerate larger doses. Eight experiments during a period of about eight months certainly could not be said to be conducive to toleration of a drug.

In one of my first experiments, a patient with epithelioma of the tongue, practically moribund, received scopolamin, gr. 1-10,

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without any reaction. At first Hong Louie was very much opposed to receiving the hypodermic injections, and acted so maliciously toward the nurse who gave the injections for all my experiments and wrote the clinical charts, that she feared that he would carry out his threats to kill her. However, a few dollars, and the assurance that the injections would cure the swelling of his face, neck, shoulders and axillæ caused him to submit to the experiments with readiness. Whether it be from the action of the scopolamin, or the uncertain power of suggestive therapeutics, his swellings are all disappearing, and indications point to a great modification of the sarcomatous masses.

If the pathological department of the Hahnemann Medical College were not using portions of almost all the tissue of his neck to demonstrate round-celled sarcoma to the classes, I should be inclined to consider an error in the diagnosis.

The following are clinical charts of three patients who received respectively gr. 1-10, gr. 1-4 and grs. 2. These experiments were conducted with the assistance of Prof. E. Schmoll, of the Cooper Medical College; Prof. A. W. Morton, of the College of Physicians and Surgeons; Prof. Jas. T. Watkins, of the San Francisco Polyclinic; Prof. W. Winterberg, of Cooper Medical College; Prof. H. R. Arndt, of the Hahnemann Medical College; Prof. Wm. Boericke, of the Hahnemann Medical College; Prof. Philip Rice, of the Hahnemann Medical College; my assistant, Dr. R. F. Tomlinson; my surgical interne, Dr. L. Carl Smith, and many physicians and students.

Hong Louie, aged 29, Ward A, bed 28, General operating room, City and County Hospital, San Francisco, April 6, 1907: Patient to receive scopolamin, grs. 2.

8:45 A.M. Pulse 86. Respiration 20.
9:00 A.M. Gr.2-3 scopolamin.
9:15 A.M. Pulse 88, strong and regular. Respiration 20.
9:30 A.M. Appears drowsy. Pupils slowly dilating.
9:45 A.M. Pulse 88. Respiration 20.

During the first dose of scopolamin patient remained in perfect quietness, appeared to be asleep, but when spoken to would open his eyes and answer questions, and then close his eyes and appear asleep again. No change in pulse or respiration.

10:00 A.M. Gr. 2-3 scopolamin. Pulse 88. Respiration 20.

10:10 A.M. Patient still reacts to painful impressions. Sqeezing skin on legs causes pain. Muscles relaxed. Plantar reflex present. No Babinsky sign. Knee jerk present. Lively ankle

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clonus present. Patient still able to respond; understands when spoken to. Cannot articulate.

10:25 A.M. Pulse 88. Respiration 20. Slight rigidity of abdominal muscles. Decided movement of lower jaw; dryness of mouth; pupils continue to dilate, puffing at mouth.

10:40 A.M. Attempts to articulate, but cannot.

10:45 A.M. Pulse 88. Respiration 19. Raises hand in air and appears as though drawing pictures. Patient scratches chest and abdomen, appears to be grasping for something.

Tendency to work off table; moves always towards right side.

After the second dose of scopolamin, which makes gr. 1 1-3, I find that the patient has become restless; movement of arms and lower limbs continue. Dilatation of pupils, dryness of mouth and irritation of skin present. Pulse has not varied; the number of the respirations varied one.

11:00 A.M. Gr. 2-3 scopolamin. Patient resisted injection, raises back up and down. Arms in continual motion; attempts getting off the table. Cannot articulate.

11:15 A.M. Pulse 84. Respiration 18. Patient opens eyes and tries to raise up.

11:30 A.M. Pulse 88. Respiration 18. Continues to move towards right side of table.

11:45 A.M. Pulse 88. Respiration 20. Slight rigidity of abdomen.

12 M. Pulse 87. Respiration 18. Patient has received grs. 2 scopolamin. I find that he is more restless after the third dose. Tried to sit up. Slight oppression of respiration. Difference of one beat in pulse.

12:30 P.M. Pulse 82. Respiration 18. Moves arms and limbs about and tries to get up. Eyes partly opened, pupils partly dilated. Snores.

1 P.M. Pulse 87. Respiration 18. Patient more quiet; more drowsy, snores less.

1:15 P.M. Pulse 89; respiration 18.

1:30 P.M. Pulse 88; respiration 18.

1:45 P.M. Pulse 87; respiration 19.

2:00 P.M. Pulse 89; respiration 19. Patient asks for water; notices people around; picks at bed clothes; scratches neck; tries to catch flies.

2:15 P.M. Pulse 89; respiration 18.

2:30 P.M. Pulse 90; respiration 18.

3:00 P.M. Pulse 92; respiration 18.

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3:15 P.M. Pulse 90; respiration 18.
3:30 P.M. Pulse 90; respiration 18.
3:45 P.M. Pulse 88; respiration 18.
4:00 P.M. Pulse 94; respiration 18.
4:15 P.M. Pulse 90; respiration 18.
4:30 P.M. Pulse 88; respiration 18.
4:45 P.M. Pulse 89; respiration 18.
5:00 P.M. Pulse 89; respiration 18. Patient breathes hard; opens eyes; notices surroundings and talks intelligently when spoken to.

Geo. Orr, England, aged 62, Ward A, bed 11, General operating room, City and County Hospital, San Francisco, April 6, 1907. Patient to receive gr. 1-4 scopolamin.

8:45 A.M. Pulse 76; respiration 18.
9:00 A.M. Patient received gr. 1-12 scopolamin.
9:15 A.M. Pulse 76; respiration 18. Pupils dilating; puffing at mouth; appears drowsy.
9:30 A.M. Pulse 76; respiration 18. Moves lower limbs; scratches chest; snores.
10:00 A.M. Scopolamin, gr. 1-12.
10:15 A.M. Pulse 76; respiration 20.
10:20 A.M. Patient has so far received gr. 1-6 scopolamin. Sensitive to pain. Plantar reflex much exaggerated. No Babinsky. Achilles lively. Abdominal reflex present and lively.
10:30 A.M. Dr. Rice performed an operation on patient's left eye; straightened eye. Five drops of cocaine 10% injected in eye. No resistance made during operation other than continual drawing up of lower limbs.
10:40 A.M. Operation completed. Pulse 78; respiration 18.
10:45 A.M. Patient snoring, puffing at mouth and moaning. Continual motion of hands in air.
11:00 A.M. Patient received gr. 1-12 scopolamin. Patient shows tendency to curve back and work off table towards right side.
11:15 A.M. Pulse 78; respiration 18. Twitching of lower limbs, followed up by drawing up of same. Continual movement of lower jaw. Cannot articulate.
11:30 A.M. Pulse 79; respiration 18. Patient attempts to sit up but falls back. Eyes glaring. Pupils dilating.
11:45 A.M. Pulse 78; respiration 18. Patient very quiet; snoring but limbs not in motion.
12 M. Pulse 74; respiration 18. General restlessness, snoring and trembling of lower limbs.

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12:30 P.M. Pulse 76; respiration 20. Very quiet.
12:45 P.M. Pulse 74; respiration 20.
1:00 P.M. Pulse 74; respiration 18. Snoring.
1:15 P.M. Pulse 76; respiration 18. Opens eyes when shaken.
1:45 P.M. Pulse 76; respiration 18. Quiet.
2:00 P.M. Pulse 74; respiration 18.
2:15 P.M. Pulse 74; respiration 18.
2:30 P.M. Pulse 76; respiration 18.
2:45 P.M. Pulse 78; respiration 18.
3:00 P.M. Pulse 80; respiration 18. Yawning.
3:15 P.M. Pulse 78; respiration 18.
4:00 P.M. Pulse 78; respiration 18. Mumbles.
4:15 P.M. Pulse 80; respiration 18. Patient suddenly starts and opens eyes.
4:30 P.M. Pulse 78; respiration 18: Throws arms about, moves lips when spoken to; cannot articulate, yawning and restless.
4:45 P.M. Picking at bed clothes, and general restlessness.
5:00 P.M. Pulse 80; respiration 18.
6:00 P.M. Patient back to normal condition.

Sam Anderson, aged 56, Ward A, bed 14, general operating room, City and County Hospital, San Francisco, April 6, 1907. Patient to receive gr. 1-10 scopolamin.

8:45 A.M. Pulse 100; respiration 18.
9:00 A.M. Patient received gr. 1-30 scopolamin.
9:15 A.M. Pulse 100; respiration 18. No change in patient.
9:30 A.M. Patient complains of drowsiness; eyes heavy; pupils dilating; white of eyes inflamed; very restless.
9:45 A.M. Pulse 102; respiration 18; very restless, continual movement of fingers; puffing at mouth; tendency to move off table; grasps for something.
10:00 A.M. Scopolamin, gr. 1-30; pulse 102; respiration 18; patient draws up lower limbs and attempts to turn on side. Articulates with difficulty.
10:15 A.M. Pulse 104; respiration 18; very quiet with exception of an occasional snore and deep breath. Pupils continue to dilate.
10:30 A.M. Pulse 104; respiration 18. All reflexes normal; no rigidity of abdominal muscles.
10:45 A.M. Pulse 106; respiration 18; patient attempts to turn on right side, lower lip continually quivering. Puffing at

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mouth, opens eyes but slowly closes them again. Draws up lower limbs slowly and puts them down quickly as though in a temper.

11:00 A.M. Scopolamin gr. 1-30; pulse 106; respiration 18. Patient resisted this injection, opened eyes, and attempted to talk but could not. Continual movement of lower limbs, white of eyes still becoming red, pupils dilating.

11:15 A.M. Pulse 106; respiration 18. Raises hand and snatches in air. Makes motions as though asking for drink; when drink is given does not swallow.

11:30 A.M. Pulse 106; respiration 18. Slight rigidity of abdominal muscles. Not sensitive to pick of pin.

12:00 M. Pulse 108; respiration 18. Eyes appear fully dilated.

12:15 P.M. Pulse 112; respiration 18.

12:45 P.M. Pulse 112; respiration 18.

1 P.M. Pulse 112; respiration 18. Quiet.

1:15 P.M. Pulse 112; respiration 20. Opens eyes when spoken to, but no other response.

1:30 P.M. Pulse 114; respiration 18. Restless and snoring.

1:45 P.M. Throws covers off; mumbles when spoken to; general restlessness.

2:00 P.M. Pulse 114; respiration 20. Stertorous breathing.

2:15 P.M. Pulse 118; respiration 20. Gags as though going to vomit.

2:30 P.M. Pulse 118; respiration 29.

2:45 P.M. Pulse 112; respiration 20. Quiet.

3:20 P.M. Pulse 110; respiration 18.

4:00 P.M. Pulse 110; respiration 18. Responds when spoken to. Says he feels nauseated. Throws off covers, vomits.

4:30 P.M. Pulse 96; respiration 18.

4:45 P.M. Pulse 96; respiration 18.

5:00 P.M. Pulse 96; respiration 18. Wide awake. Quiet; talks when spoken to.

Having proved that the drug is innocuous, in ordinary doses, we need no longer consider scopolamin when investigating the adverse reports as to scopolamin-morphin. Morphin alone, or possibly the combination of morphin and scopolamin, should receive careful attention.

Often large doses of morphin, which without scopolamin would be considered dangerous, are given with scopolamin, and the physicians who notice the resulting depressing effects, see fit to attribute them to the drug. Scopolamin in large doses neither

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slows the pulse rate nor reduces the frequency of the respirations; hence it cannot be held responsible for the disturbance of the circulatory and respiratory centers which occurs when small doses of scopolamin are used with large doses of morphin.

I usually prescribe three doses of scopolamin, gr. 1-100 and morphin, gr. 1-6 to be given hypodermically, two and a half, one and a half, and one-half hour before the anesthetic. Sometimes but two of these doses, one and a half and one-half hour before the anesthetic, are given.

If there is a question of the patient's fitness for receiving such a large dose of morphin, I order two doses consisting of scopolamin, gr. 1-50, and morphin, gr. 1-6. Three such doses have been given frequently without depressing effects.

I once gave a patient scopolamin, gr. 1-20 and morphin, gr. 2-3 previous to an anesthetic, and had excellent results.

The patient's ears are plugged with cotton to exclude the sound, and the eyes are protected from the light by screens or the application of green glasses.

All noise or talking in the vicinity of the patient should be avoided.

If possible, when three injections are ordered, the third should be given in the anesthesia room. The ideal is consummated if the patient is sleeping when the anesthesia cone is applied. With but a few breaths the patient is anesthetized and ready for operative procedures. The amount of chloroform or ether necessary to prolong the anesthesia is relatively small and the patient sleeps quietly for hours after the operation and does not awaken until the acute pain of the incisions have ceased.

I have told nervous women the night before the operation that no operation would be performed for some time, or that they could go home on the morrow. This insured a sound, refreshing sleep and they would remain ignorant of either anesthesia or operation until the following evening, when they would be delighted to learn that the horrid anesthesia and terrible operation had occurred hours before.

The average scopolamin-morphin patients are not nauseated and are about as comfortable on the day following the operation as were those who did not receive these drugs on the third day. The chief virtues of these drugs are: First, the patients are spared the terrors and the disagreeable sensations of the anesthetic; second, the misery of the post-operative period will mercifully be greatly diminished. I never give an ordinary anesthetic unless the

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patient is a child or unless time does not permit, or in the absence of a trained attendant. Otherwise all cases receive scopolamin-morphin before chloroform or ether is given. If desirable, spinal anesthesia is induced alone or with scopolamin-morphin.

The following concerning scopolamin-morphin will explain my reasons for the use of these drugs:

1. There has been no death record from injections of scopolamin-morphin that could be attributed to scopolamin.

2. No dangerous symptoms will result if scopolamin, gr. 1-10 is given, divided into three doses and injected at intervals of an hour.

3. A larger quantity than gr. 1-20 is unnecessary for therapeutic purposes. Scopolamin alone, without morphin, is of no pronounced value either as a narcotic or as an adjunct to chloroform or ether anesthesia.

4. Patients are spared the fear and annoyance of the anesthetic if scopolamin-morphin is given.

5. The quantity of chloroform or ether is lessened from one-half to three-fourths of the amount generally employed. A state of excitement is exceedingly rare, and but a small amount of the anesthetic is necessary for primary analgesia.

6. Anesthesia produced by the aid of these drugs is less dangerous than without them.

7. Nausea and vomiting are rare; in fact, so far as my experience goes, they never occur during the period of consciousness.

8. There is no flow of saliva or other secretions, and danger of aspiration and consequent post-operative pneumonia is avoided.

9. An engorgement of the superficial vessels of the body has been noticed, thus lessening shock after scopolamin-morphin.

10. The period following the operation is rendered more comfortable, and is more easily endured.

11. Headache is rarely present, and nervous excitement does not follow the operation.

12. Scopolamin is the best drug to combine with morphin to increase its narcotic and antidote its depressing effects.

13. Scopolamin, gr. 1-50 and morphin, gr. 1-4, given one-half hour before a painful dressing will permit the performance of the same without causing pain.

14. In delirium tremens and other manifestations of alcoholism, scopolamin in doses of gr. 1-100 to gr. 1-50, and morphin, gr. 1-6 to 1-4 are exceedingly useful. They allay nervousness and restlessness and produce natural but profound sleep.

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15. Their use in labor has been exceedingly gratifying in my hands. If for any reason it becomes desirable that a parturient patient should have a rest during the first stage of labor, scopolamin, gr. 1-50 and morphin, gr. 1-6 to 1-4 will cause her to sleep from two to five hours and with a diminution of the force, but not a cessation, of the pains. Upon awakening, the aspect of the whole affair to the patient is changed. She is strong and refreshed, and eager to take up the work which appeared impossible and hopeless to her before she went to sleep. Dilatation of the cervix having gone on in the meantime, she is much encouraged by the progress made while she was resting. If scopolamin, gr. 1-50 and morphin, gr. 1-6 to 1-4 is given at the end of the first stage of labor, the patient will be carried through the second stage strongly and rapidly and without the necessity of administering chloroform.

A ward patient in the Hahnemann Hospital, four months pregnant, in premature labor, complained of intermittent pains at 9 P.M. I ordered an injection of scopolamin, gr. 1-50, and morphin, gr. 1-4, and the patient passed the fetus and the placenta three hours later without being awakened and without awakening the other women in the ward. The following morning neither the patient nor her fellow ward mates could believe that such a momentous affair occurred during their sleep, and it was necessary to show them the fetus before they would believe the tale.

I have a record of 272 cases operated upon under scopolamin-morphin chloroform anesthesia. They comprise operations on the head, brain, cranial nerves, mouth, throat, palate, tongue, nose, tonsil, adenoids, ear, neck, chest, abdomen, liver, gall bladder, pancreas, kidney, stomach, intestines, appendix vermiformis, uterus and its appendages, vagina, rectum, male generative organs, upper and lower extremities and the osseous system.

If the condition of the patient is such as to preclude the advisability of the administration of a general anesthetic and the portion of the body upon which the operation is to be performed is amenable to its use, spinal anesthesia produced by hydrochlorate of tropo-cocaine, gr. 1-2 to grs. 11-2, gives perfect satisfaction and can be given without any fear of immediate or post-anesthetic danger. I consider this analgesia to be the safest and best of all general anesthesias. Spinal anesthesia with tropo-cocaine has assumed a permanent position among anesthetic agents.

I have used spinal anesthesia in over six hundred cases in the last four years, and in no case were there bad after-effects as the result of the anesthetic.

I heard of bad results before I began to investigate, and have

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heard of them since, but neither Dr. A. W. Morton, who has used this method in over two thousand cases, nor myself have seen any bad post-anesthetic symptoms resulting from spinal anesthesia.

The bad results reported from the use of cocaine by many surgeons have no doubt been caused by imperfect asepsis and the use of a form of cocaine which cannot be properly sterilized.

Tropo-cocaine hydrochlorate is obtained from certain varieties of coca (erythroxylon coca) principally grown in Java. This preparation must not be confounded with a synthetic preparation made by some manufacturers and called benzoylpsuedo-tropena hydrochlorate.

Tropo-cocaine comes in white irregular crystals, but the pseudo-form is sold as a white crystalline powder.

The only firm that manufactures tropo-cocaine which gives me satisfaction is the Malinckrodt Chemical Company.

Mr. J. H. Hubacheck, the druggist at the City and County Hospital, San Francisco, has prepared the cocaine for my spinal anesthesias, and I consider that my success, to a great degree, is due to the care he has taken in its preparation.

Previous to the insertion of a needle, the patient's back is thoroughly cleansed, and, when possible, the patient is seated at the side of the table with his body bowed forward so that the hands hang between and below the knees. If in a somnolent condition from previous injections of scopolamin-morphin, or if not expedient to place the patient upright, he can lie upon his side with the body curved forward. Either of these positions causes a separation of the spines of the vertebræ. A sterile towel stretched across the back between the crests of the ilium crosses the space between the third and fourth lumbar spine. This spot can be located by a prick with the point of the needle. The needle used is number 19 steel wire, and is about three inches long, and can be inserted in any interspace between the second lumbar spine and the sacrum. The point selected is usually the space between the third and fourth, or the fourth and fifth lumbar spines.

The chosen space is anesthetized by freezing with an ethyl chloride spray, and the needle is inserted without any preliminary incision. An incision is recommended by some investigators, but this is absolutely unnecessary and produces a wound in the back which it may be difficult to dress. If the spinal fluid escapes from the needle, it signifies that the needle has been well placed, and no pain is felt by the patient.

When several thrusts of the needle are necessary to tap the fluid, the patient complains of a painful sensation, but the distress

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caused by a clumsy operator is never equal to that caused by inhalations of gas, ether or chloroform.

The mouth of the needle is plugged by a finger until the cork of the sterile bottle containing the crystals of tropo-cocaine is drawn. The spinal fluid is now allowed to escape into this bottle until the bottle is more than half filled with the fluid.

The bottle with its opening occluded with the thumb is then agitated between the thumb and the index finger, so as to thoroughly dissolve the cocaine crystals.

The fluid is then poured into the barrel of a Lucer's glass syringe, the piston is inserted, and the nozzle of the syringe firmly fitted into the mouth of the needle. The plunger is slightly withdrawn to allow more spinal fluid to escape into the syringe and then the contents of the syringe is suddenly forced into the spinal canal.

The proper placing of the needle which is demonstrated by the subsequent escape of the cerebro-spinal fluid is the only portion of the technique that requires skill.

A solution of adrenalin can be added, or other alkaloids of coca than tropo-cocaine used, but I have not arrived at a definite conclusion as to the advantages of the former active principle.

The sensation of pain in a foot, or of the feet going to sleep is an indication of the effectiveness of the anesthetic. The needle is withdrawn and the point of insertion covered with sterile collodion and cotton. The patient is placed in the desired position and will be sufficiently anesthetized for operative procedure by the time that the field of operation can be cleansed and arranged for surgical work.

Symptoms of shock as the result of the injection of cocaine, or of fright, or of the operative procedures, have rarely been observed of late. When they do appear they come quickly but respond almost immediately to proper stimulation. It is wise to always have three hypodermics filled and ready for instant use before injecting the cocaine; one should contain atropine, one strychnine and one adrenalin chloride.

At the first symptom of shock, be it sighing, restlessness, anxiety, moisture of hands and face, or of a more pronounced type, the contents of one or all these syringes should be injected, and response will be almost instantaneous. Saline infusions and the inhalation of amyl nitrite or oxygen my prove useful.

Although the shock may be profound, the recovery is rapid and the patient leaves the table absolutely free of all dangerous or even disagreeable symptoms.

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Food, drink and stimulants may be given the patient before, during or after the operation, and frequently whiskey, to produce a mild form of intoxication, is given to keep up the patient's courage, and make the time pass quickly. Some patients hugely enjoy smoking a good cigar during the process of a major operation.

Spinal anesthesia is particularly well adapted to inguinal or femoral herniotomy where the power to cough and, incidentally, to demonstrate the exact position of the sac facilitates the operative procedure.

It is also to be recommended for operations upon the rectum, bladder, urethra and the generative organs of the male, particularly enlarged prostate.

The rectum, however, after this anesthesia, remains relaxed and the slitting operation of Pratt without ligature or suture is not to be recommended.

This anesthesia is particularly valuable in emergency cases where the pelvis or the lower extremities are involved. It can be given immediately, irrespective of nausea, of shock, or of food in the stomach. The patient's lower extremities are anesthetized, but he is able to explain the nature and cause of the accident and can answer any necessary questions.

In intestinal obstruction, incarcerated hernia or appendicitis, when the patient's condition would render any other anesthetic dangerous and undesirable, this anesthesia can be given without danger. Dr. J. W. Hassler's note of warning has guarded me against using this mode of anesthesia in children.

The action of the anesthetic properties of tropo-cocaine can be made to ascend higher than usual by placing the patient in a Trendelenburg position after the injection of one grain and in repeating the same dosage of tropo-cocaine in twenty minutes. After a lapse of this time the original dose can be repeated with safety.

By obstructing the natural flow of blood to the head with a bandage about the neck before the lumbar puncture and the removal of the same, several minutes after the injection of the cocaine, the anesthesia will be drawn towards the head, and operations upon any portion of the abdomen, and often the chest, and even the clavicular region, can be performed without causing pain or distress to the patient.

In nervous patients I prefer to produce sleep by means of scopolamin-morphin, and then inject cocaine into the spinal canal during the somnolent period. This permits the performance of a

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surgical operation within the varying anatomical limits of spinal analgesia, with the patient unconscious, and without the use of chloroform or ether. I have a record of about fifty cases which have been operated upon under this combined form of anesthesia, and can report that the method is safe, practical and advisable.

PERNICIOUS ANEMIA*

By Adelaide Lambert, M.D.

New Haven, Conn.

ANEMIAS are primary and secondary. Primary anemias occur without demonstrable cause. Secondary anemias follow some known disease or abnormal condition. Chlorosis and pernicious anemia are primary: chlorosis is confined to women about the time of adolescence; it has a slightly diminished red blood corpuscle count but a relatively low percentage of hemoglobin; pernicious anemia occurs in both men and women and usually at a later period of life; it has a greatly diminished red blood corpuscle count and a relatively high percentage of hemoglobin. In the case to be reported only a clinical diagnosis can be given as there was no postmortem from which to make a pathological diagnosis.

Mrs. G., aged 54, a small, delicate looking woman, many years a widow, had brought up, on a very limited income, four children; the circumstances of her life had imposed considerable physical and mental strain. She had been a patient of mine for a long time, coming occasionally to the office, but seldom requiring service at the house. In December, 1903 she came into the office with a lemon colored skin but with no signs of emaciation and complained of discomfort or aching in the right side: she could not bear pressure about the waist; so the bands of her skirts were unfastened and pinned to her loosened waist. Her appearance suggested some malignant growth; a careful physical examination elicited no sign of tumor nor enlargement of liver or spleen. The pain in the right side, the color of the skin and constipation with which she had always been troubled led to the prescribing of mercurius and bryonia. She improved quickly and rapidly, lost the yellow color, had more and better color than ever before and gained nine pounds. In January, 1904, her youngest daughter had a severe attack of appendicitis for

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*Read before the Conn. Homœo. Med. Soc.

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which she was operated upon at home. At this time Mrs. G underwent great nervous and physical strain, yet seemed to bear it very well. Following the recovery of her daughter she began to complain of weakness, found it too fatiguing to have company for even one meal. During the summer, in my absence she consulted Dr. Ely who gave her a heart tonic; upon my return in September she came to the office looking as she had done the year before, and complaining of her right side and hip, her waists loosened as they had been the year before. Several careful physical examinations failed to throw any light upon her condition; again mercurius and bryonia were prescribed, but no improvement followed their administration; other remedies were tried; among them quinine, Gude's Peptomangan. From September 27th to December 4th she came to the office five or six times. During this time there was no marked change but an increasing weakness. On December 4th she came in so exhausted that she cried from the exhaustion. She was advised to go home and to remain in bed and to have attendance at the house. As soon as she was resting in bed, she remarked how comfortable she was. Although a very energetic, ambitious woman she had no desire to get up for even a short time. After her confinement to bed some things were learned which she had failed to mention in her office visits; one was, at times she had felt so weak that she had crawled around on her hands and knees to attend to her household duties, another that she had not eaten enough to sustain life. She had a continuous but irregular fever, ranging between normal and 101 and a fraction, occasionally reaching 102; ringing in the ears, headache, slight dimness of vision; a low, weak voice, pulse nearly 120 but regular; no tenderness over liver, spleen or abdomen. With the thought of carcinoma constantly in mind frequent examinations were made. On December 12, eight days after her confinement to bed a tumor was discovered on the left side between the sternum and ribs; Dr. Russell said it was an enlarged spleen; he suggested moderate doses of quinine and iron, two grains of quinine and one grain of iron three times a day. At this time she was taking quinine and hydrastis; as she seemed a little improved, these two remedies were continued a little longer, until it was evident they were doing no good, when she was given the iron. All through the disease she had days when she seemed better; yet, on the whole, there was a steady, downward course. Sometime after the diagnosis of pernicious anemia had been made, Dr. Bean was requested to make a blood examination with differential count. His report was: red blood cells, 1,900,000 c. m. (while the normal number is 4,500,000 c. m.); the leucocytes

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numbered 24,000 c. m., a number greatly in excess of the normal maximum; hemoglobin, 35 per cent., which was a high percentage, considering the great reduction of the red blood cells; a great many red blood cells were without coloring matter; there were very few nucleated red cells and nearly all the red cells were vacuolated; *i. e.*, with globular cavities. Tenderness developed over spleen and liver and several nodules appeared on the liver, the abdomen became distended, the ankles were swollen, there were pains in different bones, at times an annoying itching of the skin; the abdominal walls were pigmented and spots of ecchymoses appeared on them. In the early morning of January 26, a little less than one month before death, the patient was feeling very comfortable; late in the same morning she was seized with a quivering all over the body, the pulse became 180 and very weak, a cold perspiration covered her from head to foot; the respiration, which had been between 18 and 20, became 26 to 30; during the afternoon the patient felt warm and a little more comfortable, yet the pulse remained at 180; through the following night she was bathed in a cold perspiration; at 3 A. M. and again at 7 A. M. there were large, black, liquid movements from the bowels, in the 24 or 36 hours following this there were several more such movements; at this time there was intense thirst, considerable gas in the bowels and for a time severe pain over the liver; the pulse gradually returned to 120, but the respiration to the end remained between 26 and 32. The feces were dark until February 1, when the nurse reported them a little lighter in color. On February 4, copious not quite so dark as usual; February 9, movement copious and dark green; February 16, movement gray in color; about this time the patient had a dry, incessant, tickling cough, for which, other remedies not relieving it, she had been given ¼ grain doses codeine. A few days before death, the stomach became very irritable, and rectal feeding had to be resorted to. She died on February 21. On February 17 she vomited constantly through the afternoon, and at intervals through the night; that which came from the stomach was dark, brown, watery, with an extremely offensive odor; it seemed to well up into her mouth without any effort on her part. Death came from exhaustion. After attendance at the home began, she was given light, nourishing food, white of egg in orange juice, Bovinine and grape juice, hot milk; these she seemed to relish, but had an aversion to solid food; she was warmly covered each day and lay for hours with the window wide open. Rest, nourishing food and plenty of fresh air seemed to have no effect on the course of the disease. Red bone marrow was

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given twice a day for a time. Arsenic was tried faithfully, strychnia was given as a heart tonic; various other remedies were tried without perceptible effect.

The clinical features of the case were progressive weakness, anemia, irregular fever, moderate enlargement of liver and spleen, rapid pulse, ecchymoses and pigmentation of abdominal walls, anorexia, constipation, hemorrhage into the intestinal tract, in the last stages of disease nodules on the liver, distension of abdomen with great tenderness. The feces never indicated lack of bile; the red blood cell count was low with a relatively high percentage of hemoglobin. No direct cause could be found. The teeth were sound, so that there could not have been an infection of the intestinal tract from bad breath, as suggested by Hunter. Dr. Bean's diagnosis was splenic anemia. Strumpell says that in a certain class of cases pernicious anemia, which improve and relapse, a splenic tumor has been made out at the time the anemia is at its height, but that he does not see the necessity of establishing splenic anemia as an affection essentially different from progressive, pernicious anemia; it is merely a clinical variety of the disease. It is said there are many unnucleated red cells in pernicious anemia and very few in splenic anemia; possibly Dr. Bean based his diagnosis upon the fact that there were very few unnucleated red cells.

Had it been carcinoma, it does not seem as if there would have been the evident improvement in color, weight and strength. In cancer of the stomach the diminution of red blood corpuscles does not keep pace with the cachexia. In cancer there is a comparatively high blood count; Dr. Henry of Philadelphia says he and others have observed this high blood count as characteristic of gastric cancer. In pernicious anemia the diminution of red blood cells is far in advance of the loss of strength and endurance. The spleen in this case was not greatly enlarged and there was no perceptible enlargement of the liver until some time after the enlarged spleen was discovered. At the last it was impossible to outline liver and spleen, owing to the distention of the abdomen and the tenderness over liver and spleen. The termination suggested Banti's disease. There is a consensus of opinion among those who have studied the disease that the cause is some unknown poison or poisons. In 1888 Hunter reported the condition of the liver in pernicious anemia as follows: "It is exceedingly rich in iron, there is an excess of pigment within the liver cells, a fatty degeneration in the central third of each lobule; the condition, he says, closely resembles, though in not so marked a degree, the condition produced by the drug toluylendiamine." He then adds: "It

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is, therefore, assumed that the agent or agents which induce excessive destruction of blood in pernicious anemia is one whose action on the blood and on the liver cells is the same as that of toluylendiamine. Our view is strengthened by the consideration that the forms assumed by the hemoglobin after its liberation from the corpuscles is in the case of pernicious anemia similar to that assumed by it after poisoning by toluylendiamine."

"After poisoning by this drug, numerous small globules of yellowish color occur in the urine and these exactly resemble the globules of pigments found in the convoluted tubules of the kidney in certain cases of pernicious anemia." In 1902 Dr. A. S. Varthin, professor of pathology at Ann Arbor reported pathological studies of eight cases of pernicious anemia with experiments on sheep with tolylendiamine. From these studies and experiments his conclusions were, the effects of this drug upon the blood and blood organs was comparable to that of pernicious anemia; in other words, pernicious anemia is a hæmolytic disease and hæmolysis is due to some unknown poison comparable in its effect upon the blood and blood organs to the action of toluylendiamine. Pernicious anemia is usually a fatal disease and remedies have had little or no effect upon its course. In another case I should try toluylendiamine in attenuation; if there is truth in the homœopathic law of cure, it seems to me that the drug is homœopathic to pernicious anemia. Toluylendiamine is derived from benzol; there is a difference between benzol and benzine, although they are often used synonymously—benzine has impurities that benzol does not. Tolylendiamine is produced by the action of methane on nitro-benzol. Merck lists it, but there is no certainty as to whether it is to be obtained in this country. Professor Comsock, of Yale University, tells me that he believes the experiment which Hunter made in 1888 must have been with the form called meta. There are three isomeric forms of the drug. Professor Warthin, of Ann Arbor, tells me his experiments were made with the hydrochlorate, which is still another combination. There has not been sufficient time in which to investigate all the experiments made with it, but I hope to do so later on. Since writing this paper, an interne of St. Luke's Hospital, New York, tells me that several cases of pernicious anemia have been cured at St. Luke's with Fowler's solution and daily irrigations of the colon with normal saline solution. This statement indicates an autointoxication from the colon. The cure must have been due to the colonic irrigation, as Fowler's solution or some form of arsenic has long been used without encouraging results.

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PROVINGS OF KALI PHOSPHORICUM*

By George Royal, M.D.

Des Moines, Ia.

INTRODUCTION: Before taking up the study of the provings of the drug, selected by the trustees of the American Institute of Drug Proving I want to say a few words about the method.

The trustees adopted the method followed by the O. O. & L. Society in its Test Proving of Belladonna, making only a few slight alterations. The blanks used were intended for paid provers who were expected to submit to all required examinations. The reports of the directors who have been examining volunteer provers only, indicate that some modifications of these blanks must be made.

One of the best directors writes as follows:—"In all respects the blanks are ideal, but, we, at least, can not work by them." He then adds "both males and females refuse to submit to the examinations called for in the blanks referring to the genito-urinary organs." Another director writes: "A better plan of blanks for our colleges would be, very complete instructions in the director's blank with only a general outline for the other blanks."

One writer says: "As all the work here is done in one department there is much repetition if we use the present blanks."

A final quotation contains much truth and great encouragement. It is: "We feel that we have very much to learn about drug proving methods and any practical working scheme must necessarily be of slow development. With each proving we see how the next can be made better."

I want to repeat here what I recently stated elsewhere, viz., that it takes special adaptability and training to make an expert director of drug proving, just as much as it does to make an expert chemist. As we at the University of Iowa have made five provings under this system I would like to give a few suggestions which we have obtained from experience:

First: As to the use of the day book. The size should be for the pocket, about three by six inches. In the first part of the book write the prover's family and personal history and the result of a very careful physical examination. This should be conducted by the professor of physical diagnosis. We find the examination blank of

*Read before the A. I. H.

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a good insurance company, of great help for this part of the work, and it gives the students instruction on this important subject.

This done the book is turned over to the prover eight or ten weeks before the drug is given in order that he may record the conditions of the functions of the body. Everything usual or unusual should be recorded. This will give the "health line."

The prover should write only on one side of the page leaving the other for notes and corrections to be made by his professor; e. g., the prover feels "heat and soreness of the eyes." He reports to his professor on the eye who finds "redness and inflammation of the conjunctiva." This fact is recorded on the opposite page and signed by the professor. The professor also records it in his blank under the proper date.

Second: The prover should record the hour he takes the drug; the number of disks, the weight of the powder, the size of the tablet or the number of drops, should all be recorded. It is better that the prover should not know what potency he is taking. For this purpose the dispenser may number each potency. 1. representing the 60th; 2. the 30th; 3. the 6th, etc.

Third: How to prepare the schema. Get some large sheets of paper such as will take both ink and pencil. Rule it into squares of about three inches. In a column at the left put the anatomical section. At the top the dates and summary. In the square opposite each heading and under the proper date have the prover copy the symptoms found in his day book, including the corrections and additions made by the professors and the records from the different laboratories. As we usually assign a senior as examiner over a prover, one reads and the other copies the day book.

These student examiners take the temperature, the condition of the pulse, examine the tongue, eyes, etc., as often as required and are present at all the examinations made by the professors. By this work the student is compensated for the loss he may sustain from the omission of lectures. This we call the student's schema.

We then make a director's schema in the same way, except that, at the top, we put the number of the provers and in the squares write the summary of each individual proving.

Following the above plan we made use of the provings conducted by H. C. Allen and reported in the *Medical Advance*, Vol XXVIII, page 194, and 18 provings made, during the past year, upon 18 medical students of the Universities of Michigan, Minnesota and Iowa. There were 23 provings made by the students of these colleges, but five were rejected because conditions which arose during the provings rendered the result doubtful.

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In preparing the summary of the individual prover much more condensing was done than in preparing the final summary; e. g., "A sharp shooting pain over the left eye lasting only a few seconds," "A transient shooting pain just above the left eye," and "A sharp lightning-like pain in the forehead over the left eye," were recorded as: "A sharp shooting pain over the left eye lasting only a few seconds," with the numericals 3 & 5 at the end.

In the director's summary, however, the first and second would have been condensed into one but the third is left by itself because the word "lightning-like" might have expressed a slightly different pain.

SYNOPSIS

It is not my purpose to repeat all the symptoms which appear in this final summary. I will attempt, however, to give a practical, working knowledge of the drug. I shall not even confine myself to the exact wording found in the summary.

As we glance at sheets of the various papers we note that the squares opposite the headings—mind, head, eyes, stomach, genito-urinary, contain the great majority of symptoms.

There is another heading, however, which must be included with these in making up our outline, and that is found opposite modalities, because we use the mental symptoms and modalities to obtain the finer shadings of the drug picture; those which will enable us to differentiate kali phos. from similar remedies.

The mental symptoms were developed about as follows:—1st. "Irritable," "excited," "restless." 2d. "Apprehensive," "depressed," "morose," and finally "forgetful," "indifferent," "lethargic."

Noting the sequence, as Prof. Woodward used to call it, or order of development, and studying their meaning, all, but particularly the nerve specialists, will see the use of kali phos. in this field.

Studying the modalities we find, as we do in every polychrest, general and special aggravations and ameliorations. At first sight these seem contradictory and confusing but on closer examination we shall find them harmonious and helpful. The general modalities are better from rest, nourishment and heat; worse from excitement, worry, and both mental and physical exertion.

Among the special modalities we have better from pressure and worse from pressure.. The "sharp shooting, supra-orbital pains" are relieved by gentle pressure and rubbing, while the "occiptal soreness" is aggravated by pressure.

The sensations of the drug are not only incisive but instructive, showing that it will be useful in conditions which run a rapid course as well as in conditions which run a slow course and in which are

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found various stages and relapses. We have "sharp" and "dull" pains; "pains which lasted only a second" and "pains lasting all night and all day." In fact some of the pains continued for several days.

The most prominent, persistent sensation was prostration. This prostration was referred to the mind, the nerves and the muscles. Such expressions as weak, tired, exhausted, drowsy, exhausted but restless, hardly able to move, depressed, were found in nearly all the provers.

The sensations and modalities plus the mental symptoms suggest the tissues affected and hence the location, giving us our three essentials for a prescription. Kali phos. acts upon the brain and nerve cells, upon the corpuscles of the blood, affecting the nutrition, causing irritation, slight inflammation and a certain degree of degeneration.

VERIFICATION

I want to repeat, what I have so often said before that next to, and of almost equal importance with securing a genuine symptom is the verification of that symptom.

It has taken about twenty-five provers to produce the symptomatology of kali phos. It should take one hundred patients to verify that symptomatology. The trustees on drug proving earnestly desire physicians to furnish them. Can we have them?

One word as to what I mean by a verification. Do I mean the giving of kali phos. to a patient presenting a group of symptoms such as is found in the proving of the drug and noting the disappearance of the symptoms in that patient?

Yes, but I also mean more than that. I mean that no other drug shall have been given previously to or in connection with kali phos.

We very often read or hear a report like this: "Mr. B. had such and such symptoms. After having given arsenicum, stannum, and phosphorus without effect, kali phos. 6x was given and the defendant was rapidly cured;" or "Having found such and such symptoms, kali phos. 6x and calcarea phos. 6x were given and the symptoms rapidly disappeared."

Such reports are absolutely useless. They do not verify anything. I will give a few groups of kali phos. symptoms which have been verified and which will show some of the conditions for which it will prove useful.

CASE I. AMENORRHEA. The kali phos. symptoms were "constant, dull headache, yet drowsy all day," "cross and snappish" (irritable), "cries easily" (depressed), "so fidgety she could not

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control herself." Kali phos. 3x four times daily cured in three months.

CASE II. NERVOUS DYSPEPSIA. "Nausea soon after eating, accompanied by marked drowsiness." "Eructations putrid both to taste and smell." "Eructations relieved by nausea." "Gnawing pains with fulness in the P. M. (W. T. Laird made this comparison between the dyspepsia of kali phos. and anacardium: "The kali phos. is more decidedly neurasthenic than the other; and the relapses, which are frequent in both, are mostly due to dietetic errors in the anacardium cases, to excitement or worry in the kali phos. cases.")

CASE III. NERVOUS EXHAUSTION. H. F. Dodge reports the case of a worn and nervous mother made so by a weak, sickly baby. The indications are: "Dull heavy ache in the occiput." "Drowsy but yet restless." "Foul breath," and "A brown coated tongue.

CASE IV. NERVOUSNESS DUE TO SEXUAL EXCITEMENT. Dr. J. C.Nottingham gives the following group: "Excessive excitement whether suppressed or indulged." "Aching in the sacrum." "Sleeplessness." "Dull aching pain in occiput and back." "Natural irritability." "Great despondency." "Frequent micturition," the quantity being large and the amount of phosphates increased.

CASE V. TYPHOID FEVER. Many cases have been reported claiming help from kali phos. in typhoid fever, but the symptoms for which it was given were not clearly set out.

One however gives the following, all of which are in the provings: "Mental confusion for a few days." "Pain in forehead at first sharp and transient, then dull and constant." "Foul breath." "Brown-coated tongue." "Chilliness." "Weak, tired feeling." "Distention of abdomen and offensive, dark yellow pasty stools."

The patients for whom kali phos. will be most useful will be adults of both sexes of nervous temperament. The causes of their troubles will be excitement, overwork and especially worry.

DISGUSTING DRUGS—WHY USE?—The best way to disguise disgusting drugs is to give those that are not disgusting.—*Med. Summary.*

ITCHING AND CANCER.—Riesman says preicteric itching is suggestive of cancer of the liver or of the biliary passages.—*American Medicine.*

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NITRIC ACID*

By G. Arthur Hill, M.D.,

Meriden, Conn.

THE homœopathic preparation is made with 1 part nitric acid sp. gr. 142, to 9 parts of distilled water, this equalling the 1st x, the second x is made with water, the 3rd x with diluted alcohol and subsequent dilutions with official homœopathic alcohol 87½% strength.

The most prominent sphere of action of nitric acid is upon the mucous membrane, especially at its junction with the skin surfaces, —(the muco-cutaneous outlets), eyelids, nose, mouth and lips, urethra, anus and vagina,—these areas appear glazed, highly inflamed, and ulcerated, with a pain characterized as splinter-like, as though pierced with needles.

The mucous membrane of the mouth presents a picture very similar to mercury with the blisters and ulcer of the buccal cavity and tongue, gums swollen, sore, and bleeding easily, with retractions of the same, giving the teeth an elongated appearance, profuse flow of saliva with foul odor; and with this condition we have associated the splinter-like pain.

Continuing along this tissue we find the fauces, uvula and throat swollen, inflamed, and ulcerated with dysphagia, and attempts to swallow produce the characteristic splinter pain.

With the above condition of the mouth and throat we need not lay much stress upon the gastric condition, for anorexia may well be expected to follow such painful ulceration, together with nausea and vomiting; and the patient will complain of stitching pains in the epigastrium.

We meet with itching, burning, and spasmodic constriction of anus during stool. Constant desire to evacuate, and this desire is not relieved by successful operation, reminding one again of mercury, yet characterized by the ever-present splinter pain.

Nash speaks of nitric acid as having a marked affect in chronic diarrhea, also in dysentery of infants, and gives as a leading indication, great pain after the stool—differential from nux vomica, which has relief after stool. One indisputable phenomenon associated with the urinary organs is the odor of urine, being very ammoniacal, to quote the books, "Smelling like horse urine." It is

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often times these strong comparisons that make lasting impressions upon us.

With any inflammatory condition associated with this characteristic pain it is no wonder we have an excitable, irritable, peevish patient with anxiety as to his condition, becoming depressed and despondent. Thus the mental condition may easily be caused by and associated with the physical.

Analogous to the mucous membrane is the skin; and we may with reason look for a marked action here from nitric acid, and will find a dry, scaly yellowness of the skin, presenting rhagades, deep and bleeding; ulcers with the same character of pain already so many times alluded to.

The patient on whom nitric acid seems to have best effect will present nightly aggravations; also weather changes have an unpleasant effect, as does motion.

How characteristic all this is of the syphilitic; and it is here that the exhibition of the drug works good effects, also in the patient who has been mecurialized.

It should be remembered that all the secretions and discharges are offensive and corrosive, and frequently purulent, and the various degrees of severity of the ulceration of mucous surfaces and muco-cutaneous outlets have associated this characteristic splinter-like pain. Bearing this fact in mind we have sufficient indications for prescribing nitric acid.

PHOSPHORIC ACID*

By B. A. Sawtelle, M.D.

Southington, Conn.

IN phosphoric acid we find a remedy that produces weakness and debility—in young people who grow rapidly, phthisical and nervous weakness caused by violent, acute diseases—by loss of the fluids especially when they have undermined a constitution which was previously strong.

General Symptoms—Jerking tearings in the limbs; sensation as if the periosteum was scraped with a knife; swellings of the bones; numbness and weakness of the limbs. The pains are aggravated during repose, relieved by movement, and those that show themselves at night are relieved by pressure.

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SLEEP—Great desire to sleep by day. Early in evening—with difficulty in waking. Profound sleep; jerking and involuntary movements of the hands; moving, talking and singing, or laughing at one time, crying at another, during the sleep, with eyes half open and convulsed, or he may lie still with no complaint, even if pinched. The head pains are violent pressure in the forehead in the morning, so that she was stupid and could not open the eyes. The pains go from the back of the head forward and are relieved by lying down. The outer pains where the bones feel sore and the side of the head on the pillow feels sore are relieved by movement. The face is drawn like tension from dried alum; lips and tongue are pale. If any eruption is on the face it is a yellow-brown crust ulcer, with very offensive pus; pimples on the forehead and body.

EYES—Aversion to sunlight; sees colors as if a rainbow; eyes look glassy, lustreless, also staring.

EARS—Intolerance of noise, especially music; dull hearing, stupifaction.

NOSE—Fetid smell from nose; discharge of bloody pus; sense of smell too acute..

MOUTH—Bleeding and swollen gums; hollow teeth ache only when the food gets into them; bleeding gums, retract from the teeth; tongue swollen, dry with viscid, frothy mucus.

STOMACH—Craves juicy things; sour risings, nausea; symptoms following sour food and drink.

ABDOMEN distended and fermentation in bowels; has diarrhea, white, watery, and involuntary, painless but not especially exhausting.

The URINE is frequent, profuse, watery and milky; micturition preceded by anxiety and burning; frequent urination at night.

THE GENITAL ORGANS—Strong, immoderate exitement, or absence of sexual desire in the male. And in the female catamenia too profuse, too early, and too long duration, and before the menses. There is sadness and low spirits; there are shooting pains in the chest, the abdomen and extremities, all accompanied by weakness.

Several authors recommend this remedy in diabetes.

Farrington says of phosphoric acid, "It produces weakness and debility. The main characteristic is this debility which is characterized by indifference or apathy, by torpidity of both mind and body, by complete sensorial depression."

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The patient is disinclined to answer your questions. "The delirium is quiet, not violent." He lies in a stupor or in a stupid sleep, unconscious of all that is going on about him, but when he is aroused he is fully conscious. That is characteristic of phosphoric acid. When somewhat younger than I am now, I knew a physician who was very amorous, whose wife did not respond to his desires; for some reason or other he found that by taking phosphoric acid daily his desires were kept within bounds; after taking this medicine at frequent intervals for the above purpose, for several years, he contracted typhoid fever and died; during the progress of the disease, the remedy above all others called for was phosphoric acid, and given without any result whatever. I have often wondered if the result would have been otherwise if he had not taken so much of it while in supposedly good health?

It has always seemed to me that phosphoric acid takes a position midway between rhus tox and lachesis. Rhus tox, relieving the restlessness, where phosphoric acid will clear up the remaining symptoms. And on the other hand if there is a more profound and deeper action on the tissues not relieved by the phosphoric acid, lachesis has often done me good service.

MURIATIC ACID AND SULPHURIC ACID.*

By R. A. Mueller, M.D.

Waterbury, Conn.

MURIATIC ACID produces its chief action upon the ganglionic nervous system and through that upon the blood, skin and alimentary tract, especially the mouth and anus. It increases the coagulability of the blood and renders it prone to disorganization. In the gastro-intestinal mucous membrane it produces inflammation and ulceration and causes grayish white deposits. Its most essential feature is an adynamic condition similar to low, putrid fevers. It is found useful in cases of a lower grade than phosphoric acid, coming nearer to carbo veg. than any other remedy. The distinguishing feature between phosphoric acid and muriatic acid in these putrid fevers is that while phosphoric acid profoundly affects the mind in an early stage, the muscular tissues being affected only in a minor degree, in muriatic acid we have early muscular prostration with a clear mental condition. So that we

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may say that in typhoid muriatic acid is to the muscular tissues what phosphoric acid is to the mind.

There is a decomposition of fluids, the stools are involuntary —dark and thin and contain dark liquid blood. The mouth is full of dark bluish ulcers; there are sordes on the teeth; there is unconsciousness, moaning, sliding down in bed from excessive weakness; lower jaw fallen, tongue dry, leathery and shrunken to a third its natural size and paralyzed.

The pulse is weak and intermittent. It is hardly possible to find a more desperate case of typhoid than this and muriatic acid will do all that can be done towards bringing about a recovery.

Muriatic acid is also useful in hemorrhoids which are swollen and blue and so sensitive to the touch that the patient cannot bear the contact of the sheet. The hemorrhoid prolapses easily; he cannot urinate, pass flatus or have a movement of the bowels without its coming down.

The bladder is weak, the urine passes slowly or he must press until the rectum protrudes. He cannot bear the least touch on the genitals, they are so sensitive.

Burning is a great feature in the symptomatology of this remedy. as its escharotic powers might suggest. The excretions are sour and acid and there is offensive breath and body smell. The mucous membranes are dry, bleeding, cracked and ulcerated and burning; eruptions appear on the lips.

Among the peculiar sensations of this remedy are: the hair feels as if drawn upwards or as if standing on end. Brain as if loose or torn to pieces. Occiput as if filled with lead. Mouth as if glued up with insipid mucus, as if some obstruction must be pulled out of the throat. The skin is much affected and is sensitive to the sun's rays. Muriatic acid is suited to persons of black hair and dark eyes.

SULPHURIC ACID acts more especially upon the mucous tissues particularly of the alimentary canal and respiratory tract and upon the skin. It has been successfully used for debilitated states of the system with a tendency to hemorrhages from the outlets of the body during protracted diseases and in children with marasmus. It is a valuable remedy in certain forms of dyspepsia where the stomach feels cold and weak and the patient craves stimulants. It is to be thought of in the dyspepsia of drunkards with enlarged liver, piles and diarrhea.

Sulphuric acid is said to remove the craving for liquor. It is also useful in diphtheria where there is abundant membrane, draw-

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siness, liquids escape through the nose, and stringy, lemon yellow mucus hangs from the posterior nares.

It is sometimes useful in typhoid with great prostration, hemorrhages, drowsiness, vomiting and sour discharges.

A great characteristic of this remedy is a sense of internal trembling. This is a subjective symptom, for notwithstanding this positive sensation to a degree that is very distressing, there is no visible trembling.

Like crotalus, it has hemorrhages from every outlet of the body and the blood also settles in ecchymosed spots under the skin. This last symptom would indicate that sulphuric acid might be useful in black and blue spots in the skin as a result of bruising, and practice corroborates it; it follows well after arnica. Ledum is also one of our best remedies for ecchymosis, "black eye" for instance, while ruta is just as efficacious for bruises of the periosteum. Sulphuric acid also has enough of the sulphur element so that it may succeed in flushes of heat after sulphur has failed at the climacteric.

SOME ACID REMEDIES*

By H. A. Roberts, M.D.

Derby, Conn.

Acetic Acid

ACETIC acid affects profoundly the blood, and is manifest by hemorrhages from almost every outlet of the body: hemorrhages from the nose, lungs, stomach and bowels. They may be passive or active. The patient is pale, anemic with gasping respiration, fainting on the slightest motion. This tendency to faint is very marked in these conditions. We think of ipecac, but ipecac has the bright red blood, which acetic acid has not. It follows with the condition that has been temporarily relieved by china, but which china will not hold. Acetic acid has marked emaciation, notwithstanding the ravenous hunger; but eating causes distress until relieved by vomiting; therein differing from iodine, which is markedly relieved by eating. While speaking of the hunger, let me also mention the excessive thirst for large quantities of water at a time; the lips are excessively dry and parched, and

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patches of the mucous membrane of the lips peel up and come off. Here we have symptoms suggesting diabetes. To correspond with this thirst, we have the secretion of large quantities of saccharine urine, either clear and acid or cloudy, heavy with phosphates. It has cured many cases of diabetes.

It produces an ascites of the abdomen with an enlarged liver, which is very sore to touch. In this condition all foods and drinks are vomited, marked inanition and a very irritable disposition, with frequent attacks of distressing anxiety and oppressed, difficult respiration. It has a diarrhea we should remember, for it will sometime stand us in good stead. Stools very frequent, profuse, very exhausting, with intense thirst and with rapid emaciation, with swelling of the feet and legs. This type of diarrhea may be found during dentition of children and in the later stages of typhoid fever, or in cases of phthisis, in the later stages of phthisis with severe cough, profuse perspiration during sleep and an exhausting diarrhea. In the diarrhea of children, there is present a feverish condition, with intense thirst, dry, hot skin, one cheek red, the other pale. In the typhoid state, calling for acetic acid, there is profound prostration, with rumbling in the abdomen, with delirium alternating with stupor—the patient is either delirious or is stupid.

Acetic acid produces a cough with a hissing sound on inspiration and a rattling of mucus in the throat.

Dyspepsia, lips become blue and patient often faints.

Benzoic Acid.

Benzoic acid has a few valuable leaders it would be well to remember. In all its conditions the horribly offensive urine is present. I might say it is never called for without this peculiar symptom. This symptom reminds us of nitric acid, berberis, calcarea carb. and asparagus. Nitric acid urine smells like horse urine. The berberis urine is turbid. The urine of calcarea carb. has a white deposit. Asparagus urine is turbid and loses its odor on standing, while benzoic acid's is clear, dark, almost a brown, and retains its odor.

Bearing this strong characteristic in mind, we can look for its use in tonsilitis, with a sensation of a lump in the throat relieved by swallowing, beginning on the left side and going to the right where it spends its force.

In diarrhea of children, with profuse watery, greyish white, horribly offensive stools, they smell something like the urine. In nephritic colic, with pains extending to chest, shutting off the

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breath. In the dribbling of urine of old men, with the peculiar odor of the urine remaining on the clothing. In asthma in rheumatic patients. Cough with large quantities of green mucus.

I have cured one case of low fever, which a woman had had at intervals of twice a year, for several years, of a mild typhoid type, having been led to the choice of benzoic acid, by the peculiar odor of the urine, which always accompanied the fever.

In gouty patients where the deposits take place in the bones of the wrist and the metatarsal bones and the right great toe. In these gouty conditions, the left great toe begins, but the right suffers much more. These pains are relieved by heat and markedly aggravated by cold. In fact, all conditions of benzoic acid are relieved by heat and aggravated by cold. It cures warty conditions about the anus where accompanied by the peculiar odor of the secretions. So, if we remember this one paramount characteristic, it will lead us to the correct selection of the remedy in many diseased states.

Boric Acid

Boric acid has been used in preserving foods to a very large extent. It is not innocent, as many have believed. Its provings show a gastric headache with vertigo, noises in the ears, nausea and vomiting of green, tough mucus. Stomach symptoms are relieved in open air. A peculiar symptom was the cold saliva. In all the provings and poisonings, the patients were very cold. It produces pain in ureters with increased amount and increased desire to urinate. The urine is albuminous. On the skin it produces impetigo figurata on the right thigh, then on the left. It has an erythematous eruption on face, body and thighs followed by pearly white vesicles on the face and neck. It has produced an extensive edema of the tissues about the eyes. The swelling was mostly confined to the upper lids, causing the eyes to close. Cooper has used it successfully in the climacteric flushing.

Chromic Acid

Chromic acid is a powerful antiseptic. It has been used as a lotion to stop offensive foot sweats, but to the homœopath, while this is suggestive of its action as a constitutional remedy, yet it cannot be sanctioned in practice. The discharges of chromic acid are very offensive—perspiration, vaginal discharges or nasal catarrh. The nasal discharges are musty smelling. It causes inflammation of all mucous surfaces with the formation of false mem-

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branes going on to actual gangrene. In the respiratory organs we find a deep, hard cough with inability to raise sputum, which he swallows, causing him to vomit his breakfast. It has sharp, stabbing pains about the heart with a "sensation of a vacuum in the chest." This sensation is also present in the headache. The rheumatic pains are mostly on the left side, come and go suddenly, making us think of pulsatilla and kali bich.; are aggravated from the least draught of air, cold water, at night and early morning. It has a watery diarrhea with nausea and dizziness.

Salicylic Acid

The great rheumatic cure-all of the old school! Its abuse at their hands has led to some valuable indications for the homœopath. It causes a delirium and stupid condition; he can hardly collect his thoughts, then laughs without a cause, talking incessantly and incoherently, looking up suddenly as if he saw hallucinations. In the stomach it causes ulcers with attending pain, weakness, nausea with gagging and vomiting. .Diarrhea, green, with very putrid eructations.

In tonsilitis with red, inflamed look, the tonsil studded with white spots. Right sided pain extending to ear or swallowing aggravated after sleep. It has intense vertigo always falling to the left, objects seem to fall to the right. This vertigo is caused by middle ear disease and it has proven curative in these troublesome conditions.

It is one of our leading remedies in suppressed foot sweats and the troubles therefrom. It has a rheumatic condition; pains are piercing, shifting, joints red and swollen, aggravated on motion, touch and at night, relieved from dry heat. There is profuse acrid perspiration with these rheumatic states. In all conditions, the weakness and faintness is present.

Succinic Acid

The one proving of succinic acid gives us this array of symptoms: Inflammation all through the respiratory tract, causing asthma, cough, sneezing, weeping, dropping of watery mucus from the nose, pains in the chest and headache. This is a picture of "hay fever," and Weinn reports over thirty cases of "hay fever" cured by its use.

Chrysophanic Acid

Chrysophanic acid acts profoundly on the skin, causing a dry, scaly eruption simulating psoriasis and ringworm. It produces and causes a condition of thick crust forming scabs with pus under-

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neath, especially if located about the eyes and ears. It has produced acute inflammation of the conjunctiva, causing contracted pupils and intense photophobia, the least ray of light causing great pain. A. B. Norton has used it successfully in blepharitis, conjunctivitis and keratitis with these symptoms. Beebe regards the condition as optical hyperesthesia.

Citric Acid

Very little is known of its action from a homœopathic standpoint. It produces a condition simulating sea scurvy when taken in excess; and the use of citric acid by the dominant school for sea scurvy would indicate its homœopathicity to this disease. It has rheumatic stiffness of the joints, of the hands and feet, with a bruised sensation in the feet. The old school habit of giving citric acid in rheumatism has here its foundation in the law of similars. It has been used extensively to allay the terrible pains of cancer, and it is probable, if better proven, would prove a remedy of value in these cases. In poisonous doses it has a profound action on the blood, producing faintness, weakness, hemorrhages and dropsies.

Hydrobromic Acid

Houghton has used hydrobromic acid successfully in pulsating tinnitus, with great nervous irritability.

Fluoric Acid

Fluoric acid partakes very largely of the action of calcium fluoride in that it affects the lower tissues of the body like the structures surrounding the bones. In its general action it is very like silica, but the modalities are opposite. All fluoric acid conditions are relieved by cold applications, while silica are made worse. Its action on the bones is confined to the long bones, causing caries and necrosis of the bone and tissues about the bone. Its action on fibrous tissue shows itself in causing old cicatrices to get red and sore and itch badly.

Fluoric acid produces an old expression and wrinkled, withered look, even in young people. The pains are sharp, stabbing, pricking or throbbing in character, always relieved by cold applications and aggravated by warmth. There is a peculiar mental symptom that should make it of value in some mental troubles—feeling of indifference to those he loves best, while he will talk freely with strangers. The head symptoms are dull, pressing pain, with numbness, along the sutures of the skull. The eyes feel as if sand were in them or there is a sensation as if air were blowing under the

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lids. This sensation of air blowing against the body is not confined to the eyes only, but may be referred to the back or neck. The teeth decay early, and often we have dental fistula develop. This tendency to form fistula is present at all the outlets of the body. It is one of our strong remedies in the so-called "gin drinker's liver" with its ascites and diarrhea.

It is a remedy of high rank in felons, with the throbbing, pricking pain relieved by cold applications. In diseased nails with longitudinal ridges on them. The palms of the hands and the soles of feet perspire profusely.

Fuoric acid is a remedy especially adapted to chronic diseases, where there is a syphilitic base or where mercury has been abused.

Picric Acid

Picric acid is marked intensely by exhaustion; in whatever sphere this is the key to the situation, whether it be mental, nervous or physical, exhaustion is the ever-present accompaniment.

The mental exhaustion is usually brought on by over-study. The patient gets to the point where the least attempt at mental work brings on severe throbbing, heavy, bursting pain usually in the occiput and extending down the neck burning all the way down. This condition is often met with in school children and college students, and it is a source of satisfaction to see how promptly picric acid helps these patients. Again, this condition may be caused by worry of business or from the loss of friends; it matters not how, picric acid will repay study.

This exhaustion, if continued and carried far enough, leads to softenings and paralysis. We get an actual softening of the brain and spinal cord. Again we find special muscles paralyzed from over-work, simulating writer's cramp, where it has proven its curative power.

In many cases where iron is given by the dominant school we think of picric acid.

To the congested condition of the cerebellum and spinal cord is undoubtedly due the irritation of the sexual system—the terrible erection—erections long lasting, with emissions which do not relieve the priapism. Phosphoric acid has more lasciviousness than picric acid, while picric acid conditions are more that of priapism.

It has cured cases of diabetes brought on by shock where the profuse urination was mostly in the night and marked prostration was present. Kent speaks of its curative action in pernicious anemia, having been led to its use through its action on gonorrheal fig warts—believing these conditions to have the same origin.

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The skin is of a dirty yellow, cachexia. There is also a tendency to small furuncles, especially in the ears; they are small and exquisitely sore.

In all picric acid states, there is marked heaviness of the body, especially in this so in spinal troubles. Oxalic acid has a similar action, but there is more of numbness, while picric acid has heaviness. There is the sensation as if a band were about the parts—"as if the ground was coming up to meet him"—of extreme exhaustion on the slightest effort, either physical or mental.

Carbolic Acid

Carbolic acid has been used extensively in the past as an antiseptic, but of late is being displaced to a large extent by other antiseptics on account of its tendency to produce gangrene. Our knowledge of its action upon the human organism is derived from provings and accidental poisonings. It produces profound prostration and fatigue. Upon the nervous system it produces twitching of the muscles, convulsions and collapse.

It produces and will cure a peculiar headache in the temples and occiput, with a sensation as if a band were about the head. This calls to mind gelsemium, mercurius and sulphur, but the concomitants are different. The headache is relieved by a tight bandage, by tea, smoking or bending the head forward. When the occiput is affected there is also the stiffness of the muscles of the neck and retracted head, suggesting cerebro-spinal meningitis. It produces a severe orbital neuralgia of a burning, stinging or pricking character, pains coming suddenly and going as suddenly. This is a peculiarity of the pains of carbolic acid—the suddenness of coming and going.

The nasal region gives us a pecularity, found in almost all of the conditions calling for carbolic acid—the exquisitely acute sense of smell. The discharges of the nose are horribly offensive. In fact, all discharges of carbolic acid, whether from the nose, throat, rectum or vagina, are of the same exceedingly offensive character. The throat is fiery red, swollen with diphtheritic patches, with the horrible odor from the mouth. In this condition the tongue is peculiar, almost black, with ulcerations on the inside of the cheeks. As if nature did not help us enough to select the remedy, she gives us a mottling, irregular, dark red rash, as seen in some malignant cases of scarlet fever and diphtheria. In these conditions, the more putrid the case the more carbolic acid is to be considered.

Pearson says in an exhaustive diarrhea with very offensive stools, when carbo veg. and psorinum do not help, give carbolic

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acid. The urine of the carbolic acid patient is of a dark yellowish green color and usually contains sugar in considerable quantities. It has a thick, fetid, green, acrid leucorrhea aggravated after menstruation. In rheumatic pains there is an unusual condition; the patient feels as if it would pain severely to move, and dreads the attempt, but when finally he moves it does not hurt at all. Besides the irregular scarlet fever rash spoken of before, it has a fine vesicular rash, itching intensely, relieved by rubbing, but leaving a burning sensation. Many of these symptoms are suggestive when we are in straitened places by the gravity of the condition of our patient.

Hydrocyanic Acid

Hydrocyanic acid is one of the most deadly poisons known. What knowledge of its action we have is gained from accidental poisonings and the provings of Joerg and his pupils. When it is more thoroughly proven it is destined to take rank with some of the more commonly-used remedies; as it is it has indications showins its sphere of action, so that it can be used scientifically in many conditions of gravity. It produces a sudden collapse of the vital forces shown by total loss of consciousness, cold perspiration all over the body, stertorous breathing, irregular, feeble heart action. This state very closely simulates Asiatic cholera, and it has proven itself of value in this dread disease when the patient is stricken so overwhelmingly with the poison; its indications being the excessive coldness of the patient and the marked prostration, cessation of all discharges and long fainting spells.

This intense coldness makes us think of camphor (camphor coldness is of the surface, while internally there is heat). Camphor corresponds to the beginning of the trouble, before the discharges have begun; hydrocyanic acid after they have ceased. It is like veratrum, but veratrum discharges are copious. The patient is so cold that he complains that his tongue is cold. When these condition are met, whether it be Asiatic cholera, ileo-colitis or collapse from other sources, hydrocyanic acid will be of inestimable value.

While we are speaking of its action in collapsed states, usually brought on by loss of fluids from the bowels, there is one symptom very marked in intestinal troubles—when drinking fluids, "they roll audibly down the whole intestinal tract like water in an empty barrel." There is only one other remedy which has this symptom, laurocerasus, and the other symptoms are different.

It produces violent convulsions of the muscles of the face, neck, and back. The jaws are firmly set and the facial muscles

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terribly distorted, the upper eyelids quiver spasmodically. The eyes protrude, pupils are dilated, and eyes set. There is marked drawing of the head backwards. A peculiar symptom of the convulsion is the unusual blueness of the skin. There is an awful sense of suffocation and constriction about the chest and neck, in the spasms. This sensation of constriction extends to the larynx and is present in respiratory troubles of a spasmodic character like asthma and whooping cough. It has a violent paroxysm of cough, or frequent cough excited by tickling irritation which begins in the larynx and extends down into the trachea, followed by dryness of the mouth and larynx. The heart is affected as shown by irregular action and intense precordial pain and sense of constriction and suffocation, with long-lasting fainting spells. Paralysis of the heart, simulating angina pectoris. The spasmodic action of hydrocyanic acid is quickly followed by paralysis, which always begins below and works upward.

Lactic Acid

Lactic acid produces an acute swelling of the joints with stiffness and tenderness. The stiffness is out of proportion to the soreness, is aggravated at night and by motion. There is also present in this state copious acrid perspiration, thus simulating acute rheumatism, which it has cured. This rheumatic condition is usually found in connection with another condition, or rather is usually grafted on to diabetic patients. The urine is profuse, saccharine, with intense thirst, dryness of throat and mouth. But the chief thing that distinguishes it from other diabetics is the constant nausea, which is relieved by eating. This makes it of value in stomach troubles, and may lead to its successful use in troubles where there is intense "heart burn," sour stomach and eructations of hot gas, or in reflex stomach disturbances, like vomiting of pregnancy. In these conditions, the patient is relieved by eating. It produces a copious foot sweat which is bland and without odor, and has cured many cases, especially if accompanied by a dry cough in fall and spring. It has a leucorrhea that stains the linen yellow. The peculiar thing about this is that it alternates with a nasal catarrh, which is also thick and yellow.

Oxalic Acid

If there is any one patient that needs mental therapeutics more than another, and yet would be harder to treat by the power of mind over matter, it is the patient calling for oxalic acid. It has

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this one grand leader—all conditions are made worse by thinking about self. Its pains are excruciating beyond measure, aggravated when thinking about them, entire relief from diverting mind to something else. Moreover, when not in pain, thinking of the pains he has suffered will bring them back.

Severe headache confined to small areas with vertigo on lying down, after sleep, and on rising. Small spots on the head, exceedingly painful to touch. Transitory dark spots before the eyes, with giddiness associated with nose bleed. It has an empty, gone sensation in the pit of the stomach with paroxysms of excruciating pain, relieved by eating; violent colic about the navel, aggravated on motion, and when at rest. Stitching pain in the region of the liver, relieved by taking a deep breath. It has a diarrhea from drinking coffee. Stools are dark, muddy and copious, with an inclination to faint during and after stool.

Under the urinary organs we have the peculiar modality again called to our attention—thinking of the urinating causes almost an irresistible desire. The urine is clear, copious, straw colored.

There is a terrible neuralgic pain in the left spermatic cord from the slightest motion.

In the chest we have some valuable symptoms. The base of the left lung is congested and as a result we get a sharp, lancinating pain, with a cough depriving the patient of breath for a few seconds. It comes so suddenly, the sticking pain extending back to the scapulæ.

In cardiac conditions the sharp stabbing pains in the precordial region, extending toward left chest and arm, with irregular force and rhythm of the heart.

In the lumbar region we get the most excruciating pain, extending down the thigh and in the region of the kidneys; he is very anxious to change position, but the slightest movement causes the patient to cry out in agony. Constant urging to pass large quantities of urine, but pain on moving makes patient dread the attempt.

In affections of the spinal cord with the lancinating pains and with them, the numbness so marked in this remedy, with the cold blue look, may help us in some trying case. There are a few cardinal symptoms we shall do well to remember. Pains of sharp, lancinating character, of short duration, and confined to small areas, always made worse by thinking of them, and by motion. A markedly left-sided remedy. Intense numbness of parts associated with coldness and blueness of skin.

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EXAMINATIONS IN MATERIA MEDICA AND THERAPEUTICS

THE *Cleveland Medical Journal* prints the examination questions set by the Ohio State Board of Medical Registration in June last, and a comparison of the questions asked in materia medica and therapeutics is not likely to advance the self-esteem of homœopathic physicians. The questions set by the old school board were as follows:

1. What is diastase; for what purpose and how is it emplayed? 2. Give some indications for enteroclysis; state how it should be used and the precautions that should be observed? 3. State briefly the principles underlying serum therapy. 4. State in what respect the following prescription is wrong:

℞

Strychninae sulphatis .....gr. 2
Potassii iodidi .....dr. 2
Elixiris cascarae q. s. ad. fl.....oz. 8
M. et. sig. One teaspoonful to be taken after meals.

5. What remedy for internal use will you suggest for overcoming the alkalinity of urine in cystitis; state how it should be given? 6. Outline the proper treatment for ophthalmia neonatorum. 7. What nitrites are used therapeutically; what especial indication do they fulfill; name the preparations used and manner of giving them? 8. What symptoms would

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an over or lethal dose of codein produce? 9. Give the physiologic action of camphor; give some indications for it; state how it should be administered. 10. Describe the effect produced by prolonged use of the bromides.

Eclectic physicians were asked to answer the following questions:

1. Give the physiologic and therapeutic action of arsenic. 2 Give common name, use and specific indications for baptisia. 3. Give common name, use and specific indications for eupatorium perfoliatum. 4. What are the specific indications for gelsemium? What would be the effect of an overdose? 5. Name some disease in which lobelia is especially useful. 6. What are the therapeutic properties of quinin, and when would you give it and in what doses? 7. Give the source and some uses of salicylic acid. 8. What is the official name and what are the specific indications for wild yam? 9. From what plant is specific phytolacca obtained and what are its indications? 10. Name four soporifics and give doses.

Each of the above are sets of eminently fair questions, satisfactory answers to which would furnish evidence of reasonably wide study of the subject. The questions set for homœopathic candidates were as follows:

1. Define and classify materia medica. 2. Define drug pathogenesy. 3. Define primary and secondary symptoms of drugs. 4. Define comparative materia medica and give an example. 5. What are the most important symptoms from which to select the similimum? 6. When would you prescribe opium as a palliative, and when as a curative remedy? Give symptoms calling for each. 7. Name three well-proven remedies and give six characteristic indications for each. 8. Give briefly the symptomatology of some single remedy, making your own selection. 9. Differentiate briefly three cough remedies. 10. Give the leading characteristic of apis mellifica.

To devote half of an examination in homœopathic materia medica and therapeutics to such questions as are included in the first five is ridiculous and reflects badly upon the homœopathic school. And the remainder of the questions is far from above criticism as not serving the purpose for which the examination is held.

A great fault with many of these licensing examinations is a failure to test whether the examinee is prepared to use his knowledge clinically. He should be asked more frequently to fit his drug to a case, to find or suggest the similimum and generally to outline his treatment. Let the examiner take his first notes of a case from his records and ask the candidate how he would treat the patient. This will mean more than the prescription of the

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remedy in most cases; it will include hygienic advice, diet regulations, the use of hydrotherapy, of electricity or what not. Or the full history of a case could be given and the examinee be asked to criticise the treatment outlined.

The day will probably come when such examinations will be largely viva voce and be conducted at a clinic. In that way only can we secure really practical examinations; and the crammer loaded with book learning for the occasion will find his true level instead of capturing the blue ribbon. But until then, if homœopathy in any state deserves a separate examining board, let us have an examination that will be a credit to the school.

A CONTRADICTION

IT has been said a good many times of late that the ranks of the old school are open to all who will not agree to make use of a designation intimating an exclusive system of practice. We have been told that no inquiries will be made as to how an applicant for membership treats his patients, that no restriction whatever will be put upon him in this particular, and yet we find that there is at present a movement going on in the American Medical Association and its constituent or related parts, the state and county societies, which must hamper that freedom of practice which is theoretically offered to all who enter its portals. The *St. Louis Medical Review* tells us that at the April meeting of the St. Louis Medical Society the following resolution was offered: "Resolved, that it be the sense of this Society that we, as scientific physicians, should use and prescribe only those remedies which are recognized as official by the U. S. Dispensatory, or the National Formulary, and passed upon favorably by the Council of Pharmacy and Chemistry of the American Medical Association." It seems that similar resolutions are being presented in societies throughout the whole country, and that the only inference can be that the national body is at the back of the campaign.

The independent medical journals of the country have voiced considerable dissatisfaction with the actions of the group which is

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now in political control of the American Medical Association, and the NORTH AMERICAN has sufficient faith in the American doctor to believe that he will refuse to submit to any such muzzling as these resolutions indicate. Even from the old school point of view the resolution is absurd, since it is understood that many members of the medical profession are using drugs and proprietaries which have not yet been passed by the Council of Pharmacy and Chemistry. If such a resolution is passed and the member of the society feels obliged to comply with its requirements, he may find himself in the position of being unable to use to-day remedies which are open to him to-morrow, and this, not because there is any change in the intrinsic merit of the remedy, but because someone else has decreed that he may use it. It hardly seems possible that the officers of the American Medical Association can entertain the idea that the physicians of this country are willing to abrogate their own judgment in such an important matter as the administration of remedies to the sick.

Where would homœopathy be under such an ironclad resolution? Obviously physicians desiring to prescribe homœopathically might not be able to do so, but would be tied down to the remedies specified in the Formulary, and the boasted freedom in therapeutics would not be found.

And where does the patient come in? Does the patient exist for the physician, or the physician for the patient? The highest principles of ethics demand that the physician subordinate everything else to the best interests of the patient, and to neglect the administration of a remedy which the physician deemed would be beneficial to the patient simply because it had not yet been approved by a body of men who have nothing to do with the implied contract between him and his patient, would be little less than criminal.

Notes and Comments

Barbarism—The *Lancet-Clinic*, in a brain-storm of adulation, comments editorially upon a recent "iconoclastic" address of Dr. A. Jacobi read before the Ohio State Medical Association. Some items in the address were the advocacy of six ounces of whiskey per diem to a child of four or five, if two ounces are unavailing

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in sepsis or diphtheria. In pneumonia the absurdly small doses of digitalis were condemned, and the assertion made that the tincture should be given in doses of five to fifteen drops to a child of four or five years. It is a matter of perfect indifference who is the "authority" for this sort of pediatric medication. It is barbarous, when we consider the century-proved efficacy of homœopathic medication, scientific, safe, effective, and the children who come under the care of the 200,000 or more old-school practitioners very apt to follow Dr. Jacobi's advice are to be commiserated. Dr. Jacobi some years ago damned homœopathy, as Dr. Holmes did before him, but we would much prefer a pediatric prescription from a third-year homœopathic student of fair perceptive and inductive ability to the whiskey barrel and the digitalis bottle of a Jacobi.

Blessed is the child that is brought up homœopathically, for its days shall be considerably longer in the land that the Lord hath given him, and when he falls sick he is apter to be treated *cito, tute et jucunde,* and with corresponsive hope of recovery.

Diphtheria from Infected Milk—In April last a sudden epidemic of diphtheria, in Milton, Mass., caused the State Board of Health to investigate its origin. It was ascertained that the families of the victims were without exception supplied by the same milk dealer. Milk from the same dairy was also delivered in the neighboring town of Hyde Park, where, as if to confirm the suspicion, a number of cases of diphtheria suddenly appeared a few days later. All used this suspected milk. It was found that the grandchild of the dairyman had been taken with the disease a few days previous to the outbreak of the epidemic, that the cooler in which the milk was placed was washed in the house and by the person who had the care of the sick child. The authorities at once excluded the milk from this farm from sale, and the epidemic promptly stopped. This incident emphasizes the importance of care in the source of the milk supply, and shows that by compelling strict inspection and absolute cleanliness more diseases than marasmus and typhoid fever may be prevented.

Certain Antiseptics—Lawson Tait's practice of using skill and a reasonable degree of cleanliness instead of carbolic or other antiseptics in dealing with those most easily infected wounds, the abdominal, is being justified by the investigations of the Therapeutic Committee of the British Medical Association and by the American Council on Pharmacy and Chemistry, as well as by the results of wounds treated in the Russo-Japanese war with simple saline solutions. The committee's investigations of facts showed that the fluoride and the nitrate of silver were practically the only silver salts of value as bacteriacides, while the work of Verhoeff and Ellis, as reviewed in the *New York State Journal of Medicine,* showed that the addition of serum to sodium aurate, protargol or argyrol immediately rendered them non-antiseptic; the staphylococcus pyogenes aureus (killed in one minute by a 1/1000 mercuric chloride or a 2 per cent, phenol) was not destroyed after over four hours exposure to alkalol pure. Abbott's Vaginal Antisep-

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tic 2.5 per cent., borol 50 per cent., glycothymoline pure, zinc sulphocarbolate 1 per cent., while listerine, acetozone, alphozone, germicidal disks (mercuric iodid), nargol, sublimine and mercurol in the strongest solution recommended, when mixed with an equal volume of hydrocele fluid, were ineffective even after two hours' action upon the bacteria. As the *Journal* remarks, possibly the virtue in many of our antiseptic solutions has resided as much in the water as in the chemical. The Japanese seem to have demonstrated the value of simple sterile or saline aqueous flushings and dressings, and we return to Tait's point of view: contempt for "germs," but great regard for "tissues." Furthermore, any substance that will kill a toughly encapsuled bacterial cell, built on the armor-clad plan, not only of great intrinsic vitality but carrying still more resistant spores, will work havoc with human cells trying to act along the natural lines of resistance against an invasion—and dead tissue cells always interest the inquisitive bacterium.

Cancer Patients and their Friends—In the *Boston Medical and Surgical Journal*, Dr. W. S. Bainbridge says that to the eager questioning of those personally interested and of the public in general the following answers may be warrantably given:

The hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them, and in the light of our present knowledge they hold no special element of alarm.

The contagiousness or infectiousness of cancer is far from proved, and evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it, but merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound.

In the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organism, than from any possible acquirement of cancer.

The communication of cancer from man to man is so rare, if it really occurs at all, that it can be practically disregarded.

In cancer, as in all other diseases, attention to diet, exercise and proper hygienic surroundings is of the utmost importance.

Cancer is local in its beginning, and, when accessible, may, in the incipiency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence. If beyond the stage of cure, in many cases, suffering may be palliated and life prolonged by surgical means.

Dr. Bainbridge's conclusions, up to the method of cure, represent a careful weighing of the investigations of modern science, exclusive of the homœopathic literature which is patiently waiting its turn. Numerous cures have been recorded where the indicated remedy has been the agens operandi, and the NORTH AMERICAN would be glad to hold a cancer symposium wherein cases, confirmed as carcinoma by reputable pathologists or clinicians, may be exhibited in mass.

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Merc. cor. is a remedy covering a very similar kind of case to arsenic. There is, however, more discharge and more swelling, and rectal tenesmus is very liable to co-exist. Cantharis is not seldom called for where the urinary symptoms predominate.

Nitric acid stands midway between the drugs already mentioned and the more definitely chronic remedies. It is an irritant to the muco-cutaneous surfaces of the rectum, anus and pudendum. In either sphere its action may go on to ulceration or gangrene, but it is usually limited to producing redness, cracks, and fissures. Soft, venereal sores readily bleeding call for nitric acid (weak), both internally and locally. The well-known scanty, dark brown, strongly-smelling urine forms a leading indication for this drug.

Thuja stands at the head of the chronic remedies. In people with poor circulation, the finger-tips cold and wax-like in color, with dry, dirty skin, with flatulence and possibly dilated stomach, it is frequently indicated. It may be termed a left-sided remedy, most of its pain (e. g., ovarian) being on the left side. The skin of anus and vulva is cracked, sodden, with white thickened patches and very serious pruritus. Micturition and defecation are painful, and there may be a feeling as if something were left behind, both in urethra and rectum; sexual intercourse, too, is painful from sensitiveness of the vagina.

Apis—The field in which apis exerts its greatest activity is not an extensive one, and yet it constitutes a medicament of no little importance to the general practitioner of medicine.

Apis is a most excellent remedy in many diseases of the bladder and urethra. In the treatment of suppression of urine it is a very efficient remedy and in retention of urine, providing there is no organic obstruction, it is equaled only by santonin. In dropsies attendant upon the last stages of structural heart diseases, apis often affords much relief, and in dropsy following scarlet fever it is used with satisfactory results. In the dropsy of Bright's disease, and in that which sometimes occurs in the last months of pregnancy, it aids much in relieving irritation of the kidneys and bladder. As a diuretic in the diseases of children, apis has no superior. I have employed it in many cases of incontinence of urine, accompanied by excessive irritation of the urinary passage, with unmistakably curative results. In gonorrhea it is often an indicated remedy.

In skin diseases characterized by itching, stinging pain and puffiness of the tissues involved, apis is a very efficient remedial agent, and in acute or sudden swelling, as edematous condition of the cellular tissue, such as is often seen in certain forms of erysipelas, it is one of our most useful remedies. If, however, there is a tendency to the formation of vesicles, rhus toxicodendron may be employed with the expectation of even better results.

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The specific indications for apis most frequently seen are as follows: Constant desire but inability to urinate, the urine often being deep red in color; vesical or urethral irritation with scanty secretion of urine; itching, with burning of the surface, especially of the urinary passages and genitalia; hot, dry, burning, itching or stinging surfaces; puffiness of parts, especially of the mucous surfaces; a sensation of having been stung, with or without edema; faucial or tonsillar inflammation with marked edema of tissues, which resemble bags of clear water.

The dose of specific apis (or a good tincture) is from 1 to 2 drops, but its best results are obtained by prescribing it as follows: ℞ Apis, gtt. v to xx; water ℥iv. Teaspoonful every half hour to every hour. Dr. J. W. Fyfe. *Eclectic Review.*

Gout: Urtica urens—Dr. J. H. Clarke, in the *Journal of the British Homœopathic Society,* says: "A year or two ago I was asked to see an elderly lady suffering from a very evident attack of influenza. Under treatment the acute symptoms subsided within a short time. But there remained a condition of fever with very little else in the way of symptoms, except weakness, and all my efforts at prescribing on the meagre symptom-list failed to make any real improvement. At last, one day, the patient complained of a little pain in the right foot. She had felt it a day or two before slightly, but, being a very reticent person, she had not thought it worth mentioning. On looking at the foot I found it red, swollen, shiny and very tender. The mystery was solved! I was dealing with a case of gout and did not know it, until it hit me—or I might say kicked me—in the eye. And yet I might have guessed it before. The patient was an extremely gouty lady and the influenza had stirred the gout into action. Utrica urens (which Dr. Burnett discovered to be the pathologic simillimum of acute manifestations of gout) rapidly altered the state of affairs, and in twenty-four hours the fever had disappeared, and the foot had returned to nearly normal dimensions."

Cardiac Troubles: Glonoin—In heart diseases, with their sequent irregular and increased vascular pressure, it often happens that the patients appear calm, more or less uninterested, complaining, at the most, of headaches, nausea, vomiting, or lack of interest in things generally. If they think themselves unobserved they will vacantly lapse into a brown study, seek solitude, and are finally dubbed "peculiar." No one believes them ill, and they are laughed at or scolded by their associates—and very wrongly. For these unfortunates, whose complaints are often regarded by the physician as caprices, nervous phenomena, nervous headaches, actually suffer greatly, the disease phenomena, however, not being directly dangerous to life. Carefully investigated, there will be found, in addition to the cardiac affection, a greatly increased blood pressure, often up to 200 mm., where normal blood pressure at the most should not exceed 110 mm. manometric. Examination of the ocular fundus almost invariably discloses vascular congestion, hemorrhage of the disc, with consequent disturbances of vision, explanatory of the fact that so many of these patients have the habit of

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staring vacantly into space. The stasis and congestion from increased blood pressure reacts with pressure upon the brain, whence the gnawing, throbbing headache and the aversion to any work. Such is the syndrome of this vascular disturbance. How shall it be treated? Together with rest in bed and abstinence from stimulant food and drink, we find glonoin the helpful remedy here. It is marvelous how quickly and perfectly this drug relieves and leads to recovery. Glonoin is one of our chief drugs in arterio-sclerosis, whose course leads to such increased blood pressure and sequent hemorrhage, apoplexies.

A case may interest. Miss N., æt. 65, complained of headache, dim vision, vertigo, palpitation. Though not bed-ridden she was unfit for any work. Often in the evening or night she had attacks of cardiac anxiety and dyspnea, the whole body cold and covered with viscid sweat. Who does not recognize the arterio-sclerotic pressure, with its systematic disturbances of nutrition? Further examination showed pallid face, unnourished, thin, withered skin, narrowed irides, a hemorrhagic disc, radial pulse—hard, tensive, like a string of pearls, and the familiar tortuous temporal arteries. Heart action irregular, delayed, with sawing murmurs. Gastric and pelvic region sunken; mentally dull and listless. Continuous mild headache, manometric pressure 170 mm. Treatment: rest in bed, light food (especially that prepared in butter), much fruit, fish, little bread, three times a week boiled veal. During the day an allowance of 1.5 liters of total fluids, mostly milk and whey. Also daily, gtt. viij of glonoin 5 in a wineglass of water to be slowly sipped in the forenoon. After two weeks of this regimen the patient came back looking much better and desirous of working; no more cardiac attacks; pulse still irregular; blood pressure 120 mm; appetite good; little headache. Three drops of glonoin 5, evenings, was then prescribed and the patient told to return in three weeks. The result: with the exception of the, naturally, unhealed condition of sclerosis, all disease phenomena had vanished, and the patient was ready and anxous for work, of which there was an abundance in her household. Dr. Granow. *Leipziger Zeitschrift fur Homœopathie.*

Differential Diagnosis—PERIPHERAL NEURITIS. More frequently in children. Disease usually begins slowly. Paralysis progressive. Involves different members, generally in the nature of an ascending palsy.

Pain is usually continuous, aggravated upon handling and motion involves certain nerves. Prognosis good.

Perfect recovery may take place after the paralysis and atrophy have lasted a long time.

MULTIPLE NEURITIS. Disease of adults, but occasionally occurs in children.

Paralysis progressive; takes days and weeks to reach its acme.

Pain on movement and other pains severe and of longer duration.

Disorders of sensation, edema and swelling usual; majority of

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cases recover. Cranial nerves frequently involved. Prognosis usually favorable in children.

POLIOMYELITIS ANTERIOR. Usually in children, but sometimes in adults. Suddenly reaches its height from the beginning.

Paralysis regressive after recovery, and noticeable at once. Always some permanent paralysis.

Involves at the start all the members affected, some parts quickly recovering and others never.

Usually a little pain and soreness; there may be general hyperæsthesia at the beginning. Never complain of numbness or of paræsthesia. May be some rigidity of the spine suggestive of meningitis, but it subsides soon. No tendency to trophic changes of the skin.

No loss of sensation; no complete recovery after the disease has lasted a short time.

Edema and swelling unusual; cranial nerves not usually involved, but the probabilities are that in the severe cases, accompanied by convulsions, their involvment is present.

In the diagnosis of poliomyelitis anterior (acute), the electric currents play an important part; The R.D. being always present in some degree after the first week. This is a condition in which the irritability of muscles and nerves is materially altered and is present in some degree in all cases of poliomyelitis anterior acuta. Dr. M. B. Campbell. *Pacific Coast Jour. of Homœopathy.*

A Lapis albus Tumor—Boy, æt. 4, had fallen while playing and struck the lower jaw just back of the chin on the edge of a plank. A sore spot remained, although the skin was not broken. Soon afterwards a little bunch was felt at the seat of injury, which increased in size until about as large as a pigeon egg, filling the space between the rami of the jaw almost like a double chin. Where the tumor pressed upon the skin internally there was a red, inflamed spot about the size of a nickel, the skin here being very thin, tightly stretched and sensitive to touch. The whole tumor was movable and as hard as stone. Child's health good otherwise.

It looked like an operation, but lapis albus 6x was given before meals. Six weeks later the tumor had diminished to the size of a pill, was soft, and the overlying skin very red. It looked like a good-sized boil almost ready to break, there seeming to be some central fluctuation. Not wishing to spoil a homœopathic cure, it was not incised, but the remedy continued, under which the swelling gradually went away, leaving nothing. Thus, another surgical fee was lost! Dr. Karl Greiner. *Homœopathic Recorder.*

Some Phthisis Drugs—SULFUR. A drug we are always warned to use with care in phthisis. It is often indicated in the early stages by the general symptoms, the flushings, morning sinking feelings, and discomfort at night in bed, constipation, dry cough, This picture is not an uncommon one, but with the warning for care in mind a compromise is made generally by giving hepar. The abnormal sensitiveness of hepar is to be remembered; hoarseness is a great indication for it, and the tendency to suppurative skin troubles that affect a percentage of phthisis cases. Enlarged glands, too, speak for it, though also for arsenicum iod. or calcarea iod.

