This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

BOSTON
MEDICAL LIBRARY
8 THE FENWAY

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

The North American Journal of Homoeopathy

15975

EDITED BY

EUGENE H. PORTER, A. M., M.D.
HILLS COLE, M.D.

In Certis Unitas
In Dubiis Libertas
In Omnibus Caritas

Fifty-Sixth Year Third Series, Vol. XXIII.

PUBLISHED BY
THE JOURNAL PUBLISHING CLUB, (LIMITED)
No. 1748 Broadway
NEW YORK

1908

Digitized by Google

BOSTON MEDICAL
JUN 1 1918
LIBRARY

CATALOGUED
JUN - 1 1918
N. C.

Digitized by Google

LIST OF CONTRIBUTORS

TO

Vol. LVI. (Vol. XXIV. series III.)

Alliaume, Charles E., M.D.
Bellows, Howard P., M.D.
Birdsall, Gregg Custis, M.D.
Blodgett, S. H., M.D.
Broughton, L. D., Jr., M.D.
Cameron, H. A., M.D.
Carleton, Sprague, M.D.
Chadwell, Orville R., M.D.
Dieffenbach, William H. M.D.
Fessenden, C. H., M.D.
Fornias, Edouardo, M.D.
Freeman, W. H., M.D.
Gladwin, Frederica, M.D.
Gorham, George E., M.D.
Green, Crawford R., M.D.
Hawkes, W. J., M.D.
Hayes, Royal E. S., M.D.
Holden, George Parker, M.D.
Horner, J., Richey, M.D.
Huchard, Dr., H.
Jarrett, Elizabeth, M.D.
Kimmel, Elmer E., M.D.
King, William Harvey, M.D.
Krauss, James, M.D.
Laidlaw, George F., M.D.
Laughlin, T. L., M.D.
Leavitt, Sheldon, M.D.
Mas, Raymond del, M.D.
Mattoli, Agostino, M.D.
McConkey, Thos. G., M.D.
Miller, O. F., M.D.
Mills, Walter Sands, M.D.
Minton, Henry B., M.D.
Moore, J. Murray, M.D.
Moore, Veranus A., M.D.
Porter, Eugene H., M.D.
Price, Eldridge C., M.D.
Rabe, R. F., M.D.
Rand, John Prentiss, M.D.
Raue, C., Sigmund, M.D.
Roberts, H. A., M.D.
Robbins, Frederick C., M.D.
Rowell, Everett, M.D.
Schenck, Herbert Dana, B.S., M.D.,
O et. A. Chir.
Seward, F. W., M.D.
Seward, F. W., Jr., M.D.
Seymour, A. H., Esq.

Digitized by Google

SHERWOOD, B. W., M.D.
SMILIE, NATHAN, M.D.
SMITH, A. E., M.D.
STEVENS, ROLLIN H., M.D.
STORER, JOHN HUDSON, M.D.
SWIFT, EDWARD P., M.D.
TURTLE, ELLA M., M.D.
UPHAM, ELLA PRENTISS, M.D.
VANNIER, LEON, M.D.
WACHTER, L. M., ESQ.
WEBER, ADNA, F., ESQ., PH.D.
WETMORE, J., McE., M.D.
WHITMARSH, L. H., A.M., M.D.
WILSON, JOHN E., M.D.
WOOD, ROBT. LOWELL, M.D.
YOUNG, CHARLES H., M.D.

Digitized by Google

INDEX

PAGE

ABDOMINAL SURGERY, The Permanent and Transitory in By L. H. Whitmarsh, A.M., M.D. 291
Abortions, The Management of. By Elizabeth Jarrett, M.D.... 28
Agaricus. By Charles E. Alliaume 355
Alliaume, Charles E., Agaricus.. 355
American Institute of Homœopathy, Report of Kansas City Meeting of the. Special Supplement in July issue.
Apoplexy. Cerebral, Indirect Traumatism as an Occasional Cause of. By John E. Wilson, M.D. 563
Arterio-Sclerosis, The Etiology and Pathology of. By Gregg Custis Birdsall, M.D..... 310
Asthma: A Clinical Case Illustrating Important Points in the "Science of Therapeutics." By W. J. Hawkes, M.D..... 115
Aural Disease in Childhood, Prevention of. By Howard P. Bellows, M.D..... 435
Autointoxication, Further Research in. By S. H. Blodgett, M.D. 57
BELLOWS, HOWARD P., M.D. The Prevention of Aural Disease in Childhood..... 435
Birdsall, Gregg Custis, M.D. The Etiology and Pathology of Arterio-Sclerosis 310
Blodgett, S. H., M.D. Further Research in Autointoxication. 57
BOOK REVIEWS: 1, 17, 37, 49, 55, ..65, 77, 89, 101, 111..... 121
Broughton, L. D., Jr., M.D. Nitrous Oxide Anesthesia..... 285
CALCAREA SULFURICA or Calcium Sulfate. By Frederica Gladwin, M.D..... 37
Cameron, H. A., M.D. When to Give and Stop the Remedy.. 526
Cameron, H. A., M.D. Sulphur 392
Carleton, Sprague, M.D. Practical Moral Prophylaxis..... 147
Chadwell, Orville R., M.D. Nephritis in Children..... 69

PAGE

Clinical Cases from Note Book. By W. J. Hawkes, M.D..... 349
Clinical Research, Basic Conditions of a National Association for. By Jas. Krauss, M.D.... 547
CORRESPONDENCE: 331..... 537
——— A Report from the Executive Committee of the A. I. H. 104
——— Therapeutics a Superstructure. By George Royal, M.D., and T. H. C..... 160
Cum Grano Salis. By Robt. Lowell Wood, M.D..... 316
DIABETES: Some Cases from Practice. By Henry B. Minton, M.D..... 603
Dieffenbach, William H., M.D. Radium Therapy with Special Reference to Gynecological Applications 230
ECTOPIC PREGNANCY and the General Practitioner. By George E. Gorham, M.D..... 306
EDITORIALS: A Field Secretary.. 325
——— Daylight by Cheating the Clock 153
——— Energy, Metabolism and Nutrition 363
——— Hans Burch Gram, M.D. 530
——— International Tuberculosis Congress 41
——— Mayor McClellan and the Public Hospitals 99
——— Medical Legislation in New York State 266
——— On Certain Powers of the Mind 212
——— Professional Amenities in California 156
——— Propaganda in Great Britain 642
——— Rabies 420
——— Self-Centered Homœopathy 39
——— Some Sociological Factors in Tuberculosis..... 532
——— State Medicine..... 640
——— Steam Rollers and Stone Crushers in Medicine..... 477
——— The American National Red Cross 327
——— The Hospitals of New York City 481

Digitized by Google

PAGE

——— The International Congress on Tuberculosis..... 583
——— The Tuberculosis Infirmary of the Metropolitan Hospital 586
——— Therapeutics a Superstructure 96
——— To Kansas City in June.. 265
Eel's Blood, Serum of. By Eduardo Fornias, M.D..... 491
Epilepsy. Clinical Case. By By Agostino Mattoli, M.D.... 632
Ergot in the Treatment of Gangren. By John Hudson Storer, M.D..... 398
Esperanto and the Medical Profession. By C. H. Fessenden, M.D. 560
FESSENDEN, C. H., M.D. Esperanto and the Medical Profession 560
Fornias, Eduardo, M.D. The Serum of the Eel's Blood..... 491
Freeman, W. H., M.D. Medorrhinum 7
GLADWIN, FREDERICA, M.D. Calcarea Sulfurica or Calcium Sulfate 37
Gorham, George E., M.D. Ectopic Pregnancy and the General Practitioner 306
Green, Crawford R., M.D. Results from the Minor Nerve Remedies 302
——— The Teaching of Homœopathy from the Standpoint of the Student 608
HAMAMELIS VIRGINICA, A History of. By Eldridge C. Price, M.D..... 77
Hawkes, W. J., M.D. Asthma: A Clinical Case Illustrating Important Points in the "Science of Therapeutics."..... 115
——— Clinical Cases from Note Book 349
Hayes, Royal E. S., M.D. Lycopodium 137
Heart Murmurs, Interpretation and Treatment of. By Geo. F. Laidlaw, M.D. 515
High Tension Vacuum Tube Discharges. Use of in Special Practice. By B. N. Smilie, M.D. 379
Holden, George Parker M.D. Spinal Curvature with Special Reference to Nebel's Suspension Frame and Sciatica..... 14

PAGE

Homœopathic Materia Medica, Teaching of. By Leon Vannier, M.D. 451
Homœopathy, Foreshadowings of, from Hippocrates to Hahnemann. By J. Murray Moore, M.D. 455
——— How It Should be Taught Instructively, Interestingly, and Practically from the Teacher's Standpoint. By R. F. Rabe, M.D..... 614
——— in Massachusetts. By John Prentiss Rand, M.D. 442
——— The Teachings of, from the Standpoint of the Student. By Crawford R. Green, M.D... 608
Horner, J. Richey, M.D. School Cleanliness 509
Huchard, Dr. H. The Therapy of To-day and of To-morrow. 171
INTERNATIONAL HOMOEOPATHIC REVIEW: 46, 108, 164, 218, 272, 333, 370, 425, 485, 539, 590 648
JARRETT, ELIZABETH, M.D. The Management of Abor- Abortions 28
KIMMEL, ELMER E., M.D. Social Evils .....
King, William Harvey, M.D. The Le Duc Current in Anesthesia and Therapeutics..... 504
Krauss, James, M.D. One Word on the Status Medicus..... 1
——— The Basic Conditions of a National Association for Clinical Research 547
LABOR LEGISLATION in Its Relation to Public Health. By Adna F. Weber, Ph.D. 242
Laidlaw, Geo. F., M.D. The Interpretion and Treatment of Heart Murmurs 515
Laughlin, T. L., M.D. Raw vs. Pasteurized Milk..... 119
Leavitt Shelden, M.D. Psycho-Therapy 359
Le Duc Current in Anesthesia and Therapeutics. By William Harvey King, M.D..... 504
Leucorrhea and its Homœopathic Treatment. By H. A. Roberts, M.D..... 356
Light, Use and Abuse of. By Rollin H. Stevens, M.D..... 623
Lycopodium. By Royal E. S. Hayes, M.D. 137
MAS, RAYMOND DEL, M.D. The Indicated Remedy in Practice of Obstetrics..... 402

Digitized by Google

PAGE

Mattoli, Agostino, M.D. Epilepsy. Clinical Case..... 632
McConkey, Thos. G., M.D. Psora, Sycosis, and Syphilis as Causative Factors in Chronic Diseases 633
Medorrhinum. By W. H. Freeman, M.D. 7
Mental Therapeutics, Everyday Suggestions in. By A. E. Smith, M.D. 617
Milk, Raw *vs.* Pasteurized. By T. L. Laughlin, M.D..... 119
Miller, O. F., M.D. A Plea and a Prophecy 387
Mills, Walter Sands, M.D. Diagnosis of Early Pulmonary Tuberculosis by Clinical Examination of the Patient..... 383
——— The Homœopathic Medical Society of the County of New York 85
Minton, Henry B., M.D. Diabetes, Some Cases from Practice 603
Mongolianism. By Frederick C. Robbins, M.D. 21
Moore, J. Murray, M.D. Foreshadowings of Homœopathy from Hippocrates to Hahnemann 455
Moore, Veranus A., M.D. The Dissemination and Control of Tuberculosis as Illustrated in the Bovine Species..... 123
Moral Prophylaxis, Practical. By Sprague Carleton, M.D... 147
NEPHRITIS IN CHILDREN. By Orville R. Chadwell, M.D. 69
Nerve Remedies, Results from the Minor. Crawford R. Green, M.D. 302
Nervous Affections of Childhood, Diagnosis and Prognosis of Some of the Commoner. By C. Sigmond Raue, M.D.... 568
New York State Department of Health, Annual Report of. By Eugene H. Porter, M.D..... 192
——— State, Medical Legislation in. By Herbert Dana Schenck, B.S., M.D., O. et A. Chir.... 225
——— The Homœopathic Medical Society of the County of By Walter Sands Mills, M.D. 85
Nitrous Oxide Anesthesia. By L. D. Broughton, Jr., M.D.... 285

PAGE

NOTES AND COMMENTS, 43, 101, 157, 215, 269, 329, 368, 423, 482, 535, 588, 645
OBSTETRICAL TECHNIQUE. By Edward P. Swift, M.D.... 313
Obstetrics, The Indicated Remedy in Practice of. By Raymond del Mass, M.D..... 402
PHYSICAL THERAPEUTICS, 54, 167, 280, 373, 652
Plea and a Prophecy, A. By O. F. Miller, M.D..... 387
Pollution of Streams, The Laws Relating to the. By A. H. Seymour, Esq. 253
Porter, Eugene H., M.D. Annual Report of the New York State Department of Health.. 192
Price, Eldridge C., M.D. A History of Hamamelis Virginica. 77
——— The Status Medicus to be Desired 181
Psora, Sycosis, and Syphilis as Causative Factors in Chronic Diseases. By Thos. G. McConkey, M.D. 633
Psycho-Therapy. By Sheldon Leavitt, M.D. 359
RABE, R. F., M.D. Homœopathy—How It Should be Taught Instructively, Interestingly, and Practically from the Teacher's Standpoint 614
Radium Therapy with Special Reference to Gynecological Applications. By William H. Dieffenbach, M.D. 230
Rand, John Prentiss, M.D. Homœopathy in Massachusetts 442
Raue, C. Sigmond, M.D. Diagnosis and Prognosis of Some of the Commoner Nervous Affections of Childhood..... 568
Remedy, When to Give and Stop. By H. A. Cameron, M.D. 526
Reminiscences. By J. McE. Wetmore, M.D. 93
Robbins, Frederick C., M.D. Mongolianism 21
Roberts, H. A., M.D. Leucorrhea and its Homœopathic Treatment 356
Rowell, Everett, M.D. A Fracture of the Wrist..... 25
SCHENCK, HERBERT DANA, B.S., M.D., O. et A. Chir. Medical Legislation in New York State..... 225

Digitized by Google

PAGE

School Cleanliness. By J. Richey Horner, M.D..... 509
Seward, F. W., M.D. Suggestion 298
Seward, F. W., Jr., M.D. Climate and Tuberculosis..... 623
Seymour, A. H., Esq. The Laws Relating to the Pollution of Streams 253
Sherwood, B. W., M.D. Bovine Tuberculosis 186
Smilie, Nathan, M.D. The Use of High Tension Vacuum Tube Discharges in Special Practice 379
Smith, A. E., M.D. Everyday Suggestions in Mental Therapeutics 617
Social Evils. By Elmer E. Kimmel, M.D. 82
SOCIETIES AND CURRENT EVENTS, 7, 18, 27, 39, 50, 57, 67, 79. 93, 103, 113, 125
Spinal Curvature, with Special Reference to Nebel's Suspension Frame and Sciatica. By George Parker Holden, M.D.. 14
Status Medicus, One Word More on the. By James Krauss, M.D. 1
—— to be Desired, The. By Eldridge C. Price, M.D..... 181
Stevens, Rollin H., M.D. Use and Abuse of Light..... 623
Storer, John Hudson, M.D. Ergot in the Treatment of Gangrene 398
Suggestion. By F. W. Seward, M.D. 298
Sulphur. By H. A. Cameron, M.D. 392
Swift, Edward P. M.D. Obstetrical Technique 313
THERAPY OF TODAY and of Tomorrow, The. By Dr. H. Huchard 171
Tuberculosis, Bovine. By B. W. Sherwood, M.D. 186

PAGE

—— Climate and. By F. W. Seward, Jr., M.D..... 623
—— Congress, International, Report of 593
——Pulmonary. By Charles H. Young, M.D..... 572
—— Diagnosis of Early, by Clinical Examination of the Patient. By Walter Sands Mills, M.D. 383
—— The Dissemination and Control of, as Illustrated in the Bovine Species. By Veranus A. Moore, M.D..... 123
Turtle, Ella M., M.D. Variola.. 388
UPHAM, ELLA PRENTISS, M.D. Women in Medicine... 341
VANNIER, LEON, M.D. The Teaching of Homœopathic Materia Medica 451
Variola. By Ella M. Turtle, M.D. 388
WACHTER, Mr. L. M. Sanitary Inspection of Wells and Their Surroundings 320
Weber, Adna F., Ph.D. Labor Legislation in Its Relation to Public Health 242
Wells and Their Surroundings, Sanitary Inspection of. By Mr. L. M. Wachter..... 320
Wetmore, J. McE., M.D. Reminiscences 93
Whitmarsh, L. H., A.M., M.D. The Permanent and Transitory in Abdominal Surgery.. 291
Wilson, John E., M.D. Indirect Traumatism as an Occasional Cause of Cerebral Apoplexy.. 563
Women in Medicine. By Ella Prentiss Upham, M.D..... 341
Wood, Robt. Lowell, M.D. Cum Grano Salis 316
Wrist, A Fracture of. By Everett Rowell, M.D..... 25
YOUNG, CHARLES H., M.D. Pulmonary Tuberculosis 572

Digitized by Google

BOSTON MEDICAL
JUN 1 1919
LIBRARY

Vol. LVI JANUARY, 1908 (Volume XXIII Third Series) No. 1

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

ONE WORD MORE ON THE STATUS MEDICUS

By James Krauss, M.D.

Boston, Mass.

IN the September number of the North American Journal of Homœopathy, Dr. Elridge C. Price, of Baltimore, has done me the honor of commenting on my article, "The Status Medicus," published in the North American for July. It certainly gives me a grateful sense of satisfaction to have the approval of such a man as Dr. Price, who knows the value of systematized knowledge, appreciates the necessity of practising the medical art by all indicated methods available, and realizes that a valid reason for a therapeutic application makes that applicaotion vastly superior to one without any reason. I find, however, that some misunderstanding has crept in which has led Dr. Price to misconstrue some of my positions in "The Status Medicus," and for fear that in my article I have been unable to make myself entirely clear I wish now to show how I felt justified in taking the positions I then took and which I still feel that I am justified in holding.

Dr. Price's suggestion, that therapeutic philosophy be taught to students of medicine, is a most timely one, and I admit that, if carried out, it will undoubtedly be helpful, provided there are teachers that can teach the philosophy of therapeutics, and provided there are students sufficiently well trained to follow such a course with profit. Because men occupy teaching positions in schools, it does not follow that they are teachers; and because people listen to a

Digitized by Google

course of philosophy, it does not follow that they are students. Let us take this vital question: What is homœopathy? As Dr. John P. Sutherland says in his last address before the American Institute of Homœopathy, "the question has been answered a thousand times," * * * and "out of that thousand the accurate, impartial, demonstrably true definitions have been singularly few." He says: "The definition * * * should be as simple, as uncompromising, as demonstrable, as incontrovertible, as is the thing defined." * * * "Homœopathy is a method of treating sick people in accordance with the formula similia similibus curentur—let likes be treated by likes." * * * "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." * * * "Homœopathy is a method of practice." * * * "The law of similars may well be likened to a compass." * * * "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." * * * "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." * * * Finally, "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." Can any one tell now what homœopathy is? This is the definition given lately by so able a man as Dr. Sutherland, a definition of homœopathy which, he says, "should be as simple, as uncompromising, as demonstrable, as incontrovertible, as is the thing defined. I wonder what the definition would be if it were not as simple, not as uncompromising, not as demonstrable, not as incontrovertible, as it is here given. What would Descartes have said if one had offered him such a definition? Does any one think that Hahnemann would therein recognize his great creation? Here is another modern definition of homœopathy: "Homœopathy is like that universal principle, sympathy, an expression of the correlation of everything in nature:

> All are but parts of one harmonious whole,
> Whose body nature is, and God the soul.'

Is it any wonder that the traditional school shuts its eyes and will have nothing to do with such a phantom as homœopathy is made out to be by some of its own professors? Homœopathy is

Digitized by Google

nothing more and is nothing less than a method of drug application. The method is indicated by Hahnemann's dictum: Similia similibus curentur. The dictum has been established as a safe rule for the selection of drugs. To say anything more is to go into the clouds. To say anything less is to relinquish the truth. Homœopathy does not cover everything in nature. It has nothing to do with the affections. It has nothing to do with mechanics. It has nothing to do with dietetics. It has nothing to do with psychic influences. It has nothing to do with electricity. In the selection of these agencies for therapeutic purposes we are not guided by the rule similia similibus curentur. Otherwise we should stuff a diabetic with carbohydrates; we should treat a fractured limb with fracture producing violence. There is no doubt that our medical schools need courses in therapeutic philosophy; and Dr. Price deserves the highest credit for his suggestion. Our poetasters must retire from the stage. Our tautologists must give room to thought. Froth must give way to substance.

I do not believe, however, that medical philosophy can displace the clinical demonstration. There are many excellent physicians that will be convinced by a clinical demonstration when no philosophical explanation would satisfy them. I cannot understand, therefore, why Dr. Price bears so hard upon the clinical test that I suggest when I say that "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." He certainly is in error when he says that "this test has been made more than once in the past, but the results have proved nothing." The test that I suggest has never yet been made; and onesided tests are of no scientific consequence.

I do not believe, any more than does Dr. Price, that this test would or could secure drug indications that would be considered reliable by both schools of medicine. My object is not to secure drug indications. The two schools have already drug indications which are more or less reliable. My object is to obtain an authoritative basis whereby the fact may be conclusively established that homœopathic practitioners, when true to scientific medical convictions, are just as scientific and honorable as are non-homœopathic practitioners that are true to science and honor. The doubt that is still hovering in the minds of many can be dispelled only by ocular demonstration, by sober, convincing publications, and by the testimony of men of their own school in whose judgment and probity of mind the doubting many can have faith. This is the object of the

Digitized by Google

conjoined clinical test; and, once made, I believe, would open the door for permanent union.

A similar misunderstanding has led Dr. Price to characterize my remarks on specialism as specious reasoning, but they are specious only because Dr. Price reads into my remarks something that I have not put there. Dr. Price takes a diametrically opposite view to mine. He defines specialism on a commercial basis. I define specialism in medicine on what I think is the only true and justifiable basis, viz., the scientific basis. Thus Dr. Price considers a specialist to be a practitioner who limits himself in his field of activity. I consider a specialist only him who, irrespective of whether he limits himself or not to his specialty, is in his specialty superior to the best general medical or surgical practitioner. According to this, Dr. Price would not consider Professor Moritz Schmidt, of Frankfort, the greatest living laryngologist, a specialist, because Professor Schmidt is also a general practitioner; but would consider a more or less recent graduate a specialist because he limits himself to the practice of diseases of the eye. I cannot agree to this position because it misses the cardinal object for which the medical profession exists, viz., efficiency in the protection and saving of human life. I cannot, therefore, see why one should not be permitted to call himself a homœopathic physician if he wishes thereby to indicate that his services are superior in homœopathic medication to those of his non-homœopathic confrere. For whether a man knows it or not, whether he does it well or ill, there can be no doubt that he practises more or less all methods of drug application, allœopathy, antipathy, homœopathy.

But Dr. Price still misses my point when he intimates that I insist on the retention of the title homœopathic practitioner. I distinctly disclaim this intention in my artcle. I used the argument not for retaining the title, but addressed it to the opponents of homœopathy who openly or under cover still proclaim a ban over all practitioners claiming to practise homœopathy in preference to or to the exclusion of, all other methods of drug application. I shall rejoice with Dr. Price and every one else when all practitioners of medicine will know what they do and will do what they know; for then every one will consciously practise with more or less equal efficiency according to presenting indications all three methods of drug application, homœopathy, antipathy, allœopathy.

In conclusion, I will quote from a letter of mine which I had occasion to write recently in answer to questions asked by an eminent practitioner of the dominant school in Chicago, an editor of

Digitized by Google

one of the medical journals of that city. He asked three questions as a result of reading my article on "The Status Medicus;" and I shall give verbatim his questions and what I wrote in answer. It is possible that the same or similar questions may have occurred to others, and for this reason I publish what I said in that letter:

"1. Your first question is: Do you consider 'monopragmasia' equal to 'anapragmasia'? How? (Page 2.) I do not believe that what I say on page 2 of my paper shows my preference for one over the other, nor that I consider the one mathematically equal with the other. I take anapragmasia to be the negative of pragmasia, not the doing of things in an equal manner, as your question would suggest, and, perhaps, with some propriety, if ana is taken in the sense it is put into prescription writing: *aa*, each, *i. e.*, that of each mentioned ingredient so much is to be taken. Taking then this sense that monopragmasia is the doing of one thing at a time and that anapragmasia is doing nothing, or, to speak very exactly, apparently nothing, I have this to say on this question: Therapeutic applications are, or should be, matters of indication, and the interpretation of an indication is a supreme matter of medical knowledge and judgment. If in the judgment of the well trained physician a certain individual suffering from a malady requires but one therapeutic application, be this whatever it may, monopragmasia in this case is not only equal, but vastly superior to anapragmasia and also to polypragmasia. On the other hand, if in the judgment of such a well trained medical man, an individual sufferer requires no direct therapeutic application, the anapragmasia practised by that physician in that case is more than equal, it is infinitely superior to meddlesome monopragmasia and polypragmasia. I hope I make it clear that my personal preference is not for anapragmasia alone, nor for monopragmasia alone, nor for polypragmasia alone. My preference is, or, perhaps, I should say, my aim is, to do the thing or the things that should be done. and not to do anything if nothing should be done.

"2. Your second question is: How can *'topon'* be rendered 'soil,' is it not 'locality'? (p. 5.) I must confess that I ought to have rendered 'topon' locality instead of soil if I had thought Hippocrates meant locality by *topon* and not soil. I am more concerned with the sense than with the literalness of a translation, and therefore when I translate I am making very free translations, aiming to convey to the reader the sense of the writer rather than the corresponding literal word by which this sense was conveyed in the original. In this particular instance, I am free to say that I

Digitized by Google

prefer to render *topon* by the English word soil, and not by locality, because locality is rather an indefinite and arbitrary term, and when in a particular instance it becomes definite, it becomes definite because it is bound to a certain portion of soil or land and all that soil or land implies. I am inclined to think that Hippocrates meant to discourse on air, water and soil, rather than on air, water and locality.

"3. Your third question is: Do you contend that 'allœopathy' was the original that was corrupted into 'allopathy'? What does the first mean at all? If one wishes to form a contrast to 'homœopathy he would have to use 'hereopathy,' I think, don't you? (p. 8.) In answer, I must say that I take allœopathy, *alloion pathos,* to be Hahnemann's antithesis to homœopathy, *homoion pathos,* as may be seen in the fifth original edition of Hahnemann's Organon; and this correctly, on the ground that *alloios* means different, *i. e.,* of another sort or kind, and *allos* means merely another *i. e.,* one besides the one that has or the others that have been mentioned. As homœopathy stands for states of similarity, so allœopathy stands for states of dissimilarity; not like allopathy, which, correctly used, implies merely other states, similar or dissimilar, but does not imply either similarity or dissimilarity. Nor do I think that heretopathy is a complete antithesis to homœopathy, since *heteros* means the other, one of two, *i. e.,* different in the sense of one of two and not of another sort or kind, and therefore heteropathy can properly refer only to one or two or more companion states which may, though they need not be similar or dissimilar. In both allopathy and heteropathy, the point of departure or comparison would not be the quality of action, but merely the number; allopathy standing for another state than the one known, and heretopathy standing for one state of two states known. Allœopathy is the correct antithesis, and represents that method of drug application which is to relieve a diseased part (the thing known) by a remedy affecting a healthy part (a different thing from the thing known); just as homœopathy is that method of drug application which is to relieve a diseased part (the thing known) by a remedy affecting that diseased part (a similar thing, one that corresponds to the thing known). Even if heteropathy were as good a term as allœopathy, I think the fact that Hahnemann chose allœopathy as the antithesis to homœopathy certainly should make it a term preferable to heteropathy."

If we confine ourselves to a scientific presentation of the facts of homœopathy, and do not lay claim to matters that were never

Digitized by Google

thought of by the clear, penetrating mind of Hahnemann, and that he himself, were he alive to-day, would be the first to repudiate, we shall be able to rivet the attention of the medical world upon the truths of homœopathy and the merits of homœopathic practitioners. This can be best established by two means:

(1) The teaching of true therapeutic philosophy to all medical students and practitioners, as suggested by Dr. Price.

(2) The conjoined clinical test in the manner suggested in my article on "The Status Medicus."

The first is the longer road, the second the shorter. But whether long or short, I hope the roads will speedily be taken; for the medical world has greater business on hand even than the union of the separate branches. It has to clear away the heavy truck and the useless weeds. It had to free the soil for the healthy growth of knowledge, research and unstifled progress.

419 Boyleston Street, November, 1907.

MEDORRHINUM*

By W. H. Freeman, M.D.

Brooklyn, N. Y.

THE provings of this great remedy have never been as extensive or as thorough as the earlier provings of drugs made by Hahnemann and his disciples. Consequently it is frequently necessary for the physician to draw upon his knowledge of the symptomatology of constitutional gonorrhea in order to always know when the drug is indicated. A comprehensive knowledge of the pure symptomatology of sycosis is of great value, therefore; and its use perfectly legitimate when correctly utilized, since the symptoms of the disease and of its nosode are practically identical.

As the printed symptomatology of sycosis is very meagre, the physician must dig this information out of many hundred cases and family histories for himself, and exercise great care, while so doing, not to confound the sycotic with the non-sycotic complicating symptomatology usually present to a more or less extent in every case. Unfortunately, this seems to be too great a task for most physicians, though it is an extremely interesting and profitable field for study and one hitherto unexplored except by a few pioneers.

*Read before the Homœo. Med. Soc. of the State of New York.

Digitized by Google

As has just been said, gonnorhea of all stages is almost invariably associated with other complicating constitutional conditions; and it is this invariable tendency to arouse latent morbid conditions and to amalgamate with other forms of disease in the active stage which renders the treatment of gonorrhea, acute or chronic, so extremely difficult. In fact, cure is never accomplished except by prescribing for the different symptom groups separately and in an orderly manner and by prescribing for the particular group most prominent at the time of each new prescription until finally nothing remains to treat and the patient is well.

Even with a good knowledge of symptomatology it is necessary to carefully differentiate between medorrhinum and the other antisycotic remedies, because the first is only indicated when the action of the disease is especially deep, long lasting, or profound, as is most often the case in malignant or congenital types.

It may be indicated at times in apparently insignificant ailments of otherwise robust individuals, as for instance in a chronic though mild catarrhal condition in a young man which has resisted simple remedies well selected and whose anamnesis shows that he slept on his knees as a baby and that there is a history of catarrhal troubles and rheumatism and possibly Bright's disease or cancer on the mother's side of the family. Here the history gives the cause of failure and shows the deeply-seated character of the causal factor. The robust constitution of the patient prevents the disease from developing in the usual manner, but it smolders just the same and, unless he is cured with medorrhinum and its adjuncts, he is a subject for Bright's disease, cancer, or insanity later on in life, in spite of his apparent good health now.

The acute and subacute stages of gonorrhea and the less profoundly-manifested types of the chronic form are covered by remedies which better correspond to the less deeply-acting plane of the disease.

An important differentiating point between the nosode and other antisycotic drugs consists, therefore, in this difference in their planes of action and it is important to remember this because the nosode is liable to be extremely harmful when not similar to the case in this respect. If any doubt exists, always prescribe the other drug first.

Medorrhinum has certain positive characteristic symptoms, however, which seem to belong to its plane of action and which are not covered by other remedies and which when present should enable the careful physician to prescribe it safely and beneficially.

Digitized by Google

In certain cases the nosode may be the only drug necessary, though it has been my experience that all cases need other drugs sooner or later for symptom groups which remain or develop after it has completed its curative action and for which it has no similitude.

In certain of its leading characteristics, medorrhinum closely resembles such drugs as arsenic, chamomilla, graphites, lycopodium, pulsatilla, phosphorus, secale, sulphur and thuja, and it is often the similimum when one of the afore-mentioned has been prescribed ineffectively, and it holds more or less of a complementary relationship to them, especially so in the case of arsenic, chamomilla and pulsatilla.

THE MENTAL SYMPTOMS vary acording to the individual. There may be the melancholic, tearful state of pulsatilla; the crankiness and irascability of chamomilla; or the anxiety, restlessness, anguish or suicidal tendency of arsenic. They are always in a hurry. Time passes slowly—is in such a hurry that he becomes tired out before he gets started or soon after. His intentions are good, but he never accomplishes half what he meant to do. Restlessness, can't sit still and continually moving about (like arsenic), continually locking and unlocking his fingers. Restlessness in bed at night, child travels all over the bed in its sleep. Forgetfulness for names, for words, or for what has just been said. Forgets what he started out to say. Constantly losing thread of conversation. Makes mistakes in the use of words, in spelling, in calculating, and by transposing letters or figures when writing.

Mental dulness and stupidity. Feels brightest and best in evening and after sundown—*worse in the day time always*. Timid and easily frightened. Startled easily.

Intense aversion to being touched by another, on the hands, hair, or even garments—especially by some one she doesn't fancy—it makes her nervous and irritable. Prescribed on the strength of this symptom, it cured an old case of psoriasis after arsenic had failed.

Craving for alcohol and stimulants with relief of mental condition after taking same. Alcoholism, insanity, various psychoses, perverted sexuality.

HEAD, burning pain in, often in occiput and extending down back. Soreness and burning in neck, extending down spine. Dull, pressing pain in occiput and cerebellum, extending to neck and to lobes of ears. Headache from riding in the cars. Eruption on scalp and at the hair margins—dry, scaly patches or spots, itching. Perspiration, head and face and neck, during sleep.

Digitized by Google

NOSE, swelling internally, obstruction and catarrh—mostly post nasal. Pressing pains in nose, extending to head and occiput. Catarrh, worse in the mountains and inland, better at the seashore and sea-bathing. Itching, tickling, burning in the nose.

FACE, perspiration upper lip, chronic eruption anywhere on body, but more especially on face of *sore spots, raw, red and non-suppurating. Spots may be slightly elevated or excavated and exude serum which dries into scabs that child keeps continually scratching off* (graphites).

APPETITE: Craving for alcohol and stimulants, for sour things, hard, green fruit. Craving for salt in excess and salty things, for beer and ale.

Excessive appetite or anorexia.

Hiccough and belching. Chronic indigestion.

CONSTIPATION with inactivity of rectum.

Difficult stools as from painful obstruction at anus. Stools difficult, large, hard, ball-like; or tenacious, soft, clayey. Stools passed only while leaning backward.

DIARRHEA and catarrhal enteritis. *Obstinate diarrhea or dysentery in babies of sycotic parentage.* Stools *horribly offensive, like rotten eggs* or *cadaveric;* of any color; always SLIMY. These children like best to LIE ON STOMACH, OFTEN WITH THE KNEES DRAWN UP BENEATH ABDOMEN (always denotes gonorrhea in some ancestor). Diarrhea from riding in the cars.

The SEXUAL SYMPTOMS are those so frequently observed in old, badly-treated cases of gonorrhea with involvment of prostate, seminal vesicles, bladder, epididymus, or uterus and adnexa and many such can never be cured without the aid of this remedy.

Impotence is not uncommon after suppressed gonorrhea and frequently needs medorrhinum. Sexual neuroses of all varieties. *Imperfect and incomplete erections with flaccidity of the glans.* Nocturnal emissions, ejaculatio præcox.

In women there may be excessive desires or dread for intercourse. Insatiable desire with hot flashes, erotic dreams, and icy cold breasts is a complex symptom I have noticed.

Intense pruritus, worse thinking of it.

Dysmenorrhea of severe type.

Burning pains in back and hips during menses. Breasts tender and painful, soreness of the nipples. Malignant tumors of any portion of body, especially of genito-urinary system.

Wright, of London and "Opsonic therapy" fame, has for years been publicly demonstrating in laboratory and clinic not only the curative power of this and other nosodes (called by him vaccines),

Digitized by Google

but demonstrating as well the scientific truth of the fundamental precepts and homœopathic principles first promulgated by Hahnemann.

Pharyngeal catarrh and eustachian deafness.

COUGH, dry, tickling, painful; loose, tearing, worse at night; worse while lying; *better lying face downward with knees under abdomen.*

Asthmatic and cardiac conditions when patient can rest only in the kneeling position before chair or bed with arms and chest resting thereon. Often palliative in last stages of phthisis, Bright's disease, cancer, etc., etc. Rheumatic pains, worse before storm, *better near the seashore,* better sea bathing.