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CALCAREA CARBONICA. Most often wanted, with tuberculinum, in the pretubercular or early stages. It covers the tickling cough, the fleeting pains in the chest; but is especially valued for the early dyspepsia, the pain and nausea, the sour risings, and the dislike or fat, that are so common. That dislike of fat, by the way, is very characteristic in phthisis; if a patient likes fat his chances of recovery may be considered good, and a strong dislike for it is a calcarea indication. Calcarea belongs to the chilly patient, often with glands enlarged and flabby constitution, the patient who will often put on weight under treatment and be little the better for it. Silica, on the other hand, more likely will suit the patient whom no effort will fatten.

ARSENICUM. The iodide is always used, and most cases want it one time or another. If calcarea fail, if wasting supervene, with a clean tongue, some thirst, but no constipation (constipation is usual in early phthisis, diarrhea is a late and serious symptom), aggravating cough, with expectoration tending to increase—this picture inclines to thought of arsenicum iod. It follows phosphorus well, and phosphorus again is indicated in early, rather acute phthisis, with blood-stained expectoration, but not much pus, or in intercurrent local exacerbations that tend to take on a pneumonic type. Besides the expectoration, it will be indicated by hoarseness and laryngitis, pains, especially in the left lung, cough generally increased by cold. Iodine is very like phosphorus in indications, but generally the cough is increased by warmth, and the right side is preferred. Especially it comes with rapid wasting; if, as occasionally happens, there is increased appetite, so much the better. On the whole, phosphorus goes with calcarea carbonica; iodine with silica. Iodine is preferable to phosphorus for subacute edematous patches, not true pneumonia.

STANNUM. This seems to be a drug for the middle and latter stages, with profuse purulent sputum and general sensations of weakness; e. g., the patient who has been long ill and is getting very tired of it, with tendency to melancholy and depression. A markedly hopeful disposition in phthisis is a good indication for sanguinaria, and offensive sputum is covered by it, though commonly sputum is less rather than more profuse. The drug sanguinaria belongs to the earlier stages generally, but has an especial use in old people, where it relieves the bronchitis. It is to be thought of with arsenic, both having characteristically burning pains. Not that phthisis patients, in the author's experience, have many chest pains, except for pleurisies and old adhesions, the latter nearly always controlled by bryonia. If the chest pains are chronic, impeding respiration, stitching pains, especially on the right side and increased in the early morning, kali carb. must be remembered, which comes to us with Hahnemann's benediction. Dr. C. E. Wheeler. *Journal of the British Hom. Society.*

Condurango—A man, æt. 74, came with a suspicious condition of the lower lip; among other phenomena, a thick crust had formed, with a number of small and large cracks and raw places which for months had shown no tendency to heal. Nitric acid

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helped somewhat but slowly. Then similar cases cured by Clotar Müller with the internal use of condurango came to mind. This excellent practician found the remedy practically specific in such lip affections and declared with reason thit it transformed malignant into benign growths. We find condurango commended also in open carcinoma and cancerous ulcers, in pseudo-carcinoma of the stomach, in chronic gastric catarrh with vomiting of bitter, green mucus after meals, and also sour eructations. Emaciation.

These pernicious excoriations of the lips, showing no tendency to heal in spite of the avoidance of all dietetic errors, are often found in conjunction with a stubborn catarrhal condition of the gastric mucosa and a dyscratic state of the blood, and by curing these, with condurango, the nutritive source of these pathologic processes in the lips is removed. Analogous are the similar excoriations and painful, scarcely perceptible lingual erosions. Whether it be condurango or some other remedy like nitric acid, causticum, the essential to cure is the removal of the cause, the humoral dyscrasia, as exhibited in the gastric or other mucosae. Thus, the patient, whose lip soon healed up, remarked how excellently, and unexpectedly, the powders had acted upon his stomach. Dr. H. Goullon. *Leipziger Zeitschrift der Homœopathie.*

Cimicifuga is a valuable remedy in rheumatic and other inflammations of the eye, either of the eyeball itself or of the muscular appendages, with increased secretion of tears, stinging pain in the eyes and swollen eyelids, pain in the very center of the eye; weakness of vision and congestive headache.

Pneumonia—Cimicifuga has caused dry and hacking cough; acute pain in the right lung, worse by every inspiration; lancinating pains in the left side, along the cartilages of the false ribs; soreness of the chest; neuralgic pains of the chest. These symptoms might justify its use in penumonia, with strongly-marked rheumatic symptoms; or rather in

Pleurodynia, especially of the right side; the pain is worse from motion, extorting screams; articular rheumatism of the lower extremities, with much swelling and heat of the affected parts.

In catarrh of the larynx and bronchial tubes, cimicifuga is often a useful remedy. Dr. Ingalls gives the following indications: Hoarseness, unpleasant fullness in the pharynx; constant inclination to cough, caused by tickling sensation of the larynx in the evening; fluent coryza of whitish mucus during the day; aching pain in the head; very profuse greenish and slightly sanguineous coryza; fullness of the pharynx and constant inclination to swallow; great sensitiveness to cold air.

We prescribe cimicifuga in rheumatic affections depending upon over-exertion and exposure, and affecting the various muscles of the body, including the uterus and heart. We usually find much soreness; little, if any, fever; nausea, loss of appetite; severe headache; uneasiness and restlessness; gloomy anticipations of trouble in the future; the symptoms are worse from motion.

Before leaving this group, mention should be made of the use of cimicifuga in smallpox. The remedy, in its provings, has not

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developed any remarkable skin-symptoms. Many symptoms of smallpox, however, suggest cimifuga, such as the severe and often excruciating pain in the back and in other parts of the body, the headache, the pain in the eyes, and the mental symptoms. Several physicians report excellent results from its use. Dr. M. E. Douglass. *American Physician.*

Tuberculous Meningitis—Woman, æt. 50, blonde, lymphatic. The author has treated her for eight to ten years for pain, most often located in the knee, which is not swollen; sometimes in the side of the chest, a wandering neuralgia. Never any fever; appetite fair. A number of remedies, too many to enumerate, all failed. For the last seven or eight months the pains have fixed upon the head, are atrocious, insupportable, with occasional vomiting, and a constipation resisting all remedies, even the allopathic, to which she has turned in despair. Aconite, belladonna, mercurius, bryonia, hepar were unavailing, when the idea came to the physician that he might be dealing with a tuberculous meningitis in the process of incubation. Koch's tuberculinum, 30th dilution, ten gr. per day, was prescribed. After two or three days the headache lessened and the bowel cleared out. The remedy was continued for ten days, and since then, three months, the cure has been complete. The pathogenesis of tuberculinum is surely not yet perfect, and the remedy was given upon purely physiologic indications, following thus the example of Koch, Denis and other "partisans of homœopathy per hypo." The author considers, however, that he unwittingly fell into the law of similars, and that this atrocious headache with obstinate constipation may be annoted as pathogenic of tuberculinum. Relying upon the aphorism, *Naturam morborum ostendit curatio,* we may perhaps state that a tuberculous meningitis (so to speak) in the process of incubation was cured. Dr. Vanden Neucker. *Journal Belge d'Homœopathie.*

Clinical Notes—The frequency with which tumors of the breast are summarily removed by the knife justifies us in stating that in most instances such extirpation is unwarrantable. Recently a lady, aged 43, told how her fears had been aroused by her doctor declaring that "a lump in her left breast had the appearance of malignity about it," and he advised its removal, though she had the other breast amputated two years ago. She exhibited no signs of cachexia, had no pains, no heritage of cancer, and was in perfect physical health. She asked for a prescription, and, having carefully compared notes, I gave her merc. 6, grs. ii., every evening. The swelling vanished after nine weeks' tratmnt.

CASE 2—A child, aged 6, of poor parents, had numerous vesicles on the nape of neck, some matured into scabs, with swollen glands in the vicinity, foul tongue and poor appetite. Merc. sol. 6 every evening for seven days, then petroleum 3 for seven days; in fourteen days the eruption had died away entirely. The only application was vaseline externally.

CASE 3—Young woman, aged 22, had a cough which disturbed her sleep. Emaciation, palpitation from mitral obstruction, and

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dyspnœa on exertion, voice feeble, and anæmia. Ferrum phos. 3, grs. ii., each night, fourteen doses, followed in a week by arsen. iod. 6 each evening. These drugs caused all her discomfort to vanish, menstruation was restored, and health improved.

CASE 4—Waiter, feels a tumor in scrotum, which wearies him when walking. Examination showed hydrocele of the cord present. Rhododendron 6 seemed to clear it away in three months. A suspensory bandage was worn at the same time. Dr. Thomas Simpson. *British Hom. Review.*

Polygonum Punctatum—A wild plant called *Polygonum antihemorrhoidale* by Martinus, *Polygonum hydropiperoides* by Michaux, and *Polygonum punctatum* by Elliot, found in Brazil and common in North America under the name of smartweed. Among the Brazilians the plant is a popular remedy in injections and baths against hemorrhoids; used also in the same way as a stimulant in pernicious and adynamic fevers and as derivative in cerebral congestions; it has an excellent reputation in affections of the urinary tract, and is considered an enmenagogue and abortifacient of the first order.

According to the pathogeny of Payne, our school employs it in amenorrhea, dysentery, dysuria, flatulent colics, gonorrhea, orchitis, prostatitis, nephritis, gravel, sciatica, etc.

The chief object of the present writing, however, is to emphasize a piece of information got in a conversation with Dr. Murtinho, not deducible from the pathogenesis of the plant nor found in Clarke's Dictionary of Materia Medica. He said that an old sailor had his entire body, exclusive of the trunk, covered with varices of many years' duration. The ancient mariner, who was an enthusiastic partisan of homœopathy, enquired if there was any remedy that could modify the condition; the doctor, with the honest sincerity of a man of science, replied that there was little hope in a condition so chronic and extensive; his patient, however, insisted, and the physician, though never having read of the virtues of polygonum in varices, prescribed the remedy, under whose prolonged use the trouble vanished.

Hence, to pulsatilla, hamamelis and fluoric acid, the chief remedies for varicosis, should be added polygonum.

Following out the same line of "varicosis" reasoning, Dr. Murtinho used polygonum 5 in a case of piles with such success that he frequently prescribed it, abundant hemorrhage being an indication. The writer also used it in the case of a multipara subject to frequent metrorrhages not yielding to the usual remedies, remembering that the gynecologists often attribute this condition to uterine varices. Polygonum 1 was given, a drop every two hours. The result was prompt and complete. Homœopathic authors, however, commend it in the opposite condition, amenorrhea. Hansen (Rare Homœopathic Remedies) speaks of it as following pulsatilla in the amenorrhea of young girls. Our case shows it equally indicated in metrorrhagias. Dr. Diaz de Cruz. *Annaes de Medicina Homœopathica.* Brazil.

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Original Article

CERTAIN PRESSING PROBLEMS, EDUCATIONAL AND LEGISLATIVE.*

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IN the May issue of the *New England Medical Gazette* there appeared an editorial by the writer, entitled "Medical Legislation and Medical Education: a Scheme of Compromise." That editorial will largely form the basis of this paper, in which I propose to set forth in fuller detail than was possible within the editorial limits the problems it offered for consideration. I sent out reprints of the editorial in question to many of my colleagues. The comments upon it that I have received convinced me, as I had hoped would be the case, that the problems raised were recognized as living issues. They also convinced me that in the endeavor to expound my ideas on the solution of these problems, within such close limits, I had failed in several very important particulars to make myself clear. With less restricted space at my command, I shall endeavor to free my position from all obscurity, since clear, mutual understanding is the only possible basis of mutual agreement.

The thesis of my paper may be made clear, I hope, in a few sentences.

*Read before the Intercollegiate Committee of the A. I. H.

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It has been borne in upon me, more and more strongly in the last few years, alike as an educator and as an editorial observer of general medical conditions, that medical educators, medical legislators, and the great mass of American citizens, are standing more and more at odds with each other; and instead of co-operating for the general good are increasingly and dangerously working at cross-purposes. Medical educators are steadily and very commendably raising the standards of medical education ever higher and higher. This means that more time is required in preparation for a medical degree. This again means that more and more money must be possessed by the aspirant to a medical degree to insure his support through the increasing number of the costly and unremunerative years of his student life. Now, just here let us pause a moment, since here we come face to face with the first problem which I ask you to consider.

No one who is familiar with the subject can doubt or question the entire desirability of raising the standards of medical education. No one will dispute the assertion that the largest possible amount of the soundest and most varied knowledge is none too large to be required of the aspirant for the degree Doctor of Medicine. Should any one question this, it certainly could not be one standing, as I have the honor to stand, as the representative of the first medical school in this country to demand entrance examinations, and the first, as well, to establish and make compulsory a four-year course of study. Let me state, therefore, in the strongest words at my command, that I heartily and completely sympathize with every effort that can be made to ensure the degree Doctor of Medicine standing for the most thorough preparation for medical work that is practically possible. And I completely sympathize with every effort alike of the educator and the legislator to make such preparation compulsory before the doctorate can be attained. To this end both I and the school I have the honor to represent have always striven, and shall continue to strive.

Let us not, however, while holding this purpose ardently in view, be blind to certain very serious menaces that it involves. Let us squarely face the fact that when laboring with the sole end in view of creating a class of elaborately-educated doctors of medicine we come dangerously near to laboring for the creation of such a medical autocracy and aristocracy as shall find itself, and this at no distant day, very far out of touch with the mass of the so-called "common people," our fellow-citizens; out of understanding with them, and out of range of their sympathies, their confidence, and their support. I think you must agree with me that

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to divorce the practice of medicine from the widest, most intimate, and most universal service to the mass of the community— to create and to widen a gulf between the doctor of medicine and the every-day citizen of even the remotest and simplest community, would be a menace and a misfortune compared to which any misfortune that can menace the profession of medicine would be trivial indeed. The day that sees the practice of medicine the exclusive privilege of the rich man, and the services of an educated medical attendant attainable only by the rich man—that day, which sees the practice of medicine divorced from its highest uses, sees also the signing of the well-deserved death-warrant of the practice of medicine. May that day even now be dawning? Let us see.

I have called your attention to the fact that elevating the standard of medical education necessarily implies a larger period of preparation and the command of an increased sum of money on the part of the aspirant to a doctor's degree. This again implies the turning away from the doors of medical colleges, and barring from practice in the service to the community, an increasing number of earnest, capable, honestly-aspiring young men and women, who cannot command the money for their necessary expenses during these prolonged, unremunerative years. If lack of money were synonymous with lack of brains, of ability, of courage and stamina, of potential usefulness to the community as medical practitioners, then the fact that lack of money is turning back these aspirants to the practice of medicine from the goal of their ambition would be no matter for regret. In point of fact, the mere lack of money does not necessarily mean lack of any single qualification, physical, mental or ethical, that goes to the making of a useful and successful student of medicine. And the mere possession of money does not imply the possession of any single qualification that goes to the making of such a practitioner. Therefore, it seems matter for very serious regret and very serious consideration, that a worthy aspirant for a medical degree should find his possibility of obtaining that degree to hinge solely on the possession of a given amount of money. There are very potentially useful practitioners of medicine who are barred from becoming such, every time an additional year of medical study is made compulsory. True, there are such things as scholarships. But no existing medical college has a sufficient number of scholarships to meet the annual demand for them. True, medical students can sometimes support themselves throughout a prolonged preliminary course. It is also true that there are would-be medical students who cannot find work suited to their capacities which can be carried on coincident-

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ally with severe and prolonged study. Every raising of the standards of medical education by compulsory prolongation of the years of study necessary to a doctor's degree more and more arbitrarily reduces the possibility of matriculating as a medical student to the single question of money. If we accept in good faith the standards of democracy, we must regard this fact with regret and apprehension. Let us then formulate and lay aside for consideration the problem of reconciling the indefinite raising of the standards of medical education, with the recognition of the rights of every comparatively impecunious, but able and worthy, student to become a practitioner of medicine.

A second and no less serious problem presents itself for our consideration in the fact that there do not exist to-day anything like a sufficient number of educated medical practitioners able and willing to supply the demand of small, remote and isolated communities for medical aid, and for instruction and guidance in hygienic living. The reason for this is very obvious, and very directly connected with the efforts of medical educators to raise the standards of medical education by prolonging the compulsory term of study. The student who attains his doctorate expects, not unnaturally, an after-reward commensurate with the money and the time he has given to secure his doctorate. The graduate physician who has become such at heavy cost, perhaps at heavy sacrifice, and who stands, potentially at least, as the peer in all respects of any other graduate physician, cannot be expected to choose to practise in a remote country district, or in some unfashionable quarter of a city where practice means very hard work and very scanty returns. He cannot be expected to do this, and statistics show that he does not do this. The physicians, willing to take up practice under such conditions, are fewer every year; and they will dwindle to the vanishing point, in exact ratio with the cost and the sacrifice demanded to become a physician. The time looks near at hand when vast numbers of the so-called "common people" in city and in country, who are too well-placed and self-respecting to patronize free dispensaries, yet too poor to afford such fees as the expensively-educated physician considers his due, will cease to employ the services of any educated physician, and either be won to some one of the cults that arise from and fluorish under just such conditions, or become the patrons and the victims of the glib all-pervading vendors of noxious patent nostrums. Here we see, widening, the perilous gulf I have alluded to above—the gulf between educated practitioners of medicine and the common people; the common people, let me grimly remind you, whose demands make the laws under

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which the educated practitioner must do his work. Am I exaggerating? Attend any legislative hearing on any question of medical legislation, and listen to the many and perfectly honest fulminations of disinterested laymen against the would-be "aristocracy," the arrogant "trades-union-ism" of educated medical men. Do you realize what this means? It means that the old-kind relations of mutual respect, confidence and affection between the common people and the "family doctor" are, with terrible rapidity, fading out, because the expensively-educated medical student of to-day cannot afford to become the family doctor of the common people. Have we not here another problem of the deepest significance, not only medically but sociologically and ethically speaking? Is it not abundantly worth our while to seek a solution of this problem—how to establish a close relation between educated medicine and the needs and the confidence of the common people?

The problem of medical legislation is always with us. In most of our states today, the condition of our medical laws has touched the *reductio ad absurdum.* An educated practitioner, certified as such by his college degree, must pass searching technical examinations, failure in which means prohibition to practise the art of healing. The utterly uneducated practitioner, exponent of some cult which requires no fundamental knowledge whatever of the human body in health or disease—the vendor of poisonous patent nostrums—is permitted, unhampered, unchallenged, to practise healing for fee. For what is it to practise the art of healing? Is it not to prescribe and administer treatment for the sick? Is there any other definition of it possible than this? And, accepting this definition, can anything more grotesquely, more farcically unjust be imagined than legislation which bars the educated, and permits the uneducated man to practise healing for fee? For this state of things let us recognize and admit that the educated practitioner has very largely himself to blame. Instead of honestly trying to protect the community against charlatanism, the educated physician has too often sought legislative aid simply and frankly to prevent other educated physicians from practising in the community, because they happened to practise by some therapeutic system differing from his own. This form of short-sighted arrogance, the common sense of the common people has usually seen through, laughed at, and defeated. Medical legislation founded on differences of therapeutic opinion has had its day. We shall never solve one least problem of medical legislation, nor correct one of its least abuses, until we recognize once for all that legislation will never be allowed to dictate to the people what form of therapeutics they shall employ.

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homœopathir, homœpathic, osteopathic, eclectic, psychic—all these forms of therapeutics, and many another, will continue to exist and to find following in every known community, and will continue to receive legislative tolerance. I am not arguing on what is desirable. I am stating what is existent. In Grover Cleveland's trenchant phrase, I am dealing not with a theory, but with a condition. Dozens of systems of therapeutics exist among us, and have faithful and remunerative following. So long as we try to crush out any one of them by legislation, we are fighting windmills, and spreading nets for the wind. What, as educated physicians, we must unite to do is to persuade the community and its legislators that no practitioner of any therapeutic system whatever can practise healing in any community without grave, practical danger to that community unless he possesses sound fundamental knowledge of the human body in health and disease. Here we face our third problem. How shall we persuade legislators that any man who prescribes for the sick, for fee, practises the healing art; and that ALL practitioners of the healing art, however classified, should be required to give evidence of the possession of that measure of medical education, without which they become a menace to the community? What measure of medical education should be demanded as indispensable? What degree should mark the possession of such education?

We have here formulated and are facing three very instant, very vital, very practical problems.

The problems of medical education, of medical legislation, and of a just co-operation between the two, are problems that will not down. They are emphatically of the sort that "will never be settled until they are settled right."

I offer, earnesly and respectfully, toward the solution of these problems the following tentative suggestions:

Why should the single and supreme degree, *Doctor of Medicine,* alone have medical standing in the community and in the eyes of educators and legislators. Why should there not be created and recognized intermediate degrees, entirely honorable in themselves, each indicating a definite proportion of achievement and of fitness along medical lines? Why should not all medical colleges combine in an agreement to bestow such intermediate degrees, and all legislatures agree to recognize such degrees at their relative worth? Would not this step, very intelligible and simple in itself, prove a solution of the vexed questions we have been discussing? Let us see.

No would-be teacher need obtain the degree of Ph.D. before he

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is recognized as fit to teach. Many excellent and useful teachers do not reach beyond the A.B. throughout their careers. It may be through limitation of ambition; it may be through limitation of natural fitness; it may be through limitation of pecuniary or social circumstances; for whatever reason, the fact obtains, that the primary degree of the higher scholarship is all they secure, at least at the outset of their working lives. But the other and very fortunate and right fact also obtains, that with this single, minimum certificate of scholarship ability, they are able to fill positions of very honorable usefulness in their chosen profession. There are innumerable rural academies, among whose pupils are as bright minds as the nation affords, whose teacherships are open to the A.B.'s among teachers. The pecuniary emoluments of such positions and their social opportunities would so hopelessly limit the Ph.D.'s among scholars that they would not even be considered by such. Yet they represent a need, and they offer an opportunity. To the Ph.D. the great university, the master's emoluments, the unlimited opportunity, the supreme achievement. To the A.M. the smaller city, the lesser college, the more limited pecuniary return. To the A.B., the simpler environment, the modest salary. To each, according to the degree representing the preliminary preparation for his work that he has aspired to, paid the cost of, and profited by, is meted out standing, opportunity and reward. Each according to this degree; yet each assured honorable standing, opportunity for honest usefulness, and full recognition in professional brotherhood by every fellow-worker of whatever degree.

So in theology. It is a far cry from lay reader or deacon to archbishop, and between the two are recognized many degrees of fitness for theological work, and are provided many and widely varied opportunities for theological work, and honors and rewards for the doing of it. Yet, again, every opportunity, from greatest to least, is recognized as an honorable one, and every worker as a brother.

So in law. Between the rural practitioner and the chief justice, again what a far cry; yet, again, a chain of varying, honorable opportunity, and a bond of brotherhood.

So even in mechanics—where the license of the engineer proclaims the mark reached by his ability and his preparation, and fixes the limit of his usefulness; third-class license; second-class; first-class, the lowest degree still marking a man a recognized engineer, while clearly setting forth his degree of preparation for his work.

It is to be noted that in this there is no tyranny of limitation;

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no arbitrary aristocracy of intellect or wealth. Scholar, theologian, lawyer, engineer—each is free to climb, if he can, and when he can, from the lowest attainable degree to the highest. The significant thing is this: the highest degree is not the *only* degree; it is not the inescapable necessity, lacking which a man may not work in his chosen profession at all. To each degree and opportunity commensurate with his degree. And the lowest degree represents only the measure of attainment possible to any resolute man or woman with average talent for the career chosen.

Why should not this eminently rational system of things obtain in medicine? Why should not medical colleges offer—this as a tentative suggestion, a basis for discussion, merely—three degrees, to the student of medicine, the degree licentiate in medicine, bachelor of medicine, and, finally, doctor of medicine? The minimum degree to be attainable by moderate expenditure of time and money, and carrying the right to practise for fee? The middle degree, indicating the fact of more extended preparation; the supreme degree standing for every possible extension and elaboration of preparation that may attend the elevation of the standards of medical education?

Would not the universal adoption of this system by medical colleges, and the comparatively slight re-arrangement of curricula and methods it would necessitate, in itself solve many difficulties which now face us

It would surely solve one great difficulty, and right one obvious injustice, in that it would open a recognized medical career to students lacking the time and the money to attain the full doctorate in a single course. Nor would this mean sending out into the community half-qualified medical practitioners. This point should be made very clear. Giving the degree A.B. does not mean sending out into the community half-qualified teachers. It simply means sending out teachers thoroughly qualified to teach certain subjects, but not as yet qualified to teach more advanced subjects. So with the licentiate in medicine. He will go out thoroughly qualified to deal with certain classes of cases, but fully recognizing his lack of qualifications to deal with certain other classes of cases. There is nothing arbitrary or tyrannical about such limitation being suggested by the degree held. Indeed, it practically obtains now. For a single instance: An average practitioner of a small country town would hardly attempt a crucial major operation, nor the treatment of troubles of the eye, or ear, or other organs obviously requiring special treatment. When such cases come into the hands of such a practitioner to-day, he, after making a diagnosis, promptly

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turns them over to the surgeon and the specialist. So, under the sustem proposed, he would still do. Only, to be recognized as qualified for such diagnosis, he would no longer be required to hold a doctor's degree or pay a—to him—prohibitive price for its attainment.

What amount of preparation should entitle a student to the degree of licentiate in medicine? Obviously, this point would require much discussion before being definitely settled. But it is not, therefore, an insolvable problem. Every educated medical man would probably agree at least to this. He who would minister to the human body must understand the structure of the human body; therefore, he must have mastered anatomy. He must be familiar with the functions of the human body in health; therefore, he must have mastered physiology. He must be able to recognize and classify the diseases that attack the human body, if for no other purpose than to protect the community from a spread of contagious disease; therefore, he must have a thorough grounding in pathology and diagnosis. As for therapeutics, the law to-day recognizes and by the demand of the common people who made the laws will always be forced to recognize the right of any healer to practise any therapeutic system, and the right of the individual citizen to seek healing under any therapeutic system. Let honest therapeutists of all systems unite in demanding from every would-be practitioner that knowledge of the human body, its functions and its maladies, without which no therapeutist should be allowed to practise.

The licentiate in medicine, then—we here pass from the sphere of medical education to that of medical legislation—should be able to satisfy the examining board of his state that he has a sufficient knowledge of anatomy, physiology, pathology and diagnosis. In these branches of fundamental knowledge he would pass the same examinations as would applicants for the higher degrees. After which, a licentiate in medicine, he would be legally qualified to practise medicine by what therapeutic system he prefer, and his patients demand. It it seem best he can be required to satisfy an examiner of his own shade of opinion that he has mastered that system of therapeutics. The limitations of his degree would be recognized along the lines already naturally, if tacitly drawn, between the work of the average practitioner and the work of the expert practitioner. *Always with the possibility before him of widening those limitations whenever he can show himself a successful candidate for a higher degree.*

If educateed medical men, regardless of therapeutic differences,

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could unitedly present to the legislatures of their states a bill framed along these general lines, and providing for the licensing of the licentiate and the bachelor of medicine, as well as the holder of the full doctorate, to practise medicine, there seems little reason to doubt that in a very reasonable space of time such a bill would become law. Under it—with its logical sequence, that no person without at least a licentiate's degree should be permitted to practise for fee, within the state limits—no imaginable injustice could be done to any fair-minded aspirant for the practice of medicine. The community would be protected from ignorant and dangerous charlatans, yet left free to choose the system of therapeutics under which it shall be healed. Surely, to the legislator of common sense and honesty the definition of a charlatan, by a united army of educated medical practitioners, as the man who claims to treat the human body, yet has no knowledge of the human body in health or disease, would be vastly more convincing than the definition by a disreputed and clamoring body of medical men, of a charlatan, as a man who practises another therapeutic system than their own. The one definition might conceivably influence legislation. The other never did, and never will, and never deserved to.

Under this system, the remotest rural districts and the poorest quarter of the city might be assured of the services of a qualified medical practitioner, instead of being left, as now, at the mercy of the peripatetic charlatan, and the vendor of deadly patent nostrums.

For having required less money and spent less time in preparatory study, the licentate could well afford to practise for more modest fees. Under this system, the best traditions of democracy are preserved, in that the highest honors are open to the poorest aspirant, by the bridging of that yearly widening gulf between poverty and the goal of high ambition. There is something monstrous, above all in a democracy, in making money an indispensable step toward the goal of honorable ambition. By the system now under discussion, the medical student can reach a wage-earning stage in his career, with no more expenditure of energy or demonstration of ability than is possible to any man or woman to whom education is worth hard work and temporary and moderate privation; whereas, as has been shown, under the system now in vogue, of ever-lengthening, unremunerative years of work, more and more worthy aspirants are driven baffled back from the threshold of their chosen career.

It may be said the assumption that the training of a useful medical practitioner is possible in fewer years than those now necessary to secure the doctorate reflects on certain branches of our

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present training as superfluous. This is only superficially true. There is a difference between garrison equipment and light-marching order. There is no branch of our present training that does not make a more broadly useful physician of the man who masters it; but there are many branches without whose mastery the student may become a possible and useful practitioner. A very little thought will make clear what branches of our present curriculum could be postponed, and yet the student be fitted to meet every-day medical emergencies. Training in most of the admitted "specialties" of the day, for instance, might conceivably be carried only to the point of accurate diagnosis. Beyond this point the present country practitioner, even the present well-equipped general practitioner, urban or rural, does not carry his work to-day. Teaching beyond this point might, therefore, harmlessly be left for the years that fit for the higher degrees. So with major surgery; so with other requirements for the present full degree which will occur to you, without pausing to enumerate them. I boldly assert that a student can be fitted to be a useful medical practitioner, treating every-day ills among every-day people, in fewer years, with less elaborate attainment, and for less money, than is now the case. This has nothing to do with the argument that with more elaborate instruction and a longer and more costly term of study he could become a better-trained and more widely-useful practitioner, fitted to cope with more complex and more exceptional pathological conditions. This goes without saying; and we reckon with it, when we reserve the higher degrees and their corresponding rating and emoluments as the prize of more lengthened, costly and elaborate training.

Is it said that the most isolated community, the most unfashionable city quarter, do not necessarily furnish the least difficult pathological problems; and that for such the best-trained skill is none too good; in short, that such and all communities need, and should have, not partly-trained medical licentiates, but fully-trained doctors of medicine This is a flawless and unrefutable theory. But please let me again remind you that we are dealing not with theories but with actively-existent conditions. Fully-trained doctors of medicine are more and more rarely settling in isolated communities. There is no reason to suppose they will find such fields of work with their restricted opportunities and their modest emoluments more attractive as the cost of medical education increases, and its prizes grow greater. The contrary is sure to be the case. Please keep in mind that the alternative we are now discussing does not lie between poorer communities being medically served by fully-trained physicians or by partly-trained licentiates. The alternative

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lies between such communities being medically served with no practitioners soundly if not widely trained, or would-be healers with no training at all, or glib drug clerks extolling dangerous patent nostrums. This latter is the sole medical service open to very many isolated communities to-day; and these will grow more numerous year by year. We cannot expect the fully and expensively trained practitioner voluntarily to exile himself to comparative poverty and obscurity. Neither can we coerce him into so exiling himself. Is it not our duty, therefore, to bring into being a class of practitioners who can reasonably be expected to find such a field of practice at least temporarily desirable? Are we to deal with a theory or a condition? Is it said that the absence of the title of Doctor of Medicine will prevent the licentiate from securing the confidence of the citizens of the community where his field of practice would naturally lie? Is not this argument a trifle belated? Who practises the healing art in such communities to-day? Do the absolutely uneducated charlatans or faddists with letters after their names almost as frankly suggestive as the A.S.S. of the immortal Dr. Pangloss have any difficulty in securing confidence, practice and fees? What reason is there to suppose that what they easily attain would be denied to the practitioner having after his name letters which stand for a measure of sound medical education, and for honorable, legal recognition Let us face also the inescapable fact that the degree Licentiate in Medicine would stand to-day for quite as sound a training as did the degree Doctor of Medicine even a score of years ago. Are we prepared to imply that the doctors graduated a score of years ago were other than useful and honorable helpers in their chosen field of work? That is what we distinctly do imply when we say there is no field of usefulness open to a student with a corresponding amount of training to-day. Is it said with the degree of Licentiate carrying honorable license to practise the healing art, that patients who can afford the higher fees may often prefer a licentiate practising their favorite therapeutic system—say Christian Science or osteopathy—to the regular doctor of medicine? Well—what else are patients the length and breadth of the land doing now, to-day? Again the alternative is not between the partly-trained licentiate who knows the human body, and the non-licentiate who does not know the human body. If every one practising the healing art were required to pass at least the examination for a medical licentiate, is argument necessary to show the immense safeguarding to the community that would result, taking conditions in the community exactly as we know them to be to-day?

Is it said that with a licentiate's degree admitting to practice,

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medical students would too often rest content with the acquisiion of that degree alone? Do we believe, are we willing to proclaim as a fact, that in our profession alone there is no such thing as an ideal—on such thing as ambition? The graduate lieutenant of West Point strives from the hour of his graduation for his captaincy, his colonelcy, his generalship; and counts his life a small pawn to fling on the board of his ambition. The lawyer labors toward his judgeship; the scholar toward his honorary degree. Is the medical student alone so sordid, so cheap a creature, that we fear to build a ladder on which he may rise, lest he rest satisfied to stand on its first round? If we seriously believe this, it would be well for the dignity of the medical profession that we do not proclaim our belief. The world has hitherto held us the peers of the workers in any high professions. If this be an illusion, let us not shatter it!

By our proposed system, the medical men of the community can present so solid a front in the war against charlatanry, and can be shown to be actuated in that war so little by class interest, that they can command respectful attention alike from legislators and voters; and, indeed, make the opposition of the out-and-out charlatan a negligible quantity. True, they might meet, at first, much, and superficially, at least, reasonable opposition from the great body of psychic healers, who would protest that knowledge of the body was not necessary to their methods of healing the body. To such could be given the answer that the right of the individual along medical lines, as well as along all others, ends where the rights of his neighbor begin. The law recognizes the danger of contagious diseases, and demands their report and their isolation for the protection of the community. It logically follows that for the protection of the community, no one should be allowed to practise the healing art who cannot demonstrate his ability to recognize contagious disease. The same argument, though attended with greater difficulties, could be applied to the ability early to detect the presence of operable diseases, that the patient may, by operation, be saved before it is too late. The psychic healer cannot be the worse for the knowledge of anatomy, physiology, pathology, and diagnosis requisite to secure the degree of medical licentiate; since, while acquiring it, he can also be acquiring from his chosen teachers instruction in psychic healing. Such sacrifice of time and money as are required to obtain that degree should no more be grudged than obedience to any of the laws under which he is protected as a citizen of the community should be grudged.

These steps, then, toward the solution of our problems would

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be taken by the collegiate establishment and the legal recognition of intermediate degrees in medicine. Colleges would admit, teach, and graduate to useful work in the community, students unable to meet the cost and give the time for the course necessary to obtain the full doctorate. Poverty need no longer be an insuperable obstacle to advancement in medicine. Every branch of the community would be furnished with qualified medical assistance obtainable for moderate fees. The community would be protected from dangerous charlatans, while assured the fullest possible liberty to employ any chosen therapeutic system.

As now, wealth would demand, and could command, the most highly-trained medical service. As now, students would eagerly strive for that highest training on which hangs the honorable distinctions, the great rewards, the rich prizes of their chosen profession. But, as is not the case now—as is becoming less the case, a longer road, a graded road, but still a clean and certain road would then be open before the student who cannot aspire to make the highest goal in one unbroken journey. And as is not the case now, every isolated community, every unfashionable neighborhood might secure an educated medical adviser, hygienist and healer. As is not the case now, dangerous and irresponsible ignorance would be practically barred from the field; and the community infinitely safeguarded thereby.

This, at least, let me once more as I conclude urge with all the earnestness, all the insistence that in me lie. If the practice of medicine is to build for any lasting and honorable future, the medicine must hold its foundation deep in the intimate sympathy, confidence and affection of the common people. It was once said of a very intellectual, very highly-spiritualized clergyman, that he had climbed into heaven and pulled the ladder up after him. Do not let us make this mistake. Do not let us so concentrate our efforts to lift the practice of medicine to the heights of pure science that we cut off communication between the practice of medicine and the every-day people. It is time to pause and realize, as I have here asked you to realize, the fact that we have already, working solely to exalt the practice of medicine, scientifically and educationally, reached the point when it is increasingly difficult for a youth of financial limitations, however ambitious, however capable and worthy, to attain the degree Doctor of Medicine. We have reached the point where it is increasingly difficult for the men and the women of the humbler quarters of the city, of the isolated farm, of the small and quiet village, to secure the services of an educated medical practitioner. If medicine reaches the day when its ranks

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are no longer recruited from the common people, and its services are no longer sought by the common people, it will also have reached the day when Destiny has begun to write its none too flattering obituary. Let us advance by all means, fast and far; but never so fast and never so far as to invite the fate of the general who rode so far in advance of his army that they lost him altogether and went into battle unofficered.

Fellow-workers, let us remember that as physicians we are pledged to advance in science only as a means of serving humanity at large; and let us not lose sight of the end, in devotion to the means. Let us first of all keep in intimate touch with the men we stand pledged to serve. For, believe me, Boyle O'Reilly spoke true when he said:

"The knell has struck of that high cold knowledge
Whose need is ninety, enslaved for ten;
My word shall stand against mart and college:—
This planet belongs to its living men!"

THE NECESSITY FOR PRESCRIPTIONS IN HYDROTHERAPY*

By E. C. Williams, M. D.
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THE ignorant or careless use of any remedial agency, however valuable it may be, rarely fails to disappoint the user and to discredit it with him. This is exemplified again and again by the manner in which new remedies or methods of treatment are taken up by physicians that are ignorant of the action of the remedy, or of the underlying principles or of the details of the method, and, when satisfactory results do not follow, are entirely discredited by them. Nearly every year the use of some remedy or some treatment sweeps over the medical world like a wave, only to be discarded by nearly every one trying it; but used with care and understanding by the few, it becomes a valuable adjunct to their armanentarium.

Perhaps no other method of treatment has suffered more from ignorant nor as much from careless use as has hydrotherapy. To the great majority of physicians water seems such a simple, harmless remedy that no injurious results can follow its employment, so no especial thought or care is taken in its

*Read before the National Society of Physical Therapeutics.

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application. When no results or harm follows, hydrotherapy is discredited. It is unreasonable to claim that hydrotherapy is curative or even beneficial in every diseased condition, but it is not unreasonable to claim that by a more careful study of its principles and greater care in its application it can be made much more effective than it usually proves to be. In the country or smaller cities the domestic use of hydrotherapy is all that is available but even here a more thoughtful use and a more careful attention to the details will cause it to be of greater benefit. For example, in the use of the heating compress or local cold pack, one should consider whether the tonic or fluxion effect is desired and so the employment of a light covering and repeated compresses, or a heating effect and so a very thick or impervious covering with possibly but the one compress; also the rapidity of the reaction as decided by the coldness of the water or the dryness of the cloth. In the application care must be taken that the compress is completely covered so that there may be no chilling of the parts by evaporation and that it is placed so as to act most effectively on the diseased part. This last point, by the way, is commonly neglected when using a compress for any tonsillar affection since it is usually placed only around the neck when it should cover the side of the neck and be held by bandages over the head. Small points, seemingly, yet they make or mar the success of the applications.

In many of the larger cities there are now bath houses where the various kinds of tubs and douche baths are given and where good results can be obtained in many cases if the proper treatment is instituted. Some of these are in charge of physicians who make a specialty of hydrotherapy, and to these a patient can be referred as to any other specialist, but oftener they are in the care of attendants that have been trained to give baths as ordered and who have no especial knowledge of the relation of the bath to the diseased conditions. They bear the same relation to the physician that the druggist or the trained nurse does, and though, doubtless, they learn much about the use of baths in certain diseases and, if observant and thoughtful, can give the physician as valuable aid as can a competent trained nurse, yet they should no more assume control of the case than the druggist or nurse should. This is recognized by some of these attendants and it was but a short time ago that one of them spoke to me of the harm done by the reckless use of baths and claimed that at every place where baths were given for

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remedial purposes the law should compel the proprietor to have a physician in attendance or to give baths by prescription only.

A physician would not think of sending a patient with a note to the druggist asking the latter to give the patient some laxative for constipation or some remedy for bronchitis, yet I am told that similar notes are constantly sent to bath attendants and one should not be surprised when the results are no more satisfactory in the latter case than they would be in the former. The patient soon learns that the attendant prescribes the baths, with the result that the doctor loses some prestige and, if the baths are beneficial, is easily eliminated from the case and the attendant takes it in hand. This custom also encourages counter-prescribing by the bath attendant and self-prescribing by the patient, injurious alike to the patient and physician. Even when the attendant has learned the type of bath usually suitable for a certain disease, he is apt to have but the one set form of bath for it and to make little distinction between cases or individuals. Neither is he usually inclined to give the minimum dose in length, force or temperature of the bath nor is he induced thereto by the ordinary patient, since the latter wishes all he can get for his money.

Under these circumstances let us suppose that a neurasthenic patient is sent to an attendant with a note asking that a bath suitable for such a condition be given him. The attendant probably has a form of bath for neurasthenic conditions consisting of a hot air or electric bath followed by various douches and an alcohol rub, each given with some severity. Perhaps the bath in prescription form would read thus:

H.A.B.——5 m.
C.D.—105° to 85° x 24 lb. x 2 m.
J. D.—85 to 70 x 20 lbs. x 3 m.
F.D.—70 to 55 x 30 lbs. x 30 s.
R.—A.

One of these baths may cause the patient to discontinue the treatment, or perhaps the first few baths may cause him to feel unusually well—overexcite him—with reaction and depression following. Physician and patient agree that hydrotherapy is of no avail in this condition.

To the attendant a neurasthenic is a neurasthenic—that is all. The physician recognizes in this patient an irritable neurasthenic with nerves already on too great a tension and a moment's reflection would have shown him that the nerve terminals

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of the skin, and so the whole nervous condition, would be further irritated by either heat or cold or by strong percussion. Then had he written a prescription in accordance with this knowledge, it would have been for a neutral tub bath of ten or fifteen minutes or a douche bath that would have read somewhat as follows:

C.D.—95 x 10 lbs. x 2 m. or

F.D.—95 x 12 lbs. x 2 m.

patient to be dried without friction. From this the patient would go quieted and soothed and both patient and physician would be gratified. Strong pressure, high or low temperature, or active friction is not tolerated in such cases, and it is only fair to demand that if hydrotherapy is to be tried in such a case, either the attendant should know enough of medicine to recognize the condition and prescribe accordingly or the physician should take the trouble to write a prescription.

As another instance, let us suppose a patient with locomotor ataxia is sent to an attendant. He is given a long neutral tub bath, but finding that this wearies and debilitates him the attendant decides to use some form of douche and gives a neutral jet douche with a pressure of 14 or 16 pounds. The patient enjoys it perhaps but gradually grows worse. Baths of no avail is the verdict. If the attendant or the patient had realized the fact that the baths should be sedative in character and that a jet douche with that pressure is not sedative, either the pressure would have been reduced to about 8 lbs., or, better still, a circular or fan douche would have been given with light pressure and probably the result of the treatment would have been quite different in character. In both cases it is neither hydrotherapy nor the attendant that is at fault, but the physician that, through ignorance or indifference, fails in his duty to the method of treatment, to his patient and to himself.

Nor is it sufficient for the proper care of the patient that but one prescription be written any more than a physician would prescribe one remedy for any case and pay no more attention to it. After a few baths, the patient having obtained a report from the attendant, should consult the physician, who with the report and his own examination as guides, can make a new prescription or continue the old one as may seem best. This should be repeated at more or less frequent intervals throughout the treatment.

The writing of bath prescriptions is not difficult to master

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and if a physician makes use of hydrotherapy in his practice, even infrequently it will well repay him to learn to write them and to use them always when his patients need this treatment. It will not only repay him in added prestige among his patients but in the satisfaction he will feel at finding himself in control of an old and often invaluable agency in the treatment of many diseases.

TUBERCULAR ADENITIS*

By W. R. Stewart, M.D.,

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TUBERCULAR adenitis is a term found only in modern medical literature. The condition which it signifies has been described by medical authors for centuries, and its symptoms have become familiar to the profession under the older and more common term "scrofula." Its immediate cause was left to the physician of the last quarter of a century to discover and describe.

Less than twenty years ago authors writing upon this subject drew lines of close comparison between scrofula and tuberculosis, but made a good many points of distinction. To-day these conditions are recognized as identical by the majority of medical writers. The possible development of tubercular adenitis exists in every human system. Its extent and location is limited only by the number and distribution of the lymphatic glands.

Its direct cause is the presence within the gland of the tubercular bacilli. The source of these germs is from the atmosphere or from the food or drink taken by the mouth. Their course to the gland must lead through the mucous membrane or the skin. The means of transmission from their existence outside the body to their presence within the gland is the lymphatic channels. These vessels have their origin in the cellular tissue near the surface of the skin or mucous membrane. An opening, therefore, made in these outer coverings exposes the gland through which that surface is drained to any pathogenic material absorbed by the lymphatics.

Carr and Huber both deny the possibility of direct transmission through a healthy mucous membrane, but with Holt agree that but slight irritation is necessary to produce an opening for their entrance. One of the functions of the lymphatic glands is to arrest the progress of micro-organisms nearest to the point of

*Read before the A. I. H.

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entry. If the individual is strong, with great vital resistance, the bacilli are rendered nil or completely destroyed.

If the infection is virulent and the system is below par the struggle for supremacy between the vital force and the germs may be prolonged. If so, the vascular supply will be increased, leucocytes will be liberated, epitheloid cells with their excess of protoplasm develope and the gland is rapidly converted into a culture medium for the reproduction of bacilli. Even at this point the system may win the victory by throwing around the gland an investing membrane, walling it off from the surrounding tissue, thus retaining its contents until caseation takes place and the infection is sealed up, to be discharged by some future inflammatory action. When there is little resistance offered by the system the primary inflammation continues until pus is formed and gradually finds its way to the surface exposing the entire organism to invasion from the locality so affected.

The groups of glands most often invaded are the cervical, bronchial and mesenteric.

The cervical lead all the others in point of frequency, but, when the infection does not extend beyond them the symptoms remain local and the mortality is very low. Infection takes place through some of the eruptive skin troubles producing blisters, papules or pustules; or through diseases of the nose, mouth and pharynx. Most authors agree that the lymphatics forming the faucial ring are the most fruitful source of infection, especially so if there be present enlarged tonsils or adenoid vegetations.

Carr and Huber mention carious teeth and ulcerative stomatitis. Traumatism and the baby's playthings should not be overlooked in seeking causes.

The period of greatest susceptibility is from three to ten years of age, a degree of immunity is shared by the infant and puberty lessens the danger to infection.

The early symptoms of tubercular adenitis of the cervical glands are obscure and ill-defined. Usually the first thing that attracts attention is a small, hard tumor, freely movable under the skin, not attended by pain, not large enough to be seen unless the skin is drawn tightly over it. It makes slow but steady increase or may seem to stand still or recede, again taking on growth and renewed inflammatory action with any irritation of the surface which is drained through it.

In four to six months or possibily half that time the tumor may have formed adhesions to the surrounding tissue, becoming

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fixed and immovable, inflammation extending to neighboring glands, producing an irregular nodular outline.

The surface reddens, soft places appear and finally open and discharge thin pus and cheesy material, until the whole gland or chain of glands is removed by suppuration. Should the deep cervical glands be the first involved the pus may burrow in the direction of least resistance, following the course of a blood vessel or along the sheath of a muscle some distance before an exit is made, leaving in its trail a sinus which is hard to heal, with granulations about its opening. When the outlet is made immediately above the gland the edges remain thickened and indurated, leaving large irregular scars when healed.

The length of time from the period of infection, until the completion of the healing process, may be from a few months to the end of life. Holt places the average time at three and one-half years.

If the indicated remedy has been given an opportunity to cure this class of cases and has failed to arrest the progress, surgical intervention should be resorted to, dissecting the gland carefully from its moorings, avoiding rupture of its capsule and undue tearing and laceration of surrounding tissues. It is entirely probable that if the glands when first involved could be discovered and removed the individual would be free from tuberculosis unless reinfected.

The bronchial glands receive their infection from the respiratory tract or occasionally through extension from the cervical glands. Their invasion is attended with much more disastrous results to the patient than the involvement of the former locality. It is these glands which are so often the source of pulmonary tuberculosis and every effort should be exhausted to determine their presence. Regarding the symptoms Butler says these are mainly mechanical and arise from the pressure exerted when the mass of diseased glands becomes sufficiently large, i. e., constitute a mediastinal tumor. From pressure on the recurrent laryngeal nerve arises a paroxysmal cough; and dyspnea also paroxysmal which may be either croupy or asthmatic in character. Pressure upon the vena cava causes cyanosis, puffiness or edema of the face.

The croup may be attended by vomiting, restless sleep, emaciation and anemia. Eustace Smith's phenomenon if present, if not pathognomic, will be an aid to diagnosis. When the glands are

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very large percussion on either side of the manubrium or in the interscapular region may reveal their presence.

The family history should be taken into account in making a diagnosis in any form of tubercular adenitis.

In the mesenteric glands infection is received from the bronchial involvement through the lymphatic channels or follows prolonged diseases involving the intestinal tract, such as typhoid and malarial fevers, mycotic diarrhea, anemia, etc. The progress of the disease is attended by indigestion, bloated, barrel-shaped abdomen, griping pains in the bowels, emaciation, continued acceleration of the pulse and remittent type of fever. The appetite may be ravenous and attended by offensive diarrhea. If the bloating can be reduced tumors will be found of varying size, most frequently in the right iliac region. Involvement of this locality is usually attended or followed by miliary tuberculosis of the abdominal cavity.

It may be necessary to differentiate this trouble from anchylostomiasis as there is a close similarity between the two affections. But microscopic examination of the stool will reveal the egg of the hook worm if present.

If an early diagnosis can be made in tuberculosis of the mesenteric glands and the nodules are not too numerous, their removal by surgical means may be performed successfully.

Tubercular adenitis is the least dangerous and yet the most serious of all the tubercular affections. Least dangerous because the mortality from it is very low, and most serious because from it arises nearly all, if not quite all the cases of general tuberculosis.

The hygienic treatment of this form of tuberculosis is not different from that followed for pulmonary phthisis. The only practical method of destroying the bacilli in the human body is by exposing the person affected to the sunshine and fresh air. This is also the best means of restoring the patient's waning hold upon the vital force and it should not be neglected for a moment but should be put into practice and kept up as constantly as circumstances will permit.

The ideal climate is the one that will enable the patient to spend the greatest number of days in the sunshine. The sleeping room should never be closed from the outside air, should contain plenty of windows and have a southern exposure.

All forms of tuberculosis tend toward emaciation. To overcome this, the diet becomes a matter of vital importance. It

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should be bounteous; of food containing highly nutritious elements in a form easily assimilated.

It is worthy of note that the strength of the patient should at all times be conserved, especially is this true where the bronchial or mesenteric lymphatics are involved.

Prevention is better than cure, and is often more practical and easier of execution. It is wise to go most carefully into the family history of suspected cases in the hope that the red thread of the family dyscrasia may be singled out and antidotal treatment be administered before symptoms of a marked character are present.

It is entirely probable that the best time to fortify against susceptibility is during gestation. If we find in the family a history of protracted skin troubles with tendency to itching, burning and suppuration, with a skin that is swarthy and inactive, the prospective mother should take sulphur.

If the family history shows fair, thin-skinned individuals with a proneness to glandular affections, strong mental and weak physical traits, calcarea carb. may be selected.

If the history shows irritation of mucous membranes and glands, with catarrhs and ulcers having bloody discharges, mercury should be given.

In cold abscesses, long continued excoriating, offensive suppurations, tendency to formation of sinuses, necrosis of bones, and curvatures, silicea may prove most beneficial.

An opportunity to administer prophylactic treatment to the unborn being the exception rather than the rule, I mention a few remedies for the case under observation in process of development; not with the thought of giving close indications but rather to suggest that internal medication is worthy of the most painstaking effort and should at no time be omitted or neglected.

Arsenicum iodide is applicable to the case that has general tubercular adenitis or if the abdominal glands alone are the point of invasion; there is emaciation, malnutrition, offensive diarrhea and great prostration.

Baryta carb. is suited to the case that is just waiting to receive the infection. There are adenoids, enlarged tonsils, faulty respiration, poor sleep, bloated abdomen, atrophy of the extremities, with the physical and mental powers below the normal. If infection has taken place the glands are hard and indurative with but slight tendency to suppurate and but little pain.

Calcarea carb. is best suited to the case that is fair, fat and

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flabby, perspires about the head, with low temperature of body and extremities. The child bears its suffering with little complaint, pleasant, passive, patient; glands sore with tendency to suppurate and discharging a thin odorless pus. There is bad assimilation with deranged bowels and great susceptibility to cold. This is perhaps more often indicated than any other remedy as it seems especially suited to the child with a tubercular diathesis.

Remembering the danger from openings in the skin graphites is suggested. It has eczematous eruptions with fissures and cracks in flexures of joints. All the discharges from the body are offensive, the glandular swellings are soft and indolent.

If the glands are actively inflamed and threaten immediate suppuration or if suppuration is established and the indurated glands are very sore and painful, hepar will relieve.

The iodine patient is dark, emaciated, thin and scrawny, with ravenous appetite. The glandular swellings are general and the glands are of ivory hardness.

Mercury is indicated in the case that runs an acute course, is accompanied by much pain which is worse at night. Perspiration without relief, irritation of mucous membranes with bloody discharges, high temper, irritable.

Silicea may be called for in profuse, thin excoriating offensive discharges. The system tolerates the condition with little resistance. Sinuses and excessive granulations are present.

Sulphur for the child that is prematurely old-looking, many varieties of painless eruptions, disordered bowels, constipation or diarrhea, mental and bodily indolence.

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PREDOMINANT TENDENCIES ANTAGONISTIC TO A CORRECT KNOWLEDGE AND THE SCIENTIFIC APPLICATION OF OUR MATERIA MEDICA.*

By Guy B. Stearns, M.D.

New York City.

THAT physicians who claim the distinction of being homœopaths differ in their ability to prescribe is a fact patent to all. At first sight the reason for this is not apparent, because the problem to be solved, in any given case, is to select that remedy which approximates most nearly in its pathogenesis the condition which is present in the patient. A perfectly simple problem, and one which should lead any number of prescribers with almost mathematical certainty to the same result. The only conditions which can lead to unlike selections are those which pertain to the physician himself; *i. e.*, his ability to note the essential and peculiar symptoms of the patient, his knowledge of materia medica, and his general enthusiasm toward homœopathy. The strongest antagonistic element toward exact homœopathic prescribing is dependent on the latter condition, for, if the spirit of enthusiasm were universal, the only difference in the ability to prescribe would be measured by the difference in mental calibre.

In most cases, the absence of enthusiasm is the result of an incorrect understanding of the principles underlying the homœopathic law, and this improper understanding comes from the absence of enthusiasm in studying its principles and applying them in practice, a vicious circle of mental lethargy. This is well illustrated by the remarks of one of our surgeons, when he was asked to come to the Materia Medica Society. He said: "Yes, I intend to go to those meetings. That is the only society where the homœopathic materia medica is studied, and we ought to support it. The trouble with us surgeons is, when we get together and talk over cases, we discuss the latest things which are in the journals and forget all about the remedies which have been proven and verified homœopathically. And yet we never have such good results as when we use the homœopathic remedy." A frank statement and an expression of sentiment which has been voiced by many physicians as well as surgeons. And yet, neither this surgeon or any of those agreeing with him have attended the Materia Medica meetings.

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Singleness of purpose and diligence would make of such men positive, instead of negative, factors in the advancement of materia medica study. But the possibilities are not so hopeful, and the influence much more pernicious in another class, who make up a goodly percentage of our school. They have no definite beliefs in therapeutics, and that which they have is moulded by the immediate phenomena following a prescription, instead of by consecutive events. They claim a broad liberality in practice, and a favorite expression is: "We use the best there is in all schools." They ignore the fact that the best in homœopathy entails definite principles and requires both an amount and degree of study which they never give, even when making what they call a homœopathic prescription. Their rough and ready logic appeals to the ordinary mind, and has resulted in a popular conception of our school which has endangered its very integrity. For how frequently do we hear the expression among the laity that homœopathy is dead; that the two schools are practically the same; and that the only difference between them is in the size of the doses. The extent of this disintegration can be especially appreciated by the physicians of New York State as they view the passage of the Unification Medical Bill, which has for its purpose the abolishment of the three-board medical examiners, and the substitution of a single board which recognizes no separate school of medicine, thus officially annihilating the homœopaths as such. Of course, we can all practise homœopathy as individuals, but what a step backward from the dignified position the school has held, and should maintain.

It may be asked with propriety how the study of materia medica and its application can affect or be affected by legislation. This can best be answered by pointing to those countries where legislation has kept down the official recognition of homœopathy. By making it difficult or impossible to establish public institutions, the furtherance of materia medica study is thrown on the individual, and among the multitude there are but few with the fortitude or the individuality to carry on such work alone. And if we view the history of homœopathy in this country, we find that the pioneers who won for us official public recognition were the men who were the greatest students of materia medica, and who worked for a principle, and not for a name.

Another antagonistic tendency is the attitude of the medical profession toward disease in general. Everything is reduced to terms of pathology, and cases are considered only in the light of the changes which have occurred in the tissues, instead of the method by which the changes occur. A purely pathological con-

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ception of disease is directly opposed to close homœopathic prescribing, for by leading to routinism it destroys the fineness of the art. A hundred drugs may cause an inflammation of the kidneys, but the effect of no two of them will coincide, when measured by symptoms, sensations and modalities.

However much nomenclature has changed in the last hundred years, we know no more of what life, in the ultimate, really is than men did then. And no definition in the present-day text-books, in regard to disease, is more comprehensive than Hahnemann's, whether we consider that force a distinct entity, or simply as a principle of living tissue. The pathological changes in the tissues are too gross for measuring the quality of change in the vital force.

The same fault has marred all of the recent provings, and is the one element of discord in that monumental work undertaken by the O. O. & L. Society in the test proving of belladonna. The results of that work are confirmatory of the older provings, but throughout the whole stands first the evident desire to emphasize the tissue-changing effects of the drug, rather than the finer symptoms and modifications which are paramount in prescribing. Not that the pathological effect is not important, for it is, but usually only as it suggests the direction of action.

This lack of appreciation of the relative importance of the purely objective, and the subjective in drug effects is due to, and a part of, the materialistic thought of the times. The human mind is so constituted that when an idea becomes dominant, however much it may miss truth in the ultimate, it is accepted by the majority simply by weight of numbers. As a result of this, we find the present anomalous condition of our homœopathic medical colleges. The students are taught by the materia medica men the finer points in the philosophy and practice of homœopathy, while the other chairs are too ready to cast facetious and belittling remarks on such close attention to the minutiæ in studying symptoms, and on the use of the minimum dose. The effect produced by all this on the mind of the student is decidedly antagonistic to a scientific study of materia medica. For, except to the matured analyst, ridicule is stronger than logic, and stronger even than demonstrable facts in moulding opinions, especially when the proof of an argument depends on such patient study and exact deductions as does prescribing homœopathically. The fact that so much study is necessary is one of the greatest drawbacks to homœopathy, for in no other branch of therapeutics is there the necessity or opportunity for applying so much individual study. The majority follow the lines of least resistance, and prescribe on general principles, rather than for individual needs.

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The manufacturing druggists also have an influence on scientific prescribing, which cannot be measured. A perusal of their literature would apparently make the practice of medicine so easy that one would have to supply himself with but a few of the best-advertised articles to cure all creation of every ill. And physicians who scoff at and decry the use of patent medicines are caught by exactly the same kind of eloquence that sells (to an indiscriminating public) Father John's remedies, or Lydia Pinkham's compound.

If the various compounds were sold only to the old school physicians, to whom a therapeutic law means nothing, and to whom prescribing is an art and not a science, it would not be so bad; but when the homœopathic profession uses them in preference to the proven remedies it speaks badly for the advancement of scientific and individual prescribing. Aside from making the prescribers careless, the reputation it gives the homœopath in the old school is of detriment to us. Every detail man whose samples are refused because the physician is a homœopath invariably says: "Why, all homœopaths use these remedies." And then he enumerates a list of the professors in our colleges and other prominent men who use and endorse them.

But a combination tablet put up by a homœopathic pharmacy has no more relation to homœopathy than if it was dispensed from any other drug house; and how many homœopaths can be found without a large supply of them? When going over a certain physician's stock of drugs, for the purpose of refilling his bottles, a representative of one of our homœopathic pharmacies remarked: "You have but a few combination tablets! Nearly all of you men buy more of these than of a single remedy."

In discussing this subject with many physicians, the statement is very often made that they can't practise homœopathy where they live. That "the people won't stand for it, but demand medicines with some taste and plenty of it. And that they can't be educated to wait for the action of the homœopathic remedy."

Elbert Hubbard has said that doctors, lawyers and ministers are secreted by the people, and the kind of secretion depends, of course, on the character of the people. It is equally true that a physician's patients are the result of his own individuality. But the character of a locality really has nothing to do with prescribing homœopathically, for the fault still lies with the physician. The patient will be satisfied with that which comes, whatever the form of its administration. If the physician fails to cure in curable cases, it is because he has failed in the selection of the proper remedy. And, when he fails, he becomes discouraged, and resorts

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to the easier method of palliative or empirical prescribing. Occasionally a patient will leave the homœopath and seek treatment from a physician of another school, and then both the patient and the new medical adviser will discredit the former attendant. If the homœopath is not strong in his own convictions, such experiences add to the tendency to forsake the study of the homœopathic materia medica. And if he learns that some crude drug has cured or palliated his patient, the next time a similar case presents itself he will, more than likely, resort to the same drug and will not attempt to find if it is homœopathic to the case. As these tendencies, which are antagonistic to a correct scientific understanding and use of our materia medica, are considered simply as matters of fact, the outsider might naturally ask, "What does it matter if all this is true?" "If physicians are not interested enough to master it thoroughly, and the patients are satisfied, why attempt to retain the name or teach the principles of this form of therapeutics?" "What more can the homœopathic presscriber do than any other therapeutist?" "If so few homœopaths are strict in their therapeutics, and the old school, which outnumbers the homœopaths seven to one, do not recognize such a therapeutic law, cannot those who claim so much for it be mistaken?" "Is it possible that such a large body of professional men are neglecting and repudiating such an important scientific principle?

What answers can one make to these questions? To the *student* of materia medica who knows the law, and is familiar with its use, no answer is necessary. All others will find the answers in the results of the homœopathic application of the materia medica. By the same methods all can gain the same knowledge.

Up to the present time no other universal law of cure has been discovered, nor will any other known method of therapeutics take its place. Any of the numerous cures of supposedly incurable conditions will serve to illustrate this point. There are probably many who remember the case of an old soldier, who was in the old Ward's Island Hospital in New York, suffering from a tubercular knee. The condition of the bone was so bad a probe could be thrust into it at many points, and the surgeon in charge, a careful homœopath, determined that an amputation was the only way to save the man's life. But the patient absolutely refused operation, and in his profane way expressed the sentiment that if he had to go through hell it would be with both legs. The doctor very reluctantly allowed the old man his own way, and, in order to give him the benefit of every possible chance, studied the materia medica for the remedy which was most similar in its pathogenesis to the condition of the

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patient. He gave fluoric acid in the 200th potency, and the man entirely recovered.

If this physician had considered the case only from the standpoint of the local pathological condition, or had given way to any of the tendencies which are antagonistic to materia medica study, the patient would have lost his limb, and probably his life. The medical profession would have lost a valuable confirmation of the therapeutic action of fluoric acid, when given on its homœopathic indications.

Throughout the whole realm of therapeutics, it is difficult to conceive of any other measure which would have accomplished the same result, and it is still more difficult to conceive of any but the homœopathic method of determining, a priori, that fluoric acid would be the curative drug.

Many times, however, the curative remedy is given from an empirical standpoint, but the lesson is no less important. A case illustrating this occurred in my own practice. Last fall, a man came to me who had had eczema of the foot for two years. It began on the ball of the foot as a dry, scaly eruption, which gradually spread between the toes, causing deep cracks, and finally appeared on the top of the foot. There was intense burning and itching of the parts, worse in warm weather, worse at night, relieved while but worse after scratching. The burning compelled him often to put his foot out of bed at night. He took cold easily. He had had frequent headache until the previous year or two. In the day time he was very sensitive to cold, but required very little covering at night. There was much flatus, and his bowels moved twice daily. Under graphites, he apparently improved for a time, but soon was as bad as ever. Sulphur failed entirely. He then went to another physician, who discovered indican in his urine, and who told him the trouble was due to a gouty diathesis, and that this condition frequently manifested itself by headaches until middle life, after which it would affect either the joints, by causing them to enlarge, or the skin, as eczema. He prescribed sodium phosphate ten grains, and benzoate of sodium five grains daily. The result after a few weeks was a complete cure. I have not been able to find any proving of benzoate of sodium, but natrum phos. has produced a very similar eruption about the ankles, and its action was undoubtedly homœopathic. For years, this drug has been used empirically by both schools and is a so-called favorite remedy (in material doses) with many homœopaths. If its action had been studied from the homœopathic instead of the empirical standpoint, its finer symptoms and modalities would be incorporated in the

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materia medica, and my study might have led me to the correct remedy at once.

The consideration of materia medica from any standpoint makes manifest the fact that there are many tendencies in our school inimical to its scientific understanding and use. The physicians of the old school are fast approaching the point where they will recognize and endorse the law of similia, and unless we overcome our lax tendencies they will rightfully claim to have rediscovered the law of therapeutics, which to us is becoming a lost art.

119 West 82d St., New York City.

ELECTRO-LIGHT THERAPY WITH REPORT OF CASES *

By Clara E. Gary, M. D.

Boston, Mass.

WE can hardly realize that it is but eleven years since Roentgen startled the scientific and professional world with his wonderful discovery.

The subject of Electro-light Therapy occupies such a large field that in the brief time allotted to this paper it would be impossible to mention in any adequate way its various manifestations and benefits. For this reason the writer has decided to limit herself to light energy as manifested in sun baths, and through the incandescent lamp outside of the cabinet, citing some cases from private practice.

Human instinct is based upon truth, and it is not strange in the light of later developments that the Persians of 1526 should name Day-dawn, Hope; Mid-day, Power; and the declining Sun, Death; and that they shoul claim the sun, moon and stars as their personal friends, their Dieties. To be sure now, and during every age since that time, the Persians have denied this charge, and explain that their Mithra was the sun composed of fire and light, and that as such it was the object of their religious reverence, because they considered it the purest of symbols, and the most powerful of agents used by Divine power and nature. That the Spaniards reported the belief of the sun worshippers correctly we cannot say, but we do know that it must have been in the thought

*Read Before the National Society of Physical Therapeutics.

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of humanity at some period or it could not have been handed down to us through the centuries.

Although the physicists through their recent remarkable discoveries have opened before us wonderful possibilities in the art of healing, we believe that our knowledge is yet in its infancy; but they have demonstrated to us that sun light (or white light) in the visual sense is composed of many different rays, three of which we have carefully studied, heat rays, light rays and chemical rays, and the writer asks pardon for a brief review of this subject.

Heat rays are found at the end of the spectrum. They are of short frequencies, and act chemically upon the skin. Finsen says that the red rays, excluding all the remaining energy of the spectrum above the red rays from rooms occupied by patients afflicted with small-pox or acute exanthemata, will prevent suppuration and cicatrices, that is, if the treatment is started when the first eruption appears. Some cases have been reported where the red rays were useful in erysipelas but this has not been verified. The energy of red light in the treatment of neurasthenics is valuable, benefiting the general tone of the patient, especially when there is physical and mental depression and when the nerve centres of the brain have been depleted causing cerebral anaemia.

Light rays are centered in the yellow part of the spectrum.

Chemical rays are found in the violet and the ultra-violet portion of the spectrum. The ultra-violet will not influence the deeper tissues, nor even the superficial ones, unless they are deprived of their blood, (that is dehaematized.) A high temperature source is necessary for the production of ultra-violet energy, either through the electric arc, or electric spark or brush discharge. The electric spark from the static or high-tension coil is very high in these frequencies, especially when it has metallic terminals. Marshall Ward has furnished proof of the powerful bactericidal effect of spark light.

In the chemical rays, the principal embarassment arises from the employment of concentrated light, on account of its heat rays, which render the application intolerable beyond a few seconds. Finsen overcame this difficulty by passing the chemical rays through a blue solution made with copper sulphate in dilute ammonia. His experiment resulted in the manufacture of blue screens to remove the thermal effect of light so that a prolonged application may be made.

Blue rays stimulate metabolism and penetrate the vascular tissue so easily that a deep effect cannot be denied. They have a strong

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absorbent and anodyne effect and are slightly anesthetic. Used in catarrhal conditions of the throat, the disease is somewhat shortened and deglutition is rendered much easier. It will cause the redness of the mucous membrane to disappear and reduce the fever. When there are conditions of excitability of the cerebral cortex, the blue light seems to act similarly to ether or chloroform by affecting the overlying tissues of the cranial covering, eventually reaching the deeper structure of the brain itself, where it unloads the congested areas. In lupus vulgaris it has been used with success.

Minim discovered the pain-alleviating effect of blue light, and used it instead of cocaine for local anesthesia when stitching wounds, and opening abscesses and by experimenting he determined that its action is the reverse of white electric light; that is, a granulating surface would become anemic under blue light, and hyperemic under white light.

Before reporting two cases the writer will briefly consider the effect of sun baths upon the human organism. The chemical intensity of sunlight depends upon the season of the year, the time of the day, and the conditions of the atmosphere; but its intensity does not coincide with its optical brightness, and, unfortunately, sunlight is not always available. It is the best form of light energy for purposes of hygiene and sanitation, as well as excellent in therapeutic work, with the exception of skin lesions, where it has an irritating effect set up by its ultra-violet or flaorescent ray. We often find irritation of healthy skin in elevated regions, because the violet ray has an intensity in altitude.

The heat rays of the sun bath give rise to an elevation in bodily temperature. This in turn stimulates the heart, brain and every other organ in the body, and metabolism is increased and there is also an increase of carbonic acid and consequently oxidation. The thermic stimulation dilates the cutaneous blood vessels, filling them with blood, causing anemia to the internal organs, and will often produce drowsiness and sometimes the patient will fall into a profound slumber. This will often be followed by a profuse perspiration through the increased activity of the sweat glands. So much for the circulation.

A very brief word on the effect of sun baths upon the nervous system. It acts like a tonic upon animal and vegetable life. While giving treatment, care must always be given to the cerebral circulation; either shade the head with a parasol or umbrella or cover it with a wet towel.

CASE ONE—June 5, 1902. Miss H. L. G.; single; age, 39 years; father and mother deceased from accident; no brothers or

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sisters; occupation for twenty years, school teacher; health, unusually sound until within twelve months, had several attacks of what she termed neuralgia, from which she partially recovered, each recovery would be followed by another attack. During the intervals, she had suffered with wandering pains; general malaise, and at times chills and fevers; dragging sensation in her limbs; her pulse was 90; temperature, 102; joints enlarged and swollen; skin not hot but covered with profuse perspiration; greatly prostrated from lack of sleep. The room she occupied was in the northwestern part of the house, near which were several large trees. Diagnosis: articular rheumatism. At my request she was removed to the attic. This attic had been used as a photographer's studio and had a window and roof of glass, occupying the main eastern side of the room. She was given the indicated remedy, and the nurse was instructed to remove the hangings from the windows. The patient's bed was placed directly beneath the glass roof so that the sun's rays would fall perpendicularly upon her. A cold application was placed upon her head, and the nude body was exposed to the sun's rays for twenty minutes at a time, three times a day, commencing at ten A. M. and ending at two P. M. After each sun bath, she was cooled with a towel wet in cold water, avoiding the precordial region. This treatment was continued for three weeks, when I discharged my patient. She said she was better than she had been since her first attack of so-called neuralgia. The joints, although still somewhat enlarged, were not painful and they have gradually decreased in size. Since her recovery, she has had one attack of articular rheumatism, but that was because she was obliged to return into the northwest room while her sky bed-room was undergoing repairs. She quickly recovered on returning to the upper room, and reports herself well at the present writing, and says that she possesses information that will remove all possibility of further remuneration to me from that quarter, and to this end she continues the sun baths every day when she is at home and the sun is shining.

CASE TWO—May 2, 1902. Mrs. F. P.; age, 38; married; father died of tuberculosis; mother died of typhoid fever; two children, both died in infancy, one from tuberculosis and the other from spinal meningitis. Patient never strong but never sick, excepting from natural causes. For several months she had felt that she was gradually growing weaker; loss of flesh; shortness of breath when exercising herself; at times chills and fever; no appetite, and when she did eat, digestive disturbance; occasionally night sweats. Physical examination of chest: Result practically negative, yet leaving a doubt in my mind. Advised her to go to Colorado, where

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she had a brother, but it was not possible for her to do so. Remedies and other measures were not beneficial. Finally an intermittent fever developed with chills, followed by night sweats, pleurisy, and effusion of apex of the left lung. I urged the patient to go to Rutland Sanatorium, but she refused. As a last resort, I suggested that an enclosure should be built upon the flat roof of their house fifteen feet square and ten feet high. No roof was placed over the enclosure. A bed was placed beneath the opening, and the patient was exposed daily to the rays of the sun with only a thin covering over her body. She remained under these rays, unless too warm, twenty minutes at a time, between the hours of ten in the morning and three in the afternoon, when the sun was shining. During the intervals of twenty minutes, she was cooled with a wet towel and vigorously massaged. As she became stronger, she was about the house during the day, but at night she returned to the roof. During the winter of 1903 she still occupied her roof apartment, shielding her head from the storms by a screen invented by her husband, while her bed was covered by a rubber quilt when necessary, but with the face always exposed to the weather. From September, 1903, to December, 1904, she gained twenty pounds, and June, 1905, she gave birth to a healthy boy. Mrs. P. has continued to gain in health, and still occupies her roof sleeping-room with her baby, who has never slept indoors. A recent examination revealed a healthy condition of the mother's respiratory organs, and now she is wondering what causes her flesh, which she wishes to prevent from increasing. The indicated remedies were administered during the years 1902 and a portion of 1903; since that she has taken nothing in the form of drugs.

The incandescent light ranks third in chemical energy compared with the sunlight and arc light. It is poor in violet and blue frequencies, rich in yellow, red and green; but the chemical efficiency can be increased by increasing the current and using 32 C.P., 50 C. P., 100 C. P., and so on up to 500 C. P. The writer has used the increased current in the 500 C.P. and 50 C.P. in groups with gratifying results. Work has all been done outside of cabinets, but always with the light hooded in order to conserve its energy. As referred to before in this paper, incandescent light, because of its stimulation of the vaso-dilators of the arteries, causes the blood to come to the surface, bringing about a lower tension of the blood stream, and with its increased volume and uniformity we have a marked effect upon the sensory centers and a diminished nerve irritation. This results in a normal circulation and oxidation, and it also makes the physiological resistance greater.

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CASE THREE—Mrs. G. H. came to my office October 10, 1905. Age, 58. A large, fatty tumor had developed between her shoulders, giving her the appearance of a deformed person. She had consulted several surgeons, who had advised its removal by the knife. To this she objected because of unfortunate circumstances attending an operation upon her daughter, although the operation was of an entirely different character. The only suggestion that the writer could make was light treatment, and that did not seem to promise much in the disposal of the growth. However, the patient was urgent for a thorough trial. Used 500 C.P. Leucodescent lamp, focusing the light directly upon the center of the tumor until a profuse perspiration was induced. In order that the patient might bear the intensity of the chemical rays, the lamp was not kept in the same position for more than a second at a time, and my hand was constantly passed and repassed over the surface of the tumor. She could endure this application about three minutes. Followed this with a thorough massage; when the surface was cool enough, repeated until she had received fifteen minutes' treatment in an hour; then used the blue screen for a few minutes to alleviate pain. She came to the office every day for one month, and the fatty protuberance nearly disappeared, when she left this country for Europe, January 1, 1906. Have not heard from her since, in this regard. In a letter received lately, she speaks of herself as being perfectly well.

CASE FOUR—June 6, 1905. Miss M. A.; age 32; occupation, stenographer. April 28, 1905, cut her hand with broken glass while trying to open a window. Had wound immediately cleansed and probed for broken glass, then dressed antiseptically. The hand was properly attended to by a good surgeon each day for one week, when it seemed to be healed over, and at the end of ten days the dressings were removed. There was some sensitiveness remaining. This soon developed into two sores directly in the cuts, but a little distance apart. Surgeon opened and found a sinus leading from one cut to the other. Also opened the sinus. This resulted in an evacuation of quite an amount of pus. In about three weeks, the hand seemed well, but a sensitiveness again developed. The surgeon sent the patient to me. I treated her twice a day for two weeks with a leucodescent lamp 500 C.P., then once a day, then three times a week, and she has had not trouble with her hand since August 2, 1905.

The benefits of sun baths are brought about by the destruction of the micro-organism. The light produces hyperemia of the part treated, and thence comes oxygenation of the blood and estab-

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lished nutritive changes, which increase the physiological resistance. Therefore, the bacterial effect lies with the person, not with the bacteria, that is, the individual resistance of the patient. When the circulation, nutrition and elimination are in proper condition, the bacteria have no effect upon the human organism. In all cases of defective metabolism, sun baths are indicated. Also in cases of anemia, chlorosis, neurasthenia, neuralgic conditions which are dependent upon impoverished blood, etc.

Incandescent light energy has a profound action upon the vasodilators, as has been before stated in this paper, and the blood flows more rapidly to the surface of the body. It has a marked effect upon the sensory nerves, and consequently decreased nerve irritation and debility. This also increases the physiological resistance of the patient. The indications for incandescent light energy are by no means limited to fatty tumors and to ulcerating surfaces, but in all inflammatory conditions of rheumatism, peritonitis, effusions of the blood and skin diseases.

416 Marlborough Street.

STRANGULATED HERNIA—RESECTION OF THE BOWEL

By Stephen H. Knight, A.M., M.D.

Professor of Surgery, Detroit Homeopathic College, Surgeon and Gynecologist, Grace Hospital, Detroit.

JOHN X———, Bohemian, age 30, was brought to the Grace Hospital late in the afternoon of January 3, 1907. The history given was that, while lifting a heavy weight that morning, he had experienced a distress in the right inguinal region and there appeared a tumor extending down into the scrotum. I saw him early in the evening, and had no difficulty in making the diagnosis of a strangulated hernia. There was pain, tenderness and tension in the tumor, but not vomiting. Efforts had been made to reduce the hernia before he had been sent to the hospital, but, of course, unsuccessfully. His temperature was 96.8 degrees, pulse 88. The patient was prepared for immediate operation.

The usual incision was made down over the external ring through the superficial tissues to the sac. When the sac was opened and the constriction relieved, it was found that there was, in the

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sac, some three or four feet of ileum, much of it in a very questionable condition. The gut was of a more or less mahogany color and dull in appearance. The sac contained a large quantity of ill-smelling bloody fluid. I spent some twenty or thirty minutes, endeavoring with warm saline towels to restore the circulation in the injured gut. I felt extremely gratified at its improvement, under the influences of the warmth and moisture, and it seemed perfectly justifiable at the end of that time to restore the intestine to the abdominal cavity. The patient, at the end of the operation, was in good condition, having experienced but little shock. Condition next day: Fair; no vomiting; five A. M., temperature 98 degrees, pulse 100; two P. M., temperature 97 degrees, pulse 106; seven P. M., temperature 97.4 degrees, pulse 94. Patient was given a little hot water and a little hot tea without milk or sugar. Saturday, January 5th, condition during night: Poor; patient tried to get out of bed; restless; mental condition disturbed and hazy. saline enemata and saline infusions were given him. One A. M. temperature 98 degrees, pulse 120; four A. M., temperature 98.6 degrees, pulse 122; ten A. M., temperature 98.8 degrees, pulse 126.

It was painfully evident from the patient's condition that all was not right, and, rather than wait until his condition became hopeless, I decided at once to re-open the wound and examine the intestines.

The patient was again put under an anesthetic and the wound re-opened and the bowel drawn out. There was in evidence immediately the reason for his poor condition. While much of the intestine that had been damaged had been restored to its normal condition, there were scattered along its length areas of necrotic tissue, due to thrombosis of the mesentric vessel.

These areas involved about two feet of length of the gut and would soon have ulcerated through. Excision of the diseased portion was determined upon and an end to end anastomosis made by means of the Murphy button. Clamps were applied on either side of the diseased portion and a purse-string suture run through the gut at a good margin from it. The area to be resected was now clamped off and the oblique incision made within an eighth of an inch of the purse-string suture, down to the mesentery. The bowel was now rapidly separated from the mesentery, all bleeding being stopped as we went along. Next the male and female halves of the button were inserted into the cut ends of the intestines and the purse-string sutures tightened around them. When all was ready, the two halves of the button were snapped together. A few interrupted stitches were inserted around the circumference of the point

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and the mesentery doubled over on itself. After liberally douching the field of operation with warm saline solution, the whole was reduced into the abdomen and the wound closed secundem artem.

The man was more or less shocked after the operation, and a stimulating enema of saline, brandy and ammonium carb. was given

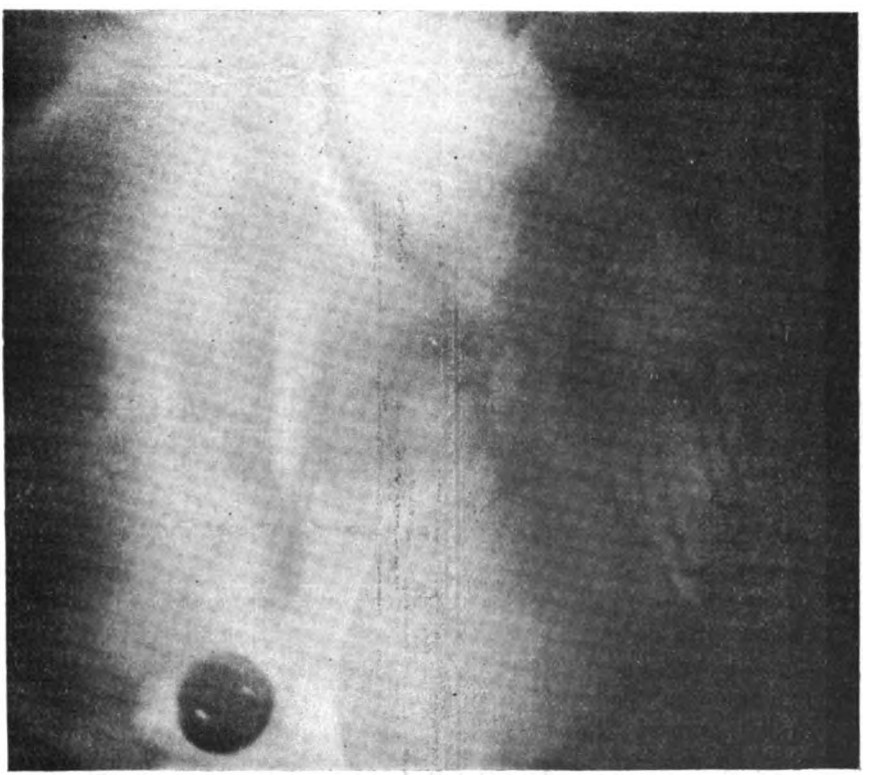

FIG. 1

Roentgengram showing Murphy Button passing through intestine.

him. Pulse at end of operation, 152. Three P. M., temperature 96.8 degrees, pulse 136; seven P. M., temperature 97.2 degrees, pulse 128.

January 6th, one A. M., temperature 97.4 degrees, pulse 120; four A. M., temperature 99.6 degrees; pulse 120; two P. M., tem-

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perature 99 degrees, pulse 100; six P. M., temperature 98.6 degrees, pulse 98.

He slept for snatches of five to ten minutes. Stimulating enemata were given him, also strychnine, and the administration of panopeptone was begun. He vomited once or twice during the day and had four or five loose movements of the bowels.

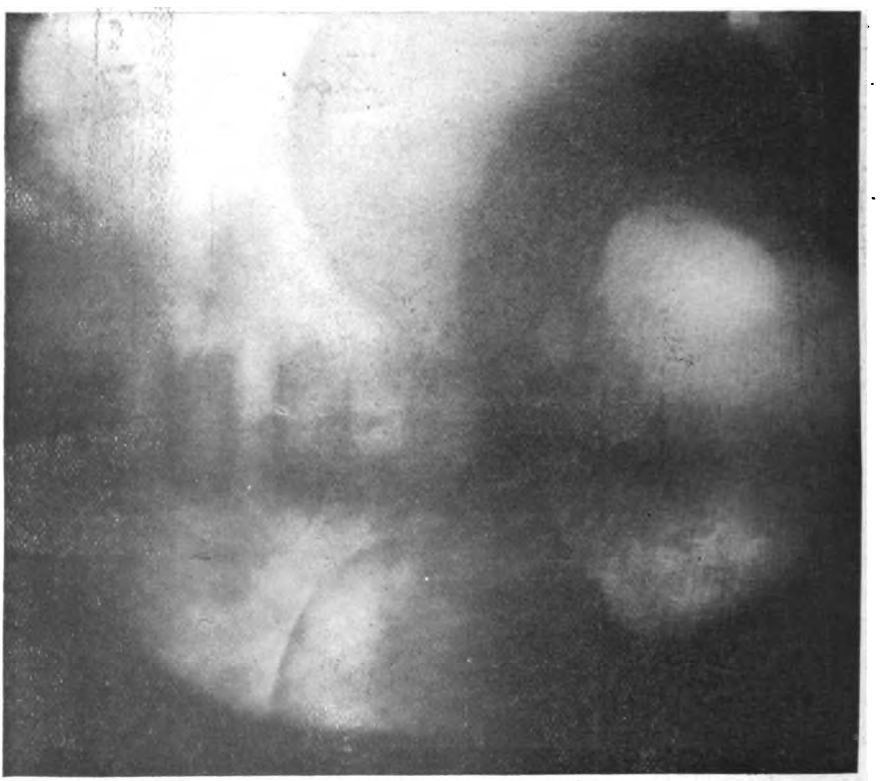

FIG. 2

Roentgengram showing the intestine after the Murphy Button had passed.

January 7th, five A. M., temperature 98.8 degrees, pulse 90; five P. M., temperature 99.2 degrees, pulse 82. Took some malted milk. Small movement of the bowels. January 8th, five A. M., temperature 99.2 degrees, pulse 76; five P. M., temperature 99.8 degrees, pulse 70. Several dark, loose movements. Malted milk as

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Thirty inches of ileum resected.

nourishment. January 13th an x-ray picture was taken, showing button (Fig. 1). January 14th the bowels were enough constipated to require an enema. January 20th the bowels moved naturally. February 6th patient was allowed to sit up. February 7th second x-ray picture was taken, showing absence of button (Fig. 2), which passed on fourteenth day. February 10th patient went home, and since has attended to his work without any inconvenience.

The history of this case shows how easily one may be deceived regarding the condition of the intestines in any case of strangulation. The evidence was strongly in favor of restoration of the bowel to its normal condition, yet the thrombosis of the mesentric vessels brought about the necrosis of disseminated areas in the gut.

A much wiser way of treating the case originally would have been to allow the wound to remain open with the gut under observation or to have performed a resection at once.

Sterilized Horse Scrum in Surgical Infections—To aid phagocytosis by the production of an abundance of polynuclears, Raymond Petit, of Paris, advocates the use of sterilized horse scrum, telling of the results obtained in Paris during the past two years, in the *Medical Record*, June 22, 1907. In abdominal surgery it has been used as a prophylatic in non-septic cases, and curatively in cases marked by infection. In puerperal infections, sterile gauze moistened with the scrum has been lodged in the uterus. Purulent pleurisy and phlegmonous infections of different kinds were successfully treated by this method, and excellent results followed its application to severe burns and wounds under repair by second intention. It is evident that when the motor car has banished the horse from the street there will still be a use for him.

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THE MIDWIFE

THE midwives of New York City have recently been made the subject of a special investigation by Miss F. Elizabeth Crowell, a graduate nurse, under the auspices of the Public Health Committee of the Association of Neighborhood Workers. A full report appeared in *Charities and the Commons,* and as the problems which it presents confront the medical profession and the people of our commonwealth throughout the country, to a greater or less degree, the NORTH AMERICAN has drawn freely upon it for the benefit of its readers.

In New York State the midwife had no legal standing; the medical profession has felt that if midwives were licensed it might give a quasi-sanction to the assumption of ability to do more than take care of normal labors. In New York City, midwives are supposed to be registered with the Board of Health, but the investigation showed that the registration was far from accurate or complete. In Monroe, Erie, Niagara and Chautauqua Counties special legislation has regulated the practice of midwifery and this has operated toward raising the standard of efficiency amongst mid-

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wives, and has eliminated those that were ignorant and incompetent; but even there the enforcement of the limitations under which the licenses are granted is entirely neglected.

Midwives who have European diplomas have had a satisfactory training as a rule; those who have "graduated" from the diploma mills of New York have received practically nothing in return for the money they have paid in fees, except the "diploma." Forty-two per cent. of the total number of births for 1905 were attended by midwives, of whom, in the Borough of Manhattan alone there are between nine hundred and a thousand. The report is based upon an investigation of 500 of these. Thirty-seven per cent. were Austrians, Bohemians or Poles; twenty-two per cent., Germans; fourteen per cent., Russians; only four per cent. were born in this country; the remaining six per cent. were scattered between twelve countries. Of the total number of births among mothers born in English-speaking countries, one-sixth were reported by midwives; amongst Germans, thirty-one per cent.; amongst Russians, thirty-one per cent.; amongst Hungarians and Bohemians, sixty per cent.; and amongst the Italians, ninety-three per cent. Of the 500, 175 were entirely dependent upon their own exertions; the remainder eked out the family resources in this way.

Three-fifths of those visited were willing to undertake abnormal cases; the removal of an adherent placenta, version, the treatment of a post partum hemorrhage were within the scope of many of them. All claimed to use antiseptics; but antiseptics in the hands of incompetent and generally dirty practitioners may do more harm than good. The usual equipment consisted of rusty scissors, dirty string, bits of cotton, a few corrosive sublimate tablets, old rags and papers, some ergot and vaseline, a wired gum catheter, and dirt. About ten per cent. of the equipments were complete and clean. Some of the foreign-trained midwives had behind the stove or on top of a wardrobe a complete and portable sterilizer, which they were compelled to use in their native land, but which had been discarded because "nobody cares" what is used; the land of liberty to them is a land of license. Ophthalmia neonatorum is rarely reported, although this is one of the communicable diseases which are supposed to be reported to the Health

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Board. Of the 500 midwives visited, Miss Crowell classed less than ten per cent. as capable and reliable.

The darkest chapter in the investigation was the evidence that one-third of the women were abortionists. There is a "Midwives Protective Association" nominally to assist in the collection of debts but really to defend criminal prosecutions. It is estimated that 100,000 abortions are performed annually in New York City. The wired catheter is the usaul instrument. Midwives often prescribe for women. Of the 3,635 still-birth certificates returned for 1905 in the Borough of Manhattan, twenty-four per cent. were signed by midwives; how many of these certificates were cloaks for a criminal abortion?

Before registration in New York City, the midwife must show a certificate from a school of midwifery or an endorsement from two physicians. It is a sad commentary on the medical profession to learn that physicians are to be found who will endorse applications on an agreement to act as consultant in cases of difficult labor.

The results of this investigation show that something must be done to regulate this calling. Midwives cannot be regulated out of existence, of course, for as the foreign-born are coming to our shores in ever-increasing numbers, the number of midwives must increase. The majority of these foreign-born mothers will not employ any but a midwife; few of them could afford the lowest physician's fee. It is our duty to protect these women as they are protected at home by requiring that a midwife exercise the same care in the prosecution of her art as is demanded of her in the country in which she formerly practised, and to show evidence of adequate training before registration. The present schools of midwifery in this country must be schools in more than name. In New York State they must come under the surveillance of the Board of Regents of the University of the State of New York, and this same body must determine the fitness of a candidate to become a registered midwife. It is a condition, not a theory, that confronts us, and the medical profession must not hesitate to urge these reforms because of the possible dangers arising out of licensing these women.