Painful tenderness of heels and soles, worse standing or walking. *Burning of feet with desire to uncover them. Restlessness of feet and legs—must move them continually—better walking and when in motion.*

Restless sleep, worse after midnight. Sleeplessness after midnight.

Sleeping on back with arms above head and knees drawn up. Sleeping on abdomen. THE CHILD SLEEPS FACE DOWNWARD WITH KNEE DRAWN UP BENEATH ABDOMEN—RABBIT FASHION. *The child is extremely restless and crawls all over the bed during sleep and finally winds up with its head in a corner on hands and knees and uncovered.*

Dry, bran-like, scaly eruption in patches on different parts of body—on forearms and legs, in popliteal space—more on extensor surfaces. Psoriasis.

Discrete raw spots with red base as if dug out with sharp fingernail, exuding a honey-like serum, non-suppurating; and kept raw by the continual scratching off of the scabs as soon as formed.

Cold, clammy skin with desire to be uncovered. Collapse or prostration with cold, clammy skin and desire to be fanned and to be uncovered. Anemic pallor. Waxy appearance of the skin, though of a seemingly well-nourished appearance otherwise.

Passive, venous congestion of mucous-membranes and glandular organs with ultimate overgrowth of both glandular and connective tissue elements.

Catarrhal inflammation; nasal, bronchial, gastro-intestinal and genito-urinary.

Valuable for euthanasia in malignant and incurable diseases when indicated by similarity of symptoms.

The symptoms of the provers and the symptoms cured in the

Digitized by Google

sick, when compared with the symptoms in patients dating their illness from gonorrhea in years past, and of all the foregoing when compared with symptoms observed so frequently in children whose fathers had the clap before marriage; and the frequent cure of such children with medorrhinum—often given as a last resort when death seemed certain and all other means had failed—all this goes to prove, beyond chance for intelligent argument, the existence of a distinct disease entity of gonorrheal nature and origin in acquired and hereditary forms, as was announced by Hahnemann nearly one hundred years ago.

A Medorrhinum Case

Several weeks ago a young lady consulted me for ingrowing toenails, the very suggestion of medical treatment for which would cause some doctors I have known to throw a fit.

Local surgical treatment had already been tried, ineffectively however, and there remained nothing else to do, so it was said, but to remove the nails and the inflamed and ulcerated tissues overlapping same.

In this case, which was an exceptionally severe one, suppuration and granulations were excessive and the pain constant and severe.

She appeared in an old pair of her husband's shoes, from which the toes had been cut out, and without stockings—at home she went barefooted.

The symptoms noted in addition to the foregoing were as follows:

Burning pains of extreme character, extending to feet and up the legs, with desire to uncover and to put the feet out of window at night.

Extreme restlessness of feet and legs constantly with inability to sleep or to rest in bed—must constantly rise and move about.

Sleeps only in catnaps and is completely worn out.

Is tearful, impatient, despondent and irritable. Feels an irresistible inclination to slap every one who comes near her feet.

Medorrhinum was followed by decided improvement within a few days and entire cessation of inflammation, granulations, suppuration, and pain when I saw her last, ten days after the only dose of medicine she received, when she was again wearing shoes and stockings for the first time in months.

Before leaving, she was shown how to take care of the nails in future by shaving off the tops and cutting out the central edges, leaving the corners to grow, and instructed to call for more medicine, if the nails caused her any further trouble.

Digitized by Google

DISCUSSION BY DR. STUART CLOSE

This valuable article by Dr. Freeman should lead every one of us to a renewed study of the pathology, symptomatology, and therapeutics of inherited, tertiary or latent gonorrhea. And in doing this we shall only be, so far as the most of us are concerned, following the lead of the most advanced thinkers in the old school, who are rapidly awakening to its vast extent and importance.

Very few seem to realize even that there is such a thing as latent gonorrhea, or that it is a serious factor in a large number of morbid conditions which have heretofore baffled the ordinary means of treatment; but when we find so able a man as Prof. Lydston of Chicago, probably the ablest genito-urinary specialist in the United States, expressing himself as follows, it is time for us to wake up.

He says:—"The importance of the direct and remote results of gonorrhea in women can hardly be over-estimated, and has only recently received its just share of attention. Foreshadowed by the labors and once ridiculed theories of the great pioneer in the field, Noeggerath, the researches of modern gynecologists are developing the most astonishing facts. The more carefully we study pelvic diseases in women, the narrower their etiologic field becomes, and the more frequent they are found to be dependent upon gonorrhea. Thus, when freed from pathologic and anatomic errors, pelvic inflammations are found to be dependent, in the majority of cases, if not all, upon tubal disease, and tubal disease is unquestionably almost always due to gonorrhea and its congeners and derivatives. Thus metritis, endometritis, salpingitis, hydrosalpinx, ovaritis, parametritis, pelvic and general peritonitis, menstrual disorders, and sterility may occur, as well as urethral, vesical and renal diseases in the male."

The diseases in the male, and those common to both sexes, in which gonorrhea has been recognized as a causative or complicating factor, by old school authorities, are too numerous to even mention in the time allotted to me for discussion. Of still greater significance to us as homeopathicians, is the recognition by some of these advanced thinkers and investigators of the old school, of the fact that all of these dire consequences and complications are caused by the suppression of a primary discharge by local treatment, and especially by the use of injections. Lydston says:—"Most complications are due, not to the intrinsic pathologic tendencies of the disease itself, but to irrational general management, or over enthusiastic attempts to cure. The frequency of complications is proportionate to the energy expended in the treatment." In the light of a century of experience, it is safe to say that a history of the use of injections is proof positive that the disease has not been cured.

We need not stop to remind ourselves that Hahnemann and not Noeggerath was "the great pioneer in this field," but simply rejoice that the scientific studies and researches of our great exemplar are receiving confirmation at last from sources hitherto

Digitized by Google

antagonistic. As to treatment, we affirm that gonorrhea is only only curable by the individually indicated homœopathic remedy, administered internally.

Study of the great proving of medorrhinum contained in the volume of Hering's Guiding Symptoms led me many years ago, as it has led many others, to a renewed study of gonorrhea and its treatment in all its protean forms. No man who has so studied the subject will differ with Prof. Lydston when he calls gonorrhea "the most dangerous of venereal diseases, causing more deaths than spyhilis:" nor will be take up the treatment of his next case in the flippant spirit of the shallow sciolist who considers it "no worse than a cold in the head."

When he has learned from the highest allopathic authorities that over eighty per cent of men have had gonorrhea, of whom over ninety per cent remain uncured and subsequently infect their wives and through them, unborn children, perhaps he may have a little more respect for those who have intelligently confirmed, by experience, the teaching which Hahnemann promulgated nearly a century ago in his theory of the Chronic Miasms. I advise you to hasten your study of what the latest authorities have to say upon the subject of Latent Gonorrhea, which is synonymous with the Sycosis of Hahnemann. I also advise you who do not possess it, to get Hering's Guiding Symptoms and study the proving of Medorrhinum, that you may be prepared to call this mighty remedy to your aid, at the proper time, in the treatment of this frightful scourge.

It has a limited field of action as Dr. Freeman has pointed out, and is to be carefully compared, symptomatically, with its allied remedies, but when indicated, it fills a place which can be occupied by no other remedy. It is never indicated in acute gonorrhea, but only in those obscure and perplexing cases in which latent gonorrhea is a complicating or etiologic factor :and in these its use must be governed by very clear and positive symptoms. It is not by any means a cure-all to be administered empirically as a specific for gonorrhea in any stage.

SPINAL CURVATURE, WITH SPECIAL REFERENCE TO NEBEL'S SUSPENSION-FRAME AND SCIATICA*

By George Parker Holden, M.D.

Yonkers, N. Y.

CASES of spinal curvature coming under the care of the general practitioner often belong in the category of things destined to bother him considerably. Having been bothered this way to some extent, it is my simple intention to summarize, crudely rather than minutely, a few points that have appealed to me as being both pertinent and practical, and with due apologies to any orthopedists present.

*Read before the New York State Homœo. Med. Soc.

Digitized by Google

It may be said at the outset that *curvatures are principally due* either to localized disease or to rachitic, paralytic, or postural or occupational factors. It may also be stated, by way of preliminary, that an exaggeration of the normal anterior or posterior curves is not to be considered pathological till so pronounced that the bend in one section is not wholly compensated for by curvatures in other regions, this failure of compensation being here the prominent disturbing factor. For instance, the normal dorsal curve, a kyphosis, when exaggerated must be compensated for by an exaggeration of the normal lordosis of the cervical or lumbar sections. Lateral curvature, it will be remembered, is termed a scoliosis, and is generally complicated by some rotation, or twisting, of the column.

By far the greater number of cases of curved spine occur during infancy or the first decade of life, and tuberculosis or Pott's disease (spondylitis tuberculosa) is the most common inflammatory process. Rachitic defects and those due to faulty attitude, whether occupational or not, make up the bulk of the other cases.

In examining the patient, principal points to look for are deviations from the normal antero-posterior, or sagittal, curves of the column, which frequently obtain as angular protuberances or depressions; any lateral inclination, diminution of normal flexibility, due either to inflammatory deposits or instinctive or spasmodic muscular rigidity, or both; and localized tenderness, particularly upon pressure or light tapping over the spinous processes, and the bringing into action or overexerting of the weight-bearing function of the vertebral bodies. The latter is safely tested by sudden slight pressure upon the head or shoulders.

Flexibility or its deficiency is tested by having the patient lean forward over the back of a chair or other convenient object, and by placing the palm of the hand over suspected prominences and noting if there be individual movement of the vertebræ upon flexion and extension. With the column sharply flexed, marks placed over the spinal points will reveal any lateral deviation.

Considering first the treatment of the class of cases last noted, to wit, postural or occupational curvatures, generally a scoliosis or complicated thereby, it may be broadly stated that general constitutional treatment by baths, nutritive diet, fresh air, massage, and appropriate gymnastics should have the prior consideration, jackets to be avoided if possible, and in particular, that it should be seen to that any form of shoulder-brace, used only in the intervals of the treatment cited, should not be of any "suspender" type to depress the shoulders while drawing them back. Suspension

Digitized by Google

exercises are valuable, and, to repeat, exercises are the most important factor in treating scoliosis in any stage. For details of ingenious movements, with dumb-bells, rods, etc., recumbent and otherwise, reference must be had to the voluminous literature on the subject.

Another important point in considering lateral curvature is the causative factor of discrepancy, whether congenital or acquired, in the length of the legs. Always measure the leg-lengths in these cases, and if a marked difference be noted a prominent factor in any remedial treatment is self-evident.

Harking back now to the consideration of cases of tubercular spine, and of other structural, as rachitic, weakness, it should be very evident that support, or partial immobilization, should receive first consideration. As the intent of this support is both to hold the spine in as natural a position as possible, keeping up at the same time a degree of extension for relief of pressure symptoms, and to prevent further increase of deformity, it is apparent that the jacket or other device selected must be applied with the exaggerated conditions reduced nearly as may be to the normal contour. And this is where the different forms of suspension apparatus, slings, frames, etc., come in.

Particularly in dealing with children, and especially as a jacket may have to be renewed several times, the least terrifying and fatiguing device is self-commendatory.

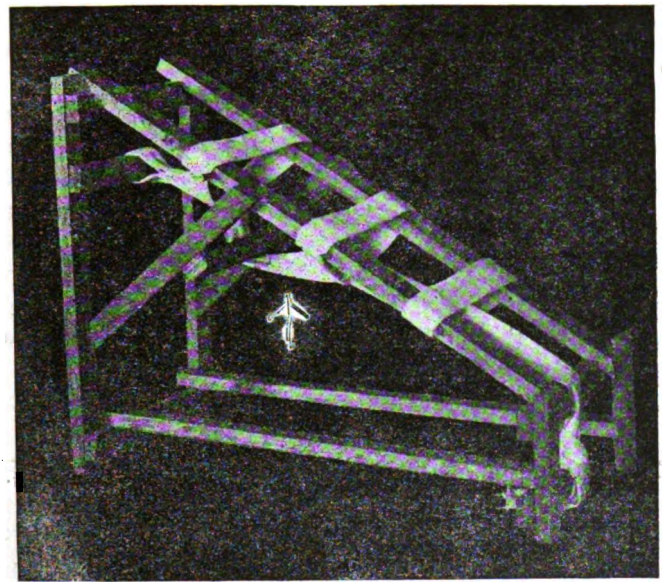
Some months ago, having occasion to apply a plaster-jacket in a case of lumbar kyphosis, the attention of the writer was directed to a suspension-frame made of iron tubing, with transverse straps of canvas or leather passing under the sternum, across the trochanters, and below the knees, as used by Nebel in his Breslau clinic. This recommended itself because of the not particularly unpleasant suggestion of a hammock or bed upon which the patient lies, and consequent feeling of security, and for the possibility of substituting a simple wooden arrangement that could be quickly put together by any carpenter and at slight expense. I had one made, somewhat more carefully than this crude miniature model, and found it very convenient. In cases where the trouble is in the higher dorsal or cervical sections of the column, and where more head overextension is desired, the inclination of the frame may be made very sharp to almost upright by raising the head end. For lower dorsal or lumbar cases, where the sagging due to mid-body weight is the chief factor in producing the required extension, the frame is brought nearer to the horizontal. For the Glisson's head-sling I substituted a Barton bandage, and the separate three transverse

Digitized by Google

and one longitudinal bands or straps of Nebel's apparatus, with the four adjustments, I modified by using a continuous single canvas belt, about four inches wide, with a single tension adjustment as here shown. At the point indicated by the arrow-mark, and at corresponding points, the belt is held by passing through three flattened iron rings like large chain links.

The patient assists in supporting himself and relieving the head strain, by grasping one of the cross bars with his hands. The Barton bandage is secured to the upper cross-bar.

As to the supporting-device itself, the plaster cast or jacket, for combination of simplicity, economy, and effectiveness, will be



Holden's Modification of Nebel's Extension Frame.

selected nine times out of ten by the general practitioner, at any rate for the beginning of this supporting treatment, and there is no good reason why this should not be a removable jacket instead of the much more uncomfortable cast.

If the following points be observed, any physician, if only with slight mechanical dexterity, should be able to apply such a jacket.

It need not average much over ⅛ inch in thickness, and the plaster must be well rubbed in as each layer is applied. The bandage can be reduplicated where most strength is needed, as along the spine and axillary line, to bring it up to nearly ¼ inch. The bandages are applied over any seamless, tight-fitting, preferably woolen, undershirt, the hospital supply houses furnishing a tubular

Digitized by Google

affair, without armholes, especially for the purpose. In lieu of this, what is known to the drygoods trade as a Swiss undervest is the best article. The jacket should reach well up under the arms, highest in the back, and down over the trochanters, the lower edge being cut away at the thighs to permit of the sitting posture.

The patient must remain perfectly quiet until the plaster has set sufficiently to permit of removal without breaking. This takes generally about fifteen minutes, and a good plan to support it while thus setting is by use of light basswood splints placed vertically and held with an unbleached muslin bandage. It is not a bad idea to incorporate four pieces of these splints within the jacket itself between the layers of plaster-bandage, one at either side of the spines, and one in each axillary line. They are first made more pliable by soaking in hot water.

In making a jacket, a strip of tin is placed along the front median line of the thorax, next to the woolen shirt, the whole length of the intended cast, and when the plaster has set sufficiently, just previous to removal, the cast is cut down in front with a knife against the tin. It can now be sprung apart without fracture, sufficiently to permit of its removal sidewise by twisting it around.

The edges are now trimmed out in the axillæ, and at the bottom in front for the thighs, and, after pressing it together in front, hold it so with a roller bandage, and leave it twelve hours over a radiator or the kitchen stove to bake hard.

When thoroughly dry, it is ready to finish and adjust on the patient for use. Put on the skin-fitting shirt again, as when molding the plaster-bandages, and sew to it pads of cotton-wadding, or preferably felt, over the prominences of the spines and trochanters, over the more prominent ribs at the sides of the thorax in thin subjects, and along the top and bottom edges of jacket. Having previously applied one coat of shellac to the inside of the jacket after it is thoroughly dry, to render it non-absorbent, now apply a second and put the jacket on over the padded shirt while this second coat is still wet, care being taken during the placing of pads and sticking fast the lining of the jacket that the shirt is held taught. The edges of the shirt are now folded over the outside of jacket and sewn together, completely covering in the plaster.

Strips of leather into which a cobbler has punched some shoelace-hooks are now sewed one along either edge of the jacket, a shoemaker's awl being used to pierce the plaster for the stitches. Two laces are used for fastening, both starting at the middle in front, one being tied at the upper and one at the lower edge.

It is preferable to have the patient assume the position on the

Digitized by Google

suspension-frame maintained when molding the jacket, when the completed affair is first applied for wearing.

Regarding the matter of differential diagnosis, it must not be forgotten that children with hip disease manifest several of the same characteristics as do those with inflammatory spinal affection—notably the peculiar mode of stooping straight down, with back muscles held rigid, instead of bending forward, and of climbing up with hands on the thighs from a stooping position. In the contraction of the hip due to psoas abscess following Pott's disease, only extension is affected, while in hip disease motion in all directions is limited. Also there is in hip disease an actual shortening of the leg and an exaggerated height of the trochanter.

Inflammatory affections of the vertebræ, other than Pott's disease, are acute osteomyelitis, spondylarthritis, syphilis of the spine, actinomycosis, spondylitis deformans, and malignant tumors of the spine.

Acute osteomyelitis has only lately been recognized, and occurs during the growing years. The specific organisms are the pus cocci, staphylococcus aureus and albus. The lumbar region is generally the part involved, and any portion of the individual vertebra may be attacked. It follows an acute stormy course. Tuberculosis is of a chronic tendency, and almost always attacks the bodies of the vertebræ.

The kyphosis—which it generally is—of inflammatory diseases producing necrosis, like Pott's or malignant tumor, is angular rather than crescentic. Pain is aggravated by any pressure. The patient preferably sits in a chair with high arms, on which he rests his elbows to draw himself up. The pain is easier in the morning, following the night's recumbency. This is more characteristic of Pott's, however, than of malignant growths, which are liable to be more or less painful independent of pressure in the long axis of the column.

Spondylarthritis is the rare condition of inflammation of the lateral joints, and when of tubercular origin generally occurs in the cervical vertebræ accompanied by severe neuralgic pains, rigidity of the neck generally in extension, and sub-occipital swelling due to infiltration. Later the head assumes a typical position with the chin drawn down upon the sternum.

Syphilis of the spine is also very rare, and is practically never seen in children as a cause of curvature. Belonging to the tertiary stage of the disease, it is seen in syphilitic adults. Diagnostic conclusions, otherwise, must be drawn from the history of the case and effect of antisyphilitic treatment, as the clinical picture very

Digitized by Google

closely simulates tuberculosis. But iodide of potash must be given very guardedly, as it is put down in the books that it is a disastrous remedy in tuberculous patients.

Actinomycosis, a disease produced by the ray fungi, has very exceptionally caused necrotic changes in the spine, but practically it is a disease of little surgical interest. Infections occur, as a rule, through the esophagus, lungs, or intestines, and absolute diagnosis is made only by finding the typical ray fungi, which usually occurs long before the spine is affected. The literature states that the region involved may be extremely sensitive upon pressure or exerting the weight-bearing function, but that an actinomycotic kyphosis has never been reported.

Spondylitis deformans, like rheumatism of other parts, may be acute at first, but has a strong tendency gradually to become chronic—perhaps more so here. Those affected are, as a rule, males from 25 to 40 years old or well advanced in life. Only most exceptionally is it a disease of childhood. Pain generally commences in the small of the back, and the spine gradually becomes rigid. The lumbar and lower half of the dorsal vertebræ are more prone to be the parts affected, and the trouble is more liable to extend up than down. The whole column may become immovable, generally in kyphosis, which is often seen in the upper part, though there may be kyphosis of the lumbar section; and sometimes scoliosis may be detected.

Tumors of the spine are practically all malignant, occurring in adult life, and may produce conditions impossible to diagnose from tubercular infiltration and necrosis, unless the youth of the patient or history of previous malignant growths or tubercular deposits, and aggravation rather than relief from extension, afford a clue.

In conclusion, the physician should not overlook a point that the writer had recently impressed upon his mind through an interesting clinical experience—the point that it is not uncommon to have marked curvature of the spine with or resulting from *sciatica.* Attention was called to this subject first by Gussenbauer, as long ago as 1878, who gave it the name of neuromuscular scoliosis. Köcher called it *ischias scoliotica.* As a rule there is also a kyphosis of the lumbar spine in addition to the lateral deviation.

Because of instinctive muscular rigidity or spasm caused by the pain, and of attitudes taken by the patient for relief of pain, a crooked back is produced during the long course of this disease, sciatica. While cases of sciatic neuritis are quite unknown in childhood still this is a very interesting point concerning any discussion of curved spine. Treatment should be directed both to the

Digitized by Google

original sciatica, and also to the back by braces, suspension and other exercises. Forms of rowing apparatus in the use of which the nerve is stretched at the same time that the spine is straightened have been especially helpful.

It is an interesting query if a patient contracting curved spine from a sciatica might not months later be found suffering from pains, simulating his sciatica, but not entirely due to reflex disturbances arising from abnormal, unequalized pressure due to the malposition of the bones of his back. I have a case in mind so diagnosed, but a prominent orthopedist later called it—though not very positively, as I understand—rheumatic spine. So far as I have been able to keep track of the case since this occurred some months ago, the gradual if not great improvement would seem to give the first diagnosis as good a claim to accuracy as the second; especially in view of the following points: Patient was better of his pain in morning, pressure on the lumbar kyphosis (there was some scoliosis also) caused no discomfort at the point applied but did cause pain high up in the hip over the sciatic nerve, there was absolutely no history of gonorrhea, the vertebræ involved in the kyphosis (four upper lumbar) seemed individually to move on flexion (were not rigid), and relief was experienced by exercises of overextension and the wearing of a plaster jacket and later a brace.

MONGOLIANISM.

By Fredrick C. Robbins, M.D.

Gowanda, N. Y.

MONGOLIANISM is defined by Fennel as a condition of antenatally arrested development, bodily and mental, marked especially by a proneness of the tissues to low and chronic forms of inflammation and by certain characteristic mental features. This condition always arouses interest, perhaps the more on account of its rarity and the obscurity of its etiology. Peary, however, asserts that many of the Esquimaux present characteristic mongolian features, and it has been observed that many of the Seneca Indians present these features, showing that Mongolianism is not peculiar to idiots only. From an anthropological standpoint it has been suggested that in the Indian, through the Mongolians migrating from Siberia into Alaska and thence to the Esquimaux, there may be an underlying strain of Mongolianism, and it is possible that this strain may have been in some way transmitted to the Caucasian race, a

Digitized by Google

theory which seems to be somewhat substantiated by the Mongolian features among immigrants from Northern Europe.

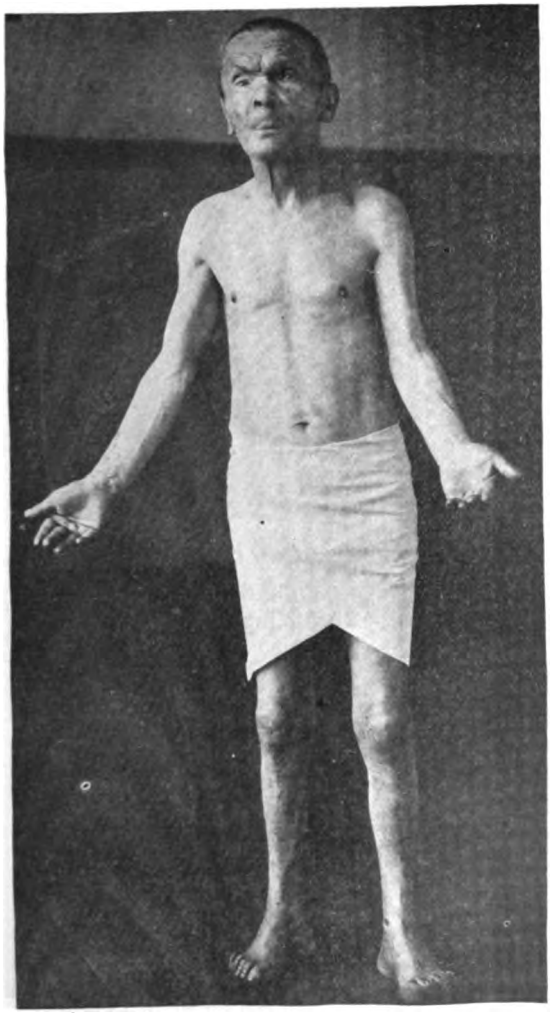
The case presented is that of an old dement who has been in State institutions for thirty years, and who up to the time of admission had shown ordinary intelligence, a rather unusual state, as Mongolianism is usually peculiar to idiots in the Caucasian race. This patient, a male, aged twenty-eight years, able to read and write, a native of Germany, a tailor by occupation, civil condition single, habits intemperate, was admitted to the Manhattan State Hospital on March 7, 1877, for being an alcoholic and acting in a demented manner; on June 24, 1879, was transferred to the Idiots' Asylum on Randall's Island, thence to Hart's Island on December 23, 1887, and on May 26, 1892 was returned to the Manhattan State Hospital, and on April 8, 1898, was transferred to the Hudson River State Hospital; to the Buffalo State Hospital on July 29, 1899, and to Gowanda on July 31, 1903. In the Manhattan State Hospital he attempted suicide by hanging, while in all the other hospitals he did no work, but sat about wards, mumbling to himself, taking no interest in his surroundings and annoying the other patients by rubbing their faces. Since he has been in this hospital he has been tidy, he feeds himself, knows the way to the water section but continues mumbling unintelligent gibberish in a low voice, and annoying the patients as before and receiving in return kicks and blows from them.

The anthropological data are as follows:

Height,		4 ft. 11½ in.
Weight,		87 lbs.
Cephalic, transverse,		16 c.m.
ant. post.,		19 "
index,	(dolichocephalic)	73.6 "
bin-auricular,		29.5 c.m.
circumference,		57 "
Facial, length,		11.5 "
bi-malar,		14.5 "
Nose, length,		4.4 "
width,		3.9 "
Ears, length, left,		6.5 "
" right,		7.1 "
Middle finger, left,		9.9 "
" right,		9.8 "
Arm, olecranon to tip of m. f., left,		39.2 "
right,		39.7 "

Digitized by Google

Forearm, 5 c.m. below olecranon, circum.,	left,	18 "
	right,	19 "
Wrist, circum.,	left,	14.7 "
	right,	15 "
Chest, circum. at nipple,	inspiration,	72 "
	expiration,	71 "
Bi-iliac at crest,		66 "
Calf, circum.,	left,	23.5 "
	right,	23 "
Foot, length,	left,	21.3 "
	right,	19.8 "



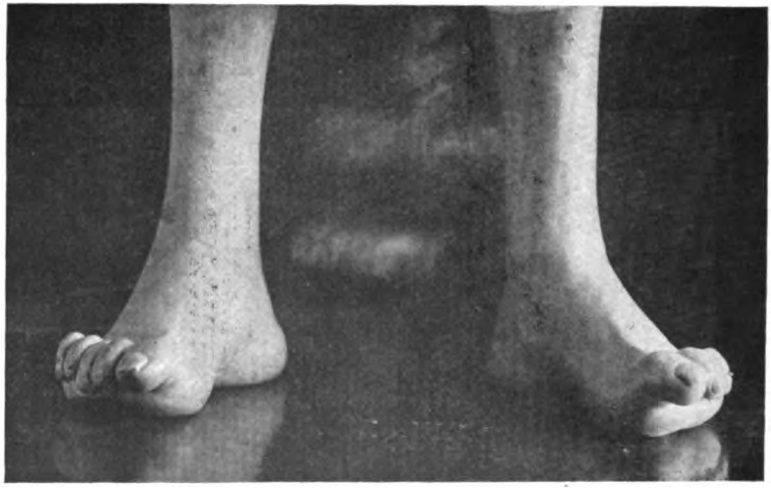
Digitized by Google

PHYSICAL EXAMINATION.

GENERAL TYPE: Patient is a small, poorly nourished and poorly developed male; Hb. 80%; with a broad, saddle-shaped palate, prominent cheekbones, flabby cheeks, wide, flat nose, long upper lip, short tapering fingers with incurvation of the little fingers, large ears, with small lobules and flat anttragi; gray, Mongol-shaped eyes, thin gray hair, high instep, hammer toes and many small scars all over the body.

VASOMOTOR AND TROPHIC CONDITIONS: Skin dry; dermagraphia slow in appearing, but very prominent; hands and feet are bluish color even on warm days.

REFLEXES: All the superficial and deep reflexes increased,



paradoxical and Babinski marked; no ankle clonus.

ORGANIC RFFLEXES: Normal.

MOTOR FUNCTION:: Patient has a stumbling, ungainly gait, and there is present a slight Rhomberg sign.

RESPIRATORY ORGANS: Normal.

CIRCULATORY ORGANS: Cardiac impulses is felt in the 4th interspace 7 c.m. to left; cardiac dulness extends from the third rib, midsternal line and 10 c.m. to left; mitral first sound is muffled, second is faint and lacks the usual sharpness; the aortic and pulmonic first sounds are very faint, while the second are fairly distinct. The radial pulse is regular and shows beginning arteriosclerosis; pulse, lying, 60; sitting, 68; standing, 76.

DIGESTIVE AND ABDOMINAL ORGANS: Patient has no teeth; his tongue, though clean, is fissured; the papillæ are fairly prominent;

Digitized by Google

the liver dulness extends from 4th interspace to margin of ribs in mammary line.

GENITAL ORGANS: Patient has been circumcised; otherwise normal.

A FRACTURE OF THE WRIST

By EVERETT ROWELL, M.D.

Stamford, Conn.

THE object of this paper is to direct attention to an injury which has become comparatively common with the more general use of the automobile. While the injury may not be unknown, I believe its true nature is usually not recognized, and that it is treated as a severe sprain of the wrist unless the precaution is taken of having an X-ray negative of the injury made.

That the injury is comparatively common is demonstrated by the fact that within the last year I have seen three of them which had been considered sprains until the X-ray disclosed the fracture. While the injury of the radius at its lower end is at the seat of Colles' fracture, the absence of deformity and the other symptoms of that injury constitute the injury that I refer to as a distinct fracture of itself.

A Colles' fracture is usually produced by a fall upon the palm of the hand, and there is a deformity caused by the dorsal displacement of the lower fragment, which occupies a position above the axis of the shaft of the bone, causing undue prominence of the lower end of the ulna. The hand is elevated to a somewhat higher plane than normal and is somewhat abducted, giving rise to a characteristic deformity called the "silver-fork" deformity.

If a gasoline engine is cranked with the spark gap well advanced, there is a strong kick back to the engine, due to a too quick explosion of gas in the cylinder. This recoil is transmitted to the crank shaft so that the person cranking the engine gets the full benefit of it. Some idea of the strength of the recoil can be gathered from the fact that the man whose injury is seen in Fig. 2 was thrown from his motor-boat into the water by it.

If, when cranking the machine, the person doing so, instead of lifting up on the crank handle, pushes down on it with the weight of his body, when the recoil comes, the wrist being held rigid by the weight of the body, gets the full benefit of it.

In the injury which I describe there is always a history

Digitized by Google

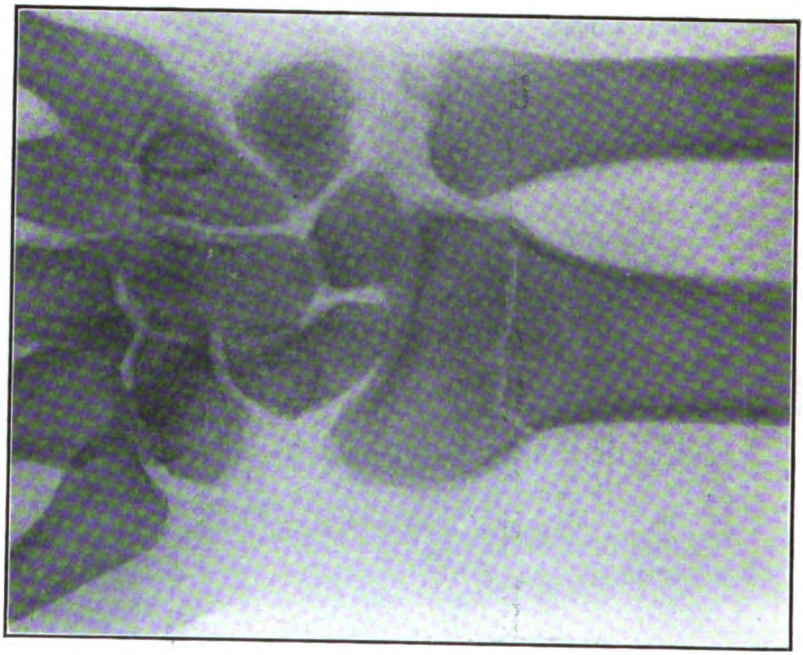


Figure 2.

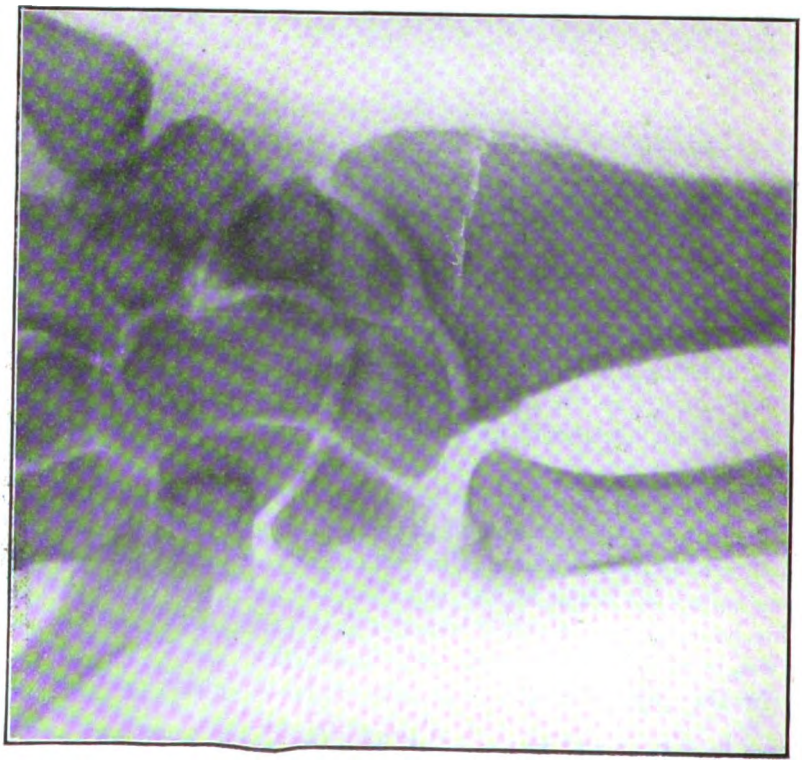


Figure 1.

Digitized by Google

of being hurt while cranking a gasoline engine. The gross appearance of the wrist shows nothing; there is no displacement of the fragments, no crepitation, and, in fact, only the symptoms of a severe sprain, from which it can only be diagnosed by a careful examination of an X-ray negative. A fluoroscopic examination will not reveal the injury, as the contour of the bone remains unchanged. A careful examination of the accompanying illustrations will convey a better idea of the injury than any description which I might give. The injury will be seen to exist by a fine crack or break running across the lower end of the radius with absolutely no displacement of the fragments. While there is apparently no separation between the fragments, a careful study of Fig. 3 will reveal the fact that there is a slight separation, but not to any appreciable extent.