We have the trained and registered nurse; we must also have the trained and registered midwife

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INDEPENDENT JOURNALISM

QUITE a number of citations indicating an increasingly liberal attitude of the dominant school to homœopathy and its practitioners have appeared in this and other homœopathic journals from time to time. None of these, so far as the attention of the NORTH AMERICAN has been drawn to them, has appeared in what are known as "organization" journals, the organs of the A. M. A. and its constituent state societies. A little thought will demonstrate that this was to be expected. It is a well-known fact that organized bodies move more slowly than the most progressive members of the organizations, and the existence of the "independent," *i. e.*, unattached, journals depends upon the progressiveness of their editorial staffs. Thus the independent journal leads, the organization journal follows.

Among the publications from which the NORTH AMERICAN has had the privilege of quoting on more than one occasion is the *St. Louis Medical Review*, and once more our esteemed contemporary has an editorial, the gist of which will be welcomed by our readers:

"To be truly independent, a journal must, in our opinion, refuse to be limited by orthodoxy. It must accord to heresy a right of free expression, so long as the evidence adduced is not a mere repetition of already disproved allegations or confuted arguments, the language is temperate, and the writer shows acquaintance with the subject as a whole, an appreciation of the position attacked as it is seen from the orthodox viewpoint, and not merely the distorted vision of an 'anti.' Nay, more, it must be prepared to follow 'heresy' and become a 'heretic' if convinced.

"It must also repudiate the cardinal idea once forcibly expressed in a controversy that we well remember, in the words, 'on this subject the profession has long since spoken definitely.' The profession cannot speak definitely on any subject at any time. It may think it has done so, but its history and that of all science amply demonstrates that there can be no such thing as definiteness in the empirical (or inductive) sciences, since their rulings must always be subject to reversal by new findings until the human race shall have attained to infinite intelligence. . . . . the merest glimpse at the history of science, and particularly of medicine, will abundantly demonstrate that many of the most violently-opposed heresies of the past, opposed even to the point of bitter persecution, are to-day among the most orthodox of views. We need only instance Semmelweis and the doctrine of puerperal fever. Had Semmelweis been the editor of an organization journal, how long

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would he have held office? Where is the independence in that? How many editors of organization journals would dare, though their convictions led them that way, to challenge the mosquito theory of malaria and yellow fever, to repudiate the propriety of compulsory vaccination, even to deny the usefulness of vaccination or diphtheria antitoxin? And if they did, how long would any of them remain editors? We believe in all these things, it is true; but if we did not, if evidence appeared to us forthcoming cogent enough to make us see that in these instances (as in many others besides that of the nature of puerperal fever on account of which the profession hounded Semmelweis to his death and later erected a monument to him in recognition of his discovery) the 'definitive' decree of the profession was wrong, we should not hesitate to say so and no one could depose us from our chair. The worst that could happen to the independent journal under such circumstances would be that individual subscribers, few or many, who felt sufficiently aggrieved, should withdraw their subscriptions. Not so with the organization journal. Its editor would have put every member of his organization who did not agree with him, as well as the organization as a whole, in a false position, as appearing to espouse a doctrine considered by them, individually and collectively, false.

"The history of Semmelweis, and innumerable other instances, only go to show that it would be the blackest days for medicine should the journal independent of orthodox absolute control ever be blotted out."

The time will come, and is coming soon, in the opinion of the NORTH AMERICAN, when some "independent" journal will not be afraid to substitute the name of Hahnemann for that of Semmelweis, and his doctrine of similars for that of the nature of puerperal fever, and we further predict that not many subscribers will be lost thereby.

Incidentally, will those who advocate an Institute journal please read the above quotation again? Yes, read, mark, learn, and inwardly digest it.

Notes and Comments

A New Homœopathic Journal—Two issues of the *Iowa Homœopathic Journal* have appeared under the managing editorship of Dr. J. G. Huntoon. The publication is the official organ of the local state society and seems to be projected as a visible bond of unity among the homœopathic physicians scattered throughout Iowa. As such, it will doubtless serve a good purpose, although there is

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an element of weakness in the scattering of literary effort. At no time in the history of American homœopathy was there a greater need for concentration and united effort.

A Call from California—With the exception of *Progress*, there seems to be no journal evincing a superabundance of enthusiasm over the Institute's decision to hold its next session at Oklahoma City. Some of our editors are outspoken in the expression of their great regret at the choice and of their hope that the Executive Committee will see its way clear to exercise the right of changing the meeting-place committed to it by the Institute at Jamestown. The September issue of the *Pacific Coast Journal of Homœopathy* goes a step further. It not only puts forth its reasons why the Institute should not go to Oklahoma, but extends an invitation to Los Angeles, setting forth the attractive features of that celebrated city. The *Pacific Coast Journal* is published in San Francisco, but its editor, while claiming that San Francisco could and would take care of the gathering in his own city, urges that Los Angeles be chosen. California has wanted to entertain the Institute for some years, but there was always considerable rivalry between Los Angeles and San Francisco as to which city should be chosen. The unfortunate experiences through which the latter has had to pass and the generous sympathy of their Los Angelian brethren during this time seem to have led the Franciscans to waive their own rights or interests.

Why did not California present its invitation to the Institute at Jamestown? Dr. Florence Ward, its charming and accomplished representative, pledged its aid to Oklahoma. What has happened in the meantime? It is rumored that the President of the Institute spent several weeks in Los Angeles this summer. It is further rumored that he intends to move, bag and baggage, to that charming city in the near future. Possibly, unwilling to share the fate of Dr. Hooker, at Jamestown, and anxious to have the support of the large and enthusiastic gathering which would undoubtedly assemble in Los Angeles, Dr. Royal S. Copeland is the *deus ex machina*, and the *Pacific Coast Journal of Homœopathy* is feeling the Institute's pulse.

If this movement for a change of base be seriously promulgated and backed by active effort, the Executive Committee might find it difficult to stem the tide, if it would do so; for very few members of the Institute would hesitate long in casting a vote in favor of Los Angeles. As the *Pacific Coast Journal* intimates, those who are really enthusiastic over going to Oklahoma are few and far between, and nothing but sheer loyalty to the Institute and homœopathy will draw any of the others there.

M.D. and M.B.—The conviction is growing among medical educational authorities and others taking a broad view of the field that some change has got to be made in our present standard of requirements. Our colleges are on the eve of instituting a five-year course, which will add to the cost in fees and in length of unremunerated effort, so that entrance to the profession will be the more restricted. Yet, as pointed out by Dr. Sutherland, in

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his article in this issue, there is a call for practitioners from small country towns and cities, to which present-day graduates will not go. Dr. Sutherland advocates three degrees, for the licentiate, the bachelor and the doctor.

A few years ago a writer suggested that the national medical societies should admit to membership only after examination, dividing the members into three grades: associates, members and fellows. The NORTH AMERICAN endorses the stand taken by Dr. Sutherland that every one offering to treat the human body, whether by drugs, suggestion, manipulation, or what not, should be possessed of a licentiate's diploma as evidence of some knowledge of anatomy, physiology and pathology, and diagnosis.

How Single Boards Work—Readers of the NORTH AMERICAN are naturally interested in the doings of the examining boards recently created to supplant three separate boards of examiners, and information of this character has come to hand from two such widely-separated states as New York and Texas.

The New York board had an informal preliminary meeting on June 24, held largely in order that the members might become acquainted with each other. In his opening remarks, Dr. Draper said: "This board has been made up by the Board of Regents after careful, painstaking discussion of the whole subject. It is no small compliment to the physician in practice to have received an appointment upon this initial board of medical examiners." Perhaps it was this exaggerated view of the office to be filled that caused some of the Regents of the Board of Education to insist upon the appointment of their family physicians. In responding on behalf of the board, Dr. Ely said: "There will be no sectarian feeling among us, you may be sure."

The first regular meeting of this board was held on August 1, and its first act was in connection with a matter entirely outside its province. The meeting was called to order by Dr. Lewi, the secretary. In his informal remarks he admonished the board: "If you as a board of examiners can so fashion your work as to instil into the minds of the medical teaching profession the thought that the thorough study of sanitation, hygiene, physiologic chemistry, bacteriology and pathology are the essentials for the successful physician, advances along these lines will be made by the teaching bodies and the interests of the state will be splendidly served because thereof." It used to be thought that success in the practice of medicine depended upon the ability to relieve suffering and bring about a restoration to health. According to Lewi, these are unessentials which, presumably, the medical teaching profession can afford to neglect.

Dr. Lewi then resurrected a suggestion he made a dozen years ago, to the effect that the Regents of the University of the State of New York should create the title of Doctor of Sanitation, examinations being conducted for passing upon the qualifications of such as would earn this distinction. He would have the state legislature asked to enact a law which would bring it to pass that on and

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after a date, not too remote, no person could serve as health officer unless he be a doctor of sanitation.

Having delivered himself of this opinion on a matter entirely foreign to the purpose for which the board was created, it was regularly moved and adopted that a committee be appointed to consider the suggestion made by Dr. Lewi and to report at a future meeting, and the chair announced as this committee Drs. Smith, Beach and Ely.

In the assignment of topics, the homœopathic members of the board drew as follows: Dr. Farnsworth, chemistry; Dr. Adriance, bacteriology; Dr. Searle, diagnosis. Physiology fell to the lot of Dr. Williams, osteopathy's representative. The election of officers resulted as follows: President, W. W. Potter, Buffalo; vice-president, W. S. Searle, Brooklyn.

The Texas board early took occasion to inquire of the attorney-general whether the practice of osteopathy was the practice of medicine within the meaning of the act; if not, what was the status of the osteopath appointed by the governor. The attorney-general construed that osteopathy was a legitimate branch of medical practice and that the gentleman in question was entitled to enjoy a seat on the board. At the first meeting, the homœopaths demanded dignified representation on the official roster of the board, and, had the eclectics not sold out to the regulars for the presidency, the homœopaths would have had it. The homœopaths are said to "have matters well in hand and will get all they are entitled to." A good, honest administration is promised, with a "square deal" for everybody. The board is composed of five regulars, two homœopaths, two eclectics, one physio-medical practitioner and one osteopath.

Correspondence

THE BRITISH HOMŒOPATHIC CONGRESS, 1907

(By our own Correspondent)

The forty-third British homœopathic congress met at the charming inland spa of Harrogate, Yorkshire, on Thursday, September 19, presided over by Dr. Walter T. P. Wolston, of Edinburgh. The attendance was very fairly representitive of British homœopathy, and a harmonious and genial spirit pervaded the proceedings. The president delivered an interesting and comprehensive address upon "Spas I Have Seen." He briefly but graphically described the springs and baths of Harrogate—"The Queen of (Ireland) English Watering Places," as it is claimed—of Strathpeffer and Moffat (Scotland), of Burton, Bath, Cheltenham, Matlock, Scarborough, Woodhall Spa, and of Leamington—all in England. Special reference was made to Dr. J. M. Moore's recent brochure on the Leamington Saline Waters and Baths, published

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July 15, for which there is a brisk demand; also to the essays by Drs. Ramsbotham and A. Roberts upon the Harrogate Springs. Next the president gave evidence of his intimate acquaintance with the French spas of Vichy, Royal, La Bourboule, Mont Dore, St. Nectaire, Aix-les-Bains, St. Gervais, and Evian-les-Bains; with the German spas: Neuenahr, Ems, Schwalbach, Schlangenbad, Wiesbaden, Homburg, Nauheim, Kissingen, Baden-Baden, Kreuznach; with the Swiss spas: Baden, Raqatz-Pfaffers, Alveneu Bad, Tarasp-Schulo, St. Moritz, La Prese, and Pontresina, "the most health-giving spa in all Europe, which I have visited eighteen times," said the president; Bormio in Italy and Merau in South Tyrol were concisely described. In fact, the verbatim report in the local *Harrogate Advertiser* is a veritable medical guide to the principal mineral water resorts of Great Britain and the Continent. A hearty vote of thanks to Dr. Wolston followed. In the discussion on the president's address, Drs. Roberson Day, Murray, Proctor and J. Murray Moore spoke.

The following officers were elected for the 1908 congress, to meet in London: President, Dr. J. Murray Moore, of Leamington; vice-president, Dr. Stonham, of London; Drs. Dyce Brown and Eli Madden as honorary secretary and treasurer, respectively, and Mr. Knox Shaw as honorary local secretary. Dr. Percy Wilde (Bath) read a thoughtful paper on "Stimuli and the Organism," followed by Dr. Madden on "The Pathogenesy and Therapeutics of X-Rays, Illustrating Their Obedience to the Law of Similars."

Dr. Madden proved his points very successfully. In radium-emanation, and in the X-ray we have very potent destroyers of human tissues, whether normal or morbid. The problem now before the medical world is how *to protect the operators*, and how to temper or regulate these rays and emanations *so as to destroy the morbid neoplasm alone*. In the discussion, Dr. Moore asked Dr. Madden if there was not some element or compound as yet invented which would protect the hands of the operator, but the reply was: "No." After a handsome déjeuner in the Hotel Majestic, most of the members, with their lady friends, took carriages and drove out to Feuston, through the beautiful moorland scenery of Stanisburn. The view from Feuston Church toward Swinsty Hall was particularly grand.

Previous to this drive, the doctors had been conducted through all the chief bath-rooms by the courteous manager, Mr. H. J. Buckland, who demonstrated the many ingenious and novel douches, electrical apparatus, etc. About a quarter of a million of pounds sterling has been expended by the town council in the public buildings, and the apparatus of the Mineral and Bathing Establishment.

In the superb Kursaal some of us heard a very good orchestra, and the gardens are well supplied with music, also. In the evening the congress dinner, with several invited guests, was brightened by the presentation of a magnificent solid silver cup, standing over 30 inches high, to Dr. D. Dyce Brown, M.A., MD., for his long, faithful, and most able services to homœopathy in Great Britain—for thirty-five years editor of the *Monthly Homœopathic*

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Review, for twenty-five years honorary secretary to the congress, etc., etc. No man in our ranks holds a higher place in our esteem and affection, and the subscribers were much pleased by the selection of this "family heirloom" given to Dr. Brown, who responded in felicitous terms. Dr. Ramsbotham, of Harrogate, presided at the dinner, because Dr. Wolston had been summoned back home by urgent professional calls. Mr. Buckland, in answering the toast of "The Guests," mentioned that there are eighty different springs and fifty different treatments in Harrogate, and regretted that the King did not occasionally patronize this home spa, instead of drawing the fashionable and wealthy crowd of invalids—or soi-disant invalids—to Homburg or Marienbad.

All the members of congress who passed two nights in Harrogate felt braced up and invigorated by the stimulating air.

International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Psora—A carpenter, pale, emaciated, suffering from renal pains and headache, exhibited a considerable quantity of albumin in the urine and a tuberculous infiltration of the apices. He had been under allopathic care for six months without improvement.

He was given tuberculinum T. R. 200, five globules every eight days. When he returned in four weeks, the urine was normal. But, on the lower limbs there was a pustular eczema, which had appeared after the third dose of tuberculinum.

A single dose of arsenicum sulf. 12 was prescribed, which aggravated the eczema so that the poor man's legs were raw and his trousers covered with blood and crusts. Three doses of arsenicum sulf. 12 repeated at intervals of fifteen days sufficed to cure the eczema. The general condition is much improved, and the previously pale, anemic youth six months after beginning homœopathic treatment presents a picture of health. Dr. Nebel. *Le Propagateur de l'Homœopathie.*

Time of Dosage—In the introduction of nux vomica, Hahnemann says:

"It has been found that this medicine administered some hours before bed time acts more gently than when given at other times of the day. But there are exceptions to this rule; in cases of urgent necessity its administration, in the morning on an empty stomach, is attended with less inconvenience, in very sensitive persons, for it displays its frequent and most severe symptoms immediately after waking in the morning.

Next in frequency its symptoms occur soon or immediately after eating, and next during mental strain; hence we should do wrong to give it immediately after meals, if we can avoid doing so, and no mental labor should be engaged in immediately after taking it. We ought to wait for at least a couple of hours if we would avoid an aggravation."

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This hint as to nux vomica is equally true of other remedies; bryonia, podophyllum, eupatorium, natrum muriaticum, sulphur and others have a decided morning aggravation, hence the remedy should be given in the evening.

On the other hand, pulsatilla, lycopodium, phosphorus, rhus and others have an aggravation equally marked in the evening; hence these remedies should be given in the morning when possible.

The hour of aggravation of lachesis is 12 M.; of arsenicum from 12 M. to 2 P. M., and either in acute or chronic diseases where these remedies are indicated they should be given several hours before the period of aggravation.

Kali carbonicum and tuberculinum, like nux and sulphur, have an early morning aggravation; hence they should be given in the evening before retiring to obtain the best results. *Medical Advance.*

Common Sense—In no science are there so many questions unsettled as in medicine. Many modern investigations into the kaleidoscopic combinations of bacillian or bacterian changes in health and in disease, also of the chemico-physiological properties of digestion, nutrition and de-nutrition back to waste-transformation, are opening more arenas of questions and mysteries than any man living, however scholarly and confident, will ever solve. Hence, we are safest if we keep close to the simplicity of nature's modes which are plain to understand. It is not known that bacterian forms have any material agency as causes of diseases, from the radical and overlooked fact that diseased conditions generate the bacterian development and dispose of their destiny. The confusing and quite endless changes in bacterian forms unsettle rather than settle the problem about their identity proving the genesis of the disease, or of its certain mode of prevention or cure, as always contemplated by practical medicine. The varieties of these ferment-forms, or micro-germs, as observations of their nature are extended, appear to be constantly splitting and subdividing by natural process of their destiny into other forms, without any elective law of their own for direction—doubtless modified or varied by existing degrees of health or lack of health—in other words, by tone of systemic conditions. These circumstances deserve our consideration when we are asked to pin faith to bacterian form. It is not settled that a micro-organism destroys the red corpuscles in disease. On the contrary, it is a natural probability that with the dying process of the red corpuscles, while circulating in the blood vessels, the bacillus or ferment cell is evolved into activity until the dead matter or globule is eliminated—whether by the resolution of an inflammation, or by an anthrax, or carbuncle, or abscess, or by the flame of a fever (no difference by what name), or by the defluxion of a dysentery. Dr. G. B. H. Swayze. *Medical Times.*

Ranunculus Bulbosus: a Drug Physiognomy—CHARACTERISTICS: Muscular pains, especially intercostal. The unhappy effects of alcoholic beverages. Aggravation from touch, motion, atmospheric changes, especially in damp, stormy weather. (Rhus.)

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In General: Sticking, sharp, lively, neuralgic, myalgic and rheumatoid pains, in paroxysms, chiefly thoracic; caused or made worse by atmospheric change. Pains due to spinal irritation. (Agar.)

In Particular: Thorax; intercostal rheumatism; bruised sensation often located at the sternum; worse from touch, respiration, motion or torsion of the body (Bry.); in damp, stormy weather (Rhus). When coughing the patient must support the chest with the hands (Bry., dros., kreos., nat. sulf., sepia.)

Back: Muscular pains along the scapular borders and in the shoulders, often burning in spots (Agar., phos.), in sedentary patients, after needlework, typewriting, piano-playing (Actea rac.)

Abdomen: Sensitivity to touch, in the hypochondria.

Nervous System: Delirium tremens; epilepsy.

Eyes: Blindness in the daytime, mist before the eyes, pressure and burning as if from smoke (Phos.) Pain over the right eye, better when standing and walking. Herpes on the cornea. Vesicles on the cornea with uterine pain, photophobia and lacrymation.

Digestive Apparatus: Hiccough after alcoholic indulgence. Subacute inflammation of the cardia with burning in the scrobiculum, precordial anxiety, pressure at the stomach-pit with pain on touching.

Respiratory Tract: Pleurisy and pneumonia after sudden exposure to cold, after being too warm, or not. (Acon., arnica.)

Skin: Burning and intense itching, worse from touch. Herpetic eruptions. Shingles preceded and accompanied by intercostal neuralgia (Mez.) Small vesicles, dark blue, deep, transparent, confluent, with burning pruritus. Cracks in the fingertips. Corns, sensitive to touch, hot, burning. (Salicy. acid.)

Compare: Aconite, arnica, camphor, clematis, croton tig., euphrasia, Mezereum, Incompatible: Sulfur, staphisagria, Dr. Léon Vannier. *Revue Homeoeopathique Francaise.*

An Alkaloidal View of Syphilis—We will now briefly consider the subject of syphilitic disease of the bone. We must remember that while drugs exert here the greatest power they possess in any bone disease, their action is nevertheless so far limited that they will not restore life to dead bone. The affected bone may be dead before treatment is instituted; it behooves the physician therefore to get to work with the utmost celerity when syphilis threatens to attack the bone. Every hour is precious. We want the quickest and most powerful of remedies to arrest the morbid process before irreparable damage has been done. While the writer uses and advocates single remedies for single indications, he is never adverse to employing a combination if indicated, and if it is the best thing he knows for the purpose. In this and all other forms of syphilis he has found nothing comparable in efficacy to the following combination: Mercury biniodide, gr. 3-67, arsenic iodide, gr. 1-67, iodoform and phytolaccin, gr. 1-2 each; administered at a single dose. This is given from three times a day upwards, the object being to secure the greatest possible effect upon the diseased cells and their specific contents of diseased

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germs without reaching the dose which will exert a destructive action upon the normal cells of the body. It seems there can be no question here of homœopathy or antipathy. We have a specific enemy to combat, the living cause of syphilis, and this is found in the syphilitic growths. Experience has shown that such remedies as cause the absorption and disappearance of syphilitic tissues cure the disease, presumably by killing the cause.—Dr. W. C. Abbott, *Progress,* June, 1907.

Cough Remedies in Phthisis—The special remedies for cough may be considered. In ordinary sanatorium routine they are morphia, heroin, and codeine. The homœopath can usually dispense with these. Of the three, heroin is the least harmful and the most efficacious. Hyoscyamus, conium, and verbascum are far more satisfactory remedies. They all cover cough, and these are practically the only circumstances which call for a special cough remedy. Their distinguishing indications, to my mind, are—for verbascum, definite hoarseness and relief from a deep inspiration; conium, aggravation from deep inspiration and pronounced tickling in the larynx in a patient of melancholy frame of mind. The hyoecyamus patient is more excitable, though often low-spirited; streaks of blood in the expectoration suggest it, though the hyoscyamus case has seldom much expectoration at night. Laurocerasus and ac. hydrocyan. may be useful, especially for night cough in a patient with cold feelings and blue tinge in the mucous membrane. If the cough at night is much the same as in the day, and of a type that suggests a definite remedy, the remedy will probably influence the cough all the time.—Dr. C. E. Wheeler, *Journal of the British Hom. Society.*

Herpetic Remedies—Nosographically, herpes may be arranged under various rubrics, chief of which are:

Herpes Circinatus, developed by the tricophyton tonsurans. The vesicles are minute, dark red, chiefly found in children. Sepia, tellurium.

Herpes Corrosivus or lupus vorax. Arsenicum iod., hydrastis, kali bi., sophera iaponica, Graph., Silica, Clematis, Rhus, Sepia.

Herpes Excedens, so called because of its invading tendency. Ars. iod., graphites.

Herpes Phlyctenoide or Miliaris. Characterized by agglomerated vesicles, few or many, on an inflamed surface, and more or less irregularly located on the body. Often appears without appreciable cause, especially on the upper body; common in warm climates and in youth. The eruption is favored by insolation and by irregularities of hygiene and diet. Psorinum, petroleum, clematis.

Herpes iris. Small groups of vesicles surrounded by concentric rings, erythematous, of various types, more or less vivid. It shows a preference for prominent parts of the body—face, neck, hands, elbows, mallcoli, feet, etc. The active cause is a micro-organism. Hepar, graphites, mercurius, rhus.

Herpes labialis. On the lips or about the mouth, commonly

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on one lip only, and rarely invades the cheek, nose or chin. It appears in more or less abundant groups of vesicles, after ephemeral fevers or from kissing, from dyscrasia, from contact with irritating substances or from cold. Arum tri., dulc., ignatia, conium, mygale, sang., sepia, sulfur, sars.

HERPES LARVALIS. Distinguished by the lack of dermal symptoms. Alumnia, graphites, psorinum.

HERPES PREPUTIALIS. Found on the epithelium of the preputial margin; may be due to the friction of woolen underwear, or to accumulated sebaceous secretion, or to impure coitus. The secretions are acrid in odor. Phos. ac., hepar, nitric ac. If in the frenulum: Mygale, sepia, silica.

HERPES PUDENDI. Female genitalia, with burning pruritus during micturition, unbearable where there is excoriation, which sometimes causes it to be confused with a chancroid ulceration. in differentiation, chancre (chancroid) begins always with a primitive vesicle, while herpes preputialis et vulvaris or progenitalis has many vesicles confluent or grouped, and rapidly spreading. Anrum, berb, aq., calad., conium, graph., kali bi., kali iod., lyc., kreos., merc., murex, psor., nat. mur., pareira, sulf., nitric ac., fluoric ac.

HERPES SERPIGINOSUS. Cicatrizing in one place, it extends zigzag elsewhere. Psor., nitric ac., kali iod., kali bi., pareira.

HERPES TONSURANS. (From tonsus, to shave off, as it causes baldness.) Pareira, psor., hepar., nitric acid.

HERPES ZOSTER. Zona. Composed of groups of vesicles much inflamed at the base, producing insupportable neuralgic pains, and encircling the body. RHUS, tellurium, graph.. kali bi., lach., KALI MUR., NAT. MUR., fluoric acid. Dr. C. L La Rotta, *La Homeopatia,* Mexico.

Copaiba. From the results of the recent proving by the homœopathic department of the University of Michigan, we may expect that copaiba will find a place in the treatment of colds and catarrhs. Nearly all provers went into a cold after taking the drug, and no weather changes were accountable therefor. So we would consider it worthy of trial in cases where a cold appeared without apparent cause and where the prominent symptoms were rawness and soreness of the nostrils, a dry, crusty feeling in the nose with the same condition extended into the posterior nares and throat, with a secretion of mucus, which changes in character, clear at first and later in the disease yellow and thick. The dryness and discomfort in the nose, the crusts in the nose and probably at that time a yellow, tenacious discharge, all of which were produced, would seem to determine its place.

The headache of the remedy, that peculiar going to and fro of the pain on the right side of the head, we have been able to verify on two or three occasions where the symptom has been met and it worked promptly in each instance.

The symptom of soreness along the intestinal tract may or may not be a useful symptom; it is our opinion that future experiments will have to be made with the drug to determine whether

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this was mechanical or whether it was due to the dynamic action. We can hardly regard anything produced by the drug in this sphere as characteristic enough to base a good homœopathic prescription upon. W. A. DEWEY, M.D., *University Hom. Observer.*

Apis, Hepar, Mercurius corr. Swelling below the eyes points to apis. If such swellings appear regularly, especially during the morning and diminish in the course of the day, some renal trouble is commonly the cause, and in such case apis is also helpful.

Diarrhea in children with stinking stools and sour exhalations from the body, "sour baby," demands hepar.

The chief remedy in dysentery and dysenteroid, sanguineous diarrheas is mercurius corrosivus. *Homoeopathische Monatsblatter.*

Opium as Somnifuge and Antidote to Codeine. The writer was called to a child, aet. 20 months, suffering from a supposed meningitis, allopathically treated. The infant was comatose, with constipation, there were no convulsive phenomena, the irides were contracted, the sleep snoring, the pulse rapid, 160, no taches cerebrales. The illness had been of four days duration, beginning with a marked bronchial catarrh. The allopath's prescription contained, with adjuvants, sp. codeini 20 gr. and tr. aconiti gtt. xij, whereof two-thirds had been ingested. The night before, four teaspoonfuls of syrup of ipecac had been given, then a gramme of ipecac, without obtaining vomiting, which I explained to the parents by informing them that the codeine had paralyzed the stomach. My allopathic confrere, then believing he had to deal with a meningitis, had ordered a half-homœopathic prescription of aconite 3 and belladonna 6.

I ordered a single dose of opium 30, in the evening, after the visit of my allopathic confrere (his half-homoeopathic prescription not being used.) The next morning the child was awake, having got rid of the ipecac rectally, pulse to 144. The amelioration had taken place in an hour.

We shall not enlarge upon the cure of the bronchitis and the drug complications with the 30 of arsenicum, nor the later treatment of the helminthiasis by cina 12.

But, in my opinion, we are in this case in the presence of a triple marvel. First, the sleep-causing and sleep-banishing effects of opium, according to the dosage, confirming the law of similars and the production of contrary effects. Second, the development of medicinal virtue by dilution. Third, the fact the most curious and unexplainable, the antidotal neutralization of massive doses of the alkaloid of opium by dynamised doses. It is a rigorous isopathy, like the cure of hydrargyrism by Hering with mercurius vivus. As to the somnifuge action of opium in spontaneous comas, this is well known to homoeopaths. The writer has observed it a number of times, notably in a coma lasting for three days in a case of measles. But, in the coma caused by sleeping-doses of the poppy, it had not been deemed possible to break the spell with the same juice of this classic hypnotic. Explain it as you like, by ions or otherwise, the fact remains, and tends to corroborate the investigations of Pasteur and the isopaths.—Dr. H. Kruger. *Le Propagateur de l'Homoeopathie.*

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Physical Therapeutics

CONDUCTED BY W. H. DIEFFENBACH, M.D.

SYNOPSIS OF IMPORTANT PAPERS READ AT THE 17TH ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

President Brinkmann opened the scientific session with a paper on the "Interrelationship between Re-action and Cure." His able argument and references showed that all cures are based on proper reaction of the organism to agents, whether physical or medical. The paper must be read in full and carefully digested to be appreciated.

Pitcher (Haverhill, Mass.) read a paper on the "Electric Treatment of Chronic Prostatitis and Enlarged Prostate Gland." He employs a 500-candlepower lamp for 20 to 30 minutes daily, alternately raying the perineum, the inguinal region and the lower sacral segment. Vacuum electrodes are also utilized over the perineum, especially if the catarrh is severe. He particularly relies on the static wave current applied through the rectum for prompt and permanent results.

In the discussion, Massey (Philadelphia) recommended galvanism for this condition, negative pole in the rectum, large positive pad over the abdomen, and a current strength of 50 to 60 M. A. for five minutes. He also found the static wave applied through the rectum curative in this lesion.

Snow (New York) called attention to the fact that many *young men* have prostatic trouble which is often overlooked. The old men do not have a monopoly of this lesion. Very often young men who are neurasthenic, with vague neuralgic or rheumatic pains are on careful examination found to be sufferers from prostatic trouble. When this lesion is treated with the wave current through the rectum, all symptoms reflex and otherwise disappear as if by magic.

Bishop (Washington) approved of the wave current in this affection. He also employs galvanism, the cathode in the rectum against the prostate and a large anode pad over the abdomen, giving 10 M. A. for 15 to 20 minutes.

Dull pain on the top of the head he believes to be pathognomonic of prostatitis.

Titus (New York) employs the wave current in the rectum for simple catarrhal prostatitis; in septic conditions of the gland, he prefers the vacuum tube discharge.

Snow (New York) discussed "Physiological Laws Relating to the Effects of Physical Measures as Employed in Therapeutics." The scope of the paper gave the author a chance to review most of the physical agents employed in therapeutics, and he made a strong plea for investigation and laboratory work to test these measures and find the underlying principles or laws governing their curative action so as to rescue them from empiricism and indefinite routine treatments.

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Strong (Boston) demonstrated "A New Method for the Treatment of Pulmonary Tuberculosis." He employs the Tesla high-frequency current applied by means of specially-constructed high-vacuum electrodes placed over each lung combined with inhalations of purified ozone passed through germicidal and "balmy" vapors. The patient is first instructed to expire deeply in order to get rid of the residual or dead air; then the inhaling mask is fitted over the face similar to an ether cone. The first treatments consist of inhalations followed by high frequency over the lungs; later on, both are given at the same time. Each case must be individualized as to length of treatment, and the electrodes must be of high vacuum in order to secure penetration. The agents involved in the technic are: (1) Radiant energy from the vacuum tubes; (2) ozone inhalations combined with "balmy" oils; (3) lung gymnastics by means of forced in- and expiration.

The author claims some remarkable results in apparently hopeless cases, and urges investigation and study of his technic.

Gibson (Denver) read "A Review of 150 Cases of Pulmonary Tuberculosis Treated with the Roentgen Ray." The author is an enthusiast for radio-therapy in this condition, and the combination of Colorado plus the Roentgen rays is apparently very efficacious, as his perecentage of cures in advanced cases is very large.

Technic: Protection for parts not rayed is provided; treats every other day, first anterior than posterior thorax, thus raying the same area about every fourth or fifth day. A coil with good output is employed; tube of low vacuum; distance 15 to 20 inches, duration of raying 10 minutes. The period of treatment lasts three months, and no treatment is given for some months thereafter. Cough is ameliorated in a few weeks, while râles disappear in six weeks. The diseased tissue is replaced by healthy scar tissue, and recurrences or re-infections seem to be few. The author believes the result to be due to attenuation of the growth of Koch's bacillus and also to a possible antitoxin elaborated through the treatment. Cases of unresolved pneumonia he considers to be tubercular in nature in most instances.

Granger (Boston) gave a review on "The Production of Sterility by the Roentgen Ray." He referred to the work of Albers-Schoenberg, Halberstaedter, Tilden-Brown and others and cited several cases which came under his personal observation where regeneration of the spermatogenetic function was noted some months after cessation of Roentgen work. While cautioning operators in regard to the destructive action of the ray on the seminiferous tubules, he believes the fear of permanency of sterility to be exaggerated. The writer called attention to the medico-legal aspect of the matter; also its medical application for sterilizing "undesirable citizens"—syphilitics, the tuberculous, epileptic and degenerates. Also its advantageous and justifiable use in married women suffering from renal or cardiac lesions which would render pregnancy dangerous to life.

Humphris (London, England) read an interesting paper on "What is Pain?" He formulated the theory that pain is due to

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allotropic changes in the nerves with changes in conductivity of same. Nerve impulse and electrical currents are identical in physical action and altered electrical resistance causes pain through change in pressure. By relieving the pressure, pain is relieved. All pain was traced to pressure, which changes the vibration of nerves with changes in conductivity of same. By modifying the vibration of the nerves to harmonize with the normal, pain is made to disappear.

Massey (Philadelphia) discoursed on his hobby, "The Cataphoric Treatment of Cancer." His average percentage of cures with cataphoresis is 35 per cent., which, considering that the cases sent to him are chiefly *inoperable,* is worthy of attention. His technic consists in placing the zinc negative electrode in the center of the tumor to be treated and surrounding the periphery with mercury-coated needles attached to the anode. He gives from 500 to 2,000 M. A., treatment lasting from 20 minutes to one hour, depending on the case, or until the slough is thorough.

Brinkmann, in the discussion, gave his belief that the success of the cataphoric treatment was based on the heat generated and on the electrolytic action rather than on the mercuric cataphoresis, and warned against secondary hemorrhages in these treatments.

Titus (New York) read an excellent paper on "The Efficiency of the Static Wave Current in the treatment of Spasmodic Dysmenorrhea." The importance of a proper diagnosis was first emphasized. Technic of treatment: Bowels clear; Sims' position on reclining-chair on static insulated platform. Positive pole connected to metal electrode, well lubricated, which is introduced into rectum, patient either holding it in position or a tube holder serving the purpose. Negative pole grounded while spark-gap is gradually increased until profound pulsation is noted by the patient, the strength being varied to suit each individual case. Treatment usually 20 minutes daily. The wave current causes deep, rhythmical, painless contractions, with consequent improvement of pelvic circulation. Stasis is relieved, congestion and hyperemia disappear and pain and spasm are thus ameliorated. Retroversion is promptly cured by the wave current in the recutm and concomitant constipation subsides at the same time. He distinctly prefers the wave current with its high potential and low frequency to the high-frequency current, as the latter does not penetrate deeply, its action being more superficial.

Snow (New York) approves of this treatment, which is especially applicable to virgins. He finds it a specific excepting when stenosis is present. In cases with acute flexion and stenosis he has had failures with the wave current.

Brockbank (Germantown, Pa.) combated Snow's statement that stenosis is a contra-indication for the wave current. He claimed to have had many cases of stenosis which responded to treatment. He also favored the continuous current in these conditions.

Kassabian (Philadelphia) gave a symposium on "Roentgen Ray Dermatitis." He first spoke of the preventive measures for

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the patient—enclosing tube in opaque shield or box or using flint-glass tube with small, normal glass focus. Parts not rayed are covered with opaque material. Operator wears opaque apron, gloves and lead-glass spectacles, and should preferably not remain in the room with the patient. He personally uses a reflector in an adjacent room from which he observes the tube and the patient and controls the switch. He employs aluminum sheets, 1/32 inch thick, as a filter to cut off soft rays—the sheet being grounded.

When dermatitis has taken place, 2 per cent. hot normal salt solution locally two to three times daily has been found beneficial in acute conditions. Zinc oxide relieves pain in acute dermatitis; powders are detrimental; 3 per cent. argyrol has been found beneficial for cracks in skin, and seems to stimulate granulations. When chronic dermatitis supervenes, no remedy seems of any avail. The speaker, who suffers from chronic dermatitis, finds that by immersing his hands in hot water as hot as can be borne that temporary relief is obtained; cold cream or lanoline is then applied. Use no powders, as they irritate. He insists that constitutional treatment must be given; no coffee or alcoholic beverages. Whenever he indulges in alcohol, his dermatitis is aggravated.

Snow (New York) advocated dry, hot air in Roentgen ray dermatitis. Titus (New York) claims that white light is specific for this variety of dermatitis. After using the white light, he feeds the affected cells with white of egg.

Brockbank (Germantown, Pa.) read an exhaustive treatise on "Light Modalities in the Treatment of Disease." He spoke of the physiological action of light on animal life, on bacteria, on human metabolism. Of the various actions of the divisions of the spectrum; the blue to ultra violet rays being actinic or chemical, the red and infra-red being heat rays, the yellow and green being luminous rays. Chemical light has marked germicidal powers, and in most treatments it is essential to get rid of the heat rays, not necessarily the luminous rays. The field for light therapy is constantly increasing and now embraces a large variety of dermatoses, of diseases of nutrition and elimination. Incandescent light baths are recommended in cases of lowered vitality, neuralgias due to toxemia, syphilis and in many cases of perverted metabolism and where increased elimination is desired. Arterial tension is lessened, the sweat glands are stimulated and the nervous system is soothed. Dickson (Toronto) employs the incandescent lamp after Roentgen ray treatments to improve nutrition of the parts. He finds it excellent in psoriasis and bronchial asthma.

Snow (New York) advocates the use of the incandescent lamp after operations to relieve pain and stimulate scar tissue formation. It obviates the use of morphine. The actinic rays are indicated for all diseases of bacterial etiology.

The writer described the air and sun baths now so popular in Europe and mentioned the cure of several cases of tubercular peritonitis with sun light. WILLIAM H. DIEFFENBACH, M. D.

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Contributed Articles

ADVICE TO GIRLS AT PUBERTY*

By D. C. Kline, M.D.

Reading Pa.

ONLY a few of the stronger trees in the forests stand upright and straight, refusing to succumb to the severe storms; the majority go down. Thus with humanity. Of the thousands born into the world annually, only a comparatively small proportion fully and properly mature. The majority go down at some stage of the developing process, and from observations it would appear that the period of puberty in young girls is a time when nature frequently succumbs to the physical storms, or at least begins to break.

The cry of the present day is for preventive medicine. This role is being assumed by the physician more than ever before, hence it would seem that the gynecologist, as well as the general physician, would do well to begin his professional work with the young girl, by giving her wholesome and helpful advice. In many instances she could be saved a breakdown, and thus avoid giving up her generative organs to the surgeon.

Judgment must be exercised as to whether the advice be given direct to the girl by the physician, or indirect through the mother or guardian. The counsel should consist not alone in regard to

*Presented to the Homœo. Med. Soc. of the State of Penn.

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the physical needs, but from a moral standpoint as well, if you please. It becomes our privilege and duty to urge mothers to properly explain to the girl her physical and moral makeup. "Innocence will not protect the child, but ignorance may prove her ruin." Certain it is that the girl will learn something pertaining to her sexual organs, not only of their use, but of their abuse as well; then how much better that she be wisely informed by some one who is interested in her welfare than to learn from her street companions or school friends.

Coleridge truly wrote: "Society would be broken up and man would loathe his brother man, if the secrets of each heart were laid open to public gaze."

We would be shocked and horrified if we but knew of the impressions gained by these children, many times from their companions. They are frequently lead to believe that intercourse among children is perfectly proper, and likewise habits of masturbation by one method or another are formed innocently, may we say, at least ignorantly, all of which should and many times could be avoided if the child was wisely informed and taught to regard her sexual organs as sacred to her.

Among the first half dozen obstetrical cases attended when beginning the practice of medicine was a young girl of sixteen, who was under the impression that the fetus would be taken from her by the opening of the abdomen. As an exchange for candies and sweets given to her by the young man, she had been persuaded to permit intercourse, and understood that all children learned in that way, never imagining that she would get into trouble. Horrible to relate, however, she not only became pregnant, but syphilized as well. The girl, as with many others, might have been spared all this had she been judiciously counseled by her mother. In this instance, surely the prevention of disease would have been much more desirable than the cure.

All are cognizant of the fact that girls arrive at the period of puberty at varying ages. This is due, first, to the constitutional and physical makeup of the individual, and, likewise, it is influenced largely by climate, maturing considerably earlier in the southern or warm countries than in the north, where the weather is more severe; but, in a large majority of instances, a young girl approaches puberty between the ages of eleven and fourteen years.

Generally speaking, the approach of this important epoch in a girl's life can be foreseen by the physician or mother, and then it is that some one particularly interested in the child should assume the responsibility of informing her of the probable approach of the

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menstrual flow; what it means, the cause and source of the blood, with general instructions as to the proper care of herself.

This instruction to the child need not be of such a character as to preclude her continued active, joyful, cheerful, free life. Rather endeavor to encourage the childish days as long as possible. Give her the romping, open-air pleasures and sports and make her feel as free as possible. Do not be in haste with your tight waists or corsets, as they will burden this creature of God soon enough and continue too long at best. Study her physical defects and weaknesses and direct her recreation accordingly, to remedy the poorly-developed parts of the body; teach her deep breathing to broaden the chest; give some suitable exercise for the arms; also physical instructions that she may become graceful and strong—outdoor sports, such as tennis, horseback riding, driving, rowing, swimming, dancing, or any line of recreation in moderation. All of which should be done systematically, as too violent exercise may do more harm than good. Excessive jumping of rope, horseback riding or bicycling will tend to develop the generative organs in excess, and the muscles of this part of the body may become over-developed. Here, let me urge more playgrounds and parks in our cities for these and other children. Improper ventilation of our school rooms, factories, homes and places where numerous people congregate is likewise detrimental to the health of the young girl.

During these formative years of a girl's life she should be saved from excessive or unnecessary fret or worry. Do not permit overwork, or overstudy. Indeed, the question of overstudy is a serious one in our public schools at the present time. There is a tendency to force children beyond their strength and years. Many times a girl's inactivity and seeming lassitude, due to her menstrual period approaching, will be considered by her thoughtless teacher to be due to lack of interest or wilfulness; but here is where kindness and patience should be practiced.

Regular hours of sleep and rest should be urged, with plenty of fresh air and sunshine, both within doors and out; good, wholesome diet regularly enjoyed, but no late eating at night. Avoid excess of sweets and candies, although a reasonable amount of good candy is permissible for the average healthy, growing girl. Guard against any untoward symptoms or appearances of anemia, chlorosis, and the like.

In directing a child regarding her associates, do not forget that the character of her reading is equally essential.

Instruct the mother to observe the character and amount of

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the menstrual flow of the young girl; teach the child to keep a note of the time the menses make their appearance each month, number of days duration, how many napkins soiled, amount and extent of pains or cramps suffered. Give her to understand the importance of cleanliness, that frequent bathing is essential ordinarily, but when she approaches the menstrual period she should bathe carefully and never enter the bath during the time of the flow; but wash lightly only as necessary.

A gentleman recently remarked that children developed mentally and morally, entirely as they were trained good, bad or indifferent. This is largely true of the physical. If we would but pay more attention and make greater efforts in the physical training of the young girl, considering each child individually, as to her capabilities, endeavoring to overcome the physical defects, strengthen where there is weakness, surrounding her with good, wholesome influences, much could be accomplished. Where a young girl must be constantly under the harmful influences of a nervous, hysterical teacher, or mother, how is it possible for her to become strong?

If thus we can so guide the mother and together we can direct the young girls into womanhood, we will not only help them, but the future race will be the better—for these girls will be the mothers of the coming generation.

THE HOMŒOPATHIC TREATMENT OF INSANITY*

By William Morris Butler, A.M., M.D.

Brooklyn, N. Y.

ANY form of medical treatment of insanity, to be successful, must be supplemented by suitable diet, physical rest, proper hygienic measures, sanitary surroundings and due regard for the moral environment of the patient. Suicidal and homicidal cases must be kept constantly under the closest surveillance and every possible effort should be made to turn the mind from its abnormal into normal channels of thought. If these points are disregarded, no remedy, however carefully selected or suitable to the case, can achieve success.

The success of homœopathy ,in the treatment of insanity, depends upon the care taken in the selection of the remedy in each

*Read before the New York State Homœo. Medical Society.

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individual case. When called to treat any case of mental disease, the physician should make a careful examination:

1. As to the patient's general physical condition.

2. Every physical disturbance should be considered and its relation to the mental disease accurately determined.

3. Every variation from the patient's normal state should be ascertained.

4. Having noted all the subjective and objective symptoms presented by the patient, together with those elicited from the general history of the case, the totality of these symptoms should be made the basis of prescription, and the remedy most clearly indicated should be selected, according to the law of similars. In entering upon the selection of the drug, do so without prejudice for any particular remedy. Do not give belladonna because the disease happens to be mania, or arsenicum because it chances to be melancholia. Let the closeness of the similarity of the symptoms in each individual case be the only guide in the selection of the remedy.

The space allowed will prevent our considering the treatment of all mental diseases, and we shall, therefore, consider only melancholia and mania and give simply the symptoms of those drugs which we have found most often indicated and most frequently curative.

Melancholia

The remedies which we can most emphatically recommend under this head are acon., actæa rac., ars. alb., bell., china, dig., ign., lil., tig., nat. mur., puls., sep., verat. alb.

Aconite is chiefly useful in melancholia of pregnancy, where the prevailing mental note is fear of death, which the patient continually asserts will occur in her approaching confinement and distresses all about her by ceaseless weeping and lamentations. There is also great restlessness or sleep disturbed by disagreeable dreams.

Actaea rac. thinks she is becoming insane. Greatly depressed by fear of death, and a sensation as if something had settled down upon the brain, rendering everything dark and obscure. Severe pain in the occiput, and through the eyes, as if they were penetrated by sharp instruments. Nausea, false labor pains. Sleeplessness.

Often indicated in the melancholia of pregnancy when it occurs in hysterical, rheumatic and neuralgic subjects, who have suffered much from uterine disorders.

Arsenicum album is one of the most valuable and frequently indicated remedies in severe cases of melancholia and melancholia

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agitata. Arsenicum is chiefly effective in the severest type of the disease.

Both the physical and mental symptoms reveal, at a glance, the dangerous character of the malady. The face is pale, the features pinched, the countenance anxious and haggard, the skin shriveled; the pulse rapid, weak and wiry; the tongue is red, dry, parched, and tremulous; and the patient is continually tortured by the characteristic arsenicum thirst. Emaciation speedily takes place. Impelled by an overpowering restlessness, if allowed to remain upon their feet, the victims unceasingly pace up and down their apartments, night and day, wringing their hands and agonizingly bewailing their fate. If in bed, they constantly roll from side to side, incapable of rest. In their agony, they pull out their hair, bite their nails to the quick and may inflict upon themselves the most serious physical mutilations. Driven to desperation, unless continually watched they invariably seek escape from their misery through suicide. Yet these desperate and apparently hopeless cases, if prevented from injuring and killing themselves and if properly nursed and sustained by a sufficient quantity of nourishing food, by the marvelous influence of arsenic are often restored to perfect health of body and mind.

BAPTISIA is especially potent in the severest and most dangerous forms of melancholia with stupor. When this disease assumes a typhoid type and the temperature is excessively high and the pulse and respiration extremely rapid, the countenance dark and sodden, the eye devoid of expression, the breath fetid, the tongue dry and brown, the teeth covered with sordes, and frequent, offensive, involuntary stools are present, you can look with hope to baptisia. Under its influence, this formidable array of symptoms, signs of a virulent toxemia, often disappear as by magic and complete mental and physical restoration takes place.

The BELLADONNA melancholic is exceedingly depressed, fearful and subject to violent attacks of weeping. The characteristic indications are a general passive cerebral congestion. When this combination appears, belladonna is exceedingly effective, especially if given in the lower potencies.

CHINA is only effective when the disease has resulted from an excessive drain of some vital fluid, but in these cases has produced some marvelous results. It should be given in appreciable doses.

DIGITALIS—The chief indication for digitalis in melancholia is a slow pulse, attended by a general appearance of exhaustion and debility. It is not as often demanded as some other remedies, but when indicated is exceedingly reliable.

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IGNATIA is frequently indicated in acute melancholia when the disease has been produced by shock or prolonged brooding over real or imaginary troubles and when the relief of tears is denied. These patients are obstinate, resistive, taciturn and given to brooding. Proffered sympathy is rejected, but if it is not offered they imagine themselves neglected by their friends. In spite of their tendency to brooding, they are inclined to be hysterical and often indulge in senseless laughter. Another infrequent symptom may appear, recorded in the materia medica as "lasciviousness without erections, sexual desire with impotence, itching around the penis and genitals." One case of melancholia, given to constant masturbation, with this group of symptoms, came under my observation and was promptly relieved by a high potency of ignatia after all the ordinary homœopathic antaphoridisiac remedies had failed.

LILIUM TIGRINUM—Depression, tearfulness, timidity, fear of some fatal disease or insanity. Weakness of memory and difficulty in the selection of proper words when conversing. Irritability of the bladder, with pressure upon the rectum.

Adapted to neuralgic and hysterical women who have suffered from functional or slight organic disorders of the uterus and ovaries.

NATRUM MURIATICUM—The patient is emaciated and the face has a prematurely old look. The memory is weak and there is general mental and physical exhaustion, causing a disinclination for any kind of work. These patients shed floods of tears, and the more they are comforted the more violently they weep. Revelling in their grief, these cases derive satisfaction from recalling all the disagreeable occurrences of the past, for the purpose of indulging in melancholic meditation. Ill-humored and taciturn, easily provoked by any contradiction, they avoid companionship, believing that they are pitied by every one on account of their misfortunes.

Especially indicated when the melancholia has followed intermittent fever and when the outbursts of weeping are periodic in their occurrence.

PULSATILLA—Melancholia manifested by frequent weeping, solicitude concerning health, despair of salvation, constant praying and great anguish, causing her to desire to commit suicide. Variable moods, at times depressed and tearful, then joyous and happy. Adapted to women of mild, gentle, affectionate dispositions, possessing little vim. Pulsatilla is frequently demanded in melancholia of pregnancy when complicated by gastric disorders.

SEPIA—Nervous, irritable, sensitive to the least noise, dread of being alone. Sadness with solicitude about her health and the future. Frequent paroxysms of weeping, aggravated at night and

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in the open air. Indifference and aversion to members of her family. Indolence and disinclination for any work. Weakness of memory and difficulty in expressing her ideas. Sleep restless and filled with disturbing dreams, awaking in a fright. Profuse, yellowish or white, acid, exceedingly offensive leucorrhea.

Sepia is chiefly useful in melancholia which occurs in women as the result of a chronic leucorrhea and organic disease of the uterus and ovaries.

VERATRUM ALBUM—Sad, despondent, tearful, despairing. Fearful and apprehensive of misfortune. Dull, stupid, obstinately taciturn.

With the mental are usually associated many physical signs of lowered vitality, and a marked disturbance of the heart's action.

Especially efficacious in severe forms of melancholia with stupor, characterized by excessive dullness, taciturnity and refusal of food and great physical weakness show by the cold, blue, clammy skin, weak and intermittent pulse and occasional fainting spells and temporary loss of consciousness. Under the influence of veratrum album, many apparently hopeless cases have been completely restored. Care should be taken lest the drug be too soon discontinued, as these patients are liable to relapse if the cure is not firmly established, but when it is accomplished it usually remains permanent.

MANIA

The drugs most frequently curative in mania are anacardium, belladonna, cantharides, hyoscyamus, phosphorus, stramonium, veratrum album and veratrum viride.

The ANACARDIUM patient is often possessed by the delusion that he is controlled by two antagonistic forces, the one inciting to evil, the other urging him to be good. He is often disorientated as to time and place. Filled with hallucinations of hearing voices constantly whisper in his ears obscene and blasphemous words.

The anacardium patient is chiefly characterized by his ugliness and frightful profanity.

We have found it more often curative in chronic mania than any other remedy, especially if attended by some impairment of memory.

The BELLADONNA patient, in violent fury, bites, strikes and kicks or tears everything to pieces. The talk is excited and incoherent. The mental condition is ever changing, one moment he may be brave and pugilistic, the next terrified and cringing. Every imaginary hallucination of sight may pass before his eyes, ghosts,

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hideous faces, animals or instruments of torture. Extremely fickle, with constantly-changing mental moods, these patients one moment dance, sing and laugh, the next are seized by most fearful paroxysms of rage and violence.

With the mental, are usually associated the ordinary congestive symptoms. No other remedy is as often indicated in acute forms of mania as belladonna.

CANTHARIDES resembles belladonna in its violent excitement. These patients are exceedingly destructive and especially inclined to bite at any one who approaches, or they will bite the sheets or bed clothing. They are restless, moan and groan and often bark like a dog. They are filled with hallucinations, especially of sight, and frequently converse with people long dead. Like the anacardium patient, they show a strong tendency to swear and are worse at night. The eyes are bright, pupils widely dilated, face yellow (unlike the red face of belladonna) and wrinkled with a constant frown and expression of extreme suffering. The slightest touch aggravates the symptoms, as does also any dazzling object like a mirror or glass of water.

The chief characteristic of cantharides is the intense, almost overpowering, sexual excitement, which accompanies the violence, driving the patient to seek immediate sexual gratification; hence they are usually most desperate and excessive masturbators.

The violence of cantharides is paroxysmal, but terrific while it lasts.

This remedy is frequently indicated when the exciting cause of the disease has been masturbation. Associated with this mental group are usually found the characteristic bladder symptoms of cantharides.

HYOSCYAMUS is not as violent and dangerous as the belladonna, and is less wild and more easily controlled than the stramonium patient. She sings, cries, laughs, scolds, swears, talks obscenely and often accuses herself and her husband of infidelity. A common delusion is that she is being poisoned by her medicine or food, and on this account may not take either voluntarily. The delusions and moods are exceedingly changeable, but the patient is, usually, jolly and good-natured, but nervous, restless and sleepless. There is great sexual excitement, with much lascivious talk and constant desire to expose the person and remain naked.

Hyoscyamus is especially suitable for young, hysterical, nervous and easily-excited women, and is very often curative in mania.

PHOSPHORUS—Violent delirium, with restlessness, fear of death and constant desire to escape. Loud screaming, with attempts to bite and strike those about him. Hallucinations of sight—sees

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faces leering at him wherever he may look. Nervous starting, at the slightest noise. Intense sexual desire, with entire shamelessness and constant attempts to remove the clothing and go naked. Irritable, fretful, peevish, fearful, worse towards evening, sleepless before midnight.

Phosphorus is not as frequently demanded as some other drugs, but exceedingly satisfactory when indicated. One of its most reliable symptoms is the presence of hallucinations of sight—"faces peering from every corner." With this symptom we have never failed to relieve the patient by the exhibition of phosphorus. It is most frequently demanded in cases with sexual excitement and where the disease has arisen from a depleted state of the brain and general nervous system.

STRAMONIUM—While representing, by its provings, a wide range of mental symptoms, stramonium has achieved its greatest curative triumphs in the severest class of cases.

When the delirium is wild and furious and the patient is possessed by the most fearful delusions, illusions and hallucinations, then is stramonium most clearly indicated and seldom fails to bring speedy relief.

It differs from belladonna in the greater intensity of the mental excitement.

In acute mania, epileptic insanity and delirium tremens it is often indicated and frequently curative.

VERATRUM ALBUM—The furious delirium of veratrum album, with violence and destructiveness, resembles that of belladonna and stramonium. In veratrum album, however, we have much greater physical exhaustion, evidenced by a weak pulse, coldness of the body and cold sweat on the forehead. The veratrum patient must have speedy relief or die. Veratrum album is especially efficacious in mania occurring in women where the disease is dependent upon some disorder of the sexual organs and is aggravated at each menstrual period, or in women whose menses have been suppressed and who imagine themselves pregnant. Many of these cases are subject to amorous frenzies, which are strangely mixed with the wildest religious vagaries.

VERATRUM VIRIDE has few mental symptoms recorded in its provings, but has been found exceedingly useful in many mental diseases.

In acute delirious mania with a very high temperature and exceedingly rapid pulse and respiration, we have frequently found its effect marvelous.

When, however, it has lowered the temperature, and lessened the rapidity of the pulse and respiration, its work is done.

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THE GENERAL PRACTITIONER AND HIS INSANE PATIENTS*

By Reeve Turner, M.D.

New York City

* * * * * * * *

"But see the madman rage downright
With furious looks, a ghastly sight.
Naked in chains bound doth he lie,
And roars amain he knows not why!
Observe him; for as in a glass,
Thine angry portraiture it was.
His picture keep still in thy presence;
'Twixt him and thee, there's no difference."

* * * * * * * *

THIS description of a "maniac," taken from Burton's *Anatomy of Melancholy*, might well have been descriptive of similar cases up to comparatively recent times.

Pinel, in France, and the Quakers, in England, were the first to do away with chains; but reform came slowly. Only a short time ago mechanical restraint, in the form of jackets, cribs, leather handcuffs and straps, was considered necessary for the proper care and treatment of those mentally sick.

All this is changed, in New York State at least, and it is now known that the necessity for restraint of this kind never existed. Nor have sedatives taken its place. True, it has been found necessary to increase the number of nurses; but what of that, if the fear and horror created in many patients' minds by the contemplation of ties and straps, chloroform and mufflers can be done away with forever?

It must not be forgotten, however, that, although the old system of mechanical restraint caused grave abuses, the majority of the physicians who used it had in mind the best interests of the sick ones.

Wherever the nursing force is inadequate, mechanical restraint or sedatives become necessary.

You may ask, What has this to do with the general practitioner? Doctor, do you know that the average individual still harbors the "padded cell," "straight-jacket" idea of the so-called "insane asylum"?

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*Read before the Hom. Med. Soc. of the State of N. Y.

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Tell your patients, friends and relatives of patients that there are attractive parlors and halls, clean hospital wards with white beds in orderly rows, and often more quiet found there than can be found in many wards in general hospitals.

Those sightseers who go through a state hospital expecting "thrills" are apt to be disappointed. There is less chance for such experiences than on the streets of a crowded city.

Tell those who are interested, that the old idea of a "madhouse" with all its terrors is certainly a thing of the past.

Most people have no knowledge of the modern method of treating the insane; they have an almost instinctive repugnance for anything pertaining to insanity and the insane. It is your duty, doctor, to instruct them and to give them a sensible idea of the subject.

Sometimes the relatives will have sufficient reasons for wishing the case treated at home, or you may think it advisable. The problem will then be to organize a hospital system in a private house; to have sufficient nurses—often day and night—and to have strict seclusion for the patient.

You will not often have this condition to face, perhaps. Money may be so limited in amount that removal to a state hospital or other institution is absolutely necessary.

Then it is that the careful physician must know the ground on which he treads. Before sending your patients to such a place, inspect it carefully.

Always remember that, whether at home or in institutions, there should be provided sufficient nurses for the proper care of the patient. This can be done without incurring the cost of special nurses. Make your strength felt and insist on having what is right. In that way you will have your share in the progress that is being made.

Accidents will happen, even in hospitals where nurses, both night and day, are many and capable, and all possible precautions are taken to avoid disasters.

Outside of institutions, where little or no care is exercised to guard and protect the insane, homicides and suicides are common occurrences.

The number of these can be, and should be, greatly reduced if the mental states of the individuals are appreciated and some steps taken to keep the sufferers under the watchful care of persons capable and experienced in the rational methods of dealing with the insane. The general practitioner can explain to the families having such cases the dangers they are daily running. How often

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we read of a suicide or homicide who had been evincing signs of mental derangement for some time. Only yesterday a man "who had been noticed as acting peculiarly for a long time" took his two-year-old daughter to the river and threw her in as an offering to God. That life could have been spared had the father's mental condition been correctly judged and proper precautions taken. Now, no doubt, he will be given care.

When recommending supervision or care for a patient, and when warning relatives of possible suicidal or homicidal tendencies, you may be greeted with something like the following: "Oh! no, doctor, you must be mistaken; he wouldn't do such a thing. He was always such a cheerful man, and loved his family so much." One should not listen to the relatives to the exclusion of the promptings of one's best judgment as to the advisability or not of sending the patient to a hospital.

You will sometimes hear this: "Doctor, if we should send him to a hospital it would just kill him. He never could bear the sight of misery." Listen respectfully to all this; give your advice, and if they refuse to follow it retire from the care of the case. You would do it in other diseases; do it, then, with your cases of insanity.

Most cases of insanity have blunted or altered powers of perception, so that changes in environment are not noted with the same degree of interest or correctness that they would be in health.

The patient may be in such a mental condition that heaven would appear hell to him, or so elated that he would not find fault with Bethlehem Mad-house in its worst days.

Some cases lack interest in their surroundings through preoccupation, retardation or through changes in the brain resulting in dementia.

Always remember, and impress the fact upon those interested in the patient, that there has occurred a distinct change in the patient's mental attitude, and that ideas and opinions held by the patient before sickness overtook him now have been forgotten, altered or their places taken by different ones, often opposed to the ones formerly expressed by him. The tendency is, too often, to look upon and treat the patient either as a person who has perfect control of himself, or as a naughty child.

Many times the patient has a better appreciation of his mental state than others. Witness the case of a man who insisted on his wife chaining him at night, so that he could not, when his insane fancies prompted him to do so, kill the whole family.

As general practitioners you will have to exert your influence to stop the carelessness exhibited sometimes by those who are car-

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ing for mental cases temporarily confined in general hospitals. A case, where no precautions were taken, is one that occurred in one of the largest hospitals in New York City. A young woman, suffering from a form of depression, was left alone by the night nurse. She took the opportunity to jump out of the window. Through the fact, possibly, that she was being treated as they treat persons of normal mentality, she was not visited by any one again that night, and was found the following morning lying unconscious in the court below. She recovered her reason in an institution for the care of the insane, but will always bear the marks of that fall.

One often hears and reads of patients in the delirium of typhoid, or other acute disease, jumping out of hospital windows, many times to be instantly killed. Such accidents can and should be guarded against.

Although not suffering from an actual psychosis, these cases are, for the time, practically insane, and should be so treated.

During such delirium, even though mild, the cases should have the watchful care of a nurse both day and night.

I want to say a few words about the many cases of alcoholism and drug habits. What shall be done with them? They are often actually insane, and are a big burden and source of expense to themselves and others. Many of the most dangerous of alienated cases come from this class. The physician does not care to send them to the so-called "cures," and yet he has little choice.

They usually travel from pillar to post, unless by some act they get within the grasp of the law, when they are promptly taken care of, usually in prison. If they go voluntarily to an institution there is little restraint. Commitment is attended with risk, as such cases are good subjects for shyster lawyers with their habeas corpus proceedings.

It is understood that in this state some attempt is being made, or about to be made, to harbor such cases under proper legal restraint in a hospital especially conducted for alcoholics, where they will have all possible opportunity to recover from their habits.

Now for a few donts:

Don't make your prognoses too hopeful. You are apt to be disappointed.

Don't send the patient out on a globe-trotting expedition. He needs rest, and lots of it. Recreation can come after recovery.

Don't listen too attentively to the relatives' wishes regarding treatment. Usually they know little about insanity.

Don't take the case if you cannot have your way.

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Don't treat a case at home unless you can command sufficient assistance.

Don't trust the patient unless you are absolutely sure, and then look out!

Don't trust a convalescing patient as you would one in the height of an attack. Accidents more often occur when recovery is near than at any other time.

Don't spoil the patient's chances with bromides and other sedatives.

And, above all, don't forget that the indicated remedy, homœopathically applied, is the best curative treatment.

THE ADJUVANT TREATMENT OF TUBERCULOSIS.*

By Arthur W. Yale,

Philadelphia, Pa.

TUBERCULOSIS, commonly known as the "Great White Plague," is by far the most insidious enemy with which the profession of to-day is called upon to battle. The annual harvest reaped by phthisis exceeds that of the Spanish American war. It spares neither young nor old, rich nor poor, black nor white in its ravages, and is found all over our country, New Jersey at the present time enjoying the unenviable distinction of having the highest mortality rate.

Conservative statisticians inform us that one-half of the deaths between the age of five and thirty years are directly due to tuberculosis, and of these fifty per cent. might have been saved by proper treatment. Surely this is a most startling "Might have been," that thousands upon thousands of lives are being needlessly sacrificed to the "do nothing" method of treatment. Does it not behoove us for the sake of humanity to seriously and earnestly consider how we may best strive to check the ravages of the "Great White Plague?"

The modus operandi of the tubercle bacillus is well known, yet it may be briefly outlined here. A cold which develops a bronchial irritation paves the way and when, as a result, a denudation of the ciliated epithelium takes place, a congenial soil is at once offered to the tubercle bacillus, which readily finds lodgment.

We first have a proliferation of epitheloid and giant cells, and

*Read before the Natural Society of Physical Therapeutics.

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following this, an inflammatory reaction, together with exudation of leucocytes. As a third step a coagulation necrosis goes on in the cells whereby they are converted into a caseous mass. This will be followed by one of two results. Either the tubercles will soften and break down, resulting in a cavity, or they will be surrounded by an increase of fibrous tissue, whereby they are encapsulated and converted into a firm hard structure, or consolidation. In the event of the first, as the masses open upon the bronchial surfaces a secondary infection takes place in the majority of cases. To a large extent the distressing symptoms of the disease are due to this latter, such as the cough, the muco-purulent expectoration, hemoptysis, dyspnea, and the progressive emaciation. For the treatment of tuberculosis various means have been successfully employed and either modified or rejected. At the present time the open air treatment on the crest of the wave of popularity. Now far be it from the writer to disparage the effect of fresh air on tubercular cases. Employed rationally, it is often an invaluable adjuvant, but is it not possible that in swinging "back to nature" the pendulum has swung a few degrees beyond the point marked common sense? Is it advisable to expose a patient of lowered vitality to all the sudden changes of our climate?

Although the power of the mind over the body is now recognized, even to the point of overestimation by some, yet do we of the profession, fully appreciate its value as a therapeutic agent? While we strive with all the means known to us to keep the spark of life in the consumptive's breast, is not it essential that his mind be kept cheerful and contented. In other words, while fighting for his life cannot that life be made worth living to him?

For example, a patient in the first stages of tuberculosis was under treatment for some toime at a sanitarium conducted on the Spartan plan, and was finally sent home cured. But after some time the old enemy reasserted itself, and relatives spoke of sending the sufferer back for a second course of treatment. His protests were pitiful in their vehemency, "I would rather stay here and die than go back there and live." Truly a terse comment on the "back to nature" treatment.

When a tubercular mother is removed to her home, for treatment, it means the breaking up of the family in many instances. While in the perturbed state of mind consequent upon this, send her to a distant institution, away from husband and children, and surround her with consumptives in all stages of the disease. In

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place of her comfortable home bedroom, domicile her in an open shed, exposed to wind and weather, and in her depressed, homesick, forlorn state, compel her to eat at least six times a day. Frequently the forced feeding nauseates her, but continue the feeding regime in spite of it. Is this conducive to the best results? Is it common sense? Would not recovery be expedited if phthisical patients were treated less like cattle and more like human souls who enjoy cheerful surroundings?

In the treatment of tubercular cases, the indicated remedy suggests itself as a first recourse. Medicine is an important factor in the treatment, and its mission is to subdue unfavorable symptoms as they appear. But in phthisis pulmonalis the circulation is cut off from the diseased parts, and it is impossible for medicine to reach them. Therefore, to follow the plan of the indicated remedy, and nothing but the indicated remedy, is not only unreasonable but unscientific. The simillimum will meet the unfavorable symptoms as they appear and conquer them, keeping the entire system up to normal pitch. In this sphere it is invaluable, but cannot be relied on as the sole weapon in the fight for life.

The use of medicated vapors has appealed to many practitioners, since it would seem to be a most logical method, for, it is argued, the medicament can directly reach the seat of the disease. And so, at the first glance, it would appear to be the case. But the leading authorities now agree that most of the medicine is filtered out before it reaches the lungs and rarely goes beyond the vocal organs. Furthermore, the diseased process very speedily cuts off the tubes involved so that no medicament can reach them either through the circulation, or by inhalation. Frequently, too, the agents employed have been of an irritating character rather than soothing to the inflamed areas. Therefore, the sole reliance cannot be placed upon the inhalation method of treatment. But it has a field of usefulness, which is to arrest the diseased process, and prevent spread of infection, by coating the healthy tubes with medicament obnoxious to the tubercle bacillus. The writer has found that warm oxygen, passed through a nebulizer in which glycerine, picratol and the volatile oils are held in solution, inhaled, will yield satisfactory results. The picrate of silver acts, not only as a germicide, but is especially distasteful to the bacillus, and has a healing action upon the inflamed mucous surfaces. The volatile oils are soothing, excellent conveyers of oxygen, and especially allay inflammation in the tubes, preventing

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excessive coughing. In other words, while inhalations do not carry the war into the enemy's camp, they will tenaciously hold the fort.

In the hands of some, ozone can accomplish the same purpose, by causing the patient to inhale it from the static breeze, or preferably from the Oudin-Tesla resonator. Of recent manufacture is an ozone generator with chamber in which can be placed volatile oils. These oils take up the loose atoms of oxygen in the O_3 combination and the patient inhales oxygen (O_2 plus the oxydized volatile oils). These latter hold oxygen in loose combination, and readily relinquish it in the lungs. This method many hold to be superior to inhalations of ozone direct, since the irritating properties of ozone are eliminated while its beneficial properties are retained, and much larger amounts can be inhaled.

The effects of oxygen or ozone inhalations are a direct increase in red blood corpuscles, and increased circulation, the germicidal action of Nature's best disinfectant, the tonic effect of of oxygen on the lung tissue itself, and the stimulation of the heart's action. These all combine to produce increased metabolism throughout the entire system, and thus augment the elimination of toxines and waste products.

The static breeze or the breeze from the Oudin-Tesla resonator given over the chest walls, produce similar effects by generating oxygen and driving it in from the outside. It will be found of great value in allaying pain in the muscular walls of the chest. The spark from the static machine, or Morton wave current, is of great benefit when applied over the abdomen, since it relieves constipation, and arouses both gastric and intestinal activity.. When given over the lumbar vertebræ the kidney action is increased, thus aiding in the elimination of toxines and diminishing the temperature. The vacuum tube is useful in the treatment of enlarged lymph glands and of superficial tubercular lesions.

In the vibrator, we have an effective stimulator of circulation. By its use, the vascular supply to almost any part of the body can be increased, either by stimulating the nerve centers as they emerge from the spinal cord, or by applying the vibrator over the course of the nerve directly. It also constitutes the only means of which we have positive knowledge of stimulating the lymphatics, and as these are the scavengers which take up the toxines and waste products, its value in the treatment of tuberculosis will be obvious, when it is given in the cervical region and over the diaphragm. It also has an inhibitory action on coughing. For

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this latter purpose the writer applies the vibrator over the cervical region, and upper dorsal region, especially above and below the vertebra prominens. Vibration will be also found useful in increasing the size and activity of the muscles of respiration, but it is best to postpone this treatment until all acute symptoms have disappeared. Its action in relieving congestion of the liver, and increasing the activity of the entire digestive tract with its lymphatics, augments metabolism there, aids the assimilation of the nourishment taken.

Employed over the abdominal walls and over the lumbar vertebræ, it is useful in producing polyuria. Thus the vibrator can be ranked as an exceedingly valuable adjuvant.

With regard to the X-ray in the treatment of phthisis, Dr. Grubbe of Chicago, states that the X-ray offers the only comparatively exact diagnostic method for this condition. The question of diagnosing phthisis in its incipiency is extremely important, especially since its early signs are variable, and cases which are often pronounced grippe, bronchitis or pleurisy, develop later into tuberculosis. According to his clinical experience, he has found that the X-ray can not only detect tuberculosis long before physical signs are grave enough to attract attention, but can determine the exact location, character, condition, and probable size of lung lesions.

With regard to treatment by X-rays he has found them of value in acute cases where there is present loss of appetite, and and weight, slight rise of temperature, cough, expectoration, little or no pain, and no hemorrhage, or in cases which have become chronic, but yet the patient does not seem to be losing ground.

For an explanation of the action of the X-rays upon tuberculosis, the same writer advances several views. First, since it is admitted that the blood has power to slay bacteria, and since it has been established that the X-ray is a powerful agent in stimulating leucocytic and chemic activity, it follows that the results are obtained by reinforcing the natural germicidal powers of the blood, and by the production of a leucocytosis.

Another view is as follows:—Since it is known that a congested lung is immune from tuberculosis, the X-ray effect may be ascribed to the hyperemia which follows X-ray exposures. Due to this irritation, the vascularity of the lungs is increased and Nature is given an opportunity to wall off, as it were, the affected areas by the formation of fibrous tissue. The local stimulation increases the ability of the vessels to remove and absorb waste

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products, and there can be no question but that irregular blood supply is one of the main causes of depraved nutrition and consequent emaciation. The X-ray has been found to be a stimulator of oxydation, and therefore of metabolism. The X-ray has also demonstrated its ability to relieve pain, lessen dyspnea, night sweats, and temperature.

The same writer states that it cannot be claimed that the X-ray will restore parts that have been organically destroyed, but they will restore to a normal state the functions of tissue which, because of the localization of the bacillus, have lost their ability to do good work. Primarily, the action of the X-ray he has found to be to check the spread of the disease, and to confine it to the affected areas. As with all other therapeutic measures, the earlier the application, the more favorable the prognosis.

Therefore, to briefly summarize, the X-ray will control pain and night sweats, expectoration will be made easier, under the influence of the rays the tubercle bacilli will be destroyed, and a general stimulating effect will be observed.

The incandescent light is a new comer in the therapeutic field, but its debut has been attended with flattering results. In general it serves to produce a leucocytosis and to increase metabolism. In the acute stages of tuberculosis it has been found extremely beneficial when used over the inflamed area in the lungs, while its action on the tubercular lesions of the peritoneal cavity is excellent, since the light and heat penetrate to the parts, restoring them to normal action.

Dr. Moth of Chicago, has cited several interesting cases, one of which I will quote: A young girl of seventeen gave a family history which was excellent on the maternal side but poor on the paternal. She had been losing flesh for four months and her appetite was variable. Constipation and diarrhea alternated, and a hacking cough caused much distress. The temperature rose each afternoon, and nightsweats occurred about three times a week. An examination revealed coarse bronchial breathing and a softened area of the apex of the right lung. The sputum analysis revealed a small number of tubercular germs. The patient was put under the light treatment, with hygienic and dietary treatment, also remedies as they were indicated. Four months later, she was discharged cured, having neither cough, expectoration, temperature nor nightsweats, and having gained sixteen pounds.

Dr. Titus of New York, states that he has been using a 12 inch marine search light, especially for pulmonary tuberculosis in

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its earlier stages or laryngeal tuberculosis. The rays were applied at a distance of ten feet to the entire throat and chest, for twenty to thirty minutes until all temperature subsided, then on alternate days until cough and expectoration ceased.

A series of experiments were employed to demonstrate the theory of the light's action. Seeds which were subjected to the X-rays and rayed, failed to grow. But when other seeds after their exposure to the X-rays, were subjected to the marine search light rays, and then planted, growth took place. Similar experiments with hen's eggs yielded the same results. The eggs treated with X-rays failed to hatch, while those hatched whose "raying" was followed by treatment with the light.

What is the deduction from these experiments? They indicate that the inhibitory effect of X-rays can be neutralized by the light; since the cells depend for powers of absorption and assimilation upon the enzymes it is natural to conclude that no growth can take place without their presence. It has been proved that certain agencies retard or augment the activity of the enzymes, and therefore, when seeds or eggs which had been exposed to the X-ray refuse to germinate, it is natural to conclude that the X-ray has rendered the enzyme powerless to accomplish its work. And when seeds rendered sterile by the X-ray regained more or less of their fertility, was it not natural to conclude that the light had exerted a stimulating effect on the enzymes? Therefore, it can be concluded with regard to human tissues that the X-ray is inhibitory to the enzymes, and that the light can neutralize this effect. It is well to employ the incandescent light after using X-rays, since it neutralizes the action of the superficial tissues, preventing X-ray dermatitis (X-ray burn.")

To briefly summarize the adjuvants, in the writer's experience the simillimum has been found to be of value in subduing unfavorable symptoms as they appear, and in keeping the entire system keyed to normal pitch. Fresh air and sunshine are essential to every case., as is also hypernutrition. Inhalations have proved beneficial and are used on every case at least twice a week. The writer has recourse to the static breeze to relieve soreness and stimulate nephric action. The vibrator is employed over the thoracic intervertebral spaces, around the diaphragm, and to relieve local congestion and constipation. The X-ray is invaluable for diagnosis, and is used by the writer for the treatment of all cases in which an active process is going on.

The incandescent light is employed in selected cases over the entire spine to produce a leucocytosis as an analgesic, to arrest local

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congestion due to colds, and with the vacuum tubes in the treatment of local inflammations in other parts of the body.

Mechano-therapy has now come to be recognized, not as a fleeting fad, but as a therapeutic agent whose value is attested by brilliant clinical results. Many diseases which have not proved amenable to medicine, yield to mechano-therapy, and the time is past when patients are content to await the action of internal remedies alone. The French genito-urinary physicians attempted to treat gonorrhea by the expectant method and failed. The American practitioners to-day are treating tuberculosis by the same "do nothing" method, namely, open air and forced feeding, and are not reaping satisfactory results. It is due to the patient that he or she receive every aid possible, that the fight for life may be a winning one, and it is the duty of the physician to give his phthisical cases the benefit of every adjuvant whose value has been established. Furthermore, the practitioner using mechano-therapy should not be regarded as a "dernier ressort," to be sought when every other means fails, and the lungs are hopelessly involved. The surgeon pleads for his cases of appendicitis before pus develops. "Send them early," he urges earnestly. In like manner does the practitioner of mechano--therapy ask that the tubercular patients be entrusted to his care, before the progress of the disease has made recovery hopeless.

Then, indeed, the words of the statisticians will not ring in our ears as an accusation. "Fifty per cent. of the deaths between five and thirty years of age are due to tuberculosis and half of these might have been saved!"

CHARACTERISTICS OF OPIUM*

By Julia C. Loos, M.D.

Harrisburg, Penna.

THE homœopathic prescription is based upon the symptoms, strange, rare and peculiar, in the individual patient and in the remedies. The peculiar symptoms in the patient are those distinguished from the ordinary symptoms, from the common features, of the disorder which he suffers. The peculiar symptoms of the remedy are those which distinguish it from all other remedies, even from those most similar, in their effects.

*Read before the Hom. Méd. Soc. of the State of Pa.

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One very strong hindrance to prescribing the homœopathic remedy is the difficulty in perceiving the peculiar, characteristic symptoms of the patient, selecting them from all those gleaned from the patient's and the attendant's reports and the personal observation of the doctor. From all the pains, modalities, tissue alterations, desires and aversions, notions and functional derangements; to select those that especially mark the individual case, that sketch the image of the disordered individual and hence the image of the remedy needed for his cure, is one of the fine arts in which the homœopath is trained. No matter how carefully the remedies are prepared, nor how accurately their keynotes be memorized, without this training they cannot be used successfully, either in high or low potency.

To the mind imbued with the desire to explain all symptoms in a so-called scientific diagnosis, satisfied to determine localized congestion or inflammation, somewhere, a particular blood alteration, or other tissue change, some particular diathesis or mechanical or chemical irritation—to such, the search for the characteristic features is almost impossible. From such a point of view, it is most difficult to accept the strange desires and circumstantial influences as anything but whims or notions of the patient, to be ignored or controlled by his own will.

Acquaintance with a remedy includes familiarity with its entire nature, especially the characteristics by which it is distinguished from all other remedies, even those most similar. Some remedies are characterized by the selection of certain tissues for their influence: bryonia acts especially on fibrous tissue; belladonna on the vascular system. In some remedies, the mental sphere expresses the peculiar features, as exemplified in the anxiety of arsenicum and aconite, the tearfulness and depression of pulsatilla. The pace of action characterizes some remedies, aconite exhibiting rapid onset and development of complaints; belladonna being characterized by intermittent action in addition to rapidity.

In some remedies the characteristics are found in modalities; *e. g.*, bryonia aggravation from motion, nux aggravation from noise; the time aggravation of lycopodium and kali carb. Some peculiarities are expressed in the painful sensations, as the burning of arsenicum, the stitching of kali carb., the pricking of nitric acid and hepar sulph. In some remedies the concomitants, apparently unrelated to the most troublesome or pathological symptoms, prove the characterizing tone, as in zinc, the fidgety feet and in rhus, the nightly restlessness.

In the opium patient, the following characteristics portray the

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nature of the remedy, sketch its image, in the proving and in the suffering patient who applies for relief and cure, of varied disorders, of easy or difficult diagnosis.

LACK OF IRRITABILITY is a prominent feature of opium. He suffers slightly or no pain from many complaints usually painful. Ulcers, inflammation, even suppuration in various parts, are peculiarly devoid of pain. The nerves are not sensitive, do not respond to the stimuli, as normally. With this there may be definite, functional inactivity, with the organs in a do-nothing condition. Parturition pains cease, contents of bladder are retained, digestion fails yet no pain is experienced therewith. Remedies, selected according to apparent leading symptoms, do not arouse reaction. This torpor extends also to the mental sphere, occasioning deception in taste, touch and other senses, lack of realization of surroundings, perversion of senses. A sort of mental and physical numbness exists.

Sluggishness and painlessness are most prominent, but there is also an oversensitiveness in special senses. Hearing is accentuated, small sounds being distinct and exaggerated. There is sensitiveness to light and odors.

DROWSINESS is another prominent characteristic. However the individual may explain it, however much he may rest and sleep, with whatever he does he is sleepy and sleeps easily when normally expected to be awake. The parturient woman sleeps in the midst of her expulsive pains; the worker dozes at his occupation; the housewife sleeps when sitting; the child sleeps when nothing has occasioned fatigue. Unnecessary and unaccountable sleepiness with any complaints, even when pain is present, is remarkable.

There is in opium, also, a sleeplessness quite as unaccountable. With all surroundings conducive to sleep, in the midst of fatigue, with no exciting influences, she cannot sleep. Night after night she retires and remains awake or sleeps lightly with long, wakeful intervals.

The vascular system is burdened by continued CONGESTIONS. Internal and external congestions exist. The face is besotted, flushed, bloated; the brain is engorged, as expressed in all the symptoms of mental stupor and cerebral pressure. The apoplectic condition is presented and in the event of clot formation the usual paralytic symptoms supervene.

PARALYTIC CONDITIONS form another prominent feature of this remedy, manifested in the overaction or weakness of sphincters, the inactivity of abdominal organs. In spite of most concentrated voluntary efforts, evacuations are retained, with sensation of closure

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of the rectum. After long periods of no inclination or long-continued straining, there is evacuated a single, hard, large, dark ball of feces; the characteristic opium evacuation. This tendency is expressed also in paralysis of the tongue, difficult articulation and other paralyses.

The mental sphere expresses a strong characteristic, in susceptibility to emotional excitement. Complaints of various sorts result from excessive joy, anger, shame and especially from fright.

Headache and other congestions, spasms or other manifestations may develop, but the most peculiar symptom is the persistence of the sensation of fear, remaining after the occurrence that has occasioned the fright. The fear or the fright remains.

There is a strong tendency to spasms, in this image. There are twitching, trembling, spasms of one part of the body, cerebro-spinal spasms, worse from heat, either warm air or hot bath, epileptiform or true epileptic spasms. Spasms occur frequently during sleep, when the victim is unconscious of their occurrence. During or after the spasm, purple-red flush of skin, dotted with bright red spots, on swollen, distorted face. Spasms from fright or emotional excitement, from shock or injury.

With these symptoms or any complaints there is aggravation from heat. Complaints develop from heat. Patient averse to heat with desire for cool air and cold applications. Perhaps the most painful condition of opium is the intense intestinal pain, griping, cutting, squeezing, spasmodic pain, resembling the poison effects of lead, for which it is an antidote.

Much more is to be said of the detailed symptoms of this valuable remedy, but mingled with them will be found the strong characteristics mentioned. In an array of symptoms that we fail to recognize as any definite image, some one of these features may stand prominent and direct the attention to this remedy, when further study reveals that the entire symptom sketch is harmoniously similar and use of the remedy eradicates all the troublesome condition with its symptoms, major and minor.

Opium is said to be especially suited to the aged and the very young, because in these periods the opium conditions are prone to develop.

The malnutrition, known as marasmus and the spasms of childhood sometimes take on this form, manifesting these characteristics. In advanced life, the vascular weakness affords opportunity for congestive conditions with apoplectic manifestations. In the middle aged and very old, when the peculiar symptoms are present, this remedy has promptly effected reaction, relieving the

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cerebral congestion within an hour and restoring normal activity within a few days, leaving practically no trace of the distressing appearance present at the time of its administration.

There is, however, no limitation that shall exclude it from the needs of those in any period of life. When, during parturition, a period is reached when nothing appears to be accomplished, delivery is delayed and the woman has no complaints and expresses no desires, except perhaps to sleep, this remedy in potency arouses reaction, delivery is properly completed, the retained feces and urine are evacuated and activities are restored, even to natural expulsion of placenta and membranes, without mechanical interference.

The patient with unmistakable symptoms of brain involvment, too weak to rise, unaided, from the pillow, helpless and without ambition or pain, temperature ranging from 100 to 103 degrees, sleeplessness, with ugly visions or dozing intermittently, with characteristic opium rectal evacuations, will be started on the road to perfect recovery by the use of this potentized remedy, even after days of unsuccessful use of only partially-indicated remedies.

The patient suffering recurrent headache for years after fright, in whom the old fear returns with the pain, associated with mental depression, will be released not only from fear but from the periodic headache and all other concomitant troubles after receiving a few doses of opium.

The intense inflammation such as occurs in felons or other suppurations that involve increasing areas of tissue, when accompanied by the drowsiness, the relief from cold applications and absence of pain even on pressure, calls not for surgical interference and bacterial antiseptics but demands opium, under whose influence the violent inflammation and suppuration are checked, the parts healed and the patient generally improved more worthily than by any injections to raise the theoretical opsonic index.

When, in the absence of menstruation, the girl in her teens is seized during sleep by epileptiform spasms, whose stertorous respiration rouses the household, calling the members to aid the unconscious victim, these seizures are checked and the pelvic function is restored with general order, by opium, when the characteristics are present.

Whatever the condition, with these guiding symptoms, opium is needed to start the curative action in the patient, manifestly improved in every way by its use. Thus it is evident that in the hands of the homœopath, who can perceive its guiding symptoms, opium is a most valuable curative agent, when indicated. In its

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crude forms as a narcotic it but destroys the opportunity of the doctor to detect the needed remedy and abuses the economy by forcing the disorder more internally while it hushes the natural expressions of that disorder.

CANTHARIS VESICATORIA IN NEPHRITIS AND ENDOCARDITIS*

By WALLACE MCGEORGE, M.D.

Camden, N. J.

CANTHARIDES applied to the surface of the body soon excites tingling, smarting and a sensation of heat; the papillæ of the skin quickly become reddened and raised. * * Taken internally, it produces an unpleasant, burning taste * * * its active principle passes from the stomach and intestines into the blood."—SYDNEY RINGER.

Although occasionally used internally by the old school, the principal use to which they apply the Spanish fly is that of a counter irritant and in no disease does it act more promptly than in that of pericarditis or endocarditis caused by metastasis from the joints of the body, during an attack of inflammatory rheumatism. It does this work well because it is homœopathic to the case. Given internally in the 30th or 200th potency, it will work as quickly, the effect will be more lasting, and the pain from the blister and consequent violent urinary symptoms resulting from its external application will be entirely obviated.

Babcock, in his admirable book on "Diseases of the Heart and Arterial System," in the section on pericarditis with effusion writes: "We possess no means of either preventing adhesions, or promoting the absorption of fibrinous deposits." Had he ever tried cantharis or cactus in the high potencies, he would not have written so despondently.

Homeopathic physicians use cantharis externally in burns, internally in diphtheria, dysentery, nephritis and pericarditis, but most of them look for the violent symptoms as seen after poisonous doses before administering it. In my experience, cantharis is oftener useful when there are no painful symptoms present in the cases, like in those cases of dysentery where the passages are

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"white or pale-reddish mucous stools, like scrapings of the intestines, or like washings of meat," which we often see when there is very little pain, and no urinary symptoms in the case at all.

To make this paper more interesting, and to show what many of our writers think of cantharis as a remedial agent, I have briefly collated some of their observations on this drug.

Mitchell, in his comprehensive work on "Diseases of the Kidneys," recommends cantharis in acute nephritis when the micturition is frequent, with scalding urine, and bronchial, laryngeal or intestinal symptoms. He says "it may possibly have a field of usefulness in diffused nephritis,' 'and in hematuria of renal calculus. "In renal colic, in the high potencies, when there is intense pain above the crest of ilium."

Jousset suggests cantharis in renal hemorrhage, in acute and suppurative nephritis. In pyelitis, he says it is the principal remedy, not only in the acute stage, but in all stages of the disease when the urine becomes purulent and bloody, and voided with painful tenesmus. He relies on it in renal colic when there is cutting pain in the left kidney, extending along the ureter into the bladder. In the anuria of cholera, in cystitis, and in nocturnal enuresis he gives it front rank. In salpingitis he names it with aconite and colocynthis as the principal remedies. He also advises its use in skin troubles when they are accompanied by much burning. He also advocates its use in ascites, in acute pleurisy, and in advanced stages of pericarditis, when the fever is abated, to bring about resolution of the effusion.

Hearing in his "Guiding Symptoms" gives: "Loss of epithelium on lips, tongue and palate." My observations show that it has loss of epithelium on the intestines, kidneys and bladder as well, and that it promotes absorption of fluid from the pleura, pericardium, peritoneum and the feet. In fact, like sulphur, it is one of our best remedies for absorption of effusions, but it is not the remedy in all cases of this kind. The one that individualizes his cases will be the most successful.

Jahr recommends it in hemorrhage from the nose, the intestinal canal, urinary and genital organs, and from the respiratory organs.

Nash advises cantharis for its effects upon the membranes to increase their secretions. This action is positive.

Guernsey in his Key-Notes says: "It is a singular fact, though known to most practitioners, that if there be frequent micturi-

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tion, attended with cutting, burning pains, or if not so frequent and the cutting, burning pain attends the flow, cantharis is nearly always the remedy for whatever other suffering there may be, even in inflammation of the brain or lungs." He recommends it when "mucus collects in the posterior nares, whence it must be drawn down with much effort in the fauces, and spit out." "One of the strongest characteristics of cantharis is the patient is uneasy, restless, distressed, dissatisfied. The general pains, both external and internal, are stinging (fine stinging, not so severe as a bee sting,) prickling, tearing, burning, biting, cutting, drawing or gnawing; the bones even may and often do afford these distressing symptoms in a marked degree."