Fig. 1 represents the following case:

D. D.; male; occupation, physician. Three weeks ago, while cranking his automobile, with the spark well advanced, he pushed

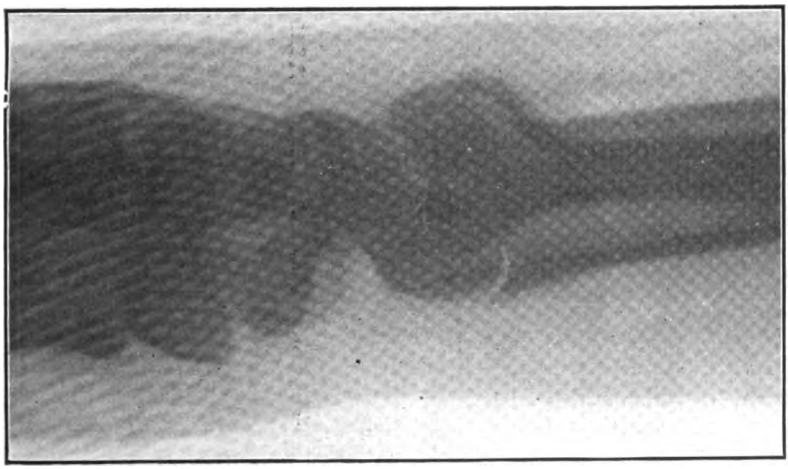


Figure 3.

down on the handle instead of lifting up on it. There was a sudden recoil of the crank handle, and the wrist, being held rigid by the weight of the body, received the full benefit of the recoil. This was followed by a severe tenderness and all the symptoms of a severe sprain, for which it was treated three weeks. Only upon an X-ray negative of the wrist being taken was the true nature of the injury revealed. An examination of the plate will show a fine crack running obliquely across the lower end of the radius. Externally there was absolutely nothing to indicate a fracture with the exception, perhaps, of a persistent spot of extreme tenderness

Digitized by Google

which might have been due to the bruising of the bone had no fracture been present.

Fig. 2 represents a case shown by courtesy of Dr. George MacKee, of New York. The patient in this case was injured by the recoil from a gasoline engine in a motor-boat. This case was also diagnosed as a sprain and treated as such for two weeks.

THE MANAGEMENT OF ABORTIONS*

By Elizabeth Jarrett, M.D.

New York City

An abortion may be the simplest thing in the world, as devoid of risk as an ordinary menstrual period, or it may end in—death. Between these two extremes are all the conditions of recovery, complete, at once or within a few weeks, or recovery that is really never recovery, but a condition of continued ill-health. The uncertainty as to the outcome of any given case, the almost impossibility of calling any case a "simple" abortion, makes one see ahead of each case the worst that can happen, makes one stand before each case prepared for the worst that can happen, makes one treat each case as if the worst surely would happen, and heave a sigh of relief when it doesn't.

Uncertainty plays no mean part in the dread with which one sallies forth to tackle an abortion. This uncertainty runs along several lines.

1. Was or is the woman pregnant?
2. Has an abortion taken place?
3. Is it complete?
4. If pending, is it inevitable?

Add to these uncertainties doubt as to the best methods to use in the various stages of incomplete or complete abortion and the young doctor has before her a problem from which many an older one recoils, remembering results in previous cases, treated by devious methods.

Called to an abortion, your first business will be to determine whether pregnancy has existed or does now exist. There are times when one is severely tried for a diagnosis. For example, an excessive flow, following one delayed period shortly after marriage, is not always an abortion, though one's first thought runs that way; again, irregular menstruation with periods of excessive

*Read before the Alumnæ Ass. of N. Y. Med. Coll. for Women.

Digitized by Google

flow anywhere after forty, where the climacteric may figure as a possible cause, may simulate and suggest abortion.

Every possible aid which can be brought to bear upon the diagnosis of pregnancy must be utilized, partly that your treatment may be logical, but especially that, the present trouble over, you may know whether the patient is continuing in pregnancy or not. The history of each case must be taken in detail, else, later on, you may find, to your chagrin, that as time and nature unfold the matter, and tell their ever-truthful tale, you are obliged to reverse your judgment, through inattention to detail in the history, which might have made your judgment a more accurate one. Or perhaps the consultant gets in his work and you stand by and get a lesson in cross-examination. The older physician is, likewise, not afraid to fence for time; "next month will determine"; the younger doctor must learn to be equally brave and let "I don't know" take the place of haphazard venturesomeness.

To determine a present pregnancy when hemorrhage is present is difficult, because the sign of cervical softness is of little use. The cervix softens at menstruation, anyhow. It may be too soon for the breasts to show changes, and unless you know your patient, the first breast examination is often useless. It is all so much a matter of comparison. Many patients have deeper areolæ and larger papillæ than others. Any change the patient herself has noted in form or feeling has greater significance. Hegar's sign is not easy for the young unpracticed finger, most valuable if one is used to making early-pregnancy examinations. Again, unless the size of that particular uterus is known to you from former examinations, an increase in size at the end of a month or six weeks is a difficult bit to determine. A three months' pregnancy in the young primipara any tyro should be able to make out; but in a woman who has borne children and possibly suffered subinvolution, it is again difficult. Fat abdomens preclude accurate determination of the size of the uterus.

Ladinske's sign I have been unable to verify to my satisfaction and would scarcely dare to base a diagnosis of pregnancy upon it. Even in cases of admitted pregnancy I could not demonstrate it to my own satisfaction.

Granting that the patient is pregnant, has she aborted? A history of regular pains increasing gradually in severity, with hemorrhage, surely points to an abortion. Yet, unless the fetal sac has been broken or unless the sac and membranes have been thrown off entire, and responsible attendants so testify or you yourself have seen, do not regard the evidence of abortion as complete. Pains

Digitized by Google

may be present and very severe hemorrhage, yet an abortion may not have occurred as yet. I have in mind a case which came into my office at the second month flowing profusely, with quite severe pain. The os was dilating. I got her home, put her to bed, gave the remedy, enjoined light diet and absolute quiet, and although she had lost a very large quantity of blood, to my utter surprise, things quiet down and the pregnancy continues. With the culpable carelessness of her kind, she repeats her shopping experience just at the third month and comes in, in exactly the same plight. I promise nothing this time, but the same treatment brings about the same happy result and the child is carried to term with no further difficulty. Some women can stand so much more than others.

Given the symptoms of impending abortion, what is to be done?

If, in spite of rest and remedy, the bleeding and pains continue, and on examination, the os continues to dilate and the fetal sac to present, impinging with each pain upon the examining finger, or if on first examination the sac is already engaging, then is the abortion well-nigh inevitable and means to assist nature out of a tight place are in order. Before going into the details of treatment for an abortion which is not preventable, let me urge you to overlook none of the means for prevention. To give a drug and leave directions for light diet is not enough. So often is the cause producing the first contractions of nervous origin, so often is the nervous system further shocked and upset by the visible evidences of impending trouble, and the fear of ultimate results, especially when the continuance of the pregnancy is earnestly desired, that it behooves us to direct our first efforts to allaying nervous excitement. See to it that your patient is put in the most ideal condition for absolute rest of mind and body. Prohibit movement even for toilet purposes; instal a nurse or waiting woman; allow no visits, except, possibly, from the husband, and these only if they exert a quieting influence, and no conversation until all danger is past Darken the room even, and enjoin as much sleep as possible. So only will frayed and irritable nerves let go, and the irregular contractions of the uterine muscles, abnormal at this stage of the game, die down and peace be restored. Preserve, above all things, in the sick room a cheerful demeanor, hopeful, bright, but positive as to directions. If, in spite of all precautions, the trouble advances beyond repair, your treatment has been in line with your next procedures and will assist toward the normal conduct of the abnormal condition.

The next step, if hemorrhage and pain continue, will be to

Digitized by Google

introduce the tampon. Nature is trying to open an unready cervix. We might let nature alone, in the hope that she knows her own business best; but as many cases have been brought on by external interference with normal processes, and as nature is not a reasoning goddess in individual cases, but follows a blind sort of rule which may or may not work well each time, it is but logical to learn of her and assist. Blind nature takes a long time to soften and open an unready cervix, and incidentally wastes a lot of blood and nervous force in doing it. Blind nature breaks the fetal sac sometimes and then rests in a sort of semi-satisfied condition for a time, apparently not realizing that only half her work is done.

Our business is:

1. To hasten softening and dilatation of the cervix.
2. To stanch the flow of blood as far as possible.
3. To whip up these blind but willing natural forces to throw off the entire product of conception.

And so we tampon. My own method is to treat the case as a surgical one from start to finish. Thoroughly asepticize yourself and the patient. Bring her to the edge of bed or place on table, the latter preferably. Introduce into the cervix as far as possible a strip of sterile gauze, or, if you prefer, one dipped in a mild antiseptic solution. With the cervix, tightly packed, place the tampon all about it, anteriorly, posteriorly and laterally, and so down the vagina. The pressure will excite contractions, thus hastening dilatation, and will control the hemorrhage in great part. The treatment is disagreeable, often, to the patient, but greatly pays in the end. With such tampon, well adjusted, you may safely leave your patient all night, feeling that were you close beside her, you could do no better. Warn her that pains will continue, you want they should; in fact, they must, exactly as in labor. In six or eight hours you return, to find, as a rule, on removal of your tampon that the entire fetal shell and placenta have been extruded and are lying in the upper vagina. This is the consummation devoutly to be wished for. If you are quite positive that everything is intact, there is no need of digital intrauterine examination.

If you are not quite positive that all has come away, thoroughly sterilize and pass your right forefinger around the entire uterine cavity, giving especial attention to the regions near the openings of the Fallopian tubes. This digital examination is about as difficult a matter in some cases as can be imagined, but by strong counterpressure upon the uterus from above, and strong depression with the examining hand upon the posterior commissure, the examiner's forefinger can in most cases explore satisfac-

Digitized by Google

torily the entire cavity. Once sure of its cleanliness, you have done all you can. A vaginal antiseptic douche, if you wish, a vulvar pad and binder complete the toilet. Later douches are permitted if I am sure of my nurse. Ordinarily they are interdicted unless symptoms demand them, when I give them myself. This may be called a complete abortion.

But now let us suppose you are called in to an incomplete abortion, a few days, a week, a month, perhaps, after its occurrence, or perhaps your own efforts have failed in a given case to secure the passage of the entire uterine contents. Several courses are open to you. First, the so-called conservative method of leaving all to nature. I have said before, and all surely have seen cases which bear out the statement, that nature does not always deal intelligently with the individual case. She makes prolonged efforts, it is true, to throw off the offending placenta, but incidentally with much hemorrhage and loss of time. Failing in this, she glosses over her inability by a period of rest, which fools the patient and often the physician, to renew her efforts shorttly with more hemorrhage. Failing again, a low grade of inflammation may be set up, or a period of mild or severe general septic infection follow with disagreeable discharge, lasting for a longer or shorter time, ending in recovery perhaps, though this is often more apparent than real, a damaged mucosa being almost inevitable. Or there may result, from the failure to remove the last shred of disorganizing tissue, the more severe septic conditions septicemia, pyemia, embolus, etc.

To my way of thinking, there is but one way to treat an incomplete abortion—that is, to make it complete, and that without undue loss of time. Usually the pros and cons balance about in the following fashion. On the one hand, the woman is already much weakened by loss of blood and severe pain. She is, because depleted, in a fair way to accept whatever of septic influence comes her way. Allowing time may be of no use, as montths may elapse and the uterus still not be able to relieve itself of the extraneous substance, and finally after all this waiting surgery may have to be resorted to in the end. I recently curetted and removed from a woman placental tissue which was left after an abortion seventeen months before. In that time she had wasted almost to a shadow: her case had veen variously diagnosed as anemia, malaria, tuberculosis. She had probably had a low grade septic condition the greater part of that time, her history showing periods of chills, fever, sweat, followed by intervals of rest, hemorrhage almost all the time, and a cough during the last few months. The curettage cleared up the whole condition.

Digitized by Google

Balancing the considerations in favor of an early operation there is little to put forward except the fact that some patients come out all right without curettage, and the vague fear of patient and family of an operation. This dread rapidly disappears when the matter is explained, and the operative alternative is usually gratefully received. It is certainly a satisfaction to all hands to know that at the expense of a little trouble extraneous material can be removed under perfectly aseptic conditions, and that this once accomplished, the patient is put in the best possible condition to recuperate rapidly.

But just here one must interpolate a word of warning. Rather would I trust blind nature than a curettage performed as I have seen it performed after an abortion. Physicians who would not dream of doing a curettement in the operating room with a technique short of absolute antisepsis, will curette after an abortion with finger or instrument, with the patient lying in a soiled bed and with nothing approaching asepsis in their work. Unless a woman were moribund from hemorrhage there could be no possible excuse for an unclean hand in a uterus. Such cases are fortunately most rare, and grow rarer as one grows older in practice.

Preparations for a perfectly aseptic curettage can be made in a very short time. A table, always, and good light. A rubber or table oilcloth, well scrubbed, and covered with a clean sheet. Plenty of boiled water, boiled instruments. A clean sheet, tied just below the knee and carried over one shoulder and under the other serves for a very good leg holder in an emergency. A thorough vaginal douche for the patient, and a thorough scrub-up on the operator's part are the last steps. Of course, an anesthetic must be given. It is only very rarely that one can do without it, and to attempt to do so is a grave mistake.

Even in an emergency there is little justification for hurry in the work itself. By that I mean that the patient should be kept on the table until the last vestige of placenta has been scraped off and washed out. Hemorrhage during the curettage stops many a timid one from properly completing his task. The hemorrhage, rest assured, will continue while any piece of placenta remains attached, and will cease, if that be its cause, when that piece is removed. I curetted a case once, as I thought, very thoroughly and the hemorrhage was largely though not completely controlled. The patient did nicely for several days, when profuse hemorrhage and severe pains set up again, necessitating a second midnight operation to remove a fragment not much larger than a pea, which, to my mortification, I had overlooked. For this neglect, for neglect

Digitized by Google

it is, one has no excuse ready. In another case so persistent was the hemorrhage under operation that the patient seemed about to collapse, and, though well aware that considerable stinking tissue yet remained, I was about to give up rather than have her die upon the table. Hypodermoclysis brought about a temporary rally and the uterine housecleaning was completed. A second collapse was met by an intravenous injection of salt solution, and the patient rallied. Convalescence was uninterrupted by the slightest sign of septic infection, though the case was septic when placed upon the table. I have never seen a case so near death from hemorrhage recover as rapidly, though it is well known that women make up blood losses under such conditions very quickly.

It is no easy matter to determine when a uterus may be considered perfectly clean. Many a young operator blindly scrapes the uterine wall with curette or finger who has really, in his mind, or at his fingers' tips, no definite conception of what a clean uterus feels like. Have you ever curetted faithfully over a uterine wall and put your patient back to bed, only to find later that you have been scraping the smooth side of a large piece of undetached placenta? I have had that experience even after full term labor. The doctor who preceded me on the case had curetted, so I was given to understand, under proper conditions; yet, three weeks later when called in, the case having been finally declared to be typhoid, I assured myself that there was plenty of placenta there yet, and demanded a curettage. You can readily understand the difficulty of persuading any one to submit to a second operation, but when I had demonstrated a whole cotyledon of placenta, total surface about nine square inches and what seemed like yard lengths of twisted membranes, we felt we were perhaps justified in the ground we had taken, viz.: refusal to accept the case except a curettage were permitted. The other doctor had scraped over a large placental surface. The typhoid (septic) symptoms cleared up with the drainage of a huge abscess in the right leg (on the site of a former injury). The placenta removed gave forth no odor whatever, yet the woman had been deeply septic probably more than two weeks.

How, then, shall one be sure the uterus is empty if the instruments now in use convey such wrong impressions? Only by the touch of the finger going over the entire uterine wall after every curettage. Time and again have I been about to desist and declare my work done when a more careful finger examination has revealed pieces left attached, sometimes sizable pieces, especially in the cornua.

Digitized by Google

This finger tip knowledge as to the exact "feel" of things is not easy to obtain, and the student and young doctor should accept and utilize every opportunity to feel the interior of a uterus when it can be examined without hurt to the patient. In every obstetrical case in which I have ever been obliged to enter the uterine cavity, I have borne in mind that here was a chance to take mental notes for future use of the condition of things inside the uterus, normal or abnormal. The mere ability to reach every portion of the interior of the uterus in some women is a mechanical feat, under anesthesia not so difficult, yet at no time easy. Yet, I repeat, I do not consider it safe to return the patient to bed until the finger has explored the entire surface.

The finger as a detaching agent is often far ahead of the curette, which blindly scrapes, with nothing to guide but the determination to go over the entire surface, which isn't always necessary, and which isn't always accomplished. A young assistant told me recently that she had often opened up uteri which the surgeon had "thoroughly curetted" before removing, only to find mere streaks on the mucosa down portions of the uterine wall where the curette had scratched. The rest of the mucosa was intact. Yet to the onlooker there had been a "vigorous curetting" done.

If an operation after incomplete abortus is absolutely declined, tamponing cervix and vagina must take its place as the best way to incite the uterus to get vigorously to work to throw off its contents.

When the case reaches the physician several days or more after the abortion has taken place, I never permit further delay, but always operate. The condition calls for surgical interference; nature has been given time enough.

Do I then use no remedies? Most assuredly I do, but not to the extent of forgetting that common sense is a famous adjuvant. I have not said, you will observe, that the indicated remedy will not act, nor that an abortion may not be brought to a happy termination without surgical interference. But if you ask for my treatment of these cases, as a rule I find surgery the quicker and safer route for the patient. This the laity have themselves come to recognize.

My subject does not call for the treatment of possible complications and sequelæ, which might include everything in the line of septic conditions, but I cannot resist rehearsing a case which was the rarest and most complicated it has ever been my fortune to meet. Called in to the patient about 10 o'clock one morning, I found her, a woman about forty years of age, in bed and perfectly

Digitized by Google

comfortable. She told me she had missed one period, and two days before had inserted a catheter into the uterus. Hemorrhage followed for one day, then pain in the back and down the right groin and leg followed. Nothing but blood, however, had passed.

While I sat talking with her, her husband at her bedside, she raised herself for a moment, and immediately grew purplish red in the face. Her hands beat and clawed the air, her breath came in gasps, every muscle being called into play. In almost less time than it takes to tell it her pulse rose to 150—180, became uncountable, her temperature 105° and respiration 60. The fetus and membranes were passed in about two hours. Under stimulation the immediate symptoms of shock subsided. She was curetted twice, but the uterus was found clean and empty. The urinary secretion stopped abruptly, and in the first twenty-four hours none was secreted; after that a few drams a day was the average—most of it pure pus. Within two days the whole person of the patient was of a deep bronze hue. Enormous chunks of foul smelling material were expectorated. On the twelfth day of my attendance, and the fourteenth after the introduction of the catheter, the patient died in uremic convulsions. For several days before death pulse, temperature and respiration were normal, but the kidneys could not be made to act.

The first shock was undoubtedly due to a septic embolus locating in the pulmonary artery. The later symptoms pointed to embolic foci in kidneys, liver and lungs. It is most unusual for the physician to be present just at the moment when a pulmonary embolus obstructs the circulation, except if the case happens to be in a hospital. Even then these cases are very rare, and the nurse may be the only one to see the attack or no one at all may be present. It might be very difficult, after an hour or two had elapsed, to tell just what had happened. Sometimes the patient dies in the attack, rarely they survive a few days.

A word of warning to the younger doctors may not come amiss. In examining a patient in your office who thinks she is pregnant and comes to you to "have something done," never use an instrument, insert no tampon and give no medicine. The patient frequently goes from you to some one who is willing to help her, and if she gets into trouble later may accuse you, as others have been accused, of doing something "with an instrument." It may have been your speculum. Examine the patient and get all the information you care to, through your fingers.

Cases coming thus early afford good opportunities for study and early diagnosis. Likewise, when called to a self-induced abor-

Digitized by Google

tion, insist on knowing details and make your patient own up before a witness or sign a statement that the abortion was self-induced or brought on by some one else before you undertake the case. Thus, in the event of trouble, you will be free from censure. By a little patience in explaining how important it is for you to know just what has been used, medicine or instrument, the patient can always be persuaded to yield her secret, and you are saved the humiliating experience of having your name smirched even by a false accusation.

CALCAREA SULFURICA OR CALCIUM SULFATE*

By KATHERINE KLEIN, M.D.

Jersey City.

THIS is not a well-proven remedy, most of its symptoms having been derived from clinical experience. It has been found exceedingly beneficial in suppurative cases where pus has already formed and found vent. The discharge is of a thick, greenish-yellow consistency, often lumpy and very offensive.

Calcarea sulf. is closely allied to hepar in many respects, although a far deeper acting remedy with a wider sphere of activity.

It is not as sensitive to surrounding conditions as hepar, having rather the opposite characteristics. While hepar is increased at night, from touch, motion and cold, even any air, calcarea sul. craves cool air, decreased at night and not as sensitive to touch, although both remedies are increased by washing.

After hepar has ceased to act, calcarea sul. will stir up the diseased tissue, promote healing and formation of healthy granulations.

It is especially useful in cleansing pus scabs, after mechanical injuries, burns, scalds, or in chilblains.

CASE—Mr. M., age 54. Up to December, 1904, has always enjoyed good health, though suffering from chilblains. In December he bruised the ball of the great toe. After consulting chiropodist and physicians, who advised various salves and antiseptic dressings without avail, gangrene set in and he entered the hospital in January, 1905.

The big toe and the first joint of the next was amputated, with no relief, the wound remaining tender and swollen, with profuse

*Read before the New Jersey State Homœo. Med. Society.

Digitized by Google

suppuration. Numerous sinuses formed with well-marked demarkation.

After two months of ineffectual local treatment, he was advised to have complete amputation of the foot and ankle, which he refused. He was then dismissed from the hospital. I was then called in to see what homœopathy could do, in March, 1905.

After careful examination with consultation wherein no subjective symptoms showed, we decided to prescribe calc. sul. from clinical experience of the local symptoms, as follows: Foot swollen, purple, somewhat tender. Swelling extending to ankle. Sinuses discharging pus between all the toes, and well as the stumps; discharge being thick, green, foul, sloughing off in lumps.

Calc. sul. 200 B & T—one dose given and the wound cleaned with sterile water, then calendula.

An apparent aggravation immediately followed, caused by the free discharge of pus. Then pain and swelling lessened, the patient resting better and gradually able to move about. This improvement lasted two weeks, then stopped.

Calcarea sul. 200, repeated—the result of which was a great surprise. The following morning, on dressing the wound, a mass of maggots popped out. From then on, the patient continued to improve, there was no more loss of tissue, healthy granulation forming in the wounds in true order of healing, the last affected being first to heal, as Hahnemann so well proves in the Organon. The amputated stumps were stubborn, but finally in three months the patient was entirely well, able to wear his shoe and walk out in all weather, without any after-effect of pain or chilblain.

172 Bowers street.

Gonorrhea in Women—Dr. E. A. Neatby, in the *Homœopathic World* (London), gives the following indications of the drugs commonly used by him in this disease:

Arsenic is the drug most strikingly causative of inflammation of the genito-urinary tract. It causes urethritis, vulvitis, vaginitis, endometritis, and endosalpingitis. Instances of these are found in the *Cyclopedia of Drug Pathogenesy* in the toxicological section. It is most useful in gonorrhea in the acute stage early, when there is angry redness and swelling of the mucous membrane, without much discharge. The symptomatology is not rich in characteristics; there are: frequent micturition with burning pain, worse at the beginning of the act; itching and swelling of the pudendum; acrid discharges. Lancinating pain in the rectum and perineum would form an additional indication.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: - - WALTER SANDS MILLS, A.B. M.D.
- - - - - - P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

SELF-CENTERED HOMŒOPATHY

WHAT is there in homœopathy that makes its followers so absorbed in their own affairs that they seem to be taking no interest in larger matters, in public health work or in matters of general interest, it may be, that are claiming the attention of the public, and which the dominant school is making all its own and basking in the limelight of public approval in consequence?

At the present time the subject of tuberculosis and its preventtion is very much to the fore. What part are homœopaths playing in the anti-tuberculosis campaign? In what State have the homœopathic phycians been the first to advocate or work for public sanatoria? In how many States are homœopaths really testing the superiority or otherwise of homœopathy in the treatment of tuberculosis? How many of the tuberculosis dispensaries now being established throughout the country owe their inception to homœopathic physicians? Why, in New York City, for instance, is there a chain of such dispensaries organized by the Charity Organization Society, with not a homœopathic institution represented? This society has stated that it would be glad to have the co-operation of homœopathic physicians in its work.

City physicians of the dominant school have gone good work in many places in improving the local milk supply. Where is the homœopathic county society that has done more than pass a few resolutions, if it has done that?

Digitized by Google

Where is the charitable institution for epileptics, for crippled children, organized by homœopathic physicians?

To determine, if possible, the cause of anterior poliomyelitis, certain societies have appointed committees to take advantage of the unusual opportunity afforded by the recent epidemic of this disease in New York City and its environs. Why were the homœopathic physicians not first on the field with an investigating committee?

What are homœopathic physicians doing in any line of research work? Are they showing any real interest in conducting scientific provings or re-provings of drugs? Is it any wonder that men of means who are themselves patients of homœopathic physicians, endow medical institutions of learning and research for the dominant school and turn a deaf ear to appeals from the homœopathic wing of the profession?

Why is the movement in favor of a national department or bureau of health left entirely to the dominant school? Why are there no homoeopaths among those prominent in the councils of the Public Health Defence League? Indeed, one can traverse nearly every avenue of medical activity and find homœopathic physicians conspicuous by thir absence.

Why is it that homœopathic physicians always seem to be on the defensive, or at best content with an attempt to appropriate what others have done or to rest in a reflected glory, such as, for instance, may be derived from the similarity of the opsonins of Wright to the nosodes of homœopathy?

An article in a recent homœopathic publication voiced its author's belief that none but an unsuccessful practitioner who could not meet expenses ever sought public office. Is this the generally accepted view among homœopathic physicians to which those who are willing to do public service on professional or non-professional lines are afraid to run counter? The December issue of the *Journal of the Medical Society of New Jersey* prints the names of nine physicians who are mayors of New Jersey cities and towns, and only one is a homœopath. Is there any other homœopathic medical mayor in the whole United States? How many homœopathic physicians are members of the State or national legislature?

Our hospitals and dispensaries—are they furnishing statistics of any value that demonstrate that the patients were wise in going to a homœopathic institution? Are our colleges graduating physicians who will, by their intelligent practice of homœopathy, prove themselves worthy of the sacrifices and labors of those who founded these institutions?

This is a season of inventory, on the threshold of a new year

Digitized by Google

we pause to make resolutions. Is it not a fitting time to repeat to homœopathy, as represented by its professed practitioners, the classical injunction, *Gnothi seauton,* know thyself; is it not meet for us all to pause and resolve that the recording angel shall not write, "Thou hast a name that thou livest, and art dead;" or "Remember, therefore, from whence thou art fallen, and repent, and do the first works; or else I will come unto thee quickly, and will remove they candlestick out of his place, except thou repent."

INTERNATIONAL CONGRESS ON TUBERCULOSIS

THE International Congress on Tuberculosis having accepted the invitation of the National Association for the Study and Prevention of Tuberculosis, it has been decided to hold the Congress in Washington, D. C., September 21 to October 12, 1908. A preliminary announcement has recently been issued which gives promise of a most unusual gathering in the nation's capital early next fall. Seven of the governmental departments have signified their intention to participate in the Congress, and active preparation is already being made by many State departments in this country.

The actual work in the Congress will be classified into sections, of which seven have been formed—pathology and bateriology; clinical study and therapy of tuberculosis, sanatoria, hospitals and dispensaries; surgery and orthopedics; tuberculosis in children—etiology, prevention and treatment; hygienic, social, industrial and economic aspects of tuberculosis; State and municipal control of tuberculosis; tuberculosis in animals and its relations to man. The section work will be done during the second week of the Congress, from September 28 to October 3, and special lectures, clinics and demonstrations are to be arranged for the whole time of the meeting in connection with a very elaborate exhibition, gathered from all parts of the world.

To facilitate discussion, the papers announced in the official program will be printed in advance, and will be distributed on the day of their presentation.

While the International Congress can have nothing to do with homœopathy as homœopathy, it does seek the co-operation of homœopathic physicians as men who should be interested in the anti-tuberculosis campaign, and the officers of the National Association for the Study and Prevention of Tuberculosis invited the American Institute of Homœopathy at its Jamestown meeting to

Digitized by Google

appoint a special committee to act with them to secure their co-operation.

There are three obvious ways in which homœopathic physicians can co-operate: by personal attendance, by sending reports or models of homœopathic institutions, and by contributions to the scientific program. Doubtless the Institute's special committee will be able to formulate other plans.

As to attendance, membership in the Congress is of two classes —active and associate. The active members pay five dollars and receive the full transactions. Associate members pay two dollars, and have all the privileges of active members except the right to vote or to receive the published transactions. This is the first Congress to be held in this country, and probably the last during the lifetime of most of the readers of the NORTH AMERICAN. It ought not, therefore, to be necessary to urge that plans be made to be present.

Every institution or dispensary for the treatment of tuberculosis that is under homœopathic control should be represented by official reports, models or special charts. It probably will not be possible to arrange for the segregation of such an exhibit, as the plans of the committee of arrangements call for a grouping by States in charge of a special committee appointed for each State.

It is to be hoped that the program will include scientific contributions from homœopathic physicians and the Institute's special committee would do well to consider what can be done to demonstrate the efficiency of the homœopathic therapeutic rule in the treatment of tuberculosis. Special attention will undoubtedly be directed during the Congress to the use of opsonins and various preparations of tuberculin. Among the nosodes of homœopathy we have tuberculinum and bacillinum, each of which is credited with usefulness in selected cases. Might it not be worth while to supplement the clinical experience available by thorough up-to-date provings on the healthy conducted under the auspices of the Institute for Drug Proving? It would be well to determine from the homœopathic standpoint, the exact field for the various preparations of tuberculin now being used quite largely by a number of clinicians throughout the world?

There is also scope for some original research work in the laboratories of our colleges. In the July, 1906, issue of the NORTH AMERICAN was printed a translation of an article on "Serum-Therapy and Homœopathy," by Dr. Paul Tessier, in which the author collated the findings of Simon from a series of researches upon the reactions of the blood and hematopoietic organs in (1) natural

Digitized by Google

diphtheria, or diphtheria from toxin injection; (2) injection of the serum of Roux in healthy animals (rabbits); (3) cases of natural or experimental diphtheria treated by the serum. It was found that the injection of serum produces in the hematopoietic glands, and, consequently, in the blood, reactions exactly similar to those of diphtheria, natural or experimental. In other words, the specific, curative agent, the serum, acts similarly to the disease, and we have a homœopathic cure. Similar laboratory studies should be conducted to determine how far the usefulness of tuberculin can be shown to depend upon the homœopathic principle.

Notes and Comments

Co-education—News comes from England that the idea of coeducation in the public schools is being favorably entertained and that an experiment in that direction is to be made in a large school recently erected. On this side of the Atlantic many people are questioning whether coeducation has really paid. Considering one phase of the subject only, the commingling of the sexes tends to create a stimulus that has undoubtedly worked harm. The girls have felt it incumbent upon them to demonstrate that they were the equals, at any rate, of the boys, and have nerved and strained themselves to establish the fact. This strain has been endured during those years in which most attention is demanded by the animal side of life, and many a wrecked life has been the consequence. It has been suggested, therefore, that coeducation should be limited to the years before puberty.

Backwardness in Children—Addressing the Society of Medical Inspectors of New York, Neustaedter claimed that while physical defect was of undoubted importance in contributing to the lack of mental development in children, a far greater factor was the indulgence in alcohol, tobacco, coffee and tea. He bases his statement upon the examination of 95 backward children and 72 pupils of the same school who were classed by the teachers as the brightest. In a careful review of the physiological and pathological action of these four poisons, he showed their harmful action upon the growing organism of the child. Alcohol is a narcotic poison with practically no food value. Tobacco retards not only the proper development of the child but also his mental progress. Coffee decreases its mental development and is capable of causing diseases of the nervous system, shown by such symptoms as insomnia and restlessness and heaviness of the head, destructions of eyesight and hearing, increased frequency, irregularity and intermittence of the heart's action and muscular tremor. Tea, such as is usually drunk,

Digitized by Google

impairs digestion and over-stimulates the brain, the over-stimulation being followed by depression of the functional action of the nerve cells in the cerebrum and medulla and spinal and vasomotor systems.

Is Cancer Curable?—This question is often asked and nearly as often is negatively answered, so that it is comforting to read the optimistic opinions of such an authority as William Seaman Bainbridge, M.D., of New York, the honorary president of the First International Congress on Cancer, Heidleberg. The whole tone of Dr. Bainbridge's article upon this subject, which was published in the *Boston Medical and Surgical Journal,* is comforting. He speaks of the unreasoning fear which the laity and even trained nurses have for this affliction and cites numerous cases which seem to show that it is not necessarily hereditary, that it is not contagious and that if taken in time it may almost without fail be permanently removed. He concludes with the summary that we may conservatively state:

(1) That the hereditary and congenital acquirement of cancer are subjects which require much more study before any definite conclusions can be formulated concerning them.

(2) That in the light of our present knowledge they hold no special element of alarm.

(3) That the contagiousness or infectiousness of cancer is far from proved.

(4) That evidence to support the theory of contagion or infection is so incomplete and inconclusive that the public need not concern itself with it.

(5) That the public need merely be instructed to apply the same precautionary measures as should be brought to bear in the care of any ulcer or open wound.

(6) That the danger of an accidental acquirement of cancer is far less than from typhoid fever, syphilis or tuberculosis.

(7) That in the care of cancer cases there is much more danger to the attendant of septic infection, of blood poisoning from pus organisms, than from any possible acquirement of cancer.

(8) That the communication of cancer from man to man is so rare, if it really occurs at all, that it can practically be disregarded.

(9) That in cancer, as in all other disease, attention to diet, exercise and proper hygienic surroundings is of the utmost importance.

(10) That cancer is local in its beginning.

(11) That, when accessible, it may, in its incipiency, be removed by radical operation so perfectly that the chances are overwhelmingly in favor of its non-recurrence.

(12) That once it has advanced beyond the stage of cure, in many cases suffering may be palliated and life prolonged by surgical means.

(13) That while other methods of treatment may, in some cases, offer hope for the cancer victim, the evidence is conclusive that surgery, for operable cases, affords the surest means of cure.

Digitized by Google

To Cure a Cold in One Day—A correspondent in the *Medical World* claims that he has a sure cure for a common cold under twenty-four hours' old. The remedy is to be taken at bedtime, and *in but one dose*. No adjuvant measures are used, and *one drug* only is to be taken. He says that this drug is a specific for this affection, at least in New York City, for the one who takes it arises next morning with his cold entirely gone. The third point of interest to the homœopathic physician is that the drug used is the tincture of gelsemium. The dose is a little larger than usually given by the homœopathic physician—15 to 20 drops—yet the "discovery" must rank as another that has been known to our school for many years. The correspondent says that the medication will not cure nor abort epidemic bronchitis or la grippe, though it will modify it favorably. If the doctor would try divided doses of the remedy in indicated cases, he might make other important discoveries.

Evidence of Homœopathy—A practical and up-to-date treatise on homœopathy is now on record in a British Government Blue Book. The Royal Commission on Vivisection, in conducting their investigations, attempted to learn of the methods used for discovering the remedial powers of drugs. When the question arose as to how drugs act on human beings, it was discovered that none of the pharmacologists seemed to know anything about it. Then Dr. Burford was called before the commission as a witness. The *British Homœopathic Review* prints his replies in full, and the dialogue is an interesting and instructive one. The point at issue was the possible aid of vivisection in the study of the action of remedial agents. Dr. Burford showed the increased value and the greater scientific nature of such investigations when the drugs are proved on the healthy human being. While he made no mention of the practice of homœopathy in the treatment of diseases, yet he showed that the school had contributed largely to the therapeutics of general medicine by introducing new drugs, all of which had been tried on human beings. His evidence is clear, succinct and scientific, and may suitably stand an an authoritative exposition of the principles of modern homœopathy.

Electrotherapeutics in the Medical Press—Why is it that so many editors get all at sea upon the rare occasions when their pens deal with electrotherapeutics? As a rule, they make it a practice to become *au courant* with general medical literature, but nine times out of ten they fall down when it comes to electrotherapy. Thus an abstractor for the *St. Louis Medical Review* states that "W. F. Coleman (J.A.M.A., April 27th) endorses the use of electricity in eye diseases, etc." Substitute the word "drugs" for the word "electricity" and the sentence will be no more indefinite and no less useless to the reader.

Disease via Milk—It is too bad that so natural and widely used an article of diet as milk should so often prove to be the cause of the consumers' undoing, and, perhaps, untimely death. Epidemics of scarlet fever and of typhoid fever have arisen from infected milk, and it is now almost universally accepted in medical circles

Digitized by Google

that bovine tubercle bacilli ingested in cow's milk are largely responsible for a high death rate from tuberculosis. It has been suggested that those who refuse to sterilize or pasteurize their milk supply might resort to goat's milk, since tubercle bacilli are rarely found in this. But *micrococcus melitensis* finds a congenial habitat in goats' milk, and if we import goats from the Mediterranean district for the sake of obtaining a tubercle-bacilli-free milk, we are liable to find Malta fever not uncommon in this country.

International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Tuberculosis: The Opsonic Index. There has been a great deal of controversy as to the hereditary nature of tubercle. Some authorities have maintained that there is an hereditary tendency; others, arguing chiefly from pathological evidences, have denied this. Clinically, it seems almost certain that these later observers are wrong, and here, the careful determination of the opsonic index corroborates the clinical evidence.

I have examined the blood of the children of several families where a distinct history of tuberculosis had been obtained. Many of the children had an opsonic index below normal, which points to the important fact that such children, although they may not have actual tubercular disease, are liable to contract the disease as their resisting power is deficient. Hence, if such in their struggle for existence get run down they may easily become tubercular. It is at this stage, when there is only this tendency, that tuberculosis should be attacked. The best treatment in these cases is to give tuberculinum in small doses, and under this treatment a visible improvement has been effected, and the opsonic index raised. This diminished resistance to tubercle is likewise found in nearly all infants up to one year old, which, again, shows the care which should be taken in the rearing of very young children, as at that age they are especially vulnerable. It is possible, and indeed probable, that their resisting power is also diminished by other organisms, but this I have not investigated. It is not certain how the resisting power of the blood of these infants is raised, though it seems very likely that the necessary opsonins may come through the mother's milk.

Taking all these facts into conslderation, it may be stated that tubercular disease might in many cases be prevented by a careful administration of tuberculinum; and Burnett was not far wrong when he gave bacillinum to those who had a definite family history of consumption.—Dr. C. Ham, *Journal of The British Hom. Society.*

Infantile Jaundice. Although so common, about 80 per cent. of the newborn, that mothers and nurses consider it quite normal, a sort of purifying process, physicians are not certain as to its etiology. Some consider it due to chilling; others to a too early clamping of the cord. Both views have some justification. The newborn, accustomed to blood temperature, is left uncovered,

Digitized by Google

neglected, while the mother is being cared for, or the first bath may chill because graduated by the heat sense of a careless nurse instead of thermometrically. Neumann attributes it to the too early clamping of the cord. He says:—"If the afterbirth in most cases, is left to nature, and the cord untouched until all pulsation ceases, there will be no infantile jaundice. It occurs because the fetal circultaion is hindered and suppressed before the new mode of circulation has had a chance to establish itself. The liver, the organ of embryonal circulation, is hereby set into state of abnormal activity and the portal veins surcharged, whence an influx into them of bile.

Commonly the jaundice begins one or two days after birth and lasts four to six days, the child loses weight, the stools are gray and contain too much bile, the urine is commonly normal. Jaundice in infants, may of course, occur from the same cause as in adults.

Therapy is not always necessary. The room should be kept very quiet, the usually soporous patient disturbed as little as possible, and moderation and punctuality in feeding observed. When there are clear indications, or when the condition lasts too long, homœopathic remedies should be turned to, e. g., nux vomica, with constipation and frequent or fruitless efforts to stool. If hands and feet are cold, the urine yellow or dark, mercurius should be tried. With diarrheic, undigested stools like beaten eggs, or mixed with much greenish, slimy bile—especially if the child is restless and cries much— chamomilla. If the urine is full of bile stuffs, markedly yellow, cholic in appearance, chionanthus is warmly commended.—Dr. R. Hæhl, *Homœopathische Monatsblätter.*

Rectal Indications. ANTIMONIUM CRUDUM. This drug acts powerfully upon the various mucous membrances, and chiefly of the intestinal canal. It does not produce active congestion and inflammation, but seems rather to bring about a depressed vitality, tending to disorganization of tissues. This condition is attended by a free secretion of mucus, sometimes with slight bleeding. It has been used for so-called "mucous piles." This condition is not piles at all, but a catarrhal condition of the rectum. For this it is one of our best remedies. Should piles also be present they may be indirectly benefited, but for their complete cure some other remedy will be required.

APOCYNUM CANNABINUM. I suspect from a careful study of the provings, that in some instances the *A. androsemifolium* has been used instead of *A. cannabinum.* I am sure druggists sometimes substitute one for the other. This may sometimes account for failing to obtain expected results, for their pathogeneses are quite unlike.

The peculiar powerless feeling in the sphincters, the anus actually remaining open, in acute cases, is a strong indication for its use in rectal troubles, especially if other general symptoms correspond with those of the drug.

ARSENICUM. The pathogenesis of arsenicum shows that it is applicable to ulcers within the rectum, fissures and pruritus. For these conditions it is of our most valuable remedies. Beyond these it is of little or no value in diseases of the rectum, and here the

Digitized by Google

general condition of the patient should indicate arsenicum. Dr. H. E. Spaulding, *N. E. Medical Gazette.*

The Country Doctor. We who are practicing in the country can often step outside of the house wherein we are called, and if in the proper season, pick or dig some plant, or root that will meet the indications in the case at hand. I remember several years ago being called to attend a young girl suffering from facial neuralgia. She had suffered severely for two days. I picked some common plantain leaves (plantago major), made an infusion, wrung out hot clothes and applied, relieving the pain in a very short time. Plantago is also very useful in diarrheal troubles and in the form of a cerate for skin diseases attended with an irritating, burning, scalding and itching sensation. Study this plant; it is worth your time.

How often I have used the very common elder flower in treating erysipelas; in fact it is my favorite treatment. Just make a tea of the flower, wet cloths and apply, cover closely with oiled silk; also give of the tea liberally as a drink.

The common peach tree.—Pick the leaves, bruise and cover with cold water, give the infusion in teaspoonful doses in case of vomiting of pregnancy, gastric irritation in children, in some bilious conditions, etc.

The mother tincture is made from the bark of tender twigs, macerated in 87% alcohol, used in from 2-5 drop doses in cold water, and depends on the hydrocyanic acid contained for its action.

Last summer I made up several pints of tincture of avena sativa, our common field oats. Gather when in the milk and macerate in 87% alcohol. I use it in from 5 to 60 drop doses; in the larger doses as a sedative nerve tonic, in alcoholism, morphine, or other drug habits; in smaller doses as a nerve tonic, it is a very useful remedy.

Solidago aureus, or golden rod, is useful in conditions of difficult urination, enlarged prostate, incipient albuminuria, etc. It is very healing to the urinary tract in small doses, say 1-5 drops 1x, twice daily; also used in larger doses, say 10-30 drops tincture diluted as a preventative of hay fever. This remedy needs more study.

Fraxinus Americanus. (American Ash).—Said to be useful in hyperplasia of the uterus. I have been unable to find any literature more than the above upon this remedy. I have never made any proving but have used it in quite a number of cases and from my observation clinically have come to the conclusion that the primary action is upon the portal circulation. The reduction in size of the uterus coming secondarily from the relief of pelvic congestion caused by the sluggish portal circulation.

The balsams of the fir and Peru are worthy of a more extensive use than they receive. Balsam of fir is very healthy and useful in bronchial troubles; also in incipient Bright's disease, catarrhal cystitis, etc. Balsam of Peru I have used mostly as a dressing on indolent ulcers, conditions requiring a softening, stimulating effect. Just pour some on aseptic gauze and pack the wound.

Digitized by Google

Change when dry. Try it, it gives good results. Dr. G. A. Leach. *The Clinique.*

Cimicifuga in Pregnancy. Of all the valuable remedies for the pregnant patient no one is more generally useful than cimicifuga. Cimicifuga acting through the brain and spinal cord, affects directly the nervous and muscular systems and with these properties it has a particular action on the female generative organs. This remedy prepares a woman for the approaching confinement and relieves many of the annoyances incident to pregnancy, but chiefly when the nervous more than the vascular system is at fault.

It is indicated in many mental derangements—mania, melancholy and grief, a fear that she will not survive the confinement; in chorea, hysteria, hysterical convulsions. It is the best remedy for the neuralgic pains anywhere and everywhere as they are so often found; nausea and vomiting when traceable in a sympathetic way to the growing womb and impingement on surrounding nerve trunks. And lastly, if there is any remedy that will prepare and render labor easy it is actea racemosa. It does so because it cures the reflex nervous symptoms of uterine origin.

Important first, is its action on the mind, then the nerve forces, and lastly, so important at the end of pregnancy, it seems to have prepared the muscles in that condition most suited to normal or even a very easy confinement. In giving cimicifuga, with a history of a former very difficult labor, drop does of tincture are given daily commencing from the 5th to the 7th month and two weeks previous to confinement give 5 drop doses daily. For the other symptoms, from time to time, during pregnancy I have used 2x or 3x usually in tablets. Time and experience may yet show me even a better dose of this valuable remedy.—Dr. L. T. Gill. *Cleveland Med. and Surg. Reporter.*

A Drug Is Antithetically Related to Food. The fact embodied in the above title is a most momentous one. Upon the acceptance or non-acceptance of the proposition depends the difference between scientific practice and malpractice. The *ex cathedra* method of this statement is derived from half a lifetime of hard study and patient experimentation—not from the jumped-to cocksureness of the shallow sciolist. If this has an immodest squint, I can't help it, for what man can transcend self-criterionship?

I posit that a drug never becomes a food, and a food never becomes a drug. Note, that to say a food never becomes a drug is not to say that a food never becomes a *remedy*. Many, many times in these pages, and in the pages of other medical journals, and very specially and exhaustively in my little book, "Preventive Medicine," I have insisted on the simple differentiation expressed in the title of this article. Because all foods contain drug elements, and all drugs contain food elements, the usual doctor jumps to the conclusion that foods merge into drugs and *vice versa*. Is asparagus at once a food and a drug? This vegetable contains a diuretic element. But this element is *not* assimilable; it performs its drug office and is then eliminated. There is an aperient element in tomatoes; it as-

Digitized by Google

BOSTON MEDICAL LIBRARY JUN 1 1918

serts itself as a drug, and is then eliminated; and this is true throughout a limited list of foods. Foods are constructive; they add themselves to the tissues. Drugs are destructive; they subtract from the tissues. Drugs are foreign to the organism, and when they happen to cure, they do so from shock. There never was a cure which was not the result of shock—shock in magnitude or minitude. Even our fundamental stand-by, physiological optimism, cures by shock, for it conflicts with the morbid, and the dominant note of conflict is shock. There is every degree of shock, from that which is not consciously perceptible to the grossest forms. Food coaxes and cossets; drugs do exactly the reverse. Food is homogeneous to the system; drugs are heterogeneous to it. It is certain that everything ingested has a friendly or hostile affinity for particular tissues or parts. There is an element in food that has a specially friendly affinity for the glandular system; phytolacca has a hostile affinity for this system. When a morbid tangle is developed in, say, the mammæ, we send phytolacca to the part, and it raises a riot there. In the tumult the morbid trend is deflected into the normal one. Thus it is seen that the only justification we have for the use of drugs depends upon their inimical relation to the physical organism. I submit that by all the possible tests of reason and fact this theory of cure is the philosophy of cure.—Dr. Cooper. *Eclectic Medical Journal.*

Vaccination. The very last person in the world to object to the principle of vaccination should be the homoeopathic practitioner, for there is only one reasonable explanation possible of its prophylactic virtues, and that is included in the word "homœopathy." True, it was not introduced under the ægis of homœopathy; but, nevertheless, it is a very obvious illustration of the principle of similia, for before Hahnemann, homœopathy was in the world. Sir Isaac Newton did not invent gravitation, but he discovered its laws Gravitation itself had existed from "the beginning." Hahnemann did not invent the cure of disease, he only discovered the law of cure. Glimmering glimpses of it, it is true, had been seen by Hippocrates, Paracelsus, Stœrck, and Stahl. Nevertheless, to Hahnemann alone belongs the honor of making it a coherent and practical system.

But what of the practice of vaccination. On this point we believe there is room for more than one question. We will not enter into the question at present further than to say that we have always regarded the method, or practice, of vaccination as well as that of serum-therapy in general, as exceedingly crude and clumsy attempts to practice homœopathy. As was to be expected, the results of this clumsy practice have not always been happy, for it needs an educated brain and a skilled hand to handle the resources of homœopathy effectively and safely. In regard to small-pox, we see no good reason why we should depart from the ordinary principles and practice of homœo-prophylaxis, as applied in such specific infective fevers as scarlatina, measles, and diphtheria.

Take, again, the "cure of consumption by its own virus." This, also, we must claim for homœopathy. We remember reading, many years ago, an article on this very question by the late Sir

Digitized by Google

Benjamin Ward Richardson, in which, if we remember rightly, he opposed the practice, and pointed out how the homœopaths would be laughing in their sleeves at the new turn affairs had taken. No doubt he believed that the homœopaths were such as his imagination pictured them; but the homœopath has no time to laugh in his sleeve, his time being fully occupied in healing the sick. Strange and inexplainable blindness! As if the question of homœopathy was merely a question of a system instead of a law of Nature! Time itself, nay, even Eternity, is powerless to undo, or reverse what was once true. Truth is eternal, and though, as a matter of fact, we can only catch a few sparks here and there, nevertheless, all such sparks, so long as they come from the altar of Eternal Truth, are, like Truth itself, immortal. Homœopathy is such a spark.—Editorial. *British Hom Review.*

Diamond Dust—"I am sorry for the doctor who is struggling along without a working knowledge of homœopathy. I am sorry for his patients.

"Since noted scientists discovered radium and the effects of its emanations, sneers concerning small doses are not so frequent; and now, in the light of recent discoveries in biology, allopaths are getting some glimmers of light as to 'assisting nature in the cure of disease.' They claim a new discovery, 'the opsonic idea.' This is surely an advance beyond their last pet theory, 'immunity.' But homœopathy is as far ahead of their best medical practice, including the 'opsonic treatment,' as the electric light is ahead of a pine knot. Homœopathy includes the opsonic idea, but is incomparably superior.

"Many of the remedies employed by us with the greatest success are still scorned by your allopathic brothers. In that class are graphites (12x), apis, agaricus (3x), coffee (8x), baryta crab, (6x), natrum sulph. (3x), lycopodium (6x to 30), lachesis (6x to 10x), natrum mur. (12x), sepia (6x to 12x) and spongia (5x). These, and others more common, have in numberless instances 'worked like a charm.' Every experienced homœopath has cured numbers of patients given up by the other school. No one ever heard a homœopath say 'medicine is a humbug' (a common expression among doctors of the old school).

"An old school doctor, himself a practitioner of twenty-five years' experience, came to my home one night and said: 'Doctor, I have had an eruption upon my back for three years and have applied to several of my colleagues in vain for relief. I don't want to lose faith utterly in medicine, so have come to see if you can do anything for me.' In just three weeks he was absolutely well. Croton tiglium (3x) and mezereum (2x) did the work.

"Elizabeth Stuart Phelps, the noted writer, does not put the matter too strongly when she gives us as one of the items of her creed the following: 'I believe in the homœopathic system of therapeutics. I am often told by skeptical friends that I hold this on a par with the Christian religion, and am not altogether inclined to deny the sardonic impeachment. When our bodies cease to be drugged into disease and sin, it is my personal opinion that our souls

Digitized by Google

will begin to stand a fair chance, perhaps not much before.'"—Dr. Edward Darby, *Progress.*

Gnaphalium Polycephalum, ACTION—On the intestinal mucosa and the cerebro-spinal system, producing neuralgic pains in the limbs. Its chief symptom is an acute pain in the sciatic nerve, sometimes with sensation of numbness on walking.

INDICATIONS—Sciatica. Chronic polyarticular rheumatism, especially of the great toe. Neuralgia of the upper jaw, intermittent, with occipital headache. Dysmenorrhea. Morning diarrheas. Tuberosities in the skin of the face.

DILUTIONS, from tincture to the third. *Joya Homœopatica.* (Barcelona.)

Ulcerated Sebaceous Cyst of the Eyelid: Staphysagria—M. P., age 48, came in consultation November, 1906, for an ulcerated sebaceous cyst of the left lower lid. The trouble began in July of that year and a specialist incised and cauterized, following with astringent solutions, with the result that the cyst began to ulcerate, with extension, much disquieting the patient. Examination showed a swelling of the middle margin, ulcerous base, intense blepharitis and conjunctivitis, photophobia, intense burning and sensation of sand. Lavage with boric acid was prescribed, and staphysagria 1, twelve globules daily in water. A month later there was left only a slight cicatrice, hardly noticeable.—Dr. A. Noack, *Le Propagateur de l'Homœopathie.*

Modern Medicine—

Der Arzt vom neuesten Datum
Braucht den Patienten nicht;
Nur das Blut, Se- und Exkretionen,
Was er spuckt, uriniert und erbricht,
In Retorten und Mikroskopen
Erblickt er der Krankheit Spur
Und bestiment im Laboratorium
Die Art und Weise der Kur.

—Dr. Gustav Schirmer, *N. Y. Med. Monatsschrift.*

Inspiration—The late lamented Ian MacLaren has glorified the medical fraternity in his matchless figure—the finest character in modern fiction—William MacLure, A Doctor of the Old School.

In the flood Sir George became frightened and "ordered MacLure to turn back," declaring that he would be condemned utterly and eternally if he allowed himself to be drowned for any person. "Sit down!" thundered MacLure. "Condemned ye will be sooner or later gin ye shirk yir duty, but thro the water ye gang this day."

And you remember that night when the spirit left the tired body the doctor's mind wandered, and he thought he and his faithful Jess were plunging through drifts of snow to the bedside of a sick woman:

Digitized by Google

"Steady, lass, steady; dinna plunge; it's a drift we're in, but ye're no sinkin'. There ye are on the road again. Eh, it's deep the nicht an' hard on us baith, but there's a puir wumman micht dee if we dinna wrastle thro."

After a while he began again—

"Ye're fair dune out, Jess, and so I am mysel. We'll sune be hame noo. Yon's the licht in the kitchen window. A'm tired, lass; A'm tired tae deith."

Three days later Lord Kilspindie, standing with bared head at the grave, said:

"Friends of Drumtochty, it would not be right that we should part in silence and no man say what is in every heart. We have buried the remains of one that served this glen with a devotion that has known no reserve, and a kindliness that never failed, for more than forty years. I have seen many brave men in my day, but no man in the trenches of Sebastopol carried himself more knightly than William MacLure. He will never be forgotten while one of us lives. and I pray that all doctors everywhere may share his spirit. If it is your pleasure I shall erect a cross above his grave and ask my old friend and companion, Dr. Davidson, your minister, to choose the text inscribed."

And the minister answered: "I choose for his text, 'Greater love hath no man than this, that a man lay down his life for his friends.'"—Charles F. Seitter, A.M., *Progress.*

Valeriana: a Drug Phisiognomy—CHARACTERISTICS: Excessive nervous irritability. Hysteric temperament. Aggravation; from standing.

PAINS IN GENERAL: Tearing pains and twitching rheumatic pains here and there as from a quick pull, with drawing cramps appearing abruptly in various places. IN PARTICULAR: Headache, hemicrania. Frontal pain, at first in the right temple, tending to extend all over the head, with sharp, piercing pains in the eyes, with nocturnal agitation and branlike sediment in the urine. Sensation of great cold in the head (vertex, sepia. veratrum). Sciatica, worse on standing or letting the feet rest on the floor (belladonna), on elevating the limbs when seeking a point of support; amelioration from walking, none from lying down. Neuralgic pains in the toetips, as if ulcerated with sensation of cold air passing from sole to calf. Tearing, pulsative rheumatoid pain in the right calf on sitting. Sciatica of pregnant women. Pains in the heels when seated.

NERVOUS SYSTEM—Hypersensitivity of all senses. Great nervous irritability in general, with tremblings, cannot keep quiet. Individuals of changeable disposition in whom the intellectual faculties predominate. Mental confusion, responds incoherently (arnica, belladonna). Delirium, hallucination, sees figures, animals, men; thinks he is someone else who moves about the edge of the bed or in the room; thinks there are animals in bed with him trying to hurt him, causing fear. Feels light, as if floating in the air (asarum, lac can.; as if the legs floated, sticta).

EYES—Amblyopia; burning, smarting in the eyes as from

Digitized by Google

smoke; with visual hallucinations, such as half of the room appeared to be on fire.

EARS—Otalgia from draughts or cold.

DIGESTIVE TRACT—Spasmodic constriction of the pharynx with sensation of a thread in the throat (on the tongue, natrum mur., silica); nausea, with desire to vomit. The attack is accompanied by weakness, pallid lips, cold body, and followed by vomiting of bile, and chills. Vomiting in infants, the milk in large curds (æthusa), after nursing a mother suffering from anger.

LARGE ABDOMEN—Cramps and hysteric flatulence. Watery diarrhea, with bits of curdled milk, expelled with screams, in infants. Intestinal spasms after meals and at night in bed.

RESPIRATORY TRACT—Suffocating cough when falling asleep. Spasmodic asthma with convulsive movements of the diaphragm.

GENITALIA—Menses delayed and infrequent (pulsatilla).

SKIN—Redness in certain regions, which then become pale (ferrum).

FEVER—Of the continued type, typhoidal. Short chill with thirst. Heat predominates, with thirst, profuse sweat, especially on the face.

RELATIONS—Compare: Asafetida, castoreum, crocus, ignatia, lac can., spigelia, sulphur.—Dr. Léon Vannier, *Revue Homœopathique Française*.

Physical Therapeutics

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

"The Action of Radium as a Unique Force in Therapeutics." Robert Abbe, M.D., in *Medical Record*, Oct. 12, 1907, again ventures to disturb the equanimity of the medical scoffers who without adequate personal experience have pronounced radium as of no value in cancer.

The article is accompanied by plaster casts of cases treated and gives a clear description of the rationale and technic of his treatment, so that the most biased surgeon and physician will be obliged to take cognizanze of this new therapeutic force. His observations corroborate the statements made in the articles published in December, 1905, and December, 1906, *North American Journal of Homœopathy* with the exception that Abbe still employs the radium in glass or aluminum and does not use, to any great extent, the coated rods or solutions as advocated by the writer. A diagramatic picture is added, showing the location of 77 cases of epitheliomata treated and a sketch is presented showing the changes in cancer tissue produced by radium rays and emanations. His conclusions are as follows: "Radium ranks, not with caustics, cautery, antiseptics, or medication, but with specifics." This does not mean a "specific"

Digitized by Google

for cancer in the popular sense, but for erratic cell growths constituting some types of tumor tissue in the earlier stage of invasion, or of moderate development. Details of the methods of using it have not yet been fully worked out. The dosage, so to speak, or time of exposure necessary for curative action, is as yet empirical.

Some apparent cures of small epitheliomas and sarcomas have endured already more than three years.

A photographic plate provides a good test, to show the working force of an unknown specimen, in comparison with one of standard strength. It is not entirely a mysterious force, but, in part at least, is an electric discharge, essentially of negative elements. Hence, as far as it is possible to say, it suggests a theory of its action, in that it may supply an element of electric force vital to normal and orderly growth, the loss of which may have caused a disorderly cell growth which, in the aggregate, constitutes tumor masses.

It is supplementary to Roentgen rays, and, in some cases, is efficient where they fail. The overaction of strong radium is destructive and vitiates the benefit of moderate use. The best results have followed one hour's exhibition of the working unit (10 mgr. rad. br.) on small growths and three to four hours on larger ones, with an interval of one month for study of the effect.

Ischemia of the parts during treatment greatly enhances its action.

Pigmented moles, melanotic growths and giant-cell sarcoma, like epitheliomata of the eyelids, face and body, are particularly susceptible to its curative action—as a specific agent. But its value in nevoid and angiomatous tumors is due to its irritant action, producing obliterating endarteritis and fibroid changes."

Schuermeyer (*Therp. Monatshefte*, October) strongly recommends the use of faradism in cases of muco-membranous enterocolitis. He employs large pads over the abdomen and lumbo-sacral region and produces vigorous contractions. Colon irrigations assist in the removal of the shreds or membranes.

Mueller (*Therapeut. Monatschefte*, September) experimented with Bier's hyperemia in cases of hay fever. He tested pallantin, but found its action to be of temporary benefit only. He applied passive hyperemia by means of a bandage around the neck and after half an hour relief was noted. The patient wore the bandage for several hours afterwards and repeated the passive hyperemia treatment whenever the symptoms showed signs of recurring with good results at each time.

This simple technic is worthy of remembrance next summer and further corroboration is awaited with interest.

Gerhardt (*Wüerzburg. Abh. VII Bd. I Heft*) discourses on the treatment of nephritis. To obviate edema and uremia, the ingestion of salt and albumen must be restricted, as they aggravate the condition. Two to two and one-half liters of milk are the best dietary, as it contains but little salt and its constituent albumen, fat and carbohydrates are sufficient for nutrition. When milk is refused or cannot be taken, vegetables must be substituted. Fluids, especially mineral waters, must be forbidden, as the ability to excrete

Digitized by Google

fluids is diminished in all cases of nephritis excepting in cirrhosis and atrophy. Artificial diarrheas must be considered in some cases, but these should not be prolonged over one to two days. Diaphoretic processes are recommended highly. The sweat eliminates many products of waste asd retained effete materials and relieves the overloaded kidneys of extra work.

Stubborn Cases of Hiccough are reported cured (*La Semaine Méd.*, No. 19) by the rapid mastication of lumps of sugar steeped in vinegar. This should be repeated until the attack subsides. This simple measure has been serviceable in numerous instances.

Heermann (*Therap. Monatshefte*, No. 9) reports that the ingestion of butter has marked influence in the relief of icterus. He recommends spreading the butter thickly over small sandwiches and having the patient eat as much of the butter in this way as he can stand. With this treatment the jaundice disappears in a few days without any gastric irritation.

Kœnig (*Mediz. Klin.*, No. 24) reports twelve cases of epididymitis gonorrhoica treated with Bier's hyperemia. The diseased portion was firmly wound with rubber tubing for twenty hours at a time and the resulting edematous scrotum supported by strapping upward to the abdominal wall. The process is repeated when the swelling subsides every two or three days. This artificial swelling relieves the pain, the infiltrations after several treatments diminish progressively. When the acute symptoms are relieved, the dry, hot-air treatment will complete the cure.

Fellner (*Physik. Therap. Heft. 22*) recommends hot sitz baths for dysmenorrhea. Hot rectal retention enemata precede the sitz bath. Muscular relaxation is induced by this combination and relief of pain is prompt.

High-frequency currents, especially those of low potential, have been found invaluable in occupation neuroses. Writer's cramp, piano-players and needlewomen's neuritis have all responded to these currents when applied two or three times weekly over the affected area. Rest of the parts treated between treatments is desirable, as the improvement is more rapid and recurrences less frequent.

High-frequency sparks from the rectal glass vacuum electrodes have proven curative in fissures of the anus. Treatment is given three times a week, using a small rectal electrode and gradually increasing the size of the electrode so as to induce dilatation of the sphincters in due time. Concomitant sphincteralgia, sphincterospasm, and in some cases constipation, have disappeared when the fissures had granulated and the pain and tension had subsided. This treatment is so successful and has been such a boon to patients that the widest publicity should be given it. It is practically painless, the introduction of the electrode causing only momentary discomfort.

Digitized by Google

Vol. LVI FEBRUARY, 1908 (Volume XXIII Third Series) No. 2.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Original Article

FURTHER RESEARCH IN AUTOINTOXICATION

By S. H. Blodgett, M.D.

Specialist in Urinary Diseases, Massachusetts Homœopathic Hospital, Boston, Mass.

IN the hope of clearing up some points which we neglected in the paper written by Dr. Starbuck and myself last spring and in the hope of adding a few more facts to our limited knowledge of toxemia, I shall report several consecutive cases that have occurred in the past few weeks.

These cases are not selected, but are six consecutive cases as they happened to be presented to me, and before reporting them I will make a few statements on the general subject of acid intoxication, (for want of a better name), and I may add in passing that I shall be very glad to have a shorter and better name suggested for this condition.

Most of the cases have occurred in pregnant women, whose diet has, to all intents and purposes, continued the same after as before the vomiting began. Why a persistent vomiting should occur in some cases of pregnancy with the appearance in the urine of acetone and diacetic acid (or one of the higher forms) where the diet is the same as before the vomiting began and where no change of diet seems to help the vomiting, but where, by giving an alkali to the patient, the vomiting ceases, is a very interesting question and one which I am at present unable to answer definitely.

In a number of cases, without changing the diet from that which the patient had been taking during the vomiting, I have

Digitized by Google

simply added fifteen grains of bicarbonate of soda a day and have seen the vomiting cease within forty-eight hours. In other cases I have tried to stop the vomiting by altering the diet, but have been unable to do so until an alkali was given.

Cases of persistent vomiting are also frequently referred to me; where the physician in attendance has been unable to relieve the patient and, thinking it might be a case of "acid intoxication," he has asked me to see the case with him. I have seen six of these cases where the examination of the urine showed neither acetone nor diacetic acid, thus proving, to my mind, that persistent vomiting is not, by any means, always followed by acetone and diacetic acid in the urine. In some cases where neither acetone nor diacetic acid was shown in the urine, and because the physician was at his wit's end to relieve the vomiting, we have tried giving the patient bicarbonate of soda, and in none of these cases have we seen any good results following it; so it seems to me very reasonable to infer that if vomiting is present with acetone and diacetic acid in the urine, an alkali treatment will probably relieve the vomiting quite promptly, and if there is no acetone nor diacetic acid in the urine it is useless to try the alkaline treatment, as it will be of no benefit to the patient.

I have been fortunate in having, either placed under my charge or in having seen with other physicians, a large number of cases of vomiting where the cause was not apparent, but the full report of the cases, while extremely interesting to me to enable me to draw conclusions, would be of very little clinical importance to the practitioner, and for that reason I shall not quote the cases from which I have drawn my conclusions; however, if anyone is at all interested in this subject I shall be very glad to give full details. Out of more than one hundred cases of which I have records and am personally conversant with, where vomiting occurred in conjunction with acetone and diacetic acid in the urine, 91 per cent. occurred in pregnant women.

Once more I wish to reiterate what I have previously said, that I do not claim that every case of vomiting, either during pregnancy or not during pregnancy, is caused by this toxine, and if it is not caused by this particular toxine I do not believe the vomiting will be helped by the alkaline treatment.

CASE I.—Reported by Dr. A. A. Starbuck,

Wesson Memorial Hospital, Springfield, Mass.

Patient, a woman. Age 39. She had vomited more or less for two years and for several days before examination had vomited constantly with symptoms of intestinal obstruction: diagnosis pyl-

Digitized by Google

oric obstruction and an exploratory incision was made with the object of a probable gastroenterostomy. No analysis of the urine was made before operation; the anesthetic used was ether; median incision; stomach was found normal; pyloric orifice normal; pancreas enlarged and hard to the touch. Nothing abnormal being found and the patient's condition not being good, the wound was closed and the patient taken directly to her room and catheterized; the urine showed acetone and diacetic acid present; no sugar. The next day an examination of a specimen of urine showed a normal urine, except acetone and diacetic acid present in large amounts.

The patient was given five grains of bicarbonate of soda three times a day; the vomiting very promptly ceased and the patient made an uneventful recovery. The acetone and diacetic acid disappeared on the fifth day.

The patient reported two months after her discharge from the hospital and was perfectly well.

CASE 2.—This was an extremely interesting case to me and for that reason I have reported it very fully.

Patient, a woman. Age 22. Married; family history negative. Seven years ago she had typhoid fever and has always had "trouble with her stomach" since that time. Her menses ceased five months ago and at the time for her next period she had a profuse nose bleed; she had been nauseated and vomiting since the beginning of pregnancy and for two weeks before she was sent to the hospital she was able to retain only albumin water; vomiting was persistent and she had an uncomfortable (nausea?) sensation in the epigastrium.

A week before her admittance to the hospital her physician discovered acetone and diacetic acid in the urine and gave her thirty grains of bicarbonate of soda daily, and for several days she was better, but as her physician felt that the medicine and food were not given according to his orders while the patient remained at home, he sent her to the hospital on August 31st, where she was seen by the medical and surgical staffs and the following day by the maternity staff. As she had lost a good deal of weight and was quite weak, it was decided, on September 1st, to give her nutrient enemas every six hours.

Her urinary analysis showed: Color high. Sp. Gr. 1018. Albumin large trace. Sugar none. Sediment large. Pus and bladder epithelium. Acetone and diacetic acid present in large amounts.

All food by the mouth was withheld and rectal feedings given four times a day, consisting of four ounces of cream, whites of two eggs, two tablespoonfuls of brandy, two tablespoonfuls of bovinine,

Digitized by Google

two ounces saline, ten grains of bicarbonate of soda, and as medicine she was given apomorphia by the mouth "every fifteen minutes till relieved."

September 4.—After three days of the treatment she had a very uncomfortable night; expelled her rectal feeding with particles of fecal matter, vomited about a pint of greenish slimy matter at 1 A. M., and also a little of the same character at several other times.

September 5.—She expelled a rectal feeding bright red in color. Ice was given her to hold in her mouth and she expelled part or all of her rectal feedings (with the exception of one) during this day. A. M. Temperature, 98; pulse, 120. P. M. Temperature, 99; pulse, 134. She frequently vomited a yellowish slimy fluid. She was given creosote 3x.

September 6.—A. M. Temperature, 98; pulse, 96. P. M. Temperature, 99; pulse, 112. She vomited frequently, but retained the rectal feedings better, expelling only two of them.

September 7.—I was asked to see her for the first time and found her rectum very intolerant of the feedings. She was very much emaciated, vomiting frequently, and her pulse so weak that I was very fearful of the result when I advised a delay in emptying the uterus until I could see what the alkaline treatment would do. She had a large amount of acetone and diacetic acid in the urine. I ordered fifteen grains of bicarbonate of soda dissolved in a glass of water and she was to receive one teaspoonful of this at frequent intervals whether it was vomited up or not; she was to have rectal feedings once in twelve hours only and no food was to be given by the mouth. (No food had been given by the mouth for six days, although she had frequently been given water in small amounts, invariably vomiting it up.) P. M. report: "Patient had a very good day and has taken water by the mouth and retained it. Temperature, 99; pulse, 118.

September 8.—A. M. Temperature, 98; pulse, 100. Her urinary analysis showed: Color normal. Reaction acid. Sp. Gr. 1018. Total solids 15 gms. Urea 6.3 gms. Chlorine 2.6 gms. Phosphoric acid .37. Albumin considerable. Acetone and diacetic acid present in large amounts. Sediment slight, mostly bladder cells.

The patient slept fairly well, seemed fairly comfortable and only vomited once after taking the fourth dose of bicarbonate of soda.

September 9.—A. M. Temperature, 98; pulse, 70. She was given by the mouth at intervals a small amount of potato with a few drops of milk on it; several times during the day she also had a tea-

Digitized by Google

spoonful of cornstarch pudding and twice she was given a teaspoonful of egg albumin. She did not vomit during the day and "had a very good day." P. M. Temperature, 97.8; pulse, 80. From this time on her pulse was good and never went higher than 95. Only one rectal feeding a day. Bicarbonate of soda 15 grains.

September 9.—Rectal feeding at 1 A. M., part of which was expelled at 1:30 A. M.; the patient was nauseated after this feeding and vomited twice. She had a very comfortable day; no vomiting. She was given an increased amount of food by the mouth. Bicarbonate of soda 15 grains.

September 10.—Rectal feeding given at 2 A. M.; expelled at 2:45 A. M.; after that the patient felt nauseated and vomited three or four times within the next few hours.

It seemed very plain to me that the rectal feedings which she was only having once a day were not tolerated by the rectum and were followed by nausea and vomiting, and as there was no nausea and vomiting at other times (except just following this rectal feeding). I ordered all rectal feedings stopped and she was given, once an hour, day and night, while awake, a very small portion of potato, cracker or bread soaked in milk. This was carried out through the day and the notes showed that the patient had a very comfortable day. Bicarbonate of soda 15 grains to be continued until further orders.