Professor Lippe in his lectures told his students of the amorous frenzy, with shameless, unchaste gesticulations which characterized the cantharis patient. He also told us that under cantharis, erysipelas always began on the face. In case of profuse flowing two or three days after delivery, where the flow was accompanied by burning and smarting, it acts like a charm.

In Allen's Encyclopedia is the most voluminous description of this drug. It is surprising how many stitches run through this remedy (like bryonia and kali carbonicum.) It has stitches in the occiput in the right temple, in side of head, in the chin, in the sternum, in the ribs, in lower ribs, and in shoulder blade. One of the provers reports: "A violent stitch-like pain of the left side of the chest, in the region of the heart or in the heart itself." (after 5 hours.) "Stitch in the heart followed by a crawling sensation." One prover who had habitual palpitation of the heart, reports it entirely ceased while taking cantharis. Many of the provers record "anxiety about the heart." Another prover writes: "On the appearance of the urinary difficulties, the other difficulties cease." My observations show that one of the first effects of cantharis is an increased flow of urine, and as the urine increases in volume, the edema and dyspnea disappear.

In acute nephritis after scarlet fever it is a valuable remedy, and if there is much blood in the urine, so much surer is it the remedy. When the child is pale, anemic, has difficulty in breathing, and seems unable to keep about, cantharis high, will put the patient on her feet again, and enable you to restore her to health and vigor.

In the spring of 1885, a little girl, about nine years old, took cold while desquamating in scarlet fever, and soon had scanty urine, edema of the feet and dyspnea. In a day or two considerable blood was observed in her urine, and the microscope

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revealed granular casts in large quantities. The flow of blood was persistent, and the child became anemic. She had slight burning in voiding her urine with frequent calls to urinate. After studying up, I gave her cantharis, 200, in water, every hour. The burning was allayed after the second dose, and the blood in the urine was lessened in twelve hours. In two days it had entirely disappeared, and she made a speedy recovery. I kept her under observation for several months, and she had no return of any of these conditions.

In several cases of a similar character, but of less severity, cantharis has served me well, and in no case where I have prescribed it, has there been the distressing symptoms so often seen where cantharis is the remedy.

In endocarditis with mitral regurgitation, when the painful symptoms of rheumatism have disappeared; when the appetite is poor or entirely absent, when there is short breathing, rapid pulse, and some edema of the hands and feet, cantharis high, will remove the edema, increase the flow or urine, lessen the number of respirations, the patient will soon sleep better, eat more, and all the symptoms show improvement in from twelve to thirty-six hours, and in from five days to one week all the serious trouble will be gone except the valvular disease, and this you can relieve very much by aconite, spigelia or spongia. If there is any soreness left around the heart after the endocardial or pericardial trouble has been removed, arnica, high, will drive the soreness away, and reduce the heart muscle in a few days.

In pericarditis, when the patient hesitates about drawing a long breath for fear of the pain brought on by the deep inspiration, my friend, Dr. P. W. Andrews, says he uses cantharis in the sixth potency, every fifteen minutes, until relieved, and relief comes in an hour. Cantharis relieves the pain and removes the effusion. He also uses it in pericarditis, when the face is swollen, with burning in the eyes. Many more indications might be given, but space forbids.

The following clinical case illustrates what cantharis will do in a troublesome cardiac condition.

May S., nine years old, had been under treatment in the West Jersey Homœopathic Hospital for six weeks, suffering with articular rheumatism with cardiac complications. She had had endocarditis, followed by mitral regurgitation before her admission to the hospital. Notwithstanding careful attention and good nursing she did not improve, and once or twice she had exacerbation of her endocardial trouble. I saw her once or twice with the

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attending physician, but there was no improvement from the remedy suggested.

On May 26, her temperature was 98.4, pulse 132, respiration 64, coughs continually, and although she was directed to lie down, "she will sit up," the record states. Her feet and ankles were swollen, the face was pallid, and the prognosis was not encouraging. Next day her face and feet were more swollen, and she could not lie down; her urine was examined by the resident with negative results, but no microscopical examination was made. Temperature 100.4, pulse 120, respiration 56.

May 29. I saw her with the attending physician. Temperature 99. Pulse 120. Respiration 56. She had not slept much, and was very restless. Her countenance was anxious, distressed; face, hands and feet more swollen. She had frequent calls to urinate, but very little urine was voided. On account of this last symptom which was the latest to appear, I advised cantharis, 30, in water, every hour. It was at once prepared and given to her.

May 30. Temperature 98.2, pulse 118, respiration 44; she had slept fairly well, had eaten a little, face was less swollen, and she had passed twelve ounces of urine. Same medicine.

May 31. Improvement in many ways; less edema of feet; child wanted to eat, and asked for her doll.

June 1. Temperature 98, pulse 104, respiration 40; she had slept well; felt comforttable; 22 ounces of urine in twenty-four hours.

June 2. Temperature 98, pulse 100, respiration 28, had slept well, was comfortable; passed 34 ounces of urine in 24 hours; swelling of hands and feet going down nicely. At 5 p. m. temperature was 98, pulse 96, respiration 26, and the child asked to be dressed.

From that time till she went home on June 11, her pulse and other symptoms continued to improve. On June 10, at 4 p. m. her temperature was 98, pulse 80, respiration 20; she had been having a large formed stool every day; the urine became natural; the pallor left her cheeks; her feet were natural in size and she went home cured of everything except the mitral regurgitation. She received cantharis, 30, for five days, after which time she had sac lac, so that the cantharis could continue its action uninterruptedly until she was dismissed cured.

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THE MEETING OF THE STATE HOMEOPATHIC SOCIETY IN THE MATERIA MEDICA WOODS*

By F. E. GLADWIN, M. D.

Philadelphia, Pa.

THE State Homœopathic Society being wearied by its annual repetition of city meetings, decided to celebrate its two hundredth anniversary by convening in the Materia Medica Woods.

When the day arrived, absent minded Dr. Rhus Tox. climbed upon a stone wall and immediately forgot why he climbed there. Dr. Ranunculus Bulbosus who could never stand changes of temperature, donned her yellow picture hat and sat protected in the grass at his feet. A little farther on at the edge of the woods stood the changeable Dr. Pulsatilla, guarded by Dr. Lycopodium, her knight good and true, while old Dr. Silicea, well wrapped to keep himself warm, leaned against the wall near by and all awaited with different degrees of patience, the train which should bring their medical brethren to this their first convention in the Materia Medica Woods.

At length the whistle sounded. Dr. Rhus Tox. stiffly climbed from his elevated position, placed his hands upon his back and with a wry face, slowly assumed an erect posture and hobbled off toward the station. Dr. Ranunculus Bulbosus who hated to move and couldn't even bear to change her position, carefully readjusted her hat and sat still in the grass awaiting the appearance of the crowd. Dr. Pulsatilla started for the station, then changed her mind and went back, then changed her mind again and started on. Then she began to cry for no reason at all and didn't know what to do until Dr. Lycopodium took off his hat—Dr. Lycopodium always felt better from uncovering his head—and offered her his right arm and led her forward to meet the oncoming friends.

Dr. Silicea had been a stone cutter in his early days, but the work didnt' agree with him so he studied medicine. He was a queer old fellow, always chilly and the changes of the weather always found him complaining. He had a habit, with reason, of washing his feet at every opportunity and he was noted for going into fits at the new of the moon. Dr. Silicea didn't care to move so remained with Dr. Ranunculus Bulbosus.

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*Read before the Homeo. Med. Soc. of the State of Pennsylvania.

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The train stopped and doctors by the hundred alighted. Dr. Rhus Tox. soon found his old classmate and chum, Dr. Bryonia and they walked together from the station. Dr. Rhus Tox. grew better every step of the way but with every step, Dr. Bryonia grew worse. Dr. Rhus Tox. gradually lost the stiffness from his lumbar region and Dr. Bryonia just as gradually developed a stiffness in the lumbar region until by the time they reached the woods, Dr. Bryonia could hardly move for the pain and stiffness and Dr. Rhus Tox. was as lively and limber as any young graduate. Dr. Rhus Tox. soon found a mossy bank for Dr. Bryonia to recline upon while he himself sat upon the swinging branch of a tree where he could keep himself in motion as he talked and so prevent the stiffness returning to his muscles.

The assembly having reached the woods, Dr. Rhododendron, the weather prophet, perched himself upon the highest crag he could find to watch for storms. Dr. Rhododendron considered himself authority upon the weather. He could predict the approach of a storm long before any one else suspected it. Every one was hungry by the time the woods were reached, so it was agreed to dine first and have the feast of reason afterward.

Dr. Plumbum was willing to assist in spreading the table but Dr. Sepia who had taken charge, noticed his wrist drop and was afraid he would break the dishes so ordered him to go and rest. Dr. Hydrophobium was asked to take a bucket and go and hunt for a spring of water but such a look of horror came over his face at the thought of water that Dr. Natrum Muriaticum went instead. Dr. Natrum Muriaticum's extreme thirst would make him find water if any one could. Hearing a blood curdling shriek as he was starting out with the bucket, Dr. Natrum Muriaticum followed the sound and found that Dr.. Bufo's little boy had discovered the spring for him but had fallen in a fit.

Dr. Lachesis was so hungry she couldn't wait for dinner so offered to prepare the oysters thinking to help herself while so doing. Dr. Lachesis was such an inveterate talker that Dr. Sepia didn't want to be bothered with her so told her that handling oysters would ruin her dinner gown. Dr. Lachesis insisted that all of her gowns should be made decolleté for she could never understand why fashion should dictate those suffocating high collars. Dr. Sulphur was more hungry than Dr. Lachesis, so he said he would open the oysters, for nothing could hurt his clothes and Dr. Sepia agreed that his clothes were too dirty already to be injured by added dirt. Dr. Carbo Vegetabilis disliked work but even if she had enjoyed it, she was too timid to

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offer her assistance so she sat upon a pile of brushwood and fanned herself. Dr. Calcarea Carbonica, fair, fat and full of anxiety lest the dinner be delayed, hurried up to help, but her exertion immediately brought on palpitation, and a profuse perspiration started out all over her so that she had to stop and quiet herself.

Dr. Capsicum who was very fond of coffee even though it did nauseate him, took the mill and began to grind the coffee which Dr. Angustura had brought. Dr. Arsenicum, too restless to keep still and glad of a chance to get warm, hastened to build the fire. Dr. Nux Vomica, who never was quite happy unless he was angry about something, looked upon the coffee making with disapproval. He preferred brandy, but Drs. Hyoscyamus and Rhus Tox. belonging to the Temperance Fraternity were opposed to alcoholics of all kinds and insisted that none be allowed at the meeting. Dr. Calendula the specialist in lacerated wounds, thought they were paying altogether too much attention to the dinner. He was never hungry but things tasted all right when he did eat them.

The dinner was finally announced. It was in the nature of a collation, each bringing what food he most enjoyed and such a collection never appeared at table before. Dr. Calcarea had brought a basket of boiled eggs and raw potatoes and wheat. Dr. Calcarea was one of the originators of the raw vegetable diet fad. She even approved of chalk and coal at times. Dr. Mezereum and Dr. Sanicular had brought a nice fat ham but insisted upon eating all of the fat themselves. Dr. Natrum Muriaticum contributed fish. Dr. Ant. Crudum, he of "ecstatic love in the moonlight" fame, brought pickled cucumbers. Dr. Allium Cepa brought onions and Dr. Hepar Sulphur furnished the vinegar and Dr. Natrum Muriaticum furnished the salt for them. Dr. Belladonna was exceedingly fond of lemonade and as Dr. Arsenicum had brought some lemons, he hunted up Dr. Argentum Nitricum who had the reputation of being such an inveterate sugar eater that he was always making himself sick by it. Sure enough, Dr. Argentum Nitricum had brought a bag of sugar so Dr. Belladonna made the lemonade. Dr. Alumina brought rice but didnt' stop to cook it. She was one of the raw diet converts. Dr. Pulsatilla's appetite was so indistinct that she didn't quite know what she did want, so brought nothing at all. Dr. Chamomilla brought sauerkrout and then lost his temper when some one told him he would have the colic if he ate of it. Dr. Magnesia Carbonica brought meat sandwiches and Dr. Ignatia brought cheese sandwiches. No one

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living outside of the Materia Medica world will ever know all that was upon that table. An outsider might even wonder why that pile of slate pencils lay beside Dr. Nitric Acid's plate. Just after every one was seated at the table Drs. Calcarea and Phosphorus came bringing the cans of ice cream that had been forgotten.

It was amusing to note how in seating themselves at the table, like had attracted like. At the end of the table sat Dr. Symphytum the noted army surgeon. He really is not so warlike as his name sounds but he knows all about bruises, sprains, gunshot wounds and fractures, and he can make broken bones grow together when they don't want to. At his right, sat Little Dr. Calcarea Phosphorica. Dr. Calcarea Phosphorica had rachitis as a child which, being improperly treated, left her with a lateral curvature of the spine, in fact it left all of her bones curved also, but in spite of her deformity, she is a successful specialist in bone troubles. She can stop the suppuration of bones and joints and it is said that she can make fractures unite after every one else has failed in the attempt. Next to Dr. Calcerea Phosphorica, were the noted surgeons Drs. Hepar and Silicea. It is said that they can remove foreign bodies from the patient without the use of the knife. Next to Dr. Phosphorus, the great necrosis specialist, were Drs. Arsenicum and Mercurius, who worked along the same line. Dr. Hypericum sat beside Dr. Ledum and discussed punctured wounds, though Dr. Hypericum's province was in wounds where the nerves had been lacerated. Dr. Sulphur, the philosopher, is consulting physician for almost everybody. If any one has a case that doesn't improve as it should, Dr. Sulphur is called in to help. It is really wonderful how he can help almost everybody. He sat at the table with his grandson, Dr. Nux Vomica, on one side of him and his grand-father, Psorinum, on the other, forming quite a family party. These three were much interested in diseases that had been suppressed by drugs. Drs. Allium Cepa, Euphrasia and Merc. Cor. attracted much attention by their tears. Drs. Euphrasia and Merc. Cor.'s eyes were red from them but they were not tears of grief, for Drs. Allium Cepa, Euphrasia and Merc. Cor. were only eye specialists who had taken cold. Drs. Lachesis, Lycopodium, Merc. Jod. Rub. and Merc. Jod. Flav., the throat specialists sat together and discussed the merits of sore throats that began on the left side or on the right. Drs. Tellurium and Pulsatilla, ear specialists, talked about acrid and bland discharges from the ears. Over-worked Dr. Digitalis, the noted heart specialist, had been so extremely busy

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that he had feared until just before the tran started that he would be unable to attend but there he was with his friends, Dr. Cactus, the grand and Dr. Kalmia Latifolia and Dr. Spigelia, and all the lesser heart specialists sat near and listened to the words of the big four. Dr. Rhus Tox. left his friend, Dr. Bryonia, for a while and engaged his enemies, Dr. Anacardium and Dr. Croton Tig., the skin specialists, in a heated discussion in regard to the proper treatment of vesicular eruptions. Dr. Agaricus and Dr. Actea Racemosa, nerve specialists, discussed chorea with Dr. Cicuta, who sometimes treated chorea, though he preferred epilepsy. The alienists, Drs. Stramonium, Hyoscyamus and Belladonna, knowing so well the success of homœopathy in mental diseases, discussed the advisability of urging the society to demand of the state a few more homœopathic insane asylums. Dr. Stannum and Dr. Tuberculinum, lung specialists, agreed that there was altogether too much emphasis placed upon the open air treatment for consumptives. Homœopathy was the proper weapon with which to fight the great white plague and there was every reason why there should be homœopathic hospitals for the consumptives. On either side of Drs. Sepia and Kreosotum were grouped the specialists in women's diseases and on either side of Drs. Cannabis Sativa, Nitric Acid and Thuja were the specialists in men's diseases and so on all down the tables, those in sympathy with each other were gathered together while here and there was a general practitioner, the good old family doctor, who listened to all the woes of all of his patients and cured them whatever the trouble.

Just as all were seated, in rushed Dr. Aconite, full of feverish anxiety, and threw himself into a seat beside Dr. Spongia. He had just come from a violent case of croup and wanted to talk it over.

In the midst of the dinner, Dr. Colocynthis, who had been exceedingly angry about something a short time before, became doubled up with colic, and Dr. Cuprum assisted him from the table. Just as everything was quiet again, Dr. Drosera, who had difficulty in swallowing, was unfortunate enough to have some bread crumbs catch in his throat, after which he kept up an incessant hacking cough, which ended in vomiting.

When dinner was over, Dr. Phosphorus, the toastmaster, arose and called upon Dr. Lachesis to answer the toast "To the Ladies." Dr. Lachesis was a proud woman, but was fond of talking. She usually went from one subject to another with great rapidity, but for once she kept to her subject. She said she thought women should go into the professions, but they should never marry. If

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women never married, they would never have cause for jealousy, and much unnecessary sadness would be left out of their lives, etc. Dr. Phosphorus then called upon Dr. Chamomilla to answer the toast "To the Children." Dr. Chamomilla said he didn't agree with Dr. Lachesis, for if the women didn't marry there would be no dear little spunky babies that made you walk the floor all night with them, when they had the colic. The first sad chord was struck when Dr. Ignatia was called upon to answer for "The Absent Members." Dr. Ignatia was highly sensitive and conscientious and when she spoke of those who would never again meet with the State Society, Dr. Natrum Muriaticum, Dr. Pulsatilla and several others had to get their handkerchiefs to wipe away their tears.

I would like to tell you how Dr. Sulphur responded to the toast, "The Passing of the General Practitioner," and how Dr. Chininum Sulphuricum responded to "Homœopathy." I would like to tell you about Dr. Malandrinum's paper on vaccination and the discussion it brought forth. I would like to tell about all the other papers that were read at that meeting, but time forbids. Therefore, I will leave you to meet again next year in the Materia Medica Woods of Pennsylvania.

THE COLEY TREATMENT OF INOPERABLE SARCOMA BY THE MIXED TOXINS OF ERYSIPELAS AND BACILLUS PRODIGIOSUS.*

W. E. GREEN, M.D.

Little Rock, Ark.

I WILL not take up time by giving an historical account of Dr. Coley's investigations, for this may be found in March, 1906, number of the *American Journal of the Medical Sciences,* also discuss the micro-parasitic origin of malignant tumors; I only wish in the September, 1891, number of *Annals of Surgery,* nor will I to give in a concise way the results in a single case treated by the Coley method.

Some time in March, 1906, a youthful looking German, aet.20, came to me from Hot Springs, Ark., suffering from what had been diagnosed a stone in the urethra. The young man was emaciated and nervous, showing the marks of having passed through a long period of severe suffering. An examination revealed a large fixed calculus far back in the urethra which the

*Read before the Surgical and Gynecological Society of the A. I. H.

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boy said the preceding physicians had tried to extract by way of the meatus with urethral forceps. He was immediately sent to the hospital and operated upon the next day by the perineal route. A very large stone fully three and one-half inches long, weighing 1680 grains (3½ ounces) occupied the entire prostatic urethra projecting both into the bladder and membranous urethra. It had to be comminuted, and was removed with great difficulty.

The boy recovered, but got up slowly and never regained complete control of the bladder functions. He returned December 25th, of the same year, suffering severely from vesical irritation. An examination showed that he was troubled with a purulent cystitis; at the same time there was revealed a large tumor of the abdominal wall extending from the symphysis pubis to the umbilicus and fully as broad as my hand. The walls were much thickened and very hard. The patient first noticed the growth early in November. I diagnosed tumor of the abdominal wall that was probably malignant and had its origin in the urachus.

The patient was put upon the table December 28th, and an exploratory operation made in order to ascertain the character and extent of the growth. The tumor was found to be confined to the abdominal wall to which the omentum was extensively adherent, a small piece of the growth from the umbilicus was excised for histological examination with the following results:

REPORT OF MICROSCOPAL EXAMINATION OF TISSUE REMOVED FROM UMBILICUS OF J——. P———, DEC. 28TH, 1906.

The specimen shows dense fibrous tissue, hyaline in parts, infiltrated with masses of small round cells. In some places are found hyaline fibers in bundles of varying size widely separated from their fellows by the above-mentioned masses of cells. These cells are small and round with a barely perceptible rim of cytoplasm surrounding a round deeply-staining nucleus, and show quite a number of mitotic figures, some of which are atypical. It is not possible to make out any well defined fibrils between the individual cells as they are closely approximated in most parts of the specimen, while in the thinner parts the intercellular substance seems to be of homogeneous nature.

The blood vessels consist of a single tube of endothelium around which the round cells are closely packed. Hemorrhages of various sizes occur in different parts of the specimen.

DIAGNOSIS: Small round celled Sarcoma.

MAHLON D. OGDEN, M.D.

As the case was wholly inoperable, we decided to put the patient under the Coley treatment, with seemingly the most gratifying results. The remedy was procured from Parke, Davis & Co.,

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and treatment begun at once. The initial dose was ½ minim gradually increased to 15, 60 doses in all, 1½ ounces of the toxin were administered extending over a period of five months.

The injections were usually given in the tumor and were at first followed by the most violent reaction; within one-half hour to an hour a severe chill would come on accompanied by high fever and severe aching in the head, back and limbs, often accompanied by nausea and followed by profuse sweating. A bright red rash would appear over the abdomen with greatest intensity at point of injection and about the seat of puncture would develop an area of induration, that at times, would look as though the tissues would break down. Several times the treatment had to be discontinued on account of the intensity of the local irritation; however, the general condition of the patient grew gradually better. He gained in flesh, and the pale, yellowish complexion was in time entirely replaced by a healthy ruddy hue. By June 1, 1907, no trace of the tumor could be felt and the boy had increased in flesh from 120 to 160 pounds and appeared to be in a state of most perfect physical health. He was sent home with instructions to return at the first appearance of any indications of the trouble.

This case to me was certainly a most interesting and gratifying one.

The Abdominal Belt in Whooping Cough—Kilmer, in the *Archives of Pediatrics*, states that 95 per cent. of cases of whooping cough can be benefited by the application of an abdominal belt made of linen, with a strip of silk elastic webbing two inches wide inserted in either side. The belt should be about three inches shorter than the circumference of the body at the umbilicus, and is laced at the back. The width is four or five inches wide for infants, up to eight inches wide for children. The tightness of the belt is adjusted to the degree of coughing and vomiting. When first applied the constriction should be slight; but if the coughing and vomiting are not sufficiently controlled, the belt is tightened.

Burning of the Feet in Prostatic Trouble—A writer in the *Amer. Jour. of Clinical Medicine* suggests a causal relationship between prostatic difficulties and burning of the feet. After four or five prostatic massages instituted for the relief of prostatitis, which resulted in the expression of a large quantity of secretion, the patient spoke of the relief in the intense burning of the feet which had hitherto resisted all kinds of powders, and washes, and ointments.

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VITAL STATISTICS

OUT of all the states in the Union, only sixteen are listed by the United States Census Bureau as Registration States with regard to the registration of deaths; *i. e.*, there are only that many states that the Census Bureau thinks it has reason to believe register 90 per cent. of all the deaths occurring in the state. Not a single state has been credited as a Registration State as far as returns of births are concerned. Certain cities outside of the Registration States are accepted on the 90 per cent. of deaths list; but no city in the country has yet reached that standard as far as births are concerned. In order to enter the Census Bureau's list, a state or municipal registry must show also the use of a satisfactory checking up of the returns.

The medical profession, upon whom the reporting of deaths and births primarily rests, does not seem to be sufficiently advanced in sociology or in a knowledge of the value of vital statistics to voluntarily do its part, and many of its members are frank enough to say that the state has no right to call upon them to perform this service. It is a deplorable confession of ignorance and lack of interest; but it is met with quite frequently by registrars and other public health officials.

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It is curious that many who have welcomed the advance in bacteriology and the growth of preventive medicine still fail to furnish the statistics which alone can attest their value. How can we determine the prophylactic or curative value of diphtheria antitoxin, how are we to know what influence the installation of filtration and sewage disposal plants has upon the morbidity and mortality from typhoid fever, how are we to know if the large sums of money now being spent in anti-tuberculosis work, are being profitably expended, unless physicians will furnish the statisticians with the data upon which judgment can alone be based?

The formation of a Section on Vital Statistics at the recent annual meeting of the American Public Health Association will, it is to be hoped, mark the beginning of an epoch of greater interest in this subject. At the meeting, which was attended by representatives from many states and municipalities, a number of interesting papers were read and exchanges of ideas and details of local methods were made. The chief reliance in securing a full registration of deaths is upon the requirement of a burial permit, which will be issued only on presentation of a death certificate duly executed. Inspection of cemetery records often brings to light failure to register a death. In Indiana, when it is found that a body has been buried without a permit, the coroner for the county must disinter the body and hold an autopsy or inquest. As he is entitled to a fee of twenty five dollars for each such inquiry, he is keen in scenting out failures to comply with the registration law. Primarily it is the family of the deceased that suffers from such a procedure, but in every case in which these provisions of the law have been carried out, the physician who failed to register the death pays the penalty—not only the fine imposed on him for his neglect, but also the diminution of his practice by the transference of his patients to law-abiding practitioners who can be relied upon not to subject their patients to such anguish during a season of bereavement.

This strain of reaching neglectful physicians through their clintele runs through the most successful methods detailed at the above-mentioned meeting.

As stated, the registration of births is far behind even the pres-

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ent imperfect registration of deaths. The situation is here complicated by the fact that midwives of all degrees of ignorance preside at many accouchements and many women give birth to children with the assistance of only kindly-disposed neighbors. So that, not only physicians, but the people themselves have to be educated as to their duty; and such efforts as have been made in this direction have showed that, when properly presented, it is not difficult to enlist the laity in accurate and prompt registration. The physicians of this country cannot afford to lag behind and the NORTH AMERICAN trusts that homœopathic physicians will lead the way here, as they have so often done in other channels.

ONE VIEWPOINT—AND SOME DON'TS

THE enormous amount of medical literature which drifts monthly into the NORTH AMERICAN office frequently causes much sudden satiety, often persistent flatulence, and not rarely considerable pain.

This literature falls naturally into three rubrics: Homœopathic, eclectic and alkaloidal, and the nondescript division which concerns itself chiefly with diagnosis, surgery, hygiene and diet, euphemistically known as "regular medicine," although its high-priest is obviously nihilistic medicamentally.

To begin with the last, first, we find it very useful along the lines indicated—the question of the direct cure of the patient being quite disregarded; the results of autopsical procedures are commonly numerous, complete, and pathologically interesting; and there is seldom fault to be found with the literary presentation of the subjects considered. Altogether, the category is of value, in its way.

Proceeding crab-fashion, we arrive at the eclectic and alkaloidal division. The eclectics and alkaloidists, though often in a fight over the respective virtues of green tinctures and active principles, are similar, in that the treatment and cure of the patient occupy a major portion of their energies. We approach positive medication, commonly scientific in type because of monopharmacy, the essential element of exact therapeusis; although the plain or easily de-

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strable fact, whether the drug-action be antipathic, homœopathic or allœopathic in a given case, is not always cognized or admitted by its exponents. A study of drug pathogeny derived from experimentation upon the healthy body would, doubtless, cultivate finer discriminative ability and be generally useful. The departments of surgery, diagnosis, etc., are reliable and ample.

The homœopathic category is more or less familiar to the reader. Criticism may be best embodied in a few "don'ts" to its authors, *videlicet:*

Don't fear to abolish before delivery some of the literary malpositions, tautologic monstrosities, grammatical horrors and rhetorical fungosities not infrequently found in the swaddling-sheet of the printed page. This is easily accomplished in the gestatory *sancto sanctorum.*

Don't devote your valuable time to panegyrics of S. Hahnemann, M.D., or to subtle, subtile expositions of Organonic philosophy. Philosophy is accurate observation of facts plus ability to deduce their governing or intercalating laws. Hahnemann did this once with his facts, and covered the ground in his department, and, besides, the Organon is so sufficiently plain that he who reads may also run, if he can think on his feet.

Don't forget that the most common drug of known pathogenesis may always be studied and written upon profitably, if we return to the pathogenic sources, and that one such careful paper plus clinical cases is worth tomes of post-Hahnemann scholia. Modern medicine demands facts, not eulogies nor theories.

Don't be a hypocrite! If you used adjuvants, mention them; you are free-born. If the case is of the type where vital equilibrium is naturally soon regained, don't indulge in a brain-storm over the remedy—doubtless it did help.

Don't be afraid to prove or re-prove a drug (*vide* Organon, §§141, 142 and note, 145 and note)—and tell about that! It always interests and instructs. Most of S. Hahnemann's words are based upon works. Many "pure homœopathicians," of the modern type, flit around the corner when drug-proving is mentioned. Also, a number of our foreign journals, French, German, Spanish, Italian, Dutch, et alia, would gain deserved celebrity by investigations through their contributory staffs, or otherwise, of indigenous drugs.

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Homœotherapeusis is best propagated by works, not words. Old man Hahnemann would raze hell if he came back *in corpore* and found so much cheap, very cheap, imitation abroad.

Having thus ingested and digested these few plain facts, don't be afraid to write if you have something to say, and with the Lord's help (and occasionally some blue-lead and shears) we dare say the world will gain an increment of wealth.

Notes and Comments

Renewal Subscriptions—The attention of subscribers is called to the combination offers advertised in this issue. They offer quite a saving to those who seek discount for cash. The NORTH AMERICAN for the physician's desk and the *American Monthly Review of Reviews* and *Success* for the patients waiting in the parlor make a complete whole. Hitherto, Canadian subscribers have had the benefit of the U. S. rate, and their business has been carried at a loss since the change in the Canadian postal regulations early in the year. Beginning with January, 1908, the rate for Canada will be the same as for other foreign countries, viz., three dollars and fifty cents per year.

The Clinic Repertory—The NORTH AMERICAN takes pleasure in announcing to its readers the publication within a short time, by our leading homœopathic publishing house, Messrs. Boericke and Tafel, of a "Clinic Repertory" by associate editor, Dr. Shedd. This is not a clinical repertory, though embodying many clinical features, but a repertory for *clinic* and *office* work, for students old and young, and with many new features of arrangement; for example, a grouping together of the neural, muscular, glandular and osseous systems. Only two styles of type are used, which means that only the eminently practical and proved remedies of the materia medica are listed. In addition there is a short "key-note" materia medica of the chief homœopathic remedies. The repertory is the result of a study of homœopathic literature in many languages, and contains valuable items not found in any English text-book. At the end of the volume is a full translation of the Time Modalities of remedies from the German of Dr. Ide. (*Berliner Zeitschrift hom. Aerzte.*) We predict a large sale of this volume.

The Library of Homœopathic Classics—It has been deemed advisable at the close of the first year of the Library of Homœopathic Classics to defer its indexing, particularly the repertorial index, until the end of the fifth year, 1911. Each year there are 192 solid pages, and $5 \times 192 = 960$ pages, a very notable volume, whose repertorial index will bring it past the 1,000 mark. And

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we are not aggregating figures to astonish readers by quantity. We doubt if the intrinsic quality and value of such a volume will be surpassed.

Think a bit about it, whether a volume of this caliber is worth the while and money.

A suggestion as to binding the 1907 volume of the NORTH AMERICAN: Carefully remove the 16 pages of the Library (which are numbered sequently) from each issue; bind the journal as usual, and have the bookbinder put a substantial *paper* binding on the Library with the imprint:

"LIBRARY OF HOMŒOPATHIC CLASSICS,
"VOLUME I,
"1907."

When the five years (1907-1911) are up, and the repertory has been added, you will have the five paper-bound volumes rebound substantially in one (of over 1,000 pages), and doubtless be glad of its possession.

And, by the way, we should like to get hold of the particulate copy of the *Homœopathic Recorder* in which a certain "awfully" enthusiastic Hahnemannian, resident midway between Manhattan and the grave, plead (almost bled) for the establishment of what?—a Library of Homœopathic Classics. We have not yet been favored with a single classic, selected for re-print, preservation, and instruction of the rising generation by said influential M.D.

May we urge you, not some other reader, to forward either typewritten copy of valuable materia medica articles or the original journal; in the latter case, the NORTH AMERICAN will bear the expense of transportation both ways.

Go through the older files of homœopathic journalism, and pick out some good things—for yourself, and others.

The Trend of the Tide—Homœopathic journalism is devoting itself quite largely nowadays to recording instances of the approach of the methods of the orthodox school to homœopathy, and some of us not infrequently pat ourselves on the back and think, if we do not say, that the time will come, and it will not be long, when they all will come our way, that there will be only one system of therapeutics and that the homœopathic. It is always well, however, to see ourselves as others see us; hence the following quotation from *Ellingwood's Therapeutist,* a new eclectic publication:

> Furthermore, the homœopathists are in a state of unrest in their therapeutics. They are distinctly divided into at least two schools, and the more liberal school is reaching out in precisely the same lines as the regulars for truths concerning drug action from every possible source, without regard to any systematic method of adaptation. They come more nearly to being eclectics at the start, as they are equipped with a knowledge of the principles of specific diagnosis. They have only to learn the direct adaptation of remedies with reference to their physiologic, instead of to their dynamic action.

THE NORTH AMERICAN'S reply to the eclectic editor would be that a slight change in the last sentence would notably increase the

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amount of truth it holds and more accurately define modern homœopathy. It best reads: "They have only to learn the direct adaptation of remedies with reference to their physiologic, *as well as* to their dynamic action."

The unhappy thing about some homœopathists is that they will persist in denying a curative physiologic drug action in certain states of disordered vitality; the thrice unhappy thing about the large remainder of the medical profession is that they cannot, apparently, grasp the dynamic possibilities and century-old actualities of drugs in certain states of disordered vitality.

We say thrice unhappy, since holding well within the bounds of modest computation, the dynamic action is thrice indicated and thrice useful in practice. Therefore, our non-homœopaths (i. e. unacquaint with homœopathic methods and resources) are thrice unhappy, their clienteles thrice unblest.

One reason, possibly, for the dominant dullness of comprehension, is, that a physiologically-used drug (curative or not) always produces perceptible action: stimulation, sedation, diaphoresis, catharsis, vasomotor construction or dilation, etc., etc., while the dynamically-used agent produces no remarkable phenomena unless it happens to be the indicated dynamic agent, when its effects have not rarely been classed with the feats of necromancy.

What is termed "modern science" will have to yield, however, to the inevitable. The natural philosophers, the physicists, are coldly, carelessly sharpening vision so that finally all shall see, must see the invisible realities "towers begirt with battlements that on their restless fronts bore stars."

Our alkaloidal friends have inaugurated a beneficent era of simplicity, of exactness in their physiologic realm. There are not many further steps to be taken.

Presently some great man will "discover," "unearth" the god Dynamis, sculptured by a Teuton Phidias.

Homœopathic Index Medicus—The *Clinique* of July *et seq.* contains as a new feature a homœopathic index medicus, giving the titles and authors of articles appearing in homœopathic journals on the publication's exchange list. In a few instances the compiler has added a few notes on the articles. The idea is good and has been discussed on several occasions at meetings of the editorial staff of the NORTH AMERICAN, but its adoption was postponed to a time when no more profitable "copy" could be found for four pages than a list of titles and writers' names.

Quinine Treatment of Malaria—The quinine treatment of malaria depends for its efficacy upon the power of quinine to destroy the plasmodium. The plasmodium is free in the blood stream, and, therefore, accessible to the drug, for a very brief period about the time of the chill or the paroxysm produced by the toxin discharged from the red blood cell into the blood simultaneously with the new organisms at the end of a 48-hour cycle. Dr. William A. Stump, of Larchmont, N. Y., suggests (*Medical Record*, July 20, 1907) a use of quinine based upon the above facts. He administers 5 grains per 50 lbs. of body weight, in solution, an hour

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before the expected paroxysm, following this up with the same dose at the same time on the two or three days when other successive paroxysms would be due. An interval of two weeks is then allowed, and the same dose is again administered on two successive days when the chill might be expected. These two doses are for the benefit of any stray plasmodia that may have escaped the first administration. The writer claims that such cases as occur in the vicinity of New York respond to one dose, and relapses are absent if the directions as to the taking of the quinine are carefully followed.

Hydrotherapy in Fever Cases—Chronic alcoholics and the other occupants of a state farm may be expected to make undesirable pneumonia and typhoid patients. But Dr. C. A. Drew, medical director of the Massachusetts State Farm, reports but one death from pneumonia in 25 cases that occurred in the eighteen months preceding April 1, and good recoveries in all of the six cases of typhoid during the same period. And it must be remembered that the hospital facilities at an institution of this character are far from being the best; for instance, the nursing is done by inmates of the place, who are only a little less rough than the majority of their fellows.

Dr. Drew attributes his success almost entirely to hydrotherapy. To quiet the pain and sustain the heart in pneumonia, he applies cold, wet compresses or else the Aurness pneumonia ice-bag. The author says (*Boston Medical Journal*): "We do not use vivisection, tartar emetic, veratrum, aconite, poultices, blisters or wet cups; nor mercurials, except an initial dose of calomel, which may or may not be better than a saline purge. We have not tested bryonia, phosphorus, aconite or arsenic of the homœopathic pharmacopeia, and are not prepared to deny to these drugs a specific action." In typhoid fever, acetozone is used as an intestinal antiseptic in doses of an ounce of a one-tenth of 1 per cent. solution every hour, followed by six or seven ounces of pure, cold water. In pneumonia he often puts 2½ gr. of sodium chloride, 1 gr. of potassium bicarbonate and 1 gr. of ammonium carbonate into 4 ozs. of cold water ,and then adds a teaspoonful of lemon juice, administering such a dose every hour while still effervescent. The pure, cold water and the pure, fresh air are esteemed of greater importance than drugs. For nourishment, the greatest dependence is upon milk, which is substituted for the water once in three hours.

In a footnote to his paper, the author says:

> To obtain the best results, cold water given internally to fever patients should be at about 40° F. Cold compresses for adults should be dipped in water as near 60° F. as possible. For children under five, compresses at 80° are better. For children a full bath at 10° below the temperature of the body, with friction prolonged for twenty minutes, is very helpful. This general principle should be observed: the colder the water the shorter must be the application. Water is a potent remedy and may do harm if applied when the body is not in fit condition to react promptly to cold applications. That cold wet or cold dry applications should not be applied when the skin is cold or moist with perspiration goes without saying. When the skin is cold and clammy, the call is urgent for hot, dry flannels.

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Aconite, Camphor, Veratrum viride—The pains of aconite are numbing, tingling, pricking, lacerating, stinging, formicating and what not. Each tissue in pain cries out in its own language as the serous stitch-pain, muscular aching-pain, nervous shooting, lacerating pain, etc. So the pain of aconite, it being indicated in the congestion of any tissue, always depends upon the tissue or tissues most involved. Whatever else they are, to accord with the aconite condition, they are bound to be violent and sudden in their appearance.

There are two other drugs which occupy common ground with aconite, as often indicated in the inception of such diseases as are characterized by the suddenness and virulence of their development. These are camphor and veratrum viride.

CAMPHOR. This drug is indicated very often in the initial stage of disease characterized by intense and sudden internal congestion. But it is the circulatory disturbance ushering in conditions of shock, looking for cause in:

First—Traumatism, sufficiently severe to destroy the harmonious action of the vital organs.

Second—The chill ushering in an attack of cholera, or yellow fever, or the ingestion of severe concentrated poison.

CAMPHOR	ACONITE
Vascular relaxation.	Arterial tension.
Mental torpor.	Mental anguish.
Cool, pale surface.	Hot, dry, red surface.
Weak, irregular pulse.	Full, bounding pulse.
	Suppression of all secretions.
	Constipation.
	High temperature.
	Suppressed urine.
	Watery diarrhea.
	Subnormal temperature.

In short, aconite presents to our eyes a condition of overnutrition, of exaggerated functions, while camphor gives us intense and alarming vital depression with under-action of all the vital organs—really opposite conditions.

VERATRUM VIRIDE gives us a nearer approach to the aconite conditions, but its action is confined to the organs supplied by the pneumogastric nerve, giving us with the fever and vascular tension a cerebral congestion, with nauseless vomiting of cerebral origin and dull, torpid brain. The pulse is full and tense but slower than normal. It is often indicated in the congestive stage of pneumonia, presenting at the same time symptoms of vital depression and a tendency to spasmodic symptoms, indicating it in diseases which are ushered in by clonic convulsions, showing great systemic

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disturbances, with no tendency to reaction. Dr. A. L. Monroe. *Medical Century.*

Remedies in Shock and Trauma. In these conditions, having followed out indicated mechanical procedures, the homœopathic remedy takes first rank. Suppose we are called to a patient who, from some accident, lies unconscious, anesthetic. No injection, for good luck, of caffein, strychnin, camphor oil or ether according to present fashions, is needed. The therapy must meet the exact indications and be individualized. Such cases may be divided into two great classes:

A. *Where the patient reacts not at all, or, slowly and weakly.*

ARNICA. A most important remedy in cephalic injury accompanied by insensibility, loss of consciousness. When consciousness returns, the drug must be continued if the patient lies with the head low, wants warm covering, if the whole body is cold except head and face which are not, if the pulse is slow and weak and if the patient fears approach. Aconite is alternated with arnica if fever be present.

CAMPHOR favors reaction; the skin is cold and clammy, the face and lips cold and blue; exhaustion is marked; diarrhea is observed, also muscle-twitching, the pulse is weak, respiration slow; the patient lies in stupor, anxious.

GLONOIN. Skin cold, but not clammy, pulse slow and weak, reaction is taking place, but slowly.

CICUTA. Great lack of sensitivity; the cold face is deadly pale; hands, feet and legs are cold; the patient cannot swallow, and in spite of the great depression there is convulsions and sometimes delirium.

GELSEMIUM. Slow reaction, but the case remains stupefied, drowsy; he suffers from occipital pains, the irides are always dilated, the muscles of constriction, flexion, are paralyzed.

LACHESIS. Apoplectic symptoms, the heart seems to stand still. The patient lies with lower limbs flexed on the body as much as possible; nose, ears, forehead and extremities are cold; he neither sees nor hears; pulse thread-like, nearly imperceptible; respiration labored; the stupor increases. with delirium and muttering, and a paralysis of the left side may be noted.

LAUROCERASUS. The patient appears dead, pulse weak and slow, skin cold and bluish, respiration rattling, with sighing; there is trembling of the legs and involuntary stool.

CONIUM. Apoplectic symptoms. Tendency to collapse; dilated irides, pulse weak and slow. Delirium, trembling of legs, convulsions, limbs go to sleep, paralysis.

VIPERA. Pulse slow, weak and irregular, skin cold, with cold sweat, difficult deglutition, hemi- or monoplegia, vomiting delirium.

Class B. ***The patient reacts violently.*** Here we have four typical drugs:

ACONITUM. The patient cannot be quieted, all his senses are on edge, great unrest, wire-like pulse; he shivers if uncovered,

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swoons away when raised from the recumbent position; marked fever.

BELLADONNA. Red face, delirium, fever.

HYPERICUM. Face puffed, pulse rapid, respiration short; twitchings and shiverings through the whole body, he "shakes" with it; retention of urine, great nervous stupefaction, tonic cramp.

HYOSCYAMUS. Marked and rageful delirium in words and actions.

To this repertory may be added some indications particularly useful when the spinal cord is injured; also in two classes.

Class A. *The patient cannot walk.*

HYPERICUM. With great nervous depression, much vertebral sensitivity to touch, great pain from the least attempt at walking. Retention of urine with shivering and desire to urinate.

ARNICA. Spinal trauma with spinal hemorrhage; cold limbs, slow, weak pulse, nausea; partial paralysis with numbness of the limbs; pain worse from motion; symptoms better when the patient rests quietly.

RHUS. Paralysis due to spinal injury; extreme cold of hands and feet, muscle-twitchings, pain and numbness in the affected limbs.

CONIUM. Spinal trauma, paralyzed limbs feel asleep when trying to walk, or as if fettered about.

CICUTA. Paralysis with anesthesia, convulsive movements of the limbs, shivering with mental excitement and anxiousness, vesical irritability, constipation.

Class B. *The patient can walk, but the limbs are very weak.*

SULPHURIC ACID. Anuria. The weakness in back and lower limbs is so great that he cannot stand unsupported; violent pains in the limbs with tearing in the whole body; great pressure at the neck of the bladder, with anuria.

HEPAR. Cannot retain urine. Weak limbs with nervous depression, chills running from above downwards; very excited and irritable; vesical weakness.—*Revue homoepathique francaise.*

Stomach Troubles of Nursing Infants. When the child has no other symptoms than loss of weight, without vomitings or diarrhea, and when an underlying scrofula, tuberculosis or syphilis cause insufficient assimilation of food, the constitutional remedies are of great utility.

CALCAREA CARBONICA. When the fontanelles persist; the head and feet covered with a cold sweat; the milk badly digested and the child prefers eggs; when the cough is accompanied by rales.

CALCAREA PHOSPHORICA. Delicate children, of pthisical appearance and large head. The treatment is often begun with a dose of tuberculinum 30, 100, or 200.

CALCAREA HYPOPHOSPHORICA. In hereditary tuberculosis, or when threateened with infantile tuberculosis. These three drugs are very important when the child, nursing or older, has loss of appetite.

The following are also useful:—

Mercurius solubilis when the complexion is yellow, the head

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large, the legs swollen, sweats nocturnal and frequent. Congenital syphilis.

Baryta carbonica. Emaciation, drawn features, big belly, insomnia, aversion to work or play, glands hard, scrofulous, dwarfed growth.

Phosphorus. Large but delicate children, dry cough, diarrheic stools of badly digested food.

Sulfur. Gluttonous children, putting everything into their mouths, with marked redness of the orifices of the body. Morning sweats, stools often irritating.

China. Swelling of liver and spleen, profuse debilitating sweats, stools putrid, meteorism.

Pulsatilla. Now better now worse, with no apparent reason; changeable stools, often diarrhea at night.

When intestinal tuberculosis becomes evident:—

ARSENICUM. Emaciation with parchmentlike skin; great thirst, for small quantities; much nocturnal agitation; stools putrid, painful, very weakening.

SILICA. General emaciation, belly swollen, big head, foul sweat. The child is capricious, cries much.

ABROTANUM. Great emaciation in intestinal tuberculosis, great weakness. Often of benefit after arsenicum, in grave cases, and alternately with calcarea phosphorica. In these cases of intestinal tuberculosis, single doses of tuberculinum are useful.

There is a second group of digestive troubles, with mucosal changes, vomiting and diarrhea. Aphthæ, buccal only in mild cases, may extend through the tract, producing a corrosive buccal secretion and acid stools mixed with mucous debris. The chief remedies are:—

Calcarea carbonica, in the scrofulous, especially during dentition, beginning with this drug when the stools are yellow, badly digested. The emaciation, with good appetite, as in most of the stomach troubles, will indicate the drug.

Sulfur. When an abundant and bloody salivation leads to the production of vesicles and vegetations, green diarrhea, restless sleep.

Chamomilla succeeds when there is much agitation, the child wants to go from one person to another, and cries during sleep. Dentition.

Borax. Stools yellow, mucous. Cries at every change of position, fearing to fall. Stops drinking, as if from pain. In grave cases.

Mercurius sol., and even corrosivus, when the gums bleed, ulcerate, with salivation, foul breath, diarrheic stools with tenesmus.

Nitric acid, when to the mercurial symptoms is added an acrid saliva which corrodes on contact.

Arsenicum in acute inflammations, foul mouth, unrest, green, watery stools, great feebleness and emaciation.

Baptisia. Chronic ulcerations, with great difficulty on swallowing.

Staphysagria when large vegetations are produced; features drawn.

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In gastric catarrh, choleroid diarrhea, enteritis with diarrhea or constipation, ipecac, antimonium, chamomilla are used; more rarely, aconitum, arsenic, aethusa, bryonia (stomach). To these may be added arsenic, carbo veg., calc. carb. and phos., phosphorus, phos. acid, podo., veratrum (cholerine); also mercurius, rheum, hepar, china (diarrhea)—with their classic symptoms, well known to all.—Dr. Dammholz. *Zeitschrift des Berliner Vereines.*

Silica: Rhus and Ledum. Hortense G., æt. 11, with the beauty of the delicate scrofulous child, developed in 1898 an ulcer in the middle third of the left leg, treated at the hospital with ungt. hydrarg. and the whole series of antiseptics, steadily growing worse, until amputation was talked of. Her mother (since dead of pulmonary and intestinal tuberculosis) refused operation and took her home. For 8-10 months with infinite patience she dressed it with sage leaves macerated with olive oil, wherewith it healed. A few months later, after a fall, it opened again and soon nearly encircled the leg, so that the discouraged mother began to consider amputation. At this time, though not having seen the child, I sent her a bottle of 150 grams of water with 8 drops of silica 30, a teaspoonful internally and externally each day. The cicatrization began at once and progressed rapidly, with simple compresses of fresh water. Six weeks later there was left an ulceration 2 centimetres by 15-20. The patient said that at first there were very painful bluish swellings; she had frequent nightmares, constipation and a cough, all of which symptoms disappeared. Later, the cough returning, and fearing a metastasis to the lungs, hepar 30 was given once daily. The amelioration progressed slowly but regularly, but the impatient child demanded the first remedy, saying, "You have surely changed the medicine, for it does not act the same." Nevertheless there were left only five or six points about the size of a cent and painless, and the general condition was excellent. Three months after beginning silica, it was resumed, a dose every three days, and by the fourth month the ulcer was completely healed. Since then, April, 1899, the child has beeen perfectly well.

Mrs. G. in good health, brunette, lively, suffered for five months from anal pruritus which no ointment soothed. Diagnosing an anal eczema, Teste's treatment (rhus and ledum) was recommended, which cured in six days. A year late she returned, having been suffering for a fortnight with the same trouble, an efflorescence of small red pimples tormenting her so that she broke down mentally and physically. For eight nights she had been unable to sleep. The same treatment was prescribed without success. The strength of the medicament was increased as the eruption appeared to be in the active stage, but there was no change. Then croton tig. was prescribed, but fortunately the pharmacist did not have it in stock; fortunately, because while waiting for it, the trouble vanished, leaving the glory of the cure to rhus and ledum.

This time my patient accepted an antipsoric treatment, taking twice weekly, and in succession, some doses of sulfur, calcarea carbonica and lycopodium. There were no relapses. Dr. Giraud-Monnier. *Le Propagateur de l' Homœopathie.*

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Book Reviews

Genito-Urinary Diseases and Syphilis. By Henry H. Morton, M.D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island and Kings County Hospitals, and the Polhemus Memorial Clinic. Illustrated with 158 Half-tone and Photo-engravings and 7 full page colored plates. Second edition, revised and enlarged. Royal octavo, 500 pages. Bound in extra cloth. Price $4.00, net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

The author should have added to this title—"In the Male Patient." Or perhaps it would better have been called "Diseases of Men." The book is very complete on the topics of which it treats. It is well arranged, clearly written, and profusely illustrated. Medecinal and surgical procedures are both spoken of at length. The chapter on gonorrhea is particularly good—with one exception. The author should have devoted space to a consideration of gonorrhea in women, its symptomatology and treatment. The book is well printed. Its one mechanical defect is its great weight.

Diseases of Women: A Handbook for Students and Practitioners. By J. Bland Sutton, F.R.C.S. Eng., and Arthur E. Giles, M.D., B.Sc. Lond., F.R.C.S. Edin., surgeons to the Chelsea Hospital for Women, etc., etc. Fifth edition with 129 illustrations. Rebman Company, pp. 536. Price $3.25.

The spirit of this book appears in the following sentence in the preface: "We still believe that when surgical authors are able to restrain their vanity, and refrain from publishing notes of successful cases in text books, the established facts of the art can be presented in a very convenient compass." The authors have done this. The chapters are short and to the point. Headings and important points in the text appear in heavy faced type. The first half or more of the book treats of the natural history and treatment of the various possible pathological conditions of the female genitals. The latter part of the book tells how to take the history, and then describes the various operations that may be required in detail. The book is well written. The mechanical part is well done also. The paper, type and illustrations are all good.

The Practitioners' Visiting List for 1907, $1.25 postpaid. Thumb letter index 25c. extra. Lea Brothers & Co., Philadelphia and New York, 1906. 706 Sansom St.

It is issued in four styles to meet the requirements of every practitioner: "Weekly," dated for 30 patients; "Monthly," undated, for 120 patients per month; "Perpetual," undated, for 30 patients weekly per year, and "60 Patients," undated, for 60 patients weekly per year. The text portion of The Practitioners' Visiting List for 1907 contains among other valuable information a scheme of dentition: instructions for examining the urine; diagnostic table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; an alphabetical table of diseases and their remedies, and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

The Physicians' Visiting List for 1907, fifty-sixth year of publication, $1.00. P. Blakeston's Son & Co., 1012 Walnut St., Philadelphia, Pa.

This reliable Visiting List contains a calendar for 1907 and 1908, a new complete table for computing the period of utero-testation, table of signs, incompatibility, poisoning, metric system, weights and measures and comparison of thermometers. It has also the usual blank leaves for visiting lists, addresses, births, deaths, etc. It is issued in three editions—the regular with dates, the perpetual without dates, and the monthly which can be commenced at any time.

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A Text Book of Histology, by Frederick R. Bailey, A.M., M.D., adjunct Professor of Normal Histology, College of Physicians and Surgeons, Medical Department, Columbia University, New York City. Second and revised edition, profusely illustrated. New York, William Wood & Company, 1906. Price $3.00, pp. 493.

This book is divided into four divisions:—Histological Technic, the Cell, the Tissues, the Organs. Perhaps the most valuable chapter is that on the nervous system. More knowledge has been gained recently on that subject, and the book before us brings it up to date. The text is well arranged, and the illustrations illustrate.

Hypnotism or Suggestion and Psychotherapy. A Study of the Psychological, Psycho-Physiological and Therapeutic Aspects of Hypnotism. By Dr. August Forel, Dr. Phil. et Jur., formerly Professor of Psychiatry and Director of the Provincial Lunatic Asylum, Zurich. Translated from the fifth German edition by N. W. Armit, M.R.C.S., L.R.C.P. One large crown 8vo volume. Price $2.00. London. Rebman Limited, 129 Shaftesbury Avenue, W. C. New York, Rebman Company, 1123 Broadway, 1906.

This book should receive careful reading by every physician, although few will accept the author's dicta in their entirety. Dr. Forel is a monist; for him the mind, ideation, is synonymous with brain cell activity, free will has no existence. Dr. Forel claims to have hypnotized 97 per cent. of the patients who came to him for suggestive treatment, and to have accomplished some remarkable results. Menorrhagia has almost immediately been converted into a normal menstrual flow, and the menses have been made to appear on the first day of each calendar month, independent of the number of days in the month. The following quotation gives the author's attitude toward homœopathy: "Homœopathy, the new fangled 'natural methods,' Kneipp's methods, and the like, owe their results to suggestion in connection with a healthy dietary. Apart from this, they further owe their power to the avoidance of a haphazard application of active remedies. * * * The actual justification of the homœopathic method, for example, cannot, of course, be admitted as long as we have no proof that homœopathically diluted drugs act by themselves, without the assistance of the credulity of the patient." The author is equally severe on electrotherapy, balneotherapy, etc., etc.

The Medical Record Visiting List or Physicians' Diary for 1907. New revised edition. New York, William Wood & Company.

Every physician needs some pocket recorder of his business transactions—his charges for professional services, etc. The Medical Record's Diary has proved one of the most popular. Among its contents are pregnancy or accouchement tables, maximum adult doses in apothecaries' and decimal measures, treatment of emergencies, hints on writing of wills, visiting list with memoranda, record of obstetrical practice, vaccinations, deaths, and addresses.

Electricity in Medicine, by Dr. W. H. Guilleminot. (Paris). A Text Book for Students and Medical Practitioners. Only authorized translation by W. Deane Butcher, M.R.C.S. Surgeon of the London Skin Hospital. Demy 8vo. Illustrated. $4.00 net. Rebman Company, 1123 Broadway, N. Y. City.

The Messrs. Rebman merit the support of the profession for making efforts at frequent intervals to supply the demand for up-to-date literature on electro-therapeutics and kindred subjects. Dr. Guilleminot's book covers the subject in a concise form and as Dr. Butcher says in his preface, we are "doing a service to the English speaking race by introducing to its notice the more recent work of the French electro-therapeutic school, so ably summarized by Dr. Guilleminot." This branch of therapeutics has progressed so marvelously in the past five years that most works on electro-therapy appear inadequate and antiquated unless of very recent date, so that

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it is incumbent on physicians interested in this science to add to their library from time to time in order to be progressive. The volume contains a classical review of the galvanic, faradic, sinusoidal, undulatory and high frequency currents, also rather meagre chapters on static electricity and the X-ray. The chapters on the physics and physiology of high frequency currents are to be highly commended and reflect the work of the present leaders in French electro-therapeutics.

Ulceration the Result of Malnutrition—Dr. E. H. Pratt, Chi-Chicago, Ill., regarding many ulcerations as the result of local malnutrition, feeds the ulcer Bovinine applied on gauze which is kept well moistened with this food preparation, and says it deserves the highest commendation he can bestow upon it.

Lithiomercuric iodide is the active ingredient in Eskay's Mercuricide products (solution, soap, powder, ointment) which are offered to the profession as a substitute for corrosive sublimate preparations. It is as effective as a disinfectant and bactericide, yet not corrosive; it is much less poisonous.

Malted Milk or Condensed Milk—In Horlick's malted milk all the useless water in condensed milk has been removed, and instead of cane sugar so often objectionable to delicate stomachs, the nutritious extracts of the malted grains are used to enrich the milk.

Dr. Wadsworth's Sanitarium at South Norwalk, Conn., has recently been enlarged to meet the growing demand for accommodations for patients. This new wing includes a solarium and a number of rooms for patients.

Stamford Hall—The Connecticut law allows patients to commit themselves to an institution for treatment of drug and alcoholic addiction, and a separate cottage is maintained at Dr. Givens' sanitarium for the treatment of such cases.

Dr. H. T. Mason, of Wenonah, N. J., prepares a Malt Laxative Food whose action is not violent and there is no reaction. The formula is on every bottle, being prepared chiefly from fruit juices and malt. It pleases all for whom it is prescribed. Boericke & Tafel are selling agents.

A Fair Test of Calcalith—From Dr. Toland down in Texas comes the statement: "There's nothing surpasses Calcalith (Abbott). I gave it a fair test two weeks ago in a patient who had cystitis, prostatitis, urethritis and gonorrheal rheumatism and was passing "matter" (pus and blood) with his urine. He surely was in a bad condition, but Calcalith with other alkaloidal remedies (calcium sulphide and tonics) soon brought him around all right."

Bromides—"The neutrality and general purity of the salts entering the composition of Peacock's Bromides are of great moment to the general practitioner when he desires to employ a continuous bromide treatment. It is a palatable preparation and as each fluid drachm contains fifteen grains of the combined bromides, the dose is easily adjusted."

The Treatment of Cough—"Glyco-Heroin (Smith) embraces the most active sedatives and expectorant agents in the exact proportions in which they exhibit their greatest remedial potency. The cough is almost instantly suppressed, the expulsion of the accumulated secretions is stimulated, respiration is rendered free and pain-

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less and the inflammation of the lining of the air-passages is speedily allayed by its use."

A True Heart Tonic—"The value of coca as a heart tonic should not be lost sight of. Unlike digitalis, coca does not upset the stomach, is not cumulative, does not abnormally slow the pulse nor injure the heart muscle. It is not injurious or harmful in any way. Vin Mariani, the form advocated is the concentrated fluid extract. Mariani Tea, of which a drachm or two should be given at a dose about every three or four hours."

Meatox—Charles Marchand, the well-known manufacturer of hydrozone and glycozone, is about to put on the market a meat product to which he has given the name of Meatox. It is absolutely free from preservatives and will keep indefinitely in unsealed containers. One pound contains the nutritive substances of 5 to 5 1-2 pounds of fresh beef.

A Convenience to Physicians—Gibbs Hollow Suppositories are cocoa butter shells provided with self-sealing stoppers of the same, and are easily filled with any medicine which is then hermetically sealed by the stopper. They are made in eight sizes, and are adapted for anal, nasal, urethral, cystic, vaginal and intra-uterine medication. They can be obtained from any druggist or direct from Messrs. Schieffelin & Co., New York.

The Medical Mirror describes chionia as the active constituent of chionanthus virginica. It is commonly used in hepatic torpor as a direct stimulant of the liver cells. The ordinary dose is one or two fluid drachms three or four times a day.

Francis E. Doughty, M.D.– As the NORTH AMERICAN goes to press word has come of the death of Dr. Francis E. Doughty, one of New York's leading homœopathic surgeons, after a short illness from pneumonia. Dr. Doughty graduated from the College of Physicians and Surgeons in 1869. For a large number of years he was a member of the faculty of the New York Homœopathic Medical College, having filled the chairs of anatomy, genito-urinary diseases and operative gynecology. He was an exceptionally good teacher and a brilliant operator and a great favorite with the students and alumni. On the death of the late Dr. Wm. Tod Helmuth he was considered to be his logical successor in the dean's chair but, feeling that the duties could be better performed by a younger man, declined to accept the appointment. Dr. Doughty was a staunch homœopath and was strongly opposed to any moves that savored of diminishing the individuality of the new school of medicine and its institutions. He was a member of the American Institute, of the New York State and County Societies, and of the Jahr, N. Y., Medical and Unanimous Clubs. He was Emeritus Professor of Gynecology at the New York Homœopathic Medical College and Consulting Surgeon of the Flower, Laura Franklin, Hahnemann, Yonkers Homœopathic and Essex County (N. J.) Homœopathic Hospitals.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Buffalo, N. Y.—DeWitt G. Wilcox, M.D.
Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
Detroit, Mich.—R. M. Richards, M.D.
London, Eng.—James Searson, M.D.
Minneapolis—Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robt. S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. KRAUSE of New York has removed to 61 East 86th street.

DR. R. E. KEARNY of St. Louis, Mo., has located now at De Soto, Mo.

DR. CHARLES LANNY formerly of Morrison, Ill., has removed to Prophetstown, Ill.

DR. A. RUPIN of Topeka, Kan., has moved from 522 Kan avenue to 819 Kans avenue.

DR. C. J. LOPEY of New Orleans, La., has moved from 111 Bombon street to 735 Napoleon avenue.

DR. GEORGE H. MARTIN has returned to San Francisco and has opened offices in the Mason Building, 1380 Sutter street.

DR. D. E. S. COLEMAN of New York has removed his offices to "the Evelyn," 101 West 78th street, corner of Columbus avenue.

DR. GEORGE MEYERS of 47 East 61st street, New York, announces that he will hereafter limit his practice to diseases of metabolism.

DR. A. E. AUSTIN of New York announces the removal of his office to the Sydenham Building, 616 Madison avenue, corner of 58th street.

DR. REEVE TURNER formerly of the staff of the Middletown State Hospital has located at 208 East 72d street. Nervous and mental diseases a specialty.

DR. J. R. MCCLEARY announces the opening of offices in the Grafton Building, Cincinnati, O., for the treatment of the eye, ear, nose and throat exclusively.

DR. R. L. STODDARD of New York, desires to announce that his offices and residence are now at "The Rutledge," 1 West 82d street. He is still at his offices in the Saks Building from 9 to 10 a. m. and 5 to 6 p. m.

DR. LOUIS R. KAUFMAN of New York married Miss Ida Mae Mitchell, sister of Dr. and Mrs. Frederick O. Fiske on December 1st. The young couple will be at home at The Rutland, 256 West 57th street, after February 1st.

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DR. HAROLD A. SANDERS of Brooklyn contributed the interest-

ing paper on "Two Unusual Cases of Early Pregnancy," which the NORTH AMERICAN published last July. The paper was wrongly credited to H. W. Saunders.

DR. J. M. MILLER of Springfield, Mass., died last November at the age of 69. He was born in Nuremberg, Ger., coming to America at the age of 19. He was graduated from the New York Homœopathic Medical College and Hospital in 1869.

DR. ADOLPH B. SCHNEIDER of Cleveland, O., married Miss Ila Roberts at the home of her parents in Springfield, Mass., on December 12th. The doctor and his bride will be at home at 2746 West 14th street, South West, Cleveland, on and after February 7th.

THOMAS SKINNER, M.D.—The October issue of the *Monthly Homœopathic Review* contained the obituary of Dr. Skinner of London who died on Sept. 11 as the result of a fall. Dr. Skinner was 81 years old and had been in practice for upwards of 50 years. For a number of years he was assistant to Sir James Y. Simpson and learned from him to be a very bitter opponent of homœopathy and its practitioners. As related by himself he owed his conversion to the restoration of his own health by the taking of a few doses of the millionth potency of sulphur! Naturally he allied himself to the high potency wing of the new school and was the originator of the well-known Skinner fluxion potencies. Yet he maintained that there should be "but one great school of homœopathy, in which every man should be free to use what he found best and most successful" and admitted "that low dilutions or even mother tinctures were often excellent for cure-purposes." For a couple of years Dr. Skinner was principal editor of a journal called *The Organon.*

Homœo. Med. Society of the County of New York—The New York County Society held its last regular meeting of the year in Carnegie Hall on Dec. 13. Edward Franklyn, M.D., 98 Convent Ave., and Harry Fifield, M.D., Hahnemann Hospital, were elected to active membership. The committee on Drug Proving, P. W. Shedd, M.D., chairman, reported on a proving of ornithogalum umbellatum, which is credited in Clarke's Dictionary with the cure of an inoperable gastric cancer, but which proved itself unable to produce any symptoms in nine provers. Ampelopsis quinquefolia produced no symptoms in one prover, but sufficient in another to indicate that the plant is worthy of a more extended proving. The committee on legislation, Dr. J. E. Wilson, chairman, reported on its work for the year and introduced a resolution, which was carried unanimously, pledging the society to support the legislative committee of the state society in its efforts to defeat any legislation against the present three board bill. The committee on public health, M. B. Beals, M.D., chairman, gave as its report an account of the work of the N. Y. Board of Health in the medical inspection of schools. The society passed a resolution commending this work. The committee on public institutions, Walter Sands Mills, M.D., chairman, reported on the condition of homœopathic institutions in New York. After the reports of the officers had been received the following officers were elected for the ensuing year: Pres., Walter Sands Mills; vice-pres., Geo. F. Laidlaw; sec., T. Drysdale Buchanan; treas., A. H. Bingham; necrologist, John Hutchinson.

The Woman's Hospital in the State of New York was formally opened with appropriate exercises on Wednesday, December 5th. A large number of friends attended the exercises at three o'clock and inspected the new buildings both at that time and on the day fol-

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Washington Society—The ninth annual meeting of the Washington (D. C.) Homœopathic Medical Society was held at the New Willard on Friday and Saturday evenings, December seventh and eighth, at eight o'clock.

After the call to order by President J. B. Gregg Custis, M.D., the subject of Modern Adjuvants was presented. Electricity as an Adjuvant by Charles A. Davis, M.D. Mechanical Vibration by A. K. P. Harvey, M.D. Therapeutic Effects of Light by John R. Sharp, M.D. Drug Adjuvants by Benjamin F. Gibbs, M.D. The papers were defended and discussed by Drs. Reginald Munson, J. H. Branson, F. A. Swartwout, Wm. R. Buchanan.

Homœopathy was the next topic. A paper upon Drug Therapy was read by S. S. Stearns, M.D., and discussion opened by Richard Kingsman, M.D.

On Saturday evening after an introductory by William Rufus King, M.D., a paper upon Neuritis, Neurosis, Neurasthenia was presented by John J. Tuller, M.D., Philadelphia, Prof. Neurology, Hahnemann Med. Coll. Special discussion was opened by J. M. Wilson, M.D., New York city, Prof. Neurology N. Y. Homœo. Med. Coll. & Hosp., and followed by general discussion by invited guests, including Edw. Beecher Hooker, M.D., of Hartford, Pres. Am. Inst. of Homœopathy; and C. Edwin Verdier, M.D., of Norfolk, chairman local committee of arrangements, Am. Inst.

Officers: President, J. B. Gregg Custis, M.D.; vice-president, Ira W. Dennison, M.D.; secretary, M. A. Custis, M.D.; treasurer, Charles A. Davis, M.D.

Academy of Pathological Science—The Academy of Pathological Science held its regular monthly meeting on Friday evening, November 23d, at 8.30 p. m., at the Royalton, 44 West 44th street. The society was entertained by eleven members.

The program: "Test Cases for Iridium Treatment," presented by Drs. H. L. Coles, W. G. Crump, W. B. House and G. F. Laidlaw. "Malaria," by Dr. R. R. Trotter.

Drs. M. W. McDuffie, 213 East 62d street, and W. M. Muncy, Laura Franklin Hospital, were elected members.

Brooklyn County Society—The 404th regular meeting of the Homœopathic Medical Society of the County of Kings was held Tuesday evening, December 11th, 1906, at eight-thirty.

Under the Bureau of Materia Medica, W. H. Freeman, M.D., chairman, papers were read on "Homœopathy in Relation to Diseases of Women," by Rudolph F. Rabe, M.D., and "Some Clinical Verifications," by Guy B. Stearns, M.D.

Brief exercises were held in memoriam of Dr. Bernhard Fincke. Dr. Stuart read an obituary and Dr, Baylies also spoke.

The Long Island Society of Anesthetists held a meeting at the Brooklyn Homœopathic Hospital on December 4th. Papers were presented by Dr. Clark Burnham on "The C. E. method used in the Cumberland Street Hospital," by Dr. Longstreet on "The gas-ether sequential anesthesia," and by Dr. Peterson on "A new gas-ether inhaler." Anesthetists are cordially invited to the meetings of this society. A. F. ERDMAN, M.D., *Secretary*.

Pittsburg Hospital—After forty years successful work in the business section of Pittsburg the new Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburg, Pa., will be built in the residence section. An "L" shaped plot has been purchased on high, well drained ground and the plans have already been made for

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a large well-equipped and thoroughly modern hospital. The corridors and wings have been so planned as to give the most fresh air and sun light with a convenient and easy method of access. Sun-parlors, roof gardens, portable baths, many bath-rooms, and a drug lift connecting each floor directly with the pharmacy are some of the modern advantages offered. Our Pittsburg confreres are to be congratulated upon this achievement.

Vermont Homœopathic Medical Society—At the fifty-sixth annual meeting of the Vermont Homœopathic Medical Society, the following officers were elected for the ensuing year: President, F. H. Davis, M.D., Lyndonville; vice-president, F. H. Everett, M.D., Castleton; secretary, Geo. I. Forbes, M.D., Burlington; treasurer, J. F. Shattuck, M.D., Wells River; censors, E. B. Whittaker, M.D.; F. E. Steele, M.D.; Edward Kirkland, M.D.; auditors, F. E. Steele, M.D.; Fremont Hamilton, M.D.; R. H. Burke, M.D.; legislative committee, F. E. Steele, M.D.; W. B. Mayo, M.D.; E. B. Whittaker, M.D.; Geo. I. Forbes, M.D.; D. C. Noble, M.D.; Sam Sparhawk, M.D.

The following delegates and members of bureaus were appointed by the President: Delegates—American Institute of Homœopathy, Geo. I. Forbes, Sam Sparhawk. New York, J. F. Shattuck. Maine, W. E. Locke. New Hampshire, N. L. Dow. Rhode Island, C. A. Gale. Massachusetts, F. E. Steele. Connecticut, E. L. Lyman. Bureaus—Materia Medica, S. H. Sparhawk, E. L. Wyman, A. F. Moore. Clinical Medicine, N. L. Dow, W. R. Noyes, C. E. Libby. Surgery, Sam Sparhawk, E. B. Whittaker, W. B Mayo. Obstetrics and Gynecology, F. H. Everett, Edward Kirkland, F. E. Steele. Sanitary Science, R. H. Burke, G. G. Hall, T. R. Waugh. Electro-Therapeutics, E. E. Whittaker, W. F. Minard, H. S. Boardman.

Drs. Sam Sparhawk and Geo. I. Forbes were chosen, of whom the Governor should appoint one to serve upon the state board of medical examiners. It was decided to hold the semi-annual meeting at Montpelier, the time to be fixed by the President and Secretary.

Rochester Homœopathic Hospital—A vacancy exists among the internes at the Rochester Homœopathic Hospital. Any one interested in gaining hospital experience should write at once to S. R. Snow, M.D., the secretary of the staff, at Rochester, N. Y.

Typhoid in Passaic—During the month of November there was a mild epidemic of typhoid fever at Passaic, N. J. A point of interest was the comparative statistics from the two hospitals. The Passaic General had twenty cases, eight of which terminated fatally, while St. Mary's, where all were treated by homœopathic physicians, had fourteen cases, all of which recovered.

The Boston Floating Hospital—The Boston Floating Hospital has closed its work for the season, reporting most satisfactory results for its summer's work. About the middle of the summer the new boat was placed in commission, thereby much enlarging the accommodations, as well as giving at the same time better facilities for work. In all, over 4,000 days' care were given to permanent patients. Nearly 2,500 trips were given to day patients, not including mothers of sick children, who also made 2,500 trips. The work is one that should appeal to all charitably inclined individuals, as the population from which it draws its patients is one in which the children receive most scant care—*New England Medical Gazette.*

CHICAGO NEWS

DR. HELEN M. BUCHANAN announces a change of address to 6546 Woodlawn avenue.

THE PHI ALPHA GAMMA is enjoying the comforts of its new frat. home at 3231-33 Groveland avenue.

DR. ROBERT S. MOTH, '05, has selected New Orleans, La., as the field of his professional activities.

DR. T. E. COSTAIN announces a change of office address to Suite G, 1404 Heyworth Building, 42 Madison street.

DR. ROBERT E. GRAVES, '05, interne at Cook County Hospital, has located at 1907 Denning place, Lake View, Co., Ill.

DR. C. A. SQUIRES and DR. J. T. HENDERSON have finished their interneship at Cook County Hospital and will be succeeded by Drs. G. N. Short and C. E. Feige, '06.

DR. FRANK C. TITZELL is now located in Iowa City, Ia., having accepted the position as head of the chair of surgery in the Homœopathic Department of the Iowa State University.

DR. I. O. DENMAN, of Charleston, Ill., President of the Eastern Illinois Homœopathic Society, addressed the seniors of "Old Hahnemann," early in December. "Organization," was the subject considered.

DR. S. H. AURAND has opened a down-town office in the Marshall Field Building, where he occupies Suite No. 717 from 1 to 3 p. m. during the week, giving special attention to sub-acute and chronic diseases and the non-surgical diseases of women.

DR. FRANK COOKINHAM, Hahnemann, '06, having completed his term of service in the Boston University Homœopathic Hospital, will be on duty with the Melbourne Homœopathic Hospital, St. Kilda road, Melbourne, Australia, for the ensuing three years.

DR. FRED. HOUSTON, of Joliet, Ill., visited Dr. Shears's clinics early in December. The Doctor reports the Silver Cross Hospital of Joliet admits both homœopaths and allopaths to its staff on equal terms. At present it is filled with patients, the homœopaths have equal recognition in every way and, at present, the largest number of patients.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting with the secretary, Dr. Della M. MacMullen, 6745 Parnell avenue, December 11th, at 8.30 p. m., at which time the following program was presented:

The Constitutional Remedy in Acute Diseases, Dr. H. W. Pierson; Adjuvants and Palliatives, Dr. K. Ellis; Manual Therapeutics, Dr. Florence Barnes.

A report was received from the committee appointed at the last meeting to investigate the question of affiliating with the Chicago Homœopathic Medical Society.

DR. N. B. DELAMATER is at this writing able to give assuring responses to the many solicitous inquiries regarding Mrs. Delamater who has recently passed through a very critical operation by Dr. Charles Adams, in the Streeter Hospital, for the removal of an ovarian fibroid tumor, weighing fifty pounds. Mrs. Delamater is now in the second week of convalescence without having had one unfavorable symptom or pain.

HAHNEMANN HOSPITAL is badly in need of an extension. At the present writing there is not one empty bed in either the private or charity department and patients are often obliged to wait several days before accommodations can be obtained.

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It is rumored that the institution is to receive a very large sum of money in the near future from the estate of one of Chicago's late millionaires.

THE AFTER DINNER CLUB met in the Carrie Abbie Shop, 6 Madison street, Thursday, November 15th, at 6.30 p. m., Dr. Sarah Hobson presiding. After doing justice to the *menu*, the topic for the evening was considered: "The Buffalo Rock Tent Colony under the Auspices of the State Society." The meeting adjourned in time to attend the session of the city society at 8.30.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting Thursday, November 15th, at 8.30 p. m., in the Northwestern University Building. A most profitable program was presented as follows: "Goiter," by Dr. C. E. Kahlke, and "The Unknown Quantity in Medicines," by Dr. Skiles. General discussion followed.

THE CLINICAL SOCIETY OF HAHNEMANN HOSPITAL held a meeting in the college Monday evening, December 3d, Vice President Dr. E. L. Hunter, presiding. Dr. C. D. Collins presented two very interesting cases of skin disease: No. 1, dermatitis following the imbibition of large doses of "S.S.S.", the patient taking two tablespoonfuls q. i. d. in compliance with the suggestion of a friend who argued he had contracted syphilis two years previous. Case No. 2 presented classical symptoms of pemphigus vulgaris. Through the courtesy of Dr. George F. Shears a specimen was presented from a recent operation for hernia with intestinal complications, showing an anomalous condition of the vas deferens which ended abruptly upon reaching the testicle.

The speaker of the evening was Mr. S. G. Pandit, a high-caste Brahman, graduate of the university of Bombay, India, who gave a comparison of "Oriental and Western Medical Practices." The discussion, largely in the form of questions and led by Dr. Katherine Clapp, brought out many interesting points regarding the plague and cholera and their apparent preference for the natives and Europeans and Americans, also the status of homœopathy in India and its increasing popularity. Dr. Hunter, in behalf of those present, thanked Dr. Tenney for securing so acceptable a speaker as Mr. Pandit proved to be.

In response to the suggestion of the organization committee of the State Society, notices of this meeting were sent to the members of the various local societies and the city society and the attendance was representative and enthusiastic.

THE REGULAR HOMŒOPATHIC SOCIETY met in Club Room No. 1, Sherman House, Tuesday evening, December 4th. The meeting proved to be one of the best. The program was especially interesting, being a continuation of the last meeting. The general topic considered was: "How to take the Case," by Dr. H. C. Allen, the sub-topics being "The Importance of Knowing and Predisposing Causes," by Dr. H. W. Pierson. "The Importance of Understanding the Exciting Causes," by Dr. J. B. S. King. "The Importance of Distinguishing Between the Patient and the Pathology," by Dr. Harvey Farrington. A general discussion followed the presentation of these important subjects, participated in by Dr. Frank Gustafson. of Aurora, Dr. A. C. Tenney, Dr. Belle Gurney, Dr. E. A. Taylor and others. The meeting was largely attended and the practical character of the program insured the closest attention throughout the evening.

The next meeting of this Society will be held the first Tuesday

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in January, 1907, and topic presented will be: "The Selection of the Remedy Following the Taking of the Case." Sub-topics as follows: "The Importance of the Complete Record," "The Totality and Composite Picture," "The Comparative Value of Symptoms," and "When to Repeat and when to Change the Remedy."

THE CHICAGO SOCIETY OF SOCIAL HYGIENE (incorporated) held a meeting in the Public Library Building December 4th, the president, Prof. Charles R. Henderson of the University of Chicago, presiding. The society was organized under the auspices of 1900 physicians of Chicago. It pays no salaries nor office rents. Its funds are used solely to print and distribute leaflets of information on matters of sex. It needs members—the annual dues are $2.—and funds, and solicits aid in securing both. Dr. Gilbert Fitz Patrick is one of the directors. Similar societies exist in New York and Philadelphia, also in Berlin, Ger., which latter has a membership of 5,000.

Dr. H. S. Aurand, chairman of the Organization Committee of the State Society, is assisted in the work of his committee in this city by the following committees appointed by the various societies:

The Chicago Homœopathic Medical Society—President, Dr. Frank Wieland, Dr. George M. McBean, Dr. L. A. Shultz. The regular Homœopathic Medical Society—Dr. James W. Hingston, Dr. Harvey Farrington, Dr. E. A. Taylor, Dr. H. W. Pierson. The Englewood Homœopathic Medical Society—Dr. Addie E. Gray, Dr. Belle B. Gurney, Dr. James W. Hingston, Dr. L. F. Ingersoll, Dr. A. C. Tenney. The Clinical Society of Hahnemann Hospital—Dr. Gilbert Fitz Patrick, Dr. A. C. Tenney, Dr. E. L. Hunter.

A basis of mutual co-operation is the result which these committees hope to attain. Regular meetings are held and something definite will in all probability be announced next month.

CHRISTINE BERGOLTH, M.D.

BOSTON NEWS

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY—The 67th session and the 30th annual meeting of the Massachusetts Surgical and Gynecological Society was held at the Copley Square Hotel on the afternoon and evening of Dec. 12, 1906, Dr. T. Morris Strong presiding.

At the scientific session Dr. Horace Packard presented to the society by means of descriptions and photographs, a device of his own invention to be used for the purpose of siphoning fluid from the bladder and the prevention of hemorrhage after operations for the removal of the prostate gland.

Following this came the report of the Bureau of Gynecology, George L. Van Deursen, M.D., chairman, and Clara H. Rogers-Rutter, M.D., secretary, with a program as follows: Abdominal Pain, by Frank C. Richardson, M.D., discussion opened by Nathaniel W. Emerson, M.D. The Treatment of Retro-version of the Uterus, by George R. Southwick, M.D., M.R.C.S., discussion opened by Herbert D. Boyd. Anesthesia. Report of two Deaths; one following the administration of Ether and one during the Administration of Chloroform, by Winfield Smith, M.D., discussion opened by George D. Bliss, M.D. Transverse Semi-lunar Skin-Graftings, Incision and Closure of the Wound without Sutures or Dressing after the Operation, by George W. Roberts, M.D., of New York city. Discussion opened by G. Forrest Martin, M.D. Dr. Richardson's paper was of especial value as calling attention to the fact that alarmingly severe

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abdominal pain does not always betoken a serious lesion but is often the result of neuroses or of functional conditions. Dr. Richardson deplored the too frequent practice of using the exploratory abdominal incision as a means of diagnosis.

A great deal of discussion was provoked by Dr. Smith's paper on deaths from anesthesia, and many prominent surgeons took part. Some of the important points brought out were that ether before chloroform minimizes the danger, that chloroform is best in acute lung diseases and ether in most heart diseases. Dr. Smith described the three methods of massage of the heart—1. through an abdominal incision without incising the diaphragm, 2. through an incision in the diaphragm, 3. through an opening made in the chest wall involving the sternum and the ribs. The external method was also described, viz. that of throwing the operator's whole weight upon the chest wall over the heart region, thus compressing the heart between the anterior and posterior chest walls, this method usually resulting in the fracture of ribs. Mouth to mouth inspiration for resuscitation was also described.

Dr. Smith held that the cause of deaths during anesthesia was unknown while others claimed that such deaths were always the result of too much of the anesthetic.

The paper by Dr. George W. Roberts, of New York city, which was beautifully illustrated by life-size chart drawings, was provocative of much discussion among the surgeons, some feeling that the new incision and closure marked a distinct progress in this kind of work and others that it offered too little compensation for the extra amount of time consumed. The chief advantages of the new method as presented by Dr. Roberts consist in the greater strength of the abdominal wall following the transverse semi-circular skin incision and the linear separation of the muscle fibres as contrasted with their transverse division following the linear skin incision, the easier access afforded to the diseased area and the better cosmetic results, while the most striking thing about the technique is the absence of any dressing whatever, the exuding serum at the edge of the wound providing an apparently efficient obstacle to contamination from without.

At seven o'clock dinner was served to about two hundred members of the society and their friends followed by the address of Dr. T. Morris Strong, the retiring president, and the introduction of the president-elect, Dr. Frank A. Gardener, of Salem. The company was entertained by Mr. La Rue Vredenburg, a former classmate of Dr. Strong at Rutgers College, who gave selections from Kipling, and from the French-Canadian folk-poems by Dr. Drummond. At the business session the following officers were elected to serve for the ensuing year: President, Frank A. Gardener, M.D.; vice-presidents, Amanda C. Bray, M.D., A. Howard Powers, M.D.; secretary, Frederick W. Colburn, M.D.; treasurer, Isabel G. Weston, M.D.; censors: Frederick P. Batchelder, M.D., George B. Rice, M.D.

Boston Homœopathic Medical Society—The regular meeting for December of the Boston Homœopathic Medical Society was held on the evening of the 6th, at the Hall of the Boston Society of Natural History, on Boylston street. The meeting was devoted entirely to the study of diseases of the stomach and the following program was given: Differential Diagnoses of Diseases of the Stomach, by Dr. George E. Percy. Pathology and Laboratory Tests in Diseases of the Stomach, by Dr. Solomon C. Fuller. Indications for Surgical Treatment of Diseases of the Stomach, by Dr. James B.

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Bell. Medicinal and Dietetic Treatment of Diseases of the Stomach, by Dr. Wm. H. Van den Burg, of New York city. At 9.30 p. m. the meeting adjourned for a social half-hour and light refreshments.

TWENTIETH CENTURY MEDICAL CLUB—The regular meeting of the Twentieth Century Medical Club was held at the New Century Building, Huntington avenue, on the evening of Nov. 21st, 1906, the president, Dr. Lucy Barney-Hall, in the chair. Preceding the scientific session Dr. Marion Coon, who had charge of Current Medical Events for the month, gave an interesting resume of recent medical news and other matters of importance to the profession. The subject of the scientific session was Sexual Hygiene, and the speaker of the evening was Dr. Anna G. Richardson, of Marlboro St., an old school physician, who is connected with the Children's Aid Society of this city. Dr. Richardson gave an able paper on "What to Teach and How to Teach it in Sexual Matters." The free discussion which followed was not the least instructive part of the session. The meeting adjourned at 10 p. m. GRACE E. CROSS, M.D.

Oklahoma Institute of Homœopathy—The Oklahoma Medical Institute of Homœopathy met in Oklahoma City on November 21-23d. There was a good attendance and a very interesting time. Several very able papers were presented and read, many of them bringing out warm and free discussions. The local physicians entertained the visiting members with a banquet at Hotel Sell on the evening of the 22d.

Dr. J. Hensley's annual presidential address was appreciated, and a unanimous resolution passed requesting local papers to publish same.

After calling attention to the recent advances in the practice of medicine and surgery and emphasizing the scope and sphere of homœopathic therapeutics, Dr. Hensley said: "I wish to bring before this society a very important duty and one of vital importance to every member of this society, and one that should appeal to every loyal homœopath in the coming state. We should claim our just rights, and oppose all class legislation of whatever nature that would favor one school of medicine over that of another.

"It is to be hoped all reputable physicians in the coming state, no matter to what school of medicine they belong, will join in having suitable laws passed to protect the public from quackery and nostrum venders—and that will uphold the honor of our noble profession. We should demand that all schools of medicine should have separate examining boards, to pass upon the qualifications of an applicant who wishes to practice his profession in our state. No matter how competent a physician may be in the practice of medicine in his own school or how impartial he may be in the examinations he is not qualified to examine an applicant in materia medica or therapeutics in another school of which he knows little or nothing. It is true physicians of all schools agree upon many things; likewise it is true they differ on many very essentials in the application of medicines.

"All fair minded physicians will agree we ought to have a state board of health separate from examining boards, made up from the different schools of medicine; with no one school having a majority on said board.

"In our coming state it is our privilege and duty to claim our just rights in the medical department of state university; and in the eleemosynary institutions and other branches of the state government where medical skill is demanded."

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Dr. Frank D. Humphey gave a very interesting clinic on afternoon of the 23rd.

Dr. J. Hensley was again unanimously elected president for the coming year. A resolution was passed extending an invitation to the American Institute to meet here in 1908. Many of the members pledging themselves to attend next year's meeting at Norfolk. There was a strong committee elected on legislation with Dr. Hensley as chairman. The society propose to claim their just dues in the formation of the state constitution, which is now being formulated to be presented to the voters for approval, as well as in legislative transactions which will follow. Homœopathy and its friends are alive in the two territories, and by proper encouragement from the friends of homœopathy elsewhere, they hope to make the new state the first state where our school of medicine predominates.

J. HENSLEY, M.D.

National Medical University—Dr. Mark M. Thompson, who has been lecturing for seven years in Hering Medical College, is now lecturing in the National. While lecturing upon surgical gynecology, his incidental remarks upon homœopathy made such a favorable impression upon the students, not one in twenty of whom knows or cares anything about homœopathy when he enters the school, that they have asked him to tell them more about the system of therapeutics based upon the law of similia.

Failures of Chicago Graduates.—The NORTH AMERICAN has received a reprint from the *Journal A. M. A.* giving the percentage of failures before State Medical Examining Boards thruout the United States during 1905 of the graduates of Chicago medical colleges established five years or more. Of those in which homœopathy is taught, the National Medical heads the list at 4.2 per cent. failed; then follow in their order Hahnemann, 16.7 per cent., Hering 17.4 per cent. and Chicago Homœopathic, 41.2 per cent. The National heads the list, the Northwestern University ranking second with 5.1 per cent. failed. The National, it is needless to say, is the "panpathic" college in which all systems of therapeutics are taught to all students.

Homœopathic Hospital in Utrecht—Our Dutch colleagues are certainly to be congratulated upon the success which has so far attended their efforts to collect funds for the building of a Homœopathic Hospital in Utrecht. Within a very few months a sum of no less than 100,000 florins ($40,000) has been collected. There is little doubt that, with the powerful help of the Society for the Propagation of Homœopathy in the Netherlands, which has from the first taken the warmest interest in the project, the necessary funds will soon be forthcoming. In the meantime, instead of waiting until the hospital can be built and equipped, a most sensible though modest beginning is to be made. A contract (for five years) has just been entered into with the authorities of the Deaconesses' House in Utrecht by which one wing of their Hospital (containing about thirty-five beds) is to be handed over to the care of a homœopathic physician. For this purpose the Society has selected Dr. J. J. A. B. van Roijen, son and successor of Dr. J. B. van Roijen, and until recently practising in Rotterdam. The scheme is to come into effect on May 1st, 1907. We offer our most hearty congratulations to our young colleague, who will be able, we feel sure, to give a very good account of himself and of homœopathy when the results of treatment in the two divisions of the Hospital come to stand side by side for purposes of comparison.—*British Monthly Homœopathic Review.*

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Book Reviews

A Text-Book on the Practice of Gynecology. For Practitioners and Students. By W. Easterly Ashton, M.D., LL.D., professor of gynecology in the Medico-Chirurgical College of Philadelphia. Third edition, thoroughly revised. Octavo of 1096 pages, with 1057 original line drawings. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $6.50 net; half morocco, $7.50 net.

The fact that a third edition of this work has been called for in one year after the original publication must be most gratifying to both author and publisher. In the revision now made the subject matter and the illustrations are brought fully up to date and the most advanced and sound teaching closely described.

Colonic lavage has been added to the chapter on constipation and a new method of flushing the colon described; Hirst's operation for vaginismus and Montgomerys' round ligament operation have been given in detail; a section on chorio-epithelioma of the uterus and one on the passive incontinence of urine added; the section on intestinal anastomosis has been entirely re-written. The author not only tells what should be done but definitely how to do it.

Abdominal Operations. By B. G. A. Moynihan, M.S. (London), F.R.C.S., senior assistant surgeon at Leeds General Infirmary, England. Second revised edition, greatly enlarged. Octavo of 815 pages, with 305 original illustrations. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $7.00 net; half morocco, $8.00 net.

This work will be widely welcomed by the medical profession generally, giving, as it does, in the most clear and exact language, the preliminary technic of preparation and sterilization, as well as the actual *modus operandi* of the various abdominal operations. Mr. Moynihan's reputation in this field is international, and this work, stamped with the authority of a rare experience, will undoubtedly become the recognized standard. Peritonitis and appendictiis—the latter of such present importance—have been accorded unusual space in a work of this kind; and the subjects of chronic gastric ulcers and intestinal obstruction are also excellently detailed. Complications and sequelæ and after-treatment are presented in the same clear-cut style as the operations themselves. Throughout the entire book numerous cases have been quoted from both the author's own practice and those of other distinguished surgeons. The illustrations are all new, have been drawn especially and serve extremely well to illustrate the various steps in the operations detailed.