September 11.—The patient had quite a comfortable night; slept more than usual. I ordered the food given in larger quantities and only at two-hour intervals. Reports showed that the patient had a comfortable day.

September 12.—The reports showed that the patient refused to take any food during the night, was nauseated and vomited three times. During the day she had toasted cracker, potato and squash. P. M. report: No vomiting; patient had a very good day. Acetone and diacetic acid beginning to disappear from the urine.

September 13.—The amount of food which the patient was allowed each time was again increased and she had a very comfortable day.

September 14.—The patient had a good night; was given a soap suds enema; small amount of fecal matter expelled; had a very comfortable day.

September 15.—The patient had a very good night; was given rice, macaroni, cracker, and potato. She had a very good day; was nauseated at 7 P. M. and vomited once.

September 16.—The record from this time on was very much

Digitized by Google

the same. She had no nausea nor vomiting. The daily reports showed that the patient "had a very comfortable night," "the patient had a very comfortable day"; she was given ten grains of bicarbonate of soda a day and was allowed any cooked vegetable except corn or canned goods. She was allowed cocoa, milk, bread, cracker, rice, cornstarch, potato, any cereal, and a little lettuce once a day.

September 21.—Acetone and diacetic acid absent from the urine. She was put on half diet and was sitting up out of bed.

September 23.—She was put on full half diet and the bicarbonate of soda was reduced to five grains a day.

September 28.—She was put on full diet.

September 30.—She was discharged from the hospital, feeling perfectly well in every way.

About October 20 her physician telephoned the following history to me:

She had been perfectly well until one day, when visiting a friend, she felt nauseated and vomited several times; she let this go on during the day, thinking she would soon be better; but that evening, as she felt still worse, she called in her friend's physician, who gave her morphine hypodermically. She did not sleep well during the night and vomited several times; the next morning, knowing that we gave her bicarbonate of soda at the hospital, she took some and was promptly relieved of the nausea and vomiting and returned to her home.

This patient returned to the hospital on November 3 with the following history: About eight days previously she had been exposed to wet and cold, getting her feet wet, and, as she expressed it, "had taken a dreadful cold," and since that time had not felt well. She began to have swelling of the ankles and face, headaches and pain in the pit of the stomach, with very scanty urination. Her physician reported that the albumin was increasing and he sent her to the hospital, as he feared uremic coma.

Her urinary analysis showed: Color dark. Reaction acid. Sp. Gr. 1030. Albumin very large amount. No acetone nor diacetic acid. Sediment large. Casts fine granular and fibrinous. Some blood. Pus.

She was put on malted milk (as she did not like plain milk) and was given cuprum arsenicum 3x every hour.

November 4.—Patient was no better. Her eyesight had become very poor in the last two days; she had headache, pains in her shoulders which followed the course of the nerve to the elbows; a good deal of swelling of the face and comparatively frequent urination, although passing only small amounts at a time.

Digitized by Google

From the fact that condition of urea toxemia had been present for ten days, it seemed to me without doubt that the child was dead or could not long survive against the poison which was affecting the mother and that an early operation was necessary to save the mother.

November 5.—Labor was induced with a satisfactory result; the patient passed three quarts of urine during the next twenty-four hours; the swelling decreased very rapidly; all her nerve pains disappeared and her sight improved. From this time on she made an uninterrupted recovery and was discharged November 24. By an oversight she left the hospital before a twenty-four-hour analysis of the urine was secured, so our record in that particular is not complete.

This patient showed, at different times, the effects on the system of two entirely separate toxines, and for that reason the case is most interesting and instructive.

It will be noticed that bicarbonate of soda, in this case, was first given by the rectum without any beneficial result. This is in accordance with my own experience that bicarbonate of soda by the rectum will not produce any effect at all in these cases and it is useless to expect any benefit from the alkali given in that way. I have as yet seen only two cases in which bicarbonate of soda was indicated where I have not succeeded in having enough of it retained to help the case by dissolving from ten to thirty grains in a glass of water and letting the patient take a teaspoonful frequently (every fifteen minutes to half an hour); and if it is impossible for the patient to retain it by the mouth, it can be given in a saline intravenous.

It will also be noticed that the vomiting, after beginning the alkali, occurred early in the morning after the rectal feeding had been given, and it was for this reason and because the rectum seemed rather intolerant that I ordered the rectal feedings discontinued earlier in the case than I might otherwise have done. After the second day of the bicarbonate of soda treatment the patient told me that she felt very much better and thought she would have more appetite and be able to eat more if it were not for the rectal feeding which we were giving her.

In these cases of uremic (?) toxemia it always seems to me that if we are fairly well satisfied in our own minds that convulsions will probably occur, we ought not to hesitate a moment to terminate pregnancy, as my experience has been that the kidney condition is very much worse after convulsions have occurred than it is just previous to that occurrence. For I have seen cases, where

Digitized by Google

apparently the same degree of kidney irritation was present from the toxine, whatever it happened to be, which were allowed to go on until the convulsions occurred; while in other cases labor was induced; and it has invariably been my experience that in the cases which were allowed to go on until convulsions occurred there has usually followed a very serious kidney condition, which, if curable at all, required a long time and persistent treatment; while in the cases of induced labor before convulsions occurred, the kidney condition rapidly returned to normal.

CASE 3.—A specimen of urine was sent to the laboratory from a case of pregnancy, in which I found a large amount of acetone and diacetic acid with nothing else abnormal, considering that it was from a case of pregnancy.

The physician called me by telephone to get the report of the case and I asked him if the patient was vomiting. He said she had been vomiting for several months and he did not know what to do for her. I told him that I thought the vomiting was due to acetone and diacetic acid and I suggested giving the patient fifteen grains of bicarbonate of soda a day, without making the slightest change in her diet. He was quite surprised and rather sceptical, not having heard of this treatment before. Two days later he reported that the vomiting had entirely ceased and wanted to know what to do in regard to treatment. The bicarbonate of soda was reduced to ten grains a day and the patient was allowed to eat whatever he ordinarily gave his cases of pregnancy. He reported a week later that the patient appeared perfectly well and was eating her regular diet.

CASE 4.—Patient, a man. Age 42. He had been vomiting very persistently for two weeks and had been "troubled with vomiting" at intervals for about six weeks.

When I saw him he was taking only water and vomiting a little mucus at frequent intervals, rarely going over an hour without vomiting.

His urinary analysis showed: Total amount 410 cc. Color high. Reaction acid. Sp. Gr. 1022. Total solids 20.9 gms. Urea 9 gms. Chlorine 2.2. Phosphoric acid .4 gms. Albumin slightest possible trace. No sugar. Acetone and diacetic acid present in large amounts. Sediment. Few bladder cells.

I ordered for him a diet of cornstarch gruel, rice gruel, or bread soaked in milk; he was to be given a teaspoonful of food at a time, at intervals of one hour; this was continued for forty-eight hours without the slightest improvement either in the vomiting or in his feeling of nausea and prostration. Not daring to continue

Digitized by Google

the experiment further, without changing his diet I ordered fifteen grains of bicarbonate of soda dissolved in a glass of water and the patient was to receive two teaspoonfuls at a time, at intervals sufficiently frequent to use the whole amount in twenty-four hours. The following morning he told me that he felt much better his nausea had disappeared, although he had vomited four times; the second day he reported that he had not vomited during the past twenty-four hours and he wanted to know if he could have more food. His diet list was increased rapidly and in seven days from the time he began the bicarbonate of soda he was eating full diet and feeling, as he expressed it, first rate.

CASE 5.—Patient, a woman. Age 25. Five months pregnant. Second child.

With her first child she had some nausea and vomiting, which lasted about three weeks; with the second pregnancy she vomited for nearly three months. Her physician could see no help for her but to terminate pregnancy, and at the invitation of the obstetrician, who was called in consultation, I was asked to see if I could determine the cause of the vomiting.

The sample of her urine showed acetone and diacetic acid present in large amounts and with the consent of her attending physician I put her on a carbohydrate diet for a day or two. She was confined to her bed, took little interest in what was going on about her, had to be urged to take any food at all and vomited very frequently.

Her diet was the same as in the case mentioned above, but after thirty-six hours of this her pulse became so poor that her attending physician did not wish to experiment further and she was given five grains of bicarbonate of soda in half a glass of water. The nurse reported that the patient vomited about a half pint of liquid within half an hour after taking the soda and I ordered the dose repeated at once; she was given another five grains after a five-hour interval and all of this she retained.

The next morning, although very weak, she said she had not felt so well for over a month and wanted more food at a time. She received five grains of bicarbonate of soda three times a day and did not have another attack of vomiting after forty-eight hours from the time she took the first dose and in a week was on full diet and, as she expressed it, was trying to make up for what she had not eaten when she was sick.

These two cases, in conjunction with two others, have indicated to me that a carbohydrate diet in this class of cases, is not sufficient, at any rate when the vomiting is well advanced, to check

Digitized by Google

the vomiting. I should like to have continued the case on a carbohydrate diet for a longer time, without any medicine, but on account of the severity of this particular case, it did not seem advisable.

In each of these cases, as in the larger number of others where we have used the alkaline treatment, the patient's feelings have improved within a few hours after beginning the treatment and the vomiting improved shortly after.

I have no doubt that there may be other alkalies which would be as efficacious in the treatment of these cases but this was the first alkali I used in this class of cases and the results were so eminently satisfactory that I have not as yet experimented with any other.

I have seen or have had placed under my care, several cases where the physician in attendance had apparently not been successful in treating the case with bicarbonate of soda, but each of these cases, with one exception, very promptly improved after we had satisfied ourselves that the patient was receiving and retaining the alkali. (In one of the cases, we found that the patient, owing to the prejudice of her mother to the apparently large amount of medicine prescribed, had not received the bicarbonate of soda until she was admitted to the hospital).

CASE 6.—This case when seen, gave the following history: The patient had been well and strong. About ten days previous to her admittance to the hospital, she began to vomit and had a good deal of distress after eating; the bowels moved seven to nine times a day and with the movements she had considerable pain and flatus. She had a bad taste in her mouth, was very thirsty and had some headache just previous to the attack.

She had been working very hard and under a good deal of mental strain; she had some soreness and burning pain in the epigastrium. The bowels improved so that in about three days there was no looseness; but the vomiting, the bad taste in the mouth, etc., etc., continued.

When I saw her, she was having nausea with frequent vomiting, and did not wish to eat anything and was very restless; what little food she took during the past ten days had been entirely in the line of carbohydrates. No medicine was advised this day, pending an examination of the urine.

The following day, when I saw her, she was still vomiting and understanding from the report, that there was a large amount of acetone and diacetic acid present I ordered bicarbonate of soda given her. The next day, I learned that the patient had not vom-

Digitized by Google

ited again after the bicarbonate of soda was *ordered*, but that the report of the urinary examination which had been given me, was that of the urine of another patient and that *this* patient had only a very slight amount of acetone and *no* diacetic acid in the urine. The bicarbonate of soda was stopped and she was treated symptomatically and discharged in about two weeks, perfectly well.

This case is not reported as an acid autointoxication case and I am very doubtful if the bicarbonate of soda had anything to do with patient's improvement, but as it was one of the sequence, I wish to report it.

It will be noticed that the vomiting, in this case, stopped several hours before the patient received any bicarbonate of soda and the interval between the stopping of the vomiting and the beginning of the bicarbonate of soda, was longer than any interval between her previous vomiting attacks.

The *continued freedom* from vomiting after the bicarbonate of soda was stopped, is another reason why I think the alkali had nothing to do with the recovery in this case, as it has always been my experience that if the bicarbonate of soda treatment is stopped at once, after the vomiting ceases, the vomiting is almost sure to begin again *if the vomiting is due to the toxine shown by acetone and diacetic acid in the urine.*

The next two cases are not acid intoxication cases and my purpose in reporting them will appear below.

CASE 7.—Patient, a woman. Age, 62. She had been fairly well, stomach had always been in "good condition." For the past three weeks, she had vomited everything; the vomiting had no relation to the taking of food and there was no soreness nor tenderness in the epigastric region. She vomited very easily and the vomiting was sometimes mucous, of greenish, or undigested food; she was and always has been constipated. There was no dilation of the stomach.

Her urinary analysis showed: Total amount, 330 cc. Color slightly high. Reaction acid. Sp. G. 1028. Total solids 21 gms. Urea 9.1. Chlorine 2.6. Phosphoric acid .8. Albumin slightest possible trace. Sugar none. Acetone and diacetic acid none. Sediment. Amorphous urates.

The urine in this case contained no acetone nor diacetic acid, still as a matter of experiment, the patient was given fifteen grains of bicarbonate of soda a day, for two days, with no change in the vomiting.

Without changing the diet, she was then prescribed for by the medical staff; immediate improvement followed and in the course of a week the vomiting entirely ceased.

Digitized by Google

CASE 8.—Patient, a woman. Age 21. She had always been well up to six years ago. She had pains in the stomach, headaches at intervals and constipation.

To relieve the pain in the stomach, she would vomit, bringing up only undigested food. She was and always had been constipated. The pain in the stomach region was relieved by vomiting and by heat.

Her urinary analysis showed: Total amount 420 cc. Color slightly high. Reaction acid. Sp. G. 1024. Total solids 17.6 gms. Urea 10 gms. Phosphoric acid 4.4 gms. Albumin a trace. Sugar none. Acetone and diacetic acid none.

The patient had been vomiting at frequent intervals for ten days and was given fifteen grains of bicarbonate of soda a day, for two days, without any change in the vomiting. She was then prescribed for by the medical staff; her vomiting was relieved and in a short time she was discharged, apparently well.

These two cases are cited to show that cases of persistent vomiting do not always show (as has been claimed by some) acetone and diacetic acid in the urine and also to show that in cases where acetone and diacetic acid are not present in the urine, the alkaline treatment is probably of no use. As can easily be seen, neither of these cases showed any improvement after receiving the bicarbonate of soda, but both improved rapidly after being turned over to the care of the medical staff.

In addition to these two cases, we have tried the alkaline treatment in four other cases where there had been no acetone nor diacetic acid present in the urine and in none of them have we had any marked improvement in the symptoms, while each case has improved very rapidly after being transferred to the medical staff and in four of these cases there has been practically no change in the diet after the alkaline treatment was commenced.

I wish to add a few words in regard to the strength of the dose. In the average case, I have given fifteen grains a day and when this has not relieved the vomiting, I have increased it to twenty and even forty grains a day and it is a great question to my mind whether ten grains or even five grains a day, might not produce favorable results. It may be given three times a day, five grains dissolved in water at one dose (and repeated at once if vomited), if the vomiting is not at all constant and when there are sometimes intervals of two or three hours between the vomiting attacks, but where the vomiting is very persistent and at frequent intervals, I order fifteen grains dissolved in a glass of water and the patient is given one or two teaspoonfuls of this at frequent in-

Digitized by Google

tervals, with the injunction that it is all to be given in twenty-four hours.

In regard to the length of time which it is necessary to continue the bicarbonate of soda, my experience has been that if the treatment is continued (gradually diminishing the dose) until at least three days after the acetone and diacetic acid have entirely disappeared from the urine, there will be no recurrence of the trouble (certainly not immediately) and the alkaline treatment can then be stopped.

As a final suggestion, in cases of pregnancy, I would advise, during the last few months, the examination of the urine for acetone and diacetic acid and if these elements are found and no vomiting is present, I would strongly advise the alkaline treatment, in the expectation of preventing convulsions. These cases are undoubtedly comparatively rare, but from my experience, I feel confident that at least *some* of the convulsions, which occur during the pregnant state, are caused by the toxine which is present where acetone and diacetic acid are contained in the urine and I firmly believe that I have seen two cases of impending convulsions prevented, by the administration of twenty grains of bicarbonate of soda a day.

It is extremely slow work to collect reports of a sufficient number of these cases to prove, as a *fact*, the *theory* which I now hold and if any physician has a case bearing on this subject, I should be greatly obliged if he will take the trouble to report it to me.

NEPHRITIS IN CHILDREN*

By Orville R. Chadwell, M.D.

Jamaica Plain, Mass.

FEW more practical subjects could be assigned to any writer interested in diseases of children than nephritis, for this reason if no other, viz., that this affection is not ordinarily primary in its acute form, but may be secondary to many affections which the general practitioner commonly meets. It is the acute form to which I desire to direct your attention. Primary nephritis probably does occur in a number of instances. Holt in 1887 (*Archives of Pediatrics,* vol. 4. pp. 1, 103, and 9, p. 263) reported five cases of his own and fourteen cases observed by other practitioners in children under two years of age, all apparently primary. And in his latest edition of "Diseases of Infancy and Childhood" (p. 658) he mentions five

*Written for the Mass. Homœo. Med. Soc.

Digitized by Google

additional cases. It may be of interest to note that of these twenty-four cases sixteen died and eight recovered.

Jennings, member of the American Pediatric Society, in the "Practice of Pediatrics," edited by Carr (p. 781), reports but one case of his own, which died, and refers to three, all fatal, to which he was called in consultation.

Louis Fischer, of New York, however, asserts ("Diseases of Infancy and Childhood," p. 405) that "primary nephritis is by no means a rare condition in children," but he altogether fails to cite cases in support of this assertion.

A very interesting case, apparently primary and probably of the exudative type, in a girl nine months' old, was brought to the attention of the Connecticut Homœopathic Medical Society by Dr. F. W. Peck, of Litchfield, Conn., and the report published in the NORTH AMERICAN JOURNAL OF HOMŒOPATHY, January, 1906. This little patient made a good recovery on a diet of malted milk, selected because that form of nourishment seemed to be particularly well borne, and the indicated remedy, which Dr. Peck does not specify, although in the course of his paper he pays tribute to it in these words: "The writer has an increasing respect for the indicated homœopathic remedy. Not only does it aid in overcoming distressing symptoms, but influences the entire course of the disease."

The auxiliary treatment included enemata of hot salt water, and hot applications across the kidneys.

Now, although these cases are sufficiently rare, their possibility should be taken into consideration as serving additionally to assist us in determining on occasion our diagnosis. Jennings seems to think ("The Practice of Pediatrics," p. 781) that exposure to cold and wet is the probable cause of the primary form. But this is rather too summary a disposal of its etiology to satisfy the scientific mind of to-day. Better, perhaps, to adopt the viewpoint of Comby, who says (Dr. J. Comby, *La Medecine Moderne, December* 1, 1897): "In the absence of a specific process, such as scarlatina, diphtheria, etc., we are led, upon the occurrence of acute simple nephritis, to suspect the influence of cold. The action of cold, however, is not always direct. In nephritis, as in pneumonia, cold alone does not cause the disease. It enfeebles the organism, increases its receptivity, augments the virulence of microbes, and opens the gates by which they enter. Children carry within themselves, in the mouth, pharynx and nasal passages, various microbes which only await an opportunity of wakening into activity. This opportunity is afforded them by the impression of cold."

Digitized by Google

From this brief mention of primary acute nephritis let us turn to the more important forms which occur secondarily.

Into the pathology of this affection I will not go, however fascinating it may be to follow the changes which occur as inflammation progresses. Neither will I enlarge upon the symptomatology, although it is well to bear in mind that when acute nephritis is a complication of an acute infectious disease its onset may be so insidious as to escape early recognition unless the eternal vigilance which should characterize the skilled physician has anticipated its occurrence. Especially is this true in the secondary nephritis of scarlet fever known as post-scarlatinal nephritis, to which I shall shortly refer. Acute nephritis, indeed, naturally suggests scarlatina, as it is most frequently met with in connection with this disease. But it often develops in septic cases of diphtheria, and not infrequently in the milder forms. Again, Milton Miller, in the *Archives of Pediatrics* for January, 1902, reports forty cases of influenzal nephritis, although Jennings declares ("The Practice of Pediatrics," p. 781) that it is a rare complication of influenza.

Acute Bright's may also follow measles, varicella, empyema, typhoid fever, malaria, pneumonia, meningitis, and acute diarrheal disease, and the affection has been observed in extensive lesions of the skin, pustular eczema, impetigo and erysipelas. In all cases, however, treatment must be directed specifically to the kidney lesion, and with this in mind the study of the commonest type, post-scarlatinal nephritis, promises the most of suggestiveness and assistance to the general practitioner. Occurring, as it does, during the third or fourth week of the initial disease, it may be hardly noticeable or again very severe. Rise of temperature, edema, especially of the lower eyelids, with marked puffiness of the eyes or the entire face, restlessness and headache, vomiting, scanty, high colored, albuminous urine, becoming loaded with blood cells and casts; constipation and dropsy progressively manifested in the feet, legs, scrotum in the male, and labia majora in the female, and, in grave cases, uremia with convulsions, coma, etc.; this being, of course, the merest summary of a symptomatology with which all are perfectly familiar.

When to the above enumeration we add the possibility of cases occurring in which almost normal conditions of the urine prevail, and still nephritis exists (Louis Fischer, "Diseases of Infancy and Childhood," p. 658), and the strong probability that an unrecognized acute kidney lesion will speedily pass over into a chronic form, and that prognosis must be guarded even where every

Digitized by Google

care has been taken and every resource of modern medical knowledge invoked, then we begin to realize how well worth our while it is to give the most attentive heed and exhaustive study to this subject.

We must, of course, in the conduct of these scarlet fever cases watch the urine from the very beginning, for the transient febrile albuminuria observable in three-fourths of all cases of scarlet fever may shortly pass from the condition of active congestion to a catarrhal nephritis, or, in malignant cases, to the septic, death-dealing nephritis of universal sepsis, the toxin making a concentrated attack upon renal tissue.

Holt in his "Diseases of Infancy and Childhood" (p. 660), in discussing scarlet fever, makes this significant remark: "The quantity and specific gravity of the urine, and the number and variety of the casts, are a much better guide in prognosis than the amount of albumin." This emphasizes the need of microscopical examination, and examination of the urine becomes not only the interpreter of the progress of a given case, but the indicator of the success or otherwise of our treatment, and that treatment must be first and foremost preventive.

We have in scarlatina a disease inviting nephritis. The activity of the skin is checked, its function temporarily destroyed; normal nutrition is interfered with; elimination of morbific matter from the intestinal canal is prevented by intestinal lethargy; the system must be ridden of the toxine almost exclusively by the kidney route, unless we come to the body's assistance, and, as McFarland well says ("Textbook of Pathology," p. 735;): "The function of the kidney being essentially excretory, the tendency is for its cells to take up from the blood those very substances that produce the degenerative changes."

The old school practitioner of twenty-five years ago may have known little about specific micro-organisms and serum therapy, and never dreamed of phagocytic or opsonic power, but he was sufficiently wide awake to write, as in the following instance ("A Treatise on the Diseases of Infancy and Childhood," J. L. Smith, 1881, p. 210): "The renal affection is often more dangerous than the scarlet fever," and to promptly recommennd diaphoretics and purgatives, prescribing muriate of pilocarpin 1/20 grain every six hours by mouth for a child two years old, and hypodermically 1/20 grain for a child five years old, but to be given with caution and not at all should the heart's action be weak. Diuretics also obtained most favorable mention, especially digitalis with acetate of potassium, one teaspoonful of the infusion every four hours to a

Digitized by Google

child three to five years. For older, robust children, "cathartics of a hydrogogue nature," "a mixture of jalap and cream of tartar," says the writer we have in mind, "meets the indications." But measures still resorted to by practitioners of all schools are also prescribed, those belonging to hydrotherapy, although our author refers only to a general or foot bath or some form of apparatus for generating hot dry or hot moist air.

This is doing far better, however, than Duncan of our own school, who, in the second volume of his "Diseases of Infants and Children with Their Homœopathic Treatment," published in 1880 (about the same time), mentions only drugs in the treatment of scarlatina and its complications, and under Bright's disease gives no more specific directions than the following: "Food that taxes the kidneys like the liquid, starchy foods should be avoided, and concentrated food like milk, egg, beef tea, etc., should be preferred. The bowels should be kept open with food like beef tea. The skin should be encouraged to relieve the kidneys, the child being kept in a warm room, avoiding all draughts of air."

Today, however, we should regard as seriously incomplete any presentation of the subject that to half a dozen pages of drugs could add but one brief paragraph of general treatment like the above, whether the treatise were of the homœopathic variety or not.

Practitioners of the old school to-day, like ourselves, in treating their scarlet fever cases, lay the greatest stress on prophylaxis, and concur in endeavoring to secure for the patient perfect rest in bed from the beginning, good ventilation, protection from draughts, an even temperature in the room of about seventy degrees, restoration to the skin and intestines of the power of elimination, increase in the amount of urine, with a view to lessening by dilution its irritating properties.

The value of hydrotherapy as a preventive as well as curative measure is universally admitted.

Concerning the treatment of nephritis when it has occurred.

First, Hydrotherapy. Water can be freely administered by mouth at frequent intervals, except when temporarily contraindicated by a highly engorged state of the kidneys, which may render them practically impervious to water and occasion great difficulty in excretion. Plain water, vichy or Poland water, lemonade, orangeade, or similar palatable forms often prove acceptable to the patient.

Osler ("Practice of Medicine," p. 690) recommends a drachm of cream of tartar in a pint of boiling water to which may be added

Digitized by Google

the juice of half a lemon and a little sugar. This drink to be taken cold and to be drunk in twenty-four hours (Rotch) by a child five years old.

Water also proves invaluable in the form of warm sponge baths, the hot bath, hot-air or vapor bath, and especially the wet pack.

Rotch, of Harvard, in his work on Pediatrics, p. 570, suggests the combination of the hot bath and wet pack when uremic symptoms have developed. He says: "Having provided for the proper movement of the bowels, if the skin is hot and dry, and uremic symptoms, usually represented by anuria, somnolence, amblyopia, and headache, are present, the hot pack, either wet or dry. should be resorted to. We prefer in these cases to have the child wrapped in a blanket and placed directly in a tub containing water at a temperature of 105° to 110° F. The child should be kept in the water fifteen or twenty minutes, and even longer if necessary, and should then be taken from the wet blanket, enveloped in hot, dry blankets and kept in them until the skin has become moist and reaction has taken place. While the child is in the bath, milk can be given to it, and stimulants if they are indicated by a weak or an intermittent pulse." Great care should be taken in giving sponge baths lest the surface of the body be chilled. The temperature of the water should not be more than five or ten degrees lower than that of the patient. (Lowenburg, Etiology and Preventive Treatment of Scarlatinal Nephritis, *The Journal of the American Medical Association*, February 17, 1906).

Equally for the relief of thirst, constipation and imperfect elimination by the skin and kidneys, high rectal enemata of normal salt solution at a temperature of from 104° to 108° F. may be resorted to one or more times a day. From eight ounces to a pint will be found a desirable quantity. All writers, I think, concur in the value of this resource. Raue in his recent edition of "Diseases of Children," p. 372, says: "Personally I place the greatest reliance upon hot, high rectal enemata in conjunction with the hot pack in acute nephritis with suppressed or scanty urine and uremic symptoms (vomiting, cerebral irritation). These injections act as a stimulant to the abdominal sympathetic and by inducing free diuresis relieve the renal congestion and eliminate toxins."

Now the question of diet. This is of prime importance, but may be disposed of without exciting, perhaps, any great difference of opinion. While milk is our great standby, it must not be regarded as fully meeting the necessities of these cases. Its percentage of proteid for the caloric yield is too high, but this may be

Digitized by Google

offset by adding to the diet of milk, diluted cream and gruels of cereals. Yet in severe cases the withholding of practically all nourishment for two or three days may be indicated. Early additions to the above diet may be made in the form of buttermilk, kumyss, arrowroot gruel and grape juice.

Food favorable to the production of albuminuria must not be given. Frequent and careful examinations of the urine will serve as a means of estimating the effect of a given diet. The greatest care must be exercised in returning to solids. In a word, whatever substances the kidneys find difficulty in excreting, such as urea, creatin, and the phosphates, must be, so far as possible, avoided in the selection of nourishment. This care in the matter of diet, and, indeed, in the regulation of exercise, clothing, daily habits, etc., must be continued during and after convalescence, or some months after the so-readily-taken-for-granted cure the practitioner may be confronted by a chronic nephritis.

Thirdly, and very important to us as homœopaths, we have the indicated remedy.

It is for you to advise me rather than for me to advise you as to our drug resources, but a few hints or suggestions from some of our standard well-known homœopathic writers may not come amiss to either of us.

Goodno says in the early stage of acute nephritis, whether primary or secondary, that aconite is an admirable remedy for its control of hyperemia, and calls attention to the "tense, small pulse, cool surface, irritable stomach and anxious, distressed condition occasionally met during the early days, as well as the bounding pulse, hot skin, etc." ("Practice of Medicine," Vol. 2, p. 390.) Cowperthwaite agrees with him, but Hughes characterizes aconite as "actually a specific irritant of the kidneys." ("Principles and Practice of Homœopathy," p. 621.)

Apis, with its characteristic symptomatology, is the favorite remedy of Cowperthwaite except in the gravest forms of the disease, and is approved by all, while Goodno sings the praises of cantharis and says (p. 390, vol. 2) "it presents in its symptomatology and pathological developments all of the essential features of diffuse nephritis." He considers the dose of importance and recommends "drop doses of a good tincture from three to six or eight times in twenty-four hours," and its continued administration when necessary in protracted cases.

Hughes ("Principles and Practice of Homœopathy," p. 619) differentiates terebinthina from cantharis by remarking: "Terebinthina is less suitable in proportion, as the nephritis is desquamative

Digitized by Google

and apt to lead to uremia, while more so as the presence of blood and albumen and the diminution of the urinary water are the leading phenomena." He advocates its use especially in acute nephritis from colds, rather than in post-scarlatinal nephritis, when cantharis is called for. Cowperthwaite considers terebinthina (2x) one of our most effective remedies.

Arsenicum, first in Raue's list and somewhat slighted by many authors, is well thought of by Hughes, who finds it preferable to cantharis in many post-scarlatinal cases as being less acute in its symptomatology than the latter.

The concensus of opinion would seem to indicate that hepar sulphuris, so enthusiastically referred to by Raue, is not the weapon in our armament he would have us believe. On the other hand, comparatively little corroborative testimony is brought forward to support Goodno's claims for arsenite of copper when uremic symptoms predominate. With these and with other remedies, including rhus tox., digitalis, helleborus, cicuta, belladonna, hyoscyamus, and in the after anemia, kali carb. and phosphorus as well as arsenicum, you are fully familiar.

The old school has not a monopoly of prescribing jaborandi and pilocarpin, for Cowperthwaite says ("Practice of Medicine," p. 472): "When aconite or other indicated remedy and hot lemonade, etc., to produce sweating prove ineffectual, give jaborandi in drop doses of the tincture or pilocarpin 2x every two hours."

Other drug resources of the old school include the saline diuretics like citrate and acetate of potash, calomel for the bowels, or compound licorice or jalap powder, podophyllin in 1/10 grain doses, also chloral hydrate, digitalis, strophanthus, nitroglycerin, etc., as indicated. Over-medication is deprecated.

The serum treatment in scarlatina is unfavorably commented on by Crandall, consulting physician to the New York City Children's Hospital, in the "Practice of Pediatrics." edited by Carr, p. 518, as apparently not materially changing for the better the general condition or any particular symptom. Lowenburg, of Philadelphia, quotes Escherich and E. von Leyden as reporting favorably on the serum treatment for the control of the general symptoms, but as having no influence on the occurrence of complications.

Surgically in post-scarlatinal nephritis in extreme dropsy the skin may be punctured with a lancet or drained by a small silver canula (Southey's tube) inserted beneath it. (Osler, p. 691.) Paracentesis abdominis is often of great value, not only relieving the pressure, but also, according to Rotch, increasing the action of diuretics.

Digitized by Google

Edebohl's operation for decapsulation of the kidney with a view to establishing completely new conditions of circulation for that organ is yet under discussion. Schellenberg in *The Medical Times* for August, 1907, p. 230, quotes Yvert as follows: "Yvert believes that in acute nephritis the reports published to date indicate that nephrotomy is preferable, with nephrectomy later, if it proves inevitable, for the former has a mortality record of five and the latter of thirty-three per cent." And again: "Kidney affections are coming more and more into the realm of surgery, but operative treatment is indicated only after medical treatment has proved powerless." The last statement commends itself to our consideration, for we are as rich in drug resources as in all others, and their intelligent application, together with careful observation, will enrich us still further.

As regards the mortality of these cases it is difficult to speak with absolute exactness. Several authorities regard a mortality of one-third in the post-scarlatinal form of the disease as approaching the actual death rate. Goodno thinks this estimate too high. All agree that although the prognosis should be guarded, the outlook is generally good, provided early treatment, preventive as well as curative, has been instituted. Prophylaxis has undoubtedly not only lessened the occurrence of acute nephritis, but also greatly reduced the number of chronic cases supervening, and there is every reason to believe that as a profession we are becoming increasingly able to cope successfully with this interesting and often avoidable disease so frequently met with in our practice among children.

A HISTORY OF HAMAMELIS VIRGINICA

By Eldridge C. Price, M.D.

Baltimore, Md.

ACCORDING to Dr. Asa Gray, the group of plants known as the Hamamelaceæ, "is a small order of little importance."

Botanically, this is true, but the best known member of this group, the Hamamelis Virginica, is therapeutically of no mean importance. It has a few congeners, several growing in Asia, and two in this country. The latter are the Fothergillia, a southern shrub, and the Liquidambar, or as better known, the sweet-gum tree.

The Hamamelis Virginica is found in Canada, and in the United States as far south as the Gulf States. It grows especially in low, damp, woody lands, and is plentiful in New England and in New York.

Digitized by Google

The plant grows from 5 to 20 feet in height, though not often exceeding 10 feet. "The *stem* is usually single, sometimes as large as four inches in diameter at the base." *Bark* smooth, brown, to light-brown, or grayish and spotted. "*Branches* numerous, long, flexuous, forking. *Leaves* three to five inches long, cordate, ovate or oval, with sinuate edges and straight veins, downy, stellate-pubescent when young, but becoming smooth with age. *Petioles* about one-half an inch long. *Involucre* three-leaved, scale-like, pubescent, on a short peduncle. *Flowers* many, auxilliary, several in a cluster or head. *Calyx* persistent, of four broadly-ovate, hairy, recurved divisions, with two or three little bracts at the base. *Corolla* of four long strap-shaped, yellow petals, which soon wither and curl. *Stamens* eight, four are fertile, four sterile; *sterile stamens* scale-like, truncate, opposite the petals; *fertile stamens* shorter, curving inward toward the pistil; *filaments* short; *anther* adnate, introrse, two-celled, the cells rather widely separated, opening laterally by uplifted valves. *Pollen*, grains ellipsoidal, with three evenly separated deep sulci. *Ovaries* two, united below. *Styles* two, short; *Capsule* roundish ovoid, hard and leathery, the lower half with the persistent calyx and bracts, the upper smooth. *Dehiscence* loculicidal from the apex, during which the exocarp cleaves from the endocarp, which contains the seeds, and soon bursts, disclosing two cells, black and shining within, each with a single side. *Nutlets* stony, oblong, narrow, deep glossy black, except the dull white tip. *Embryo* long, straight.

The name Hamamelis is derived from the Greek, meaning, like to an apple tree, but the similarity is not striking; only a slight resemblance to small wild apple trees being noticeable.

The genus was named by Linnæus, and in naming it he gave it the ancient name of medlar, a member of the order Rosaceæ, although this plant bears no resemblance to the medlar.

Probably no plant has woven in its history more romance and superstitition than has this member of our materia medica. Not even have the beautiful lady of fate, Atropa Belladonna, nor the triangular-headed namesake of Clotho's other fateful sister, more uncanny associations than had this mystic plant. In the olden times

"When knights were bold,
And barons held their sway."

it was recognized as belonging to the realm of black art; it then was known as the "witches' elm," around which these creations of superstition were supposed to assemble. It was also supposed to be used by them to weave a magic spell around some foredoomed victim of a superheated imagination. Bacon, in his "Natural Historie,"

Digitized by Google

says, "It hath been tryed (for certain) that a cions of a weech-elm, grafted upon the stock of an ordinary elm, will put forth leaves almost as broad as the brim of one's hat."