Human Sexuality, a Medico-Literary Treatise on the Laws, Anomalies, and Relations of Sex with Especial Reference to Contrary Sexual Desire. By J. Richardson Parke, Sc.B., Ph.G., M.D., late acting assistant surgeon, U. S. army. Royal 8vo., 476 pp., cloth. $3.00 net. Professional Publishing Company, Philadelphia, 1906.

The author has attempted to write a book that would be useful to both the physician and lawyers, clergymen and advanced scientists. The writer has laid the whole subject bare in this work. He never hesitates to call a spade a spade. There is a certain flippancy in the treatment of the subject which has no place in a scientific treatise. It is a pity that a work that is on the whole so good and valuable should be thus marred. The book shows a wide investigation of the subject; its scope includes the moral and social aspect of the sexual relation, sexual selection or the law of choice, betrothal, marriage, divorce, fecundation, abortion, infanticide, the law of sexual desire, inversion of the sexual impulse, perversion of the sexual impulse, artificial erotism, sexual criminology. An "expurgated" edition could be issued that would be a valuable handbook for the head of a household.

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Diseases of the Stomach. A TextBook for Practitioners and Students. By Max Einhorn, M.D., professor of clinical medicine at the New York Post-Graduate School, etc., etc. Fourth revised edition. New York. William Wood & Co., 1906, pp. 559.

This very excellent work has passed through a number of editions now reaching the fourth. While the plan of the book has remained the same the text has been thoroughly revised and a number of additions made. It is now up to date in every respect.

Prevalent Diseases of the Eye. By Samuel Theobald, M.D., clinical professor of ophthalmology and otology, Johns Hopkins University. Octavo of 551 pages, with 219 text illustrations, and 10 colored plates. Philadelphia and London. W. B. Saunders Company, 1906. Cloth, $4.50 net; half morocco, $5.50 net.

With few exceptions all works on the diseases of the eye, although written ostensibly for the general practitioner, are in reality adapted only for the specialist; but in Dr. Theobald's book the requirements of the physician engaged in general practice have been made paramount. The difficulties with which he has to contend in diagnosing and treating ocular maladies have been kept constantly in mind. In every case only one definite treatment is given. It is the one book on the eye written particularly for the physician engaged in general practice.

A Treatise on Orthopedic Surgery. By Royal Whitman, M.D., Clinical Lecturer and Instructor on Orthopedic Surgery in the College of Physicians and Surgeons of Columbia University, New York, etc., etc. Third edition revised and enlarged. Illustrated with five hundred and fifty-four engravings. Lea Brothers & Co., Philadelphia and New York, 1907. pp. 871.

The author has thoroughly revised the last edition, new material and many illustrations have been added and the volume fully represents this department of medicine at the present time. As in previous editions the author outlines methods of examinations, explains the phenomena of the symptoms and describes and illustrates the causes and effects of disease and disability so as to indicate the natural sequence the principles of treatment. The subject of orthopedic surgery is presented objectively and in a manner most acceptable to students and general practitioners.

Lea's Series of Pocket Text-Books, Diseases of Children, a Manual for Students and Practitioners. By George M. Tuttle, M.D., Attending Physician to St. Luke's Hospital, etc., etc. Second edition revised and enlarged. Illustrated with five plates in colors and mono-chrome. Lea Brothers & Co., Philadelphia and New York, 1906, pp. 392.

In revising this book; a few entirely new subjects have been introduced and the rest of the text has been modified to accord with the advanced knowledge of the science of pediatrics. The volume deals more largely with the physiology of infancy and with artificial states found in children. The aim evidently is to present the subject in a form which shall conduce to ease of study and reference.

Grayson's Laryngology. The Diseases of the Nose, Throat and Ear. By Charles P. Grayson, M.D., Clinical Professor of Laryngology, Medical Department, University of Pennsylvania. New (2d) edition, revised and enlarged. Octavo, about 550 pages, with 152 engravings and 15 plates in black and colors. Cloth, $4.00, net. Lea Brothers & Co., Philadelphia and New York, 1906.

The distinguishing feature of Dr. Grayson's treatise on the Nose, Throat and Ear, in its first edition was the manifest skill with which he selected exactly what his readers would desire to know, and the exceeding clarity of his presentation. He has given constant thought to those who wish to know not only what to do, but also how to do it. Thus he has selected the best from the maze of possible therapeutics for each condition, and presented it in full detail, with modifications to suit complicated and exceptional cases. He has been

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guided by his experience in selecting those measures which have been most often successful in subduing the symptoms of a disease and shortening its duration. He has endeavored to approach the value of clinical instruction by dwelling at such length on each distinct detail of examination and of therapeutic technique that the reader shall miss the benefit of personal teaching as little as possible. The plan of a work so conceived is scarcely susceptible of improvement, hence the new edition adheres closely to it, embodying of course a thorough revision to the latest date, with much new matter and many new illustrations.

A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., professor of obstetrics in the University of Pennsylvania. Fifth revised edition. Octavo of 915 pages, with 753 illustrations, 39 of them in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00 net; half morocco, $6.00 net.

Immediately on its publication this work took its place as the leading text-book on the subject. Both in this country and in England it is recognized as the most satisfactorily written and clearly illustrated work on obstetrics. In this edition the book has been thoroughly revised. As almost all the diseases of women are consequences or complications of child-birth, more attention has been paid to the diseases of the genital organs associated with childbirth. Many of the old cuts have been replaced.

W. B. Saunders Company, of Philadelphia and London, have just issued a revision of their handsome illustrated catalogue of medical, surgical, and scientific publications. Beyond question this is the most elaborate and useful catalogue we have ever seen. The descriptions of the books are so full, the specimen illustrations are so representative of the pictorial feature of the books from which they are taken, and the mechanical get-up so entirely in keeping with the high order of the context. The authors listed are all men of recognized eminence in every branch and specialty of medical science. The catalogue is well worth having, and we understand a copy will be sent free upon request.

THEY SAY

Dr. C. H. B. Gile, Falum, Kans., writes: I have cured a case of chronic dysentery, which was given one year or less to live, with W. A. Intestinal Antiseptics and Abbott's Saline Laxative.

The needs of the operator determine the vibrator to be chosen. The H. P. Engeln Co., Cleveland, O., offer ten days' free trial to any physician seeking to test the applicability of their vibrator to his line of work.

That if you want to know more about the advantages of the active principles you should send your name and address with ten cents, (to cover the cost of mailing), to the Abbott Alkaloidal Company, Chicago, and they will send you free a six-vial pocket case filled with representative single active-principles along with other samples and their complete price-list. Make it twenty cents, in stamps, and they will include a copy of Dr. Abbott's Alkaloidal Digest, a 300 page crystallization of the essentials of active-principle therapy with clinical applications. This is indeed a very generous offer. It is made, to be accepted at once only, to every physician who will mention this journal.

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Blakiston's books attracted much attention at the International Homœopathic Congress, and no mistake would be made in writing for their catalog. Among the attractive titles are Post Operative Treatment by Morse; Abdominal Pain by Maylard, and Unconscious Therapeutics by Schofield.

No antiseptic meets the requirements of the obstetricians so completely as Therapogen, which is not only a powerful germicide and deodorant but is absolutely non-toxic or irritating. It does not corrode instruments. On congested or inflamed tissues it exerts a marked antiphlogistic action. Therapogen is especially valuable for douching in confinements complicated by laceration of the cervix or perineum.

Each fluid dram of Eusoma contains: echinacea angustifolia, 15 grains; thuja occidentalis, 2 grains; baptisia tinctoria, 4 grains. Eusoma has been successfully used as an antiseptic dressing in the treatment of wounds of every description, burns, eczema, and erosion of cervix uteri; as an internal remedy in acne, cellulitis, puerperal fever, glandular swellings and typhoid fever.

Chionia is the active constituent of chionanthus virginica. It is commonly used in hepatic torpor. In jaundice it ameliorates the condition by providing a normal flow and securing an outlet for the bile pigment. It is valuable in constipation, not through any purging effect, but by its influence on the liver.

Dr. Barnes' Sanitarium, Stamford, Conn., is completing the 12th and most successful year of its establishment. The sanitarium is conducted on the detached cottage plan which gives abundant chances for the proper classification and opportunity for better study of the condition of individual patients. Dr. Barnes has been the sole owner and proprietor since 1898.

Moist air is more readily heated than air having a very low degree of saturation, and to quickly get the benefit of the fuel used, is a desirable point in house-heating. Keep the furnace water-box filled with clean water, and place on stoves and under all radiators, a good-sized receptacle of water. Pour a little Platt's Chlorides into these vessels of water, and the warm air will not only be healthfully moist, but this odorless disinfectant will keep it free from noxious gases.

The anemias of early life are usually sequels of the acute diseases common to this period. The action of Pepto-Mangan (Gude) is always very marked in these cases, and it is interesting to note how rapidly children respond to its upbuilding influence. A marked increase in hemoglobin at once follows its use and the red cells multiply rapidly. It is best given in milk; the dose ten drops to two teaspoonfuls, according to age.

The disclosure of the fact that many preparations contain opiates or other habit-forming or depressant drugs has no doubt cast suspicion more or less upon all preparations, whether deservedly or not, especially upon those intended for nervous conditions. Neurilla has always been and is now free from "dope" of any kind, and the National Pure Food and Drugs Act should have the effect of reassuring any physician of doubtful mind regarding Neurilla, as the Dad Chemical company would scarcely guarantee such a statement in the face of the law.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Buffalo, N. Y.—DeWitt G. Wilcox, M.D.
Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
Detroit, Mich.—R. M. Richards, M.D.
London, Eng.—James Searson, M.D.
Minneapolis—Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robt. S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. H. C. HŒFLE of Davenport, Ia., has moved to 1724 Main street.

DR. J. K. FOLWELL of Port Washington, L. I., died on November 2, 1906.

DR. N. W. EMERSON, of Boston, Mass., has moved to 1069 Boylston street.

DR. W. H. DOANE has removed from Pittsford, N. Y., to 38 Rutger St., Rochester, N. Y.

DR. FRANK GORDON formerly of Overton, Nebra., has removed to 2640 "K" St., Lincoln, Neb.

DR. FRANK H. DE CAMP of Elmira, N. Y., died December 22nd, after an illness of only two weeks from ptomaine poisoning.

DR. J. FERRIS, formerly of College Hill, Ohio, has removed to N. W. cor. Burns and Worthington avenue, Wyoming, Ohio.

DR. JAMES HOFFMAN of 461 Jersey avenue, Jersey City, has resumed practice though he announces that he has limited himself to office work and consultation. Special attention will be given to chronic diseases and diseases of children.

DRS. JOHN J. BLEECKER and WALTER E. NICHOLS announce that they have removed to 115 North Merengo Ave., Pasadena, Cal. Dr. Nichols is known to many in New York as he was a prominent member of the class of 1903 of the N. Y. Homœopathic Medical College and Hospital.

ONE OF OUR SUBSCRIBERS SAYS: "Please send me the NORTH AMERICAN JOURNAL OF HOMŒOPATHY for the coming year, as I like it the best of any of the Journals." We have had many communications of this nature and we are glad to know what value the NORTH AMERICAN is giving to the readers.

DR. EDWARD BEECHER HOOKER of Hartford, President of the American Institute of Homœopathy, sends us best wishes for a Happy New Year, which we heartily reciprocate; and includes a cordial invitation to be present at the meeting of the Institute at Norfolk on June 17th, which we hope that all the readers of the NORTH AMERICAN will accept, as we shall.

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King's County Society—The 50th annual meeting of the Homœopathic Medical Society of the County of Kings was held at "The Imperial," Tuesday evening, January 8, 1907, at eight-thirty. Included in the program were the annual report of the treasurer, the annual report of the secretary, the election of officers, the president's address and the report of the bureau of public health and institutions.

New York County Society.—The Homœopathic Medical Society of the county of New York held its regular meeting in Carnegie Hall Thursday evening, January 10, 1907, at eight o'clock.

W. B. O'Brien, M.D., of 1239 Franklin Ave., New York was elected to active membership, and Chapman E. Strong of Astoria, N. Y., to corresponding membership.

Dr. G. De Wayne Hallett gave the address of the retiring president, and the address of the president, Dr. Walter Sands Mills, followed.

The Committee on Materia Medica presented a paper on Nux Vomica, Ignatia and Cocculus, by E. B. Nash, M.D.

The Committee on Eye, Ear, Nose and Throat, George W. McDowell, M.D., chairman, presented a paper on Sub-mucous resection of the Nasal Septum by A. Worrall Palmer, M.D., discussion upon which was opened by Chas. E. Teets, M.D.

The chairman of the committee reported on the death of Dr. Francis E. Doughty as follows: and the report of Necrologist John Hutchinson, M.D., followed.

Whereas, In the order of His Providence it has been the will of God to take from us by swift and sudden illness, our fellow member, Francis E. Doughty, M.D., in the ripened maturity of his characteristic faculties, and influence; and,

Whereas, Among the people of this city he had long maintained an extensive reputation for eminent attainments and abilities of the highest practical order, and was exceptionally trusted because of his sensitive feelings of obligation, responsibility, and self-effacement, for the welfare of his patients, in whom he inspired warm personal attachments and respect; and,

Whereas, In his relations with his fellow physicians he was widely esteemed for his scrupulous integrity, his probity in consultation, and for a sincere charm of personality, unassuming, dignified, judicial, self-controlled, and serious, ever alert, gentle and friendly, and truly animated with a desire for justice, helpfulness, and kindness; and,

Whereas, Especially in his chosen field of surgery he was pre-eminent in cautious, steady poise of judgment, in lucidity of thought, in thoroughness of preparation, and in accuracy of knowledge, which he applied with rare precision of observation and the deftest manipulation in the practise of his art; and,

Whereas, As an author he won the distinguished approval of the profession, and as a teacher in the New York Homœopathic Medical College and Hospital, during a continuous service of thirty-six years as lecturer and professor, in the departments of anatomy, genito-urinary diseases and surgery, and surgical gynecology, he gained the grateful appreciation of his classes and their most affectionate remembrance; and,

Whereas, In his many contributions to the instruction of our meetings he illuminated his thought with the light of a discerning experience, and ever touched his subject with a note of personal aspiration to search the way to truth; and,

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Whereas, For thirty-three years he has been an active member of this society, has been its twice honored president, and throughout his membership has dutifully served with willingness and fidelity in all its affairs of leading importance, always commanding confidence by means of his dispassionate deliberation, his discretion, sense of equity, and honesty of opinion; Therefore be it

Resolved, That this society desires to express its reverence for the memory of the late Dr. F. E. Doughty, as man, scholar, physician, surgeon and gentleman,—to record its gratitude for his long devoted achievement in the interests represented in this organization; and to voice its grievous sense of loss in the termination of a life, industrious in duty, unpretentiously sustained in honor, successful without sacrifice of scruple, and still warm in the affectionate regard and admiration of his fellow-men.

Resolved, That the above preamble and resolution, be placed upon our minutes, and an engrossed copy of the same be transmitted to the family of the deceased, with tender of sympathy of the society.

The late Francis E. Doughty, M.D.—At a meeting of the staff of the Homœopathic Hospital of Essex county, (Newark), N. J., the death of Dr. Francis E. Doughty, one of the consulting surgeons, was announced and brought to each one a feeling of personal loss. We appreciate, as never before, his personality as a man, his genius as a teacher, his ability as a surgeon, and that the vacancy caused by his death will be one impossible to fill.

WM. H. COOKE, M.D., *Secretary.*

Southwestern Texas Homœopathic Medical Association—The homœopathic physicians of Southern Texas have effected an organization to be known as the Southwestern Texas Homœopathic Medical Association. The first meeting, which was held at San Antonio, Texas, early in November, was a very enthusiastic and successful session.

The officers for the ensuing year are as follows: President, Chas. A. Wilson, M.D.; Vice Pres., W. L. Freeman, M.D.; Sec. and Treas., Nettie G. Gray, M.D. The society proposes to make a critical study of materia medica and the Organon at its regular meetings.

NETTIE G. GRAY, M.D., *Secretary.*

Bexar County Homœopathic Medical Society—The homœopathic physicians of Bexar county, Texas, have recently organized a local society which is to meet twice each month in San Antonio, Texas. The meetings are to be devoted to the study of materia medica and the discussion of topics of general interest as well as those of local interest and mutual benefit.

The officers for the year are as follows: President, Walter C. Hirzel, M.D.; Vice. Pres., G. A. Gifford, M.D.; Sec. and Treas., Nettie G. Gray, M.D.

NETTIE G. GRAY, M.D., *Secretary.*

Fergus Falls State Hospital—We take pleasure in publishing a few facts about this institution sent us by its second assistant physician. His letter is called forth by an item appearing in this department of the December number of the NORTH AMERICAN, to the effect that "Middletown is the largest homœopathic institution in the world." Our correspondent says: "If New York state is meant, I grant the contention. The Middletown Homœopathic Hospital for the Insane can lay claim to many things, which no other institution can ever hope to equal. In elegance of equipment, in point of years, in fact of having been made by that great homœopathic alienist, Doctor Talcott, Middletown is, in its way, far ahead of any other institution. But as to its being the largest in the num-

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ber of beds, patients and plant, that is another question. I call your attention to the fact that there is a state called Minnesota, and that there is a homœopathic institution known as the Fergus Falls State Hospital for the Insane under homœopathic control, which has a staff of physicians graduated from accredited homœopathic colleges, and that it has made a quiet reputation. This institution has been on earth sixteen years. It is probably now valued at one million dollars, and it now has 1,522 patients. It is the largest institution in the state, owns and controls 1112 acres of land, 646 of which are under cultivation, leaving the remaining acreage to be occupied by its buildings. Its death rate is as low as any, and lower than the majority. For instance, in 1904 and 1905 the death rate was 5.4 per cent., for 1905 and 1906, 5.3 per cent. Our per capita cost is $2.63 a week. It has been the policy of the superintendent of this institution never to make glowing claims as to percentage of recoveries. We do not feel that a case is recovered which is apt to be returned in a short time to be recovered again, thus helping out recovery percentage. So in our statistics you will find that we simply note our cases as being restored to their normal mental condition, and make no effort to have a big percentage of recoveries. Our chief aim is for the general health and welfare of our patients, rather than make a rosy statement regarding our recovery rate. A glance at the recent report of the New York State commission in lunacy will show you that Middletown has been unable to surpass these figures, and while Middletown's shadow is great in its own country, that shadow does not reach into the great northwest. It is also well to remember that we have two or three other hospitals in the wild and woolly west that are entitled to consideration. Every one is willing to give Middletown the lion's share of state hospital glory. We only ask of them to remember that there are other homœopathic institutions on the earth." THOMAS M. THAYER, M.D.

Medico-Chirurgical Society of Central New York—The twenty-second regular meeting of the Medico-Chirurgical Society of Central New York, an organization of homœopathic physicians, was held at Utica on December 6th. An interesting and able paper on the "Water Supply of Utica" was read by Dr. C. E. Chase and one on "Clean Milk" by Dr. E. M. Santee of Cortland, dairy expert of the bureau of animal industry of the department of agriculture at Washington. These two papers aroused considerable discussion. In the course of the afternoon the matter of examining boards, which has been undergoing an agitation in a quiet way among physicians of the different schools for some time, came up for discussion and a resolution was adopted declaring in favor of the existing system of three boards rather than a merging of them into one. The meeting was well attended and the visitors from other places were more than pleased with the manner in which they were entertained.

Other papers read were "The Microscope as an Aid to Diagnosis" by W. M. Johns, M.D., of Utica; "Gall Stones and Indications for Operative Treatment" by B. W. Sherwood, M.D., of Syracuse; "Chronic Suppurative Otitis Media," by Dr. L. W. Dean of Utica; Dr. L. A. Martin of Binghamton read a paper on "Perineal Repair." It was written in a humorous way, but, as Dr. J. H. Irish of Syracuse, who led the discussion said, was full of good sense. A number of others spoke on the subject. The last paper of the afternoon was by Dr. W. H. Nickerson of Adams on "Review of Twenty-five Years of Obstetrical Work." It was listened to with much interest and was freely discussed.

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Dr. Santee of Syracuse resigned as secretary-treasurer of the society. Dr. Gannett of Syracuse was appointed secretary pro tem. A committee was appointed to prepare appropriate resolutions touching the death of Dr. Sheldon of Syracuse.

CHICAGO ITEMS

DR. HOWARD R. CHISLETT welcomed the "New Year" in his new residence at 3604 Grand Boulevard.

DR. MARK M. THOMPSON, *Chicago* H.M.C. '86, met almost instantaneous death December 17th while crossing a railroad track in this city. Dr. Thompson has for years been associated with Hering Medical College and recently affiliated with the National Medical University, feeling he there had a wider field of usefulness. Dr. Thompson won the confidence and respect of the students and enjoyed the high esteem of his colleagues and friends.

THE AFTER DINNER CLUB held its monthly meeting December 20th, taking dinner at the Carrie Abbie Shop, No. 6 Madison street, at 6.30. Consideration of the subject: "Influenza" followed.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting December 20th, in the Northwestern University building, at 8.30 p. m., President Dr. Wieland presiding. The most important business considered was the progress of the Tubercular Tent Colony and the plan for co-operation of the various societies in Cook county. Dr. W. Henry Wilson presented the subject: "Malaria, Its Cause and Development," in a most complete and scientific manner. The stereopticon and projection microscope were used to illustrate the anatomy of the mosquito and the development of the malarial poison in the human blood and also in the body of the insect through which it is transmitted.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY in lieu of sending out the usual monthly notice of meeting, has mailed the first form of the *Medical Advance* for January, which gives the proceedings of the December meeting and the program for the January meeting, which occurred January 8th in Club Room 1, Sherman House. (This program was published in the January NORTH AMERICAN.) The society has a membership of nearly one hundred.

CHRISTINE BERGOLTH, M.D.

BOSTON NEWS

BOSTON HOMŒOPATHIC MEDICAL SOCIETY. The January session of the Boston Homœopathic Medical Society was held at the college building, East Concord street, on the evening of January 3, 1907 and took the form of "Ladies' Night."

The main features of the literary part of the program were the address of the retiring president, Dr. David W. Wells, who spoke on the "Psychic Aspects of Medicine," and the address of the president-elect, Dr. Samuel H. Calderwood. A rising vote of thanks was tendered Dr. Wells and the feeling of all present was voiced by Dr. Horace Packard, who said that the year had been one of great success and profit to the members and greatly to the credit of the retiring president. The musical portion of the program was given by the Harvard Male Quartette who furnished selections both grave and gay. Later in the evening the company adjourned to one of the lecture rooms where refreshments were served.

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TWENTIETH CENTURY MEDICAL CLUB. The regular monthly meeting of the Twentieth Century Medical Club was held at the New Century building, Huntington avenue, on the evening of December 19, 1906, the president, Dr. Barney-Hall, in the chair. The regular routine of business was suspended in order to give more time to the speaker of the evening, Dr. Sarah Ellen Palmer, of the surgical staff of the New England Hospital (old school) who gave a most interesting talk on the "Surgery of the Bladder." It is within comparatively recent years that really intelligent work in this line founded upon actual knowledge of existing conditions in the bladder has been possible. Of late the invention of delicate instruments and aids to the visual and tactual examination of the urethra and bladder have raised the technique of this branch of surgery to something like the standard of the surgery of other organs. Dr. Palmer is an expert along this line having a wide field for practice at the New England Hospital as well as among her own clientele. The evening was full of instruction for all and inspiration to greater effort toward adequate treatment of cystic diseases.

It was announced that the next meeting would be partly social in character and that a professional woman palmist would entertain the members of the club and their friends with a talk on "The Scientific Side of Palmistry."

HEALTH CLASS. The speaker for the evening of Wednesday, January 16, at the Health Class which is being held at Emanuel church, was Dr. John D. Quackenbos, of New York City, who is prominent in the practice of the psychic treatment of moral and physical ailments, making a specialty of the hypnotic cure of vice. This class is attracting much attention among the physicians of both schools and seems destined to be of value to a certain class of neurotics in the way of teaching them auto-suggestion.

GRACE E. CROSS, M.D.

Report of Committee of the O. O. and L. Society on Drug Proving.—Your committee appointed to take action upon the final report and publication of our drug proving by its director, Dr. Howard P. Bellows, submits the following:

Resolved, That the work of drug proving which Dr. Howard P. Bellows has for six years been directing is of paramount importance.

That his work has been of such an incessant and laborious character as to demand more than passing notice.

That it is bound to last forever, and must profoundly affect the whole science of medicine.

That the thanks and appreciation of this society are hereby extended to Dr. Howard P. Bellows for his self-sacrificing, original and painstaking care of the work done for and in the name of the O., O. and L. Society.

That these resolutions be spread upon the minutes and sent to the homœopathic journals for publication. C. Gurnee Fellows, Herbert D. Schenck, R. S. Copeland.

Climatotherapy and Urban Hygiene—The third congress of Climatotherapy and Urban Hygiene will hold its meeting, during the Easter vacation 1907, on the French Riviera (that part between Hyeres and the Italian frontier) and in Corsica. The congress will last about one week on the French coast, and will finish in Corsica. The success of the two previous congresses held at Nice in 1904, and Arcachon in 1905, is well known. Without doubt, the third meeting will be in no way outdone by its predecessors. Its programme will be of the best. The organizing committee are busy.

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the principal points being already settled. Many towns have subscribed important sums,—Cannes, Mentone, and the Principality of Monaco, having promised large subscriptions. Municipalities and corporate bodies are preparing to rival each other in offering a brilliant reception to the visitors: fetes, banquets, excursions. A reduction of 50% will be asked for on all railways and steamboats; important reductions will be given in all the hotels.

Among the questions for consideration are: The Chronic Diseases of the Respiratory Organs on the French Riviera, Especially in Cannes and its Environs, by Dr. Chuquet of Cannes; The Adenopathies and Local Tuberculosis at Cannes, by Dr. Bourcart of Cannes; The Nervous Diseases on the Mediterranean Coast, by Dr. Sauvage of Cannes-le-Cannet, and the Physiotherapic Treatment of these diseases, by Drs. Bonnefoy and Josserand of Cannes; The Hygiene at Mentone, by Dr. Tartarin of Mentone; Heliotherapy by Dr. Monterris, of Sylvabelle; The Dust on the Roads of the Mediterranean Coast, by Dr. Chaboux of Mentone and Dr. Guglielminetti of Monte-Carlo; The Hygiene in the Principality of Monaco, by Dr. Vivant of Monte-Carlo.

The officers of the congress are: President, Dr. Calmette, of the Academy of Medicine, director of the Pasteur Institute, Lille. Vice Presidents, Dr. de Nabias, professor of the Medical Faculty of Bordeau; Dr. Grasset, professor of the Medical Faculty of Montpellier; Dr. Pitres, professor of the Medical Faculty of Bordeaux; Dr. Bourcart, Cannes; Dr. Vivant, Monte-Carlo. General Secretary, Dr. Verdalle, physician of the Bordeaux Hospitals. General Treasurer, Dr. Bienfait, villa Marie-Louise, boulevard d'Alsace, Cannes. Assistant Treasurer, Dr. Faure, Cannes.

For all informations, address the general secretary Dr. Verdalle, 1 boulevard d'Alsace, Cannes.

Where shall we send our Nervous Patients? We are fortunate in having a successor to the lamented Talcott. An unexcelled success warrants the belief that at Dr. Givens' sanitarium at Stamford, Conn., we may have hopes for a cure of our patients—a real cure, and more promptly—than anywhere else in the world. Dr. Talcott at Middletown, and now Dr. Givens at Stamford have won for themselves and for homœopathy the respect of the old school. Our illustration in Dr. Givens' advertisement fails to do justice to the extent of his grounds and buildings: they have been increased about fifty per cent. since that was drawn.—From the *Homœopathic Eye, Ear and Throat Journal* Jan. 1907.

ARTHUR P. HITCHENS, M.D., succeeds J. J. Kinyoun, M.D., as director of the Biological Laboratories of H. K. Mulford company. Dr. Hitchens has been connected with the Mulford Biological Laboratories for the past eight years, during the greater period of that time having had personal charge of the preparation of antitoxins and curative sera. W. F. ELGIN, M.D., continues in charge and direction of the Mulford Vaccine Laboratories. E. D. REED, M.D., of Ann Arbor, Mich., has been engaged to direct research work, particularly in pharmacology and physiological chemistry.

The New York State Homœopathic Medical Society will hold its annual meeting at Albany on February 12th and 13th, and everything points to a very successful and well-attended session.

The Colorado Homœopathic Society recently held its twenty-first annual meeting in Denver. A full program was presented. The

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papers all showed deep thought and a wide range of reading in their preparation.

The following officers were elected for the ensuing year: President, Dr. F. A. Faust, Colorado Springs; 1st. Vice President, Dr. A. C. Stewart, Denver; 2nd Vice President, Dr. Clinton Enos, Denver; Secretary, Dr. E. B. Swerdfeger, Denver; Treasurer, Dr. J. B. Brown, Denver; Board of Censors, Dr. A. C. Stewart, Dr. W. C. Allen, Dr. W. A. Burr, Dr. E. P. Greene, Dr. J. B. Kinley, Dr. W. J. King. Administrative Council, Dr.W. J. King, Dr. E. A. Darby, Dr. J. B. Brown, Dr. L. S. Blair, Dr. J. P. Willard, Dr. E. P. Greene, Dr. W. C. Allen.

We are going to depart from the time of meeting by holding our next meeting in Denver early in the spring. The finances are in such excellent shape that we were enabled to donate $50.00 in 1905 to the interest of drug proving, and in 1906 we gave $75.00 to the Park Avenue Hospital and still have a nice sum in the treasury.

E. B. SWERDFEGER, M.D., *Secretary.*

Minneapolis Anti-Tuberculosis Congress. A congress will be held in the assembly room, City and County Building, under the auspices of the National Association for the Study and Prevention of Tuberculosis and the Anti-Tuberculosis Committee of the Associated Charities and comprising a Western Conference on Tuberculosis, February 5, and the Minnesota State Association for the Relief and Prevention of Tuberculosis, February 6, American Tuberculosis Exhibition, February 2—12. Representing the Homœopathic Medical Society on the committee on arrangements are Drs. H. C. Aldrich, Geo. F. Roberts and Ethel Hurd.

DR. B. KRANZ announces that he has taken over the medical direction of the Homœopathic Sanatorium at Davos, Switzerland.

HERBERT DANA SCHENCK, President-elect of the New York State Homœopathic Medical Society, is president of the Cornell Association of Brooklyn.

Cereus Grandiflora has been in general use for many years and is a heart tonic stimulant of importance. Cactina pillets have been successfully used by all schools of the medical profession for fifteen years. Cactina pillets regulates the heart and quiet nervous irritability. It is used when the heart is weak during convalescence and in the debilitated heart of old age. It is a reliable agent where the heart muscle is enfeebled and where there is progressive valvular inefficiency, with irregular or intermittent pulse. It is also indicated in mitral or aortic regurgitation on account of its power to shorten the diastole period but is contra-indicated in mitral stenosis, where digitalis is to be preferred to prolong diastole.

A Sterile Eye Bath—An eye bath fashioned from a single piece of aluminum has been introduced by the Kress & Owen Company. That this little device will be received by the medical profession is not to be questioned when one considers the many points of advantage this metal cup has over the old style glass contrivance. It is cleanly, unbreakable and can be sterilized instantly by dropping into boiling water. It will be found invaluable for treating ophthalmia, conjunctivitis, eye strain, ulceration and all inflammatory conditions affecting the eye.

EYE BATH

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Book Reviews

The Elements of the Science of Nutrition. By Graham Lusk, Ph.D., M.A., F.R.S. (Edin.), Professor of Physiology at the University and Bellevue Hospital Medical College, New York City. Octavo of 326 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $2.50 net.

The appearance of a work on nutrition at this time, treating the subject from a scientific yet practical standpoint, is indeed opportune; for the importance of a thorough knowledge of nutrition and metabolism as a basis for the proper and the most efficacious treatment is becoming more and more evident. Dr. Lusk not only presents the scientific foundations upon which rests our knowledge of nutrition and metabolism both in health and in disease, but throughout endeavors to give proof why the statements made are true. This gives to the work a practical character, Dr. Lusk himself having had wide experience in physiologic research. With a knowledge of the metabolism of ingested proteids, fats, and carbohydrates, the physician is provided with a sound basis for prescribing a proper regimen. The nutritive requirements during pregnancy, lactation, growth, etc., are all clearly discussed. The physician engaged in general practice, as well as the dietitian, will find the book invaluable.

A Manual of Pathology. By Guthrie McConnell, M. D., Pathologist to the St. Louis Skin and Cancer Hospital and to St. Luke's Hospital, St. Louis, Missouri. 12mo of 523 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1906. Flexible leather, $2.50 net.

Dr. McConnell discusses the subject with a clearness and precision of style that render the book of great assistance to both student and busy practitioner. The illustrations selected are both useful and artistic. The author's extensive laboratory experience has given to the work a practical character.

A Manual of Normal Histology and Organography. By Charles Hill, Ph.D., M.D., Assistant Professor of Histology and Embryology, Northwestern University Medical School, Chicago. 12mo volume of 463 pages, with 312 illustrations. Philadelphia and London. W. B. Saunders Company, 1906. Flexible leather, $2.00 net.

Dr. Hill's fifteen years' experience as a teacher of histology has enabled him to present a work characterized by clearness and brevity of style and a completeness of discussion rarely met in a book of its pretensions. Particular consideration is given the mouth and teeth. The subject of Organography is also included.

Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment. By Walter M. Brickner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; Editor, American Journal of Surgery, and Eli Moschcowitz, M.D., Assistant Physician, Mount Sinai Hospital Dispensary, New York. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50 cents.

This little book is novel, not only on account of the many original terse and epigrammatic practical suggestions given, but its general appearance and attractive form. It contains 250 suggestions grouped under proper headings and its contents is carefully indexed.

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While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red.

Starr on Nervous Diseases. Organic and Functional Nervous Diseases. By M. Allen Starr, M.D., Ph.D., LL.D., Professor of Neurology in the College of Physicians and Surgeons, New York; ex-President of the American Neurological Association and of the New York Neurological Society. Second edition, thoroughly revised. Octavo, 824 pages, with 282 engravings and 26 full-page plates. Cloth, $6.00, net; leather, $7.00, net. Lea Brothers & Co., Philadelphia and New York, 1907.

The author's position in the forefront of neurologists has been shown anew in the rapid exhaustion of the first edition of his work, limited though it was to organic nervous diseases. An even warmer reception is assured for this revision, which brings the organic portion to date and adds a section covering the functional diseases, so that the volume now presents the whole field of neurology as understood and practised by a master. Paying due regard to theory, he devotes especially full attention to etiology, diagnosis and treatment, both medical and surgical. The book is largely based on the solid foundation of long experience, but it also embodies the well-attested knowledge of other authorities as gleaned from a thorough sifting of the vast literature of neurology. Practical, authoritative, covering the whole subject in all its aspects, and abundantly illustrated, this new edition of Prof. Starr's work answers the needs of students, practitioners and specialists.

American Practice of Surgery. A complete system of the science and art of surgery by representative surgeons of the United States and Canada. Edited by Joseph C. Bryant, M.D., and Albert H. Buck, M.D. Complete in eight volumns. Profusely illustrated. Vol. I. New York. William Wood & Co. 1906.

The publishers of this great work have had the scheme of offering to the profession an authoritative presentation of surgical practice under consideration for several years. After much thought it was decided to publish this work in eight royal octavo volumes; a total of more than six thousand pages. The material contained in the American Practice of Surgery will be entirely original, written for this work alone and naturally embracing much that has never before been published.

An idea of the great value of this system may be gained by a glance of the list of contributors to Vol. I.: Leonard W. Bacon, M.D., Joseph C. Bloodgood, M.D., Harlow Burks, M.D., Joseph C. Bryant, M.D., Walter J. Dodd, Harvey R. Gaylord, M.D., Preston M. Hickey, M.D., Theodore A. McGraw, M.D., James E. Moore, M.D., Albert G. Nicholls, M.D., Edward H. Nichols, M.D., Stephen Smith, M.D., Robert B. Osgood, M.D., Paul M. Pilcher, M.D., and Alfred S. Warthin, M.D.

Vol. I is divided in five parts. Part I deals with Surgical "Pathology"; Part II with "Complications and Sequelæ"; Part III with "General Surgical Diagnosis"; Part IV with "General Surgical Treatment", and Part V with "General Surgical Prognosis."

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The first volume is a magnificent contribution to American surgery and the high character of the articles contributed confirms the belief that this "Practice of Surgery" will be the greatest published. New type and with few exceptions original illustrations have been employed and no expense has been spared on the mechanical make-up. We heartily commend this great work to the attention of our readers.

A Text-Book upon the Pathogenic Bacteria. For Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. New (5th) Edition. Octavo volume of 647 pages, fully illustrated, a number in colors. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $3.50 net.

In this edition the entire work has been thoroughly revised, old matter eliminated, much new matter inserted, and the subjects treated brought up to date. The chapters upon Infection and Immunity have been greatly extended by the addition of the many new facts recently added to our knowledge.

The author claims that every well written text-book must accomplish three purposes: first that of interesting the reader on the subject with which it deals; second that of conveying to him all the essential facts of the subject; and third that of opening to him all the literary sources from which the facts are gleaned. Taking that as a standard it may be said that this book is well written.

Superstition in Medicine. By Prof. Hugh Magnus. Authorized Translation from the German by Prof. J. L. Salinger. Publishers: Funk & Wagnalls, New York. Price $1.00.

In this book is developed the intimate relation which existed in olden times between medicine and theology,—the metaphysic explanation of natural processes, the deductive logic which governed ancient science as opposed to the inductive logic which guides the modern investigator. The book is more than interesting, and gives the physician a broader grasp of the psychic mechanism of humanity. It belongs in the library of the thoughtful student, interested in and instructed by the slow evolution of science.

Nerves in Order, or the Maintenance of Health. By Alfred T. Schofield, M.D., Late Lecturer and Examiner for the National Health Society, Vice-President British College Physical Education, Chairman Parents' National Educational Union. Cloth, 291 Pages, $1.50. New York, Funk & Wagnalls Company, 44-60 East 23rd Street, 1905.

To the doctor who is anxious to reduce his income, the recommendation of this book to his patients can be commended. Every move by the conscientious physician is in this direction, however, and we are sure he will gladly aid in Dr. Schofield's endeavor to popularize hygiene and lay down the principles upon which the maintenance of health depends. This book is a companion to "Nerves in Disorder," by the same author. In it the author has endeavored to lay down principles rather than suggest laws, to indicate general lines of right living instead of printing diet tables and rules of life. This feature makes the book the more acceptable to the individual medical man having knowledge of the particular necessities of his patients. Keep a copy on the reception table.

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THEY SAY

Thos. G. Rainey, M.D., L.R.C.P., in a recent article states that the combination of drugs, antikamnia and codeine in the form of "antikamnia and codeine tablets," which has been so largely used for the control of cough, is also being successfully employed in the treatment of nearly all affections of the respiratory tract, accompanied by dyspnea and spasms, namely: bronchitis, laryngitis, phthisis, whooping cough, hay fever and grippal affections.

The illustrated booklet issued by Dr. Barnes' Sanitarium gives a comprehensive idea of the completeness of the equipment of the institution and indicates how admirably its situation lends itself to the treatment of the nervously exhausted, the mental invalid, or the victim of an addiction.

In derangements of the functions of the upper portion of the respiratory tract, the homœopathic remedy stands first and is often the only means necessary to effect a speedy cure; but many demand a mild, comforting wash to remove the accumulations in the nasal tract, and we have found Glyco-Thymoline to be an excellent adjuvant. John B. Garrison, M.D.

The Walter Sanitarium is conducted for the care of people who desire to maintain or recover health by natural healthful processes. The treatments administered are good for well people as well as for sick people. There is no attempt to make the sick well by processes which make the well sick.

Boericke & Tafel are about to issue a second edition of the little book on Homœopathy, written in the main by Mr. Anschutz. Produced for the benefit of many old school physicians who wrote to the firm for information about homœopathy, it has been widely purchased by homœopathic physicians also, and the first edition is about exhausted.

The "Great White Way," Broadway from 23rd street up, has many beautiful electric signs, but the palm must be awarded to the graceful wreath of grape leaves and grapes encircling the words: "Gold Seal Champagne." It should aid the publicity of America's best domestic wine—as good as the best imported.

Glycozone and Liquozone. Notice is hereby given that in a proceeding in the United States Patent Office, which is entitled The Drevet Manufacturing Company vs. The Liquozone Company, the name liquozone was barred from registration in the U. S. Patent Office as unlawfully interfering with the trade-mark Glycozone.

The individual or corporation in any way infringing upon the trade-mark "Glycozone" which is a lawful trade-mark (Glycozone being a thoroughly scientific and legitimate preparation for the treatment of germicidal diseases, etc.) and duly registered under the new trade-mark law, or selling of any merchandise labeled with any mark or name infringing upon the trade-mark "Glycozone" or in any manner resembling the same, will be prosecuted for damages to the full extent of the law."

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Buffalo, N. Y.—DeWitt G. Wilcox, M.D.
Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
Detroit, Mich.—R. M. Richards, M.D.
London, Eng.—James Searson, M.D.
Minneapolis—Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robt. S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

New York State Society. The 55th Annual Meeting of this Society was held in Albany on Tuesday and Wednesday, February 12th and 13th, 1907. After the presentations of committee reports, etc., the scientific program was opened by a paper by Dr. R. E. Mitchell on The Tuberculosis Problem in the Hospital for the Insane. Dr. George F. Laidlaw followed with a paper on Nervous Dyspepsia. In the bureau of pediatrics two papers were presented: Dietetic Methods in the Nutritional and Gastro-Intestinal Diseases of Infancy and Early Childhood, by Dr. J. T. Simonson and Infantile Malnutrition by Dr. C. E. Chase. The materia medica bureau was represented by some staunch Hahnemannians, Dr. Stuart Close speaking on Precision in Homœopathic Prescribing; Dr. D. E. S. Coleman presenting reports of A Few Cases Illustrating the Superiority of Homœopathic Therapeutics, Dr. Guy B. Stearns making Observations on the Homœopathic Therapeutics of Tuberculosis and Dr. Rudolph F. Rabe presenting a Consideration of the Relationship which our Materia Medica bears to the Treatment of Disease. Three interesting papers came under the heading of Neurology: Constitutional Inferiority: with a Report of Two Cases, by Dr. Frederick C. Robbins; The Unfortunate Borderlander, by Dr. Frederick W. Seward, Jr.; and The Control of Cases of Addiction, by Dr. John T. Greenleaf. The reading of the last two papers led to the passage of resolutions requesting the legislative committee to take what action it could to procure legislation that would provide for appropriate care for the borderlander and the victim of addiction. Four papers were read in surgery: The Diaphragm as a Barrier to Infection, by Dr. J. Herbert Irish; Diagnosis of Appendicitis by Exclusion by Dr. Orando S. Ritch; Thyroidectomy, by Dr. Dewitt G. Wilcox, and Shock and Its Treatment, by Dr. W. L. Hartman. The bureau of gynecology closed the first day's scientific session with the following program: The Results of Ventro-Suspension, by Dr. A. R. Grant; Immediate or Remote Repair of the Perineum, by Dr. L. A. Martin; and The Results of Some Uterine Infections, by Dr. W. F. Honan.

As usual the annual banquet was held in the evening. Instead of the customary after-dinner speeches, the scientific session was continued. First the president, Dr. N. M. Collins, read his address,

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which was a plea for liberalism in medicine and for the exhibition of a spirit of willingness to meet the members of the dominant school half way. Dr. J. P. Sutherland, of Boston, followed with a discussion of the question, Why do we eat? When should we eat? We should eat to repair waste and maintain body heat. We should eat only when we are hungry. We should practically limit our diet to nuts, fruits and vegetables, whole wheat bread, eggs, milk, and, perhaps, fish. Meat contains waste products and should be eschewed. Dr. W. C. Goodno, of Philadelphia, closed the evening by advocating the Treatment of Acute Infectious Disease by substantial doses of phenol.

The following morning the scientific session was continued by the reading and discussion of the following papers: Splenic Leukemia: the Eye as a Possible Source of Infection, by Dr. W. H. Doane; A Legitimate Field for the Specialist, by Dr. A. W. Palmer, and Breathing, by Dr. F. D. Lewis. The following were admitted as new members: Drs. Olin J. Tryer, Schenectady; W. W. Hopkins, Geneva; H. H. Baker, Rochester; G. F. Raynor and C. W. Muller, N. Y. City; S. A. Beckwith, Yonkers; A. W. Sampson, Penn Yan; Frank I. Nichols, White Plains; C. R. Green, Troy; W. M. Campbell, Cohoes; F. E. Brennan, Flushing; E. G. Kern, Herkimer; W. H. Price and Stuart Close, Brooklyn; Garry Mount, South Butler; J. R. Young, Liverpool; and C. D. Welch, Castleton. The new officers are: pres., H. D. Schenck; 1st vice-pres., F. W. Adriance; 2d vice-pres., W. A. Keegan; 3rd vice-pres., H. D. Cochrane; secretary, H. W. Paige; treasurer, R. B. Howland; necrologist, J. L. Moffat.

During this meeting several passages of arms occurred between the "stand-patters" on the medical legislation question and those who are willing to consider on their merits suggestions from the old school. At one time the president-elect had to threaten to refuse to accept office if his hands were in the least tied in the appointment of his chairmen of committees. This brought a prompt tabling of the offensive motion. Resolutions in memoriam of the late ex-governor Frank W. Higgins were adopted by the society.

New York County Society. The February meeting of the Society was held on February 14th, 1907. The following were elected to membership: to honorary membership, John Henry Clarke, M.D., and Geo. H. Burford, M.D., of London, Eng.; to corresponding membership, Drs. E. Wilton Brown, Mt. Kisco, N. Y., and J. E. Nevin, Jersey City, N. J.; to active membership, Drs. Elizabeth Cahoon, Sprague Carleton, Maria Robinson, Frank E. Smith and Irving Withington. The committee on materia medica and therapeutics presented a paper on The Basis of Homœopathic Prescribing, by B. LeB. Baylies, M.D., of Brooklyn, which was discussed by Drs. B. G. Clark and R. F. Rabe. For the committee on clinical medicine, Dr. Walter Wesselhœft, of Cambridge, Mass., read an exceedingly able paper On the Need of Reform in Clinical Research, advocating exact and full records of comparative treatment in our hospitals. This paper was discussed by Drs. G. F. Laidlaw, W. F. Honan, Milton Powel, B. G. Clark, and Burghaus. Before adjournment President Walter Sands Mills, M.D., announced that at the next meeting the committee on surgery would present a paper by one of the vice-presidents of the American Medical Association.

The New York Physico-Therapeutic Association was organized on February 1, by the adoption of a constitution and by-

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laws and the election of the following officers: president, Albert C. Geyser, M.D.; vice-president, W. L. Heeve, M.D.; secretary and treasurer, Hills Cole, M.D. The following were present at this organization meeting: Drs. Brinckman, Boskowitz, Hills Cole, Geyser, W. L. Heeve, Wm. Harvey King and H. E. Waite; and these together with Drs. Dieffenbach, Meacham and Sillo will be the charter members. The constitution provides for active, associate and honorary members. Active membership is opened to legally qualified practitioners of medicine and surgery in good standing, practising in New York City or its vicinity. Meetings will be held on the second Friday of each month, except in July, August and September. The dues are two dollars a year.

That prince of after-dinner speakers, Dr. DeWitt G. Wilcox, outdid himself recently in response to a toast at the annual banquet of the Corning (N. Y.) Medical Society. His speech took the form of a report of a meeting of "The Guild for the Development of Gullible Guzzlers," and introduced such well known patent medicine personalities as Dr. R. Free Purse, of Bison, the discoverer of Purse's Favorite Deception, Mr. Puffy of Puffy's Tommy Rot Whiskey, Lydia Sinkum, Mr. Hood-Wink Sarsaparilla, Mr. Baldman Hair Restorer, Dr. Doan of Bison, manufacturer of Doan's Kidney Fry, Mr. Willing who makes Fried Fleas for Fretful Folks, Mr. Killmore Thancure Swamp Root, and ended by a fling at the press for consenting to be muzzled by patent medicine advertisers. Send to the Corning *Daily Journal* for a copy of the issue of January 24, and enjoy a good laugh.

Attention, Class of '77. The 30th anniversary of the class of 1877, New York Homœopathic Medical College and Hospital is to be celebrated on May 16th—Alumni Day. Arrangements will be made to have a '77 table at the alumni banquet, of which you will receive further notice. Come out, every one, and let's see how your looks now compare with those of your old class picture. Reserve the date, and write that you will be present to W. W. Blackman, M.D., of 519 Clinton Ave., or John L. Moffat, M.D., of 1136 Dean St., Brooklyn, N. Y.

Montclair, (N. J.) is healthy. The annual report of the Montclair Board of Health shows that since the town authorities began a system of rigid inspection of the milk supply six years ago the death rate has decreased fully 30 per cent. and that the decrease in mortality among infants is 32 per cent. lower than the general average of the State of New Jersey. In speaking of tuberculosis, the Health Board deplores the fact that the death rate from this cause is much higher than it should be, being the cause of about 13 per cent. of the deaths recorded.

New York Sanitary Institute. The second course of lectures in the Sanitary Institute were given in Binghamton on January 24 and 25. They consisted of a series of talks relating to water supplies and sewage disposal, the diagnosis and control of smallpox and typhoid fever and demonstrations relating to these subjects.

The first session was taken up with a talk on water by the Commissioner of Health, Dr. Eugene H. Porter; Theodore Horton, C.E., the Consulting Engineer of the department, talked on the question of sewage disposal, which is rapidly getting to be a very important one; and L. M. Wachter, Chemist from the State Hygienic Laboratory, gave a demonstration of some methods of water examination.

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The session on Friday morning was given up to the discussion of smallpox; the Compulsory Vaccination Law, with its conflicting provisions, was discussed by A. H. Seymour, the secretary of the department; the diagnosis of smallpox was taken up by F. C. Curtis, M.D., one of the medical experts, who has had a wide experience in the subject, and the health officer of the city of Binghamton, I. A. Hix, M.D., talked on the control of smallpox.

In the afternoon session H. D. Pease, M.D., the director of the laboratory, took up the question of typhoid fever from the health officer's standpoint and also demonstrated some laboratory methods of bacteriological diagnosis.

The exhibition of photographs, books, apparatus, vaccines and other articles illustrating lesions of smallpox and vaccine production, as shown at the opening meeting of the Institute held in Albany, were on view during this meeting.

Southern California State Hospital. The fifth bi-ennial report of the State Commission in Lunacy contains the report of the Board of Managers and that of the superintendent, Dr. A. P. Williamson. The report shows that this hospital compares very favorably with other similar institutions. A number of improvements and enlargements of the plant are noted, and a few recommendations for further increase of equipment are made.

The Phi Alpha Gamma fraternity of the New York Homœopathic Medical College and Hospital is to be congratulated upon the purchase of a conveniently located chapter house at 226 East 61st street. The house is completely furnished and both building and furnishings are the property of the chapter.

The Calcutta Journal of Medicine prints the official directions issued by the Agricultural Research Institute of India, for the destruction of rats and fleas as a preventive against the ravages of plague. The *Journal* adds to the report: Death has been pronounced on rats by the so-called scientific experts. It is true that there are rats and fleas. But it has not been proved that either rats or their fleas spread plague to man. If the sanitary authorities use their valuable time to teach people sanitation by distributing pamphlets in vernacular languages, we think that would create far better results than wasting money by killing rats and their fleas. We think that a sanitary association should be established in Calcutta under the presidency of the Sanitary Commissioner, and there the necessary methods to introduce sanitary measures can be discussed and adopted. The crusade against rats, fleas and many other lower animals and insects may possibly prove ineffective. We would point out to the sanitary authorities,

"Life is real, life is earnest, but it might be more sublime,
If a man were not kept busy, dodging microbes all the time."

King's County (N. Y.) Society—The 406th regular meeting of the Homœopathic Medical Society of the County of Kings was held at the Cumberland Street Hospital, 109 Cumberland street, Tuesday evening, February 19th, 1907, when the following program was carried out: Bureau of Chest Diseases, Roy Upham, M.D., chairman, Paper by J. T. W. Kastendieck, M.D.; Exhibition of Cases, Henry B. Minton, M.D.; Bureau of Surgery, Orando S. Ritch, M.D., chairman. Surgical Clinic, George Hills Iler, M.D.: Surgical Clinic, Robert F. Walmsley, M.D.: "Some Gynecological Experience," E. Rodney Fiske, M.D.

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CHICAGO ITEMS

DR. AND MRS. GEORGE F. BARRY, of Evanston, welcomed a little son to their home during the holidays.

DR. AND MRS. H. S. ROBY are receiving congratulations upon the arrival of a son. Mrs. Roby will be remembered as Dr. Winifred Scammon Reed, whose grandfather, the late Hon. Jonathan Young Scammon, donated the ground on which "Old Hahnemann" and its training school now stand.

DR. H. S. ROBY, formerly of 321 West 72d street, has removed to Milwaukee, Wis., to assist in the practice of his stepfather, Dr. Joseph Lewis, 330 National avenue. With some relief from his professional duties, Dr. Lewis hopes to soon enjoy better health and strength.

DR. JAMES BARNES, Jenner '98, 1326-28 Wabash avenue, has been quietly perusing Hahnemann's "Organon", Kent's Materia Medica and Allen's Keynotes during the past five years, and is putting the knowledge thus gleaned to the test in clinical work.

THE CHICAGO PAN-PATH is the title coined by Dr. L. D. Rogers for a weekly medical leaflet devoted to all methods of treatment. The first issues are extremely modest in size, when the breadth of the subject is considered. But it is promised that they are the minimum in both size and quality.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting in Club Room No. 1, Sherman House, Tuesday evening, February 5th. The program presented was a continuation of the practical study of the past two meetings. Dr. Harvey Farrington presented the leading paper, "The Comparative Value of Symptoms." The Sub-topics were, "In Acute Diseases," by Dr. H. H. Baker. "In Chronic Diseases," by Dr. Frank Gustafson, of Aurora, Ill. "In Epidemic Diseases," by Dr. H. S. Llewellyn. General discussion followed and was freely participated in by those present.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting on Tuesdav, February 12th, at 8.30 p. m., in the Julian Hotel, corner 63rd street and Stewart avenue. The surgical department presented the program, Dr. Hingston acting as chairman. Clinical cases were presented by Dr. Ingersoll and Dr. Cushing. This society hopes soon to take final action upon the proposed association and revision of the constitution and by-laws.

THE CLINICAL SOCIETY OF HAHNEMANN HOSPITAL held a regular meeting Monday, January 28th, at 8.30 p. m., in the college amphitheatre. The meeting was presided over by Dr. George M. McBean, owing to the unavoidable absence of the president and the vice-president. The program was as follows: Dr. Swan presented, 1st patient illustrating a double cataract operation, one with and one without iridectomy; 2d, boy aged 10 years, illustrating correction of severe convergence. 3rd; girl, aged 8 years, injury to right eye ball by a stick. Discussion was participated in by Drs. George, Haseltine, Smith, Harkness and Tenney.

Dr. Edgar J. George presented patient, æt. 58 years, in whom existed sclerosis of the middle ears, with opacity of both corneas, which was practically completely cleared up by the administration of the indicated remedy, calcarea carb. 30x. The patient's vision improved from 20-200 to 1-6. The case was discussed by Drs. Swan, Haseltine and Tenney.

Dr. Burton Haseltine presented a case of acute mastoiditis, the

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wound leaving no disfiguration and in which there was little if any loss of hearing. The patient left the hospital one week after operation.

Dr. A. C. Tenney, in the absence of Dr. Hunter, presented to the society the proposed amended constitution, which is now in the hands of the secretary for perusal by the members, prior to its being voted upon in accordance with the provisions of the present constitution and by-laws of the Clinical Society.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting in the Northwestern University Building, Thursday, January 17th, at 8.30 p. m. Dr. Gilbert Fitz-Patrick presented the subject of the evening: "Eclampsia." Discussionists were Dr. E. M. Bruce, Dr. Clifford Mitchell, Dr. E. Stillman Bailey, Dr. Sarah Hobson, Dr. James West Hingston, Dr. Joseph P. Cobb and Dr. Burton Haseltine. The meeting was very well attended and enthusiastic.

DR. JOSEPH PETTEE COBB, chairman of the Tubercular Tent Colony Committee, announces that there are still some shares to be subscribed for by members of the profession or their friends. Did you get one, Doctor? This means *you*. If you "get one," the Tent Colony will get won. One plus won equals success.

CHRISTIAN BERGOLTH, M.D.

BOSTON NEWS

BOSTON HOMŒOPATHIC MEDICAL SOCIETY. The regular monthly meeting of the Boston Homœopathic Medical Society was held on Thursday evening, February 7, 1907, at the hall of the Boston Society of Natural History, Boylston St. The general subject of the scientific session was Rabies and the speakers were each an expert in his own line of work. The following papers were given: "Rabies in Massachusetts." Its Symptoms and the Importance of Early Diagnosis. Practical Methods for its Suppression. Austin Peters, M.R.C.V.S., chief of Cattle Bureau, Massachusetts State Board of Agriculture. "The Diagnosis of Rabies." (Illustrated by lantern slides) Langdon Frothingham, M.D.V., Austin Teaching Fellow Harvard Medical School. "The Pasteur Treatment of Rabies." Carl Mc. Corrison, M.D., resident physician, Tewksbury State Hospital.

Dr. Peters gave a very instructive account of Rabies from the first knowledge of the disease in the 4th century B. C. to the present day. He said that in 1906 there were in Massachusetts 120 cases of rabies reported, 110 occurring in dogs, 7 in cats, 2 in horses and 1 in a boy, with 7 human deaths from dog-bite. By great care and proper muzzling laws, rabies has been done away with in England and Scotland since 1903 and it naturally follows that the same result may be obtained here under proper legislation.

Dr. Frothingham gave somewhat in detail the symptoms of rabies and particularly pathological microscopical post-mortem appearances. He stated that in the past year he had examined the heads of 399 animals with 225 positive, 55 negative and 119 doubtful results. There have been two ways of determining rabies in the animal after death. 1. autopsy. 2. inoculation of other animals. From autopsy there are two suspicious indications, 1. foreign bodies in the stomach. 2. an empty stomach. Some illustrative lantern slides added to the value of Dr. Frothingham's talk.

Dr. Mc. Corrison gave a practical account of the Pasteur treat-

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ment of rabies. At 10 o'clock adjournment of the scientific session was made and refreshments were served.

TWENTIETH CENTURY MEDICAL CLUB. The annual social meeting of the Twentieth Century Medical Club was held on the evening of January 23, 1907, at the residence of Dr. Mary L. Swain, an ex-president of the society, Hotel Ilkley, 178 Huntington avenue. The entertainment of the evening consisted of a talk on Scientific Palmistry by Miss Evangeline Hathaway of Boston, followed by demonstrations of principles stated upon the hands of some of the physicians present. The latter proved very interesting and a merry time prevailed as the characteristics and inner secrets of some of the club's members were revealed by means of this mysterious science. Later a social hour was enjoyed and refreshments were served. Announcement was made that at the next meeting Dr. Richard Cabot would speak to the members and invited medical friends on the subject of Psychotherapy. GRACE E. CROSS, M.D.

The Hahnemann Medical Association of Louisiana, met in annual session with good attendance from the city and country. Dr. C. R. Mayer presided. The secretary's report showed progress and interest along medical lines. The chairman on medical transactions, Dr. E. Harper, reported all papers read before the society had been published. The clinical committee reported all departments working at the dispensary, good results had been accomplished, and that the department of dentistry had been added with Dr. E. Belden in charge. Drs. E. Harper and G. Aiken were elected delegates to the American Institute of Homœopathy and Dr. R. Moth to the Southern Homœopathic Medical Association.

The president delivered his annual address and the following papers were read: The use of dental antiseptics, Dr. E. Belden. Electricity as an adjunct in treating diseases, Dr. R. B. Voorhies. A Plea, Dr. Jno. T. Crebbin.

The following officers were elected: President, Dr. C. R. Mayer, New Orleans; Vice-Prest., Dr. Edward Harper, New Orleans; Secretary, Dr. John T. Crebbin, New Orleans; Treasurer, Dr. R. D. Voorhies, Lafayette. The chair appointed Dr. E. Harper on the committee of medical transactions, and Dr. R. Moth on the membership committee.

It was unanimously decided to assist the Anti-Tuberculosis League in every way possible.

Louisiana offers an excellent field to graduates of our school, with greater opportunities presenting themselves day by day, as New Orleans forges to the front and with the opening of the Panama Canal, our school should stand in the front rank. Adherents of homœopathy are moving to Louisiana and cannot employ the school of their choice, simply because we have so few physicians in our towns and parishes. We have our own board of medical examiners, which is no small advantage.

Memories of the Congress. Two exceedingly interesting reports of the Seventh Quinquennial International Homœopathic Congress appear in our British exchanges. *The Homœopathic World* for October devotes a number of pages to the report written by its editor, the honorary president of the Congress, Dr. John H. Clarke. In an able editorial Dr. Clarke says the two clear notes dominant at the Congress were—"First and foremost, the necessity for the consolidation of homœopathic interests and homœopathic efforts all over the world; and second—no flirtation with the allopaths." He

"American homœopathy has won its position by taking the public into its counsels, and the public has backed it up and placed it where it is. British homœopathy is now taking the same line, and Germany, Holland and other countries are doing the same. This is the right line to take, and this is one of the chief lessons to the world of the Seventh Internaional Homœopathic Congress."

The Monthly Homœopathic Review also contains a full account of the Congress written by Dr. George Burford. He heads his account in the November number "An American Invasion and its Clear Issue. Wake up, John Bull."

Not the least interesting part of these two contributions is the account of the visits made by the two authors to some of the leading institutions of the section. They were shown the plants at Philadelphia, New York and Boston with the leading hospitals of those cities. And from the tenor of the accounts, our institutions made a favorable impression on these two leaders of British homœopathy.

Hospital Anniversary. Valley View Hospital of Radford, Va., celebrated its first anniversary on the evening of February 1st. Dr. C. E. Fisher, the superintendent, was the generous host and the occasion was a social success. The program consisted of music, candy-pulling, corn-popping and dancing, and the affair was known as "The Yankee Party." Refreshments consisted of apples, nuts, mince and pumpkin pies, doughnuts and cider. Among those present were Dr. C. E. Fisher with his brother, J. W. Fisher, his nephew W. D. Fisher, ex-Governor Tyler of Virginia, Mr. Dennis Madden, general superintendent of construction for MacArthur Brothers; Mr. David Sloan, chief engineer and wife; Mr. Robert Iverson, auditor; Drs. J. C. Darden, M. B. Linkous, C. E. Sears, Granville Eastham, and J. H. Williams, all line physicians for MacArthur Brothers, besides nearly three hundred others. The hospital is owned by Mr. MacArthur and Dr. Fisher at present and is used for the benefit of those working on the Tidewater contract. Dr. Fisher announced that on the completion of this contract in next June, Mr. MacArthur and himself would donate the hospital and equipment, valued at over $5,000, to Radford, provided the people would undertake to run it for a term of years. This generous offer was received with applause and ex-Governor Tyler in responding warmly commended the generosity and interest of Dr. Fisher and promised that the matter would be favorably considered by the common council. A vote of thanks was enthusiastically given to Dr. Fisher and Mr. MacArthur.

The Metropolitan Hospital, New York City, offers unusual opportunities for clinical research and practical experience in treatment.

Its 1300 beds provide abundant material for study in all departments, medical, surgical, pathological, gynecological, genito-urinary, obstetrical and pediatric.

Examination of candidates for the twelve vacancies on the interne staff, which will occur during the current year, will be conducted at the hospital on Friday, April 5th, 1907, commencing at 10 a. m. The service is for twelve or eighteen months, divided between medical and surgical departments, and entitles the graduate to the diploma of the hospital.

Application should be addressed to Edward P. Swift, M.D., No. 10 West 88th St., New York, chairman of the examining commit-

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Buffalo, N. Y.—DeWitt G. Wilcox, M.D.
Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
Detroit, Mich.—R. M. Richards, M.D.
London, Eng.—James Searson, M.D.
Minneapolis—Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robt. S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

R. D. BROWN, of Glen, Mich., has removed to Mobile, Ala.

DR. ERNEST P. MILLS, Olathe, Kansas, has removed to Ogden, and gone in partnership with Dr. Wherry.

DR. WALTER G. MEAD, formerly of 244 West 104th St., New York, has removed to 117 Midland Ave., Arlington, N. J.

DR. ROBERT J. FERGUSON of 29 College street, New Haven, Conn., desires to announce that he has retired from general practice and will confine himself exclusively to diseases of the eye, ear, nose and pharynx.

The NORTH AMERICAN has received announcement of the marriage of Miss Martha Lee Gilmor to Dr. Nathaniel Emmons Paine on Thursday, February 14th, 1907. The wedding took place at 250 W. 52d street, New York. Heartiest congratulations!

DR. J. W. DOWLING, we are glad to note, has almost entirely recovered his health, after his break-down of five years ago. He hopes to resume practice in New York in the early summer, and will locate in Dr. St. Clair Smith's office, 56 West 50th street.

DR. J. A. LENFESTEY having dissolved partnership will be found at his former office at 58 N. Walnut Street, Mt. Clemens, Mich., where he will be pleased to see patients referred to him for treatment with the sulpho-saline mineral baths, for which Mt. Clemens is famed.

SAYER HASBROUCK, M.D., of Providence, R. I., who has been sick for the past three months has started on a long vacation. His first objective is Porto Rico; then he intends to see if Uncle Sam is doing the job right in the Panama Canal zone; thence he goes to Bogota on the west coast of South America. The NORTH AMERICAN wishes him a pleasant voyage and a time of true recreation.

DR. JAMES SEARSON was a candidate for election to the London County Council from the West Marylebone Division. The election took place on March 2nd, but the NORTH AMERICAN has not heard whether the genial doctor was successful. He was a Progressive, and as the Moderates gained thirty seats or more, the result is doubt-

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ful. Dr. Searson issued a letter to the electors announcing himself as in favor of municipal ownership of "tramways, steamboats and housing."

DR. PEMBERTON DUDLEY of Philadelphia was thrown from a trolley car on December 18th last and has been confined to his room much of the time since and is said by his medical attendants to be in a serious condition. Dr. Dudley has been a staunch member of the fraternity and the NORTH AMERICAN regrets to hear that he is *hors de combat,* even though it be, as is hoped, for a short time only.

As we go to press the sad news reaches us that Dr. Dudley died on March 25th. His death is a loss not only to his own town but to the profession at large.

DR. LEANDER P. JONES of Greenwich, Conn., died at Bellaire, Fla., on March 18th. Dr. Jones was born in 1845 in Southern Vermont, and was graduated in 1874 from the New York Homœopathic Medical College and Hospital. After a short practice in Hartford, where he married Miss Hotchkiss of Kensington, he went to Greenwich in 1876. He was prominent in the affairs of the town. It was largely through his efforts that the gift of the $200,000 Havemeyer School was obtained. It was he who made possible the Greenwich General Hospital and the recently completed Town Charities Building. He was elected State Senator in 1894. At the time when illness made it imperative that he should go South he was occupied with a plan for the organization of a young men's institute designed to combine work similar to the Y. M. C. A. He was for many years fleet surgeon of the Indian Harbor Yacht Club, and had just been reappointed to that office.

Not Reciprocal. Prof. Theodore Schott, of Bad Nanheim, is now in this country, but is on his good behavior and will have nothing to do with homœopaths. Incidentally a number of homœopathic physicians have spent some time with him in Germany, and he has not been unwilling to accept patients from homœopathic physicians, but to appear before a homœopathic society—oh, no!

A Presidential Itinerary. The NORTH AMERICAN predicted that there would be something doing when President Hooker got into the saddle, and recent information as to his activity in preparation for a rousing meeting at Jamestown substantiate the forecast. Dr. Hooker is to address meetings in various cities as follows: Boston, April 10; New York City, April 11; Philadelphia, April 12; Pittsburg, April 13; Cleveland, April 17; and Chicago, April 19. The executive committee of the Institute will meet in Cleveland on April 15 and 16, when the details of the program will be settled.

Riverside Day Nursery. A meeting was recently held at the residence of Mrs. Eugene H. Porter for the first auxiliary of the Riverside Day Nursery, at which it was decided to hold a series of euchres. Mrs. Porter is chairman of the committee in charge and tickets (price $1.25 or $3.00 for the course) can be obtained from her.

St. Mary's Hospital Staff Dinner. The annual staff dinner of St. Mary's Hospital, Passaic, was partaken of at the Hamilton Club, Paterson, N. J., on the evening of March 21st. About twenty of the active and consulting staff were present. The excellent and well-served repast was much enjoyed by all present. There were no toasts but instead the privileges of the club were extended to those present through the courtesy of Dr. H. S. Willard. The social time was appreciated by all who attended. Those present were Drs. Chas.

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A. Church, chief-of-staff, H. C. Reynolds, president of the staff, and H. F. Datesman, of Passaic; James Crooks, F. D. Vreeland, H. S. Willard, Frank P. Ekings and Alfred Drury of Paterson, George M. Ockford of Ridgewood, Chas. H. Church of Newark, E. O. Cyphers of Belleville, C. D. Cropsey of Rutherford, Clarence W. Datesman of Oradell, John E. Wilson, Chas. Helfrich, F. M. Dearborn and T. D. Buchanan of New York, and Ralph Vreeland, the interne at the hospital.

The King's County (N. Y.) Homœopathic Medical Society held its regular meeting in Brooklyn on March 12th, two papers being read: "Auto-intoxications due to kidney lesions," by Herbert C. Allen, M.D., and "Indicanuria," by W. H. Price, M.D.

The New York County Society held an unusually interesting meeting at Carnegie Hall on March 14th. Dr. Walter G. Crump read a paper on Breech Presentations, which was discussed by Drs. Buckholz and Swift. Dr. L. W. Ely discussed the treatment of Colle's fracture and exhibited cases. Discussion on this subject was contributed by Drs. Honan, H. P. Cole, Tuttle. Crump and Hasbrouck. Dr. Freeman of Brooklyn read a paper on Homœopathic Obstetrics, which was discussed by Drs. Swift, Jarrett, Austin, Hasbrouck and Rabe. On behalf of the legislative committee Dr. J. E. Wilson reported that the committee of the legislature had reported out the single board bill with a rider admitting osteopaths at present practising to register. On behalf of the committee on public health Dr. Hills Cole introduced a resolution urging the N. Y. State Department of Health to follow the lead of Massachusetts and supply antitoxin for use in the prophylaxis and treatment of diphtheria to rich and poor alike. After considerable discussion this resolution was passed.

CHICAGO ITEMS

Dr. J. F. Wharton has been appointed attending physician to the Chicago Half Orphan Asylum.

Dr. I. O. Denman, of Charleston, Ill., will complete a year in eye and ear work at "Old Hahnemann," under Prof. Haseltine.

Dr. Maria Nye Johnson, formerly of Philadelphia and Buffalo, announces her permanent address in Chicago at No. 1456 Montrose Boulevard.

Hahnemann Medical College will hold its commencement exercises at the Garrick Theatre, Randolph street east of Dearborn street, on Monday, May 27th, 1907, at 2 p. m.

The Regular Homœopathic Medical Society meets the first Tuesday of each month, at eight o'clock, in Club Room No. 1, Sherman House. At the March meeting the following program was presented: The introductory paper covered the general topic "Clinical Observations," by Dr. G. P. Waring. Sub-topics were presented by Dr. E. P. Banning, "Exciting Causes First Removed;" by Dr. H. C. Allen, "When to Repeat or Change the Remedy"; and by Dr. T. G. Roberts, "Distinction Between Cure and Recovery." General discussion open to all was participated in by most of those present. Branch societies have been organized on the north, south and west sides of the city.

The After Dinner Club met at the Carrie Abbie Shop, 6 Madison street, Thursday, February 21st, at 6.30 p. m. "The Treatment of Scarlet Fever" was presented by Dr. Emily L. Luff, of Oak Park.

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Dr. Fredericka Baker found rhus tox. most frequently indicated in the cases that came to her; Dr. Mary Claggett Cornell spoke of the value of ecchinacea in scarlet fever; Dr. Belle Gurney gave some interesting experiences in the recent epidemic. Mrs. Burton Haseltine was present as a guest.

CHICAGO HOMŒOPATHIC MEDICAL SOCIETY. The regular meetings of this society are held the third Thursday of the month, at 8.30 p. m., in the Northwestern University Building, Lake and Dearborn streets. On February 21st the general topic presented was: "Scarlet Fever, Diphtheria and Measles." Dr. Sarah Hobson, chairman of the evening, presented "The Responsibility of the Physician as a Sanitary Officer"; Dr. Agnes Fuller, attending physician of Chicago Home for Friendless, presented "Differential Diagnosis in Obscure Cases." Dr. J. P. Cobb spoke very fully on "Quarantine Measures." Mr. W. Lester Bodine, of the Chicago Board of Education, fully covered "The Importance of Medical Inspection in the Public Schools." Discussion was opened by Drs. H. V. Halbert, Alfred Lewy, Abbie Hinkle of Evanston, W. de G. Clark of Rogers Park, B. A. McBurney of Austin, E. Bruce and E. E. Vaughan. The meeting was exceedingly well attended and a most enthusiastic interest was manifested in the scientific features presented.

THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION will hold its annual meeting at the Sherman House, Chicago, May 14th, 15th, 16th and 17th, 1907. The scientific meetings will be held at the Sherman House, occupying the first three days of the session, May 14, 15 and 16. On the 17th the entire Society is invited to Hahnemann College for a clinic day and evening; clinics will be held in all of the departments, medical and surgical. The entire Society will be there all of the fourth day, May 17th. Refreshments will be provided through the courtesy of the Board of Trustees of the College. All members of the profession are most cordially invited to attend this annual meeting. CHRISTINE BERGOLTH, M.D.

BOSTON NEWS

DR. CHITTENDEN'S LECTURES. An important course of lectures is now in progress under the patronage of the Lowell Institute at the Institute of Technoligy, Boston. The lecturer is Dr. B. H. Chittenden of Yale College who last year conducted a series of epoch-making experiments in alimentation at Yale and his subject is "The Nutrition of Man." The two lectures already given have been chiefly technical but the balance of the coruse promises to be eminently practical. They will be from time to time noticed in this column.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY. The Boston Homœopathic Medical Society held its March meeting at the hall of the Boston Society of Natural History, Boylston St., on the evening of the 7th inst.

An instructive evening on subjects of especial interest during the winter months was enjoyed, Dr. J. P. Sutherland giving a scholarly paper on Lobar Pneumonia and Dr. Edward E. Allen one on Broncho-Pneumonia, the discussions being by Dr. Henry E. Spalding and Dr. Frederick P. Batchelder, respectively, Dr. H. C. Clapp concluding with a general discussion of the whole.

The cool fresh air and the extreme refrigeration treatment for pneumonia each found its adherents, and poultices, compresses and other external applications were alternately advocated and repudiated.

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Dr. Sutherland's statement that pneumonia is rarely if ever the result of a cold was re-assuring and the announcement by Dr. Clapp of the latest theory—that of the dissemination of pneumococci by the house mouse was interesting.

At 10.30 the scientific session concluded in favor of a social half hour with light refreshments.

TWENTIETH CENTURY MEDICAL CLUB. The regular monthly meeting of the Twentieth Century (Women's) Medical Club was held on the evening of February 20th at the New Century Building, Huntington avenue, the president, Dr. Lucy Barney-Hall in the chair. The occasion was of especial interest as the speaker for the evening was Dr. Arthur Cabot of the Harvard Medical School who addressed the club on the subject of Psychetherapy. A statement of a very few of his points must suffice for this report.

Dr. Cabot compared psycho-therapy with hypnotism, saying that the latter had fallen into disuse because it had been found that in most cases suggestion can be made with good results to the patient in a conscious state. He lays great stress on fondness for the patient as a factor in his cure and if he finds in three or four conversations that he cannot reach a certain type, he sends him to some who can. He believes neurasthenia to be very frequently the result of concealed sorrow perhaps even of troubles long forgotten. There is the direct result of the trouble itself to combat and also the "point of view" of the patient. Four types of patients who need their point of view changed are the self-centered, the stoical, the defiant and the fatalistic.

Not only must the point of view be changed but permanent encouragement, founded on some rational basis, must be given, for "mental cocktails" such as a slap on the back and the assurance "it will be all right" will not be lasting in effect. Change of environment such as separation from relatives, help to find a better adjusted place in the world, work or rest may each play a part in the treatment of various cases.

Hysteria, Dr. Cabot says, is the splitting up of consciousness. The cure for this state is almost always found in arousing to action the unused powers within the patient thus bringing about a return of mental co-ordination. Mind cure and Christian Science are but forms of psycho-therapy though the latter is neither Christian or scientific.

GRACE E. CROSS, M.D.

THE NEIGHBORHOOD MEDICAL CLUB. At the meeting held at Young's Hotel, Boston, Nov. 22, 1906, Dr. W. H. Watters gave a very helpful talk on "The Value of the Laboratory to the General Practitioner."

At the December meeting Dr. F. M. Sears read a paper on "Glanders, With Report of a Case." Much interest was shown in the discussion.

On Jan. 24, 1907, Dr. A. W. George of Harvard Medical School, gave an exceedingly interesting lecture upon the interpretation of X-ray pictures, illustrated by stereopticon, showing that not only fractures and dislocations of bone can be seen, but also inflammations within the lung, effusions within the pleural cavity and inflammation beneath the periosteum. One case particularly, had been shown before a society of pediatrists as a typical case of hip joint disease. Under X-ray examination it was proven an inflammation of the lesser trochanter, the joint being not at all involved.

WILSON F. PHILLIPS, M.D., *Secretary.*

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CINCINNATI NOTES

DR. CHAS. E. GEISER, late of the Cumberland Street Hospital, Brooklyn, N. Y., has opened offices in the Groton Building, Cincinnati, O.

BETHESDA HOSPITAL, one of the leading and successful hospitals of America, issued through its superintendent, Miss Golden, invitations for dinner Friday evening, March eighth, to the Medical Staff and Board of Directors. The occasion was much enjoyed by the large number who participated.

THE HOMŒOPATHIC PHYSICIANS of Cincinnati have organized themselves into a local committee to entertain the joint meeting of the "Ohio Homœopathic State Medical Society" and the "Miami Valley Societies," May 14 and 15th. This being the first instance that the aforesaid State Society will convene in Cincinnati for the past 15 years; it is therefore unnecessary to say that the committee will do themselves great credit in the entertainment and management of such an occasion.

The committee in charge are Dr. Lincoln Phillips, secretary, Dr. Wiggers, Dr. Walton and Dr. Paully. Quite active preparations were started in Feb. as quite an unusually large crowd is expected.

THE CINCINNATI HOMŒOPATHIC LYCEUM held its regular monthly meeting at the Pulte Med. College and Hospital on Feb. 13th. After the call to order by President C. M. Cooper, M.D., and the regular dispensing of business, Dr. Ralph Reed presented a very scientific paper on "The Sex Cycle of the Germ Plasm" and its relation to the sex determination. Dr. Reed demonstrated an exhaustive research and study both clinically and in the careful consideration of all literature along this line of thought before advancing his own theory. He claims that by deducting from the normal rythm-law of nature, it is possible to determine and to beget either sex desired. Accuracy of said rythm-law or rythm-cycle is more properly measured by the "incoming and out-going tides." Therefore, basing this determination theory upon the positive or negative curve of the "cycle-law" with the points or time of alterations always in mind, (as per exact measurement and time taken from the government) it is possible to state that if conception of the ovum takes place about the middle of the positive cycle (incoming tide) the prognosis is most positively a boy. On the other hand if the aforesaid conception is in the negative cycle, a female is thereby conceived.

Dr. T. F. Reed of Middletown, O., claims after thirty years of close observation along this line, he has as yet to see one instance of failure. Prominent stock breeders of Ohio and Kentucky have been following this theory for several years and report accurate success, especially in turning this scientific problem into one of practical purposes for market value.

Discussions. Dr. J. D. Buck comments very highly upon the value of this great study, also calls to mind not only the rythms of nature, disease, etc., but shows where these rythm-cycle laws extend beyond the physological world, especially in business. And is of the opinion that there is one great universal principle back of all this, "The principle of Magnetism" and is carried down into all organism.

Dr. Kradiler (regular) doesn't agree with this theory in that he thinks these rythms and cycles are only matters of expression.

Dr. Lincoln Phillips sums up the deductions therein, stating not only the practicability of professional suggestion to your patients

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explaining this cycle-law influence, but knows it to be a fact that stock-breeders have carried this theory with successful practice for years. He also quotes that most babies are born during the positive cycle and that deaths occur during the negative. So that when called to an obstetrical case this law may be of great assistance in deciding whether it is necessary to remain, or to return at the beginning of another positive cycle.

Dr. Geohegan reports that he has made records of a number of cases but has failed to get decided results.

Quite a number of good discussions pro and con were given, making an unusual good meeting.

This subject of Dr. Reed's runs through a series of sections in the *New York Medical Times,* in the Sept., Oct., Nov., Dec., 1906, and Jan. 1907 issues. J. R. McLEARY, M.D.

The American O. O. & L. Society and the National Society of Physical Therapeutics will meet at the same place and at the same time as the Institute so that all the officers and members of those societies will be under the one roof. President Mann, of the O. O. & L., and President Cole of the Physical Therapeutics, announce that several papers have already been promised, and ask all members to unite in making the meeting a success.

New Jersey State Society. The fifty-fourth annual session of the New Jersey State Homœopathic Medical Society will convene at Newark on May 7th. Chairmen and members of bureaus are particularly requested to notify the secretary at an early date what they propose to contribute, so that the program may be arranged. EDWIN DEBAUN, M.D., President; CARL HERMAN WINTSCH, M.D., Secretary, Newark, N. J.

Practice for sale in New Jersey on account of poor health. Fine location. Good income. Address Practice, care NORTH AMERICAN.

For Sale. $3,000. Twenty years' practice. One of the best towns in Vermont. Only homœopathic physician within 16 miles. Splendid roads. Beautiful town. Could rent old stand, the only doctor's office on the business streets. Great chance for country life. Illness from overwork reason for selling. G., care of W. H. King, M.D., 616 Madison avenue, New York.

ATTENTION! NEW YORK GRADUATES

CLASS OF '82, New York Homœopathic Medical College and Hospital, are to meet for reunion on the twenty-fifth anniversary of their graduation, in New York City,—time and place to be made known later—on May 15th, the day before the regular Commencement exercises.

Members of the Class reading this will please write to Dr. D. H. Riggs, 1410 11th St., N. W., Washington, D. C., secretary of the Class.

It is to be hoped that every member of the Class of '82 who is living will endeavor to be present and make the reunion the best that any class has held.

CLASS OF '87. May 16th will be Alumni Day at the N. Y. Homœopathic Medical College and Hospital and the twentieth anniversary of our graduation. Arrangements will be made for tables to accommodate those of our Class who attend the banquet, where we may be seated together. Let us make this a real reunion. Will you come? Anyway you can write. Address: Irving Townsend, 62 West 51st street, New York City.

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WILLIAM W. VAN BAUN, M.D., has removed to 1404 Spruce street, Philadelphia, where he will observe the following office hours: 8 to 11 a. m., 3.30 to 5 p. m., evenings: Tuesdays and Fridays, 7 to 9.

DR. FLORENCE WARD, who has been doing extensive post graduate work in New York and Europe since the earthquake will return to her practice in San Francisco some time in April.

DRS. HARLAN P. COLE and HILLS COLE gave a stereopticon talk on Deformities of the Feet at the March meeting of the Eclectic Medical Society of the County of New York.

The Boston Homœopathic Medical Society has invited Dr. G. DeWayne Hallett to read a paper on Glaucoma and Iritis with Differential Diagnosis and Treatment at its meeting in May.

The Forty-ninth Annual Banquet of the Alumni Association of the Homœopathic Medical College of Missouri will be held in the Masonic Temple, St. Louis, on April 18th. The secretary of the association has issued an appeal for a large attendance since it will be decided at this meeting how best to celebrate the semi-centennial commencement exercises in 1908.

THEY SAY

The California Fig Syrup Co. has added to the name of its product so that the labels now read "Syrup of Figs and Elixir of Senna." The special excellence is claimed to lie in the original method of obtaining the laxative principles of the senna and eliminating the griping and inert properties of the plant.

The investigations prompted by state and national measures have necessitated critical examinations of various proprietary preparations as to their purity and fitness. Notable instances of such work were the investigations of the Ohio Pure Food Commission, the State Board of Health of Pennsylvania, and more recently the Illinois Pharmacy Board. In each instance Vin Mariani, analyzed from examples purchased in the open market, was proved to be precisely as represented and in conformity with the strict governmental analysis enacted in France, Germany, Russia and elsewhere in Europe.

Dr. Biggs reports that rectal injections of equal parts Bovinine and normal salt solution, warmed to 70 deg. Fahr., given an hour before and at the close of operations, has been a great success in the prevention of nausea, thirst and shock.

Dr. M. A. Rush, Anderson, Ind., says: "I have used Sanmetto in enlarged prostate and chronic cystitis in old men, with marked good results, and observed that there was decided aphrodisiac effects; also in irritable bladder and urethra in the early months of pregnancy, with very happy results."

A Contribution to the Therapy of Anti-Streptococcic Serum is the title of a very interesting illustrated brochure containing a lot of valuable information which can be obtained free by applying to H. K. Mulford Co., Philadelphia.

A Quick Recovery. On the morning of March 4 the Kress & Owen Company was visited by fire, which practically destroyed the manufacturing end of its business. There was, however, a duplicate plant in storage and after four days and nights of continuous work the company was again turning out Glyco-Thymoline. This is a record hard to beat.

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Book Reviews

Principles and Application of Local Treatment in Diseases of the Skin, by L. Duncan Bulkley, A.M. M.D., Physician to the New York Skin and Cancer Hospital, Consulting Physician to the New York Hospital, Consulting Dermatologist to the Randall's Island Hospital, to the Manhattan Eye and Ear Hospital, to the Hospital for the Ruptured and Crippled, etc. Cloth, small 800, 142 pp. Price $1.00. Rebman Company, New York.

Dr. Bulkley is too well known to need any introduction to progressive physicians, especially to those who have to do with diseases of the skin. This book contains four lectures given to practising physicians at the New York Skin and Cancer Hospital. It is theoretical in that it seeks to develop the principles underlying local treatment, but more than that, it is practical in that it gives the reults of the author's wide experience in the successful treatment of dermatological affections. A full index enhances the value of the work. The book itself is printed and bound in the first-class style which marks the publications of the Rebman Company.

Allopathie, Homoeopathie, Isopathie, par le Dr. Jules Gallavardin, Lyon, France. 2 francs. A. Maline, editeur, 25-27, Rue de l'ecole-de-Medicine, Paris.

This brochure of some 95 pages, written by the gifted son of a famous father, may be heartily commended to physicians of all schools. Reviewing critically the Constitution of Therapeutics by the venerable Dr. P. Jousset, it developes instructive reviews of the therapy of Hippocrates, Galen, Hahnemann and Pasteur, all seekers after the truth, and there through in sympathy with one another. The work appeals to all cultivated readers, and should meet with ready sale on this side of the Aalantic.

Surgery of the Genito-Urinary Organs, by J. W. S. Gouley, M.D. 531 pp., cloth, price $3.00. Rebman Company, 1123 Broadway, New York.

The imprint of the Rebman Company has become a hall-mark of excellence, and the work of Dr. Gouley, the well-known genito-urinary surgeon, is a thorough treatise on the subject, particularly valuable for the results given of the writer's own researches and experiences as well as those of other laborers in the same field of science. To the younger practician it will be an invaluable guide for the minutiæ of technique are fully given; and the older man will find much to learn in its perusal. The book may be heartily commended to the 15 000 homœpathic physicians of the United States.

Plaster of Paris and How to Use It, by Martin W. Ware, M. D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor in Surgery. N. Y. Post Graduate Medical School. 12mo.; 72 Illusrations, about 100 pages. Surgery Pub. Co., 92 William St., N. Y. City. Cloth $1.00.

This little book, abundantly illustrated, tells of the many uses to which plaster of paris is adaptable in surgery. The whole subject, from the making of the bandage to its use as a support

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in every form of splint, corset or dressing, is graphically described and illustrated. The use of plaster of paris in dental surgery is also covered. The book is presented in the artistic manner characteristic of the productions of the Surgery Publishing Company. It is printed upon coated book paper and attractively bound in heavy red buckrum, stamped in white leaf and gold. Price, $1.00.

Essentials of Chemistry and Toxicology, for the use of Students in Medicine, by R. A. Witthaus, A. M., M.D., Professor in Chemistry, Physics and Toxicology in Cornell University. Thirteenth Edition. Revised by R. J. E. Scott, M.A., B.C.E., M.D., author of "The State Board Examination Series." 306 pages. William Wood & Co., 51 Fifth Avenue, New York. Cloth, $1.00.

The fact that this manual has reached a thirteenth edition is sufficient commendation in itself. The section on organic chemistry has been re-arranged and partly re-written. The book as a whole contains considerable additional matter. Medical students and practitioners both will do well to possess themselves of a copy. It will be a dollar well spent.

PAMPHLETS RECEIVED.

"The Question of State Law for the Registration of Nurses."

"Two Hundred and Fifty Consecutive Abdominal Setions With a Mortality of Two Per Cent." By Theodore L. Chase, M. D., Philadelphia, Pa.

"A Brief Résumé of the World's Recent Cancer Research." By William Seaman Bainbridge, M. D., New York. Reprint from the "Medical Record."

"The Relations of Insects to Disease." Published for physicians by the Arlington Chemical Company, Yonkers, N. Y.

"Facts and Impressions Obtained From Personal Observations in America at the Recent International Homœopathic Congress." By George Burford, M. D.

"The Treatment of Prostatic Hypertrophy." By Leon T. Ashcraft, A.M., M.D. Reprint from the "Hahnemannian Monthly."

"Development of the Pharmaceutical Still." Issued by Lloyd Bros., Cincinnati, O.

"More Ether; Less Chloroform." By Joseph E. Lumbard M. D. Reprint from "Medical Record."

To obtain the best results from a milk diet in cases of typhoid fever, gastritis, alcoholism, nephritis, pneumonia and such diseases, many physicians insist upon Horlick's Malted Milk. The basis of this product is milk. This milk is enriched with a due proportion of malted cereal nourishment, and then elaborated in vacuo until the moisture is eliminated. There has also been secured in the process of manufacture a modification of the casein, ensuring the formation of light, flocculent curds in the stomach, easily digested.

The percentage of starch in Nestle's Food has been reduced to one-half the former amount, but some is left to assist in overcoming the indigestibility of the casein of cow's milk. The percentage of fats is higher than it was under the old formula. The basis of Nestle's Food is pure cow's milk, condensed in vacuo, and so treated that the proteids are easily digested.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Buffalo, N. Y.—DeWitt G. Wilcox, M.D.
Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
Detroit, Mich.—R. M. Richards, M.D.
London, Eng.—James Searson, M.D.
Minneapolis— Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. CHARLES E. HOLLOWAY, Des Moines, Ia., writes "I think the Journal the best in the homœopathic school."

DR. MARY HOFFMAN-JONES desires to announce that she has removed to the Ansonia, Seventy-third and Broadway, New York City.

DR. A. A. MATTOLI, formerly of New York City, announces his change of residence to 60 Via Sistina, Rome, Italy, on April 1st, 1907.

DR. JAMES W. WARD, the well-known San Francisco surgeon, has been elected for the third consecutive time as president of the Health Commission.

L. B. COUCH, M.D., of Nyack, N. Y., has opened an office at 31 W. 26th St., New York, where he can see patients on Mondays and Fridays from 11 to 3.

DR. C. H. THOMAS, Professor of Clinical Medicine in Boston University, has been selected by the mayor of Cambridge to succeed Dr. C. H. Weeks as a member of the Board of Health.