The origin of the name witch— or wych-hazel is said to be from the fact that its wood was "used to make the chests or boxes for keeping provisions which the older writers called wyches." Or it may be that *witch* has been mistaken for *wych,* which latter is derived from the old Anglo-Saxon word *wic-en,* "to bend," and refers to the pliant nature of the wood. This English witch-elm or witch-hazel, with a trunk large enough to make provision boxes therefrom is, of course, a different variety from our Hamamelis; although it is common to speak of this species and our own as one and the same. Our variety was introduced into England in 1736, having been named by a well-known naturalist, Mark Catesby, F.R.S., the plant being distinguished as Hamamelis Virginica because it was first found in Virginia. Mr. Catesby says: "For this plant I am obliged to Mr. Clayton, who in the year 1743, sent it to me in a case of earth from Virginia. It arrived in Christmas and was then in full bloom." It is quite probable, however, that Mr. Catesby individualized the American Hamamelis at least thirty years before this date, during his visit to Virginia, as his quoted remarks refer especially to the specimen depicted in his beautifully illustrated work, the last edition of which was published in 1771.

A small forked branch of the witch-hazel tree has for years been used for detecting the presence of running or "live" water, or minerals, or metals, many feet below the surface of the earth. From this use it has earned the title "Divining rod." At the present day there are many who claim to be able to prove this virtue of the hazel switch, (a peach stick is also sometimes used), but the most famous of all "diviners" was Jacque Aymar of Crole. He lived at the end of the 17th or beginning of the 18th century. So great was his fame that all Europe talked of him, and Drs. Chauvin and Garnier wrote accounts of his "wonderful powers," both having been eye-witnesses to his experiments.

Longfellow alludes to this practice in his "Drinking Song":—

"Now to rivulets from the mountains
Point the rods of fortune-tellers."

Because of its supposed peculiar virtue in the hands of a favored few, the plant is known also as the "Water-Seeker."

The witch-hazel does not flower until late in the autumn. Just as its leaves are falling; and in localities where it abounds its clusters of showy yellow flowers, sprinkled plentifully throughout the sombre-tinted woods, and along the banks of streams that border.

Digitized by Google

"Meadows brown and sear,"

form a pleasing contrast. From this late-flowering characteristic, it is known to some as "Winter-Bloom."

Its seeds mature still later, the pods sometimes not parting with them until late in the following summer, as late often as its flowering season when they burst suddenly and eject the seeds with force, throwing them to a distance of from four to six feet, or in one instance noticed by Mr. Meehan, "as much as twelve feet." For this feature the plant is sometimes called "Snapping-Hazelnut."

The bark of the snapping-hazelnut bush is smooth, light-brown or grayish and spotted, and for this reason it is known as "Spotted-Alder."

The H. Virginica is also known technically as H. marcrophylla, like an apple tree with long leaves; H. dioica, male and female flowers on distinct and separate plants; H. Corylifolia, like an apple-tree with leaves of the hazelnut-tree. The European Hamamelis was known of old as Ulmus montana, mountain elm.

When Hamamelis Virginica was first used therapeutically, no one knows. The watery infusion of the bark was in use by the aborigenes of this country at the time of the discovery of the plant, and how much before it is impossible to say. According to Rafinesque (Medical Flora, pub. in Philadelphia in 1823), the American Indians used the plant for ulcers, tumors and sores. They also applied the bark to all kinds of painful swellings in the form of cataplasms for its supposed sedative action; and in inflammation of the eyes a poultice of the inner bark was also used. After Rafinesque, no further special mention of the drug was made until 1848, when Dr. James Fountain, of Peekskill, N. Y., published his observations of its use, in the *New York Journal of Medicine,* Vol X. He says:— "I have used the witch-hazel for more than thirty years in one way or another as a remedial agent. My attention was first called to it by the country people around me, who use it for all manner of hæmorrhages." (Possibly these "country people" may have received their knowledge of this virtue of Hamamelis from the Indians of former times.) The year following, 1849, Dr. N. S. Davis published corrobative testimony to the therapeutic value of Hamamelis, in the first volume of the Transactions of the American Medical Association. Both Drs. Fountain and Davis found it efficacious in hemorrhages especially in hemoptysis, and in hemorrhoids. For these troubles and as a preventative of abortion (especially after the use of cottonwood root), the U. S. Dispensatory recommends its use. It is also used in the old school of medicine for varicose veins, varicose ulcers, and as a local anti-pruritic in

Digitized by Google

eczema, etc. It is considered an anodyne astringent, a hemostatic and a possible discutient. It was not until 1882 that the U. S. Pharmacopœia entered the drug among its official preparations.

About the time Drs. Fountain and Davis were recommending Hamamelis to their brethren, Dr. Constantine Hering had his attention called to the uses then made of the plant by a patient, Mr. Pond, the manufacturer of the well-known "Pond's Extract." This gentleman acquainted Dr. Hering with the nature of his preparation, and this led the latter to make clinical experiments with the drug, which soon resulted in his becoming convinced of the value of Hamamelis in hemorrhoids and for the effects of mechanical injuries. This was about the year 1850. Soon after, Dr. Okie, a pupil of Dr. Hering, gave the first written information of the application of Hamamelis upon a probable homœopathic basis. Following him, in 1853, in the *Philadelphia Journal of Homœopathy,* Vol. I., came the fragmentary provings reported by Dr. H. C. Preston, made with the tincture and the third dilution; then came Dr. Burritt's accidental proving, reported in the first volume of the *American Homœopathic Review.* Subsequently, Dr. W. H. Burt published, in Vol. II, of the *American Homœopathic Observer,* a proving of Hamamelis in the tenth and third dilutions, begun Sept. 16th, 1864, and soon followed by a proving of the fluid extract. Finally came the provings reported to the American Institute of Homœopathy by Dr. Wallace McGeorge, of Woodbury, N. J., and published in the Transactions for 1874. Three provings were made by himself, and thirteen by associate provers, making sixteen provings in all, which were made with the 200th, 10th, 6th, and 3rd dliutions, the tincture, and Pond's Extract. These provings were all made from the year 1867 to 1878 inclusive.

Some clinical observations have been made and recorded by Drs. Richard Hughes and Davidson, but they can not be regarded in a pathogenetic light. So far as we are aware no other provings have been reported.

We are comparatively unfamiliar with the chemical constituents of Hamamelis Virginica. Tannin is the only principle so far extracted from the plant by chemical analysis, and this is present only in small proportion. Cushny mentions also a volatile oil and "a bitter." Whatever be the nature of the active principle, water is capable of extracting it(but unless proper care is used in the process of extracting. the active body will either not all be obtained, or because of its volatility it will escape.) The bark of the root alone does not contain sufficient medicinal quality, and hence, the bark of the twigs are used with it. Some have supposed tannin to be the

Digitized by Google

active principle of the drug, but this is disproved by the fact that the pathogenetic effects of the drug are not identical with the pathogenetic effects of pure tannin. By transmitted light, the tincture is of a deep yellowish-brown color. "It has a sweetish, slightly astringent taste, an acid reaction, and a peculiar odor, which, once noticed will always distinguish it."

Bibliography.—Gray's Introduction to Structural and Systemic Botany; Gray's Manual of the Botany of the Northern U. S.; Chapman's Flora of the Southern U. S.; Catesby's Natural History of Carolina, Florida and the Bahama Islands; Millspaugh's Medicinal Plants of North America; Friend's Flowers and Flower Lore; Appleton's American Cyclopædia; Chamber's Encyclopædia; The Penny Cyclopædia; Brewer's Reader's Handbook; Pavy's Food and Dietetics; Wood and Bache's U. S. Dispensatory; Phillip's Mat. Med. and Therap.; Trans. Amer. Med. Assoc., Vol. 1; Hale's Hom. Mat. Med. of New Remedies (2nd ed.); Hughes' Pharmacodynamica; Trans. Amer. Inst. Hom. for 1874; The Amer. Hom. Pharm.

SOCIAL EVILS*

By Elmer E. Kimmel, M.D.

Dayton, Ohio

THIS subject may be considered from several viewpoints. At first glance one might think that it has no relation with a meeting of this kind among medical men, but that it could better be discussed by a club composed of women or some similar organization seeking the betterment of mankind and society. The physician of to-day, and more so the physician of the future, is and must be a leader in reform movements, and from this stand I ask your attention for a little while.

Prohibition or the liquor question might be, and by some is, considered the greatest social evil. The low class theatre, by others, and the larger question of gambling may be called the greatest evil we have. But as the individual is part of society and whatever the individual does and whatever affects him, affects society as a whole, so the social evils are all interwoven with one another and cannot be considered separately. Nor can one be called a greater evil than another, but all should receive equal attention in order to make the world a better place to live in. We all hesitate to speak of a subject that affects the private life of men and women and that is why the question of venereal diseases, gonorrhea and syphilis are not discussed more frequently in medical meetings, and seldom if ever mentioned in either the daily, weekly or monthly press. Some magazines have taken up this subject recently and those who have fol-

*Read before the Miami Valley Homœo. Med. Society, Dayton, Ohio.

Digitized by Google

lowed them know the storm it raised among certain classes of people.

Immorality or unlawful intercourse is one of the greatest social evils that we have to contend with, and the cheap theatre and the liquor question, all have to do with either promoting or abating it. The effects of gonorrhea and syphilis are so far reaching and are so liable to affect most anyone, that it is high time that they be given some public attention, and the public educated as to the effects and results. And who can do this better than the reputable physician? We are all familiar with the advertising of the quack doctor who sends his literature out under plain cover and advertises in all newspapers and magazines about his cures for lost manhood and kindred subjects, and the results of their education are good (for themselves) for it is for their own benefit, their own purse, that they educate, and therefore they reap the results.

Now if the people were educated for the benefit of the people would not the people reap the benefits? And this is being done in the larger cities and will spread until it is done in all cities for we are entering into the age of the Brotherhood of Man, when men will work for the good of their fellowmen and not to fleece them.

The churches realize the extension of one of these diseases and the liability for its spread and are providing the separate cup to be used at the communion. Let us consider for a few moments gonorrhea, considered by many men not to be worse than an ordinary cold. In its simple form it is not so bad, but its complications are very bad. Would men be as liable to expose themselves to its infection if they knew clearly the effects of the inflammation of the seminal vesicles and the epididymus, and that 90 per cent. or more sterility is due to this disease, and many cases of enlarged prostate in old men may have been caused by having had this disease when they were young men? And in the woman the effects are even far worse. If kept in the vagina it may be simple, only like a cold, but in how many cases does this happen? Do not the larger number extend up into the uterus and out into the tubes and then cause not only intense suffering, but sterility as well, with often the removal of pus tubes and ovaries as a sequel, thus unsexing the women.

Would a good, virtuous girl marry a man if she thought these results would occur to her? And if she would marry him, would not she be more careful in the treatment of this disease if she knew more about it? And would the man be as ready to go to the drug store or the quacks for treatment if he knew that injections during the acute stage cause many and many a case of posterior urethritis with its complications?

Digitized by Google

And in syphilis with its infection of both parties and their offspring—would not more men and women be careful and avoid infection by refraining from illicit intercourse if they knew more of the results of this disease? Or if they even knew more of the symptoms and course of the disease, would that not make it better? Do all people know that syphilis can be contracted from a drinking cup from the virus left thereon by someone that had a mucous patch?

What can we do, how can we help to educate people in a trouble of as private a nature as this one?

In Chicago there is a society called the Chicago Society of Social Hygiene, and New York City has a similar one. They have literature for free distribution, giving instructions for family, individual, and community protection. Anyone desiring can procure as much of this literature as they can use. If we cannot organize a similar society in the city in which we live, we can keep in touch with the societies in other cities and at least know what is being done. Personally, we can explain to every patient who comes to us with either of these diseases. If every doctor would do no more than this, much good would be accomplished, for every doctor has cases of this nature, and the patients, both men and women, if they have a clear understanding, will tell someone else, and this knowledge will spread. And it is far better that this information should come from reputable physicians than from quacks and charlatans; and they give their side, both personally and through the mails, under plain envelopes. Our school youth should be taught more of physiology and the reproduction of life, and the young men in college and universities, they especially can be and should be instructed. Likewise the girls and young women at their schools should be instructed in the use and abuse of the powers of reproduction with which nature has endowed them.

Let us throw off our masks of false modesty and treat the subject more openly. We cannot hope to see it discussed as openly as the liquor question or the gambling question at present, but the time is rapidly drawing near when our law-making bodies will give more attention to this evil and pass laws protecting the individual, the family, and the community. And to whom can they look for their instruction but to the physician?

Digitized by Google

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK*

By Walter Sands Mills, A.B., M.D.

New York City

The Introduction of Homœopathy into the United States—Homœopathy was introduced into the United States by D. H. B. Gram in 1825.

Dr. Gram was born in Boston, Mass., about 1785. His father a native of Denmark, was a naturalized American citizen, his mother was a native of the United States. On the death of the senior Gram the son was sent to Denmark, where he studied medicine under the tutelage of his uncle, Professor Fenger, at that time physician to the King. Dr. Gram became assistant in surgery at the Royal Military Hospital near Copenhagen. Later he engaged in general practice in Copenhagen itself, where he had, by 1825, accumulated a competence.

In that year Dr. Gram resolved to return to America. During 1823 and 1824 Dr. Gram had studied and tested to his own satisfaction the truth of the law of similars, and when he began practice anew in New York City in 1825, he was an ardent disciple of Hahnemann. He died in 1840.

Dr. Gram's first professional follower was Dr. John F. Gray. He met Dr. Gram in 1827 through a patient, Mr. F. S. Wilsey, who later studied medicine and also took up the practice of homœopathy. Then came Dr. Abraham D. Wilson, in 1829, an old school physician of established practice, who became a convert to the new method.

Some of the other early homœopathists were Dr. William Channing, Dr. A. Gerald Hull, Dr. B. F. Joslin, Sr., and Dr. J. Vanderbergh. Dr. Channing was a prominent physician in middle life when he became a convert to homœopathy. Dr. Joslin, Sr., was then and for some years afterwards professor of mathematics and natural philosophy in Union Collge and later in the New York University. All of them were men of wide culture and thorough education.

Societies—At first the new medical practice grew slowly and attracted little attention. By 1834, however, homœopathy had become so firmly established that the New York Homœopathic Society was organized. The membership was composed of laymen as well as physicians.

*Historical sketch prepared for the Jubilee Celebration November 11th, 1907.

Digitized by Google

The first homœopathic organization exclusively for physicians, of which there is record, was the New York Homœopathic Physicians' Society. This was an active body for several years. In its discussions during the winter of 1843-44 the desirability of a national society was talked over. As a result invitations were extended to the homœopathic profession throughout the United States to convene on April 10th, 1844, Hahnemann's birthday, in New York city. The convention met and organized as the American Institute of Homœopathy.

Thus New York city, the place of the birth of homœopathy in the United States, was also the place of birth of our national society.

The next local society of which there is record was the Hahnemann Academy of Medicine, made up of physicians from New York and vicinity. After several preliminary meetings, final organization was affected and the first regular meeting held November 28th, 1849. On December 12th, two weeks later, the Hahnemann Academy of Medicine was incorporated as a scientific society under the laws of the State of New York. As a strictly medical society it could not be legally incorporated, as homœopathy had no standing in law.

THE LAW REGULATING PRACTLCE—The law regulating the practice of medicine in New York State during the beginnings of homœopathy gave the licensing power to the County Medical Societies. They could license or refuse to license whomsoever they saw fit. That law dated back to April 10th, 1813. It provided for the formation of a Medical Society in each county to be known as the County Medical Society. It provided for the formation of a State society composed of delegates from the county societies, each county to have as many delegates as there were assemblymen. It named the officers of each county society, and provided that all candidates for license to practise should appear before their respective county societies for examination by such officers as to their fitness. It limited dues to three dollars per year. It permitted county societies to hold property not exceeding one thousand dollars in value. It permitted the State society to hold property not exceeding five thousand dollars in value.

With such a law on the statute books, and with the major part of the profession against them, the early practitioners of homœopathy had an unpleasant time of it. The adoption of homœopathy meant professional ostracism. Physicians who took it up were not permitted to join the county medical societies, or if already members were expelled from them. Several homœopathists were sued

Digitized by Google

for illegal practising. Among them was Dr. B. F. Joslin, Sr. He had applied to the County Medical Society for a license and had been refused. The case was carried to the United States Supreme Court by his counsel, Dr. Edward Bayard, a well-known lawyer, as well as one of the greatest of the early group of homœopathic physicians.

As the direct outcome of this kind of persecution an agitation was begun to legalize homœopathy, and pressure was brought to bear on the legislature. How long it took to accomplish the desired result does not appear. A bill to legalize homœopathy passed the State Senate, March 1st, 1856. It must have failed in the Assembly, however, as the bill did not become a law until April 13th, 1857. It is as follows:

AN ACT

TO INCORPORATE HOMOEOPATHIC MEDICAL SOCIETIES

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. It shall be lawful for homœopathic physicians in each of the counties of this state, to meet together on the first Tuesday of May next, at the place where the County Courts are appointed to be held in their respective counties, and organize county homœopathic medical societies, in the same manner as is provided in an act entitled "An Act to Incorporate Medical Societies for the purpose of regulating the practise of physic and surgery in this State," passed April 10, 1813. And whenever a society shall be organized as aforesaid, in either of the said counties, it shall be known by the name of the Homœopathic Medical Society of the county in which it shall be founded, and shall have all the powers, rights and privileges, and be subject to all the duties and responsibilities now by law given to or imposed upon a county medical society under the act aforesaid.

SECTION 2. If the said physicians shall not meet and organize themselves, at such time and place as aforesaid, it shall be lawful for them to meet at such other time as a majority of them shall think proper, and their proceedings shall be as valid as if such meeting had been held at the time before specified.

SECTION 3. This act shall be and is hereby declared to be a public act.

SECTION 4. This act shall take effect on the first day of May next.

THE NEW YORK COUNTY SOCIETY ORGANIZED—The next few months following the passage of the above act saw the formation of a number of county homœopathic medical societies throughout the State. In New York city a preliminary meeting was held August 13th. The minutes of this meeting begin as follows:

"Thursday evening, August 13, 1857.

"Pursuant to notice a number of the homœopathic physicians of the City and County of New York met at Smith's Pharmacy (105 Fourth Ave.) and organized by calling Dr. B. F. Joslin to the chair and appointing J. B. Morton Secretary.

Digitized by Google

"The object of the meeting was stated by the chair to be the organization of a County Homœopthic Medical Society, in accordance with the terms of an act of the State Legislature authorizing such organization, passed April 13, 1857."

A committee was appointed to draft a constitution. Other meetings were held August 20th, September 9th, and October 14th. These were devoted to discussing the proposed constitution and by-laws. On Wednesday, November 11th, the first regular meeting of the completed organization was called to order by Dr. Joslin, Sr. The constitution was adopted, and officers were elected for the ensuing year.

Of the ninety homœopathic physicians whose names appear in a list printed as practising in New York city at that time, fifty-four took part in one or more of these early meetings:

The fifty-four organizers were: Drs. J. T. Alley, J. G. Baldwin, A. S. Ball, H. M. Banks, S. B. Barlow, R. Bartlett, E. Bayard, G. Beakley, G. E. Belcher, J. M. Berghaus, B. F. Bowers, J. Bowers, J. T. Evans, J. H. Forbes, E. P. Fowler, A. Freeman, W. Freeman. M. Freligh, O. Fullgraff, G. Gleiwitz, J. F. Gray, E. Guernsey, L. Hallock, A. G. Hull, B. F. Joslin, Sr,, B. F. Joslin, Jr., E. M. Kellogg, C. Kiersted, C. C. Kiersted, O. R. King, S. R. Kirby, G. H. Leach, A. Leon, E. A. Lodge, R. McMurray, J. A. McVickar, J. T. Mahon, E. E. Marcy, J. B. Morton, M. W. Palmer, R. G. Perkins, J. C. Peters, J. M. Quin, G. D. Saltonstall, H. Sherrill, D. D. Smith, J. L. Wade, L. T. Warner, W. I. Welman, J. McE. Wetmore, F. L. Wilsey, A. D. Wilson, J. S. Wood, C. Wright.

Drs. J. C. Baldwin, M. W. Palmer and J. McE. Wetmore are still members, and have been continuously through the half century of the society's existence.

On November 18th, 1857, an adjourned meeting was held of the new society at which it was voted to make the officers an Executive Committee. The licenses of all the original members were called for to be passed on by this committee. Later on in the history of the society the Board of Censors were made a part of the Executive Committee. Up to the present time no member has ever been admitted to membership whose credentials have not been personally seen and passed upon by the Committee before election.

The First License Given by the Society—The law incorporating County Homœopathic Medical Societies carried with it the right to examine and give a license to practise to properly qualified candidates. At the meeting of November 10th, 1858, "The Executive Committee reported that they had prepared and en-

Digitized by Google

grossed the certificate of License for Dr. Samuel Lilienthal as follows:

"The Homœopathic Medical Society of the County of New York, by virtue of a power vested in them by the Government of the State of New York, having caused Samuel Lilienthal, M.D., of the University of Munich, to be faithfully examined by their Board of Censors in accordance with their Constitution, and having found him a well educated physician, do hereby grant unto said Lilienthal the license to teach and practice medicine in the State of New York.

"In testimony whereof, the Society have executed this Diploma at the City of New York on the tenth day of November, in the year of our Lord, one thousand eight hundred and fifty-eight.

EDWARD BAYARD, M.D.,
President.

EDWIN M. KELLOGG, M.D.,
Secretary.
JOHN F. GRAY, M.D.
G. E. BELCHER, M.D.
M. FRELIGH, M.D.
Censors.

INSTITUTIONS—During the forties several homœopathic dispensaries were established and did good work. In 1842 the medical care of the children of the Protestant Half Orphan Asylum was placed under homœopathic control. An epidemic of ophthalmia had raged in the institution, unabated for two years. The best of old school treatment had failed to check it. In that year, 1842, Dr. Clark Wright, one of the pioneers of homœopathy, was given charge and the epidemic promptly subsided.

In 1852 the Home of the Friendless passed under homœopathic control, and in 1867 the Ophthalmic hospital.

In 1851 the Board of Trustees of Bellevue hospital came within one vote of giving the homœopaths half of that institution.

In 1875, as a direct result of action taken by the Homœopathic Medical Society of the County of New York, the city placed a building on Ward's Island at its disposal, and the Ward's Island Homœopathic hospital began its existence. It was transferred to Blackwell's Island in 1894 and renamed the Metropolitan hospital. The Metropolitan hospital is to-day the largest general hospital of any school in the United States. It has thirteen hundred beds. The members of its Medical Board are all members of this society. The hospital belongs to the city and is a part of the Department of Public Charities.

In 1860 the New York Homœopathic Medical College was first opened. In 1872 the college was completely reorganized, because of action by the County Society. The college had been grossly mismanaged, and to protect the name Homœopathy from becoming

Digitized by Google

a scandal, the Society took up the matter and forced the reorganization. Since then and on down to the present the New York Homœopathic Medical College has given one of the most complete and satisfactory medical courses in this country. In 1889, through the munificence of the late Governor R. P. Flower, a hospital was added to the College equipment, thus largely increasing the teaching facilities.

In 1863 the New York Medical College and Hospital for Women was chartered, the first women's medical college in the world. It also has its own hospital and dispensary.

These two Homœopathic Medical Colleges, one for men and one for women, are the only medical colleges in New York having their own hospitals attended exclusively by members of their own faculties.

This Society also played an important part in the establishment of the Middletown State Hospital for the Insane. The idea of a homœopathic asylum originated with a member of this society, and the location finally chosen was selected by a committee sent out by the society. On November 10th, 1869, official action was taken, as follows:

"WHEREAS, *The Lunatic Asylums of the State, owing to their present overcrowded condition, are inadequate to the wants of our increasing population.*

"WHEREAS, *The medical practise of the existing asylums is exclusively Allopathic, thus debarring our patients from their chosen system.*

"WHEREAS, *We believe that under Homœopathic treatment mental diseases are less formidable; the time required for their cure much shorter, and the number of incurable patients less than under any other system of medical practise, therefore,*

"RESOLVED, *That this Society recognise the necessity for an additional Lunatic Asylum in which patients should have Homœopathic treatment, and that we will aid in its establishment.*

"RESOLVED. *That George F. Foote, M.D., being engaged in preparing plans and soliciting subscriptions for the organization and construction of such an asylum, this Society endorse his project and recommend it to the profession and the community.*"

The Middletown institution was the pioneer homœopathic asylum. Its success was marked from the beginning. In the nineties a second homœopathic asylum was established by the State at Gowanda. Now many of the States have homœopathic hospitals for the care of the insane.

In 1872 an investigation of the Hahnemann Hospital, then four or five years old, was made by the society. It claimed the right on the ground that it was the custodian of the good name of homœopathy.

Thus, as a moral force back of all homœopathic institutions,

Digitized by Google

the Homœopathic Society of the County of New York has a latent power which is not fully appreciated, because it has been seldom necessary to use it. But it is there nevertheless.

WOMEN AS MEMBERS—January 12th, 1870, the first woman applicant for membership in the Society was proposed. She was promptly blackballed and kept out. On March 12th, 1873, two women were admitted. Since then many have joined, and they now form a numerous and important part of the membership. Many valuable papers have been contributed by them.

THE BULLETIN—In January and February, 1871, the *Bulletin of the Homœopathic Medical Society of the County of New York"* appeared. These were the only two numbers printed. They contained the complete proceedings of the meetings for those two months.

JOURNALS—the first homœopathic journal published in this country was *"The American Journal of Homœopathia,"* edited by Dr. John F. Gray and Dr. A. Gerald Hull. It began February, 1835, and lasted through but four numbers.

The *Homœopathic Examiner"* came next in 1840. This was edited by Dr. Hull.

The *"American Journal of Homœopathy,"* edited by Drs. Kirby and Snow, appeared in 1846.

In 1851 the first issue of the "NORTH AMERICAN JOURNAL OF HOMŒOPATHY" was published, edited by Drs. Constantine Hering, E. E. Marcy and J. W. Metcalf. This journal has continued uninterrupted to the present time, and is now in its fifty-fifth year more vigorous than ever. The present editors are Dr. Eugene H. Porter, State Commissioner of Health, Dr. Hills Cole, Dr. P. W. Shedd, and Dr. Walter Sands Mills.

In 1872 *"The New York Journal of Homœopathy"* was started by the Faculty of the Homœopathic Medical College. Drs. Wm. Tod Helmuth and T. F. Allen were the editors.

In the same year, 1872, Dr. Egbert Guernsey founded the *"Homœopathic Times."* In 1875 these two latter journals were merged. The journal still continues as the *Medical Times,* though it has passed out of the ranks of homœopathy.

In 1884 the *"Chironian"* was founded. This is the journal of the students of the New York Homœopathic Medical College.

"The Homœopathic Journal of Obstetrics" was started about twenty or twenty-five years ago. It is now edited by Dr. W. F. Honan.

"The Homœopathic Eye, Ear, Nose and Throat Journal" was founded by Dr. A. B. Norton in 1890. It is now under the editor-

Digitized by Google

ship of Dr. John L. Moffat and Dr. A. Worrall Palmer.

Several other homœopathic periodicals have originated in New York and have either ceased to exist or have removed elsewhere.

Books—Many valuable papers have been published in the journals named. Many books have also been written by the members of this Society. Unfortunately a complete list is not in existence. Some of the book writers have been Freligh, Marcy, Hull, Dunham, Allen, Helmuth, Guernsey, Joslin, Quin, Dearborn, Boyle, Boynton, Vehslage, Hallett, Houghton, Roberts, Laidlaw, Mills, W. H. King, Rankin, Paige, Doughty, Snellin, O'Connor.

Conclusion—In looking over the records of the Society for the fifty years now completed, one cannot but be impressed with the earnestness and enthusiasm of the originators, and with the jealousy with which the good name of homœopathy has been guarded throughout. The meetings have for the most part been devoted to an interchange of ideas, and to the advancement of knowledge of the healing art. There have been a few unpleasant episodes, but in the main the work has been harmonious. To-day the Society is an important factor in the homœopathic world.

In 1857 the homœopathic physicians of this county controlled medically the Protestant Half Orphan Asylum, and the Home for the Friendless. To-day members of this Society still control these two institutions, and in addition the Metropolitan Hospital, Department of Public Charities, with its thirteen hundred beds; the Flower Hospital, with its admirable emergency service, general hospital work and large dispensary clientele; the Hahnemann Hospital, largely for private patients; the Women's Homœopathic Hospital; the Laura Franklin Free Hospital for Children; the Ophthalmic Hospital for nose, throat, eye and ear work; the new St. Gregory's Hospital with its tremendous accident service; the Five Points House of Industry. Besides these, several other asylums and homes have homœopathic medical visitors.

The faculties of the New York Homœopathic Medical College and Hospital, and of the Women's Homœopathic Medical College are also made up of members from this society.

Every homœopathic physician in New York city has a right to be proud of his medical heritage. In New York city originated homœopathy in the United States. The Homœopathic Medical Society of the County of New York is the lineal descendant of the first homœopathic society organized. In this first society originated the first national medical society in the United States, The American Institute of Homœopathy. The County Society has been influential in establishing legal recognition of homœopathy. The various in-

Digitized by Google

stitutions managed by its members have become important factors in the life of this great city, and the quality of the work done has been second to none.

REMINISCENCES*

By J. McE. Wetmore, M.D.

New York

THIS society was founded in 1857, just at my entrance into medical practice. In 1828—29 years before, there was only one homœopathic physician in New York (except Dr. H. D. Gram, who had to come from Germany, the first to bring with him the ideas of Hahnemann to this country) viz. Dr. John E. Gray.

In 1857 there were in New York city 93 converts to homœopathy amongst the physicians, 53 of whom met to found the Homœopathic Medical Society of the County of New York.

Amongst those were the two earliest converts—Dr. John F. Gray and Dr. Abraham D. Wilson, the latter having been convinced by Gram in 1829.

Next in order of conversion were: Dr. S. R. Kirby, in 1832 or 1833; Dr. A. Gerald Hull, in 1833; Dr. S. B. Barlow, in 1837; Dr. A. S. Ball, in 1838; Dr. Alfred Freeman, in 1839; Dr. B. F. Bowers, in 1839; Dr. Clark Wright, in 1839; Dr. John A. McVickar, in 1841; Dr. George E. Belcher, in 1844; Dr. E. Bayard, in 1845; Dr. Lewis Hallock, in 1846.

Of all the 53 I remember well about 35. All that remain alive at present are four, viz: Drs. Jared G. Baldwin, Miles Palmer, E. P. Fowler and John McE. Wetmore.

The year 1857 was in the midst of a most momentous period in medicine in New York—I might say, in the whole medical world. Hardly more than a quarter of a century before medicine here might be said to have been in the "dark ages." Most of the physicians practised in rivalry and often bitter jealousy of their fellows. A few older men had banded together and ruled, absorbing the respectability and emoluments of the profession. Many reputable practitioners had no college education nor diplomas, but were taught by preceptors and licensed. Indeed there was yet a strong opposition

*Read at the 50th anniversary of the Homœopathic Medical Society of the County of New York.

Digitized by Google

to "college men" in the regular profession. But there had risen about this time a more professional feeling, a desire for advancement and better education and a need of combination and mutual assistance. The colleges and hospitals, from a formal drowsiness, had been roused to activity and rivalry. The College of Physicians and Surgeons had called to its assistance Willard Parker, Alonzo Clark and John C. Dalton. Its rival, The University College, had become vigorous and pushing under such men as Gunning S. Bedford and Wm. H. Van Buren and had secured the countenance of Valentine Mott, old, but still almost the foremost surgeon of the world. The hospitals were becoming, as never before, great clinical schools for young men. The Academy of Medicine had been formed and the Allopathic County Society and both were flourishing and influential.

The homœopaths had early formed a social society called The Hahnemann Academy of Medicine, but it was now considered necessary to unite in a legally organized society to meet the opposition of the allopathic physicians.

It should be borne in mind that the founders of this society, all, I think, held college diplomas, and most of the older men were really members of the Allopathic County Society, which was a legally organized society, with power to license to practice. It was at this time refusing association with any one calling himself a homœopathist or practising homœopathy.

This then was the beginning of the real determined organized resistance, the real forming of the homœopathic school.

Previously the homœopathists hardly thought of being a "school." Their intention and expectation had been to reform medicine within its regular societies and to appeal solely to the reason of medical men. They expected that the truth as they saw it and the results of their experience as they could relate them would diffuse themselves through the whole profession, who, they thought, would be delighted with the prospect of better things than the Old Physic.

And they had reason so to expect. As one educated in an allopathic college and interne of Bellevue hospital, I was previously on terms of more or less intimacy with the leaders of the profession. Earnestly desirous to learn all that was good and true in medicine. I was astonished at the general therapeutical skepticism so openly and frequently expressed by these men who yet treated the sick with drugs. It was evident that the old physic was dying out with the advance of better knowledge and the power, though unconfessed and bitterly opposed, of Hahnemann's teaching.

A few soldiers of the Old Guard, such as Isaac Wood, John T.

Digitized by Google

Francis, Joseph M. Smith and Thomas Coek, still held to "bleeding, calomel and opium" as the real reliances of medicine, but the rising generation sneered at them and were earnestly hoping for better, more certain and less barbarous therapeutical means and methods.

However, instead of being received with open arms, the early homœopathists were laughed at, then insulted and persecuted. Willingly giving up lucrative practices for the truth they believed they had found, and struggling under every obloquy their former confreres could heap upon them, they now organized for defence. From this time, becoming a recognized school of medicine, we have of ourselves been able to form societies and found colleges and hospitals of our own.

And times have changed. No longer is Hahnemann vituperated. His ideas are somehow pervading all medical thought and reasoning, but what with the attractiveness of the opened fields of study in the related branches of science, the revelations of modern physiology and pathology, the wonders of the microscope, the magic of modern chemistry and the precision and surety of modern surgery, medicine, in the mass of the profession, has become a neglected and almost despised thing. Is it to be so always? Will you younger men say with Osler "He is the best doctor who knows the worthlessness of most medicines?" Or will you rise in your might and carry on the great work begun by us, the founders of this, your society—to establish upon the basis of Hahnemann's great law a true science of therapeutics?

The Minute in Medicin—Of all the difficulties with which the practise of homœopathy has had to contend probably the most serious has been the reputed "small dose." This has seemed most difficult for the layman to understand, while even our medical brethren have viewed it with some scepticism. But it seems that each new discovery in medicine emphasizes the power of small things. The material force in vaccine or anti toxin serum is scarcely discernable by the most delicate chemical tests. Science has not yet computed with a finite scale, the powerful effects of the invisible X-ray, nor given us an accurate estimate of the potency of the impalpable emanations from the silent radium. And now comes the discovery of the wonderful effects from the indeterminate opsonins—those invisible condiments that make the poisonous germs delectable to the protecting phagocyte. Mayhap the day is not far distant when the small dose of the homœopathic drug will also be recognized as a positive force by the carping materialist of the "old school," and this imaginary obstacle in the way of the universal recognition of the law of "Similia" will be surmounted.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A.B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THERAPEUTICS A SUPERSTRUCTURE

THE December issue of the *Iowa Homœopathic Journal,* the latest arrival in homœopathic journalism, contains a signed editorial over the well-known name of George Royal. Dr. Royal has taken for the title of his communication, "Therapeutics for the Superstructure," and the title will at once indicate to the readers of the NORTH AMERICAN the purpose of the editorial. Dr. Royal protests against the exclusion of therapeutics from the list of subjects of which examining and licensing boards are to test the would-be licensee's knowledge. His argument is an obvious one. Foundations without superstructures are a waste of energy; anatomy, pathology and chemistry are fundamental studies in the medical curriculum and require a superstructure to evolve a complete doctor; the superstructure is therapeutics.

So far, so good, although Dr. Royal does not arrive at this stage without a little confusion. Having enumerated the above three fundamental studies, he later refers to them as four; then he suggests that to-day's reason for the mastering of these fundamentals is: "First, to prevent sickness if possible; second, to restore the sick to health! Therapeutics, therefore, should be the superstructure." If Dr. Royal puts prevention before cure, why does not preventive medicine, with all that it implies of hygiene, sanitation, epidemiology, and prophylaxis, stand up with, if not

Digitized by Google

take precedence of, therapeutics as the superstructure? And, while for the sick individual a knowledge of therapeutics on the part of his physician may be the desideratum, for the protection of the community a knowledge of preventive medicine is more important.