DR. E. P. COLBY, who has for eleven years served most efficiently as the chairman of the Medical Board of the Massachusetts Homœopathic Hospital, announced his resignation at the annual meeting in February. Dr. F. B. Percy was elected as his successor.

DR. C. P. PINKHAM, the NORTH AMERICAN's correspondent in San Francisco, has been appointed chief surgeon of the emergency hospital service of that city. The service includes four hospitals with eleven surgeons, ten nurses, eight stewards and four ambulances with eight drivers. Dr. Pinkham is also local surgeon of the Western Pacific railroad.

DR. EDGAR R. BRYANT has an interesting article entitled "A Report Upon the Dose and the Uses of Scopolamin," in the January issue of the *Hahnemann Periscope*, the organ of the student body of Hahnemann Medical College of the Pacific. The doctor is making further experiments and has promised to announce the results in the NORTH AMERICAN.

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DR. JAMES CARROLL, formerly lieutenant and assistant surgeon has been promoted by special act of Congress to the grade of major in the Medical Department of the U. S. Army. Carroll's promotion is in recognition of his self-sacrifice in connection with the experimental work on yellow fever. In the course of this work. he voluntarily submitted to the bite of an infected mosquito and suffered a severe attack of the diease. His was the first case of experimental yellow fever. It will be recalled by many, that he told of his work in this line before the International Homœopathic Congress last year.

DR. FRANK D. HUMPHREY writes that the Oklahoma State Institute is making great plans to entertain if possible the American Institute in 1908. Oklahoma City is fast becoming the metropolis of the great Southwest. The railroad facilities and accommodations are unsurpassed. It is fast becoming the great distributing point for Oklahoma, Indian Territory, New Mexico, Arizona, Old Mexico, parts of Texas, Kansas and Colorado. It is centrally located with admirable railroad facilities, having three direct lines to Texas, through sleepers to Mexico City, two lines to Memphis with through sleepers, three lines to St. Louis, four lines to Chicago, one through line to Minnesota and South Dakota, four lines to Kansas City, two lines to Denver, and two lines to the Pacific Coast. Should the American Institute decide to go to Oklahoma City in 1908, it will certainly receive a most hearty welcome.

The American Institute of Homoeopathy.—With the next session of the American Institute of Homœopathy drawing near—June 17, 1907—it seems fitting to issue an earnest appeal for every homœopathic physician to take an active part in making this sixty-third session a success. Although the Institute in its more than half-century of existence has numbered among its members some of the best homœopaths that have been in the practice, there have always been those who held aloof. This is to be deplored. for the American Institute of Homœopathy has ever been in the front rank of progress in matters of medicine and surgery; it is neither narrow nor dogmatic in its tenets, philosophy or practice; and it extends a hearty welcome to every homœopathic physician. promising a fair equivalent for his time, attendance and attention. For it stands to reason that the annual mingling of the teachers, authors, writers, editors, practitioners and specialists—must make for the betterment of all partakers. And this is true whether that member hails from the densely populated city, or from the quieter but nevertheless strenuous life in the interior of the State. The Institute of Hering, of Farrington, of Helmuth, of Deschere, of Allen, of Doughty, of Dake, of Talbot, of Ludlam, of Sawyer, of Holcombe, of Kinne, of Dudley,—and the many other famous men and women who have gone before, still lives; it keeps abreast of the day. It especially welcomes the younger and newer members of the profession who bring the latest and best from the schools together with their enthusiasm and younger blood. The bureaus and allied societies are sending in programs from which it is evident that the sessions at Jamestown will be of the highest order of excellence; while the efforts of the Local Committee in the line of recreation and entertainment, and the success of the Exposition management in providing for our comfort and habitation all give promise of making this a banner session. The details of Hotel, railway, and other matters not already communicated in

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the Exposition literature, will be embodied in the official program to be mailed at an early day. FRANK KRAFT, M.D., *Secretary*

WANTED, by a homoeopathic physician who is through illness compelled to retire at once, a physician with cash to purchase a fine old colonial home in a large borough near Philadelphia, with twenty surrounding towns and a thickly populated country. House has every convenience, oak timbers, healthy location, cheerful, easily heated. Barn, fruit, flowers, old trees, box bush hedges. With this property goes a practice established over twenty years. Price, $20,000, with or without a mortgage of $10,000. Address—Penn, North American Journal of Homœopathy, New York City.

Canadian subscribers are hereby notified that owing to an increase in the postal rate of second-class matter to be charged by the Dominion government after May 8, 1907, the subscription on copies to be mailed to Canada will be increased to $3.25 instead of $3.00 as hitherto.

Practice for sale in New Jersey on account of poor health, Fine location. Good income. Address Practice, care NORTH AMERICAN.

For Sale. A well established homœopathic practice in a Massachusetts city. Good reasons for selling. For particulars address: Mass. care The NORTH AMERICAN.

BOSTON NEWS

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY. The 67th annual meeting of the Massachusetts Homœopathic Medical Society was held on Wednesday, April 10, 1907, at the Pilgrim Hall, Beacon St., and the annual dinner was given at Young's Hotel, Boston on the evening of the same day.

Four committees reported at the scientific session: Clinical Medicine, Obstetrics, Diseases of Children, Insanity and Nervous Diseases, with the following program:

The Sanitarium Treatment of Mental and Nervous Diseases, Dr. F. Downing, M.D.; Heredity and Insanity, William W. Coles, M.D.; The Pathological Disturbance of Metabolism, Resulting from Faulty Feeding, C. S. Raue, M.D., of Philadelphia; The Percentage Method of Infant Feeding, J. Herbert Moore, M.D.; An Unusual Case of Meningitis with Recovery, Frederick P. Batchelder, M.D.; Something New in Auto-Intoxication, Stephen H. Blodgett, M.D. and Amber G. Starbuck, M.D.; Report of Two Cases of Septicemia Following Labor, Ralph C. Wiggin, M.D.

The paper of Downing on sanitarium treatment of mental and nervous diseases led to an interesting discussion pro and con as to the superior advantages of such treatment, some of the speakers maintaining that many cases can be cared for at home. The cold morning bath in these cases also had its strenuous defenders and opponents.

Dr. Coles' paper on Heredity and Insanity deserves special mention as a scholarly effort and one possessed of vital interest to his audience.

The paper of Dr. Rane of Philadelphia was looked forward to with much eagerness which was well rewarded, for it proved to be a most instructive condensation of an exhaustive study of the subject. Especially prominent was his discussion of the importance

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of urinalysis and of the search for acetone and diacetic acid the demonstration of whose presence or absence throws great light on the problem of metabolism.

Also worthy of consideration was Dr. Moore's consideration, by the help of tables of the percentage method of infant feeding and also Dr.Batchelder's case of meningitis. In this latter Dr. Nelson A. Wood was the patient and participated in the discussion of his own case giving the subjective outlook as compared with those of the analyst, the diagonistician, and the clinician. The treatment consisted primarily of lumbar punctures of which eleven were made on even successive days, nine of them from the right side through one opening, and two from the left side, for fear of producing fistula. Each and every one of the punctures was productive of the greatest relief from the agonizing pain and distress of the disease. Dr. Allen reported another case in a boy 8 years old, since treated in the same manner with equally satisfactory results.

At the business meeting reports were received from various committees. The committee on Westboro reported that certain improvements, such as facilities for continuous baths and connection with the metropolitan water supply were in progress and that two new buildings, one for tubercular cases, and one for laboratory purposes were soon to be erected. The hospital committee reported four new homœopathic hospitals opened in the state since the last annual meeting.

The committee on closer affiliation between the state society and the local societies, J. P. Rand, M.D., chairman, made an exhaustive report. Limitation of expense and close bonds of sympathy were among the favorable elements urged in the discussion which followed in which discussion Drs. Strong, Gardner, Spalding Moore, Wells, Sutherland, Packard and Sanders took an active part. A vote of the society recommended that negotations be commenced by the state society with the four principal local societies with a view to getting their views on the matter.

Dr. J. P. Rand presented the compliments of the Worcester Homœopathic Medical Society to the Massachusetts Homœopathic Medical Society and invited it to convene in Worcester for its October meeting. The invitation was unanimously accepted.

The officers elected for the ensuing year were as follows: President—J. P. Rand, M.D.; Vice-President—N. R. Perkins, M. D., F. W. Halsey, M.D.; Corresponding Secretary—T. E. Howard, M.D.; Recording Secretary—T. E. Chandler, M.D.; Treasurer—T. M. Strong, M.D.; Librarian—Mary A. Leavitt, M.D.; Censors—J. B. Bell, M.D., E. H. Copeland, M.D., F. W. Patch, M.D., J. H. Sheridan, M.D., J. K. Warren, M.D.

Dinner was served to about 200 at Young's Hotel with the following post-prandial exercises:

President's Address, John H. Sherman, M.D.; Address Edward Beecher Hooker, M.D., of Hartford, President of the American Institute of Homœopathy; Address, "What "Homœopathy has done for Pediatrics," C. S. Raue, M.D., of Philadelphia; Introduction of President-elect.

The address of the retiring president was on the subject of "The Skeptic in Medicine." The speaker held that skepticism has always been an incentive to the world's progress, that because of doubt men were led to seek further after truth and that the same

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holds true in medicine as has been proven in the realms of art, science and religion.

Dr. Raue, departing somewhat from the subject assigned him in the program, spoke of the progress of homœopathy along its own lines and also of the recent movement in the ranks of the old school looking toward amalgamation, for which he feels that the time is not ripe and that we have nothing to gain from any more intimate relations than the growth of courtesy and consideration to-day rendered possible.

Dr J. P. Rand the president-elect, spoke in his customary happy vein. He said that although he had expected this honor sometime, through the withdrawal of his opponent at the ballot it had been thrust upon him suddenly. Dr. Rand ran six years ago for the presidency when he was defeated by a small majority of 13; 3 years ago, by a majority of 12, Dr. Batchelder, who ran against him, was elected and Dr. Rand said that he had computed that at this rate he would have gained 1 this year that in 33 years there would be a tie and that in 36 years he would become president by a majority of 1.

A feeling of sadness was cast over the occasion by the announcement of the illness of Dr. Edward Beecher Hooker, President of the American Institute, who had been announced as one of the speakers. Resolutions of sympathy were voted by the society.

After the speeches were concluded, Dr. Sutherland introduced Dr. Mary Neal, an English physician studying in the country on a scholarship, being the first woman to obtain the same, who said a few words of gratitude for the courteous treatment she had received during her stay here at the hands of the profession.

A most pleasant event was the announcement of a gift from Mr. John C. Haynes, through his family physician, Dr. Lucy Appleton, of $175,000 to the Massachusetts Homœopathic Hospital for the purpose of building a hospital for contagious diseases. This hospital will meet a most urgent demand, there being no similar institution in Boston. It will accomodate about 100 beds and will be erected at once on ground already owned by the hospital trustees at Jamaica Plain, Mass. The meeting adjourned at 10. p. m.

Boston Homœopathic Medical Society. On the evening of April 4, 1907, was held the monthly meeting of the Boston Homœopathic Medical Society at the hall of the Boston Society of Natural History, Boylston St.

The various forms of arthritis came under consideration during the scientific session and the following papers were presented and discussed. Differential Diagnosis of the Chronic Rheumatoid Arthritides, Alonzo C. Howard, M.D., The Surgical Aspects of Chronic Rheumatoid Arthritis, G. F. Painter, M.D., Professor Orthopedic Surgery Tufts College Medical School. At 10 p. m. the meeting adjourned for a social hour with light refreshments.

The Twent'eth Century Club.—The regular monthly meeting of the Twentieth Century Medical Club was held at the New Century Building, Boylston St., on the evening of March 20th, Dr. Lucy Barney-Hall, the president, in the chair. The scientific session consisted of a series of interesting cases reported by various members of the club, among them being a case of leprosy by Dr. Barney-Hall. Dr. Eliza B. Cahill recounted a case of anemia which she has been treating according to a method employed at the present time in some of the Italian hospitals. This treatment consists of a hypodermatic injection of iron, specially prepared into

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the muscles for sixty days, once daily. The apparent result from this mode of treatment is very gratifying but as time must be the real test of the permanency of the cure, a later report will be awaited with much interest. Dr. Bertha Ebba gave a full synopsis of Dr. Richard Cabot's lecture on Psycho-therapy delivered before the club at the February meeting and the meeting adjourned at 10 p. m.

SANITARY EXHIBIT.—A very instructive free exhibit was held during the week of April 8th, at Horticultural Hall, Boston for the purpose of demonstrating sanitary and hygienic appliances and supplies, of teaching hygienic habits of life and of showing up some of the evils of the mills system with suggestions for their amelioration. These subjects were farther assisted by means of lectures given by persons well versed in the subjects discussed.

THE CHITTENDEN LECTURES.—The course of lectures by Professor Chittenden of Yale on the "Nutrition of Man," which has recently been concluded at the Lowell Institute, Boston, has been filled with suggestions for all who are especially interested in the subject of feeding. The details of the experiments of Professor Chittenden are convincing as to the scientific thoroughness and accuracy of his research and his conclusions are therefore entitled to more weight than are those of the more speculative investigators who have preceded him. The gist of the matter (if one may presume to so condense such an extensive study of this intricate subject) seems to be: 1st. That most human beings consume more food than is necessary; 2d. That a larger amount of proteid is taken than the body can use in its economy and that instead of this surplus being stored up for emergencies, the eliminative organs are over-taxed to excrete it in the form of nitrogen; 3d. That the carbo-hydrates and fats are of far greater value than has been commonly supposed for the production of muscle-energy as well as of heat, and that therefore the proportion of these elements in the human dietary should be markedly increased.

NEW ENGLAND DEACONESS HOSPITAL.—There has recently been opened at Longwood, a suburb of Boston, a new hospital under the conduct of the New England Deaconess Association. Here the greatly larger plant will allow the care of a far greater number of patients than formerly as well as the training of a larger number of nurses. This is one of the hospitals in which old and new school physicians and surgeons practise on equal terms.

GRACE E. CROSS, M.D.

DONATIONS TO THE HOSPITAL.—Mr. Talbot Aldrich has given to the Massachusetts Homœopathic Hospital one thousand dollars to be applied to opening and furnishing the Aldrich Ward. This ward constitutes that part of the hospital formerly occupied by children, but now applied to the general purposes of the hospital.

A donation of two thousand five hundred dollars has been received from a lady who wishes to remain incognito. This sum is to be applied toward the purchase and installment of the vacuum cleaning system throughout the hospital buildings.

Plans are already completed for the new contagious Homœopathic Hospital building, referred to in the report of the Massachusetts Homœopathic Medical Society. These call for an administration building with two wings, each two stories in height. In the central or administration building will be situated the offices of the department and the rooms for officers, house physicians and nurses. The two wings will be made to accommodate one hundred

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patients and will be so constructed that each floor can be completely separated from all other parts. This will allow, therefore, of the treatment of four distinct contagious diseases in the building without any danger of contamination from one to the other. As soon as contracts and the minor details can be arranged, construction will begin. It is hoped that the building will be ready for occupancy some time in the summer of 1908.

CHICAGO ITEMS

DR. MARY ELIZABETH HANKS, 22 Bellevue Place, has succeeded to the presidency of the Illinois Homœopathic Medical Association, through the resignation of Dr. James N. Downs.

DR. I. O. DENMAN, of Charleston, Ill., has gone abroad with his family, expecting to remain one year, and upon his return will locate in Toledo, O., devoting himself exclusively to eye, ear, nose and throat work.

DR. E. G. LINN, who was abroad the great part of the past year has recently completed a special course under Prof. Haseltine, and is now located in Des Moines, Ia., limiting his practice to eye ear, nose and throat work.

ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY, held a regular meeting at the Julian Hotel, 63d St., and Stewart Ave., Tuesday evening, March 12th, at 8.30 o'clock. The following program was given: 1. A report of the methods employed in the treatment of tuberculosis at Dunning Hospital and in Norwood Camp, by Dr. Pauline S. Smith. 2. *Similia Similibus* Curantur corroborated by the findings of modern science, or the opsonic index of the blood, by Dr. A. C. Tenney. Dr. Tenney's paper stated very interestinly how the findings of modern science have corroborated the original proposition as enunciated by Hahnemann. Every homœopathic physician should acquaint himself with this important subject.

THE AFTER DINNER CLUB met at 6 East Madison street, Thursday, March 21st, 1907, at 6.30 p. m. Dr. Hobson presided. Following the dinner, consideration was given to the treatment of the exanthemata, being a continuation of the subject of the previous meeting.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting Thursday, March 31st, 1907, at 8.30 p. m., in the Northwestern University Building, Lake and Dearborn streets. The following program was presented: The Medical Care of the Exanthemata, Dr. Hingston; The Sequelæ of Acute Exanthemata and Their Treatment; The Ear, Dr. George; The Eye, Dr. Haseltine; The Kidneys, Dr. Mitchell. Gonorrheal Vaginitis in Infants in the County Hospital, Dr. Bell, of the County Hospital.

THE EASTERN ILLINOIS HOMŒOPATHIC SOCIETY held its meeting at Paris, Ill., Wednesday, April 10th, in the Court House Building. The President, Dr. W. N. Linn, gave the opening address. The following program was provided:

Bureau of Clinical Medicine, Charles Boaz, M.D., Chairman, Mattoon, Ill. Two clinical cases were presented by each of the following members:

Prof. H. V. Halbert, Chicago; J. J. Rose, M.D., Marshall; Charles E. Greer, M.D., Charleston; R. S. Lycan, M.D., Paris; J. W. Welker, M.D., Mattoon; Charles Boaz, M.D., Mattoon. General discussion followed.

Bureau of Eye, Ear, Nose and Throat, G. A. Denman, M.D., Chairman; Obscure Mastoid Cases, Burton Haseltine, M.D., Chi-

cago; Three cases, "Penetrated Cornea, G. A. Denman, M.D., Tuscola; "Selected," W. H. Lyon, M.D., Charleston. The discussions were very interesting and emphasized many valuable points. A banquet was given during the evening, and proved a pleasant closing of a most profitable session.

HAHNEMANN COLLEGE AND HOSPITAL. Dr. George F. Shears, the President of the Board of Trustees, announces another contribution to the endowment fund.

The Alumni are planning for a large meeting to take place during commencement week, the latter part of May. In addition to the ordinary class re-unions and banquet at the Auditorium, they have arranged with the faculty of the college to give a special week of clinical demonstrations which will be free to all visiting alumni. Surgical clinics will be given by Profs. Shears, Chislett and Kahlke. Medical clinics by Profs. Halbert, Bailey, Kent and Blackwood. Clinics on the eye, ear, nose and throat by Profs. Swan, Fellows, Haseltine and Stearns. Skin and venereal clinics by Prof. Collins and Dr. Davis.

The Trustees of the college are putting in a new power plant outside, and apart from the college and hospital, that will be of sufficient size to supply both college and hospital, and if necessary the nurses' training school, with heat and electricity. This while giving more adequate facilities will eliminate one of the risks of fire, which is always a thing most dreaded in all larger institutions.

The new Michael Reese hospital, one of the largest and finest in the city, is approaching completion. The Hahnemann Medical College, Hahnemann Hospital, Hahnemann Training School for Nurses, the training School and Home of the Michael Reese nurses and the Michael Reese Hospital itself, form a group of buildings devoted to the medical profession and healing art that contributes considerable dignity and distinction to this part of the city.

The County Commissioners of Cook County have taken under consideration the proposition to establish smaller emergency hospitals in three different sections of the city. It is *hoped* that one of of these will be placed under homœopathic control. There are several small private emergency hospitals which are doing good services. In some of these the medical attendance is wholly homœopathic.

AN INSTITUTE ECHO. Miss Lucie Page Gaston, of the Anti-Cigarette League of this city, in providing suitable literature to the Sunday Schools Temperance Sunday, March 24, gave extracts of the thesis on "Tabacum," read by Prof. Charles Mohr, of the Philadelphia Hahnemann Medical College, at the Atlantic City Meeting in 1906. Parts of Prof. Mohr's papers were read in the Junior Department of the Oakland M. E. S. S. by Dr. Jessie B. Dobbs, (R.) the superintendent.

THE ILLINOIS STATE HOMOEOPATHIC ASSOCIATION meets May 14th to 17th, one day being devoted to clinics at Hahnemann college, where refreshments will be provided through the courtesy of the Board of Trustees. CHRISTINE BERGOLTH, M.D.

A liberal use of Platt's Chlorides increases the efficiency of and diminishes the dangers attending that solemn ceremony so dear to the housekeeper's heart—spring cleaning.

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Attention '77.—Class of '77 New York Homœopathic Medical College and Hospital, turn out, one and all, for our 30th anniversary! Arrangements will be made for a '77 table at the alumni banquet, on Thursday, May 16th, in the Waldorf-Astoria. Reserve this date. Stir up your old chums to meet you and *write at once* that you will be present to either W. W. Blackman, of 519 Clinton Ave., or John D. Moffart, of 1136 Dean St., Brooklyn, N. Y.

Regents' Results.—According to the annual report of the State Board of Medical Examiners of the State of New York for the year ending Aug. 1, 1906, the percentage of failures was as follows: Allopathic, 22.9 per cent.; homœopathic, 22.2 per cent.; eclectic, 42.8 per cent. Of the honor men for the year there were 9 among the 379 allopathic candidates, 3 among homœopathic candidates and none among the 14 eclectic candidates.

The Euphron Club of Philadelphia held its second regular meeting on the second Saturday in April. The Euphron consists of 25 choice spirits in Philadelphia and its vicinity, membership in the organization depending upon a unanimous vote. The names of the elect are Drs. L. T. Ashcraft, J. E. Belville, F. C. Benson, Jr., D. Campbell, W. D. Carter, W. D. Culin, G. M. Golden O. S. Haines, W. K. Ingersoll, .D B. James, D. P. Maddux, B. R. Marsden, G. J. Palen, C. Platt, L. P. Posey, C. S. Rane, S. W. Sappington, E. R. Snader, J. C Stirk, J. J. Tuller, W. W. Van Baun, G. A. Van Lennep and H. S. Weaver.

The School Hygiene Association of America is now in process of formation. Its Committee on Organization consists of the following gentlemen: Arthur T. Cabot, 1 Marlborough St., Boston, Mass., Chairman; John A. Bergstrom, Ph.D., Professor of Education, University of Indiana; Hermann M. Biggs, M.D., General Medical Officer, Department of Health, New York City; Frank Boas, Ph.D., Professor of Anthropology, Columbia University; Elmer E. Brown, Ph.D., United States Commissioner of Education; William Henry Burnham, Ph.D., Assistant Professor of Pedagogics, Clark University; Nicholas Murray Butler, LL.D., Litt.D., President, Columbia University; Arthur T. Cabot, M.D., Fellow, Harvard University; Luther Halsey Gulick, M.D., M.P.E., Director of Physical Training, New York Public Schools; G. Stanley Hall, Ph.D., LL.D., president, Clark University; Charles Harrington, M.D., Secretary, Mass. State Board of Health; Abraham Jacobi, M.D., LL.D., Professor, Diseases of Children, New York City; William H. Maxwell, A.M., LL.D., City Supt. of Schools, New York City; George L. Meylan, A.M., M.D., Columbia University; John H. Musser, M.D., Professor of Medicine, University of Pennsylvania; Edward L. Stevens, A.M., Ph.D., Associate Supt. of Schools, New York City; Henry P. Walcott, A.B., M.D., Chairman, Mass. State Board of Health; William H. Welch, A.B., M.D., LL.D., Professor of Pathology, John Hopkins University; Luther Halsey Gulick, 500 Park Ave., New York City, Secretary.

The first meeting of the Association will be held in Washington, D. C., on May 6 and 7, at which time a scientific program will be presented and the society will formally organize, electing officers, adopting a constitution, and so on. The Chairman of the Local Committee on Arrangements is United States Commissioner of Education, Elmer E. Brom. The Committee on Program consists of the following: Dr. William H. Burnham, Dr. Luther Halsey Gulick Dr. Charles Harrington.

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Up to the present time there has been no general body in the United States that has been concerned definitely with the problems of school hygiene. In this respect we here in America are far behind nearly all other civilized countries. The Second International Congress on School Hygiene is to be held in London, England, August 5 to 10 of the present year, under the presidency of Sir Lauder Brunton.

Mulford's Policy toward the medical and pharmaceutical professions has been stated in a little pamphlet recently issued. The firm favors open formulæ products, process-patents, the use of specifying names or word-marks such as Mulford Brand of Antitoxin, etc., and the publication of the physical and physiologic properties of new materica medica products and the admission of such to the pharmacopeia, text-books and scientific literature when such products are proved valuable. No article under the Mulford label liable to fall into the hands of the lay public, will be accompanied by circular matter containing the names of diseases in which the product is indicated. For domestic use, especially in rural districts, the firm will market a line of remedies under the label of the Waverly Chemical Company.

Listerine and the National Formulary—In a letter addressed to the editor of the *Bulletin of the American Pharmaceutial Association*, the secretary of the Lambert Pharmacal Co. ably defends his company's well-known product. He shows that it was manufactured before the National Formulary was published, that it differs radically from Dobell's solution, that its sales are constantly increasing in America and Europe, that pharmacists in America receive more than half a million dollars in discounts, beside what they gain from the sale of similar antiseptics the demand for which has been created by Listerine advertising.

Since the sulphocarbolates have been introduced perforation is practically unknown and the victum of typhoid in these days often leaves his bed in ten days. Podophylin and leptandrin together with blue mass and soda in small divided doses followed by saline secures an empty prima via. The sulphocarbolates are then pushed five to ten grain doses until the stools are odorless. Aconitine, strychnine and digitalin control the temperature easily and nuclein supports vitality and enables the system to dispose of the bacilli in their weakened form. There is often a malarial element present and quinine arsenate or the Triple Arsenate with Nuclein Abbott proves very effective.

Chionia is the active constituent of chionanthus virginica, and is used in hepatic torpor to produce a healthy secretion of bile and aid its discharge into the intestinal canal. It is valuable in constipation, not through any purging effect, but by its influence on the liver.

The cachexia resulting from malaria is often persistent, even after the active cause has been controlled. In such cases, Gray's Glycerine Tonic Compound proves of great service in stimulating the reconstructive powers of the blood. The toxins resulting from the malarial hemolysis are rapidly eliminated, and increased impetus is given to the restoration of normal red cells.

C. W. Conan, B.S., M.D., Ph.D., states that Ergoapiol is a mild aromatic stomach tonic, anodyne, antispasmodic, and hepatic stimulant. It is also a laxative, an ideal emmenagogue in the full sense of the term, and asserts a decided tonic influence upon atonic conditions of the pelvic viscera. It is indicated to a greater or less extent in all forms of dysmenorrhea.

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Book Reviews

Atlas and Text Book of Human Anatomy, by Dr. Johannes Sobotta, Professor of Anatomy in the University of Würzburg, edited, with additions, by J. Playfair McMurrich, A.M., Ph.D., Professor of Anatomy in the University of Michigan. Volume II, The Viscera, including the Heart. 194 pages, with 214 illustrations, mostly in colors. Philadelphia and London, W. B. Saunders Company, 1906.

The words of commendation given to the first volume of this beautiful and excellent work apply with even more force to vol. II. The illustrations are at once artistically perfect and true to nature. The original drawings were based on photographs, and the reproductions are in autotype, multicolored lithography and three-color work. The explanatory text is clear and printed on paper that goes well with the illustrations. The editor adheres to the diphthong in anatomical nomenclature.

The Common Bacterial Infections of the Digestive Tract and the Intoxications Arising from Them, by C. A. Herter, M.D., Professor of Pharmacology and Therapeutics in Columbia University, Consulting Physician to the City Hospital, New York. Cloth, 360 pages. New York, The Macmillan Company; London, Macmillan & Co., Ltd., 1907.

In this book the author presents at greater length the views he expressed at the New York Academy of Medicine before the Harvey Society for the Diffusion of Medical Knowledge. It opens up a most interesting field one that is a closed book to many practitioners, but which offers explanations of pathological, intestinal and systemic conditions that have at some time or other puzzled every physician. Both the normal and pathologic bacteria are considered and the fermentative and putrefactive processes that result from bacterial infection. The work is worthy of close study by our readers.

Professor von Behring's Acknowledgment of Homoeopathy and Some of Its Consequences. 8 pages, paper. Price, 1d; per 100, 3s. 6d. Homœopathic World Tracts, No. 1.

This tract opens with the quotation of von Behring's now well-known tribute to homœopathy. Section 2 discusses the attitude of the editors of the *Lancet* toward von Behring's statement as brought out in some correspondence contributed by the editor of the *Homœopathic World.* The third section is a reprint of a letter contributed by Dr. Clarke to the *Medical Press;* section 4 quotes from Dr. Cabot's address to the Boston homœopaths, and the following paragraph closes the tract with an appeal for some British orthodox practitioner to follow the lead of Pasteur, Roux and von Behring in Europe, and Trudeau and Cabot in America. The tract offers nothing new to the American homœopath and we questtion whether the polemical strain in which it is written will not militate against its usefulness in England. We commend to the writer of succeeding tracts an admixture of a little tact with his ink and the use of a diplomatic pen.

The Test Drug Proving of the "O. O. & L. Society." A reproving of belladonna being an experimental study of the pathogenic action of that drug upon the healthy human organism, arranged and condensed by the General Director of the Proving, Howard P. Bellows, M.S., M.D., Prof. of Otology and formerly Professor of Physiology in the Boston University School of Medicine. With illustrations. Bœricke & Tafel, 1011 Arch Street, Philadelphia, Pa. pp. 677. $5.00

This may be termed, without undue exaggeration, an epoch-making work, for it contains not only a test proving of a single selected drug, belladonna, made in completeness and with the most

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laborious exactness, but also presents a test of several methods of drug proving and offers a solution of several connected and difficult problems. For the volume itself, containing the results of several years of toil, nothing except deserved praise may be justly given. The work once undertaken, it was carried through to completion with such enthusiasm, energy and ability as are seldom equalled. To the general director of this work, Dr. Howard P. Bellows, the homœopathic profession of the entire world is and will remain indebted, for it may be truly said that only through his fixed determination, scientific sagacity and literary ability was the successful conclusion of such a task possible. The work involved was enormous and cannot be fully understood or appreciated except by those actually engaged. While the proving confirms our older records, a difference is noted. It is not so strongly marked, so emphasized, so highly colored. But this is so only because this is a record of the effects of the drug administered in non-poisonous doses. All other records contain symptoms derived from poisonous doses.

The volume not only gives us the proving of belladonna but it fully illustrates the method by which the provings were obtained; and in doing that it shows conclusively, we think, that the method employed in this case is not one that may be satisfactorily followed in the future. It is too cumbersome, too slow and too troublesome on those who do the work. And, while in this one case it has been an available method, it would not suffice in any well-considered systematic effort to prove or reprove drugs. On this point Dr. Bellows says: "It may occasion surprise when I state my individual judgment, founded upon three years' experience as the general director of this movement, that the further pursuit of the plan which we have been following, so far as it relates to the systematic reproving of our materia medica, whether this plan be continued under the auspices of the O. O. & L. Society or under that of the American Institute, is impracticable, and, in the end, will prove utterly futile. * * * To my mind there is only one way in which further drug proving can be done as it should be done to meet the demands of modern times, and that is an institution founded and equipped for the purpose." This is one of the important things made clear to us by this remarkable book. We will not here discuss again the question of reproving the homœopathic materia medica. Without doubt it is the greatest work before the school. If the school cannot do it, or will not do it, then it will be snuffed out as it will deserve to be. Another feature of the task is the "physiological schema," as contrasted with the old or "anatomical schema." But space forbids further notice, although there remain many interesting features. We advise all our readers to procure a copy of this work. It is one of the masterpieces of homœopathic literature.

Homoeopathic Therapeutics, by Samuel Lilienthal, M.D., Fourth Edition. Bœricke & Tafel, Phi'adelphia. pp. 1154; cloth, $6.00; half-morocco, $7.00, 1907.

This standard work needs no review in this journal; it would be superfluous. But a few words taken from Dr. Lilienthal's preface to the third section may not be amiss: "My task is done; and if ever a fourth edition is necessary I leave that work now in conscientious hands. Take this third edition as the old man's testa-

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ment to his many students and younger colleagues, for your success rejuvenates your old teachers. Though three years' faithful work was necessary to collate and critically examine every symptom, still it can only be considered as an aid in studying up a case. Perfection is impossible and such a work can never be expected to be finished." The publishers state that this unabridged dictionary of homœopathic therapeutics was "out of print," and they concluded to let it remain so. But the profession would not have it so and this new fourth edition has now appeared.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M.D., LL.D., Hon. F. R. C. S., Eng. and Edin., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Vol. I: Octavo of 983 pages, with 261 text-illustrations and 17 colored plates. W. B. Saunders Company, Philadelphia and London, 1907. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

The authors of the various articles of this good work are men whose names are especially associated with the subjects upon which they have written—famous specialists with world-wide reputations accepted generally as authorities. For this work does not express the work of any one country alone: it is world-wide in character representing the best surgical practice of to-day. Dr. Keen says that "It has been our aim to secure the very latest well-established knowledge so that the work should be thoroughly 'up to date,' yet with few, if any, passing surgical novelties." Volume I may justly be taken as evidence concerning the remaining volumes yet to come. It may be fairly said that if they all come up to the standard set by the first book of the series, they need not fear the critics. Among other topics Volume I treats of "Narrative of Surgery: A Historical Sketch," by James Gregory Mumford, A.B., M.D., Instructor in Surgery, Harvard Medical School; "Surgical Physiology" and "Wounds and Contusions," by George W. Crile, A.M., M.D., Prof. Clin. Med. Western Reserve Med. College; "Examination of the Blood," by John C. Da Costa, Jr., M.D., Associate on Clin. Med. Jefferson Med. College; "Infection and Immunity," by Ludwig Hektoen, A.M., M.D., Prof. Pathology, University Chicago, etc.; "Inflammation," by J. George Adams, M.A., M.D., F. R.S., Prof. Pathology McGill University; "Suppuration, Abscess and Fistula," "Ulceration and Ulcers," "Mortification and Gangrene," by Leonard Freeman, B.S., A.M., M.D., Prof. Surgery Denver and Gross College of Med.; "Process of Repair," by Frances Carter Wood, B.S., M.D., Prof. Clin. Path. College Physicians and Surgeons, N. Y.; "Thrombosis and Embolism," "Erysipelas," "Tetanus," "Diseases caused by special Infections," "Diseases Derived directly from Animals, Insects and Reptiles," "Scurvy," by Charles Harrison Frazer, B.A., M.D., Prof. Surg. Uv. Penn.; "The Traumatic Fevers," by Eugene Alfred Smith, M.D., Adjunct Prof. Clin. Surg., Un. Buffalo; "Rickets," by Edward Hall Nichols, A.M., M.D., Asst. Prof. Surg. Path. Harvard Med. School; "Surgical Tuberculosis," by John Chalmers Da Costa, M.D., Prof. Surg. Jefferson Med. College; "Syphilis," "Chancroid," by Edward Martin, A.M., M.D., Prof. Clin. Surg. Un. Penn., and "Tumors," by John Bland Sutton, F. R. C. S., Eng. Surgeon to the Middlesex Hospital, etc. The book is well printed and bound and the illustrations are well selected.

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Consumption: Its Relation to Man and His Civilization. Its prevention and cure, by John Bessner Huber, A.M., M.D., Fellow of the New York Academy of Medicine, etc., etc. Philadelphia and London: J. B. Lippincott Company, 1907. pp. 536.

It is said in the preface that this essay, as the author modestly terms the volume, is addressed both to the physician and the layman. It may well be so addressed for it will do them both good to attentively read and digest it. The scope of the book is comprehensive and its thought and methods are broad and modern. Some of the topics discussed will offer an idea of the work: "The Specific Cause of Tuberculosis," "Predispositions to Tuberculosis," "Sociological," "The Home," "Prevention," "The Cure," "American Sanatoria," "The Sanatorium and its Adjuncts," "Administrative Measures," "Non-Government Activities," and a valuable appendix. It is hoped the book will be widely read.

A History of Chemistry from Earliest Times to the Present Day, Being Also an Introduction to the Science, by Ernst von Meyer, Ph.D., Professor of Chemistry in the Technical High School, Dresden. Translated with the author's sanction by George McGowan, Ph.D. Third English edition from third German edition with additions and alterations. London and New York: The Macmillan Company, 1906. pp. 591.

The issuance of a new edition of this standard work is of interest to all scholars. The general plan of the work remains of course unchanged. Within reasonably brief compass is described the development of chemical knowledge and especially of the general doctrines of chemistry which have been gradually evolved from their earliest beginnings up to the present day. In this new edition some of the sections have been recast to a considerable extent. In all the chapters which deal with the chemistry of recent times, new matter has either been added or old matter altered with a view to its improvement.

Elementary Manual of Regional Topographical Dermatology, by R. Sabouraud, Director of the City of Paris Dermatological Laboratory. English translation, by C. T. Marshall, with 231 illustrations in the text. New York: Rebman Company, 1123 Broadway, 1906.

The name of Sabouraud is now well known wherever dermatology is studied and any book from his pen is welcome. The present volume is not only remarkable for the originality of the original method adopted, but also for its completeness and for the inclusion of certain subjects which are too often omitted from works on dermatology. This work does not only include articles on eczema, on psoriasis of on impetigo but it also contains articles on the face, the hand or the leg, where the reader will find studied the principal dermatological types of each of these regions. The book is thus a manual of topographicial anid regional dermatology.

Paraffin in Surgery. A critical and clinical study by Wm. H. Luckett, M.D., Attending Surgeon, Harlem Hospital, Surgeon to the Mt. Sinai Hospital Dispensary of New York and Frank I. Horne, M.D., formerly Assistant Surgeon, Mt. Sinai Hospital Dispensary. 12mo.: 38 illustrations; 118 pages. Surgery Publishing Co., 92 William Street, N. Y. City. Cloth, $2.00.

This book covers a special field in surgery. It thoroughly covers the use of Paraffin in cosmetic work such as saddle nose deformity, depressed scars, hemiatrophia facialis, with a large number of photographs showing cases before and after operation, with illustrations of micro-photographs of the disposition of the paraffin in tissues.

Full details are given as to the method of preparing the paraffin as well as the method and manner in which it should be injected.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
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San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

New York Alumni Day—May 16th was alumni day at the New York Homœopathic Medical College and Hospital. The exercises began before nine o'clock, when Dean Wm. Harvey King, M.D. was slated to welcome the sons of their Alma Mater. At nine o'clock Rudolph F. Rabe, M.D. of the materia medica department gave a lecture upon that topic, showing the importance of teaching the use of the repertory and illustrating its advantages with cases. At ten o'clock Dr. George F. Laidlaw held a medical clinic showing cases of aneurism, anemia, gout and one case of incipient phthisis in which the only diagnostic sign was the earliest one—the narrowing of the apices of the lungs as evidenced by examination of the supra-clavicular regions. He also gave a short explanation of the value of the opsonic index and the method of finding it.

In the Helmuth amphitheatre at eleven o'clock Dr. George W. Roberts gave a gynecological clinic. He operated first for the removal of a diseased right tube, using the new transverse incision which brings the scar below the hair line and avoids all danger of later ventral hernia. In the second case the vertical incision was used for the removal of nodular fibroid. In both cases the appendix was removed, once because its distal end was too large and in the other because the distal end was not large enough. Luncheon was served at 12.30 in the alumni laboratory.

COMMENCEMENT—The forty-seventh annual commencement exercises were held at Mendelssohn Hall at 3 o'clock. Dean Wm. Harvey King, M.D. made the introductory address and the medical address was delivered by George Royal, M.D., class of '82, now Dean of the College of Homœopathic Medicine of the State University of Iowa. The address to the graduating class was given by the Rev. Henry A. Stimson, D.D. of the Manhattan Congegrational Church. Mr. Anson R. Flower, President of the Board of Trustees conferred the degree of M.D. on Eugene Leonard Bestor, Hartford, Conn., John Cecil Bickley, Waterloo, Iowa, Robert Stanley Bickley, Waterloo, Iowa, John Colville Bradner, Middletown, N. Y., Chester Rutter Brown, Tarrytown, N. Y., Judson Frederick Browne, Rochester, N. Y., Otis Jameson Cane, Poughkeepsie, N. Y., James

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Bayard Gregg Curtis, Jr., A.B., Washington, D. C., J. Edward Downey, New York, N. Y., Remick Carpenter Eckardt, A.B., Troy, N. Y., Clayton C. Ferguson, New York, Edward Lucius Finch, M.D., Plainsfield, N. J., Bradford Fox, Flushing, N. Y., Walter Leslie Harrington, Lockport, N. Y., Charles E. Harvey, New York, Charles Fanning Hastings, New York, Freeman St. Clair Hitchcock, Greenwich, Conn., Charles Wadsworth Johnson, Mount Vernon, New York, Chester Arthur King, A.B., Jersey City, N. J., Frederick R. Meeks, Brooklyn, N. Y., Frederick Lodowick Moser, New York, Charles Wilfred Priestley, Union Hill, N. J., Melvin J. Stearns, Massena, N. Y., J. Louis White, Paterson, N. J.

Clinton L. Bagg, M.D., President of the Medical Board of the Metropolitan Hospital, awarded the certificates for attending the clinic at that institution. Prizes were awarded by the Dean. The first faculty prize for highest standing during the four years was awarded to J. B. Gregg Curtis, Jr., A.B. The second prize to E. W. McAdam, with honorable mention to E. D. Bestor, R. C. Eckardt, A.B., John C. Bradner, M. J. Sterns and C. A. King. The alumnus trustee prize for highest standing in all studies to and through the junior year was awarded to E. D. Farmer. Dr. Edward G. Tuttle, secretary of the faculty announced the successful candidates for hospital appointments: *Flower,* Drs. E. J. Bestor, O. J. Case, J. B. G. Curtis, Jr., R. C. Eckardt, A.B.; *Hahnemann,* Drs. J. C. Bickley, R. S. Bickley, J. C. Bradner; *Metropolitan,* Drs. C. R. Brown, J. F. Brown, Bradford Fox, W. L. Harrington, F. S. C. Hitchcock, E. W. MacAdam; *Cumberland Street* (Brooklyn), Drs. C. W. Johnson, F. R. Weeks, M. J. Stearns.

THE ALUMNI ASSOCIATION held their annual meeting at 6 p. m. The officers elected were: President, Wm. Tod Helmuth, M.D., '87, New York; First Vice-President, John C. Otis, M.D., '68, Poughkeepsie, N. Y.; Second Vice-President, Chas. R. Sumner, M.D., '77, New York; Director and Executive Officer, Geo. F. Laidlaw, M.D., '90, New York; Treasurer, B. B. Clark, M.D., '99, New York; Recording Secretary, P. C. Thomas, M.D., '99, New York; Corresponding Secretary, J. P. Seward, M.D., '93, New York; Necrologist, J. L. Moffat, M.D., '77, Brooklyn; Alumnus Trustee, W. W. Blackman, M.D., '77, Brooklyn; Board of Directors, Drs. H. B. Minton, '87, Brooklyn, F. K. Hollister, '95, New York, H. J. Pierron, '84, Brooklyn, W. I. Pierce, '91, New York, F. W. Hamlin, '88, New York, R. I. Lloyd, '96, Brooklyn.

THE ANNUAL BANQUET was held at the Waldorf-Astoria at 7 p. m. After the dinner the President's address was given by Charles Francis Adams, Adams, A.M., M.D., after which he introduced the toastmaster, Loomis Le Grand Danforth, M.D. Speeches followed. "An Unknown Quantity," by Robert Stanley Bickley, M.D., of the graduating class, and on "Recent Medical Legislation," by Wm. Harvey King, M.D., LL.D., Dean of the College. Eloquent addresses were given by Rev. Ernest M. Stires, D.D., Prof. John G. Scorer, and Rev. Lindsay Parker, Ph. D.

The guests of honor included Hon. Geo. W. Clarke, Dr. St. Clair Smith, Wm. A. Linn, A. R. Flower, G. E. Taintor and Judge R. B. Cowing, besides the speakers.

New York Medical College and Hospital for Women—The annual commencement of the "Women's College" was held at Berkeley Lyceum on Monday evening, May 13th.

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Removals—Dr. F. E. LEWIS, from Cambridge, N. Y., to 834 Madison Ave., Albany, N. Y.; Dr. JOSEPH H. FOBES to 230 Central Park South, New York City; Dr. EDWIN S. MUNSON to 104 East 60th St., New York City; Dr. B. BURT SHELDON to 104 East 60th St., New York City; Dr. HAWKES to Room 526, Bradbury Building, Third and Broadway, San Francisco; Dr. WALTER GRAY CRUMP to 837 Madison Ave., New York City; DAD CHEMICAL CO. from Cedar St. to 25 Commerce St., New York City; Dr. ANNA C. CLARKE to Jefferson Ave., Scranton, Pa.; Dr. E. D. RUDDEROW to 148 West 87th St., New York.

Dr. HILLS COLE of New York was recently elected a member of the Board of Managers of the Garden Cities Association of America, an organization seeking the advancement of the working man by planning the foundation of industrial communities in the country where the operatives can have little homes of their own, each in its plot of ground.

Dr. EDITH K. NEEL, announces office hours in Hammondsport, N. Y., from 10 A. M. to 5 P. M. in the Union Block on Tuesdays, Thursdays and Saturdays. In Urbana on Mondays, Wednesdays and Fridays. Dr. Neel is the talented wife of the secretary of the Urbana Wine Co., manufacturers of the celebrated Gold Seal champagne and other high-class domestic wines.

Kings County (N. Y.) Society—The 409th regular meeting was held at the Imperial, May 14th when the following papers were read and discussed: "Dysmenorrhea," by John F. Ranken, M.D., and "Experience with the Leucodescent Light," by Herbert Dana Schenck, M.D.

New York County Society—The May meeting of this society was given over to a report of the Committee on Public Health, Hills Cole, M.D., chairman, and the members listened to papers by these civil engineers on subjects of vital interest to the citizens of New York and physicians as guardians of the public health. Mr. George C. Whipple discussed "The Present Condition and the Immediate Future as Regards the Pollution of New York Harbor," giving it as his opinion that all that is needed at present is an extension of the sewers to the channel, the restriction of the sale of oysters from beds in the harbor, and special protection of the water in the neighborhood of the bathing beaches. Mr. Theodore C. Horton, Chief Engineer of the State Department of Health, said that what little the state could do for the metropolis would be done, but the problem was really New York's and her resources were ample for its solution. Mr. Roger Butler Williams, Jr., read an interesting paper on the "Bacterial Treatment of Sewage." These papers were on different lines from those usually presented to the society, and the members seemed to enjoy the innovation. A letter was read from Dr. E. B. Hooker, president of the Institute, regretting his inability to be present and urging attendance at the Jamestown sessions. The status of medical legislation was discussed. Dr. Schenck outlined the preliminary plans for the next state society meeting and the semi-centennial of the Kings County Society. The Executive Committee was directed to report on the advisability of the New York Society joining with Kings County for a combined celebration.

Cumberland Street Hospital—The graduating exercises of the training school of this well-known Brooklyn institution were held in the Cumberland Street Presbyterian Church on May 31st, twelve graduates receiving their diplomas from the hands of Hon. Robert W. Hebbard, Commissioner of the Department of Public Charities.

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In the course of the exercises Dr. C. B. Bacon gave the "Welcome," Dr. O. S. Ritch offered "Good Advice," Dr. William H. Pierson extended "Greeting from Staff-Association." Mrs. O. S. Ritch contributed to the musical features.

The Hahnemann Hospital (N. Y.) Training School for Nurses held its annual commencement exercises (class of 1907) at Tuxedo Hall, Tuesday, May 28th. Twelve graduates of the institution received their diplomas.

PHILADELPHIA NOTES

THE CLINIC-PATHOLOGIC SOCIETY met at the Hahnemann College, April 20th. Dr. S. W. Sappington read a paper entitled "Remarks on the Indications for Blood Examinations." Dr. C. F. Rau exhibited some interesting specimens following his paper on "Tuberculosis in Young Infants with Illustrative Cases." A very spirited discussion followed the paper by the President, J. C. Guernsey, M.D., on the "Route of Infection in Tuberculosis." During the evening there was a demonstration of the improved projection lantern by the society.

THE GERMANTOWN HOMŒOPATHIC REMEDIAL SOCIETY held its April meeting at the Edouard on April 22d. After the business meeting the paper of the evening was presented by Dr. G. M. Golden on "Arthritis Deformans: Its Clinical Aspects." After the discussion the society had the usual dinner which was well served.

MARRIED.—Dr. John Dean Elliott to Miss Rebecca Reeves Van Lennep on April 3d.

Dr. G. Harlan Wells to Miss Scott on April 11th.

PRACTITIONER'S COURSE at Hahnemann Medical College of Philadelphia commenced May 6th and continued until May 25th. This is the second year of this course and was quite a success. Several of the doctors taking the course last year returned again this year which is a very satisfactory sign. The time of the course was so arranged that it finishes at about the time of the commencement exercises of the college and the annual banquet of the alumni.

CHAS. D. FOX, M.D.

Three Good Things—Special anatomik shoes for deformities and flat feet, anatomik shoes for doctors and their patients, shares in the Anatomik Footwear Company.

Messrs. Boericke & Tafel have in press a book which will be termed the "Lesser Writings of C. von Boenninghausen," and which will include all the hitherto unpublished articles of that old veteran homœopath, and also those books of his which are now out of print. They will all be in one cover, and will be of most excellent value to the homœopathic physician.

The Passing of Winter—With the passing of winter many an individual without being actually sick is still weak and debilitated, tiring easily, with greater or less susceptibility to every changng wind. The intelligent physician promptly overcomes this condition by suitable medication, and no more efficient tonic can be employed, than the well-known "Gray's Glycerine Tonic Comp.

A Suggestion—After the removal of alcohol, celerina given in doses or from one-half to one ounce every four hours, is speedily followed by the most characteristic symptoms of improvement.

For Sale. A well established homœopathic practice in a Massachusetts city. Good reasons for selling. For particulars address: Mass. care THE NORTH AMERICAN.

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BOSTON ITEMS

Boston Homœopathic Medical Society—The regular monthly meeting of the Boston Homœopathic Medical Society was held on the evening of May 2d at the hall of the Boston Society of Natural History, Boylston St. At the scientific session an interesting case of syphilitic iritis in the process of cure at the hands of Dr. George A. Suffa was exhibited and members of the society had an opportunity for close inspection of the same.

The feature of the evening was a paper by G. De Wayne Hallett, M.D., the New York eye specialist, on "Glaucoma and Iritis with Differential Diagnosis." The paper was intended for the enlightenment and assistance of the general practitioner and was therefore made as graphic and clear-cut as possible, the more intricate technicalities which would be of special interest to the specialist being for the most part omitted. No physician who heard this paper could fail to be impressed with the gravity of a mistake in diagnosis in these two serious conditions or of a wrong treatment of either. The discussion was opened by Dr. George A. Suffa and Dr. J. Miller Hinson and was participated in by many members of the society. A cordial vote of thanks was tendered Dr. Hallett for his truly valuable paper. At 10 p. m. the society adjourned for a social hour with light refreshments.

Twentieth Century Medical Club—Obesity was the subject considered at the April meeting of the Twentieth Century Medical Club which took place on the evening of the 17th at the New Century Building. Papers were read by Drs. Mary Mulliner, Mary E. Mosher and Barbara Ring. Dr. Mulliner described and illustrated the use of medical gymnastics for the purpose of reducing flesh. Dr. Kosher detailed the method in use in the German army by which twenty pounds can be reduced in three weeks, the routine consisting in the use of only one article at each meal with no drinking at meals. Dr. Ring spoke about the various methods of reducing, among them being the use of rubber garments, exercises in prone position, the use of saccharine instead of sugar, of baths, electricity in its various forms and vibrations. Dr. Hall, the president, read notes of Dr. Cabot's lecture on obesity. The meeting adjourned at 10 o'clock.

GRACE E. CROSS, M.D.

New Jersey Society—The fifty-fourth annual session of the New Jersey State Homœopathic Medical Society convened at the Continental Hotel, Newark, on May 7th. Nearly fifty were in attendance. The principal item of interest at the business session was the report of Dr. A. W. Atkinson, Chairman of the Legislative Committee. Two bills affecting the homœopathic profession were brought up at the last session of the legislature. The first was a provision in the pure food bill requiring all physicians to label their prescriptions, giving name and quantity of drugs contained. This was killed. The other was a bill to license osteopaths. Agreement was nearly reached on this bill, but the matter is still in abeyance. The society passed a resolution instructing the legislative committee to favor the admission of osteopaths to equal rights to practice, providing they spend at least four years in the study of medicine and pass the regular state board examination that all physicians must take.

In the scientific session papers were presented by H. G. Garri-

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son, M.D., on "Citation of Cases Treated with the Leucodescent Therapeutic Lamp." Edward Rushmore, M.D., Plainfield, who gave "Translations of Cases from Italian Journal." Percy L. Barnes, M.D., Atlantic City, on "Pulsatilla Nigricans." R. F. Rabe, M.D., Hoboken, on "Natrum Muriaticum, Some Clinical Observations." Wallace McGeorge, M.D., Camden, on "Treatment of Croup," and V. A. H. Cornell, M.D., Trenton on "Plea for Better Milk Supply." The papers were all valuable and brought forth considerable discussion, especially those on the Leucodescent lamp and the one on treatment of croup.

New members elected were Drs. Thomas D. Blair of Plainfield, A. S. Fell of Trenton, Walter G. Mead of Arlington, Robert B. Nattrass of Hoboken, Joseph A. Nevin of Jersey City, H. H. Pettit of Ridgewood, R. G. Savoy of Westfield, F. E. Voorhees of Spring Lake Beach, and W.W. Wilson of Montclair. The new officers are President, Dr. Ella P. Upham, of Asbury Park; Vice-Presidents, Drs. Chas. F. Adams of Hackensack, Lee E. Griscom of Camden, Carl H. Wintsch of Newark; Recording Secretary, Dr. Alfred Drury of Paterson; Corresponding Secretary, Dr. C. F. Hadley of Camden; Treasurer, Dr. R. F. Rabe of Hoboken; Censors, Drs. B. H. Garrison of Red Bank, C. C. Straughn of Matawan, E. R. Richie of Moorestown, Howard Iszard of Glassboro and A. Katherine Klein of Jersey City. The semi-annual meeting will be held in September at Ocean City, and the annual meeting at Princeton on the first Tuesday in May.

CHICAGO CHRONICLINGS

Dr. W. F. HARPEL has opened an office in the Reliance Building, 100 State street; hours, 2 to 3 P. M.

Dr. GEORGE DENMAN and family are touring Europe, the latest postal cards received having been mailed from Paris.

Dr. E. H. PRATT has just finished a three-day surgical clinic at Hering Medical College, assisted by Dr. C. E. Sayre and Dr. Torren.

Medical Educational Conference—Dr. N. B. Delamater of Chicago; Dr. Charles E. Walton, Cincinnati; Dr .W. B. Hinsdale, Ann Arbor, Mich.; Dr. H. E. Beebe, Sidney, O.; Dr. A. P. Hanchett, Council Bluffs, Ia., and Dr. George Royal, Des Moines, Ia., attended the Medical Educational Conference, Monday April 29th, and seemed to enjoy it. Reports were received as to the standing on points the result of inspection of every medical college in the United States. The report seemed to be very fair to all denominations. Many of the homœopathic schools were placed in the highest grade with the best of the "regulars." Report was also received on the averages and rejection of students before the various boards of health or examining boards. Discussion was largely confined to the report of a committee on allowing a year's advanced standing in medical schools to graduates of colleges of arts and sciences. The physicians above named were the representatives of the homœopathic profession in their respective states; while Dr. Walton was the accredited representative of the American Institute, and he will probably have interesting statements and suggestions to make at the annual convention in Jamestown. Following the conference these physicians were the guests of Dr. Delamater at a dinner at "The Elms."

The Regular Homœopathic Medical Society held its regular monthly meeting, Tuesday, May 7th, at 8 P. M., in Club-room

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No. 1, Sherman House. The general topic was "When to Repeat and When to Change the Remedy," by Dr. H. C. Allen. Illustrating clinical cases were presented by Drs. C. H. Evans, J. A. Kirkpatrick, G. E. Dienst (Naperville), and T. M. Powell.

Hering Medical College—The commencement exercises were held in the college building, Thursday, May 9th. The degrees were conferred by the dean, Dr. H. C. Allen.

The After Dinner Club met Thursday, April 18th, at 6.30 P. M. Following the dinner, Dr. Mary E. Hanks, president of the Illinois Homœopathic Medical Association, presented the "Foreword of the State Society," which was most enthusiastically received. Dr. Pauline Smith spoke of needed medical legislation. Dr. Abbie Hinkle, of Evansville, spoke on "Pernicious Bills Before the Legislature."

The Chicago Homœopathic Medical Society held its regular meeting postponing the day to Friday, April 19th, at 8.30 P. M., in the Northwestern University Building. The following program was presented: "Remarks on certain symptoms of accessory sinus diseases which may simulate intricranial lesions," by Dr. Manning Fish; "Interesting Talks," by Drs. Haseltine and Aurand. A very profitable evening was enjoyed by the large number present.

Hahnemann Medical College—The commencement exercises will occur at the Garrick Theatre, May 27th, at 2 o'clock. The address of the day will be delivered by Prof. George L. Collie, president of Beloit College, Beloit, Wis., on "Scientific Culture and Its Relation to the Medical Profession." W. Henry Wilson, M.D., the registrar, will submit his report. H. R. Chislett, M.D., will present this as dean. Prof. George F. Shears, the president, will confer the degrees. Appropriate vocal and instrumental music will be supplied.

Following the commencement exercises, at 6 o'clock, there will be a business meeting of the alumni association of the Hahnemann Medical College and of the former Chicago Homœopathic Medical College. After the transactions of the usual business, a banquet will be held in the Auditorium, the largest and finest banquet hall in the city, and notable speakers will be in attendance. At the last alumni gathering the Auditorium was hardly able to accommodate the many alumni of the old institution gathered to do it honor. It is confidently hoped and expected that the forthcoming meeting will be an equally enthusiastic one and that the children of the two institutions now under the banner of "Old Hahnemann" will not only have all the pleasure that comes from social intercourse but will be able to show by their number, their character and their force the power of homœopathy in the community.

During commencement week there will be a free clinical course given at the Hahnemann Medical College. All the clinical departments of the college will be in active working and every advantage will be given to let each alumnus see the opportunities that the old college has developed.

The Illinois Homœopathic Medical Association held its fifty-second annual session in this city May 14th to 17th inclusive, breaking all its previous records in the matter of attendance and the acquisition of new members. Scientifically it has been one of the best meetings the association has ever held. Its attendance, so far as doctors are concerned, almost equals that of the American Institute of Homœopathy. Chicago is the central city of the Northwest,

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being easy of access not only for the doctors in Illinois, but also in Wisconsin, Indiana, Ohio, Michigan and Iowa and each of these states was represented. It is believed that the work done at this meeting will be of great value in maintaining the homœopathic forces in the West. The opening session was devoted to the transaction of the usual business matters. The President's address was read during the afternoon. Sessions were held by the various bureaus presided over by the respective chairmen, as follows: Materia Medica, Dr. A. C. Cowperthwaite, Chicago; Neurology, Psychology and Electrology, Dr. Nathan Starr, Charleston, Ill.; Obstetrics, Dr. Belle Gurney, Chicago; Clinical Medicine, Dr. E. A. Taylor, Chicago; Sanitary Science and Hygiene, Dr. Allen E. Smith, Freeport, Ill.; Pediatrics, Dr. Sarah M. Hobson, Chicago; Gynecology, Dr. Frank C. Titzell, Iowa City, Ia.; Surgery, Dr. B. A. McBurney, Chicago; Ophthalmology, Otology, Rhinology and Larynjology, Dr. E. J. George, Chicago. The papers presented were all excellent and the discussions valuable, interesting and to the point. The society is very much alive professionally, and in full sympathy with the various efforts made from time to time to bring medical advantages to bear upon educational and reform work.

Among the first important business transactions was the practically unanimous adoption of *The Clinique* as the official organ of the association. Also the admission to membership of physicians from surrounding states upon payment of the annual dues, $2.00, which also entitles them to the official organ. On motion of Dr. N. B. Delamater, duly seconded, the association unanimously endorsed the pharmacopœa that is endorsed by the A. I. H.

Dr. J. J. Thompson made a strong appeal for contributions of standard homœopathic literature to be placed in the Crerar (Scientific) Library in the Marshall Field Building, especially now that the medical department of the Newberry Library (situated on the north side) is being transferred to the Crerar library which is readily accessible from all parts of the city.. A letter from the President of the A. I. H. was read and the Society manifested enthusiasm so far as the National meeting is concerned.

Dr. W. O. Forbes, of Hot Springs, Ark., presented letters from his home societies, advocating the consideration of Hot Springs as the place of meeting of the A. I. H. in 1908.

The Bureau of Pediatrics, presided over by Dr. Sarah M. Hobson, provided abundant food for thought and intelligent activity concerning "The Boy During the Period of Adolescence." The two papers were contributed by Dr. M. H. Goodrick, Jacksonville, Ill., and Mr. Henry M. Thurston, Chief Probation Officer of the Juvenile Court of this city. In concluding, Mr. Thurston advocated that the city and state homœopathic medical societies should organize a committee to meet the clergy and arrange for speakers along this line to address the boys' clubs in the churches, and the same with the social settlement and public school systems. These courses should be explicit enough to satisfy the mind. Educate the public to the degre of demonstrating the truth and in the meantime every physician should talk with the parents among his or her patients and secure co-operation and if each effort will secure but one child it will open the way to great service. The discussion was opened by Dr. Vance Rawson, Chicago, followed by the physical director of the Chicago Y. M. C. A., and by Mr. W. M. Hallam, corresponding secretary of the Chicago Society of Social Hygiene (Inc). Mr. Hallam distributed a few hundred pamphlets bearing upon the subject

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and will gladly mail literature to any one wishing it upon receipt of application therefor, addressed to him at 79 Dearborn St., Chicago.

THE AFTER DINNER CLUB entertained at dinner the out-of-town lady physicians on the evening of the third day, at 6 East Madison St., the attendance numbering about fifty. Owing to the unavoidable absence of the essayist, "the ball was set a'rolling" by Dr. Julia Holmes Smith, whe decried the great amount of unnecessary "fuss" so often brought to bear on the purely physiological process of delivery and advocated allowing nature to have an opportunity to do something for the lying-in woman. Enthusiastic discussions followed, participated in by Drs. Eskridge, Ousley-Russell, Martha Kuznik, H. C. Flint, Ward (Elin) Hanks, White and Henle.

The fourth day of the meeting was passed at the Hahnemann Medical College, the faculty acting in the capacity of host. 8.30 a. m. ushered in the clinics of the general surgical department under the direction of Profs. Shears, Chislett and Bailey, who occupied the amphitheatre until 10.30, presenting operations for hernia, appendicitis, stone in the bladder and ectrophy of the bladder. At 10.30 o'clock the gynecological department took charge and continued until 12.30. In adjoining rooms, skin and venereal and obstetrical clinics were in progress. At 12.30 a most inviting luncheon was served by the faculty. At 4 o'clock Dr. C. G. Fellows in operating room No. 1, Dr. Burton Haseltine in operating room No. 2, Dr. C. J. Swan in operating room No. 3, and Dr. E. J. George in operating room No. 2 occupied the afternoon; while in the large amphitheatre clinics were being held in general medicine and diseases of children. About 300 doctors from in and outside the city were in attendance.

The following officers were elected: President, Dr. Alden E. Smith, Freeport; First Vice-President, Dr. Joseph P. Cobb, Chicago; Second Vice-Priesident, Dr. W. P. Armstrong, Springfield; Secretary, Dr. Burton Haseltine, Chicago; Treasurer, Dr. E. C. Costain, Chicago; Provisional Secretary, Dr. T. C. Costain, Chicago; Necrologist, Dr. O. B. Blackman, Dixon, Ill.; Medical Legislature representative, Dr. H. W. Wilson, Chicago.

Detroit Homœopathic College—The commencement exercises of this institution were held in the Detroit Opera House on Tuesday, May 14th.

California State Homœopathic Medical Society—One of the most attractive programs that have reached the NORTH AMERICAN was that issued by the California State Society for the meeting held at the Hotel del Monte, Monterey on May 15, 16 and 17. The printer did his work well and the chairmen of the different bureaus provided attractive "copy" in part as follows: "Statistics of the Typhoid Epidemic in San Francisco," by James W. Ward, M.D.; "Sex Causations," by W. S. Nichols, M.D., Pasadena; a symposium on "How to Study Materia Medica;" "Iritis and Its Relations to Systemic Diseases," by F. J. Newberry, M.D., Los Angeles; "Diagnosis versus Symptomatology," by E. C. Manning, M.D., Los Angeles; "Fanaticisms and Superstitions in the Practice of Medicine," by M. W. Kapp, M.D., San Jose; "The Healing of the Sick an Exact Science," by W. S. Woodruff, M.D., Long Beach; "Personal Experiences with Scopolamin and Morphine and Spinal Auesthesia," by Edgar R. Bryant, M.D., San Francisco; "Conservatism in Genital Work," by A. K. Crawford, M. D., Oakland; "In-

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sanity from the Standpoint of the Practitioner," by M. B. Campbell, M.D., Los Angeles; "Insanity from the Standpoint of the Specialist," by George H. Martin, M.D., San Francisco; "Non-Institutional Treatment of the Insane," by H. R. Arndt, M.D., San Francisco; "Insanity from the Standpoint of the Asylum Superintendent," by A. P. Williamson, M.D., Patton; "Abortion as a Factor in Chronic Pelvic Diseases," by Susan J. Fenton, M.D., Oakland; "Surgical Aspect of Gonorrhea in Women," by Florence N. Ward, M.D., San Francisco. The ladies found social pleasure in the program laid out by "The Meissen of California."

That New Anesthetic—The hyoscine-morphine-cactin anesthetic (Abbott) has been entirely satisfactory. In obstetrics it is far superior to cholorform. No nausea, shock or disagreeable symptoms with the mother. The child is born cyanotic but comes round all right. Our county medical society has taken up the matter; all reports have been very favorable. I think it will have a national bearing in the increase of population, as women will cease to dread the pangs of child-bearing, and will increase the number of children born. The nation will owe you a debt of gratitude.—J. S. DICKENSON, Trenton, Ky.

Powder Burn of Face—C. R. exploded about two ounces of coarse black shooting powder in a little earth mount, and got the most of the discharge into his face; even the conjunctivæ of both eyes were blackened, and from the burn and subsequent inflammation shut tight; one of the ears also was burned very badly. To extract the powder from the skin I have in years gone by applied a thick layer of castile soap made into a sort of dough, and as I had to deal here with the inflammation and pain besides, I scraped a cake of shaving soap, mixed it thoroughly with Antiphlogistine, and applied it about one half inch thick all over the face and ear, leaving a hole for the eyes, nostrils and mouth. About one half hour later the patient rested very comfortable, free from pain and slept a few hours soundly. About twenty-fours later I removed the whole mask from the boy's face and the application had drawn out every kernel of the powder. The inflammation had been greatly reduced, pain was all gone and the face appeared almost natural again with the exception of the sclera of both eyes, which I treated with a solution of cocaine adrenalin.—S. KUDOR, M. D., Coffeyville, Kan.

Summer Complaints—During the summer months gastro-enteric diseases, in which diarrhea is a prominent symptom, are very prevalent and most fatal in infants and children. After correcting all hygienic and dietetic errors, an imperative indication is to empty the small intentine and overcome the fermentation and decomposition going on in the alimentary tract.

Phillips' Milk of Magnesia, in doses of a tea to a tablespoon is recommended as a safe and pleasant laxative for infants and children, and after clearing out the intestinal canal, small doses, five to fifteen drops in a teaspoonful of steril cold water, every two or three hours, will act as an antacid and gastric sedative controlling nausea and vomiting, and checking any further gastric or intestinal fermentation. It may be combined with opiates, carminatives, astringents, or antiseptics. The mouths of infants and children suffering from summer complaint need prompt and careful attention, and this can be successfully carried out by swabbing the buccal cavity with Phillips' Milk of Magnesia and wiping the gums with absorbent cotton or a piece of soft linen moistened with it.

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Book Reviews

A Text-Book of Diseases of Women. By J. Clarence Webster, M.D. (Edin.), F.R.C.P.E.,F.R.S.E., Professor of Obstetrics and Gynecology in Rush Medical College, in affiliation with the University of Chicago. Large octavo of 712 pages, with 372 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $7.00 net; Half Morocco, $8.00 net.

This entirely new work on diseases of women is based on Dr. Webster's extended clinical experience. Special endeavor has been made to include all the important original investigations of recent years, so that the work represents the present-day knowledge upon a subject of the greatest importance to every practitioner. Indeed, Dr. Webster has written this work especially for the general practitioner, discussing the clinical features of the subject in their widest relations to general practice rather than from the standpont of specialism. The 371 illustrations were drawn by expert anatomic artists under Dr. Webster's direct supervision.

A Text-Book of Pathology, by Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Fifth Revised Edition. Octavo of 977 pages, with 399 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $5.00 net; Half Morocco, $6.00 net.

The reception accorded Dr. Stengel's work demonstrates beyond a doubt the high favor in which it is held. Dr. William H. Welch, Professor of Pathology in Johns Hopkins University, says: "I consider the work abreast of modern pathology. It presents in a concise and well-considered form the essential facts of general and special pathologic anatomy, with more than usual emphasis upon pathologic physiology." Dr. Ludvig Hektoen, Professor of Pathology in Rush Medical College, says he regards it as "the most serviceable text-book for students on the subject written by an American author."

American Practice of Surgery. A complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Editors: Joseph C. Bryant, M.D., and Albert H. Buck, M.D., complete in eight volumes; profusely illustrated; volume II. New York: William Wood & Co., 1907. pp. 778.

The splendid second volume bears out the promise made by the first of the series. It is a most important contribution to surgical literature and should not escape the consideration of any surgeon. The contributors to Volume II are: William Clinton Bowden, M.D., Major and Surgeon, U. S. A.; Carl R. Darnall, M.D., Captain and Asst. Surgeon, U. S. A., Washington, D. C.; Charles N. Davis, M.D., Instructor in Surgery College of Physicians and Surgeons, Columbia University; Virgil P. Gibney, M.D., LL.D., Prof. Orthopedic Surg., College Phys. and Surgeons, N. Y.; August F. Jonas, M.D., Prof. Surg. Med. Dept. Nebraska State University; Edward L. Keyes Jr., M.D., Ph.D., Lecturer on Genito-Urinary Surgery N. Y. Polyclinic Hosptal; James Farquharson Leys, M.D., Surgeon U. S. Navy; William McDowell Martin, M.D., LL.D., Visiting Surgeon Mobile City Hospital; Douglass W. Montgomery, M.D., Prof. Dis. of Skin Un. of California; Paul Monroe Pilcher M.D., Asst. Surgeon M. E. Hosp., Brooklyn; J. Clark Steward, M.D., Prof. Prin. Surg. Med. Dept. U. of Minn.; Benjamin T. Tilton, M.D., Lecturer on Surgery Cornell Med. College; De Forest Willard, Ph.D., M.D., Prof. Orthopedic Surg. Un. Penn.; Alfred Conass Wood, Ph.D., M.D., Asst. Prof. Surg., Un. of Penn.

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The table of contents reveals the great value and interest of the volume. There are five parts to be found as follows:

Part VI. Diseases which belong in varying degrees to the domain of surgery and which are observed in certain parts of the United States and its dependencies, and in Canada. Part VII gives a general survey of tuberculosis and syphilis in their relations to surgical work. Part VIII deals with surgical diseases of various widely distributed structures of the body: under this head we find ulcers, abscesses, gangrene, surgery of the skin, of nerves and of muscles and tendons. Part IX considers surgical diseases caused by internal heat and internal cold and by the electric current. Part X, the last division in the work takes up simple and complicated wounds, including gunshot wounds.

A Text-Book of the Practice of Medicine for Students and Practitioners, by Hobart Amory Hare, M.D., B.Sc., Professor of Therapeutics in Jefferson Medical College of Philadelphia, etc., etc. Second edition, reviewed and enlarged; illustrated with 131 engravings and 11 plates in color. Lea Brothers & Company, Philadelphia and New York, 1907. pp. 1132.

The present volume, prepared for the physician and student of medicine embodies the experience of more than twenty-two years of active hospital and private practice, during which time the author has been constantly teaching the subjects of clinical medicine and therapeutics. Particular pains have been taken to present methods of treatment clearly and in such a way that they may be put in practice. It has seemed wise and appropriate to include several chapters on tropical diseases, as the United States soldiers must now go in tropical regions. The new edition has been carefully revised and contains the latest views that have received acceptance.

The Treatment of Syphilis, by Alfred Fournier, member of the Academy of Medicine, Physician to the St. Louis Hospital, etc., Paris, France. English translation of the second edition, revised and enlarged, by C. F. Marshall, M.D., F.R.C.S., late assistant surgeon to the Hospital for Diseases of the Skin. Blackfriars, London, England. Rebman Company, New York, 1907. pp. 529; $5.00.

It is a somewhat remarkable fact that up to the present time only one of Fournier's books has been translated into the English language, viz., "Syphilis and Marriage," which was published in 1881. This is no doubt to be regretted since the series of masterly volumes written by him constituted the classics of modern syphilology. The publishers are therefore to be congratulated on their enterprise in securing the rights of translation of Fournier's two most recent publications, "The Treatment of Syphilis" and "The Prophylaxis of Syphilis." The keynote of this very admirable volume is stated by the editor when he says, "In the present volume I propose to study the treatment of syphilis. I also desire to draw attention to the fact that the study of this subject is not one of those to which much attention is given in hospital teaching. In fact what we learn at the hospital is the treatment of certain syphilitic lesions; but this is not the treatment of syphilis. At the hospital we obliterate the lesions; but nothing more. At the hospital in the actual state of affairs we do not treat syphilis." It is impossible to read far in this book without feeling that it has been written by a master of the subject.

The Nursling. The feeding and hygiene of premature and full-term infant, by Pierre Budin, Prof. of Obstetrics, University of Paris, etc., etc. Authorized translation by William J. Maloney, M.B., Ch.B., Fellow of the Obstetrical Society of Edinburgh, etc., with an illustration by Sir Alexander R. Simpson, M.D., LL.D., D. Sc., Emeritus Prof. of Midwifery, etc., in the University of Edinburgh, with one hundred and eleven diagrams in color.

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London, 1907, The Caxton Publishing Company. New York: Imperial Publishing Company, 27 East 22d Street. pp. 199; $6.00.

Dr. Simpson tells the story of the book in his most readable introduction: "In this volume Prof. Budin explains in ten lectures to his students the methods he has found successful for preserving the life and promoting the growth of the neonate. The first four concern the premature and especially feeble; the other six have regard to the full time child. The story he has to tell of his victorious battle with infantile mortality is of the most thrilling interest. It must arrest the attention not only of the physician but of the philanthropist. It is high time the tale is told in the English tongue. * * * Prof. Budin is a past master in the eloquent use of language and his lectures make delightful reading; while the telling graphs with their curves and columns, dotted, shaded and colored, serve to relieve the strain which most minds feel in dealing with a long array of figures. * * * But what is Prof. Budin's discovery? Why just that we need not let infants die in the numbers that are our reproach—that an arrest can be and has been put on the wastage of infant life.

Modern Medicine. Its Theory and practice in original contributions by American and foreign authors. Edited by William Osler, M.D., Regius Professor of Medicine at Oxford University, etc., etc., assisted by Thomas McCrae, M.D., Associate Professor of Medicine and Clinical Therapeutics at Johns Hopkins University, etc. Vol. I. Lea Brothers & Co., Philadelphia and New York, 1907. pp. 937.

Viewed from any standpoint, Osler's "Modern Medicine" is surely one of the most, if not the most important of the systems of medicine ever published. The learning and world-wide fame of Dr. Osler preeminently fit him to draw from the leaders of the profession an exposition of the world's most advanced medical knowledge. The author says "The need for new works of this type is strongly emphasized by a comparison of the present volume with the first volume of Pepper's system. It seems scarcely credible that in so many directions, in so short a time the entire outlook on the science of medicine can have been so revolutionized." This work is designed primarily for the practitioner who wishes to keep himself informed of the existing state of our knowledge on clinical medicine. Elaborate discussions upon doubtful topics have been assured and as far as possible a clear statement is given without unnecessary references to literature. Authors have been selected who are acknowledged authorities and they so far seem to keep an even balance between the condensation of the text-books and the elaborate treatment of the monograph. Of the seven volumes to constitute the work the first is now issued and the others will follow at intervals of about three months. To show more fully the scope of this remarkable work the contents of volume I are here given:

Volume I—Introduction—History and Forecast of Medicine. By William Osler, M.D., Regius Professor of Medicine in Oxford University, England. Part I—Predisposition and Immunity—Inheritance and Disease. By J. George Adami, M.D., F.R.S., Professor of Pathology in McGill University, Montreal. Part II—Diseases Caused by Physical Agents—Light, X-Rays, Electricity, Air, Heat and Cold. By Alfred Gordon, M.D., Associate in Mental and Nervous Diseases in the Jefferson Medical College, Philadelphia. Part III—Diseases Caused by Chemical Agents—Chronic Lead Poisoning, Chronic Arsenic Poisoning, Other Metallic Poisons, etc., Poisoning from Carbon Monoxide, Illuminating Gas, Combustion Products, Carbon Bisulphide. By David L. Edsall, M.D., Assistant Professor of Medicine, University of Pennsylvania,

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Medical Department, Philadelphia. Part IV—Diseases Caused by Organic Agents—Alcohol, Opium, Morphinism, Cocaine. By Alexander Lambert, M.D., Professor of Clinical Medicine, Cornell University Medical College, New York. Foods: Milk, Fish, Meat, etc. By Frederick G. Novy, M.D., Professor of Bacteriology in the University of Michigan, Ann Arbor. Snake Venoms. By Dr. Hideyo Noguchi, Assistant of the Rockefeller Institute for Medical Research, New York. Auto-intoxications, Intoxications: Protein Purin, Carbohydrate and Fat Metabolism. By Alonzo Engelbert Taylor, M.D., Professor of Pathology(University of California, Medical Department, Med. Dep., San Francisco. Part V—Diseases Caused by Vegetable Parasites—Actinomyces, Aspergillus. By James Homer Wright, M.D., Assistant Professor of Pathology in the Medical School of Harvard University, Boston. Part VI—Diseases Caused by Protozoa—Protozoa. By Gary N. Calkins, Ph.D., Professor of Protozoölogy in the Columbia University, New York City. Mosquitoes. By L. O. Howard, Ph.D., Chief, Bureau of Entomology of the United States Department of Agriculture. The Malarial Fevers. By Charles F. Craig, M.D., First Lieutenant and Assistant Surgeon in the United States Army. Black-Water Fever. By J. W. W. Stephens, M.D., Walted Myers Lecturer on Tropical Medicine in the University of Liverpool, England. Trypanosomiases. By David Bruce, C.B., F.R.S., D.Sc., M.B., C.M. (Edin.), Colonel, British Army. Amœbic Dysentery, by Richard P. Strong, M.D., Director of the Biological Laboratory, Manilla, P. I. Part VII—Diseases Caused by Animal Parasites—General Discussion, Tetramode or Fluke Infection, Tæniasis: Cestode Infection, Round-Worm Infection. Myriapoda, etc. By Charles Wardell Tongue Worm Infections. Myriapoda, etc. By Charles Wardell Stiles, Ph.D., D.Sc., Chief of the Division of Zoölogy in the Hygienic Laboratory, United States Public Health and Marine Hospital Service, Washington, D. C.

International Homoeopathic Medical Directory, 1907. New enlarged series. Thirteenth year of publication. London: Homœopathic Publishing Co., 12 Warwick Lane, E. C. Price in the U. S. and Canada, 60 cents, or with insertion of name and address, qualifications, hours, etc., $1.00.

This edition contains the names of about ninety American homœopathic practitioners. Only subscribers have their names entered. In this the work differs in principle from directories as understood in this country. We need a directory of American homœopaths and this work with certain modifications which the editor and publishers would no doubt be glad to make, would make a good nucleus for such. It is quite "British" to speak of all towns outside of New York City as the "Provinces."

Practical Observations upon the Chemistry of Food and Dietetics, by J. B. S. King, M.D., Prof. Chemistry Hering Medical College. Cloth, 140 pages. The Blakely Printing Co., 1906.

No statement of the price of this little book came to the reviewer's table, but intrinsically it is worth all that is asked for it. The author seeks to arouse in the medical profession that interest in dietetics which is so active among the laity and to enable the physician to intelligently guide his patient as to diet. There is not a superfluous sentence in the book and the author has thoroughly covered the chemistry and nutritive value of the various foods and suggested the principles of dietaries for various diseases and conditions.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
London, Eng.—James Searson, M.D.
Minneapolis— Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
New York.—Reeve Turner, M.D.
Philadelphia. Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. A. B. NORTON, of New York, will be absent from town from July 3d to September 16th. Dr. William McLean, who has been associated with Dr. Norton for the past three years, will be in his office daily during that time.

DR. JOHN E. WILSON, of New York, will be out of town from August 1st to September 16th. During July he will be in his office on Monday and Friday of each week. All communications should be sent to his office.

DR. IRVING W. TOWNSEND, of New York, will hold regular clinics upon the nose and throat at the New York Ophthalmic Hospital, on Mondays, Wednesdays and Fridays, from 2 to 4 P. M. He will welcome members of the profession and will operate all cases unable to pay for private treatment.

DR. H. EVERETT RUSSELL, No. 257 West 73d street, will be at "Soo-Nipsi Park Lodge," New London, New Hampshire, from July 1st to September 10th.

DR. JOHN STROTHER GAINES, JR., is no longer a bachelor, having married Miss Edith Livingston, on Wednesday, June 5th. The honeymooners are on a trip through the South.

MRS A. WORRALL PALMER, recently sustained painful injuries the result of being run down by a wagon drawn by an unmanageable horse.

COUNTY SOCIETY—The regular June meeting of the New York Homœopathic Medical Society was held in Carnegie Hall, on the evening of the 13th, Dr. W. S. Mills, presiding. Wm. McLean, M.D., of 10 West 45th St., New York, was elected an active member and Francis E. Brennan, M.D., Long Island City, a corresponding member. Papers were read on "Retinitis," by Geo. F. Laidlaw, M.D. "Why Glasses Are So Frequently Necessary," by Geo. A. Shepard, M.D., and "Tarentula Hispanica," by Guy B. Stearns, M.D. Discussion opened by Dr. Milton Powel. Immediately after the meeting there was held a meeting of Medical Benefit Association.

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PATHOLOGICAL SOCIETY—The May meeting of the New York Academy of Pathological Science was held at the Royalton, 44 West 44th St., on the evening of the 24th, the Society being the guest of the Brooklyn members. Dr. G. A. Shepard in the chair. A paper on "Prostatic Hypertrophy," was read by Dr. Bukk G. Carleton. "Osteomelitis," recitation, recovery, exhibition of case, Dr. J. H. Schall. "Carbonacidemia," by Dr. W. H. Dieffenbach. "The Opsonic Index, with Description of Procedure," by E. D. Klots.

An institution recently put in charge of a Medical Board composed of homœopathic phyiscians is The Volunteer St. Gregory Hospital, of New York City. Being located in the downtown section, the busiest in the city, the number of cases treated monthly is large. The hospital is not pretentious, but for results it can compare with the best in the city. During the month of April, 1907, 1291 new cases were treated, and 5280 operations performed and dressings done. The greater number of cases are surgical, but many interesting medical cases are treated. The hospital is under the supervision of General and Mrs. Ballington Booth. Mr. Ralph R. Bryant is superintendent. The members of the Medical Board are as follow: Consulting Surgeons. Dr. William Tod Helmuth, Dr. Geo. Taylor Stewart, Dr. Andrew L. Neldee; Consulting Gynecologists, Dr. Edward G. Tuttle, Dr. Walter Gray Crump; Consulting Genito-Urinary Surgeon, Dr. Jas. Lewis Beyea; Consulting Obstetrician, Dr. Lbomis L. Danforth; Consulting Physicians, Dr. William T. Jenkins, Dr. Milton Powel, Dr. St. Clair Smith; Consulting Aurist, Dr. Geo. W. McDonald; Consulting Pædiatrist, Dr. Jeremiah T. Simonson; Visiting Surgeons, Dr. Ralph A. Stewart, Dr. Joseph H. Fobes; Visiting Gynecologists, Dr. B. Burt Sheldon, Dr. Chas. Gennerich; Visiting Nose and Throat Surgeon, Dr. John B. Palmer; Visiting Oculist, Dr. Edwin S. Munson; Visiting Dermatologist, Dr. Fred'k M. Dearborn; Visiting Bædiatrist Dr. Philip Cook Thomas; Visiting Physical Therapeutist, Dr. Wm. H. Dieffenbach Visiting Neurologist and Alienist, Dr. Reeve Turner; Visiting Physicians, Dr. William H. Freeman, Dr. Rudolph F. Rabe, Dr. Daniel E. S. Coleman, Dr. Guy B. Stearns; Anesthetist, Dr. Louis R. Kaufman; Pathologist, Dr. F. B. Mitchell.

DR. GEO. C. DOMINICK has returned from Europe and is at present surgeon in the O. D. Dep't of Flower Hospital.

—REEVE TURNER, M.D.

DR. JOAQUIM MURTINHO of Rio de Janerio, Brazil, has presented to the American Institute of Homœopathy through Messrs. Boericke & Runyon, Homœopathic Pharmacists of New York, a live Brazilian rattlesnake (Crotalus Cascavella). This rare and very poisonous serpent arrived in good condition and was temporarily quartered in the Reptile House of the New York Zoological Gardens. The above firm has extracted the poison from the live reptile and prepared the various homœopathic attenuations, a quantity of which was given to members at the Institute meeting at Jamestown. Those desiring to make provings, will, no doubt, have an opportunity to obtain a sample of the remedy. The rattlesnake was on exhibition at the meeting.

F. GLYNN YOUNG, M.D., 196 Lenox Ave., New York City, has announced his withdrawal from the staff of Hahnemann Hospital to assume charge of the practice of Dr. B. D. Walker.

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To the Homœopathic Profession of the State of New York—You are hereby informed that the semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held in Brooklyn, N. Y., on September 24, 25 and 26, 1907.

You will note that the time of the meeting has been extended to three days. This was done for two reasons: First, that we might arrange for a larger discussion of the papers than has been possible at some of our recent meetings, and, secondly, to permit the State Society to join with the Homœopathic Medical Society of the County of Kings in the celebration of its semi-centennial.

The first meeting for the formation of the Kings County Society was held in the last days of September, 1857, and its final organization completed early in October. It is, therefore, very fitting that we should at this time take some account of the work done in Brooklyn in that period and to emphasize the status of homœopathy in Brooklyn at the present time. To that end a public meeting will be held on Wednesday evening, September 25th, to which you and your wives are cordially invited. The meeting will be addressed by a homœopathic physician of national reputation and by a layman. These speakers will be announced in the next issue of the NORTH AMERICAN, along with other details of the meeting.

On the last day of the meeting the Kings County Society will tender to the visiting physicians and their wives a banquet, as a fitting close to their celebration and of our semi-annual meeting.

The president trusts that not only every member of the State Society will make it a point to be present and will cheerfully consent to be drafted for work in making this meeting notable in its scientific work, but that all the members of the profession who are outside of the ranks will feel interested enough to attend its sessions and perhaps thereby enlist in our ranks, which need the enthusiastic support of every homœopath in this Empire State.

Remember that the most cordial greeting awaits every physician to attend the meeting in Brooklyn, on September 24, 25 and 26, 1907.—HERBERT D. SCHENCK, President.

Kings County (N. Y.) Society—The 410th regular meeting was held on June 11, the following being the program: "Concise Method of Calculating Ingredients of Modified Milk," F. E. W. Hopke, M.D., "A Simple Method of Infant Feeding," Henry B. Minton, M.D., and a "Brief Resumé of the Science and Art of Surgery for 1906," Orando S. Ritch, M.D.

Essex County (N. J.) Society—The Essex County Homœopathic Medical Society held a most interesting series of meetings in Newark, N. J., last season, under the able leadership of Dr. Carl H. Wintsch, as president. The membership increased over 40 per cent., so that now there are only five homœopathic physicians in Essex County who do not belong to the society. The value of the society to its attendants may be appreciated from the program of its meetings:

October 19, 1906—Bevier H'B. Sleght, M.D., "Surgery of the Common Duct." November 16—William H. Dieffenbach, M.D., New York City, "The Early Diagnosis of Pulmonary Tuberculosis with Roentgen Rays; Its Treatment with Currents of High Frequency, with Demonstrations." December 21—J. F. Wilson, M.D., New York, "Nervous Reflexes." January 18, 1907—George H. Harman, M.D., "Homœopathic Philosophy." February 15—Arthur F. Thompson, M.D., "Surgical Shock." March 15—William R.

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Church, M.D., Passaic, N. J., "Medical Science versus Christian Science." May 17—G. Herbert Richards, M.D., "Sanitary Hints." June 14—G. F. Laidlaw, M.D., "Opsonic Index of the Blood and the Making of Bacterial Vaccines."

CHICAGO ITEMS

DR. FRANCES GAGE HULBERT, of Glen Ellyn, was in the city recently.

DR. ELEANOR BEATTY is now permanently located at No. 3950 Indiana avenue.

DR. G. M. STEELE, Hahnemann, '03, is pleasantly located in Ellensburg, Wash.; took occasion to spend a few weeks in Chicago during commencement time.

DR. EMIL H. GRUBBE announces the removal of his X-ray and electro-therapeutic laboratory to 78 State street, room No. 42, where he can be consulted daily from 12 to 4 P. M.

DR. JAMES B. BRADWELL announces his return from Europe after an absence of about one year, and has opened offices in the Chicago Savings Bank Building, corner State and Madison streets, suite 808-809; hours 12 to 2 P. M. The doctor limits his practice to diseases of the genito-urinary organs.

CHRISTINE BERGOLTH, M.D.

CINCINNATI NEWS

OHIO STATE SOCIETY—The forty-third annual session of the Ohio State Homœopathic Medical Society was held at the Grand Hotel, Cincinnati, Ohio, May 14th and 15th. Dr. L. K. Maxwell, of Toledo, Ohio, presided, and in his annual address laid great stress in encouraging Ohio's homœopathic colleges.

Dr. W. A. Geohegan, of Cincinnati, gave the address of welcome to the society and visiting physicians. The meeting was unusually well attended, great enthusiasm and professional interest predominating all through the session. This was especially demonstrated by the application and election of fifty new members to society.

The next annual meeting will take place at Dayton, Ohio, in May, 1908.

The following officers were elected to serve for the ensuing year:

President, J. W. Overpeck, M.D., of Hamilton; secretary, H. F. Staples, M.D., of Cleveland; treasurer, T. T. Church, M.D., of Salem; necrologist, D. H. Beckwith, M.D., of Cleveland.

It was pleasing to see quite a number of the prominent physicians of other States attending the meeting, among whom were Dr. De Witt G. Wilcox, of Buffalo, N. Y.; Dr. W. B. Hinsdale, of Ann Arbor, Mich.; Dr. H. V. Halbert, of Chicago; Dr. W. A. Dewey, of Ann Arbor, Mich.; Dr. R. H. Stevens, of Detroit, Mich.; Dr. C. M. Boger, of Parkersburg, W. Va.

On the evening of May 14th the local physicians tendered the society and guests the regular annual banquet. Dr. C. D. Clark, as toastmaster, cleverly directed the evening's entertainment. Dr. Lincoln Phillips, of Cincinnati, responded to "What Are We Here

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Stitch." Repeated applause demonstrated the keen appreciation of these brilliant orators, as they presented in wit and wisdom the salient features of the physician's life.

PULTE COMMENCEMENT—On May 28th, at St. Paul's Methodist Church, Pulte Medical College held its annual commencement. The church was crowded. Dr. C. E. Walton, dean of the college, gave the opening address. Dr. Harry Blachford delivered the farewell address to the graduates. Rev. Walter D. Cole delivered a masterful address in the interest of the class upon topics of to-day's physicians.