Dr. Royal seeks enlightenment; he "cannot understand the motive or get the viewpoint of the medical educator or member of an examining board who proposes to relieve the applicant for a license from passing an examination in materia medica and therapeutics." Why does Dr. Royal mention the "medical educator" in this connection? How many medical educators, if we are to understand by this term members of medical college teaching faculties, speaking as medical educators, have suggested the omission of therapeutics from the list of examination subjects? The NORTH AMERICAN doubts if there be one such. And it may further be stated that if there be a member of an examining board who "proposes" to omit examination in materia medica and therapeutics, what does his proposition signify? Does any member of an examining board, does any board, determine the subjects of examination? Are not the examination subjects specified in the several state laws, which, theoretically, at least, are the expression of the will of the people.

In the framing of laws governing the practice of medicine, the legislatures seek the advice of the medical profession; so that actually the subjects of examination are determined by the politicians, medical and civil.

Now, the politician always prefers the practical to the ideal, and if Dr. Royal will bear this in mind he will see that he himself supplies the reason for the growing tendency to omit materia medica and therapeutics from examination subjects. For he says: "Our state examining and licensing boards should * * * require every man to whom it grants a license whether he be an allopath, homœopath, eclectic, physio-medic or what-not, to pass a rigid examination in therapeutics." What therapeutics, Dr. Royal? The answer comes back presumably: the therapeutics of the candidate's choice. Dr. Royal has mentioned four distinct types, and the number may be extended to infinity under his term "what-not." What will a practical politician, or a practical business man, for that matter, think of a board including representatives of infinite "what-nots"? For, logically, you cannot draw the line, and the man who elects to treat all his cases by raw beef alone, by rectal lavage, by baths of any of the many kinds, by mental science, so called, is just as much entitled to his special therapeutic examination as the adherent of any one of the four systems Dr. Royal has enumerated.

Digitized by Google

The medical politician, too, has no use for such a board. And be it understood that the term "medical politician" is here used without intention of casting any slur on the individual contemplated. Let it be conceded that a medical politician is a physician who is willing to devote some of his time and energies to the promotion of the best interests, as he conceives them, of the profession of which he is a member—a perfectly laudable, useful and necessary occupation. No medical politician in his senses can believe that an examining board containing representatives of an infinitude of therapeutic systems would help in any way to better the profession of medicine.

And the possible complication does not end here. If the interests of the people demand a test of the therapeutic knowledge of the would-be practitioner, and the interests of the adherents of the different therapeutic systems require that the test be only of that knowledge which the practitioner intends to use—of allopathy for the allopath, of homœopathy for the homœopath, etc.—surely it follows, as night the day, that should the allopath be converted to homœopathy—and stranger things have happened—before he can practise homœopathy, he must be examined in his knowledge of homœopathy; and, per contra, before the homœopath can administer an anesthetic, prescribe a cathartic, or give a hypodermic injection of a drug to produce what is commonly termed its physiological action, or use drugs in any way other than according to the principle of similars, he must be examined in his knowledge of this non-homœopathic use of drugs. Confusion worse confounded!

These remarks are made, not because the NORTH AMERICAN would abolish all tests of therapeutic knowledge, not because it is opposed to three board systems or single board systems. Its attitude of mind toward any board that has existed or now exists is not here a matter of consideration. The NORTH AMERICAN simply wishes, at this time, to point out the weakness of Dr. Royal's position. Were this communication, from which the NORTH AMERICAN has quoted, simply the expression of the views of an individual physician, they could be passed by without comment; as deemed worthy of place in the editorial columns of a publication which proclaims itself as the "Official Organ of the Hahnemann Medical Association of Iowa," it may be considered as expressive of the views of the majority of this homœopathic society's members; but when, in addition, it is recalled that Dr. Royal is an official representative of organized homœopathy in this country as a member of the American Institute of Homœopathy's Council on Medical Educa-

Digitized by Google

tion, it is not unlikely that this signed editorial may be accepted as the official expression of the mature opinions of the homœopathic school, and the NORTH AMERICAN wishes to point out that the American Institute of Homœopathy has not endorsed Dr. Royal's views, which, as has been shown, are somewhat superficial, nor his arguments, which can be seen to be not always logical, and to suggest that those holding official positions need to bear constantly in mind the responsibilities that go with the office.

MAYOR McCLELLAN AND THE PUBLIC HOSPITALS

AT the beginning of Mr. George B. McClellan's second term of office as Mayor of New York City, in 1906, he appointed a Hospital Commission made up of prominent laymen and physicians to consider the public hospital situation. At the present moment hospitals are run by three separate departments of the city government; namely, the Department of Public Charities with about a dozen hospitals; Bellevue and the Allied Hospitals, four; the Department of Health, hospitals for contagious diseases. Altogether these various hospitals care for about fifteen thousand of the city poor each day. Besides these the city contributes to the financial support, through still a fourth department of the city government, of many of the private hospitals. The Mayor appointed the Hospital Commission early in 1906, with a view to developing some plan whereby these various, and sometimes conflicting, interests may be harmonized. The report of this commission will be presented very shortly. It will probably recommend the placing of all of the public hospitals under one great hospital department. The appointment of such a commission shows the interest of the Mayor in this necessary part of the city's work, and any improved conditions that may result will be due primarily to him.

Two of the public hospitals are under homœopathic medical control, the Metropolitan Hospital on Blackwell's Island, organized as the Ward's Island Homœopathic Hospital in 1875; and the Brooklyn Homœopathic Hospital, which passed over to the city in 1902. Both are under the general supervision of the Department of Public Charities.

The Department of Public Charities cares for more than ten thousand of the sick poor in its hospitals. To do this properly requires money and efficient management. The money for all purposes is appropriated by the Board of Estimate and Apportionment,

Digitized by Google

of which the Mayor is, ex-officio, chairman. The general administration of the Department of Public Charities is through a commissioner appointed by the Mayor. The professional part of the work of each hospital is in the hands of a medical board which is self-perpetuating. The present commissioner of Public Charities is Mr. Robert W. Hebberd, a well-known charity expert and a man of great executive ability. During his two years of service the commissioner has been able to do much to place his department on a more systematic basis, to weed out improper and inefficient subordinates, and to make extensive improvements. He has been able to do all these things because the Mayor has given him a free hand and has left him unhampered by political considerations.

Of the many improvements planned for the department as a whole, the part of most interest to readers of the NORTH AMERICAN is that proposed for the two homœopathic hospitals.

The Metropolitan Hospital, with its thirteen hundred beds, is on the upper end of Blackwell's Island. At present it is much overcrowded, having a census of more than thirteen hundred patients. The Metropolitan Hospital district, that is, the hospital area, is half a mile long and the full width of the island—an eighth of a mile wide. The hospital comprises a group of a dozen or more buildings, some good, some bad. A comprehensve plan has been prepared and approved by the city authorities, by which buildings can be built, as money is appropriated, in such a way that, while each will be complete in itself, yet it will form part of a great system of buildings which, when finished, will house five thousand patients with the necessary attendants, help, storehouses, and so forth. The first of this group of buildings is already nearing completion. It is a nurses' home, with accommodations for two hundred nurses. Money has also been appropriated and ground will be broken in the spring for a Staff House to accommodate forty internes; also for a morgue and pathological building; and finally for a new building for the tuberculosis department to accommodate two hundred patients. The ground plan for the entire area has been plotted, and each of the above is simply a unit which will be placed on its particular spot, later to form a part of the completed whole. Money for other units will be asked for this year and it is expected will be granted.

For the Brooklyn Homœopathic Hospital, which is in the heart of that part of the city, it is proposed to secure land adjacent to that now occupied, sufficient to double its capacity. This will give room for a hospital of five hundred beds.

Digitized by Google

It will be seen that, whereas the homœopathic profession already has reason to be proud of the public hospitals under its control, greater things are in store for it, due to the energy of Mayor McClellan's administration.

Notes and Comments

A Corporation Cannot Practise Medicine in New York State.— Judge Deuel recently handed down a decision in the Court of Special Sessions of the First Division of the City of New York, denying a motion to acquit the John H. Woodbury Dermatological Institute in the suit brought against it by the New York County Medical Society in the name of the People of the State of New York. Counsel for the defendant contended that a "corporation" was not a "person," and the law says: "Any person not a registered physician who shall advertise to practise medicine shall be guilty of a misdemeanor." There was no question that the acts cited by the legal representatives of the County Society and the People were acts forbidden by the Medical Practice Act to a person not a registered physician, and the justices ruled that the terms of the Statutory Construction Act made the acts of this corporation equivalent to the acts of a person. Thus medical advertising is restricted to a registered physician, and he must employ in his advertising his own name and not a fictitious or corporate name.

International Tuberculosis Congress; New York State Committee—At a recent meeting of the New York State Committee of the International Tuberculosis Congress the following additions to the list of members, of interest to readers of the NORTH AMERICAN, were made: Drs. M. D. Ashley, Middletown; Arthur, Gowanda; J. H. Hallock, Saranac Lake; G. T. Stewart, G. F. Laidlaw, W. H. King and John B. Garrison, New York.

Kansas City, Not Oklahoma, Gets the Institute—There are some advantages in late publication. One is sometimes able to make a beat by being the first to chronicle an event happening in the middle of a month, a report of which would not appear in a punctual contemporary until the following issue. Thus the *Cleveland Medical and Surgical Reporter* announces that at a meeting of the Executive Committee of the Institute held at Cleveland on January 6, "for good and sufficient reasons, which the Committee will soon make public, Oklahoma City was discarded as the next meeting place and Kansas City chosen instead."

Rheumatism and Neuritis—A subscriber asks for articles on rheumatism and neuritis. It sometimes happens that those who are asked to write for the NORTH AMERICAN beg off because they "don't know what to write about." Notice is served on these that this excuse no longer holds. Here is a definite request. It is not what the editors think the reader would like, but what the reader wants. Send your manuscripts in, dear readers; some can tell us

Digitized by Google

what rheumatism and neuritis are—subject to tomorrow's theories; some can tell us how to distinguish one from the other and from everything else; some can tell what they have been able to accomplish with the single remedy homœopathically administered; contributions are also in order from those who have used other therapeutic measures—drugs in physiological doses for physiologic purposes, hydrotherapy, heat, light, electricty, vibration, etc., etc. All we ask is that the writer be sure of his ground before he narrates his successes. Let history show indubitably that the case was **rheumatism or neuritis, as the case** may be. Stick to the text. The removal of the patient's aches or pains while perfectly laudable and entirely satisfactory to the patient, is not necessarily a cure of rheumatism or neuritis. And don't be surprised if the editor blue pencils any remarks about "the indicated remedy." What were the indications, what was the remedy indicated, and how did you find it out? Now for the articles.

What is the Status of Hering College?—A list of Illinois Colleges recognized by the Illinois State Board of Health, printed in a contemporary, omits the name of Hering College. Is it really down and out? If so, why?

An Eclectic Census—The *Eclectic Medical Gleaner* states that there have never been more than 9,000 eclectic physicians practicing at any one time in the United States and gives a State Census which it claims, represents the true state of affairs at the present time as closely as can be ascertained. According to the enumeration there are 7,464 recognized eclectics. Illinois heads the list with 813 practitioners, with Ohio a close second with 793. Indiana has 621, and New York is fourth on the list with 594. Of the 7,500 followers of this school, 2,345 are enrolled in various state societies. Their national society has a membership of 508.

Trichopathophobia—Homœopathophobia—The student of Greek will recognize the word "trichopathophobia" as a synonym for a fear of disease of the hair and it is used by A. D. Mewborn, M.D., in an article in the *Journal of the A.M.A.* (Jan. 4, '08) in which he discusses all classes of mental worry with regard to the hair. This new word in medical nomenclature has received the O. K. of Dr. Achilles Rose, "well known for his writing on medical onomatology." The word "homœopathophobia" has not received Dr. Rose's seal of approval; it is put forward nevertheless, by the NORTH AMERICAN, as a synonym for the unreasoning fear entertained by so many members of the medical profession for homœopathy—not always for the thing itself for its value is gradually making an impression in these same circles—but for the name.

If the Cap Fits,——There are times when a writer feels that his thoughts on a given subject have been so amply and exactly expressed already by some one else, that it would be a sheer waste of time, and foolish in the extreme to do otherwise than quote. The following, therefore, from the editorial columns of *Albright's Office Practitioner* without further apology: "The subscription season is here. Three-fourths of all subscriptions to the *Office Practitioner* expire in December. According to our custom we do

Digitized by Google

not discontinue sending the journal at expiration unless we receive definite instructions to do so when the subscriptions are received. This is satisfactory to the large majority, and we therefore follow this plan. We expect a certain number of deadheads every year; that is, after sending the journal for a year or so after expiration, the doctor taking the journal regularly each month as it is handed to him, now and then we receive a letter (not always a polite one, either) stating that the journal is of no value to him, or that he did not order it continued, or that he wrote us to discontinue it, or some other lame excuse, in order to evade payment. To such we never reply for it takes the seventh son of a seventh son to get blood out of a squash and as we can not plead guilty to being such, we simply transfer his card from the "Delinquent" drawer to the "Deadhead" drawer, and there let it rest with more of its kind. No, we don't destroy them. We want future generations to know who they are, and also keep them for the benefit of other publishers who have a "bead-beat" list. If you are a delinquent, please pay your arrears if you have the price. If you have it not, but have prospects of having your ship come in soon, just drop us a card saying something to that effect, and we shall know you are still alive, have not moved away without telling us and are receiving the journal regularly. Next to paying promptly, the most sensible thing to do is to inform the publisher of a periodical that you expect to pay during the year, and in case you do not find yourself in a position to do either, have the manliness to order it discontinued. Let us ask you to do one of three things: Pay up, write that you expect to pay during the year, or tell us that our journal is not worth reading, that you are broke, that you never cared for the journal anyhow, or any old thing, so we will know that you do not want it in 1908. We apologize to the many loyal good fellows whose names have been on our lists for several years (some since the first issue of the *Office Practitioner*, and whose cards are always in the "Paid Up" drawers) for this little sparring match with those who are not as prompt. We don't often say much about the financial end of running a journal, goodness knows it's a mighty small end, but then small amounts foot up a nice total, and thereby we keep the good work going on. And while so doing, like old man Job, "All our days will we wait until our change comes."

N. Y. State Tuberculosis Advisory Board—In view of the importance and complexity of the tuberculosis problem in New York State, the Commissioner of Health, Dr. Eugene H. Porter, has, with the approval of Governor Hughes, formed a Tuberculosis Advisory Board upon which some of the most eminent physicians in the State will serve. As its name indicates, this is an advisory board, the members of which will give to the Commissioner such suggestions and advice as their judgment dictates. The personnel of the Board is as follows: Edward R. Baldwin, M.D., Saranac Lake; Thomas Darlington, M.D., Commissioner of Health of the City of New York; Livingston Farrand, Esq., secretary of the National Society for the Prevention of Tuberculosis; Homer

Digitized by Google

Folks, Esq., New York City, secretary of the State Charities Aid Association; George W. Goler, M.D., health officer of Rochester; Willis G. MacDonald M.D., Albany, member of the board of managers of Raybrook Sanitarium; Alfred Meyer, M.D., New York City, chairman of the State committee of arrangements for the International Tuberculosis Congress; Veranus A. Moore, M.D., Ithaca, dean of the Veterinary College of Cornell University; John H. Pryor, M.D., Buffalo, one of the managers of Raybrook Sanitarium; W. H. Watson, M.D., Utica, ex-regent of the University of the State of New York.

The Commissioner is to be congratulated on three counts: First, for the happy thought of calling to his assistance an advisory board; second, for his admirable selection of men to serve upon the board; and last, but not least, for the tribute to his administration of his office implied in the willingness of such a group of eminent workers to co-operate actively with him.

Correspondence

A REPORT FROM THE EXECUTIVE COMMITTEE OF THE A. J. H.

To the members of the American Institute of Homœopathy:

Your Executive Committee met January 6th at the office of the Secretary, five members being present and Dr. Reily being represented by a written report and proxy. The President and First Vice-President reported having visited Oklahoma City, spending December 30th and 31st in investigating its merits as a meeting place. They were cordially received and cared for by the chairman of the local committee and the other three members of the local profession.

As a result of their investigation, much as it dislikes to disappoint the enthusiastic and hospitable people of that thriving little city, your Executive Committee, by unanimous vote, has deemed it necessary to exercise the authority given it to change the place of meeting.

In determining this problem your Executive Committee must, of necessity, count upon a meeting of normal size. Our Oklahoma friends are sure the attractions of their community would draw even more than the usual attendance. For six years past the average of members and visitors has been 875. If half this number were to attend a meeting at Oklahoma City it would be impossible to give to all comfortable hotel accommodations, especially difficult for a convention covering almost a week of time. There are but two so-called first-class hostelries in the city. The Lee, the leading one, is building a seven-story annex, which, as yet, is far from completion. It has been expected that this hotel would furnish headquarters and committee-rooms. At Jamestown special rates

Digitized by Google

and accommodations based on contract agreement were promised at the Lee. To our surprise, the proprietor of this hotel, in contradistinction to all other citizens of the city, showed the members of the Executive Committee scant courtesy and refused to accede, in the slightest degree, to the wishes or necessities of the Institute. Not until after the departure from the city of the committee did the local chairman and the Board of Commerce wring unwilling concessions from this proprietor. Even then the rate proposed was far in excess of the contract agreement related at Jamestown and stipulation was made that no committee-rooms should be used in the evening.

Not only were the proposed arrangements unsatisfactory, but also the accommodations possible far from adequate. Contingent upon the completion of the annex and contemplating, too, that at least two people should occupy each room, quarters for not to exceed two hundred guests was the most favorable promise of the Lee. Under similar conditions a hundred and fifty guests might be crowded into the second hotel. Bathrooms, much needed during dusty Oklahoma June, are scarce in both hotels. Were the attendance of members, visitors and exhibitors to exceed three hundred and fifty, the second-rate hotels and the boarding-houses would have to provide for the balance.

The "White Temple" proved unavailable, except, possibly, for the opening session. It was found that the meetings would have to be held in different places, more or less remote from each other. It would be impossible to have all the sessions of the Institute, its bureaus and committees, the allied societies and the exhibits under one roof. The comfort of the places proposed, too, would largely depend upon the temperature and barometric conditions, said to be decidedly objectionable in summer.

The usual reduced rates on the railroads are no longer available because of the new interstate law. The distance of Oklahoma City, nearly four hundred miles from Kansas City, would make this absence of a special railroad rate a material burden to most of our members. The three general passenger agents met at Oklahoma could promise nothing, unless the journey were begun on Wednesday for our Eastern members and on Thursday for the Middle West, with no concession at all for the Far West. No through trains to Oklahoma are run from Denver, Chicago, or the East. Unless Pullman car parties of eighteen or more persons were arranged, Eastern visitors going by way of St. Louis would have to change cars there; and if they traveled by way of Chicago, would require a change at that point and a second change at St. Louis or Kansas City. In order to free those who presented the claim of Oklahoma, we wish to say that the less liberal policy of the railroads as to rates and through trains is a recent move and, of course, was not anticipated last June. However, it is no less a disappointment and, in view of the present financial stringency, a serious objection, in the opinion of your Executive Committee.

For these reasos and others which were discussed for hours by your committee it was thought best to have our meeting elsewhere. Invitations came from Hot Springs, Pittsburg, the State of Penn-

Digitized by Google

sylvania, Los Angeles and Detroit. We were not unmindful of the potency of the claims of each of these possible locations, and to the loyalty of the members of our school in these places the Institute owes its thanks. We could not overlook the fact, however, that the American Institute had recognized the justice of the demands of the West and Southwest. That territory received our first and last thought. Kansas City, Missouri, is a western city and in every sense is the gateway to the Southwest. The proffered invitation of our men in Kansas City was, therefore, accepted and it was decided to hold the meeting there during the week beginning June 22nd.

It were, perhaps, a work of supererogation to speak of the beauties and attractions of this wonderful city. Commercially, physically, esthetically, it is second to none in these United States. The combined population of Kansas City, Missouri, and Kansas City, Kansas, separated simply by an imaginary line, is nearly four hundred thousand. The municipalities form one great, restless, aggressive, beautiful city. High bluffs, deep gorges, attractive ravines, multitudes of rivulets, great rivers, high land and bottoms—all give themselves to natural picturesqueness and artistic possibility. Millions upon millions have been spent in developing one of the finest park and boulevard systems in the world. This is, without doubt, one of the show cities of America. The transcontinental tourist who has simply passed through Kansas City, and almost every American railway system touches it, knows nothing of the multitudinous attractions of this place. The railways are in the valley out of sight and the city on the hill-tops. One must take the incline and view it from a high place to know that at his feet lies the pride of the West, beautiful Kansas City. Here are vast hotels, gorgeous theatres, great churches, palatial homes, wide gardens, inviting shade, and cool retreats. The hundred members of the local profession and the nearly two thousand of the states of Kansas and Missouri will give us hearty welcome.

The trip to Kansas City is easily and quickly made. It is a night's journey, twelve hours, from Chicago, six hours from St. Louis, over night from Denver, and can be reached from New York City with but one night on the sleeper.

To Dr. Hensley, the local profession, the Board of Commerce, and the cordial people of Oklahoma City we express our hearty thanks for the courtesies shown and the hospitality offered. We regret that necessity rules our action, but, knowing their hearts and minds, we believe they will gracefully submit to our decision and, in company with the membership of the American Institute, do all in their power to make the 1908 meeting at Kansas City a great and lasting power for good to our beloved homœopathy.

Respectfully,

ROYAL S. COPELAND,
W. E. REILY,
J. RICHEY HORNER,
FRANK KRAFT,
J. H. BALL,
T. FRANKLIN SMITH,
Executive Committee.

Ann Arbor, Mich., Jan. 10, 1908.

Digitized by Google

Simplicity—TUBERCLE OF ELBOW—Silica. P. T., aged 3, had diseased bone in his elbow joint since infancy. Father has phthisis and a specific history. Very slight movement in elbow, which has several discharging sinuses around it. A simple ointment was ordered, and cod liver oil, which had often been given before, with silica 6x gtt. v. t.d.s. Improvement began at once, the discharge dried up, the sores healed, and in two months the arm was practically well. The arm remained sound for seven months, when it became swollen and inflamed and a fresh sinus began discharging. This time silica failed, but calc. fluor 3x acted at once and speedily healed the ulceration.

STRUMOUS ONYCHIA—Calc. carb. Mrs. T., aged 35, has had chronic inflammation of middle finger nail for some months, which nothing does good to; there is constant throbbing pain, with intense sensitiveness. The patient is of strumous type, has a pustular rash in places and an enlarged gland in neck. Hepar sul. 6x for the first week did service in relieving pain and checking the rash; after which, finding that she always had cold, damp feet and was fond of eggs, calc. carb 6x was substituted, with immediate success. The old nail came off in a fortnight and a new, healthy nail grew. All her symptoms cleared up under this remedy except an erythematous rash which appeared and caused intense itching when warm in bed. This was cured in a few days by sulphur 6x.—Dr. W. T. Ord, *British Homœopathic Review.*

Carcinosin—Carcinosin is one of the newer English nosode remedies prepared from the products of disease, as in the case of other nosodes. This is from carcinoma, and is used in its treatment and cure.

Provings have been made, recorded and verified. It is claimed the carcinosin acts favorably and modifies all cases in which either a history of carcinoma can be elicited, or symptoms of the disease itself exist.

Most cases coming for treatment have been diagnosed and pronounced incurable, but prefer medicine to an operation, though no claim has been advanced to cure carcinoma in its last stages.

Carcinoma of the mammary glands is that form in which Dr. Clarke seemed to have his best success, many cases having been very severe, with great pain and induration of glands; several cases followed operation and had wound still unhealed and discharging freely. All had the so-called "cancerous cachexia." Carcinosin administered in the 30th or 200th potency, a dose each night or once a week, according to the severity of the case, produced wonderful and rapid changes, first noticeable in the wound itself, which would assume a more healthy appearance and become less painful, the glands would become softer and later quite painless, the discharge would slowly cease and the wound heal. In many cases the patient would be quite restored to health.

Digitized by Google

When the disease affected the uterus, the symptoms of offensive discharge, hemorrhage and pain were greatly relieved, and after the medicine had been continued some time examination showed more or less favorable changes in the growth itself.—Dr. M. Beeler, *Progress.*

Aphorisms—Look (before you prescribe lachesis) at the neck of a patient who complains that he cannot bear a tight collar—you may see a goiter.

Look into the eyes of a patient who complains of motes disturbing his vision—you may see a beginning cataract.

Look into the nose of a patient who says he has chronic catarrh—you may see a polyp or hypertrophied turbinate.

Look into the rectum when a patient (especially if middle-aged or old) complains of frequent attacks of diarrhea, sense of fulness and straining at stool—you may see a cancer.

Look into the rectum of a patient who is passing mucus and blood per anum—you may see a polypus.

Look into the rectum of a patient who says he has hemorrhoids or prolapus of the rectum—you may see a cancer or a polyp.

Look at the inguinal or femoral regions of a patient who says he or she has swollen glands in the groin—you may see a hernia.—*The Clinical Reporter.*

A Peculiar Sulfur Case—A young lady was brought from a distant station by her father, suffering long from burning of her whole body. As I was taking down the history of the case, the lady with a horrible cry fell down upon the marble floor rolling vigorously and said she had great burning over the surface of her whole body. I stood watching her carefully. After rolling in this way about a quarter of an hour, she was better and sat up again.

Her father said that this suffering continued the whole day and even some hours during the night. She had altogether ten to fifteen fits during the day. Even when free from the fits she had some burning of the surface of the body, but that she could easily bear. When unbearable she rolled in the way described above. On questioning further I gathered that she had rheumatic pains in various joints long ago cured by some external applications. Her menstrual function was all along regular. She denies the knowledge of suppression of any eruption in the body. But the father said she had itching eruptions in her younger days and those were cured most probably by some external application. I decided to try sulfur, of which a dose of two hundredth in globules was placed on her tongue. Her father wanted some more medicine and I gave him six placebo powders, one every morning.

After a week the patient was half cured. No more fits, but still some sensation of burning left. I repeated the placebo powders and she was free from burning and is now gaining flesh.

This is a remarkable case of a single dose of sulfur high affecting a cure. Here pathology has nothing to offer and "rational medicine" has no clue for a therapeutic action. Dr. P. C. Majumder. *Indian Hom. Review,* Calcutta.

Suppuration Remedies—The remedies recommended in the

Digitized by Google

treatment of suppuration are with few exceptions still those given by Bœnninghausen and Jahr many years ago, showing how immutable is our law of cure: For laudable pus, which is whitish or yellowish, inodorous and secreted by healthy granulating surfaces, the chief remedies are Puls., Hepar., Merc., Calc. c., Silica and Sulph.; thick, yellow bland, Puls. For ichorous, thin, acrid pus, Arsen., Asafet., Silica, Merc., Carbo. veg., Phosph, Psorin, Coni., Phytol. (Nat. mur.). For sanious pus, bloody, often ichorous and fetid, Asafet, Hepar., Merc., Moni., Arsen, Carbo. veg., Nit. acid, Phosph, Silica, Puls., Staphy., Tellur. For serous, watery pus, Merc., Staph., Caust., Asafet., Arsen., Silica., Sulph. For viscid pus., Coni., Asafet, Merc., Phosph., Sepia., Bovis. and Viola.

For malignant pus, Asafet., Silica, Merc., Phosph., China, Arsen., Kreosot., Sulph.; fetid, cadaverous, Graph.; greenish, malignant, Kreosot.; fetid ichorous, Phytol.; out of spongy edges, Silica.; with fungous growth, Thuja.; with sloughing, Crotalus; with livid aureola, Laches., Carbo. veg., Asafet.; with blackish base, Coni.; with scurvy, Carbo. veg.; of greenish color and offensive character, Asafet.; with much burning, Arsenic, Sulfur; stringing, Apis, Silica; curdy, mixed with cheesy flakes, Bellad., Hepar.; with hectic fever, Phosph., China, Arsenic.

Profuse, Puls., Merc., Asafet., Phosph., Hepar., Sulfur; bland, Puls.; acrid, Merc.; with putrid smell, China; in bone trouble, Flour. acid.: after compound fractures, Arnica; with fistulous opening, Phosph., Phytol.

Scanty, Calc. c., Hepar., Merc., Laches., Silica., Arsenic., Bellad., Crotal.; long lasting, Silica., Laches.; tardy and dark in color, Crotal. Dr. E. Fornias. *Homœopathic Recorder.*

Camphora in Insomnia—Frequently well-proved remedies have no favorable effect in sleeplessness because the actual cause of the insomnia appears to be a cold, shivery sensation. The patient is sleepy, is in excellent health, but some trifle or other has excited him so that he cannot fall asleep. This develops a cold, shivery feeling and a lowering of body temperature. The best remedy in such cases is camphora, which, adjusting the circulation of the blood, causes a speedy sleep. For years such patients caused the writer much trouble until the real condition was understood; since then good results are very frequently obtained. A single drop of the 1x of camphor is sufficient to cause an immediate and healthful slumber, so that it has been unnecessary to experiment with other dilutions. As such dosage can do no harm, the remedy is commended for trial in such cases, particularly if the shivery sensation characteristic of camphora be present. Dr. White. *Homœopathisch Maandblad.*. Holland.

Arterio-sclerotic Remedies—Kali iodatum and natrum iodatum, each in the 1 trit., cause a gradual lowering of manometric pressure, the minute dosage not developing local congestions.

Arsenicum iodatum, 2 trit., has been helpful in senile gangrene; also in cardiac anxiety.

Aurum iodatum, 6x and plumbum iodatum, 6x, act deeply in arterio-sclerotic conditions.

Digitized by Google

Strontium iodatum. 3 trit., is notable in arterio-sclerosis with aneurysmal complications.

Greater than all of these remedies, however, is baryta muriatica, of which a thorough study has been recently published by Dr. Cartier, of Paris. Dr. G. Sieffert. *Leipziger Zeitschrift für Homœopathie.*

High Dilutions—The infinitesimal dose has been the subject of much discussion. We should like to cite the opinions of two masters of indisputable authority and fully appreciative of the "infinitesimal." In France it has been Mure, frequently quoted in Clarke's Dictionary, who has magisterally considered the high dilutions. In his "Homœopathie Pure" there is a chapter which should be read in its entirety. He says:

"There is no doubt that the thousandths or the ten-thousandths are perfectly active, but the chances of alteration become so great when we multiply the dilutions that we have less confidence in a thousandth than in a hundredth.

"Each morbid condition has a dilution of preference or election the further you go from this dilution, higher or lower, the more danger there is of an aggravation.

"Dynamisations are like keys—each powerful in its corresponding lock. The large key is as useless for the small lock as the small key is for the large lock."

Ludovic de Parseval, one of the best disciples of Hahnemann, practising in Marseilles in the first half of the nineteenth century, and whose cures were astonishing, published a list of drugs, with potencies used by him, which we commend to partisans of the low dilutions:

Aconitum	400	Graphites	2,000
Agaricus	300	Ipeca	400
Agnus castus	200	Kali carbonic.	1,600
Alumina	800	Lachesis	800
Anacardium	100	Laurocerasus	1,000
Antimonium crudum	1,600	Ledum	1,000
Argentum	1,600	Lycopodium	400
Arnica	400	Magnesia carb.	1,600
Arsenicum	4,000	Natrum muriat.	2,000
Asafoetida	1,600	Nitri acid	1,600
Baryta carbonica	2,000	Nux vom.	400
Belladonna	400	Phosph. acid.	1,600
Borax	100	Phosphorus	800
Bryonia	400	Platina	1,600
Calc. carbonica	400	Plumbum	1,600
Cannabis	100	Pulsatilla	400
Cantharis	1,500	Rheum	1,000
Carbo animalis	300	Rhododendron	1,600
Carbo vegetalis	400	Rhus tox.	1,000
Causticum	2,000	Spigelia	1,600
Chamomilla	2,500	Stannum	1,600
China	400	Staphysagria	1,000
Cicuta	300	Stramonium	1,000
Cina	200	Sulphur	800
Clematis	1,600	Tartarus emet.	1,000
Coffea	2,000	Zincum	1,600

Parseval adds: "It is important to procure the dilutions above indicated, the doses being fixed according to the energies of these

Digitized by Google

remedies as recognized by an experience of a number of years. None are recommended whose efficiency I have not personally tested." Dr. H. Grorichard. *Le Propagateur de l'Homœopathic. Lyons.*

Gelsemium—Its malarial fevers are generally of a remtent type, and it is especially useful in the remittents of children.

In intermittents the chill is ushered in by a chilliness which runs up and down the back.

If fright or other sudden emotions produce mental anxiety and vascular tension, aconite is the remedy; if relaxation with muscular weakness, sensorial depression and a watery diarrhea, gelsemium is to be preferred; if acute mania or delirium, hyoscyamus, and in the same connection veratrum album or pulsatilla in their characteristic symptoms are called forth by the shock. So gelsemium is often the drug for the diarrheas which anticipate or follow some dreaded ordeal, as the green room test of the candidates for a medical diploma. The drug may as readily be indicated by the bad effects of any extreme emotion.

Gelsemium is one of the most useful drugs in the sexual weakness of men. It is indicated by the same muscular weakness associated with dizziness and inco-ordination. Great relaxation of the organs and involuntary discharges. Remember the following characteristics and the drug will be clear cut in your mind:

1. Sudden passive but violent cerebellar, medullary and spinal congestion, denoted by purplish face, dilated pupils, diplopia, mental and sensorial depression and torpor.

2. Giving rise to great muscular relaxation, denoted by soft, compressible pulse, muscular weakness and inco-ordination.

3. Remember the five D's—drowsiness, dulness, dizziness, diplopia, descendency, in asthenic fevers. Dr. A. L. Monroe. *Medical Counselor.*

For the Pocket-case—The following list has been compiled from choices submitted by a number of well-known materia medicists, who were limited to their favorite twenty medicines. The prefixed numbers represent the frequency with which the remedy was mentioned, and hence gauge its relative importance. The list will be very helpful to medical students in filling their first pocket-case, or to old-school practicians who contemplate a beginning in rational therapy:

16. Nux vomica.
15. Belladonna, bryonia, rhus.
14. Arsenic, gelsemium, mercurius, phosphorus, pulsatilla.
13. Hepar sulf., sulfur.
12. Aconite.
10. China, ipecac, lycopodium.
9. Calcarea carb., colocynth.
8. Kali bichromicum.
7. Chamomilla, lachesis, natrum mur.
6. Ignatia, sepia, veratrum alb.
5. Antimonium tart., ferrum phos.
4. Podophyllum.
3. Apis, arnica, cantharis, cimicifuga, digitalis, graphites, spongia.

Digitized by Google

2. Causticum, chelidonium, kali mur., kali phos., magnesia phos., mercurius prot., phosphoric ac., silica.
1. Aloe, ant. crud., ars. iod., arum, bapt., berb., bovista, bromine, cactus, calcarea sulf., carbo veg., caulo, coffea, colch., collinsonia, conium, cuprum ars., dulc., eup. perf., guaiac., hydrastis, iodine, jaborandi, kali carb., lilium tig., medorr., merc. bi. and corr., morphium, plat., psor., pyrog., sabad., syph., tuberc., verat. vir., vib. op.

Lachesis: Cough—A Vienna lady residing at Montreux, wrote that for ten years she had suffered from an obstinate cough upon which neither homœopathic or allopathic treatment nor sojourning at various baths had any effect. The following symptoms were given: the cough is aggravated when in society; as soon as she makes a mental effort; by emotion of any sort. Lachesis, 10 M, two doses in fifteen days sufficed to cure completely, and restored her vanished confidence in homœotherapeusis.

A Geneva official asked advice for his wife, who was suffering from a nervous cough, aggravated in the morning on rising, and provoked by emotional disturbances, by laughing; she was forced to deprive herself of society; as soon as she began to talk or become excited, the cough commenced. She had been for a year under old school treatment without amelioration. Lachesis 30, 200, 10M in infrequent doses completely cured the cough in eight weeks.

The lachesis cough is spasmodic, dry, short, especially during the day. During the night the patient coughs without waking or being conscious of it. If there is a pronounced lesion, the left side is more often lain upon.—Dr. Nebel. *Le Propagateur de l'Homœopathie.* Lyon.