President Thornton M. Hinkle conferred the degrees upon Miss M. Belle Coolidge, H. L. Goode, P. E. Kirkow, E. B. Schneider and L. K. Sheppard.

THE CINCINNATI LYCEUM closed their winter sessions in May. Officers elected for the ensuing year are: Dr. C. C. Meade, president; Dr. J. R. McCleary, vice-president; Dr. H. H. Wiggers, treasurer; Dr. Wm. Smith, secretary. The program for 1907-08 has already been arranged. Instead of the regular routine followed in the meetings heretofore, the plans for the ensuing year provide for the interspersing of special business methods applicable to the profession, with all the latest methods of treatment.

J. R. MCCLEARY, M.D.

PHILADELPHIA NEWS

THE WILLIAM B. VAN LENNEP CLINICAL SOCIETY held its regular monthly meeting at the Princeton Club, on June 4th. Dr. J. Dean Elliott, the host, presented the paper of the evening, on "Injuries about the Ankle Joint," which dealt exhaustively with the subject, particular stress being laid upon the frequency with which the diagnosis sprained ankle is incorrectly made. Dr. Elliott recognizes the fact that some of the less severe fractures in this region often cannot be diagnosed without the assistance of the X-ray. The paper was followed by a general discussion after which a Dutch lunch was served.

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY, of Philadelphia, held its regular meeting at the Union League, on May 20th. Following the business meeting, Dr. Theodore L. Chase read a paper entitled "A Report of Thirty Abdominal Sections Performed for Diseases in the Upper Abdomen," which received a hearty discussion from the surgeons present. After the discussion, the usual dinner was served and greatly enjoyed by the numerous members present.

THE CLINICO-PATHOLOGIC SOCIETY, of Philadelphia, held its regular monthly meeting at the Hahnemann Medical College, on May 18th. Dr. J. C. Guernsey's paper on "A Clinical Case of Green Urine" was a report of a case occurring with chronic cystitis and prostatic hypertrophy. This was followed by a free discussion as to the causes of green urine. Dr. S. W. Sappington then demonstrated some beautiful pathologic specimens on plates preserved by the Kaiserling method. The paper by Dr. John E. James, Jr., on "The Etiology and Pathological Anatomy of Tubal Pregnancy, with Illustration of Specimens," was most exhaustive, giving all the modern theories and with frequent reference to recent work on the subject by foreign and American investigators. The demonstration involved a large number of slides from a series of cases

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HAHNEMANN BANQUET AND COMMENCEMENT—The annual reunion and banquet of the Alumni Association of Hahnemann Medical College was held on Friday, May 24th, in the ball-room of the Union League Club, at 7 P. M. The annual business meeting of the association was held at 3 P. M., in Alumni Hall, of the college. The annual commencement exercises were held at 12 o'clock noon, on the same day, in the American Academy of Music.

CHAS. D. FOX, M.D.

BOSTON NOTES

TWENTIETH CENTURY MEDICAL CLUB—The annual meeting of the Twentieth Century Medical Club was held at the Twentieth Century Building on the evening of May 15th, Dr. Lucy Barney-Hall, the president, in the chair. The reading of the annual business reports was followed by the annual report of the committee on "Moral Instruction for the Young." It was the decision of the committee that there should be six members appointed by the chair to present papers, at the October meeting, embodying instruction to children in sexual matters—three to write papers for boys and three for girls, the same to be the starting point of some definite and practical work along these lines which the club has in mind.

The following list of officers was elected by the society to serve for the ensuing year: President, Dr. Marion Coon; vice-presidents, Drs. Clara G. Reed and Barbara Ring Taylor; secretary, Dr. A. Stevenson; treasurer, Dr. Mary E. Mosher; auditor, Dr. Grace E. Cross; censors, Eliza B. Cahill, M.D., and Clara E. Gary, M.D.

FACULTY RECEPTION—The annual faculty reception of the Boston University School of Medicine, which brings to a close the festivities of class day, took place on the evening of June 3, 1907, at the college buildings, E. Concord street. The literary portion of the pragram consisted of an address to the graduating class by Dr. Winfield Scott Smith, after which a collation was served and the faculty received in line. Many friends and relatives of the graduates, some of which came from distant points, as well as other guests interested in the school were present. Following the collation and reception, dancing was enjoyed until a late hour. Music was given throughout the evening by an orchestra.

ALUMNI BANQUET—On the evening of June 4th the reunion and banquet of the Boston University School of Medicine was held at Young's Hotel at 8 o'clock. About one hundred were present, and the occasion was a very social and enjoyable one. After dinner, Dr. Charles Leeds, the medical trustee of Boston University, occupied nearly an hour in the discussion of the various memorials which had been presented to the trustees by the dean of the medical school, Dr. John P. Sutherland, among them being a suggestion for an optional five years' course in medicine—which will go into effect—an optional combination six years' course of science and medicine, and a closer affiliation between the medical school and the university. Short addresses by members of the alumni representing the various classes was a pleasing feature of the program. Among these speakers, who numbered about fifteen, were Drs. W. O. Faxon, '76; H. P. Bellows, '77; F. C. Richardson, '79, and Lucy Appleton, '87. The address of the retiring president, Dr. F. L. Babcock, of Dedham, '79, dealt with the history of the school from its early days. The alumni hymn, which was sung by the members, was composed for the occasion by Dr. Wesley T. [illegible] of

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Somerville, '98. Following this, the company joined in singing college songs and popular airs.

COMMENCEMENT DAY—With the dignity and simplicity which has of late years characterized the commencement days of Boston University, occurred the conferring of 273 degrees upon graduates of its various colleges at Tremont Temple on Wednesday, June 5, 1907. The platform was handsomely decorated with potted plants and masses of cut flowers and the auditorium was crowded when the exercises were opened by ex-Governor Bates, the chancellor. The reading of themes by the graduates has long since been done away with and in its place on this occasion was the address or Bishop Goodsell of Brookline, who spoke upon "Scholarship the Final Court," in the course of his remarks paying a high tribute to the college woman. Thomas Barbour, secretary of the American Baptist Missionary Union, delivered the invocation, after which President Huntington awarded the degrees, eighteen being given to candidates from The School of Medicine.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY—The sixty-eighth session of the Massachusetts Surgical and Gynecological Society was held at the Copley Square Hotel, Huntington avenue, on the afternoon and evening of June 12, 1907.

Though it is the customary thing to remark that the program on such an occasion was "full of interest," such conventionality would really do scant justice to the treat which was prepared by the committee for those in attendance at this meeting. From beginning to end the proceedings were fraught with instruction and profit. The full program was as follows:

(1) Progress in Surgery, Dr. Howard Powers; (2) A Study of Rachitic Conditions, Dr. Alonzo G. Howard; (3) Stomach Surgery, Dr. J. Emmons Briggs; Discussion by Dr. Charles T. Howard; (4) Ectopic Gestation, followed by Cancer Uteri, with Subsequent Recovery, Dr. Charles W. Morse; Discussion by Dr. Edgar A. Fisher; (5) Cæsarian Section, Dr. G. Forrest Martin; Discussion by Dr. George E. May; (6) The Consideration of the Anatomical and Pathological Conditions of the Pelvic Articulations, Dr. Joel E. Goldthwaite; Discussion by Dr. George H. Earle.

Of great interest was Dr. Howard's paper on Rachitic Conditions, which was illustrated not only by the stereopticon but by three little patients upon whom Dr. Howard demonstrated various special phases of this disease, which he finds remarkably prevalent among the Italian residents of the North End.

Dr. Martin gave in detail several noteworthy cases of Cæsarian section with an encouraging percentage of recoveries. And Dr. Briggs' paper on Stomach Surgery, which was devoted to a study of the surgical treatment of peptic ulcer, was prepared with his usual scholarly care.

Dr. Joel Goldthwaite, of the Harvard Medical School, who was the society's guest for the evening, gave a most entertaining as well as instructive talk on the pelvic articulations, using a model to illustrate some points and himself demonstrating the effects of certain motions and exercises in the actual subject.

Dr. Roberts, the well-known surgeon of New York city, was present and made a few remarks.

At 7 o'clock dinner was served to one hundred and fifty members and guests, and the meeting adjourned at 9 o'clock.

GRACE E. CROSS, M.D.

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Class Reunion—Fifteen members of the Class of '85, N. Y. H. M. C. & H. met in New York City, at the invitation of Dr. John B. Garrison, of the class, to celebrate the twenty-fifth anniversary of their graduation. There are thirty members still living, out of an original membership of thirty-six, but only fifteen could be present, various reasons being given by those not showing their faces at the place appointed. Those present were: Dr. L. D. Broughton, Brooklyn, N. Y.; Dr. Mott D. Cannon, Manhattan, N. Y.; Dr. J. L. Daniels, Manhattan, N. Y.; Dr. John B. Garrison, Manhattan, N. Y.; Dr. Freemont Hamilton, Brattleboro, Vt.; Dr. William Harvey King, Manhattan, N. Y.; Dr. E. B. Lambert, Port Jervis, N. Y.; Dr. F. H. Lutze, Brooklyn, N. Y.; Dr. A. C. Norton, Middletown Springs, Vt.; Dr. Willis Putney, Milford, Conn.; Dr. Daniel H. Riggs, Washington, D. C.; Dr. F. G. Ritchie, Manhattan, N. Y.; Dr. George Royal, Des Moines, Ia.; Dr. R. E. Townsend, Manhattan, N. Y.; Dr. Edwin S. Vail, Enfield, Conn.

The meeting was held and the dinner served at the Republican Club of the City of New York, and after appetite had been duly conquered each member spoke in memory of old times and the evening was passed with pleasure and gratification to all.

American Medical Editors' Association—The thirty-eighth annual meeting of this association was held at Atlantic City, on Monday, June 3d, with headquarters at the Marlborough-Blenheim Hotel. This active association now numbers over one hundred and fifty members. Among the papers presented were: the president's address, "The Future of Medical Journalism," by Jas. Evelyn Pilcher, M.D., Ph.D., LL.D.; "Shortcomings of Physiology, the Chief Obstacle to Medical Progress, the Need of Editorial Intervention in Such Questions," by C. E. de M. Sajous, M.D., Philadelphia, Pa.; "How Can We Make Medical Journalism Better (a) For Our Readers, (b) For Our Advertisers, (c) For Ourselves?" by W. C. Abbott, M.D., Chicago, Ill.; "A Word or Two from an Ex-Journalist," by Samuel W. Kelly, M.D., Cleveland, O.; "Early Medical Journalism," by O. F. Ball, M.D., St. Louis, Mo.; "The Psychology of Medical Journals from the Reader's Standpoint," by T. D. Crothers, M.D., Hartford, Conn.; "Further Reflection on the Official versus Independent Medical Journals, One Year's History," by Wm. J. Robinson, M.D., New York City; "Journalistic Suggestions from a Semi-Disinterested Standpoint," by Wm. Porter, M.D., St. Louis, Mo.; "The Situation," by C. F. Taylor, M.D., Philadelphia, Pa.; "Some Aspects on Medical Journalism," by W. F. Waugh, M.D., Chicago, Ill.; "The Neglect of American Mineral Springs and Climatic Resorts by Our Medical Press," by G. T. Palmer, M.D., Springfield, Ill.; "A Few Feeble Remarks," by W. A. Young, M.D., Toronto, Ont.; "The American Medical Editors' Association, Past, Present and Future," by Joseph MacDonald, Jr., M.D., New York City.

Homœopathy was represented by A. Worrall Palmer, M.D., of the *Homœopathic Eye, Ear and Throat Journal*, and Hills Cole, M.D., of the NORTH AMERICAN, the latter also being present at the annual editors' banquet, which is always the social event of the A. M. A. week, held at the Marlborough-Blenheim Hotel, on Monday evening, June 3d.

The Iowa City Homœopathic Medical Society was organized on March 28, 1907. Dr. Leora Johnson was elected president and Dr. T. R. Hazard, secretary.

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Minnesota State Homœopathic Institute—Both quality and quantity marked the program for the 41st annual session of the Minnesota Institute which convened at the Ryan Hotel, St. Paul, on May 21, 22 and 23, under the presidency of R. B. Leach, M.D. of that city. Fifty-one papers were scheduled for presentation, some of the most interesting or out-of-the-ordinary topics being "Emergency Obstetrics," by Theo. Schlesselman, M. D., Good Thunder; "The Homœopathic Aspect of Obstetrics," by O. K. Richardson, M.D., Minneapolis: "Hyoscyamin Obstetric Anesthesia," By H. O. Skinner, M.D., St. Paul; "The Simplicity of the Homœopathic Law," by G. E. Clark, M.D., Stillwater; "The Opsonic Theory and Homœopathy," by H. C. Leonard, M.D., Duluth; "How to Become Insane," by Chas. Hughes, Esq., Chicago; "The Annulment of Marriage for Insanity or Other Diseases," by O. E. Steward, M.D., Bricelyn; "Walker Sanitorium," by Geo. F. Roberts, M.D., Minneapolis; "Pneumococcus Infection of Clean Wound with Lung Involvement," by J. H. Beatty, M.D., St. Cloud; "Doctor! My Baby is Sick!" by A. G. Moffat, M.D. Howard Lake.

The University of Minnesota now has over forty-one hundred students registered, two hundred of whom are in the Medical department. The legislature will probably pass the bill appropriating $1,000,000 for enlargement of the campus. If the growth of the University continues in ten years it will be twice the size of any in the United States. It now ranks third.—*The Critique.*

Minnesota State Sanitorium—One wing of the main building of the Minnesota State Sanitorium for Consumptives will be completed about July 1st. In this wing there will be temporary offices, kitchen and dining room, with two wards of fourteen beds each. About $75,000 has been appropriated by the State Legislature; part of this has been used in purchasing the eight hundred acres upon which the completed group of buildings will stand. In a few weeks three cottages will be built each to cost about $3,000. On either side of a very large living room there will be a porch of sufficient size to sleep eight persons; canvas curtains will afford protection from storms and in the cool weather of spring and fall the big stove in the dining room will do good service. Each person will have a dressing room and locker. A complete water works and sewer system will be built.—*The Critque.*

The Second International Congress of Physiotherapy—This congress will be held in Rome, Italy, on the 13th, 14th, 15th, and 16th of October, 1907, under the Presidency of Hon. Prof. Guido Baccelliffi Secretary General, Prof. Carlo Colombo, Via Plinia 1, Rome. The American Committee has been appointed with Dr. Francis B. Bishop, of Washington, D. C., as president, Dr. Wm. Benham Snow, of 349 West 57th St., New York, as secretary, and Dr. Albert C. Geyser, of New York, as treasurer and with special committee as follows: Dr. Fred. H. Morse, mechanotherapy; Dr. Margaret A. Cleaves, phototherapy; Dr. Wm. James Morton, radium-therapy; Dr. Morris W. Brinkman, rhythmotherapy; Dr. Curran Pope, hydrotherapy; Dr. M. H. Kassabian, radiography; Dr. Geo. C. Johnston, radiotherapy; Dr. Chas. Denison, climatology; Dr. G. Betton Massey, massive cataphoresis; Dr. David E. Hogg, thermotherapy; and Dr. Edward C. Titus electrotherapy.

Western Opportunities—South Dakota produced more wealth per capita in 1906 than any other state in the Union. No state is better equipped with educational facilities. We have a state university, a state agricultural college, four state normal

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schools and ten denominational colleges. The population is chiefly American. The foreign born are north of Europe immigrants. There are but fifty homœopathic physicians in the state. About one to every 10,000 inhabitants.

The Black Hills in the western part of the state, said to be the richest one hundred square miles on earth, has one city of 8,000, one of 4,000, one of 3,000, one of 2,000, and three of over 1,000, without a homœopath. In the Eastern portion of the state there are thirteen towns of 1,000 to 2,000, thirty-two of 500 to 1,000, seventy-one of 200 to 500 without a homœopath, and many towns of 200 or less without any physician. There are thirty-four counties, aside from the Indian Reservations, without a homœopath. Every county would support at least one.

South Dakota is especially an agricultural state and in any location the practice would be largely from the country. We have a medical law and a state board of medical examiners. On the board are two homœopaths to give examinations in homœopathic branches. There is absolutely no partisanship shown by any member of the board. License is obtained by examination. The board reciprocates examinations with Minnesota, Wisconsin and Iowa only. For information relative to the law and examinations address Dr. H. E. McNutt, sec. Aberdeen. Information regarding locations will be cheerfully given by Dr. Wm. Lowe, Pres. Madison or Dr. A. Beil, Sec. Selby, or by the writer at Vermillion. Next examination will begin Wednesday, July 10, 1907.

Middletown State Homœopathic Hospital—The 36th annual report of this institution has recently been issued. It shows that there were in the hospital on October 1, 1905 1,285 patients; received during the year 242; discharged 220 (78 recovered, 61 improved, 16 unimproved, 1 as not insane, 64 died). On October 1, 1906 there were 1,308 patients, 596 men and 712 women. The percentage of recoveries based on number admitted was 33.72. The death rate on the whole number treated was but 4.26 per cent. and 5.07 per cent. on the daily average population. The report testifies to the creditable work being done by Dr. Ashley and his assistants and homœopathic physicians can justly continue to take pride in this institution.

Case—Mrs. F., aged 50 years, has been troubled with a post-nasal dropping for a year or more, and the posterior wall of the pharynx is seen to be covered with a coating of inspissated mucus; also a gradual involvement of the eustachian tubes, with slight impairment of hearing. Remedies were given as indicated, and locally, the pharynx and nose were systematically cleansed once a day with Glyco-Thymoline in solution, one to five or six, and after two months' treatment, the catarrhal condition gives no trouble and the deafness has almost entirely disappeared.—JOHN B. GARRISON, M.D.

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Book Reviews

Text-Book of Psychiatry. A Psychological Study of Insanity for Practitioners and Students, by Dr. E. Mendel, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M.D., Buffalo, N. Y., President Board of Managers Buffalo State Hospital for Insane; Medical Superintendent Providence Retreat for Insane; Neurologist to Buffalo General, Erie County, German, Emergency Hospitals, etc.; Member of the American Neurological Association. 311 pages. Crown Octavo. Extra Cloth. $2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This well-translated work of a great psychiatrist, Mendel of Berlin, should be in the hands of every student of mental diseases. The ground is covered in general and special psychiatry, and the book stands fr a library of works on mental disease.

Progressive Medicine, Vol. I, March, 1907. Published by Lea Bros & Co., Philadelphia and New York. 280 pages. Subscription price, $6.00 per annum.

This valuable digest contains: Surgery of head, neck and thorax; infectious diseases, including rheumatism and croupous pneumonia; children's diseases; rhinology and laryngology; otology. It is under the editorship of H. A. Hare, M.D.

Surgical Suggestions. Practical Brevities in Surgical Diagnosis and Treatment, by Walter M. Brickner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York, and Eli Moschcowitz, M.D., Assistant Physician, Mount Sinai Hospital Dispensary. Duodecimo; 60 pages. New York: Surgery Publishing Co., 1906. Cloth, 50c.

This little book contains 250 suggestions grouped under proper headings and its contents is carefully indexed. While some of the items are familiar to the practical surgeon, they are presented in a manner that will impress them on the reader's memory. The book is bound in heavy cloth, stamped in gold, and the text is printed upon India tint paper with marginal headings in red.

What To Do For the Head. A compilation of the most important symptoms of the Head and the leading remedies in their cure. By G. E. Dienst, Ph.D., M.D., Professor of Theory and Practice of Medicine in the Hering Medical College, Chicago. 184 pages. Cloth, $1.00 net. Postage, 10 cents. Philadelphia: Boericke & Tafel, 1906.

A work of this nature does not lend itself to an extended review. The author says that every remedy indicated in the book is as true as gold in curing the symptoms for which it stands. It is hard to conceive of the existence of a general practitioner who would not find within a week that he had his money's worth. Headaches are so common. The index enables one to find the needed information immediately.

Syllabus of Materia Medica, by Warren Coleman, M.D. 186 pages. Cloth, $1.00. Wm. Wood & Co., Publishers, 151 Fifth Avenue.

This book is a well-arranged compend of what the old school thinks it knows of materia medica. As the preface puts it: "some of the more unimportant drugs have been omitted. It is to be regretted that the pruning process could not have been more radical," in which the reviewer agrees as a measure of public welfare.

Essentials of Obstetrics, by Charles Jewett, M.D., Professor of Obstetrics and Gynecology, in the Long Island College Hospital, Brooklyn, N. Y. Third edition thoroughly revised. 12mo., 413 pages, with 80 engravings and 5 colored plates. Cloth, $2.25 net. Lea Brothers & Co., Philadelphia and New York, 1907.

Professor Jewett's object is to place the essential facts and principles of obstetrics within easy grasp of the student. This compact volume is intended as an introduction to the more elaborate treatises,

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and as a guide in following the didactic and practical teaching of college courses. Most attention has been given to practical topics. Works of this character have their distinct place and value, since mastery of the elements of any subject gives the rational framework for an easy and orderly acquistion of complete and systematic knowledge. Such a work is, therefore, useful not only to the student but also to the practitioner who would refresh his recollection or post himself to date. That Professor Jewett has interested both classes of readers, is shown by the demand for this new (the third) edition. It has been completely revised, largely rewritten, and rounded out with much entirely new matter.

Practical Diatetics, with Reference to Diet in Disease, by Alida Frances Pattee, Graduate Boston Normal School of Household Arts, etc. Fourth edition. A. F. Pattee, publisher, 52 West 39th Street, N. Y. City, 1907. pp. 300. $1.00.

This very valuable little work has rapidly reached a fourth edition, and there is no evidence that its popularity is diminishing. It gives an amount of information on dietetics that is seldom found in more pretentious work, and from start to finish is clear, concise and practical. It well deserves its rank as a first-class seller.

Leaders for the Use of Sulphur with comparisons. By E. B. Nash, M.D., author of Leaders in Homœopathic Therapeutics, Regional Leaders and Leaders in Typhoid Fever. Cloth. 159 pages. $1.00; postage, 6 cents. Philadelphia. Boericke & Tafel. 1907.

Prof. Nash has written a treatise on sulphur in his usual entertaining (and instructive) style. One can almost see the cold Yankee glint in the old man's eye as he drives home a truth. A single dose, well dissolved in cerebral fluid, of this particular preparation of sulphur would materially help any old school man whose mind is receptive of facts, and these are facts, century-old ones, too, which Nash has set in patterns probably new to many minds.

Whooping Cough Cured With Pertussin, by J. H. Clarke, M.D. Cloth, 76 pages, price, 1 shilling. James Epps & Co., 48 Threadneedle Street, London, E. C.

Our British friends are doing a whole lot of original work with nosodes; they have a long list of preparations whose names are quite unfamiliar to the American reader. Clarke's pertussin is one of them, and Dr. Clark's book contains dose, indications, and results in a number of cases. Pertussis is common and intractable enough to warrant investment in the book and the rosode.

Hemorrhoids and Habitual Constipation, by Dr. J. H. Clarke. 176 pages. Cloth. Publishers, James Epps & Co., 48 Threadneedle Street, London, E.C.

This indefatigable materia mericist has launched forth into the above subject, with fissure and fistula chapters on the side. The treatise is clinical in type, and the author's experience leads him to emphasize the futility of operative measures. He remarks "An operation does not remedy the state on which the piles depend, on the contrary, it merely removes an expression of the constitutional state, and if nature does not revenge herself for the outrage on some more vital part, the patient must be considered fortunate."

The Technic of Operations Upon the Intestines and Stomach. By Alfred H. Gould, M.D., of Boston, Massachusetts. Octavo volume, containing 190 beautiful original illustrations, some of them in colors. Philadelphia and ondon: W. B. Saunders Company, 1906. Cloth, $5.00 net; half morocco, $6.00 net.

Dr. Gould's book is the direct result of the experimental study of gastro-intestinal technic, the operations having first been tried

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upon animals, and then, in order to make the necessary anatomic corrections, upon the cadaver. His idea is a new one, and will doubtless meet with immediate success. The object of the experiments was to simplify, where possible, the best gastro-intestinal operations, the various steps and methods being shown by illustrations that are so clear, so anatomically accurate, and so pre-eminently practical, that but little text has been required. In fact, this was Dr. Gould's aim throughout: To present the technic of the standard operations upon the intestines and stomach by pictures alone, employing descriptive text only when it was impossible to express the idea pictorially.

A Lecture on the Principles and Practice of Medicine, by Arthur R. Edwards, A.M., M.D., Professor of the Principles and Practice of Medicine, Northwestern University Medical School, Chicago, etc., etc. Illustrated with 101 engravings and 19 plates. Lea Brothers & Co., Philadelphia and New York, 1907. pp. 1328.

Some of the striking features of this volume are the unusual amount of space devoted to treatment, the consideration given to drugs and the numerous formulæ and prescriptions ready for the student to use or improve upon. There are also a large number of tables giving the differential diagnosis of diseases likely to be confused, or in many instances an entire subject, such as those of the liver and kidney, the chief eruptive disease and those of the typhoid group, careful use has been made of types of various prominence to facilitate the finding of a topic and the appreciation of its importance. An attempt has been made so to arrange the facts that the reader may grasp the process of reasoning.

Diet in Health and Disease, by Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M.D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. *Second Revised Edition.* Octavo of 728 pages. Philadelphia and London: W. B. Saunders Company, 1906. Cloth, $4.00 net; Half Morocco, $5.00 net.

This is a very practical book. It gives a reasonably concise account of the different kinds of food—their composition and uses and sets for the principles of diet both in health and disease. The greater part of the book is devoted to the sick In this second edition numerous changes have been made. The section on salts is rewritten and enlarged, an account of the diet and water cures is given and a revised list or recipes and a new set of diet lists may be found at the close of the work.

A Treatise in Surgery, by George Ryersen Fowler, M.D, Surgeon in Chief to Brooklyn Hospital, etc., etc. Autonomy, 888 text-illustrations and 4 colored plates, 11 original. Vol. II. W. B. Saunders Company, Philadelphia and London. pp. 714. Two vol., cloth, $15.00; half morocco, $17.00.

Dr. Fowler's fine work has already achieved a most remarkable success, the profession at once realizing the authoritative and practical character of the work. Without doubt it is the most practical surgery ever published. Every surgical procedure is not only described step by step, in clean-cut, definite language, but is graphically portrayed by superb original illustrations. Special attention is given the subject of inflammation from the surgeon's point of view, and those injuries and surgical diseases that are of the greatest importance are particularly emphasized. The text is elaborately illustrated with 888 entirely new original illustrations. And these pictures are not illustrations of pathologic specimens, but every one actually shows some surgical procedure, some step in the technic of an operation; every one indicates precisely how to do something.

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Metabolism and Practical Medicine, by Carl von Noorden, Professor of the First University Medical Clinic, Vienna. Vol. I.—The Physiology of Metabolism, by Adolf Magnus-Levy, Berlin; Vol. II.—The Pathology of Metabolism, by Carl Von Noorden and several eminent scientists. Anglo-American issue edited by I. Walker Hall, Professor of Pathology University College, Bristol. Chicago: W. T. Keener & Co., 1907. $4.00, Vol I; $6.00, Vol. II.

An American edition of von Noorden's well-known "Text-book on Metabolism" does not require any specific introduction, although the arrangement of the sections and their contents is the same as that of the first edition, the present text is mainly due to the co-operation of a number of workers on this branch of medical science. The additions made to the text have conformed to the general principle of the work on presenting a compilation of facts and a critical discussion of hypothesses, rather than the enunciation of theories. The increased interest in this important branch of medical science will doubtless fully reward the publishers on bringing out this excellent second edition of the very valuable work.

A Compend of Operative Gynecology. By William Seamen Bainbridge, M.D., Adjunct Professor of Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital, Consulting Gynecologist, St. Mary's Hospital, Jamaica, etc., and Harold D. Meeker, M.D., Instructor in Operative Gynecology on the Cadaver, New York Post-Graduate Medical School and Hospital, etc. 12mo., cloth, 76 pp., $1.00 net. The Grafton Press, New York.

Based upon the lectures given by Dr. Bainbridge in the course on operative gynecology at the New York Post Graduate Medical School and Hospital, this book contains many timely and practical surgical suggestions. While particularly adapted for post-graduate students operating on the cadaver, it contains much that is of benefit to the busy gynecologist. Though concise, it contains most of the leading gynecological operations with their modifications. A distinctive feature is the chapter on Explorations of the Viscera.

The World's Anatomist. By G. W. H. Kemper, M.D., with eleven illustrations, nine of which are portraits. P. Blakiston's Son and Company.

A little pocket compendium giving the names and short biographies of those who have made special contributions to the world's knowledge of anatomy, from 300 B. C. to the present day. It is inspiring to study the lives of these men who succeeded only by patient, painstaking toil.

Abbott's Alkaloidal Digest. Therapeutics of some of the principal Alkaloidal Medicaments with suggestions for their clinical application. By W. C. Abbott, M.D., Editor of American Journal of Clinical Medicine. Clinic Publishing Co., Chicago.

This book exploits a therapeutic maxim that is familiar to the homœopathic profession—"Use the smallest possible quantity of the best obtainable means to produce a desired therapeutic result." As is known, Dr. Abbott believes in using the alkaloids rather than the numerous preparations of different drugs. This digest gives the principal alkaloid preparations, and then devotes a large section to the indications for their use and method of application. It is of interest to the homœopathic profession as an advance toward true symptomatic prescribing with one remedy and the smallest possible dose.

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Six Lectures Upon the Different Phases of Tuberculosis, delivered at the University of Michigan, 1906.

These lectures are as follows: Tuberculosis, The Disease and The Victim, by Dr. W. B. Hinsdale; Therapeutics of Tuberculosis, by Dr. W. A. Dewey; Institutional Treatment, by Dr. R. S. Copeland; Tuberculosis as Concerns the Obstetrician and Gynecologist, by Dr. C. B. Kinyon; Tuberculosis from the Standpoint of the General Surgeon, by Dr. D. T. Smith; How to Detect the Bacilli, by Dr. C. A. Burrett. These lectures were delivered by the members of the Homœopathic Department of the University of Michigan. They give a concise statement of the present status of tuberculosis.

Syllabus of Lectures on Human Embryology: an introduction to the study of Ostetrics and Gynecology for Medical Students and Practitioners; with a Glossary of Embryological Terms. By Walter Porter Manton, M.D., Professor of Clinical Gynecology and Professor Adjunct of Obstetrics in the Detroit College of Medicine; Fellow of the Zoölogical Society of London, of the Michigan Academy of Sciences, etc., etc. Third Edition. Revised and Enlarged. Illustrated with a colored frontispiece and numerous outline drawings. 12no, 136 Pages; Interleaved throughout for adding notes. Bound in Extra Cloth. Price, $1.25 net. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia, Pa.

This is a valuable little book for either student or practitioner. It contains all of the essentials of human embryoligy encompassed in a compact volume. The language is clear and concise.

The Influence of the Mind on the Body. By Dr. Paul Dubois, of the University of Berne, and author of "The Psychic Treatment of Nervous Disorders." Translation from the fifth French edition by L. B. Gallatin. 12mo, cloth, 50c net; by mail 54c. Funk & Wagnalls Company.

This is a reprint of a popular lecture. It tells, what every physician knows, that the mind has great influence over the body. The lecture contains good advice. In closing, the author says: "It is our own ills and not those of others which we should treat with this philosophical disdain. We must not look for the mote in the eye of our neighbor and fail to see the beam which is in our own."

What a Young Girl Ought to Know. By Mrs. Mary Wood-Allen, M.D. Revised edition. Vir Publishing Company, Philadelphia. Price $1.00.

This is one of the well-known Self and Sex Series. It is a new edition of one of the most useful of the series. Every parent should own one that the little daughter may be taught about herself.

Obstetrics for Nurses. By Joseph B DeLee, M.D., Professor of Obstetrics in the Northern University Medical School, Chicago. Second Revised Edition. 12mo of 510 pages, fully illustrated, cloth $2.50. W. B. Saunders Company, Philadelphia and London, 1906.

This book, although written for nurses, cannot fail to be of benefit to both student and young practitioner, containing as it does so much practical information and so many useful hints. In addition to the consideration of nursing during labor and the puerperium and the pathology of pregnancy, labor and the puerperium, there are valuable chapters on home nursing and dietary. Especial stress is laid upon the value of asepsis and the directions for this are most explicit, an excellent feature when it is considered that strict surgical cleanliness has done so much toward saving the health and lives of both mother and child. The illustrations are nearly all original and many of them are from photographs of actual scenes.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
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Minneapolis— Norman M. Smith, M.D.
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New York.—Reeve Turner, M.D.
Philadelphia. Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. BUKK G. CARLETON was honored on June 19th, when Rutgers College conferred upon him the degree of Master of Arts "for industry and literary attainments."

DR. ANNIE S. HIGBIE, of 158 West 76th street, announces that she will be out of town until October 1st. Patients are referred to Dr. Emily L. Hill, 100 West 136th street.

DR. CHARLES DEADY, of 151 West 73d street, will be in his office daily, except Saturdays and Sundays, for the treatment of diseases of the eye, ear and naso-pharynx.

DR. JOHN L. MOFFAT, of 1136 Dean street, Brooklyn, will be at the Glenwood Hotel, Ithaca, N. Y., during the month of August. His general practice will be in the care of Dr. William H. Price, 801 Prospect place, and his special eye, ear, nose and throat patients are referred to Dr. Charles E. Paine, 653 St. Marks avenue.

DR. RUDOLPH F. RABE, of Hoboken, N. J., has been appointed by Governor Stokes a member of the board of managers of the N. J. State Sanitarium for the Treatment of Tuberculous Diseases. This institution opened at Glen Gardner on August 1st.

DR. JAMES W. WARD, of San Francisco, has resigned his position as president of the health board.

DR. MARY ELIZABETH HANKS has succeeded to the position of president of the Illinois Homœopathic Medical Association, owing to the resignation of Dr. James N. Downs, whose health has failed.

DR. D. D. STEVENS, of 49 West 83d street, will be in Europe until October 7th. All patients are referred to Dr. P. C. Thomas, 243 West 99th street.

DR. R. N. DENISON is located at 542 North Broadway, Saratoga Springs, and will be glad to take charge of any patients who may be referred to him while visiting that resort.

DR. GEORGE BANCROFT GALE has established an office at 40 New street, Newark, N. J., where he will make a specialty of neuropathology and forensic medicine.

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DR. O. S. RUNNELS, of Indianapolis, Ind., has sent us a reprint of his erudite address read before the Indianapolis Literary Club, upon "The Human Handicap."

DR. DEAN W. MYERS, of Grand Rapids, has accepted the professorship of otology, laryngology and rhinology in the Homœopathic Medical College of the University of Michigan. Dr. Myers was assistant to Dr. Copeland of this chair from 1899 to 1903, when he entered private practice in Grand Rapids. The doctor will remove from Ann Arbor this summer and enter upon the duties as full professor with the opening of the fall term.

DR. ARTHUR HITCHENS, director of the antitoxine and vaccine laboratories of the H. K. Mulford Company, is in London, engaged with Prof. E. A. Wright in the study of opsonins and vaccine therapy.

The Metropolis (Jacksonville, Fla.) July 5th contained the announcement of the sudden death of the wife of Dr. Henry R. Stout, of that city, from heart disease. The many friends of Dr. Stout will sympathize with him in his bereavement, and the newspaper account says that the entire community has been cast in gloom.

Errata—A number of unfortunate errors crept into the article on "The Status Medicus: a Statement and a Proposition," by Dr. James Krauss, in the July issue, for which apologies are due to the author and our readers. The use of linotype machines lessens the printer's work but is not conducive to accuracy. In the majority of cases, the corrections necessary were obvious, but the the following should be noted, as they are necessary in order to get the author's meaning:

Page 352, line 37. This should read: "sweet because it is a rose; and the art of medicine is "medicine" because it makes use of medicinal substances, known as drugs."

Page 352, line 39. This should read: "and employ auxiliary methods of treatment, sometimes in general diseases,"

Page 357, line 32. This should read: "therefore, that the art of the physician is, at least, the occasion, if not the cause, of a resulting cure; is, at least, the antecedent."

Page 359, line 21. This should read: "(medi-)cation scientific, and homœopathic medication unscientific? Why is it that men like Leyden (Die deutsche,"

Page 363, line 15. For "not" read "only;" Line 23. For "propose" read "profess."

CHICAGO NEWS

DR. AND MRS. DELAMATER are pleasantly passing the summer

DR. C. D. COLLINS is spending a few weeks among the western mountains.

DR. AND MRS. DELAMATER are pleasantly passing the summer days among the lakes of Wisconsin.

DR. AND MRS. H. B. BEESON, of 222 East 42d place, spent a few days with Dr. Alice Burritt, of Washington, D. C., on their return from the East.

MR. AND MRS. L. BRACKETT BISHOP (Dr. Minnie Ridgway) and son are touring the East. After a few days in Washington, with Dr. Alice Burritt, they will visit the Jamestown Exposition at Norfolk, Asbury Park, New York and Chautauqua, N. Y., with the intention of spending the month of August at the Kenilworth Inn, Kenilworth, Ill.

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THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held a regular meeting at the Julian Hotel, 63d street and Stewart avenue, Tuesday, June 11th, at 8.30. A symposium on "Homœopathy in Surgery" constituted the program, which was participated in by Dr. George F. Shears, Dr. C. Edward Sayre and Dr. James West Hingston. This was a most interesting meeting and a very valuable one to all present. This society will hold regular meetings during the summer months.

THE AFTER DINNER CLUB is keeping its members pleasantly in touch with one another by occasional outofdoor gatherings. Monday, July 1st, a meeting was held at Ravinia Park, at 5 P. M., each member having provided a box lunch for a social picnic repast at 6 o'clock, thus enabling most of those present to remain during the evening to enjoy the Damrosch Orchestra concert. Plans for the club's outing at Lake Geneva, Wis., are under consideration, announcement of which will be duly made by the secretary, Dr. Sarah B. Duncan, 7821 Lowe avenue.

CHRISTINE BERGOLTH, M.D.

Commencement at Gowanda—The annual commencement exercises of the Gowanda State Homœopathic Hospittal Training School for Nurses were held at the Hospital Opera House, Gowanda, N. Y., June 28, 1907, at 8 P. M. The address to the nurses was delivered by Edwin H. Wolcott, of Rochester, president of the board of managers, and the diplomas were presented by D. H. Arthur, M.D., superintendent of the hospital. Nine nurses were graduated.

N. Y. State Society—The Semi-annual meeting of the Homœopathic Medical Society of the State of New York is to be held in Brooklyn, N. Y., on September, 24th, 25th and 26th. In these three days probably one or more sessions will be given up to clinics at one of our large hospitals. The bureaus have been announced, and all are at work. The program will soon be ready for announcement. In connection with the meeting the Homœopathic Medical Society of the County of Kings will celebrate its semi-centennial with a public meeting on Wednesday evening, at which addresses will be made by Charles E. Walton, M.D., of Cincinnati, Ohio, and several other prominent members of our school. A banquet will also be tendered the visitors and the members of the State Society on Thursday to close their celebration.

St. Mary's Hospital, Passaic—The annual graduation exercises of the St. Mary's Hospital Training School for Nurses were held on June 26th, in the Passaic Club House. Dr. Edwin De Baun, president of the staff, presided, while Dr. Charles A. Church, dean of the staff and president of the governing staff, presented the diplomas and gave a talk on the work of the hospital. The class pins were presented by Miss Madden, superintendent of the training school.

The Monthly Bulletin of the New York State Department of Health contains a valuable report of the results of the examination of canned meats and foods, giving a long list of the different products with the results of the inspection.

Yonkers (N. Y.) Hospital—The cornerstone of the new Homœopathic Hospital and Maternity, at Park and Ashburton avenues, Yonkers, N. Y., was laid, on June 1st. The exercises opened with an invocation by Rev. William P. Stevenson, D.D. The introductory address by Duncan Smith, of the advisory board of the

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hospital, struck a responsive chord in the hearts of all who were interested in the hospital work. The cornerstone was duly laid by Mrs. Walter W. Law, the president emeritus of the board of managers.

When the cornerstone had been declared "plumb," an address was made by Henry H. Kendall, representing the architects, Kendall, Taylor & Stevens, of Boston, Mass. Mayor John H. Coyne spoke highly of the new project. Miss Mary Marshall Butler conveyed the good wishes of the Woman's Institute, of which she is the president. Dr. R. Oliver Phillips, of the hospital medical staff, delivered an address on "Homœopathy and What It Stands For." Thomas Ewing, Jr., of the advisory board of the hospital, made a direct appeal for financial assistance.

The program, which lasted over an hour and half, was brought to a conclusion with a brief address, and the benediction, by Rev. A. A. Lings.

The new building will be thoroughly modern, and will be a very fine structure. The first floor and basement will be fitted up for a hydrotherapeutic department for special children's cases, possibly an out-patients' department, etc. The second floor will be the maternity and open ward floor, providing also for the superintendent's office, board room, waiting-room, and the delivery department, which is isolated and in the rear. The third floor will be the private ward, and provides for twenty large and small private wards, two-bed wards, private baths, general baths and toilets, diet kitchen, etc. A large steel, copper and glass solarium is provided. The fourth floor comprises only the center portion of the pavilion, and is arranged for the two departments most necessary to isolate —the operating and the infectious.

As the capacity of this building is beyond the immediate demands of the institution, it is proposed to allow the east wing to remain unfinished on the inside for the present.

The construction will be of stone, brick, steel, concrete and terracotta, no wood being used, thus ensuring the utmost safety of patients.

The officers of the Homœopathic Hospital are Mrs. Thomas Ewing, Sr., president; Mrs. Duncan Smith, vice-president; Mrs. William Allen Butler, second vice-president; Mrs. Joseph F. Waller, secretary; Mrs. Abijah Curtis, corresponding secretary; Mrs. R. O. Phillips, treasurer.

New Jersey State Society—The executive committee of the New Jersey State Homœopathic Medical Society met at the office of and were hospitably entertained by the president, Dr. Ella P. Upham, of Asbury Park, in July. Arrangements were made for the semi-annual meeting, which will be held at Ocean City on September 5th and 6th. The annual meeting will be held at Princeton, the first Tuesday in May, 1908.

Dr. Joseph Hensley, the genial and talented representative from Oklahoma City, writes the NORTH AMERICAN that he is once again in his usual vigorous condition. Many of his admirers, who feared for his health at Jamestown, will be glad to hear this. He further writes that, barring accidents, he will be able to take care of the members of the Institute next year at Oklahoma. He hopes there will be a large attendance from the East; he knows the West will do their part; and, as the local profession is in perfect harmony, a genuine Western hospitality is assured.

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The *Interstate Medical Journal* (St. Louis) announces the purchase of the *St. Louis Curier of Medicine*, one of the oldest medical journals in the West, and its consolidation with the *Interstate* on July 1st. This merger removes from the field an old and highly-esteemed contemporary, and its consolidation with the *Interstate* adds strength and prestige to that periodical. This is the fourth medical journal that has been purchased and absorbed by the *Interstate* during the past few years.

Dr. Knopf Misquoted—In view of the injustice done to Dr. S. A. Knopf by the outrageous misquotation by the public press of his remarks at the Anti-Tuberculosis Congress at Washington, last May, the following statement addressed to Dr. Knopf by Dr. George Dock, who presided over the meeting, is given space in the NORTH AMERICAN:

"I heard clearly what you said. I am sure I know what you meant, and am sure that everybody in the room must have understood what you said. Your words could not possibly be converted into the meaning given in the *North American*. It was perfectly clear that you meant to relieve patients in the last stages. Everybody knows that this prolongs life, while making it very much easier for the patient. The publication of such an outrageous lie is a most shocking thing in its possible effects on thousands of invalids all over the country. When, in addition, one thinks of the possible effect it may have on a man's influence, not to mention livelihood, it seems as if no punishment could be too severe for those who originated and published the same."

The Journal of Inebriety after thirty years of continuous studies of the disease of inebriety and drug taking begins its new decade by entering upon a comparatively new field of physiological and psychological therapeutics for the treatment of these neuroses. Arrangements have been completed by which *The Archives of Physiological Therapy* has been consolidated and will hereafter be published as a part of *The Journal of Inebriety*. The disease of inebriety and its allied neurosis is a field of most practical interest, and henceforth, in addition to the various phases of this subject which *The Journal* has presented, the therapeutic effects of hot air, radiant light baths, electrictity, massage, psycho-therapeutic measures and other physiological means will occupy a prominent space. An effort will be made to present and formulate the latest studies and facts along these lines, and in this way lift the whole field of therapeutics out of its present empiric stage into one of rational therapeutics.

Practice for Sale.—The leading homœopathic physician in one of New England's manufacturing cities, wishing to retire from practice, offers his business for sale. General practice with considerable office work in electrotherapeutics. For further particulars address Merhewcon, care of NORTH AMERICAN.

Tuberculosis Sanitarium in New Hampshire—The sum of fifty thousand dollars has been appropriated for the purpose of starting a tuberculosis sanitarium in New Hampshire. It is expected that a site will shortly be selected and a suitable building erected.

The International Hahnemannian Association held its twenty-eighth annual meeting at Norfolk, Va., on June 24th, 25th and 26th. Many of the members, wiser through experience gained at the Inside Inn during the session of the Institute, cast about

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for another place of meeting and selected the Pine Beach Hotel, just outside the exposition grounds. The attendance suffered from the same causes as those affecting the Institute meeting, but the sessions were marked by the same earnest enthusiasm for which the I. H. A. is known. The address of President Patch was scholarly throughout and pleaded for the necessity of drug-proving along scientific lines. In accordance with its suggestions, a committee of five will be appointed by the president-elect to initiate this work and an appropriation from the treasury of one hundred dollars was made. The papers read were of the usual high order, dealing with many of the knotty points involved in the study of homœopathic philosophy and practice. The discussions were vigorous and instructive. For the ensuing year were elected: Rudolph F. Rabe, M.D., president; Lawrence M. Stanton, M.D., vice-president; H. H. Baker, M.D., secretary; P. E. Krichbaum, M.D., treasurer; C. M. Boger, M.D., chairman of the board of censors. Chicago will be the place of meeting in 1908.

R. F. RABE.

Coca and the Salicylates—The indescribably depressing action upon the stomach, often complained of by patients who take salicylates, may be obviated by using Vin Mariani as a vehicle. Fifteen or twenty grains of salicylate of soda in two ounces of Vin Mariani affords a palatable and efficient remedy in the elimination of uric acid. This dose may be found serviceable twice daily, after eating, and again at bed time if indicate.—*The Coca Leaf.*

Immediate Relief from Asthma—I have used the H.M.C. Comp. (Abbott) quite frequently, with the best satisfaction. In all cases the results were all that could be asked. In spasmodic asthma it gave immediate relief. I have combined hoscine and cactin with codeine, with even pleasanter results following.

H. C. HOWARD, Campaign, Ill.

Sal Hepatica has been found specially serviceable as a safe laxative and eliminant of irritating toxins resulting from fermentation or decomposition of food, in inflammatory conditions of the bowels, affording prompt relief in stomachic and intestinal indigestion, colic, acute or summer diarrhea of either adults or children. It is remarkably free from any griping tendency, owing to its antacid and soothing properties.

Spinal Disturbance—The great therapeutic value of Pepto-Mangan (Gude) is shown by its rapid and pronounced action in cases of anemia complicated by nervous derangements. With the rise in hemoglobin and the blood count, which immediately follows the administration of Pepto-Mangan (Gude), the backaches and headaches cease, the sensory disturbances disappear, and the patient's nervous system rapidly returns to the normal.

"Interpines" of Goshen, N. Y.—An institution like "Interpines," conducted by gentlemen who have so long been identified with the social and business life of the town in which they reside, could hardly be expected to be otherwise than a great success.—*The Monthly Cyclopedia of Practical Medicine.*

The New Nestle's Food a Success—It is always pleasant to tell of a success. Eighteen months ago, when it was decided to replace the old Nestle's Food with the new, in America, it was uncertain just what would be the outcome. The results, however, in the past year have demonstrated far beyond our most sanguine

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expectations the great superiority of the new Nestle's Food over the old. Taking the last six months of the year 1906, that period shows an increase over the same months of 1905 of exactly 52 per cent.

Amenorrhea relieved—Miss ——, aged eighteen, had always been regular in menstruating. Could get no history of any previous disorder within patient's knowledge. Contracted a heavy cold about time of menstrual epoch, and was much alarmed by non-appearance of flow. Discomfort was not marked. Ergoapiol (Smith), one capsule three times a day, was prescribed. Reported later that flow was established in twenty-four hours after treatment was commenced. The delay in this case was about four days. James A. Black, M.D., Morganza, Pa.

Torpid Liver—The profession so well recognizes the influence of a perverted hepatic function as a factor in interfering with the regular physiological processes, that it almost instinctively turns its attention to the liver and takes steps to set it right. For this purpose calomel, phosphate of soda and other drugs are in common use, but none has a worthier name as a cholagogue than Chionia, active constituent of chionanthus virginica.

For the Neurasthenic—Oftentimes the neurasthenic patient can be promptly started on the road to recovery by a temporary change of scene and the use of a good tonic. Gray's Glycerine Tonic Compound is of especial value in these conditions of nervous exhaustion, and it often supplies just the right support and reconstructive action needed.

Anasarcin Tablets—John D. Carpenter, M.D., of Louisville, Ky., writes: "Some time ago I received a sample of your tablets, and I am glad to inform you that they have proved very satisfactory to me. Have found several occasions to prescribe them and recommend them very highly. I would appreciate another sample if you care to favor me."

Peacock's Bromides is made to meet every possible and exact requirement of the bromides. It is a combination of the five bromides of the alkalies and alkaline earths, potassium, sodium, calcium, ammonium and lithium. The preparation will give the best possible bromide results with the least danger of bromism and gastric disturbances.

Stimulating the Liver—In an editorial note on this subject in the *Western Medical Review* for March, 1907, the writer says: "It had been demonstrated experimentally that the only agents which actually increase the secretion of bile are the bile acids and, to a less extent, salicylic acid." The presence of the natural sodium salt of the physiologic bile acid (glycocholic acid) in Chologestin, combined with the true salicylate of sodium, from oil of wintergreen, (which is decidedly less irritant to the stomach than the synthetic salt), accounts for its distinct and positive value as a true cholagogue.

Authoritative Standards—The standardization work of the H. K. Mulford Company includes the adoption of methods for determining the identity and quality of the medicinal drugs and chemicals employed in the manufacture of their products by rigid inspection, chemical assay, and physiological testing. This is supplemented by standardizing finished products so that each contains a definite amount of active principle, and by further testing their physiological activity of animals.

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Societies and Current Events

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Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
London, Eng.—James Searson, M.D.
Minneapolis— Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
New York.—Reeve Turner, M.D.
Philadelphia, Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. JAMES W. WARD, of San Francisco, will hereafter reside at the Fairmount Hotel. Office: 1380 Sutter St.

DR. D. H. ARTHUR, of the Gowanda State Hospital, was married to Miss Eleanor Welch, on July 27th, at St. Agnes Church, New York. Dr. and Mrs. Arthur are now at home in Gowanda, N. Y.

DR. ARTHUR BESEMER, of Despatch, N. Y., is mourning the loss of his wife, Ella Paine, who died on July 29th.

DR. JOHN C. BUDLONG, of Providence, R. I., died on July 24th. Dr. Budlong was a senior of the American Institute and of the Rhode Island State Society. He was at one time Brigadier General in the Rhode Island National Guard and at the time of his death was an alderman of the city of Providence.

DR. JOHN HAIRLAND OTIS, of Poughkeepsie, N. Y., died on June 30th from heart disease. He was a son of Dr. John C. Otis and was associated with him in practice. Dr. Otis was graduated from the New York Homœopathic Medical College in 1892. He was a member of the Dutchess County Homœopathic Medical Society, and was commissioner of public charities and doctor to the almshouse of Poughkeepsie for several years. He leaves a widow and three children.

CHICAGO ITEMS

DR. JOHN BERRY, '07, is practicing in Chester, Ill.

DR. EVERHAM, '07, is interne at the Chicago Homœopathic Hospital.

DR. AND MRS. N. BLOOMER are residing in Terre Haute, Ind., where the Doctor has opened his office.

DR. J. A. RIEDEL, '07, is enjoying the advantage of being assistant to Prof. George F. Shears for the current year.

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DR. MAX HUBENY is located at Oakland, Ill. The doctor's marriage to Miss Twitchell, one of the Hahnemann Hospital nurses, is announced to take place August 28th.

DR. W. HENRY WILSON, the registrar, has just returned from his annual vacation. He relates interesting stories of a valuable discovery made in his own yacht on the distant shores of Lake Michigan.

JOHN C. BURT, Ph. D., who has been superintendent of the Hospital for the last thirteen years, is in Europe enjoying a much needed rest. He will also study the architecture and management of the principal hospitals abroad in order to incorporate new and practical ideas in his own work as occasion offers.

HAHNEMANN MEDICAL COLLEGE will open its course of instruction October 1st. It is the intention of the institution hereafter to conform to the regular periods established by the different universities throughout the country making the term to consist of three quarters: October 1st, January 1st, April 1st.

DR. A. C. COWPERTHWAITE has resigned from the active faculty of Hahnemann Medical College and received the appointment of *emeritus* professor of materia medica. This does not mean that Dr. Cowperthwaite has given up all interest in the college but rather that he is not bound by time as are his more active associates.

PRESIDENT SHEARS announced in his annual report that the new additions are now completed and that the new power house, which is a part of the recent improvements, has been built sufficiently large and sufficient power was provided to take care of any remaining buildings that might be erected on the vacant property now in the possession of the college. The erection of the building was made possible through the generosity of the Board of Trustees who individually subscribed a sufficient amount to pay all expenses.

THE AFTER DINNER CLUB enjoyed a delightful day at Lake Geneva, Wis., August 3d. The weather was most favorable, the luncheon most inviting, the repartee most exhilarating, and the "goodlie companie" most charming.

THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION, through its Committee on State Organizations, is earnestly striving to aid and support the minor local societies throughout the state. Systematic effort has been made to organize two or three counties so that active co-operation may make the society meetings more earnest and more effective. The official organ of the State Society publishes many of the papers presented at the meetings of these local societies and tries to keep in touch the various forces that make for progressive homœopathy.

—CHRISTINE BERGOLTH, M. D.

NEW YORK NEWS

THE INTERNE STAFF AT THE VOLUNTEER ST. GREGORY HOSPITAL, 93 Gold St., is as follows: Chief of staff—Dr. C. H. Duncan; internes—Drs. C. H. David, P. & S., '05; Heacock, St. Louis, '07; Kresby and Duke, Cornell, '07. Dr. Duncan, the chief of staff, has been connected with the hospital since the beginning, two years ago, and has worked hard to put it under homœopathic control. He is to be congratulated upon the successful outcome of his endeavors. Dr. Duncan is a graduate of Cornell, '91, as well as the N. Y. Homœopathic Medical College.

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VACATION TIME is now nearly over. Many of our well-known physicians enjoyed it at various places.

DR. W. G. CRUMP prepared a neat little summer home in the Catskills, where he spent some time.

DR. B. BURT SHELDON took restful runs up into Oneida County, where puffing the delicious corn-cob pipe is the popular pastime.

DR. WALLACE B. HOUSE risked life and limb in an automobile, taking a trip through the Middle West.

DR. W. H. VAN DEN BURG spent some time camping in Yellowstone Park.

DR. WM. H. DIEFFENBACH rusticated in Rockland County.

DR. J. PERRY SEWARD will be at Sachem's Head, Conn., until September 23d. Patients are referred to Dr. Reuel A. Benson, 8 West 49th St.

DR. GEORGE W. ROBERTS will be out of town until late in September.

DR. JOHN L. MOFFAT, of 1136 Dean St., Brooklyn, reopened his office on September 1st. Special attention to eye, ear, nose and pharynx.

DR. AUGUSTUS VON DER LUHE, of Brooklyn, announces his removal to 115 Reid Ave. 'Phone: 639 Bushwick.

DR. WILLIAM L. LOVE, of Brooklyn, had a strenuous experience this summer. He took a driving trip up through the Catskills to spend his vactation with his wife and children who were summering at Davenport, Delaware County. On his way up he stopped at Fisher's Hotel, Kingston, on the night it burned to the ground. He was forced to slide down a telegrapph wire on the outside of the hotel from a third story window, losing all his personal effects in the hotel. His hands were badly lacerated but he is now all right.

The Homœopathic Medical Society of the State of New York.—The programme for the semi-annual metting is completed and will be issued about September 10th. The sessions will begin on Tuesday, September 24th, at 10.30 o'clock and be concluded on Thursday evening, September 26th, with a banquet tendered the visiting members of the State Society and their wives by the Homœopathic Medical Society of the county of Kings, as a part of the celebration of their semi-centennial. The other part of their celebration will be a public meeting held on Wednesday night at which homœopathy will be discussed by ex-President of the American Institute, Charles E. Walton and President-elect Royal S. Copeland. Governor Hughes will probably also give an address and music will help to make the occasion as pleasant as possible.

A materia medica symposium has been planned for the Tuesday evening session, at which we will have seven-minute reports given by various members confirming the symptoms of some homœopathic remedy. It is expected that there will be thirty or forty such interesting confirmatory cases presented, such as the O. O. & L. Society have had at some of their recent meetings.

The sessions on Tuesday morning and afternoon will be given up entirely to the reading and discussion of papers. Each bureau will have ample time to present its three papers and have them fully discussed.

On Thursday afternoon, at the Cumberland Street Hospital, clinics will be held. The arrangements are now in the hands of

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the committee, who are working out the details for a successful afternoon on both the surgical and medical sides.

The ladies have already matured their plans for a reception and tea at the home of the President of the County Society, Dr. Blackman, on Tuesday, a theatre party on Wednesday afternoon and a drive and luncheon at the Crescent Country Club on Thursday. The days will be full of interest and enjoyment for all the lady guests who attend.

The Brooklyn physicans are most enthusiastic in making preparations for entertaining their brethren from New York and neighboring states, and hope they may have an attendance that will pay them for the earnest work they have done to make the meeting a success in every way.

Essex Hospital Benefit.—A "Dutch Market" is to be given in Bloomfield, N. J., during September for the benefit of the Essex County Homœopathic Hospital. The unique entertainment is under the auspices of the Bloomfield and Glen Ridge Auxiliary to the Women's Board of Managers of the hospital.

The Institute Fraternity composed of the women physicians of the Institute, met on the veranda of the Inside Inn, Jamestown Exposition at 6 p. m., Thursday, in Institute week. Dr. Maria Nye Johnson of Chicago, the president, in chair. This club was organized in 1903 and 1904 and holds one meeting, usually the third day of the Institute, either at noon or evening dinner hour, and after refreshments, social and professional topics are discussed. Dr. Millie Chapman was elected president for 1907-08.

The Congress of Physiotherapy at Rome.—The Congress of Physiotherapy to be held at Rome, Italy, on the 13th, 14th, 15th and 16th of October, 1907, has ample assurance of success. Any readers of the NORTH AMERICAN who are interested and would care to enroll themselves as members of this Congress should address the Secretary of the American Section, Wm. Benham Snow, 349 W. 57th St., New York, for literature and membership blanks, after which they will receive the Bulletin of Adhesion and the Transactions, which will be published following the Congress. Papers will be accepted in the English language and will be read in English, French, and German.

Maine Homœopathic Medical Society.—The forty-first annual meeting of the Maine Homœopathic Medical Society was held in Augusta, on June 4th, with a large attendance. The morning session was devoted to routine business. The meeting was called to order at 10 o'clock by William S. Thompson, M. D., chairman of the committee of arrangements, and was followed by an invocation by Rev. C. A. Hayden, D. D. The reports of the different committees were then read and other business transacted, including the election of officers, which resulted as follows: President.—R. S. Graves, M. D., of Saco. Vice-Presidents.—John T. Palmer, M. D., of Portland and W. K Kennison, M. D., of Madison. Recording Secretary.—Luther A. Brown, M. D., of Portland. Corresponding Secretary.—Carrie E. Newton, M. D., of Brewer. Treasurer.—William S. Thompson, M. D., of Augusta. Board of Censors.—C. M. Foss, M. D., of Dexter; J. F. Trull, M. D., of Biddeford; M. S. Holmes, M. D., of Oakland; Mary F. Cushman, M. D., of Farmington; J. M. Prilay, M. D., of Bangor. Committee on Legislation.—W. Scott Hill, M. D., of Augusta; William S. Thompson, M. D., of Augusta; A. I. Harvey, M. D., of Bangor;

F. A. Ferguson, M. D., of Bath; E. S. Abbott, M. D., of Bridgton.

Dinner was enjoyed at the hotel and at 2 o'clock the party took an electric car for East Winthrop where the afternoon session was held at Applewood Tavern. The program for the afternoon included the following papers: Address.—Loyalty to the Society. Past President R. J. Wasgatt, M. D. Some Hints in Materia Medica. A. I. Harvey, M. D. A New Auto-intoxication, with Demonstration of the Clinical Tests. S. H. Blodgett, M. D., of Boston. Adenoids' History, Cause, Effects, Treatment. E. F. Vose, M. D. Ear Complications of Influenza. Gertrude E. Heath, M. D. Injuries of Wrist. W. Scott Hill, M. D. An Interesting Case of Appendicitis. J. F. Trull, M. D. Cases from Practice. E. S. Hawkes, M. D. Some Phases and Complications of Amenorrhea. W. H. Kennison, M. D. Medical Treatment of Dysmenorrhea. I. R. Boothby, M. D. Following the afternoon session the party sat down to a banquet at the Tavern, which was as excellent as it was bountiful, and which was thoroughly enjoyed by everyone present. At the evening session the time was devoted to further reading of papers, among which were the following: Cancers Treated by Hypodermic Injections. E. S. Abbott, M. D. Treatment of Cancer by Hypodermic Injection of Trypsin. F. A. Ferguson, M. D. High Potencies. B. C. Woodbury, M. D. Twenty-five Years of Obstetrical Experience. J. M. King, M. D. At the final adjournment of the meeting it was voted to meet at Portland in 1908, the date of the meeting to be Tuesday, June 10.

Standing of Colleges.—The Council on Medical Education of the American Medical Association has just published a very interesting report of which the following is a summary: (*a*) A three years' careful study has been made by the Council on Medical Education of the American Medical Association of the conditions surrounding medical education in the United States. This study included the inspection of all the schools in the United States by one or more members of the Council. (*b*) The great advance in the sciences in recent years has created the necessity for a much broader and more thorough education, both preliminary and medical, for the physician equipped to practice modern medicine. (*c*) The standards of the medical schools in the United States are very uneven, representing the highest and the lowest types as compared with the standards of England, France and Germany. As a whole, the standard in this country is unsatisfactory and much lower than in those countries. (*d*) A modern medical education demands, 1, a four-year high school education; 2, a year of physics, chemistry and biology; 3, two years in well-equipped laboratories of anatomy, physiology, pathology and pharmacology; 4, two years in clinical work in dispensaries and hospitals; 5, a year as interne in a hospital. (*e*) The expense for the equipment and maintenance of the modern medical school is greater than can be met by fees paid by medical students. Medical schools, therefore, need endowments in order to meet the demand of present day medicine. (*f*) In the United States, until recent years, medical education was mostly in the hands of medical colleges conducted as private institutions, while in Europe it is controlled by the universities. Within recent years, however, some of the medical colleges in this country have secured university connection. (*g*) There are still, however, a large number of schools which are conducted solely for profit, and profit is only

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possible where the college fails to provide proper facilities for laboratory and clinical training. (*h*) There are 160 medical schools in the United States alone, as many or more than there are in all the countries of Europe combined. Of the 160 medical schools in the United States only about 50 per cent. are sufficiently equipped to teach modern medicine, 30 per cent. are doing poor work and need to make great improvements, while about 20 per cent. are unworthy of recognition. (*i*) If the public realized the enormous difference that exists between well-trained modern medical service and ignorant, inefficient medical service they would soon demand and obtain the needed reforms. (*f*) A state without the protection of good medical laws, well enforced, becomes the dumping ground of the low-grade medical school with its output of ill-prepared medical men. (*k*) To secure better conditions requires two things: Endowments for medical schools and better legislation providing state control of medical practice and licensure. (*l*) This country should not be satisfied with medical standards unless they are at least equal to those of other powers which are our competitors in commerce, arts and science.

The Rating Given the Cleveland Homœopathic Medical College by the Council on Medical Education—During the past year the Council on Medical Education of the A. M. A. made an inspection of the medical colleges of the country and as a result of the information gathered rated them upon a basis of 100 per cent. They grouped the ratings into three classes as follows: (1) Those having a rating from 70 to 100 per cent, were classed as acceptable colleges; (2) Those having a rating from 50 to 70 per cent. were classed as acceptable provided the deficiencies noted were remedied by the colleges; (3) Those rated below 50 per cent. were blacklisted and deemed incapable without complete reorganization of giving a satisfactory medical education.

In the original report of the Council the Cleveland college was given a 50 to 70 per cent. rating, and this fact. was given publicity in various ways. Knowing that the rating was based upon incomplete information the college immediately sent a representative to the Council on Medical Education and as a result of the conference the council has given the college a rating among the "acceptable" colleges.

We trust that the friends of the college will give as much publicity as possible to the facts as stated above inasmuch as an unintentional injustice was done the college in the first report.—*Cleveland Medical and Surgical Reporter.*

The Westminster University College of Medicine—The incorporation into the Westminster University of the Denver Homœopathic College, as its medical department, is a very important matter and has been the subject of thoughtful consideration for some time.

That the amalgamation of the two schools has been effected is cause for mutual congratulation: on the part of the university, because it has secured for its medical department a thoroughly-established college with a record of twelve years of consecutive high-grade work, maintained by men who are representative of their profession. On the other hand, the Denver Homœopathic College is favored by having the advantage of the influence and the prestige of the wealthy Presbyterian university, and the increased opportunities for successful work which come from such a relation.

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As a result of this action, the educational requirements for admission to the freshman class will be raised, a more complete and stringent course in chemistry is to be offered, and the facilities for biographical investigation will be greatly improved.

The faculty has been strengthened by the addition of new professors and instructors. Everything is favorable for the future, and the officers of the college anticipate a successful year.—*Progress.*

THE "BOOSTER EDITION" of the *San Bernardino Daily Sun,* August 11, 1907, contained a portrait and sketch of the career of Dr. A. P. Williamson, the medical superintendent of the Southern California State Hospital, which is located in San Bernardino.

American Medical Editors' Association—The thirty-ninth annual meeting of this society was the most successful in point of attendance and general interest ever held. The rapid increase in membership is an assurance that in the future the meetings of the American Medical Editors' Association will be an important feature annually. Sixty-four new members were elected, among them Drs. Hills Cole and P. W. Shedd of the NORTH AMERICAN, John L. Moffat and A. W. Palmer of the *Homœopathic Eye, Ear and Throat Journal,* and L. R. Kaufman of the *Chironian.*

The papers presented were of unusual interest, were thoroughly discussed and will appear in the form of a bound transaction early this fall.

The following officers were elected: President—C. F. Taylor, M.D., Philadelphia, Pa., editor of the *Medical World;* first vice-president—Kenneth Millican, M.D., St. Louis, editor *St. Louis Medical Review;* second vice-president—H. E. Lewis, M.D., N. Y., managing editor of the *International Journal of Surgery;* secretary and treasurer—J. MacDonald, Jr., M.D., managing editor of the *American Journal of Surgery;* executive committee—Dr. W. C. Abbott, editor of *American Journal of Clinical Medicine,* Chicago, Ill.; Dr. W. A. Young, editor of *Canadian Journal of Medicine and Surgery,* Toronto, Ont.; Dr. D. C. English, editor of the *Journal of the Medical Society of New Jersey,* New Brunswick, N. J.

Medical College at Manila—A new medical college is to be opened early in September at Manila, P. I. The insular government has appropriated $62,500 toward the first year's expenses of the institution.—*Pacific Coast Journal of Homœopathy.*

A Masonic Lodge Composed of Homœopaths—*The Homœopathic World* of July announces that on May 28, 1907, there was instituted at the Westminster Palace Hotel, S. W., a Masonic lodge, "The Organon, No. 3233." The motto of the lodge is "Aude Sapere"; the founder's jewel has on the obverse side of the medal the portrait of Hahnemann and on the reverse the motto "Similia Similibus" with the three snakes intertwined.

The American Medical Association, on June 6th, through its house of delegates, elected the following officers: President—Dr. Herbert L. Burrell, of Boston; first vice-president—Dr. Edwin Walker, of Evansville, Ind.; second vice-president—Dr. Hiram R. Burton, of Lewes, Del.; third vice-president—Dr. George W. Crile, of Cleveland, Ohio; fourth vice-president—Dr. W. Blair Stewart, of Atlantic City, N. J.; general secretary—Dr. George H. Simmons, of Chicago; treasurer—Dr. Frank Billings, of Chicago.

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Iowa Homœopaths Won—The homœopathic physicians of Iowa have succeeded in defeating the Clark bill, which proposed to cut the five homœopathic chairs in the State University to two. Dr. Clark, the member who introduced the bill, is an allopathic physician.

After Operations—After an operation, be it simple or severe, it is always good practice to reinforce a patient's vitality. Gray's Glycerine Tonic Compound is eminently useful for this purpose.

Cactina Pillets is a true nerve tonic and restorative. It improves the nutrition of the brain by improving the circulation in that organ. In the cardiac weakness following severe prostrating diseases, such as pneumonia and typhoid, it is a most trustworthy and safe cardiac tonic.

Bovinine Internally—Dr. R. D. Mussey writes: In typhoid fever, a disease in which the waste of the nitrogenous elements of the body is excessive, and where the function of assimilation is markedly impaired, Bovinine is of especial value, being very readily absorbed, for the most part from the mucous membrane.

Lithiomercuric Iodide—Investigators have found that this compound possesses properties which make it greatly superior to corrosive sublimate as a disinfectant. It destroys all forms of micro-organic life, both germs and spores, in much weaker solutions than those of corrosive sublimate; it does not form insoluble and inert compounds with albumins or alkalies, as does corrosive sublimate solution; it is not corrosive, and the compound, containing only one-half as much combined mercury, is much less poisonous.

Sanmetto in Prostatitis, Chronic Cystitis and Enuresis—I have had a very large experience with Sanmetto in prostatitis so common in old men, also in chronic cystitis in both cases, and find it prompt, efficient and reliable in these and all other cases of irritability of the genito-urinary organs. Have also used it with great satisfaction in enuresis; in fact, I think it will cure any case where no mechanical cause exists.—Edw. J. Libbert, M.D., Aurora, Ind.

For Respiratory Affections—Each teaspoonful of Glyco-Heroin (Smith) represents one-sixteenth grain of heroin, with the addition of white pine bark, ammonium hypophosphite, balsam of tolu, etc., to enhance the palliative effect of heroin and to embody decided curative properties in the preparation. It is a true and exact solution of heroin and glycerine, with the advantage that it is permanent and unalterable through age.

An Old Favorite—For nearly a third of a century, physicians have been familiar with Horlick's Malted Milk, recommending its use in cases of infant feeding, as well as in the dieting of invalids and convalescents, obtaining results that have won for it the confidence of thousands of prominent members of the profession, in active practice. The milk supply is under strict supervision; the grains are obtained from the best sources, stored and malted on the premises, while every other detail of the preparatory process is carried out under the most auspicious circumstances, guaranteeing a maintenance of the distinctive qualities of Horlick's Malted Milk.

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Book Reviews

Diagnostics of Diseases of Children. By LeGrand Kerr, M.D., Professor of Diseases of Children at the Brooklyn Postgraduate Medical School. Octavo of 542 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.50 net.

Professor Kerr has gathered together in lucid order and clear diction the diagnostics of disease in children. An excerpt from the preface shows the scope and accomplishment of the book: "One aim has been kept constantly in view—to be practical, to help those who are engaged in the general practice of medicine to an early recognition of disease when it occurs in a child. Just so much of etiology and pathology has been introduced as is useful in diagnosis, and the sequelæ of diseases are considered only as they are helpful in the identification of immediate or possible dangers. It has been my endeavor to approach the subject as the child is approached in the sick-room, with the idea of arriving at right conclusions." The wordless appeal of the sick infant will be best answered, so far as diagnostics go, by the practician familiar with this volume.

Progressive Medicine, Vol. II, June, 1907. A quarterly digest of advances, discoveries and improvements in the Medical and Surigacl Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 380 pages, with illustrations. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea Brothers & Co., Publishers, Philadelphia and New York.

The present volume is devoted to a review of: Hernia; Surgery of the abdomen, exclusive of hernia: Gynecology; Diseases of blood; diathetic and metabolic diseases; Diseases of the spleen, Thyroid Body, and Lymphatic System: Ophthalmology. This quarterly series of advances, discoveries and improvements in the medical and surgical sciences cannot be supplanted by any number of medical journels. With the substance of modern progress we have the critical judgment of editors well fitted for their work.

Atlas and Epitome of Diseases of Children. By Dr. R. Hecker and Dr. J. Trumpp, of Munich. Edited, with additions, by Isaac A. Abt, M.D., Assistant Professor of the Diseases of Children in Rush Medical College, in affiliation with the University of Chicago. With 48 colored plates, 147 black and white illustrations, and 453 pages of text. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net.

This latest addition to Saunder's incomparable atlas series forms a manual of pediatry in small compass. The plates alone are worth the price of the volume, and the practician who is not in the habit of attending large clinics has the practical value of these brought to his library. The book is representative of modern European pediatrics plus the valuable American addenda furnished by the editor.

Surgical Diagnosis. By Daniel N. Eisendrath, M.D., Adjunct Professor of Surgery in the Medical Department of the University of Illinois (College of Physicians and Surgeons). Octavo of 775 pages, with 482 original illustrations, 15 in colors. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $6.50 net; half morocco, $8.00 net.

Of this book little need be said beyond that it will prove to be one of the most useful in the physician's library and one that is destined to be a standard work. The author has approached the subject from a clinical standpoint. There are some excellent illustrations, and the text is well arranged.

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Modern Surgery: General and Operative. By J. Chalmers DaCosta, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Fifth revised edition, enlarged and reset. Octavo volume of 1283 pages, with 872 illustrations, some in colors. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $5.50 net; half morocco, $7.50.

That a fifth edition of this work has been called for while publishers are all the time bringing out new books on the subject, is a sufficient endorsement of the book. This new edition includes many expansions and considerable new matter has been added. Among the latter may be mentioned operation for brachial birth palsy, scopolamin morphin anesthesia, Young's method of perineal prostatectomy, the Mayo brothers' no-loop operation for gastro-jejunostomy, transverse incision for exposure of the vermiform appendix. A number of new illustrations have been added.

A Manual of Personal Hygiene: Proper Living upon a Physiologic Basis. By eminent specialists. Edited by Walter L. Pyle, M.D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Third revised edition. 12mo. of 451 pages, illustrated. Philadelphia and London. W. B. Saunders Company, 1907. Cloth, $1.50 net.

This is a manual for domestic use which has been found very useful. Among the additions to this third edition are an illustrated system of home gymnastics, and an appendix containing the simpler methods of hydrotherapy, thermotherapy and mechanotherapy and a section on first aid. A family familiar with the contents of this book will make very intelligent patients.

Diseases of the Rectum and Intestines: Their Consequences and Non-Surgical Treatment, by W. C. Brinkerhoff, M.D., Orban Publishing Co., 17-21 Van Buren St., Chicago, Ill.

This is one of the most valuable little books (price not stated by the publishers) that has fallen into the reviewer's hands. To it should be added a chapter on homœopathic therapeutics, drugs being often exceedingly helpful when administered according to the law of similars (doubtless the author will add these to his armamentarium when his period of medicinal enlightenment arrives), but the book is well worth the price (whatever that may be). It is practical, it is chiefly non-surgical, and it shows results.

The Health-Care of the Baby. A handbook for mothers and nurses. By Louis Fischer, M.D. 12mo, cloth, 166 pages. 75c net; by mail 82 cents. Funk & Wagnall's Company, New York.

An extremely handy little book by this well-known specialist, which gives many details pertaining to ventilation, clothing and bathing in a condensed and practical manner. As is natural for one who has made a special study of one phase of medication, the suggestions for infant feeding in health and disease form the most important part of the work. But other directions are valuable, and Dr. Fischer not only touches upon many physical disorders but also gives advice on the correction of bad habits. It is a valuable book for mother or nurse.

A manual of the Diagnosis and Treatment of the Diseases of the Eye. By Edward Jackson, M. D., Professor of Ophthalmology in the University of Colorado. *Second Revised Edition.* 12mo. of 615 pages, with 182 text-illustrations and 2 colored plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2.50 net.

In this second edition of his well-known manual, Dr. Jackson has shown his mastery of his subject by incorporating into the text of this new edition most of the facts as well as many of the newer methods of treatment that have been established since his

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first edition appeared without materially increasing its size. The removal of foreign bodies from the interior of the eye by means of the magnet is very well presented, as are the newer anesthetics and local applications including preparations of the suprarenal body, dionin, etc. The manual is written in the clear-cut and interesting style which makes the works of this author interesting, and each page bristles with facts. Its discrimination makes the work of peculiar use to the student and general practitioner, while to the specialist who desires a concise and accurate statement of the case it is very desirable. The valuable section containing the relation of ocular conditions and lesions to general diseases is retained in the new edition and will enable the general practitioner to use the eye symptoms rationally as a means of more certainly and clearly diagnosing many conditions which would be in doubt without this help.

A Manual of Diseases of the Nose, Throat, and Ear, by E. Baldwin Gleason, M.D., Clinical Professor of Otology at the Medico-Chirurgical College, Philadelphia. 12mo of 556 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50 net.

"This manual was written to supply students and general practicians with the essential facts of rhinology, laryngology and otology in as concise a form as possible," begins the preface of this admirable work, which rises above the plane of "compend" and becomes a thorough treatment of these subjects. Detailed technic is not left to the imagination, as in many works, but is given at length, yet without wasting the English language. Two hundred and sixty-two engravings, many of them original, elucidate the text. The author has given his own actual and successful methods of treatment, and is not forever quoting "authorities" to justify his procedures. The book is thoroughly commendable to students and practicians—and specialists.

Treatment of the Diseases of Children, by Charles Gilmore Kerley, M.D., Professor of Diseases of Children, New York Polyclinic Medical School and Hospital, etc. Octavo volume of 597 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.50 net.

Prof. Kerley's work, minus its drug therapy, is a masterly presentment of the subject—adequate in detail, clear in technic, well illustrated, and replete with the pracical suggestions and experience of he author. Homœopaths are greatly indebted in some ways to authors of the old school, for these latter, often disappointed in their law-less, empiric or traditional usage of drugs, have almost threshed out every other method of treating disease and relieving the sick, and these practical and easeful measures will add greatly to the brilliancy of cure with the "indicated" remedy. In a work by Professor Kerley perfection of diagnosis is to be expected, and the reader is not disappointed. The book is also delightfully free of that tiresome prhase, "according to the eminent authority So-and-So"; in other words, recent writers seem to be making up their own minds about things, a desirable state of mind for members of the "dominant" school to cultivate.

American Edition of Nothnagle's Practice. New (2d) Edition, Revised. **Diseases of the Intestines and Peritoneum,** by Dr. Herrmann Nothnagel, of Vienna. Edited, with additions, by H. D. Rolleston, M.D., F.R.C.P., Physician to St. George's Hospital, London, England. Second edition. Octavo 1059 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.00 net; half morocco, $6.00 net.

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The Teutonic characteristics of exhaustively treating a subject is prominent in Nothnagel's famous work, of which a thoroughly-revised second edition is here presented to the medical public. Abdominal troubles are naturally prolix, and justify the ancient surgical assertion that the trouble will be definitely known when we have completed our incision; in Professor Nothnagel's work we have the *summum bonum* of etiology, anatomy, diagnosis, symptomatology and prognosis.

Gynecology and Abdominal Surgery. In two large octavos. Edited by Howard A. Kelly, M.D., Professor of Gynecologic Surgery at Johns Hopkins University; and Charles P. Noble, M.D., Clinical Professor of Gynecology at the Woman's Medical College, Philadelphia. Large octavo volume of 851 pages, with 105 original illustrations by Mr. Hermann Becker and Mr. Max Brodel. Philadelphia and London: W. B. Saunders Company, 1907. Per volume: Cloth, $8.00 net; half morocco, $9.50 net.

The first volume of this extensive work on these allied surgical topics lies before us. The two volumes will cover the ground of both gynecological and abdominal surgery in their entirety. The scope is broad, only the elementary matters found in all text-books being omitted. Each of the separate chapters is a complete monograph by a specialist in that department. Special attention has been devoted to modern surgical technic, and the descriptions of operations are provided with accurate and graphic drawings. That both sides of a question are dealt with is instanced by the fact that tried advocates each present a chapter upon the advantages of the abdominal or vaginal route for operations, in which there is a difference of opinion. While the work is intended primarily for the surgeon, yet over a hundred pages are devoted to medical gynecology. This information is concentrated in one section, so that the general practitioner need not search here and there through the two volumes. The work is profusely illustrated under the personal supervision of M. Herman Becker, who devoted four years to the task. The volumes are handsome and will prove valuable to the physician and necessary to the surgeon.

Diseases of the Liver, Pancreas and Ductless Glands, by A. L. Blackwood, M.D., Professor of Clinical Medicine and Materia Medica in the Hahnemann Medical College, Chicago, etc. 200 pages. Cloth, $1.25. Postage, 5 cents. Boericke & Tafel. Philadelphia. 1907.

Such a little volume as this of Dr. Blackwood is a distinct addition to the literature of the homœopathic profession. It is brief and concise, for it does not attempt to go into an exhaustive discussion of the anatomy, pathology, etiology and symptoms of the organs and diseases. Tables giving the essential points in differential diagnosis are numerous and practical. It is thus a most convenient and useful compend.

Five Hundred Surgical Suggestions. By Walter M. Brickner, B.S., M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary, New York; and Eli Moschcowitz, A.B., New York; Associate Editor American Journal of Surgery. Second Series. Duodecimo; 125 pages. New York: Surgery Publishing Co., 92 William St., 1907. Price, $1.00.

Only a short time ago we read with pleasure from the first edition of these surgical suggestions. It is not surprising that the edition was so soon exhausted. The present compact volume contains all the "suggestions" that have been previously published and as many more, so that now there are 500 of these terse therapeutic hints.

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Societies and Current Events

CONDUCTED BY - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergolth, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
London, Eng.—James Searson, M.D.
Minneapolis— Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
New York.—Reeve Turner, M.D.
Philadelphia. Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. ROYAL S. COPELAND, of Ann Arbor, the newly-elected president of the American Institute, will remove to Los Angeles, Cal., so it is stated on good authority.

DR. WILLIAM A. BURR, of Denver, has asked to be relieved from the position of superintendent of the Park Avenue Hospital in that city. This terminates Dr. Burr's active relations with professional life. For thirty-eight years he has been engaged in the practice of medicine, most of that time in Colorado, first in Georgetown and the later years in Denver. It is his intention to spend the coming fall and winter in Pasadena, Cal. Dr. Burr's large circle of friends will rejoice to know that he is so comfortably situated, and will take pleasure in the fact that he and his good wife have large plans for enjoyment as the years go by. The profession in Denver hold Dr. Burr in high esteem as a skillful physician, a patriotic citizen and a high type of Christian gentleman.—*Progress.*

MISS LILLIAN SALTONSTALL, the charming daughter of her brilliant mother, Dr. Florence Ward, of San Francisco, was married on September 3d to Dr. Norman D. Matthison, of New York. The ceremony took place in the First Unitarian Church of San Francisco. The young couple have our hearty congratulations.

NEW YORK NEWS

A DISPENSARY CHARTER has been granted the Volunteer St. Gregory Hospital.

DR. RALPH A. STEWART has removed his office to the Sydenham, 616 Madison Ave., N. Y. C.

DR. JOHN E. WILSON has returned from a vacation spent at Lake Placid.

DR. JOHN ARSCHAGOUNI has removed to 138 West 21st St.

DR. JOSEPH H. FOBES has been gunning in Canada.

DR. R. M. JONES has a nice coat of tan. We suspect he, too, has had a vacation.

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DR. J. T. SIMONSON tried to forget dull care in Canada and vicinity.

BY THE WAY, the new dispensary for Flower Hospital has not sprouted yet. Guess the backward spring killed it.

DR. A. W. PALMER has been summering at Warwick, N. Y.

THE EASTERN BOULEVARD is receiving a coat of asphalt. This will be a benefit to Flower Hospital. Many thanks, Mrs. Rice.

DR. BUKK G. CARLETON and his associate are back at their regular hours—Dr. Bukk Carleton from nine until one, and Dr. Sprague Carleton in evenings by appointment and Sundays from ten to eleven.

DR. CHARLES E. TEETS has resumed work at his office in Billings Court, 353 Fifth Ave.

DR. A. B. NORTON has returned and resumed work at his office, 16 West 45th St.

DR. EMILY L. HILL has removed to 207 West 84th St.

DR. REUEL BENSON has a new automobile that they say is a peach.

DR. ROBERT LOWELL WOOD, of 129 Hancock St., Brooklyn, has changed his office hours to 8 to 9.30 A. M., 1 to 2 and 6 to 7 P. M.

DR. JOHN L. MOFFAT, of 1136 Dean St., Brooklyn, has recovered from the carbuncle with which he returned from Lake Cayuga and resumed his practice.

New York State Semi-Annual—The 41st semi-annual meeting of the Homœopathic Medical Society of the State of New York was held in Brooklyn on September 24, 25 and 26. The meeting marked an advance over many that have been held in that every paper scheduled on the program was read, and prepared discussions were at hand in nearly every instance. This added much to the interest of the meeting and President Schenck is to be congratulated on the innovation. There was a good attendance, 198 physicians registering. In an adjoining room a number of good commercial exhibits were displayed together with an educational exhibit of exceeding interest made on behalf of the N. Y. Homœo. Med. Coll. under the direction of Dr. W. H. Dieffenbach. This exhibit included roentgengrams, anatomical diagrams, pathological specimens, wax models, dried and wet preparations of medicinal plants. After the opening exercises and committee reports at the opening session the Bureau of Pediatrics presented the following papers: Spinal Curvature with Special Reference to Sciatica, by Dr. G. P. Holden; Rheumatic Conditions of Childhood, by Dr. N. H. Ives; and Intestinal Obstruction, by Dr. W. G. Crump, Dr. Holden exhibited an interesting model of an apparatus adapted to holding a patient during the application of a plaster cast. In the Bureau of Obstetrics which followed two papers were presented: Artificial Dilatation of the Cervix—New Hydrodynamic Dilating Bag of Pomeroy, by Dr. G. H. Iler; and Clystic Degeneration of the Chorionic Villi, with Report of a case and Exhibition of Specimen, by Dr. L. L. Danforth. The discussion of Dr. Iler's paper was made the more interesting by the participation in it of Dr. Pomeroy the inventor of the dilating bag.

Tuesday afternoon was devoted to Ophthalmology, Otology, Larynology and Rhinology with the following papers: Eye Symptoms Suggestive of Complications in the Accessory Nasal Sinuses, by Dr. J. I. Dowling; The Clinical Significance of Ciliary Neuralgia,

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by Dr. F. G. Ritchie; The Sinuses as Routes for Infecting the Meninges and Mastoid, by Dr. R. I. Lloyd; Hay Fever, by Dr. J. B. Garrison; How to Blow the Nose, by Dr. Frank B. Seitz; and The Relation of the General Practitioner to the Specialist in Diseases of the Nose and Throat, by Dr. J. W. LeSeur.

An interesting, profitable and well attended session marked the Materia Medica Symposium held on Tuesday evening, when numerous physicians gave reports of verifications of symptoms of a number of drugs.

Materia Medica also had a session on Wednesday morning when the following papers were read and discussed: Cantharis in Acute Nephritis and Endocarditis, by Dr. W. McGeorge; Medorrhinum, by Dr. W. H. Freeman, and a Comparison of Solonaceæ, by Dr. E. W. Brown.

In connection with the Bureau of Public Health which followed, Dr. E. M. Santee, of the U. S. Dept. of Agriculture, stated the requirements for Clean Milk, the requirements on the farm, and from the vendor and consumer. In the interesting discussion which followed, Dr. W. H. Leonard, of the Tully Farms Certified Milk Dairy and a representative of the Brooklyn Milk Commission took part. Other papers in this bureau were: The Family Physician and the Sanitary Officer, in which Dr. Hills Cole urged more co-operation with public health officials, and A Neglected Factor in Public Health, in which Dr. Harlan P. Cole drew attention to deformities and weakness in the lower extremities as a diminishing of a public asset.

The afternoon session opened with a business meeting, including the treasurer's report showing a balance of $2.00, and of the Legislative Committee and of the Legislative Fund, in connection with which last the President appealed for more subscriptions, to make up the difference between the $700 already subscribed and the $1600 incurred in connection with the work of the committee. Two resolutions were passed: one asking the State Department of Health to provide diphtheria antitoxin free of charge to any physician desiring to use the same for curative or prophylactic purposes, and the other urging a strict enforcement of the law requiring notification of cases of ophthalmia neonatorum.

The Bureau of Neurology presented papers of interest to the general practitioner: General Paresis and the Family Physician, by Dr. R. C. Woodman, Two Cases of General Paresis of Long Duration, by Dr. R. E. Mitchell. the General Practitioner and His Insane Patients, by Dr. Reeve Turner, and Homeœopathic Treatment of Insanity, by Dr. W. M. Butler. Then followed the Bureau of Clinical Medicine in which Dr. W. S. Searle discussed Medical Examining Boards, Past, Present and Future. Dr. Lewi, the secretary of the new State Board of Examiners, and Dean W. H. King also speaking on the subject, and Drs. G. F. Laidlaw and H. G. Sloat offered Recent Aids in the Diagnosis of Tuberculosis.

Friday morning was given up to the Bureau of Surgery and Gynecology. The following papers being read: Pyemia following Vaccination. by Dr. O. S. Ritch; The Value of the Leucocyte Count in Surgical Conditions, by Dr. W. C. Daly; Popular Errors Regarding Nephroptosis, by Dr. S. F. Wilcox; Hyoscin-Morphin and Cactin Anesthesia, by Dr. C. E. Walton, and Surgery and the Public, by Dr. W. F. Honan; Cancer, by Dr. W. J. Shrewsbury; Ultimate

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Results in the Operative Treatment of Carcinoma of the Pelvic Organs, by Dr. DeWitt G. Wilcox.

In the afternoon interesting medical and surgical clinics were held at Cumberland Street Hospital.

The meeting synchronizing with the Semi-Centennial of the Homœopathic Medical Society of the County of Kings, two special features were added to the program by this society. The first was a public meeting on Wednesday evening at which the following addresses were made: Opening Address by President Dr. W. W. Blackman; Homœopathy, by Dr. Chas. E. Walton; Hahnamann, by Dr. Royal S. Copeland, and Homœopathy for the Layman. The other feature was a banquet on Thursday evening tendered to the visiting physicians and their wives. In addition to this the visiting ladies were entertained at tea by Mrs. Blackman on Tuesday afternoon, at a matinee party at the Hippodrome on Wednesday afternoon, and by an auto ride down the Shore Road, with luncheon at the Crescent Country Club. on Thursday.

Altogether this was a very successful meeting and reflected great credit on the president of the Society, Dr. H. D. Schenck, and on the members of the King's County Society, who gave so generously of their time and money to contribute to the profit and enjoyment of those in attendance.

REEVE TURNER, M.D.

For Sale—The leading homœopathic practitioner in a New England city of 37,000 desires to dispose of his general practice in which is included a remunerative office specialty. For particulars address Dr. Cole, 1748 Broadway, New York City.

The Philadelphia Society for Clinical Research held its regular monthly meeting on board the Steamer *Brandywine*, on Wednesday eve, July 17, 1907, this occasion being the second annual steamboat ride down the historical Delaware River as far as Wilmington and return, by moonlight. The friends and members of the society were the guests of Ralph Bernstein. A special programme was arranged for the entertainment. Dr. M. W. Sloan, the president of the society, acted as toastmaster, calling upon each and every one present in a fitting and jovial manner. The banquet was served in the main dining-room, below deck, amid a profusion of floral and Hahnemann color decorations. The next and last of the summer outings was held at the Green Lake Inn, at West Chester.—RALPH BERNSTEIN, *Secretary*.

CHICAGO ITEMS

THE AFTER DINNER CLUB was entertained at the home of Dr. Emily M. Luff, 326 Chicago Ave., Oak Park, Saturday, August 31st. Six o'clock was the dinner hour, and after doing justice to a most tempting menu the remainder of the evening was spent in considering suggestions for the winter's work. Some good music contributed much to the enjoyment of the evening.

THE JOHN CRERAR LIBRARY announces that arrangements have been made for the accommodation of its Department of Medical Sciences as part of its main collection at 87 Wabash Ave., N. W. corner Washington St. The rooms in The Newberry Library Building are now closed after August 3, and all mail matter should be

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addressed hereafter: The John Crerar Library, Chicago, Ill. Packages sent by express should have added: 6th floor, 87 Wabash Ave.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held a regular meeting at the Julian Hotel, September 10th, at 8.30 P. M. The programme was provided by the Bureau of General Medicine, Dr. H. H. Davis presiding. Dr. Harriet B. Wilcox gave an admirable paper on the "Medical Treatment of Infants"; Dr. H. H. Davis voiced "The Rights of Children from the Physician's Standpoint," dwelling particularly upon the advisability of enlightening children at as early an age as the desire for knowledge regarding self manifests itself.

The speaker of the evening was Dr. D. A. Evans, commissioner of health of Chicago, the unique method of whose recent appointment is being favorably commented upon by the profession throughout the country, for when the politicians and ward heelers were clamoring for the spoils following the election of Mayor Busse, he said substantially: "No health officer will be appointed for the City of Chicago until the most skilled physicians and surgeons are consulted and a recommendation is made by them," and accordingly twenty prominent men, headed by Dr. Charles E. Kahlke for the homœopathic school and Dr. Frank Billings for the allopathic school, were consulted and their recommendation was adopted and the appointment of Dr. Evans was the result.

Dr. Evans spoke in detail of the milk supply of Chicago, which is practically the best of any city in the United States, for two main reasons: First, the haul is the shortest, very little milk being received from a distance greater than fifty miles, therefore it does not need to be iced while *en route*, consequently it does not decay as rapidly as milk that has been iced before reaching the dealer; and, second, the Fox River district of Illinois is settled by farmers who have been milk producers for generations, and have reduced their vocation to a more scientific basis than those who supply milk in newer districts, on in the south where the help is less inclined to follow intelligent directions. The tubercle bacillus of the bovine is very similar to that of the human race and is capable of developing tuberculosis in the individual. A tubercular cow that does not manifest the clinical features of the disease may, nevertheless, convey the disease, the bacillus in that event having its habitat in the genito-intestinal canal and is found in the cud in rumination and discharges from the mouth and is also found in the manure. Guinea pigs penned near the stalls of tubercular cows contract the disease. The infantile mortality in this city traceable to the use of milk is greatest among the Poles, Bohemians and Italians. Strauss, in New York, supplies sterilized milk to 13,000 babies in the poor districts. Commercial sterilization reduces the percentage of pathogenic bacteria, while complete sterilization eliminates them.

THE TWENTIETH ANNUAL SESSION of the American Association of Orificial Surgeons was held at the Sherman House on the afternoons and evenings of September 24th and 25th.

DR. E. H. PRATT announced a second free surgical clinic for three days, September 24th to 26th, at the Hering Medical College, corner Wood and York Sts.

HAHNEMANN MEDICAL COLLEGE will inaugurate the first quarter of the year with a series of clinics all day Tuesday, October 1st. In the evening will occur the opening exercises, at which Dr. Hamilton F. Biggar, of Cleveland will deliver the address. A

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reception will be held in his honor, followed by dancing and refreshments.—CHRISTINE BERGOLTH, M.D.

New Jersey State Society—The 54th semi-annual session of the New Jersey State Homœopathic Medical Society was held at the Hotel Cumberland, Ocean City, N. J., on September 5th and 6th. Dr. Ella P. Upham, of Asbury Park, the first woman president of the society, called the business session to order at 2.30 P. M., Thursday, and presided with dignity, grace and ability throughout the meeting. The physicians and their friends were welcomed to Ocean City by Mayor Joseph Champion, the treasurer, Rudolph F. Rabe, M.D., of Hoboken, responding for the society. The most important action taken at the business session was brought about by the report of A. W. Atkinson, M.D., chairman of the committee on legislation. He told of efforts made to do away with the present Board of Examiners and with the examinations in materia medica and therapeutics. The society instructed the committee to oppose any such changes and approved the recommendations in the report of the Inter-State Committee of the American Institute. An interesting feature of this session was the reports from the various hospitals under homœopathic control in the State.

The scientific session was held on Friday morning. Especially interesting were the remarks upon appendicitis by Herbert Northrop, M.D., of Philadelphia, Dean of Hahnemann College. Other papers were presented: "Diseases of Children Due to Faulty Nutrition," by Nathan Thorne, M.D.; "Some Observations on Pulmonary Diseases of Children," by Frank P. Ekings, M.D.: "Calcarea Sulfurica," by A. Katherine Klein, M.D., and "The Simillimum, What It Is and How to Find It." by Rudolph F. Rabe, M.D. All these papers were enthusiastically discussed. Members and friends were hospitably entertained by the local committee with I. N. Griscom, M.D., of Ocean City, at its head. On Thursday afternoon a sail was enjoyed upon Great Egg Harbor, in the evening an entertainment and dance at the Casino Club, and on Friday morning an organ recital at the First Presbyterian Church. The society will hold its annual meeting at Princeton on Thursday, May 7th.

The Homœopathic Medical Society of the County of New York will be fifty years old the eleventh of November. It is planned to have a celebration in the form of a dinner at the Hotel Astor, a dinner at which the members, their friends and patrons may be present. The price per plate, three dollars, has purposely been kept low so that everybody will come. There will be interesting speeches.

Pennsylvanians at Pittsburg—The 44th session of the Homœopathic Medical Society of the State of Pennsylvania was held in Pittsburg at the Homœopathic Hospital, on September 17, 18 and 19. As usual, there was a good attendance, and also, as usual, the committee on new members was able to make a remarkable report—more than 100 physicians joining the society at this meeting. The keynote of the meeting set by the indefatigable president, Dr. J. J. Tuller of Philadelphia, was active opposition of the most strenuous sort against any change in the present three-board system of medical examiners. The legislative committee reported how it had been able to secure the defeat of the old chool's legislative attempts in this direction and by a special reso-

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lution the society affirmed its position and urged every homœopathic physician to work earnestly and heartily in support.

In connection with the various bureaux some good papers were read, but the program was very much padded. Thus, of the fifteen papers announced in the bureau of surgery, only six were read. The *piece de resistance* proved to be the paper of Dr. W. T. Talbot of Camp Asquam, Holderness, N. H., on "Conditions and Needs of Growing Boys," advocating the use of laboratory methods, the recording of growth, lung capacity, strength, etc., in the training of children, and showing the effect of a sound body on the moral and mental capacity of the child.

Among the other papers read were "Anal Fissure," by C. A. Bigler, Jr., Philadelphia; "Intestinal Perforation in Typhoid," by Dr. J. S. Elliott, Philadelphia; "Appendicostomy—Its Indications and Technique," by Dr. G. A. Van Lennep; "Cæsarian Section," by Dr. J. H. McClelland; "The Opsonin Theory," by Dr. F. B. Quackenbush, Philadelphia; "The Reading Sewage Disposal System," by Dr. H. F. Schantz, Reading; "The Thoracic Visceral Crises of Locomotor Ataxia," by Dr. W. F. Baker, Philadelphia; "Topical Cutaneous Therapy," by Dr. Ralph Bernstein, Philadelphia; "Shall We Preserve the Integrity of the Homœopathic School," by Dr. E. M. Gramm, Philadelphia; "Pruritus Ani," by Dr. G. H. Moreland, Pittsburg; "Diagnostic and Therapeutic Uses of Tuberculin," by Dr. G. H. Wells, Philadelphia; "Ocular Manifestations of Albuminuria," by Dr. H. B. Bryson, Pittsburg; "The New-Born Child," by Dr. F. W. Boyer, Pottsville; "Prospective Parents," by W. G. Dietz, Hazleton; "Lycopodium," by Dr. M. M. Fleagle, Hanover; "The Nosodes," by Dr. G. M. Cooper, Bryn Athyn; "The Materia Medica Woods," by Dr. F. E. Gladwin, Philadelphia; "Opium," by Dr. Julia C. Loos, Harrisburg; "The Role of Pelvic Vascular Disease in Gynecology," by Dr. N. S. Betts, Philadelphia; "Ectopic Pregnancy," by Dr. N. F. Lane, Philadelphia; "Menorrhagia," by Dr. R. L. Piper, Tyrone; "Hysteria in Children," by Dr. W. W. Van Baun, Philadelphia; "Modern Trend of Infant Feeding," by Dr. C. S. Raue, Philadelphia, and a symposium on arterio-sclerosis, under the auspices of the Pittsburg Pathological Society, in which Drs. W. W. Blair, Watson, Marshall and Stolzenbach took part. On the evening of the 18th, members of the society and visitors were entertained by the Allegheny County Society at the Duquesne Club.

The Plague in San Francisco—During the past few weeks the bubonic plague has appeared in San Francisco. Up to the middle of September, there had been about thirty cases reported, with a mortality of one-third. The Marine Hospital service is in charge, assisted by the local state and city boards of health. There is no panic, and the probabilities are that the disease will not spread. The local attitude is noticeably different from what it was in 1903. At that time the San Francisco press and the authorities strenuously denied that any such disease existed. Now the condition is recognized and taken in hand.

As noted in these pages in the past, it is probably only a question of time when sporadic cases will appear on the Atlantic coast. In the far East the plague is raging worse than ever this year, there having already been more than a million deaths.

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New York Sanitary Conference—The seventh annual confence of State Sanitary Officers, will be held in Convention Hall, Buffalo, N. Y., on Wednesday, Thursday and Friday, October 16th, 17th and 18th.

In connection with the conference and during the whole of that week there will be held the first demonstration of the Department's Traveling Tuberculosis Exhibition. This tuberculosis exhibition will be similar in many respects to the one shown at last year's conference, but will have many new features. It will contain exhibits from all the large and some of the smaller cities and villages of the State. These will illustrate what is being done, in all parts of the State, for the prevention of this disease.

In addition there will be shown a series of models of slow and rapid sand filters and of a septic tank and contact beds. There will also be on exhibition a series of charts and tables showing the incidence of typhoid fever in the different municipalities in the State; maps showing water sheds of the State and similar material. The State Hygienic Laboratory will have its traveling laboratory outfit and other outfits, apparatus, etc., on view.

The program of the meeting is not yet completed, but the following is a tentative outline of the subjects and the speakers who have been invited to present papers and the probable arrangement of the same:

WEDNESDAY, OCTOBER 16th, 2 P. M.—Introduction, Dr. Ernest Wende, health commissioner of Buffalo; address of welcome, Hon. J. N. Adam, mayor of Buffalo; address of welcome, W. H. Gratwick, Esq., president Chamber of Commerce, Buffalo; opening address, Dr. Eugene H. Porter, state commissioner of health; address, Hon. Charles E. Hughes, governor State of New York; reception by the Governor.

WEDNESDAY EVENING—"The Dissemination and Control of Tuberculosis," Prof. V. A. Moore, N. Y. State Veterinary College, Ithaca, N. Y.; "The Early Diagnosis and Treatment of Tuberculosis," J. H. Pryor, M.D., Trustee N. Y. State Hospital for Incipient Pulmonary Tuberculosis, Buffalo, N. Y.: "The Duty of the Municipality Toward the Tuberculous," Dr. Edward Devine, secretary Charity Organization Socity, New York City.

THURSDAY MORNING, 9.30 A. M.—"Sanitary Inspection of Wells and Their Surroundings," Mr. L. M. Wachter, sanitary chemist State Hygienic Laboratory; "Sewage Disposal for Institutions and Small Communities," Mr. Theodore Horton, chief sanitary engineer State Department of Health; "Law Relating to Sewerage Systems," Mr. A. H. Seymour, secretary State Department of Health.

THURSDAY AFTERNOON—It is expected that arrangements will be made so that the entire body of members of the conference can be transported to Niagara Falls for the afternoon, with a dinner at 6 o'clock at one of the large hotels. At the close of the dinner, addresses will be given as follows: "Labor Legislation and Its Relation to Public Health," by the state commissioner of labor: "Law Relating to Nuisances," Senator W. J. Tully, Corning, N. Y.

FRIDAY MORNING—"Practical Points on Quarantine," J. T. Wheeler, M.D., director Division of Communicable Diseases, State Department of Health; "Symposium on Medical School Inspection: The Detection of Communicable Diseases," by a prominent medical school inspector; "The Detection of Defects of the Eye, Ear, Nose

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and Throat," Herbert D. Schenck, M.D., consulting ophthalmologist; "The Prevalence of Physical Defects in School Children," Harlan P. Cole, M.D., consulting orthopedist, State Department of Health.

FRIDAY EVENING—Symposium on Pure Milk: "What Health Departments Can Do to Secure Pure Milk by Inspection of Dairies and Farms," Thomas Darlington, M.D., health commissioner, New York City; "By the Permit and License System," Ernest Wende, M.D., health commissioner of Buffalo, N. Y.; "By the 'Telltale' Milk Register," Henry R. Hopkins, M.D., Buffalo, N. Y.; "By Educational Measures," George W. Goler, M.D., health commissioner of Rochester, N. Y.; "By the Use of the Score-Card System," Ellis M. Santee, M.D., dairy expert, U. S. Department of Agriculture, Washington, D. C.

Enough of great interest and value is indicated above to warrant every health officer and most of the physicians of the State in making the most strenuous efforts to be present at every session of this conference.

Carcinoma relieved—Dr. J. M. G. Carter says that many cases of cancer cannot be operated upon because of their location or because the patient will not permit it. He reports a case diagnosed as carcinoma of the stomach which was entirely relieved and three years later showed no signs of the trouble. The treatment consisted of the use, by mouth, of a 2 per cent. solution of Hydrozone. The patient was told to drink half a pint of this solution half an hour before mealtime, lie on the back for five minutes, then turn on the right side and remain in that position for 25 minutes. This remedy was given for its antiseptic effect. The internal treatment was nuclein.

Aletris Cordial Rio represents one of our most reliable indigenous agents for uterine ailments. Reports of its efficacy in numerous cases of amenorrhea, dysmenorrhea and menorrhagia affirm its value in the treatment of these cases.

For the Pain of Inflammations—According to the *Medical Era,* for relieving the pain of the inflammations, Antiphlogistine will easily take the place of opium. The relief following may not be so prompt and so complete, but the edge of the suffering is taken off within a short time, and soon the patient is in a comfortable condition and has escaped the possibility of becoming addicted to a drug. There is not the likelihood that a patient, relieved from pain by it, will begin eating or using Antiphlogistine in any other way—which likelihood is the greatest disadvantage of opium.

Honesty in Proprietaryship—The *Coca Leaf* says: There is nothing illegitimate, nothing unethical, nothing in doubt for any physician when called to prescribe Mariani Wine. It is precisely what it is represented. For nearly half a century Mariani has stood honorably before the medical profession as synonymous with all that is good and best in Coca. He has specialized it, and has endeavored to raise it from its empirical uses in the light of science.

Local Treatment of Tonsilitis—It is said that a local remedy must fill two requirements, *i. e.,* a detergent antiseptic and a degree of permanency in effect. Many of the remedies which have been advocated for the varied forms of tonsilitis are antiseptic, but they are not sufficiently exosmotic in their action to increase the circulation or else their effect is too transient. It is claimed that Glyco-Thymoline, frequently applied in a 50 per cent, strength with a

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hand atomizer, produces a rapid depletion of the congested area through its well-defined exosmotic property, re-establishes normal passage of fluids through the tissues, promptly relieving the dry condition of the membranes and giving an immediate and lasting anodyne effect. As a gargle a 25 per cent. solution hot may be effectively used, providing the process does not cause undue pain. The external application of cloths dipped in hot water and Glyco-Thymoline in 25 per cent. solution is said to greatly increase the venous circulation.

The Rest Cure—The Walter Sanitarium is the legitimate rest-cure. It urges nutrition as the basis of health, and avoids stimulation. Its methods are restful, quieting, soothing, promotive of real vitality instead of the excited and apparent vigor that comes from tonics and stimulants. The Walter Sanitarium is dedicated to the science of right living as the basis for good health. It teaches and practises the art of getting well side by side with the art of keeping well. Its results to invalids are permanent, the superstructure of health is here built upon a solid foundation first secured. We repudiate the plan of building health upon the quicksands of stimulation, whether by drugs or by sanatory appliances. Few know that baths, bathing and electricity may be made to illustrate all the fallacies of alcoholic stimulation, the results of which are the same whether taken as a medicine or a beverage.

Typhoid Fever and its Modern Treatment—According to W. T. Mans, of Peoria Heights, Ill., in the treatment of typhoid. good elimination should be maintained, and every secretion should be aroused to do its best. Salines are nearly always indicated. Abbott's saline laxative is pleasanter and better than crude salts. If the bowels act not less than twice daily, the course and severity of the disease is modified. The old idea that in typhoid the bowels should be kept confined for a few days at a time is now looked upon as having been an untenable theory. The more debris and toxins are eliminated, the less will the disease be compelled to oxidize by the process of fever. The more water the patient drinks, the more are poisons eliminated or diluted, thus lessening their absorption.

Aletris Cordia Rio is an efficient uterine tonic and restorative, and is a preparation for which nothing can be substituted.

Thomas W. Forshee, M.D., of Madison, Ind., writing, says: "For vesical irritation in both male and female I find Sanmetto perfect. For prostatitis I have never found any remedy that approximated it."

Chronic Ulcers—John Greely had suffered for twenty years past with large leg ulcers which resisted all treatment heretofore prescribed, and emitted a fetid odor. At the suggestion of a professional brother, I was induced to try Bovinine on this and the following case. All pain ceased, and to my further surprise, the ulcers immediately began to heal, and were entirely closed in three weeks. This was the first case where I had even seen any treatment give such marked results.—J. HELLER, Surgeon O. D. Department, Bellevue Hospital, New York City.

Pneumonia—The three great points in pneumonia are to relieve congestion, maintain intestinal activity and cleanliness and improve metabolism. Systematic antiseptics are also indicated. The man who uses calcium sulphide, aconitine, veratrine and digitalin (Abbott's "Defervescent compound") the sulphocarbolates and nuclein cures his cases, frequently aborting them within a few days.—*Clinical Medicine.*

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Book Reviews

The Practitioner's Library of Gynecology, Obstetrics and Pediatrics, in original contributions, by eminent American and English Authors. The practice of Gynecology—Edited by J. Wesley Bovee, A. M., M. D., Professor of Clinical Gynecology in the George Washington University, Washington, D. C. Large octavo, 836 pages, with 382 engravings and 60 full-page plates in colors and monochrome. The practice of Obstetrics—Edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Diseases of Women in the University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Large octavo, 1087 pages, with 523 engravings and 30 full-page plates in colors and monochrome. The practice of Pediatrics—Edited by Walter Lester Carr, M. D., Consulting Physician to the French Hospital; Visiting Physician Infants' and Children's Hospital, New York. Large octavo, 1014 pages, with 199 engravings and 32 full-page plates in colors and monochrome. Price per single volume, Cloth, $6.00; Leather, $7.00; Half Morocco, $8.00. Price for any two volumes, Cloth, $11.00; Leather, $13.00; Half Morocco, $15.00. Price for the three volumes, Cloth, $15.00; Leather, $18.00; Half Morocco, $21.00.

These three heavy volumes of 3,000 pages in all present the up-to-date knowledge in their several subjects. The arrangement throughout is good and the text is abundantly illustrated by good pictures.

The subject of gynecology is handled almost exclusively from the specialist's or surgical viewpoint. The use of electricity is mentioned only once, and then condemned. The good results to be obtained from internal manipulation or massage are not referred to. Good advice on the hygiene of menstruation and the care of girls during the establishment of puberty is to be found. The gynecological and obstetrical volumes overlap somewhat, both having sections dealing with extrauterine pregnancy. Gynecology is a widening field; in this volume is included a consideration of the abnormal conditions of the urinary tract, from kidney to urethral orifice, in women.

In the volume on obstetrics one is struck with the abundance of good illustration depicting the various processes of labor and of obstetrical manipulation. Section IX of this volume deals with the new-born infant. The other sections are those ordinarily found in works on obstetrics. There is not as much said about acetonuria in pregnancy as the reader posted in current medical literature would expect.

The volume on pediatrics is thoroughly comprehensive. Included in it are some excellent remarks on growth and hygiene. Eighty pages are devoted to infant feeding.

The treatment outlined is that advocated by the dominant school. Little or no medicine is given.

A Manual of Hygene and Sanitation, By Seneca Egbert, A. M. M. D., Professor of Hygiene in the Medico-Chirurgical College of Philadelphia, etc., etc. Fourth edition, thoroughly revised. Illustrated with 93 engravings, 498 pages, 12mo., Cloth, $2.25 net. Lea Brothers & Co. Philadelphia and New York. 1907.

We welcome to our table this fourth edition of Egbert's Manual of Hygiene, which, considering its size, is quite comprehensive. All the main branches of hygiene and sanitation are discussed in up-to-date manner. We notice, however, the omission of mention of the modern sprinkling filter in sewage disposal systems and of an adequate discussion of the hygiene of natural ice.

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Royal Leamington Spa: Its Springs, Baths and general attractions, By John Murray Moore, M. D. Edin., M. R. C. S. Eng., F. R. G. S., etc. Price threepence. Published by Burgis and Colbourne, Ltd., Leamington Spa. England.

This is an interesting "write-up" of Warwickshire's famous spa, well known to the American visitor to Shakespeare's country, by Dr. Moore, the recently-elected president of the 1908 British Homœopathic Congress. It consists of a description of the place and a discussion of the therapeutic uses, modes of employment, personal experiences with, and modern adjuncts to the Leamington Waters.

Surgery: Its Principles and Practice. In five volumes. By 66 eminent surgeons. Edited by W. W. Keen, M. D., LL. D., Hon. F. R. C. S., Eng. and Edin., Professor of the principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume II. Octavo of 920 pages, with 572 text-illustrations and 9 colored plates. Philadelphia and London; W. B. Saaunders Company, 1907. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

All the good things said about the first volume of this great system of surgery can be equally well predicated of the second. Those who purchased the former will certainly want to add this to their library. The subjects treated in this volume include Diseases of the Bones; Fractures; Surgery of the Joints; Dislocations; Surgery of the Muscles, Tendons, and Bursæ; Orthopedic Surgery; Surgery of the Lymphatic System; Surgery of the Skin; Surgery of the Nerves; Traumatic Neurasthenia; Surgery among the Insane and Surgery of the Spine, and among the contributors are such well-known men as Lovett, Gerrish, Dercum and Da Costa.

Dr. Darlington, Commissioner of Health of New York City, has ruled that Vin Mariani does not conflict with the city's anti-cocaine ordinance, since "Vin Mariani, under the new label adopted by the manufacturers, is not regarded as a cocaine preparation, and can, therefore, be sold as freely as any other medicated wine that does not contain cocaine."

Substitution Again—Fairchild Bros. & Foster state that nine prescriptions calling for Essence of Pepsine (Fairchild's) were given to as many Chicago druggists and the contents of the vials dispensed by them were subsequently examined, and that in none was Fairchild's Essence found. The substitutes were of varying degrees of inferiority and some practically worthless. And yet there is a move on foot by druggists to prohibit physicians from dispensing their own prescriptions.

Digestive Stimulant—Some physicians think that in run down and emaciated patients, and after lingering diseases, Seng will prove more serviceable in building up a normal digestion. It is said that it can also be advantageously used as a vehicle in general treatment when a digestive secernent seems desirable and indicated. The good results following this form of treatment has been very favorably mentioned by many practitioners.

Results in Treatment of Dropsy—Dr. J. W. Anderson writes of Anasarcin Tablets that he is glad to say that he never used a medicine in dropsy resulting from heart trouble with more satisfactory results. "I shall prescribe them hereafter in all similar affections."

The Value of Good Elimation, especially by the kidneys, can not be overestimated as a preparatory measure to the use of the indicated remedy. There is no better eliminant than Alkalithia.

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Societies and Current Events

CONDUCTED BY . . . . . ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
Cincinnati, O.—J. R. McCleary, M.D.
Columbus, O.—C. E. Silbernagel, M.D.
Dayton, O.—W. Webster Ensey, M.D.
Des Moines, Ia.—Erwin Schenk, M.D.
London, Eng.—James Searson, M.D.
Minneapolis— Norman M. Smith, M.D.
New Orleans, La.—Chas. Mayer, M.D.
New York.—Reeve Turner, M.D.
Philadelphia. Chas. D. Fox, M.D.
Pittsburg, Pa.—Verner S. Gaggin, M.D.
Providence, R. I.—Robert S. Phillips, M.D.
Rochester, N. Y.—William Perrin, M.D.
San Francisco, C.—C. B. Pinkham, M.D.
Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

PERSONALS

DR. and MRS. CHARLES A. CHURCH, of Passaic, N. J., have just returned from a short trip across the ocean. A much needed rest for this busy surgeon.

DR. STELLA Q. ROOT, of Stamford, Conn., has been appointed assistant Gynecologist to the Stamford hospital. She is the first woman, and the first homœopath, to be appointed on the staff.

DR. HENSLEY, of Oklahoma City, has sent the NORTH AMERICAN clippings from local newspapers reporting that work is in progress on the Lee Hotel annex, and says that he has made preparations for all the meetings of the Institute, including sections and exhibits, under one roof.

NEW YORK NEWS

DR. BERT B. CLARK married Miss Blanche B. McMeyer, of New York on October first. The young couple are now at home at 6 W. 129th Street. Our congratulations to them.

DR. GEORGE W. ROBERTS announces that he has resumed his regular office hours, and may be consulted also on Sunday by appointment.

DR. FREDERICK K. HOLLISTER announces that hereafter he will devote particular attention to the treatment of diseases of children.

DR. REBECCA JANE AYRES, of 806 Greene Avenue, Brooklyn, died on September 28th at the Memorial Hospital for Women and Children, where she had been undergoing treatment for cancer for several months. She was in her fifty-sixth year, and a prominent woman physician of Brooklyn, having been a member of the staff of the Memorial Hospital, as well as the Vice-President of its Training School for Nurses. She was graduated from the New York Medical College and Hospital for Women in 1894, and a member of the Homœopathic Medical Society of the County of Kings.

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THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, held its first meeting of the Fall and Winter season at its new rooms at Genealogical Hall, 226 West 58th Street, Thursday evening, October 10th

Dr. Walter Sands Mills, the president, occupied the chair, opening the meeting with a short but interesting address.

The names of two applicants were voted upon for active membership, and were admitted into the Society, Dr. R. E. Townsend, Ansonia, 73rd Street and Broadway, New York City, and Dr. C. H. Duncan, 233 Lexington Avenue.

The chairman of the Materia Medica announced a paper by Dr. Edmund Carleton, entitled "The Crucial Test of Nux Moschata."

Dr. Carleton in a very interesting way described the main points regarding this useful drug. He also recommended study of it in relation to the "Sleeping Sickness" so common in Africa. He has himself, with the assistance of men and women working in Africa, been applying it in the treatment of this fatal disease. As yet he has reached no definite conclusion. It was discussed by Dr. Baylies, Butler, Hastermuth, Stearns, Clark and O'Brien.

The chairman of the committee on Obstetrics reported a paper entitled "The Management of Occipito—Posterior Positions," by Dr. Stella Q. Root, of Stamford, Conn. This paper exhibited the results of much study and experience. Discussion was by Drs. Hamilton, Swift and Thomas.

A paper on "Bone Wax" was next read by Dr. Joseph H. Fobes. As it detailed the doctor's experience with this and other materials, it was well received. Dr. Wm. F. Honon ably discussed the paper.

COUNTY SOCIETY ANNIVERSARY—The Homœopathic Medical Society of the County of New York, on the evening of November eleventh next, in the Hotel Astor, will celebrate its fiftieth anniversary. Dr. Mills, our president, assures us that success is already assured, and that all that remains is for us to swell the numbers.

It is fitting that the fiftieth anniversary of the Society should be an occasion of thanksgiving, of rejoicing and of a renewed allegiance to the cause of homœopathy. Every physician who professes to practice homœopathy, every patron who has benefitted by the law of similars should take part in this jubilee celebration. The dinner is for both men and women, the subscription price is moderate, and all are invited. REEVE TURNER, M. D.

Conference of N. Y. Sanitary Officers—The seventh and most successful conference of sanitary officers of the state of New York was held in Buffalo on October 16, 17, 18. There were over 800 registrations, and, including local visitors, there were at times between two and three thousand people in Convention Hall. Dr. Eugene H. Porter, the State Commissioner of Health, has certainly won the hearty support of the health officers throughout the state, their sentiments being expressed by one of their number who described the Commissioner as "the best that ever came down the pike." The first session was given up to welcoming addresses and Dr. Porter's address. The Commissioner briefly referred to the large amount of work actually accomplished since the last Conference in the way of laboratory and field investigations, and then outlined the future operations of the department, which are to include the working out of a plan for the further instruction of health officers, and the adoption of a definite policy in the anti-

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tuberculosis campaign, in which four steps were mentioned: notification and registration; the establishment of local centers and laboratories for the furtherance of the educational campaign and diagnostic work; the creation of inexpensive state camps on state land for incipient cases; and local hospitals for advanced cases, to be provided by the counties or municipalities.

The second session dealt with tuberculosis, Prof. V. A. Moore, of the State Veterinary College at Ithaca, discussing The Dissemination and Control of Tuberculosis as Illustrated in the Bovine Species; Dr. John H. Pryor, Trustee of the N. Y. State Hospital for Incipient Pulmonary Tuberculosis, read a paper on The Early Diagnosis and Treatment of Tuberculosis; and Dr. Edward Devine, Secretary Charity Organization Society, New York City, discussed The Social Aspects of Tuberculosis. Dr. Moore drew special attention to the large number of tubercular cattle in the state, and advocated the Bang method of control, by which animals showing physical signs are destroyed, those giving no such signs, but reacting to tuberculin, being kept for breeding purposes only.

Dr. Pryor lamented the fact that so many cases of tuberculosis were unrecognized in their early stage when cure was possible, and advocated more state institutions for the care of such. Dr. Devine believed that advanced cases requiring assistance should be under local care, and in charge of charity organizations rather than health departments. He also emphasized the need of special training of health officers and inspectors.

Labor Legislation in Its Relation to Public Health was taken up by Adna F. Weber, Ph. D., Chief Statistician State Department of Labor, and Theodore Horton, C. E., Chief Sanitary Engineer of the State Department of Health, outlined the most approved sewage disposal for institutions and small communities.

On Thursday afternoon there was an excursion to Niagara Falls, where the members were welcomed by Major Butler, a graduate of the N. Y. Homœopathic College, by the by, of the Natural Food Co., and entertained by a generous buffet lunch in the "Home of Shredded Wheat." In the evening an innovation in the Conference program was introduced in the shape of a banquet at the Ellicott Club. Dr. E. H. Porter, acted as toastmaster in his well-known efficient manner, and among the speakers, and not the least entertaining, was Dr. DeWitt G. Wilcox, of Buffalo.

The fifth session was opened by a paper giving Practical Points on Quarantine by Dr. J. T. Wheeler, Director Division of Communicable Diseases, State Department of Health, who urged prompt diagnosis of small-pox cases, thorough vaccination of school children and free use of antitoxin in the cure and prophylaxis of diphtheria. This was followed by a symposium on Medical School Inspection, Dr. H. E. Schmid dealing with The Detection of Communicable Diseases, Dr. Harlan P. Cole, Consulting Orthopedist, State Department of Health, discussing The Prevalence of Physical Defects in School Children, and Dr. H. D. Schenck, Consulting Ophthalmologist, State Department of Health, speaking on The Detection of Defects of the Eye, Ear, Nose and Throat. Under Dr. Schenck's directions teachers in many schools throughout the State are taking up this work.

The sixth session took the form of a visit to the Buffalo Stock Yards and Packing House district, so that the health officers might observe the operations of practical meat inspection work.

The final session was given up to a symposium on What

ing as follows: By Inspection of Dairies and Farms, by Thos. Darlington, M. D., Health Commissioner New York City; By the Permit and License System, by Dr. Ernest Wende, Health Commissioner of Buffalo; By the Telltale Milk Register, by Dr. H. R. Hopkins, of Buffalo; By Educational Measures, by Dr. Geo. W. Goler, Health Commissioner, of Rochester; and By the Use of the Score Card System, by Dr E. M. Santee, Dairy Expert, U. S. Department of Agriculture.

The Conference closed with resolutions of thanks to those who had contributed to the success of the meeting, and pledges of support to Dr. Porter in his great work for the furtherance of the health of the people of the State.

New Homœopathic Hospital at Buffalo—Pledges to the amount of $100,000 having been obtained, a parcel of land about 250 x 300 feet has been acquired in the best residence section of Buffalo, upon which will later be erected a homœopathic hospital. The work of securing the subscriptions was carried out by the local homœopathic physicians, and when the sum named was reached, the pledges were turned over to a board of trustees. The doctors are working to add $50,000 to the fund.

BOSTON NEWS

Massachusetts Homoeopathic Medical Society—Acting upon the cordial invitation of the Worcester County Homœopathic Medical Society, extended last spring to the Massachusetts Homœopathic Medical Society, its sixty-seventh semi-annual meeting was held in the Odd Fellows' Building, Worcester, Mass., on Wednesday, October 9, 1907.

At the business session, twenty-two new members were admitted to the society. Dr. N. R. Perkins introduced a bill relating to the improvement of the present system of medical expert testimony; but, as there was insufficient time for proper discussion, it was referred to the legislative committee.

The special guest of the society was Dr. Herbert D. Schenck, president of the New York Homœopathic Medical Society, who was introduced and later read a paper.

The committee on materia medica submitted the following program: "Echinacea and a Few of Its Uses," Elwin W. Capen, M.D.; "The Use and Abuse of Keynotes in Prescribing," Dudley A. Williams, M.D.; "Natrum Muriaticum—A Neglected Remedy," F. Mason Pedelford, M. D.; "Chimaphilla Umbelata—With Case," Maurice W. Turner, M.D.; "Characteristics," J. Marcus Barton, M.D.

The paper which provoked the most discussion was that of Dr. Padelford, on natrum muriaticum, the essayist laying, what seemed to some, undue stress upon the importance of the deleterious effects of the drug in the form of a condiment. A most interesting paper was Dr. O. W. Roberts', on sulphate of copper as a purifier of drinking water, and an account of his experience with the drug in minute doses in the treatment of typhoid fever. Dr. Roberts, finding that the quantity contained in water treated by this chemical was about equal to the 3rd decimal dilution, questioned why the drug might not in a similar dose destroy the baccili within the human organism. He accordingly treated eighteen cases

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with homœopathic preparations of cuprum sulph. with great improvement over the ordinary methods and most gratifying results. He used the 3rd decimal trituration, 2 tablets every 2 hours, gradually giving less as the case improved. Milk and eggs, being antidotes of the remedy, must be excluded from the diet.

Following the business session at which Dr. J. P. Rand presided, the members descended into the banqet hall, where an elaborate and appetizing dinner was served to about 150.

At 1.30, Dr. George R. Southwick pronounced an oration in which he touched upon various matters concerning the present status of medicine and the physician. Among other things he spoke of the progress in medicine of recent years and also the progress in liberality among physicians. He also urged physicians to adopt some other interest in life besides the practice of their profession in order thereby to relieve the brain strain incident upon too close application and to prevent "brain-fag."

Dr. N. R. Perkins reported the recent introduction into the Boston University Medical School of the five-year course, which is nearly accomplished, and the probable existence next year of a six-year course.

The committee on surgery submitted the following papers at 2 P. M.: "Cancer of the Stomach from the Surgeon's Point of View," J. Emmons Briggs, M.D.; "The Permanent and the Transitory in Abdominal Surgery," Henry A. Whitmarsh, M.D.

At 2.45 P. M. the following program was given by the committee on ophthalmology, otology, rhinology and laryngology, Edwin A. Clark, M. D., chairman: "Prevention of Unnecessary Blindness," Herbert D. Schenck, M.D.; "Otitis Media Serosa," Howard P. Bellows, M.D.; "The Eye in Relation to Diabetes and Bright's Disease," Archie E. Perkins, M.D.; "Report of the Committee on Gynecology." Herbert D. Boyd, M.D., chairman; "Extra Uterine Pregnancy," Charles T. Howard, M.D.; "Puncture of the Uterus," Frank L. Newton, M.D.

Dr. Schenck stated that 25 to 30 per cent. of all cases of blindness in institutions for the blind are there because of unnecessary blindness—most of them as the result of ophthalmia neonatorum. The writer feels that there should be legislation looking to the prevention of these cases, which is demanded not only upon humanitarian but upon economic grounds. In some states there is an attempt at something of the sort, but nothing adequate. He recommended the use of 1:10 solution of nitrate of silver for the use of midwives and of Crede's solution for physicians.

At 4.30 occurred the report of the committee on dermatology, syphilogy and genito-urinary diseases, as follows: "Nephritis in the Young," Orville R. Chadwell, M.D.; "Lupus Erythematosus," John L. Coffin, M.D.

At 5.30 the meeting adjourned, after a hearty vote of thanks to the Worcester County Homœopathic Medical Society for their most hospitable entertainment. GRACE E. CROSS.

BOSTON HOMOEOPATHIC MEDICAL SOCIETY—The first meeting of the season of the Boston Homœopathic Medical Society proved to be a very interesting one and one which bids fair to eventuate in certain decisive action in the near future. The hall of the Boston Society of Natural History Building, in Boylston street, was well filled on the evening of October 3rd, with a representative audience of homœopathic physicians to listen to an

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address by the Hon. Louis C. Southard, of Brookline, ex-senator, on the subject of "Medical Expert Testimony."

Mr. Southard is of the opinion that on account of the disrepute into which medical expert testimony has fallen with the courts because of certain physicians who have made a business of this sort of thing, the whole system should be changed so as to bar out the element of barter and sale of medical testimony and reduce the matter to a simple, straightforward truth-telling for the purpose of throwing real light upon the case in hand. At present, the expert testimony is sold to one side or the other, and it is human nature that the evidence given should be biased toward that side. Other countries have long ago abolished our system. Certain ones have experts appointed by committees, and the expense is paid out of the public moneys. In some instances, the court can call upon the entire faculty of a medical college for evidence in a certain case. The men selected under these systems are looked upon as distinguished by their government, even though the payment is smaller than prevails in this country.

Mr. Southard offered several propositions tending to remedy the existing evils in this state, and urged that physicians themselves should do something toward this end.

Dr. Richardson opened the discussion of Mr. Southard's paper. He said that in the past he resented the implication of dishonor that the speaker had made against the medical profession. He said that the legal profession was open to the same arraignment and cited an instance where a poor woman who was injured was approached within twenty-four hours thereafter by twenty different lawyers and whose suit was finally brought without her consent by a lawyer whose name she did not know. Dr. Richardson said that much of the faultiness of medical expert testimony was caused by the action of the lawyers in the case, who sought to support a certain contention rather than to extract the truth of the matter. He felt that the arraignment brought by Mr. Southard applied to only a small minority.

Drs. Newton, Clapp and others joined in the discussion, and the meeting was a lively one.

At 10 P. M. the members and friends adjourned for a social hour and light refreshments. GRACE E. CROSS.

CHICAGO ITEMS.

THE ENGLEWOOD HOMOEOPATHIC MEDICAL SOCIETY held its regular meeting at the Julien Hotel, 63rd Street and Stewart Avenue, October 8th, at 8.30 P. M. The program, provided by the Bureau of Obstetrics, Dr. Helen Willcox, Chairman, was as follows:

1. Management of Breech and Face Presentation, by Dr. VanDelien. Discussion by Dr. Walter Fruit.

2. Care of the Pregnant Woman, by Dr. Sarah Duncan. Discussion by Dr. Smith.

3. Homœopathic Remedies During Labor, by Dr. Elizabeth Trumbull. Discussion by Dr. James West Hingston.

The meeting was well attended and general discussion was had. Members of the profession are always cordially invited to be present at the meetings of this Society.

DR. HELEN C. FLINT is now located in Sioux City, Ia., in partnership with Dr. E. A. Thomas. The well wishes of a host of friends follow Dr. Flint to her new field of activity.

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THE AFTER DINNER CLUB had the last of its series of summer meetings, Saturday, September 28th, at 6 Madison Street. A six o'clock dinner was served, following which discussion was had on "Leucodescent Therapeutic Light." A feature of the evening was the interesting report of Dr. Maria Nye Johnson of the June session of the American Institute. Dr. Johnson is the retiring president of the Woman's Fraternity, her successor being Dr. Millie Chapman.

The fall series of meetings was ushered in by a dinner Thursday, October 17th, at 6 P. M., in the Green Room of the Boston Oyster House, corner Clark and Madison Streets. Informal discussions followed the repast, and the meeting adjourned in time to attend the meeting of the CHICAGO HOMOEOPATHIC MEDICAL SOCIETY at 8.30 the same evening in the Northwestern University Building, corner Lake and Dearborn Streets. The following program was presented:—The Causes and General Symptoms of Gastro-Intestinal Auto-Toxemia, by Dr. E. M. Bruce; The Renal Symptoms of Gastro-Intestinal Auto-Toxemia, by Dr. Clifford Mitchell; The Nervous and Mental Symptoms of Gastro-Intestinal Auto-Toxemia, by Dr. N. B. Delamater.

The discussion was opened by Dr. Sarah Hobson, in which every one present was invited to join. A most profitable meeting was had.

The officers for the ensuing year are: Edward Malcolm Bruce, M. D., President; George Martin McBear, M. D., Secretary; Louis A. Shultz, M. D., Treasurer. Physicians visiting in the city are always welcome. CHRISTINE BERGOLTH, M. D.

Sioux City Homœopathic Medical Society—The regular monthly meeting of the Sioux City Homœopathic Medical Society was held at the home of Dr. S. Staads, on September 10th. The Society was honored by the presence of Dr. Titzel, of Iowa City. After a very enjoyable 7 o'clock dinner the papers of the evening by Dr. Titzel and Dr. T. F. H. Spreng were read, the subject of both being, "Should a Homœopath Use Palliatives or Local Treatment?" The discussion was led by Dr. W. H. Hanchette and both papers were extensively discussed by the members present.

Des Moines Homœopathic Medical Society—The meeting of the Des Moines Medical Society was held at the home of Dr. Alice A. Goodrich, Tuesday evening, September 16, 1907. The meeting was well attended. Dr. C. G. Loizeaux read a paper on "Echinacea," and Dr. E. B. Guild read a paper on "Some Heart Remedies." Both papers provoked a general discussion. The special feature of the evening was a complete surprise on Dr. C. W. Eaton, who has recently withdrawn from active practice and is now devoting his entire time to the medical directorship of the Des Moines Life Insurance Company. The Society wishing in some way to show its appreciation and high regard for Dr Eaton, presented him with Clark's Dictionary of Materia Medica. Dr. George Royal made the presentation speech. The doctor was taken completely by surprise, and the man who on all occasions is so ready with words, found it somewhat difficult to give expressions to his feelings.

The wives and husbands of the members were present at the request of Dr. Goodrich. After the program refreshments were served. The evening was thoroughly enjoyed by all and one long to be remembered.—*Iowa Homoeopathic Journal.*

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Dr. Alexander Von Villers, of Dresden, died on June 28th, after a long illness. His connection with homœopathy began at a very early age, and his name will always be associated with *mercurius cyanatus.* When he was an infant he had diphtheria. "Known remedies had failed to arrest the disease, and his father, Dr. Dominie Von Villers, was in despair. Taking counsel with his friend, Dr. Beck (of Monthey in Switzerland), the latter was struck with the likeness of the case to the effects of *merc. cy.* in some poisoning cases, reports of which he had just been reading. He suggested the remedy. A small quantity of the salt was procured and an attenuation rapidly made and administered. Improvement soon set in, and recovery rapidly followed." (Dr. Clark in *Dictionary of Materia Medica.*) It was meet that a life thus saved should be devoted to the beneficent system that rescued him from death.

He was the leading representative of homœopathy for many years at Dresden. He was formerly editor of the *Allgemeine Homœopathische Zeitung,* but in 1891 he retired from this position and started a new homœopathic journal, the *Archiv für Homœopathie.* Dr. Villers attended the International Homœopathic Congress held in London in August, 1896, where he made many friends, and took part in the discussions of the papers, and was elected Honorary Vice-President of the Congress.—*British Homœopathic Review.*

The Human Handicap—Dr. O. S. Runnels, of Indianapolis, has issued in pamphlet form his address read before the Indianapolis Literary Club on The Human Handicap. The doctor considers the appendix vermiformis to be this handicap, and brings forward many interesting facts to support his contention.

New Orleans Homœopathic Hospital and Dispensary—The executive officers of this institution (C. R. Mayer, M.D., president; Edward Harper, M.D., secretary-treasurer) announce its removal to 1302 Canal street, a centrally-located site, reached by every street car line in the city on a single fare. The free clinics are conducted by Drs. Harper, Bayley, Toledo, Moth, Lopez and Mayer.

Pittsburg Homœopathic Hospital—This institution is now in its forty-second year. One of the earlier homœopathic hospitals, its past history contains much of interest as one traces its progress from comparatively humble beginnings to its present well-deserved prominence. Its success has been due largely to the efforts of loyal believers in the homœopathic cause, foremost of whom is Dr. J. H. McClelland. During the forty-one years since its opening, the hospital has cared for 51,854 patients, of whom 36,297 or 70 per cent. have made no financial return. During 1906 a total of 4,010 patients received attention, an increase of 410 over the preceding year. The mortality was 4.1 per cent. Six hundred and ten ambulance calls were made. On account of its central location a large amount of emergency work is done, both in the hospital proper and in its dispensary. In this latter department 12,322 patients were treated during the year, making a total of 495,224 cases since its inception. With such a record of a successful past, all are looking forward with much anticipation to the completion of the new buildings that are to entirely replace those now occupied. A new site in the residential section has been procured, and upon it is to be erected a new hospital sufficiently large to accommodate 250 patients, at a cost of about $1,000,000. Work upon some of the buildings has already begun. In construction the popular cot-

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tage plan will not be followed, there being provided instead a main building of five floors with four projecting wings so situated as to allow of the maximum amount of light and air.

The London Homœopathic Hospital—The 57th annual meeting of the management of this institution was held in February. It developed that 1,183 hospital patients had been treated during the year and 25,626 patients had been cared for. Arrangements for a large addition to the building are well along, $60,000 is in sight and more is confidently expected as soon as the building is erected.

Massachusetts Homœopathic Hospital—Extensive alterations are in progress on the operating floor of the hospital with a view to increase the facilities for surgical work. Two additional operating rooms will be made, one facing the medical school and taking the rooms formerly occupied by the electro-therapeutic and splint rooms, the other facing the City Hospital, being the room heretofore used as the surgeons' preparation room. Large windows will be built in both places as well as in the room earlier used as a clinical lecture-room, in order to provide abundant light.

A special room, that which has been the surgeons' dining-room, will be devoted to instruments, while the dining-room will be changed to a more convenient location. Extending from one section of the wing to the other and facing East Concord St. will be a solarium for the use of patients. Two anesthetic rooms are already completed. The entire floor and walls will be finished in marble mosaic and terrazo, and the entire furnishings will accord with the latest ideas of aseptic precautions. In addition to these changes, the boiler-room is being enlarged to nearly double its former capacity and the laundry will be also greatly extended.

All of these alterations point most certainly to the activity, enthusiasm and ability of those who are guiding this institution to the even higher objective point than the one now attained. They also, together with the contagious deparment, for which money has already been donated, seem to indicate that the day of burial of homœopathy, often predicted by its opponents in the past, is far distant and is still receding.

Concerning the much-discussed question of the location of the building for the department for contagious diseases, the *Gazette* is now able to announce definitely that the site is a tract of seven acres situated on Summit Ave. in Brighton, not far from the Corey Hill Hospital. This will be easily accessible from the city, and at the same time will provide something of country surroundings, a thing impossible in the crowded city. Building will be very soon begun, and it is hoped that the doors will be opened to patients in about eighteen months. More detailed information concerning the plans will be given at a later date.

—*The New England Medical Gazette.*

Grace Hospital—There are at present two vacancies on the staff of Grace Hospital of Detroit, Mich. Any one interested should communicate with the superintendent or with Dr. Stephen H. Knight, of 37 Willis Ave. East. The service is as follows: Resident physician—term of one year, June 1st to June 1st; salary, $600.00; nominated by superintendent; confirmed by board of trustees. House surgeon—promotion appointment from house staff; can be reached in eighteen months' service. House physician and house surgeon—eligible for appointment to resident physician.

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These staff members have charge of the respective medical and surgical divisions.

Senior or junior internes give anesthetics, carry out surgical dressings under the direction of the resident physician and make ambulance calls, are eligible for promotion to positions of house physicians, house surgeon, or resident physician. Internes can take optional course of one year, eighteen months or two years.

Full term diploma to internes passing through grades to house surgeon. Short term certificate for internes who complete one year's service.

Co-operate for the Institute—On the return trip of the boat *Jamestown,* from the Exposition Grounds at Washington, some thirty Institute physicians happened to be together and almost without any design—spontaneously, one might say—these thirty formed themselves in an informal meeting with Dr. W. A. Paul, chairman of the Committee on New Members, in the chair. Reports go to say that this meeting lasted for several hours and was one of the most enthusiastic homœopathic meetings that the individual members had attended for years. The question chiefly in discussion was the increase in the Institute's membership, which latter crystallized in a personal promise of each participant to influence at least five new applicants for the Oklahoma meeting. This is the right spirit; and the one we have been advocating for years past: i. e. *personal* work. Now, then, you remaining 2,300 members, what will *you* do? Come over and help us? Every mother's son and daughter of you can bring in at least one. Why not?

—*American Physician.*

New Jersey State Tuberculosis Sanitarium—The State Sanitarium for Tuberculous Diseases was formally opened by Governor Stokes October 25th. The institution is located at Glen Gardner, at an elevation of 1,000 feet. The homœopathic profession is represented on the board of managers by Dr. Rudolph F. Rabe, of Hoboken, while homœopathic examining physicians are among the appointees in various towns of the State. The superintendent is Dr. Samuel B. English, of Camden. Dr. English is a graduate of the Jefferson Medical College of Philadelphia, and has been connected with the Cooper Hospital, at Camden, for some time. His salary will be $3,600 a year. Dr. Henry B. Dunham, of Rutland Tuberculosis Sanatorium, at Rutland, Mass., is assistant superintendent, at a salary of $1,800 per year. Dr. Dunham has been connected with the Rutland institution for nine years.

An Outside Opinion—According to the *American Medical Journalist,* it was owing to lack of funds, that no action was taken for the establishment of an Institute journal at the recent meeting of the American Institute of Homœopathy. To one who was present at the meeting when this issue was discussed, it was evident that the expense had very little to do with the final decision against the scheme.

The Committee on New Members for the American Institute of Homœopathy is as follows: Willard A. Paul, M. D., 157 Harvard Street, Dorchester Centre, Boston, Chairman; Joseph P. Cobb, M. D., Chicago; W. E. Riley, M. D., Fulton, Mo., A. M. Linn, M. D., Des Moines, Iowa; Walter D. Hirzel, M. D., San Antonio, Texas; T. H. Carmichael, M. D., Philadelphia; and E. Wilton Brown, M. D., Mount Kisco, N. Y.

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Book Reviews

The Practitioners' Visiting List for 1908. The Weekly, Monthly and 30-Patient Perpetual contain 32 pages of data and 160 pages of classified blanks. The 60-Patient Perpetual consists of 256 pages of blanks alone. Each in one wallet-shaped book, bound in flexible leather, with flap and pocket, pencil and rubber, and calendar for two years. Price by mail, postpaid, to any address, $1.25. Thumb-letter index, 25 cents extra. Lea Brothers & Co., Publishers, Philadelphia and New York. An experience of 22 years has enabled the publishers to include in this pocket visiting list space for the record of the data the physician most needs to keep—visits, general memoranda, obstetric engagements and practice, vaccinations, death register, addresses of patients, and cash accounts. Fine tough paper is used and the book is well bound in grained leather.

The Medical Record Visiting List. Contents: Calendar, Estimation of the Probable Duration of Pregnancy, Approximate Equivalents of Temperature, Weight, Capacity, Measure, etc., Maximum Adult Doses by the Mouth, in Apothecaries' and Decimal Measures, Solutions for Subcutaneous Injection, Emergencies, Surgical Antisepsis, Disinfection, Dentition, Visiting List with Special Memoranda, Obstetric Engagements, Record of Obstetrical Practice, Record of Vaccination, Register of Deaths, Nurses' Addresses, Addresses of Patients and Others, Cash Accounts. Prices: for sixty patients a week, with or without dates, handsomely selected red or black, morocco binding, $1.50; for thirty patients a week, with or without dates, same style, $1.25; also a few special ninety patients lists, $2.00. This list has been thoroughly revised to date, and is one of the best for the physician's purpose.

Visiting and Pocket Reference Book (Perpetual), 1908. J. H. Chambers & Co., Publishers, St. Louis, Missouri. Revised and enlarged, handsomely vellum bound, lapel, pocket size. Price 50 cents. Condensed—at the same time sufficiently elaborate to give such information required in a pocket book of this character. Convenient to carry in the pocket; containing, 128 printed and blank pages.—SYNOPSIS OF CONTENTS: Table of signs—How to keep Visiting List,—Obstetrical Memoranda,—Clinical Emergencies,—Artificial Respiration,—Poisons and Antidotes,—Dose,—Table,—Important Incompatibles; Ruled printed pages for—Weekly Visiting List,—Memoranda,—Nurses' Addresses,—Clinical Record,—Obstetric Record,—Birth Record,—Bills Rendered,—Cash Received,—Miscellaneous Memoranda,—Death Record,—Vaccination Record.—Articles Loaned,—Cash Loaned. The Publishers will mail copy post-paid on receipt of 24 2 cents stamps.

Practical Diagnosis: The Use of Symptoms and Physical Signs in the Diagnosis of Disease, by Hobart Amory Hare, M.D., B.Sc. Professor of Therapeutics in the Jefferson Medical College of Philadelphia, etc., etc. Sixth edition revised and enlarged. Illustrated with 203 engravings and 16 plates. Lea Brothers & Co., Philadelphia and New York.

For twelve or more years, Hare's *Practical Diagnosis* has been well known. A sixth edition in that time testifies to its popularity. The book is well arranged for reference. Each part of the body is taken separately, and the significance of the various diseased conditions of that part described. For example, the skin is treated of in one chapter, the thorax and its viscera in another, and so on. This is one of the books that every one ought to have. Many books are useful to a few who wish to specialize in some line, but here is a book that every student and practitioner can use to advantage.

Principles and Practice of Surgery, by Roswell Park, M.D., LL.D. Professor of Practice of Surgery and Clinical Surgery in the medical department of the University of Buffalo, Ex-President of the American Surgical Association and of the Medical Society of the State of New York, Surgeon to the Buffalo General Hospital, etc. Royal octavo of 1060 pages, Illustrated. Lea Brothers and Company, New York and Philadelphia.

When the third edition of the *Treatise on Surgery by American Authors* was exhausted, his fellow collaborators allowed Dr.

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Park to have this work succeed that one. Thus it is as complete as it is possible for a book of less than 1,100 pages to be. The contents represent the author's idea of the net surgery of to-day, stated as clearly and concisely as possible. The scope is extensive, as it covers both the principles as well as the practice of surgery. The author believes that many physicians desire the benefit of the personal equation of the surgeon, and here he has given the benefit of his wide experience, while to it he has added the most advanced knowledge from the surgical literature of America and Europe. He has attempted to give a framework to which the student and investigator may add material from larger and more specialized works. As it was impossible within the limits of a single volume, to describe all operations, the preference has been given to those which the author has found of most service in his own experience. The book is the more valuable from the profuseness of the illustrations. Diagrams, drawings, photographs and skiagrams are frequent, amounting to 722 in all, while there are in addition 60 full-page plates in colors and monochrome. For the general practitioner or the student, Dr. Park's work will fulfil every requirement. The book is printed and bound in the neat and attractive style that distinguishes the output of Lea Brothers & Co.

Progressive Medicine, Vol III, September, 1907. Lea Brothers & Co., Philadelphia and New York. 299 pages. Subscription price, $6.00 per year.

We have here the usual concise quarterly retrospect of the present status of medical and surgical sciences, including in this issue : Diseases of the thorax and its viscera (heart lungs and bloodvessels), dermatology and syphilis, obstetrics, diseases of the nervous system. It is edited by H. A. Hare, M.D., This series represents the summum bonum of modern medicine, exclusive of homœotherapeusis, which is quite an exclusion, but remediable in time.

Modern Medicine.. Its Theory and Practice. In Original Contributions by American and Foreign Authors. Edited by William Osler, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia, and in McGill University, Montreal. Assisted by Thomas McCrea, M.D., Associate Professor of Medicine and Clinical Therapeutics in Johns Hopkins University, Baltimore. In seven octavo volumes of about 1,000 pages each; illustrated. Volume II, just ready. Price per volume, cloth, $6.00, net; leather, $7.00, net; half morocco, $7.50, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1907.

The early appearance of Volume II of this great work has a practical significance for the reader, quite apart from its indication of steady progress towards completion, for it ensures that the matter is fresh from the author's pen. The first volume dealt with general medicine and the diseases caused by physical, chemical and organic agents, and by parasites of the vegetable and animal kingdoms, and closed with chapters on nutrition and that most important group of disorders which arise from faulty metabolism. The second volume disposes of one-half of the great modern class known as the infections, which is to be finished in the third volume, due in the Autumn. The fourth deals with the diseases of the blood and circulation; the fifth with those of the alimentary tract; the sixth with those of the kidneys, of the internally-secreting glands, those of still obscure causation, and with muscular, vaso-motor and trophic disorders. The seventh and last volume will cover diseases of the nervous system and of the mind. This very brief *résumé*

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shows the simple classification, the judicious distribution of space, and the sustained interest of the work from beginning to end.

Reverting now to the contents of the volume in hand, Hektoen opens with an introduction on the study of infections, following which McCrea considers typhoid, typhus, and relapsing fever; Councilman, smallpox and chickenpox; Dock, vaccination; McCollom, scarlet fever and diphtheria; Ruhräh, measles, rubella, the fourth disease, erythema infectiosum, whooping cough and mumps; Lord, influenza; Coleman, dengue; Koplik, meningitis; Anders, erysipelas; Musser and Norris, pneumonia; Pearce, toxemia, septicemia and pyemia; Poynton, rheumatism; Dunbar, cholera; Carroll, yellow fever; Calvert, plague, and Shiga, bacillary dysentery.

Dr. Osler's position is such that the leaders of the profession of two continents have stood ready to respond to his request to participate in the creation of this great work. His assignment of subjects shows his keen judgment of the men qualified to write with the highest authority. The resultant product will cover the whole field of medicine in its present advanced state of cultivation. It records the new level of knowledge which is open in its pages to every physician who desires the best information on any point of theory or practice.

A Text-Book of the Practice of Medicine, for Students and Practitioners, by James Magoffin French, A.M., M.D. Third Revised Edition. Octavo, 1276 pages, illustrated by numerous engravings in the text and by twenty-five full-page plates by chromo-lithography, photogravure, chromotype, etc. Muslin, $5.50 net; Leather, $6.50 net. New York, Wm. Wood & Co.

In this revision a very large part of the text has been rewritten, and every page has been thoroughly revised. Parts that had been injured by too great attempt at brevity, have been amplified, and all the subjects brought down to date. In this way, the volume has been increased more than half in size by the new matter introduced. Many new illustrations of exceptional quality and variety have been inserted, and the entire book has been reset in more attractive and more easily readable type. Parts I and II, which have proved of great assistance to students, have been carefully gone over and somewhat enlarged. But the most striking changes have been made in the sections on the infectious diseases, the diseases due to animal parasites and the diseases of the nervous system—all of which have been almost wholly re-written. A modern classification and more approved nomenclature have been adopted in the section on animal parasites, than those so long used. The popularity of the book will be increased by these changes, and the third edition will be rapidly exhausted.

Kirke's Handbook of Physiology, Revised and Rewritten by Charles Wilson Greene, A.M., Ph.D., Professor of Physiology and Pharmacology, University of Missouri. Sixth American Revision; With 507 illustrations including many in colors. New York, William Wood & Co., 1907. pp. 723.

In this revision the constant effort has been to increase the strictly physiological subject matter of the volume, and to reduce the anatomical and historical discussions to the minimum required for the presentation of the physiology. Many of the older illustrations of structure have been dropped, and newer ones have taken their places. A large number of new physiological illustrations have been introduced. These have been chosen to illustrate such typical reactions as should be made the foundation of a modern lecture and laboratory course in physiology.

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Several of the chapters have been entirely re-written, especially the chapters on the blood, circulation, respiration, and the nervous system. Every chapter has been reorganized, and sections entirely re-written. The material has been chosen with a view to presenting a student's handbook. The facts of recent research have been incorporated, and the newer explanations of physiological processes have been utilized, wherever possible. It has not been the aim of either the revisor or of the publishers to present an encyclopedia of physiology or a text-book for the investigator, but rather to perfect the volume as a medical students' manual which shall keep pace with the present rapid advances of medical education.

The student's need is especially recognized by the incorporation of detailed directions for a course of laboratory experiments. The experiments chosen are representative, rather than exhaustive. They include the classical experiments which should be a part of the experience of every student—without which he cannot hope to become proficient in the science of physiology.

A Text-Book of Pathology, by Francis Delafield, M.D., LL.D., and T. Mitchell Prudden, M.D., LL.D. Eighth Edition; octavo, 1075 pages, illustrated by thirteen full-page plates in black and chromo-lithography, and by six hundred and fifty line and half-tone cuts in the text, in black and numerous colors. Extra muslin $5.50 net; Leather, $6.50 net. Wm. Wood & Co., New York.

In this eighth edition of this most excellent work, the section devoted to general pathology has been re-written and expanded, and various phases of pathological physiology have received more attention than formerly. Also more stress has been laid upon the relationship of pathology to the allied phases of biological science. The aim of the work is to give to students and practitioners of medicine the knowledge necessary for the making of autopsies, the preservation of tissues and their preparation for microscopic examination and to outline the characters and methods of study of pathogenic micro-organisms; also to consider the nature of infection and immunity, to include the lesions of the acute infectious diseases, the character of tumors, and finally the special lesions of different tissues and organs of the body. Over one hundred and fifty new illustrations have been added, and the entire book has been thoroughly revised.

Woman. A Treatise on the Normal and Pathological Emotions of Feminine Love, by Bernard S. Talmey, M.D., Gynecologist to the Metropolitan Hospital and Dispensary, N. Y. With 22 drawings. The Stanley Press Corporation, Publishers, N. Y. $3.00.

Although the pathology of the female sexual functions from the psychical point of view is of immense importance, yet the subject is very little known to the profession. There is no concise scientific work treating this subject exclusively from the point of view of the general practitioner in existence. The physician seeking elucidation on any pathological phenomenon of feminine amatory emotions has to work his way through big volumes on psychiatry, legal medicine, philosophy, etc., where he may find scattered here and there some incomplete information. Yet the complete knowledge of the subject in question is of the greatest importance if it is taken into consideration that many a family tragedy, having had its origin in an anomaly of some female sexual function, might have been averted by judicious advice from the family physician, if he understood the root of the evil.

The author of "Woman," therefore, deserves great credit for having provided the medical and, to a certain extent, also the legal

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profession with a work specially devoted to the one subject, "Feminine Love," thorough and complete in its scope, thus facilitating the study of the physiological and pathological phenomena of the feminine sexual functions.

The diction is excellent and the shape in which the subject is presented is admirable.

Conservative Gynecology and Electro-Therapeutics. A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Betton Massey, M.D. Fifth Revised Edition. Illustrated with 12 engraved full page chromo-lithographic plates and 15 full page half-tone plates. F. A. Davis Co., Philadelphia, 1907.

The demand for a fifth edition of this work within a year of the fourth edition must be accepted as evidence of an increasing prevalence of conservatism in gynecology as well as of the cordial reception of the work by the profession. As this edition followed so close upon the heels of the last, not much revision was necessary.

Advantage has been taken, however, to bring the technical consideration of the constant current derived from the street mains still further up to date and to further elaborate the chapters on the cataphoric treatment of cancer.

Blood Stains: Their Detection and the Determination of their Source. A Manual for the Medical and Legal Professions. By Major W. D. Sutherland of His Majesty's Indian Medical Service, Doctor of Medicine. New York. William Wood & Co., 1907.

This very valuable and extremely interesting little volume has a real mission. The author states that there does not exist in any language a compendium of the modern tests by which the detection of blood stains and the determination of their source may be carried out, and he has endeavored to supply this want by preparing a full account of these tests. At the same time is traced the rise of the jurisprudence of blood stains in order to show the uncertainties of some of the older tests. Perhaps the reader of works on this subject has reached the conclusion that by chemical means alone, without the aid of microscope or spectroscope, it is easy enough to determine whether a given stain is or is not due to blood; and that it is well nigh impossible, with the aid of all means at our command, to say whether this blood has been shed by man or another mammal. That the real state of affairs is not exactly this the book clearly shows. Much in the book will be new to most readers, and the author is a man of convictions.

Tumors: Innocent and Malignant. Their clinical characters and appropriate treatment. By J. Bland-Sutton, F.R.C.S. Surgeon to and member of the Cancer Investigation Committee of the Middlesex Hospital, etc. Fourth Edition with 351 engravings. W. T. Keener & Co., Chicago, Ill., 1907.

The increasing and widespread interest manifested in cancer has led the author to include an account of the prevailing but irreconcilable opinions held by competent men in regard to its origin. He states that nothing as to its cause but the hypotheses or guesses at truth concerning it are impartially set forth in the volume. Some valuable observations have been collected regarding tumors of the ovary and of the testicle, and two essays have been devoted to their consideration independently of the general priniciples of classification considered in the rest of the book. To accommodate this new matter as well as a chapter on heterotropic teeth and fifty new illustrations, more than one hundred extra pages have been added.

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Societies and Current Events

CONDUCTED BY - - - - - - ALFRED DRURY, A.M., M.D.

Readers of the JOURNAL are cordially requested to send personals, removals, deaths and all items of general news to Alfred Drury, M.D., 122 Broadway, Paterson, N. J.

Secretaries of societies and institutions are invited to contribute reports of their proceedings, and, as it is intended to make this department crisp and newsy, reports should be complete but *concise*. In order to be inserted in the current issue all matter should reach the editor by the tenth of the preceding month.

CORRESPONDENCE STAFF

Boston, Mass.—Grace E. Cross, M.D.
Chicago, Ill.—Christine Bergoith, M.D.
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Toledo, O.—Carl Watson, M.D.
Utica, N. Y.—C. T. Haines, M.D.
Washington, D. C.—A. H. Taylor, M.D.

NEW YORK NEWS.

DR. A. B. NORTON announces his return from a few weeks' rest in the South.

Congratulations all round on the marriage of John Robbins, son of Dr. Annie S. Higbie, to Amy Marguerite, daughter of Dr. Charles Deady.

DR. FREDERICK L. MOSSER has his office at 784 Dawson street, Bronx. Office hours 8 to 10 A. M., 1 to 2:30 and 6 to 8 P. M. Telephone 418-J Melrose.

DR. JAMES D. MILLER has moved from Twelfth street up to 70 West Fifty-second street, where he may be seen from 11 to 1 A. M. or 5 to 7 P. M. Sunday, 10 to 10:30. Telephone 2604 Plaza.

DR. MARSHALL W. MCDUFFIE has moved to 571 Park avenue. Hours 11 to 12, 6 to 7. Telephone 2278 Plaza.

DR. REUEL A. BENSON has returned from an enjoyable vacation in Maine. He was after a bear, but the vacation was not long enough.

DRS. WALLACE B. HOUSE, BERT B. CLARK and RALPH A. STEWART have taken unto themselves wives, and in consequence have been absent from their usual haunts. Congratulations.

It is understood that Dr. HITCHKOCK, '07, is about to locate in New York City.

DR. JOSEPH F. LAND has removed to "The Modern," 40 West 127th street.

DR. ARTHUR H. RICHARDSON announces his removal to "The Alamo," 55 East Ninety-third street. He may be reached either by the house 'phone or over his private wire.

DR. GEORGE H. DING, upon the completion of his service in the Cumberland Street Hospital, located at 155 Ninety-second street, Brooklyn. Telephone 2087 Bay Ridge.

THE COUNTY SOCIETY SEMI-CENTENNIAL CELEBRATION has come and gone. That it was a great success goes without saying. The President of the Society, Dr. Walter Sands Mills, introduced the speakers in his usual witty manner. Dr. John McE. Wetmore, one of the charter members of the Society, gave an interesting history of its early days. The Hon. J. Van Vechten Olcott, the next

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speaker, described the growth of New York City during the past fifty years and appealed to the patriotism of those present.

Dr. Emily V. Pardee-Disbrow made an address which kept everyone either in a broad grin or laughing outright.

Hon Robert W. Hebberd, Commissioner of Public Charities of New York City, spoke in a very pleasing manner of the share the homœopathic branch of the profession had in the care of the city's sick poor.

Dr. Royal S. Copeland, President of the American Institute of Homœopathy, sounded some warnings regarding the supineness of the New York City homœopaths. The address should result in our taking more care of homœopathy and less care of our pocketbooks.

The Rev. John Haynes Holmes, of the Church of the Messiah, New York, spoke in a very happy vein, with occasional allusions to the effects homœopathy had on his own destinies.

The banquet concluded with one of Dr. DeWitt G. Wilcox's inimitable speeches, which to be appreciated, should be heard. It was a happy ending to a most successful celebration.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK held its regular monthly meeting in Genealogical Hall, 226 West Fifty-eighth street, Thursday evening, November the 14th. The evening was devoted to the subject of tuberculosis. "Recent Aids in the Diagnosis of Tuberculosis," by Dr. Geo. F. Laidlaw was an interesting resumé of modern methods in the diagnosis of tuberculosis. He concluded with a description of the new skin and eye reaction of tuberculin. Dr. Laidlaw was assisted by Dr. H. S. Sloat.

Dr. W. H. Vandenburg read an interesting paper on the Management of Pulmonary Tuberculosis. The meeting concluded with an address to the Society by Dr. Livingston Farrand on the duty of all doctors in helping to decrease the mortality from tuberculosis.

The following physicians were elected to membership in the Society: Dr. Mary I. Adams, 408 Central Park W.; Dr. Addison S. Boyce, 934 Ogden avenue; Dr. Norman D. Mattison, 16 Central Park W.; Dr. A. Oberbeck, 305 East Fifty-fifth street.

THE ACADEMY OF PATHOLOGICAL SCIENCE held its first meeting of the season at the office of Dr. Arthur B. Norton, 16 West Forty-fifth street Friday evening, October the 25th. The first paper, with illustrative cases was on the skin and eye reaction of tuberculin in the detection of tuberculosis in the human being. Drs. George F. Laidlaw and H. S. Sloat described the details of the two processes and exhibited patients upon whom the tuberculin had been used. The action is superficial and the methods are apparently practicable for the early detection of all forms of tuberculosis.

The next paper on carcinoma of the orbit by Dr. Geo. A. Shepard, was most interesting. The patient, upon whom the operation was performed, was present to show the excellent results obtained. Dr. Shepard also exhibited specimens of traumatic eye. Dr. W. H. Dieffenbach described modern methods in X-Ray photographing—the new plastic method. He had specimens of the old and new photographs to show the great progress being made in this field of medicine. Dr. W. G. Crump described an operation for carcinoma of the ileocecal region, involving the superior wall of the bladder. The patient was apparently recovering. The excised portions of the intestine and bladder were exhibited. The meeting was a very interesting one. Dr. Nathaniel E. Broder, 81 Locust street, New York City, was elected a member of the Academy. REEVE TURNER, M.D.

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BOSTON BUDGET

TWENTIETH CENTURY MEDICAL CLUB—The first meeting for the season of the Twentieth Century Medical Club was held on the evening of October 23, 1907, at the New Century Building, Huntington avenue, Boston. The scientific part of the program consisted of the reading of four papers treating of "Sexual Instructions for the Young." These were: A paper on instruction for boys in the form of an address to the mothers, by Dr. Lucy Barnez-Hall; one on instruction for girls, by Dr. Helen Childs; a series of "Letters to a Boy," by Dr. Barbara Ring, and a paper in the form of instruction to the mothers of daughters, by Dr. Grace E. Cross.

These papers were five of six which were appointed to be written under the advice of the society's Committee on Sexual Instruction, and are intended to be the foundation for a series of leaflets or pamphlets to be issued by the society at an early date. They were listened to with great interest by members of the club, who are deeply impressed with the necessity for continuous skilled work along this line. The papers were then referred to a publication committee, which will make subsequent reports to the club as to progress.—GRACE E. CROSS, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY—The second meeting this season of the Boston Homœopathic Medical Society was held in the hall of the Boston Society of Natural History, on the evening of November 7, 1907. The subject of the meeting was the opsonic index, which is just now proving of so much interest to all branches of the medical profession. The first paper was by George R. Southwick, M.D., M.R.C.S., entitled "The Infinitesimal Dose in Modern Therapeutics," in which Dr. Southwick discussed the application of the opsonic index in the treatment of special diseases, notably typhoid fever.

The principal paper of the evening was that by W. H. Watters, A.M., M.D., in which he treated in a somewhat exhaustive way the opsonic index in its theory and application. It would be quite impossible to even indicate, in the space at command, an outline of Dr. Watters' handling of the subject. A few points, however, are striking enough to be mentioned in this report. One is that the required dose of opsonin is infinitesimal—in fact, corresponding to some of the homœopathic dilutions in quantity, especially to the 7th and 8th. This fact is recognized, as well as applied, by old school and new alike. The second point, and one which will seem to some homœopaths the most important one brought out by the study of this subject, is that at last something approaching a scientific demonstration of the principle of homœopathy seems to be at hand. For, dearly as we may cherish this principle, it must be acknowledged that, up to the present time, we have been able only to formulate, by induction from countless experiments, a certain law. In the working out of the opsonic index and its application, it seems that we are at last able to supply something of the proof which is frequently demanded by unbelievers, and, indeed, though secretly, perhaps, has been longed for by some within the homœopathic ranks.

Though Dr. Watters' scholarly paper was replete with scientific data, which might be confusing to one who was considering the subject for the first time, yet enough of those present were sufficiently familiar with it to follow the details with interest, and

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all must have been incited to a further study of this interesting development in scientific medicine.—GRACE E. CROSS, M. D.

The Chicago Homœopathic Medical Society will hold its meetings in the Public Library Building, entrance on Washington street near Wabash avenue, instead of in the North-Western University Building as heretofore.

The Albert Baldwin Sanatorium of El Paso, Texas, held its official opening exercises on Tuesday, November 5th.

DR. G. S. BARROWS, of Marion, Kas., died November 1st, at the age of 92. He was graduated from Rush Medical College and practiced according to those teachings for twenty years. Then as a result of his study he took a course in Hahnemann of Chicago, and thereafter was a staunch and consistent homœopathic physician. He was a senior of the American Institute and a Royal Arch Mason. He was buried with full Masonic rites. Dr. E. P. Feuster, of Wichita, says of him: 'He was a clean man, whom everybody respected. He was a fine prescriber, using both the high and low potencies, but with a leaning toward the former. Though stricken with paralysis three years ago, he kept his mental vigor to the last."

Interstate Federation—The fourth annual meeting of the Interstate Federation of Homœopathic Medical Societies of New York and Pennsylvania was held on October 31st, at the Bennett, Binghamton, N. Y. Many prominent physicians from all parts of the State and Pennsylvania were in attendance.

Sessions of the meeting were held both afternoon and evening and a dinner to the members of the Federation was given at the Bennett following the afternoon session.

The program opened with the annual address of the President, Dr. L. A. Martin, of Binghamton. He spoke of the social as well as the scientific advantages of the Federation, and, continuing, reviewed briefly some of the advances in medicine and surgery, and concluded with a plea for surgical, medical, physical, moral and financial cleanliness. Papers occupied the remainder of the scientific session.

Officers were elected as follows: President, Dr. Horace B. Ware, of Scranton; First Vice-President, Dr. F. D. Adriance, of Elmira; Second Vice-President, Dr. E. H. Hill, of Pittston, Pa.; Secretary-Treasurer, Dr. C. S. Winters of Binghamton.

The next meeting of the Federation will be held at Scranton, Pa., on October 29, 1908.

Southern Homœopathic Medical Association—The annual meeting of the Southern Homœopathic Medical Association was held at Louisville, Ky., October 28 and 29. Dr. V. H. Hallman, of Hot Springs, Ark., was elected President; Dr. H. M. Clendenin, of Louisville, Vice-President; Edward Harper, of New Orleans, Corresponding and Recording Secretary, and T. J. Bryan, of Louisville, was re-elected Treasurer. New Orleans was selected for next place of meeting.

Conference of Councils on Medical Education—A meeting of representatives of the Councils on Medical Education of the American Institute of Homœopathy, the National Eclectic Medical Association and the American Medical Association was held in the Auditorium Hotel, Chicago, on October 25th. There were present Dr. A. D. Bevan, Chairman, and Dr. N. P. Colwell, Secretary of the Council of the A. M. A., both of Chicago. Dr. E. B. Shewman, Vice-Chairman, of Waymansville, Ind., and Dr. W. N. Mundy, of Forest, Ohio, Secretary of the Council of the N. E. M. A.; Dr.

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George Royal, Des Moines, Iowa, Chairman, and Dr. W. A. Dewey, Secretary of the Council of the A. I. H. Among visitors present were Dr. W. P. Best, of Indianapolis, Secretary of the National Eclectic Medical Association, Drs. Shears, Haseltine, Robinson and Pollack, of Chicago. Dr. George Royal was appointed Chairman of the meeting and Dr. N. P. Colwell, Secretary. Four hours or more were spent in discussing the problems of raising the standards and unifying the requirements of medical education and providing for a schedule for inspection of colleges. Perfect harmony and good feeling prevailed.

After some preliminary remarks by Chairman Royal and Dr. Bevan upon the desirability of united action in the work in hand, it was unanimously resolved that efforts be made throughout the States to secure a committee in each to co-operate with us and the medical examining boards to unify the standards of entrance requirements and curricula so as to secure proper medical education and higher medical standards. As the colleges would be annoyed by frequent inspections from the different bodies, the Ohio State Board invited representatives from each of the three National Councils to join it in making the inspection. The reasons given for this action were to avoid frequent examinations and that the Board of Medical Examiners and the representatives of the different Councils would be able to secure their information at the same time and under the same conditions. The action of the Ohio Board met with instant favor on account of its impartiality and fairness and Dr. W. A. Dewey moved that the Examining Boards of all the other States be asked to adopt the same methods. Unanimously carried.

In regard to standards of minimum requirements for college inspection, after careful discussion, it was unanimously carried that the Secretaries of the three Councils on Medical Education be authorized to prepare a schedule to be submitted to the different Councils and Boards of Examiners.

Dr. Best, Secretary of the National Eclectic Medical Association, suggested that the work of all three schools be considered in the promotion of general medical interests.

Pittsburg Homœopathic Hospital—The cornerstone of the new Homœopathic Medical and Surgical Hospital was laid with Masonic rites, on October 14th. 1907, by Mayor George W. Guthrie. There were present several hundred members of subordinate Masonic lodges, besides the Mayor, who represented the Grand Lodge of Pennsylvania, and also the trustees of the hospital. Current periodicals, pictures and hospital reports were placed in the box cemented within the cornerstone, after which the stone was anointed with oil, water and corn poured from jeweled vessels. Mayor Guthrie smoothed the cement with a silver trowel, presented by A. R. Peacock. In a few words the Mayor told of his pleasure in performing this duty, and spoke of the magnificent structure, which should bless humanity and christened the building "The Homœopathic Medical and Surgical Hospital" of Pittsburg. President William Metcalf, of the board of trustees, followed with a few words after which he introduced Dr. James H. McClelland, who spoke in his usual graceful manner. Speeches by David G. Stewart and Dr. D. R. Gregg followed, and the exercises concluded with a few words from Dr. C. C. Reinhart, the chief of the medical staff.

British Homœopathic Association—At a meeting of the Council of Association held on October 7th, Dr. Burford announced the receipt of a sum of money for the forward movement now in

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progress under the auspices of the Association, from the American Vice-Presidents. After the International Congress at Atlantic City, a number of Americans were elected Honorary Vice-Presidents of the British Association, and each one so honored contributed $25.00 towards the work of the Association. The Council conveyed its thanks to the physicians thus assisting its work.

Miami Valley Society—The Miami Valley Homœopathic Medical Society held its ninety-fourth semi-annual session at Dayton, Ohio, on Tuesday, October 31st, starting at ten o'clock. President S. R. Geiser, M.D., of Cincinnati, called the meeting to order, after which papers were presented by Elmer E. Kimmel, M.D., of Dayton, on "Social Evils," A. A. Lovett, M.D., of Eaton, on "Saving the Perineum," T. L. Laughlin, M.D., of Dayton, on "Pasteurized vs. Raw Milk," J. W. Means, M.D., of Troy, on "The Hyperperoxidized Hydrocarbon Treatment for Tuberculosis," C. O. Munns, M.D., of Oxford, on "Subacute and Chronic Prostatitis," Harry T. Miller, M.D., of Springfield, on "Conservative Surgery," and S. J. D. Mead, M.D., of Cincinnati, on "Report of Clinical Cases." The following officers were elected: President, Dr. Frank W. Murphy, Dayton; Vice-President, Dr. Charles Hoyt, Chillicothe; Secretary, Dr. W. Webster Ensey, Dayton; Treasurer, Dr. H. N. Dickinson. The next meeting will be held at Dayton.

Oklahoma State Society—The Oklahoma State Society which includes both Oklahoma and Indian Territory, held its meeting at the offices of Dr. Joseph Hensley, Oklahoma City, on October 8th and 9th. There was a good attendance of enthusiastic physicians and a number of interesting papers were presented and free discussions indulged in. Dr. Frank D. Humphrey furnished some excellent clinics in his offices. Drs. J. Hensley and M. E. Ray were unanimously re-elected respectively as President and Secretary. Dr. Miller, of Blackwell, was elected as First and Dr. Hughes, of Muskagee, as Second Vice-President. An able legislative committee was appointed with Dr. Hensley as Chairman. Various delegates were elected to visit the neighboring States for the purpose of creating an interest in the coming Institute meeting to be held in Oklahoma in June next. Dr. Hardenstine, of Oklohoma City, is to visit the Arkansas State meeting, Dr. Humphrey will go to Texas, Dr. Scott to Missouri, and Drs. Miller and Hensley to Colorado. The Society selected various physicians as chairmen of separate sections, each chairman to have the power to select their own assistants. The next meeting will be held in Guthrie some time in April, the exact date to be chosen by the Guthrie physicians. There was a determined spirit manifested to make the coming meeting of the Institute a success, and many members of the Society announced their intention of joining the Institute. JOSEPH HENSLEY, M. D.

Southern California Hospital—So much attention has been called to this hospital by the alleged "exposures" printed in the Los Angeles *Record*, that the attention of the State Commission in Lunacy was finally called to the matter and that body, embracing the Governor, represented by his private Secretary, the Secretary of State, Attorney-General, Secretary of State, Board of Examiners and the general superintendent of asylums, Dr. Hatch, together with the attorney and chairman of the State Board of Health, met with the local board at the Hospital at Patton and spent a week in a thorough, careful and complete investigation of all the charges alleged.

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They were found to be so wildly exaggerated that the San Bernado *Sun* says of them, editorially:

"The *Record's* bungling exploitation, whatever its object, was, under the circumstances, an outrage and a crime, not justifiable by any exigency of decent journalism, and its publishers are deserving of the severest censure, if not a much harsher penalty."

The Anatomik Footwear Company, of New York, are negotiating for a factory at Shelton, Conn., where these scientifically made shoes will be manufactured. At present about fifty hands will be employed, but it is expected that the force will be increased to 500 before long.

Elongation of the Uvula—As a gargle in sore throat or elongation of the uvula, Kennedy's Dark Pinus Canadensis has very general endorsement, the usual proportion being teaspoonful to glass of water.

The Value of Codeine—Prof. Schwarze (*Therapeutische Monatshefte*) in writing upon the treatment of the different forms of dysmenorrhea, and the different forms of congenital deformity of the uterus, states that the coal-tar analgesics are of much use, as well as the preparations of iron and sodium salicylate. In many cases it is necessary to administer codeine in small doses, and the tablets of "Antikaminia and Codeine" would seem to have been especially prepared in their proportions, for just these indications.

Indoor Air in Winter—How important it must be in offices, studios and especially in the homes where we spend the greater part of our time, that the air be pure with the life-supporting oxygen where the work can be done under the best conditions. Keep the furnace water-box filled with clean water, and place on stoves and under all radiators, a good-sized receptacle of water; it is surprising how readily the water evaporates. It is suggested that one should pour a little Platt's Chlorides into these vessels, and the warm air will not only be healthfully moist; but this odorless disinfectant will keep it free from noxious gases. The ounce of prevention is worth a pound of cure, always.

Messrs. Boericke & Tafel have in press a work from the pen of Dr. Clarence Bartlett. The book has the concise yet thoroughly descriptive title, "Treatment." It will be in a class by itself, giving full *treatment* for practically every known disease; not therapeutics only, though this branch is fully gone into, but *treatment* in its broadest sense. It will make a work of about 1,200 large octavo pages. The author has been assisted in his task by noted specialists; i. e. Dr. W. B. Van Lennep on Surgical Relations of Internal Diseases; Dr. C. Albert Bigler, on The Rectum; Dr. Leon T. Ashcraft, on Genito-Urinary Diseases; Dr. Fred W. Smith, on Disinfection; Dr. C. M. Thomas on Eye and Ear; Dr. E. M. Gramm, Skin; Dr. C. S. Raue, Infants; Dr. W. F. Baker, Hydrotherapy, and Dr. W. H. Hammond on X-Ray. The book will probably be ready for delivery in January.

Tonic for Children—Pepto-Mangan (Gude) is said to be a very valuable tonic in childhood. It has marked alterative properties, and in strumous or marasmic conditions it is especially valuable. It is absorbed rapidly, and is never rejected by even the weakest stomach.

Menstrual Troubles—Many physicians consider that "Ergoapiol" is especially indicated when disturbances of menstruation occur in feeble and anemic women. It should be alternated with some form of iron in such cases.

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Gastric Immotility—A large proportion of all cases of indigestion are the result of weakness of the muscular walls of the stomach. To overcome the presenting condition it is urgently necessary to increase the muscular activity of the stomach walls, and it is well known that this is one of the most valuable properties of Gray's Glycerine Tonic Comp.

Increased activity of the muscles of the stomach means improved circulation, and this in turn exerts a beneficial influence on the secretory functions.

Bromide Treatment—No form of bromide treatment will prove successful unless the very purest salts are employed. It is therefore no wonder why Peacock's Bromides have been so generally endorsed and particularly by neurologists; large users of bromides. They are made especially for the product and salts of their high purity can not be purchased in the open market.

Products Guaranteed—The general management and ownership of the business of the H. K. Mulford Company are controlled by graduates of pharmacy, and we accept full responsibility for every preparation bearing our label, the following being a copy of the guaranty which will appear on all products of our laboratory: "We herewith guarantee that the contents of this package, with unbroken seal, conform strictly with the requirements of the Food and Drugs Act, June 30, 1906. Guaranty No. 172."

Variations in the Specific Gravity of Urine—A correspondent of the *Lancet* states that on one occasion he allowed a specimen of urine showing a specific gravity of 1015, when freshly passed, to remain standing over night with the urinometer in the tube. Before emptying the test glass, on the following day, he was surprised to find that the urinometer indicated a rise of gravity to 1020. After his attention was thus drawn to a variation of specific gravity in the same specimen of urine, he made a series of examinations at different temperatures, and found that the specific gravity varies inversely with the temperature, that it increases on an average one point for every fall of 8 degrees of temperature. This is a point to be borne in mind in examinations for life insurance in which freshly-passed specimens are often tested. According to this observer, a low specific gravity is to be expected under the circumstances.

Free Milk in New Jersey—The Health Board of Jersey City has decided to establish a depot in the basement of the City Hall for the free distribution of pasteurized milk. Poor women presenting prescriptions from a physician for pasteurized milk for infant feeding will receive it without charge. It may also be obtained without a prescription by paying the cost of the bottles. The free dispensaries maintained at drug stores for several summers will be abandoned and the dispensaries appropriation will be used to support the free milk depot.

Premium on Births—The amended birth registration law of Michigan provides that each physician, midwife or nurse shall be paid the sum of fifty cents for every birth certificate they shall register. All that is necessary is to file a sworn statement of the births attended during the year, and if this statement agrees with the filed certificates the money shall be paid from the state funds. The government of Michigan evidently wants the help of the profession to combat race suicide.

Maintaining Houses for Abortion a Crime—By a recent decision of the Appelate Division of the Supreme Court of New

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Jersey it is decided that places maintained by abortionists are nuisances, and in the case in question the defendant was sentenced to one year in the penitentiary and to pay a fine of $500.

President of the American Electro-Therapeutic Association—At the recent meeting of the American Electro-Therapeutic Association, held in Boston, Dr. Herbert F. Pitcher, of Haverhill, Mass., was elected president.

The Scientific Researches of Hamburger, Bunge, and others, conducted during the past twenty-five years have shown the immeasurable superiority of the organic compounds of iron and manganese. The organic compounds alone have been found to be absorbable in such amounts as to produce the desired action on the blood. Of these compounds the peptonate, which is an organic-chemical combination of iron and manganese with peptone in a solution, known as Pepto-Mangan (Gude) is said to be the most readily absorbed, and therefore the most efficient preparation of iron-manganese known, and as such can be used with the greatest benefit in convalescent anemias.

"As Plain as a Pike Staff"—Amid the multiplicity of remedies, new and old, that are presented to the medical profession through the advertising columns of the medical press, it is refreshing to note the clear, succinct and yet comprehensive description of Chologestin in this issue. The manufacturers of this new digestive cholagogue have very wisely presented, in a two-page advertisement a complete syllabus, conspectus, or "birds-eye view," as it were, of the facts concerning their preparation, giving the formula and other essential data, so that the reader may quickly appreciate its character and therapeutic field. Special attention is called to the section headed "Its Ethical Status." The manufacturers will no doubt be pleased to send descriptive literature to any physician who may request same.

Georgia Temperance Legislation—Under the provisions of the new law, no whisky, wine, beer, or other intoxicating beverage can be legally sold in the State after January 1, 1908. The liquids named are absolutely barred, but provision is made whereby licensed druggists may sell and furnish pure alcohol for medical purposes only upon written prescription ofa legally-practising physician. The bill requires that no prescription calling for alcohol shall be filled except upon the day which it is dated and issued or upon the following day. Within ten days after the same is filled by the druggist he shall file the prescription for record with the ordinary of the county in which it is filled. The record containing such prescription shall be open to public inspection. Upon any prosecution under this act the burden of proving the defence that the sale was of pure alcohol under prescription shall be upon the defendant. No druggist who is also a practising physician will be permitted to fill his own prescriptions, nor can they be filled at any drug store in which the said physician is financially interested, and no prescription shall be refilled.—*Medical Record.*

A Good Homœopath Wanted—Dr. H. W. Champlin having become associated with Dr. Walter, at the Walter's Park Sanitarium, desires to meet the wishes of his former patients in Bloomsburg, Pa., by introducing to them a homœopathic physician who practices homœopathy that is homœopathy. Nothing to sell.

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