Lycopodium: Indigestion—Young married woman, aged 19 years, has been greatly troubled with indigestion for six years; her family history is bad, some of the family having died of consumption, and her mother of typhus fever. She now complains of distressing, heavy feeling in the stomach after eating, with sharp pains for two hours, after which she is very weak; also complains of pain in the left side; heavy feeling after eating, and sour belching; bowels regular; menses appear only once in six weeks; complains of pains in right ovarian region while menstruating, also of a bearing down, distressing feeling in that locality during the two weeks she goes beyond her time; feet cold and dry day and night; tongue white and furred; gone feeling before eating, which is relieved by eating; red sediment in the urine; also complains of a shooting, darting pain from around and below the gastric region up to the heart, which causes her great alarm and is so severe she has to hug herself to relieve it. She feels generally worse in the latter part of the afternoon and early morning.

On October 30th she received lycopodium. The symptoms deciding the choice of this remedy were: The period of aggravation; red sand in urine; shooting, darting pain from the gastric region up to and around the heart.

November 6th she reported general improvement, there had been no cramps since, heavy feeling in the stomach not so severe, the

Digitized by Google

sandy sediment had almost disappeared from the urine, the sharp pains in the region of the heart about the same. Sach. lac. was prescribed. Report from week to week until December 4th was general improvement, except during the past few days. At this time three more powders of lycopodium were given, and the report of improvement was continued weekly until January 8th, when the symptoms seemed to indicate sepia, which was prescribed in the same manner as had been the lycopodium. The report for the succeeding three weeks was of general improvement.—Dr. W. T. Hawkes. *Homœopathic Envoy.*

Colocynth: Sciatica—A widow, aged 51, had suffered for years from a severe right-sided sciatica. She had been treated in Berlin by a number of physicians and professors without any immediate or permanent result. She had come to this seaside resort to take the baths, and as the writer was treating a child in the same house he was called in for advice as she had heard that he was a homœopath, and as all else had failed, homœopathy might be tried. I found the woman sitting on a chair, and she verbosely related her afflictions, for which no direct causation could be found. It was noted during her story that the face was frequently distorted as from pain, and interrogation brought out the fact that the pains appeared suddenly, like lightning, and were particularly worse at night. Examination showed the sciatic condition, the limb, from lack of use, having become somewhat smaller. Her ordinary regimen was continued, and colocynth 3x, gtt. 3 t.i.d. in a spoonful of water was prescribed. This worked promptly, being followed by the 4x twice daily, then the 5x once daily, latter twice weekly, then once a week. From the third day after my first visit marked improvement began, which continued so that in fourteen days she was absolutely free of pain, feeling only with changes of weather a slight return now and then. In six weeks all her ailments had disappeared, and when seen a year later her health was perfect.—Dr. Doege. *Leipziger Zeitschrift der Homœopathie.*

Carbolic Acid and Iodine—These two drugs are not often associated in our thoughts. Carbolic acid calls to mind the symptoms of flatulence, convulsions and coma, while iodine makes us think of enlarged glands, goiter, palpitation and its peculiar hunger and wasting. They are, indeed, in many respects very different, but close comparison will show an unsuspected number of symptoms in which they are alike. Take, for instance, the action of both on the lungs and respiratory passages. Both cause an irritable and inflamed condition of the larynx; both cause bronchitis, and both cause a congested condition of the lungs going on to pneumonia, and in the case of carbolic acid to definite hepatisation.

The similarity of the two drugs is not confined to the lungs or to points of gross pathology, but extends to many of the finer symptoms. This may be best seen by placing in parallel columns the symptoms of each drug, as set out in the Schema, which have a close resemblance:

Carbolic Acid	Iodine
Irritability.	Irritability.
Dull frontal headache, as if	Headache as if a tape or band

Digitized by Google

an india-rubber band were stretched tightly over forehead from temple to temple.
Very severe orbital neuralgia over right eye.
Pupils dilated.
Ozæna with great fœtor and ulceration.

Face pale, or flushed and burning.
Throat and tongue black and tender, ulcerated patches on inside of lips and cheeks.
Prickling and burning in throat and œsophagus.
Spasmodic constriction of the œsophagus. Inability to swallow.
Wants a drink of water every few minutes.
Constant belching up of wind.

Excessive nausea and inclination to vomit.
Pain in hypochondrium; also in the region of the spleen.
Diarrhœa and dysentery; mucous stools like rice-water.
Urine dark greenish-brown.
Painful swelling of left ovary.

Menses irregular and profuse.
Short hacking cough with tickling in the throat.
Tracheal and bronchial râles; bronchitis.
Tight feeling, especially in centre of chest.

Pneumonia of right lung, especially base.
Fearful palpitation<night.
Vesicular skin eruptions with tendency to suppuration.

were tightly drawn round the head.

Constant tearing pain around the right eye.
Pupils dilated.
Chronic fœtid discharge from nose; nose painful and swollen.
Complexion pale; frequent and sudden redness of the face
Apthæ and ulcers in the mouth. Thick brown croup-like exudation in mouth and fauces.
Inflammation of the throat with burning pain.
Permanent constriction of the gullet. Impeded deglutition.
Much thirst.
Empty eructations from morning till evening.
Qualmishness, nausea, with spasmodic pain in the stomach.
Region of liver sore to pressure. Hard, painful swelling of spleen.
Stools of watery, whitish mucus, dysenteric, mucus without fæces; whey-like
Urine dark yellowish-green.
Induration and swelling of the uterus and ovaries.
Menses irregular and profuse.
Dry cough with tickling in the larynx.

Bubbling râles in the bronchial tubes.
Tightness across the chest.
Hepatisation of right lung, < upper part.
Violent palpitation <the least exertion.
Papular skin eruptions with tendency to pustulation.

It will be seen that there are a good many points of contact between the two medicines, though doubtless there are many more in which they are far apart. It seems that they are sufficiently similar to antidote one another, or, at any rate, for iodine to be an antidote in carbolic acid poisoning.—Dr. T. G. Stonham. *British Hom. Review.*

Digitized by Google

Vol. LVI MARCH, 1908 (Volume XXIII Third Series) No 3.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

ASTHMA: A CLINICAL CASE ILLUSTRATING IMPORTANT POINTS IN "THE SCIENCE OF THERAPEUTICS"

By W. J. Hawkes, M.D.,

Los Angeles, Cal.

ASTHMA—Miss C, a native of Peru, aged 36 years. Has suffered many years and tried many climes for relief. Attacks lasting from four to eight weeks.

I saw her first on the evening of August 5th, 1907, at 8 o'clock. She was sitting up in bed leaning forward with several pillows behind her and gasping for breath in a most distressing manner, unable to speak more than to gasp out a word at a time; occasional spasms of most distressing coughing, which shook and wrenched her whole body, and almost strangling her. Face would become purplish, with anguished expression.

I have seen many severe asthmatic attacks, but this one was as distressing as any I had ever witnessed. It actually seemed as if she would burst her chest or strangle to death.

Obtaining a connected history of the case was extremely difficult, owing to her inability to talk and the fact that her nurse had not been long with her. At the age of 18, while warm and perspiring from running with a number of other girls, she, with the others, stripped and plunged into the river and remained in the water two or three hours. She was completely chilled while dress-

Digitized by Google

ing. This was the next day after the close of a menstrual period. This function had been normal in every way previous to that time. Menses did not re-appear for three or four months, since which time menstruation, while regular as to time, has been very painful, the pain beginning three days before the flow appeared. The flow since has been dark and clotted. The first attack of asthma occurred seven months after the bathing episode. During the past three or four months the attacks of asthma have been coincident with appearance of the menstrual flow, or have been greatly aggravated at that time.

The first symptom to give me a clue to a remedy (no diagnosis was needed but that of the remedy) was the statement that she was always worse from 4 to 6 A. M. and 6 to 8 P. M. Questioning from this key I learned that she had severe pain in the renal region which was markedly aggravated by undue retention of the urine, and promptly relieved by emptying the bladder; that she suffered from great distention of the abdomen with gas, which was noisy and rumbling; that a sense of satiety and fulness followed eating a very little food; that there was a reddish, sandy sediment from the urine. Later both the patient and nurse fixed, without leading question, on 4 P. M. as the time of beginning of the most marked aggravation, which continued till bedtime. Chronic constipation.

In short, a complete picture of lycopodium was presented. I had never before heard of this remedy being indicated in asthma, excepting Farrington's one-line mention of it as being useful in asthma accompanied by much flatulence. I had certainly never prescribed it in such a case, but there was nothing else to do in this case; and, as I have long since learned to pay little attention to the name of the disease as a guide to the remedy for any given case, I gave that medicine. Notwithstanding this, I confess to internal misgivings as to the result, so prone are we to hug prejudices!

I gave one dose of pellets on the tongue, and dissolved more in water and gave two teaspoonfuls fifteen minutes later. I remained nearly an hour, giving the liquid every fifteen minutes. Before I left she said she felt a little easier, but I saw no evidence of improvement.

I left a powder of arsenicum, with instructions that if there was not some improvement at midnight, it was to be dissolved in water and given two teaspoonfuls every half hour; but that if there was the least improvement it was not to be used, and lycopodium continued at lengthening intervals.

I visited the patient next morning, August 6, with anxious

Digitized by Google

interest, because I regarded the case a severe test of both the science and the remedy; also the wisdom of the doctor! I was relieved and delighted to find decided improvement, and that the arsenicum had not been used.

Next morning, August 7, she was decidedly better and had slept two hours in a partially reclining position. The pain in renal region and gas distention greatly relieved. The tongue was heavily coated white, as it was from the first, with no appetite. Left placebo, with a dose of lycopodium to be given at bedtime, and ordered that only water be taken—no food. On the morning of the 8th she smilingly told me she had slept all night.

Improvement was steady from day to day, so that she was able to come to my office on August 10th. She had but two doses of medicine after the evening of my first call. That given in water was the 30th, and the dry powders were the 1st.

This case emphasizes three cardinal points in the study and practice of the science of therapeutics.

First: Prescribing for the patient instead of for the disease by name. Instead of a help in this case the name of the disease would have been positively misleading, because in almost none of the books is lycopodium recommended in the treatment of asthma, while there are a number of routine remedies advocated, and they mostly palliative. No other remedy could have curatively relieved this patient, and the beauty of it all is that its action will surely lessen the tendency to the trouble in future, because it is fundamentally curative, by attacking and diminishing the chief cause of all chronic disease—the constitutional predisposition thereto.

Second: The value of a knowledge of characteristic symptoms of drugs. Had I not known some of the characteristics of lycopodium and their significance and value, that remedy would never have occurred to me as possibly curative in this case. But experience has taught me that where one of the symptoms given above stands out clear and well defined the others are almost sure to follow; and, when they do follow, that the exhibition of lycopodium will surely benefit the patient; and, if curable, will cure, or improve up to the point where another remedy shall be indicated, provided, however, that you have a reliable preparation of the drug, which is too often not the case. This is true of all our most valuable medicines.

Third: The curative power developed by the potentization of drugs, especially of such curative agents as have a history similar to that of lycopodium, natrum muriaticum, silicia, calcarea, etc. We all know how completely inert as medicines these are in the crude

Digitized by Google

state. Of lycopodium the *U. S. Dispensatory* says: "It is useful only as a powder for chafed babies, and to keep pills from sticking together in the box." This is all they know of this truly wonderful medicine. How long will prejudices keep the majority from learning the truth and deprive the sick of the benefits of the great medicinal powers of this drug in the most serious and deep-seated ailments?

Since the above was written the patient reported regularly—always improvement.

August 31 she reported that her menses appeared at 4 that morning—without pain or other premonitory symptoms, whereas, as I said before, the advent of the function had previously been preceded by three days of extreme pain and severe headache. The flow, instead of being clotted, was normal, excepting that it was more scant. She now has headache with fulness and "a feeling as if the blood was all in her head," bad taste in the mouth, with loathing of food, especially meat or greasy food. She had previously been fond of fatty food; also she felt much better in the open air—craved fresh, cold air. In short, the case presented a complete change of symptoms. The backache and urinary symptoms had altogether disappeared and the stomach and bowel symptoms had changed from those calling for lycopodium to such as indicated pulsatilla. All her symptoms now, not excepting a cough of which she complained, were perfectly covered by that remedy. She complained scarcely at all of asthma.

September 4. Patient reported that menstrual flow became normal soon after last visit, and that her head was entirely relieved of fulness and pressure; also that asthmatic symptoms had altogether disappeared, and that she was feeling better than for years.

All of which goes to prove that the cry of "therapeutic nihilism" is an expression of possibly honest but surely bigoted ignorance.

The last report from this patient was on September 30, when she said she was altogether free from asthma, backache, constipation and all urinary and alimentary symptoms. She is practically well, excepting a teasing cough.

526-530 Bradbury Building.

Digitized by Google

RAW vs. PASTEURIZED MILK*

By T. L. Laughlin, M.D.,

Dayton, Ohio

THE importance of obtaining a hygienic and wholesome milk supply is recognized by all intelligent people and should require no argument. Next to bread, milk is more extensively used as an article of diet than any other foodstuff. It forms a portion of the food of almost every person on practically every day of the year. Moreover, unlike many other articles of diet, milk is consumed in most cases in an uncooked state, making it a very dangerous food should it perchance contain any deleterious organisms. Not only is milk a very suitable medium for almost every description of germ life which may gain access to it in its journey from the cow to the consumer, but it may also become contaminated while still in the udder through infectious or poisonous material present in the cow herself.

The Question of a Wholesome Milk Supply—In this connection it will be necessary to keep in mind the requirements of an awakened public for a clean and wholesome milk, as well as the effect of any unreasonable or irrational demand upon the producer which may cause him heavy losses or even to discontinue his business. Furthermore, we cannot have good milk of safe quality without a realization on the part of the farmer, the transportation agent, the dairyman, and the housewife of the danger in utilizing old, warm, or dirty milk. Education is, therefore, an important factor in the improvement of the milk supply, which cannot be accomplished through laws and regulations alone. In view of these facts, it is recommended that the subject be taught in the schools, that popular articles be frequently prepared for the press, that lectures and demonstrations be given in towns and townships, that pamphlets in plain language be prepared by the health officer for general distribution, and especially that rules and suggestions, with reasons therefor, be placed in the hands of dairymen and dairy attendants. That consumers of milk be urged to patronize no milk dealer whose milk, after standing for two hours or less, reveals a visible sediment at the bottom of the bottle, as such a sediment is evidence of dirty habits, extremely suggestive of danger, and entirely preventable by clean, decent methods, without greatly increasing the cost of the milk. The consumer should, furthermore, subject the milk that he receives, unless it come from a tuberculin-tested herd and from

*Read before the Miami Valley Homœo. Med. Society

Digitized by Google

a source otherwise above suspicion, to a process of purification by bringing it to the boiling point, cooling it immediately, and thereafter keeping it on ice.

It has been shown by the most painstaking investigations, extending over a long period of years, that certain diseases in the animal are communicable through the medium of the milk, this being especially true of tuberculosis, foot-and-mouth disease, anthrax and cowpox; and that diseases like garget, gastroenteritis, and septic fever in the cow will render the milk morbific to man. It has been shown that animals which have fed on poisonous forage plants or have been treated with strong medicaments are disqualified from producing a pure or sound milk.

Every consumer of milk has doubtless observed the presence of more or less foreign matter at the bottom of the bottle in which it is kept; indeed, this is a matter of such common occurrence that it hardly excites our attention, and many are disposed to look upon it as a matter of course. These deposits are largely made up of the excrementitious matter from the cow, which, adhering to the udder of the animal, gained access to the bucket during the act of milking. If these sediments are subjected to microscopical examination we will find that they are composed of epithelial debris, hairs of the cow, organic and inorganic dust particles, excrementitious matter, vegetable fibers, and bacteria, fungi, and spores of every description, fully 90 per cent. of the germs being fecal bacilli—all of which is not only disgusting, but extremely suggestive of danger. The number of micro-organisms is largely increased, and we know that under a suitable temperature bacterial development and consequent decomposition are materially hastened in such a medium.

The greatest danger from milk of this class is the possible presence of ptomains or toxins produced by certain saprophytic germs from the albuminoids of the milk. A poison, called tyrotoxicon, has been isolated, which is one of the causes of the toxic symptoms in cases of milk poisoning, cheese and ice cream poisoning. The presence of the very filth referred to, a summer temperature, and the pernicious habit of placing the milk, before cooling, in cans and bottles perhaps dirty, constitute favorable environments for the development of poisoning by milk, cheese, ice cream, and cream puffs, the symptoms in these cases being nausea, vomiting, dryness, and a sense of constriction of the throat, vertigo, colic, and purging, with a tendency in some cases to collapse, in others to numbness of the extremities and to stupor.

The views of some of the authorities on the relation of saprophytic germs and toxins to cholera infantum and summer diarrheas

Digitized by Google

in bottle-fed children are gaining ground and will doubtless lead to great reform in the management of dairies. About one-sixth of the children born in the country at large perish before the completion of the first year. Of the twelve months during the first year of life the first, second, third, fourth, and twelfth months furnish the highest mortality. The deaths during the first four months are largely due to imperfect development and exposure, while the jump from the fourth to the twelfth month is quite suggestive, as it is the usual period of weaning, with its attending dangers from digestive diseases incident to artificial feeding. Nearly one-half of all the deaths in children under one year of age are caused by gastro-enteric diseases, chiefly infantile diarrhea, and this points with more than mere suspicion to the fact that the morbific agent is introduced into the body with the food. The most frightful mortality rates are everywhere furnished by the hand- or bottle-fed children, indicating that impure cow's milk and improper care and feeding are the chief primary causes.

Milk is a carrier of infectious diseases, such as typhoid fever, scarlet fever, and even diphtheria. Milk should not be permitted to leave a farm, dairy, or milk shop during the existence of any of these diseases among the inmates or employees, nor should the latter be permitted to reside in or visit infected houses while engaged in the milk traffic without permission from the Health Department. The farmer or retailer should, in fact, be prepared by previous instructions to guard the milk supply from these sources of danger, and should call upon the authorities for an immediate inspection. By proper legislation and its enforcement, we may hope in the future to obtain such a standard of milk as will not only effect a decided reduction in infantile mortality, but will render the dissemination of infectious diseases through the milk supply a matter of history only. Until this is accomplished we should patronize only such dealers as sell certified milk or subject the milk to pasteurization, or we should simply bring the milk to the boiling point in the household, and, after cooling, keep it on ice; this will not make bad milk good, but it will at least destroy its infectiousness.

The advantage of pasteurization is that it is a cheap and effective means of preventing the transmission of infectious diseases, such as tuberculosis, typhoid fever, diphtheria, scarlet fever, etc., commonly spread by milk. It also probably has a favorable influence in preventing or ameliorating the severity of some of the intestinal disorders of children caused by impure milk.

Some of the objections urged against pasteurization may be summed up as follows:

Digitized by Google

1. Pasteurization promotes carelessness on the farm and dairy, etc. This may be controlled by proper regulations, inspections, and laboratory examinations.

2. Pasteurization renders milk less digestible. While it is generally conceded that boiled milk commonly induces constipation, the majority of the evidence plainly indicates that pasteurization has little, if any, effect upon digestibility of the milk.

3. Pasteurized milk favors the production of scurvy. Authorities agree that the danger, if any, is slight, and, further, that it may readily be obviated.

4. By destroying the nonspore-bearing bacteria, pasteurization sometimes allows toxic organisms to grow and produce serious poisons in the milk. On the other hand, these same poisons are more frequently produced in milk that has not been pasteurized, and this danger may be obviated in pasteurized milk by cooling it quickly, keeping it cold, and shortening the time for distribution.

5. Pasteurization is inefficient as a preservative. This is really no disadvantage, for the quicker bad milk sours, the better.

6. Pasteurization injures the taste of the milk. This is not so if properly done.

7. Pasteurization increases the cost of milk. True; but it is the cheapest safeguard, and the expense of pasteurization is offset by the keeping quality of the milk.

To employ pasteurization as anything more than a temporary expedient would be undesirable, because it would remove the incentive to the public to compel the producer to accomplish an improvement. Pasteurized milk in bulk is not only intrinsically less desirable than clean, raw milk, but is actually unsafe unless it is consumed within twenty-four hours and is kept at or below 10 degrees C. (50 degrees F.).

To resort to compulsory pasteurization of the milk supply of large cities as a protection against the above-stated diseases, instead of taking more radical measures for eradication from the milk herds, and cleanliness at the time of producing and in transit, would be protecting only those who live in those cities and expose all who live in the rural districts. The only real safeguard lies in complete cleanliness and attention to the cows at the point of producing.

For pasteurizing, the milk must be heated to a temperature of 65° C. for twenty minutes, or 75° C. for ten minutes as soon as practicable after the milking, in enclosed vessels, preferably the final containers. After pasteurization the milk must be promptly cooled, kept cold, and distributed with promptness.

Digitized by Google

THE DISSEMINATION AND CONTROL OF TUBERCULOSIS AS ILLUSTRATED IN THE BOVINE SPECIES*

By Veranus A. Moore, M.D.

Professor of Comparative Pathology, Bacteriology and Meat Inspection, New York State Veterinary College, Cornell University, N. Y.

THERE is perhaps no other subject related to public health that has given rise to such animated discussions, or to the expresson of so many divergent views, as the one of tuberculosis. I need not to point to the 5,000,000 victims it annually claims in all countries, or to the 13,000 or more human lives that the Empire State contributes to it each year, to show cause for this intense, widespread interest in it. You all know that there is no other disease which inflicts such deep wounds on mankind.

Although tuberculosis is one of the oldest diseases of which we have knowledge, its true nature was not revealed until its infectiousness was demonstrated by Villemin in 1865 and its specific cause discovered by Koch in 1882. It is from the latter date that real progress in its study began. With the incoming of its specific etiology there began a rapid outgoing of innumerable traditions concerning it. By the aid of its specific cause more has been learned about the disease itself and how to combat it during the last twenty-five years than the total efforts of the past centuries brought to us. This is important, for such rapid evolution of facts and methods are not compatible with the habits of human thought which have been handed down to us through generations. I mention this as a possible, if not a rational, explanation for the apparently slow progress which we are sometimes told is being made in preventing tuberculosis. We recognize indifference to the best efforts put forth to check its ravages, but we are sometimes slow in detecting the difficulties. We do not always recognize the effect upon the minds and hearts of the people of the sanitary regulations issued pertaining to this disease. Many of them are incompatible with inherited ideas relative to the proper and humane care and treatment of the sick. More than this, it is difficult for the untrained in this science to recognize the operation of living organisms they cannot see or the necessity of heeding measures to intercept invisible forces. However, sentiment is giving way to reason and knowledge is slowly replacing

*Read before the Annual Conference of Sanitary Officers of the State of New York.

Digitized by Google

opinion, and as a result wonderful progress is being made not only in the treatment of tuberculosis but also in building up a widespread and wholesome public sentiment for its elimination. This is the result of educating the people concerning it. When knowledge that can be comprehended and understood by the layman is dessiminated relative to the parasitic nature of tuberculosis, and the channels of infection are clearly indicated, it should require but a few short generations to make it a matter of history. I believe with Koch, that the war against tuberculosis is a conflict into which we may enter with a well-founded prospect of success. Strictly speaking, the fact that it is a preventable disease ought to have become clear as soon as the tubercle bacillus was discovered. Koch believed it from the beginning, and so will every one who convinces himself that this scourge of humanity rests in a tiny organism which cannot act injuriously to man unless it is allowed to enter his tissues, where it finds a suitable field for growth and operation.

The student of tuberculosis will recognize that in its etiology, development and spread it is one of the most ideal of parasitisms. Its specific organism is one of the highly developed parasitic bacteria. It does not, usually, destroy its host quickly but slowly. It kills because its growth in the tissues has destroyed organs or parts that are necessary to life. It spreads far and wide because the infected are not immediately seriously ill, but are able to go about spreading the virus, usually in their sputum. Thus we have in our schools, shops, stores and everywhere, those who are slowly but surely yielding to the supremacy of the dreaded tubercle bacilli. From certain of these cases in the beginning and early stages the virus is being disseminated. From the advanced ones which are giving off innumerable tubercle bacteria many more people are becoming infected.

If we inquire into the means of disseminating tuberculosis and methods for its prevention from the etiological point of view we shall find that the problem is not so difficult. The recognition of its specific cause is a tremendous aid in its control. It does away absolutely with whims, traditions and unfounded opinions. It provides a definite, tangible living object to deal with. To overcome or check the natural course of a microscopic creation we have the intelligence and wisdom vouchsafed to man. To know the life histoory of the tubercle bacillus, its means of dissemination, and the effect of its multiplication upon its host is all the knowledge required. To prevent the spread of tuberculosis necessitates the appli-

Digitized by Google

cation of this knowledge to avoid the transfer of the virus from the infected individual to the healthy one. Its pathology shows the various means of exit of this organism—with the feces, urine. discharge from tubercular ulcers and abcesses, milk and sputum. These with the channels of entry circumscribe the means of dissemination.

The intervention of agents of destruction for the tubercle bacteria as they leave the infected person, or the separation of the infected from the healthy, cuts off completely the natural ability of the disease to spread. The whole problem of the control of tuberculosis consists simply in early diagnosis and the proper isolation or care of the patients.

It has so happened that the bovine species upon which man depends so largely for food is subject to a like parasitism. Bovine tuberculosis is to cattle what human tuberculosis is to mankind. As the conditions to be overcome in its elimination from cattle and mankind are practically the same, save for the sacredness of the life of the human patient, it seemed that a discussion of the status of bovine tuberculosis, especially its means of dissemination and methods of control, mght be of interest.

It was originally believed that the germs producing tuberculosis in all mammals were identical. More recent investigations by Smith, Koch and many others, have shown that there are differences—morphological, culturally and in their virulence— between the bacilli of human and bovine disease. The fact remains, however, that the literature contains about fifty cases in which the bovine type of tubercle bacilli have been found in infants and children. Some cases were fatal, others not. In addition to this there are several cases reported by direct, accidental, inoculation from cattle to man. The interim reports of the Royal Commission point out the frequency with which tubercle bacteria virulent for animals are obtained from human subjects. Dr. Theobald Smith has recently stated in a very instructive article on the channels of infection in tuberculosis, "I venture the statement that probably not more than 1 per cent. of all cases will show bovine bacilli, and that in indivduals over twelve years, they will be found only very rarely." However, these findings are sufficient to warrant the continuance of every reasonable effort to eliminate the disease from cattle. We do not want the milk from turerculous cows.

Historically, bovine tuberculosis seems to have developed in Eastern Africa and Western Asia. From these centers it spread during the centuries to nearly every cattle-raising country of the world. At first its disseminaton was slow, but durng the last fifty

Digitized by Google

years it has spread at a very rapid rate because of the great increase in cattle traffic. It is stated that in many countries, and in large areas within others, it did not exist until it was introduced within very recent years by the importation of tuberculous animals.

The dissemination of bovine tuberculosis is traced largely to, (1) the introduction of tuberculous cattle in the herd, and (2) by infecting the calves with separated milk from creameries where the milk from tuberculous cows is received. When once introduced it spreads in the herd by contact—licking each other's noses, drinking from the same watering trough, eating from the same manger—and the healthy calves drinking the milk of diseased cows. The avoidance of the purchase of infected cattle is very important. It often happens at both private and auction sales that infected animals are purchased and placed in healthy herds, thus sowing the seed of destruction. Russell* has pointed out a specific case in which an auction sale caused tuberculosis to be introduced into twelve previously uninfected dairies. The demands of cities for large quantities of fresh milk in winter is causing the dairymen to sell the dry and purchase fresh cows, thus enhancing the spread of the disease. In many local dairy districts it has been brought with the separated milk for feeding calves from creameries where milk from tuberculous cattle is received.

The amount of tuberculosis found in our food animals by the Federal veterinary inspectors is enormous. During the fiscal year 1905, there were inspected 6,134,388 carcasses of beef animals, of which 10,956 were condemned for this disease. The increase of tuberculosis in hogs is shown by the fact that in 1900, of 23,336,884 hogs that were inspected, 5,440 were affected sufficiently to cause a condemnation of some one or more parts of the carcass. In 1905, of 25,357,425 hogs inspected post-mortem, 64,919 carcasses and 142,105 parts of carcasses were condemned for tuberculosis. It should be remembered that these condemnations were made on the inspection of hardly a third of the animals killed annually in the United States for human food. It is also important to note that these inspections were made on animals killed in our large packing houses, and which were raised under the most favorable conditions existing in our country.

The extent and rapid increase of bovine tuberculosis in various other countries during recent years has caused alarm, both because of its effects in reducing the general food supply and its supposed danger to human health. The appended statistics taken

*Bulletin No. 114, Wisconsin Agric. Exp. Station, Madison, Wis., 1904.

Digitized by Google

from Bulletin No. 53 of the Bureau of Animal Industry are significant.

"The slaughter-house statistics of Prussia show 14.6 per cent. of the cattle and 2.14 per cent of the hogs to be tuberculous. In Saxony the percentage is 29.13 for cattle and 3.10 for hogs. In the city of Leipzig, the figures are 36.4 per cent, for cattle and 2.17 per cent. for hogs (Siedamgrotzky). Of 20,850 animals in Belgium tested with tuberculin in 1896, 48.88 per cent. reacted (Stubbe). Of 25,439 tested in Denmark from 1893 to 1895, 49.3 per cent. reacted; and of 67,263 tested from 1896 to 1898 32.8 per cent, reacted (Bang). An examination of 20,930 cattle in Great Britain, either slaughtered and examined post-mortem or tested with tuberculin, showed 5,441, or 26 per cent. affected with tuberculosis. McFadyean estimates that 30 per cent. of the cows in Great Britain are tuberculous."

The report of the Minnesota Live Stock Sanitary Board for the year ending July 31, 1906, states that swine tuberculosis is on the increase and that it is now safe to assume that it causes an annual loss of $70,000 to the State, through condemnation by the Federal meat inspection. I emphasize the increased amount of tuberculosis in swine, because it explains better than any other facts we have, the extent and rapidity of the spread of the disease from infected cattle. Tuberculous hogs come from dairy districts where they are fed the separated milk from creameries or allowed to run after the cattle while the latter are being fattened for the market.

The results of the various examinations and experiments relative to tubercle bacteria in milk show that about 2 per cent. of tuberculous cows have the disease localized in the udder. These animals are constantly giving off large numbers of tubercle bacteria in their milk, and the consumption of such milk would be exposing the consumer to great danger of infection. Of all tuberculous cattle in which the udder is not diseased, about 15 per cent. are found to give off tubercle bacteria in their milk at some time during the course of the disease. In these cases the milk is not constantly infected, but it is impossible to know when it may be so. The milk at any given time from this large percentage of tuberculous cows may or may not contain the dreaded organisms.

From the results of experiments conducted in the laboratory of the Bureau of Animal Industry, as well as from the majority of similar investigations, Mohler drew the following conclusions regarding the infectiousness of milk from tuberculous cows.

Digitized by Google

1. "The tubercle bacillus may be demonstrated in milk from tuberculous cows when the udders show no perceptible evidence of disease, either macroscopically or microscopically.

2. "The bacillus of tuberculosis may be excreted from such an udder in sufficient numbers to produce infection in experimental animals both by ingestion and inoculation.

3. "That in cows suffering from tuberculosis the udder may, therefore, become affected at any moment.

4. "The presence of the tubercle bacillus in the milk of tuberculous cows is not constant, but varies from day to day.

5. "Cows secreting virulent milk may be affected with tuberculosis to a degree than can be detected only by the tuberculin test.

6. "The physical examination or general appearance of the animal cannot foretell the infectiveness of the milk.

7. "The milk of all cows which have reacted to the tuberculin test should be considered as suspicious, and should be subjected to sterilization before using.

8. "Still better, tuberculous cows should not be used for general dairy purposes."

In order to appreciate the reason for the uncertainty of the presence of tubercle bacilli in the milk of tuberculous cattle, one must understand the pathology of the disease. In the bovine species the lesions are very liable to be localized in some gland or glands where they remain for a variable time, often through life, without becoming generalized. So long as the tubercle bacilli remain in these localized lesions, they do not appear in the milk.

The facts already set forth show that in the elimination of bovine tuberculosis there are difficulties not only from the sanitary side but also from its great economic significance. The problem resolves itself into an inquiry into the best methods to follow under two distinctly different conditions, namely, (1) when the herd is free from tuberculosis and (2) when a greater or less number of animals are already affected. The same condition exists in the human species.

In preventing the entrance of a specific disease, it is simply necessary to keep out the microbe that produces it. The all-important question to consider in this connection is, how to keep it out. I have already mentioned the two most common channels through which tubercle bacteria gain entrance to a herd of uninfected cattle, namely, through the feeding of calves with the unsterilized milk from tuberculous cows and the introduction into the herd of tuberculous animals. The prevention by cutting off these channels of infection is not difficult nor expensive com-

Digitized by Google

pared with the elimination of the disease if introduced or the loss it will occasion if it is allowed to remain.

To protect from the first it is simply necessary to sterilize the milk fed to calves unless it is known that the animals from which it came are free from this disease.

To remove the second danger, it is necessary to have the animals carefully examined and tested with tuberculin before bringing them into the herd. The tuberculin should be applied by a person competent to interpret* the results of the test and to see that all of the necessary conditions are complied with.

The Vaccination Method.—Since the discovery of tuberculin there has been an almost continuous series of investigations directed toward the production of immunity in cattle against tuberculosis† Experiments have been made with tuberculin, with the new tuberculin of Koch, with serums of various kinds, and with dead tubercle bacteria. The most energetic efforts have been made in the production of a vaccine, consisting of attenuated tubercle bacteria from cattle, or man, or of the avian variety. Space will not permit of a discussion of the experimental work, but suffice it to say the results thus far are not very satisfactory.

Pearson has succeeded in immunizing cattle against tuberculosis, but as yet the method is not practicable, although he feels that it may become so.

The bovovaccine of von Behring is still in the experimental stage. Many calves have died of pulmonary embolism and the development of tubercular lesions have occurred following its use. There are, however, a few reports of satisfactory results. The method proposes to immunize cattle for several years at least, and consequently reports that cover experiments of only a few months

*The interpretation of the temperature record requires care. If, however, all conditions pertaining to the protection of the animal have been fulfilled, the temperature curve mentioned is a very sure indication that the animal is suffering from an active, although it may be a very small, tubercular growth. If there is no reaction the correct interpretation is more difficult. In this case there are three conditions which must be taken into account, namely: (1) If the animal is extensively diseased it may not react. (2) If the test was made during the period of incubation there would be no reaction, although the disease may soon develop. (3) It is known that cows which have reacted may, because of the arrest of the disease, fail to react subsequently but later the disease would start up again, when the animal would react. We have records of several cases of this kind. Great care must be exercised, therefore, in the interpretation of negative results, especially in tests in herds where tuberculosis exists and where it is possible that the animals failing to react have been infected.

†For a full discussion on immunization against tuberculosis see an article on "Immunization of Animals against Tuberculosis," by Dr. Leonard Pearson, second annual report of the Henry Phipps Institute for the Study, Treatment and Prevention of Tuberculosis, Philadelphia, 1905.

Digitized by Google

duration or a year at the most do not carry conviction as to the efficiency of the method.

Von Behring* has more recently spoken encouragingly of bovovaccine or the Jennerization method and also the new product known as tulose which he has obtained from tubercle bacteria. With this he has succeeded in immunizing against living tubercle organisms. This method is known as Mithridatization. He also feels that a passive immunity may be obtained by the use of serums.

While we hope that the experiments will prove successful and great assistance will come from vaccination in the fight against tuberculosis, we cannot look to it for assistance for our immediate needs. The biological principles underlying the processes of immunity are not especially encouraging for the disease in cattle. As vaccinations have for their purpose the immunization of healthy animals, it seems more logical to protect the herds against infection, and thereby avoid any necessity for increasing resistence. The value of the vaccination method, if successful, lies in the immunization of the calves in tuberculous herds, thereby making it possible to build up a sound herd from tuberculous stock.

The Handling of a Tuberculous Herd.—Where the cattle are free from tuberculosis, the method of prevention is simple and inexpensive. But where the disease already exists in a dairy, to a greater or less extent, the problem is far more trying. It is clear that a dairyman cannot afford to have tuberculous cattle, and it is a fact that many of them possess such herds. The question, therefore, is, how can a man who has tuberculous animals eliminate the disease with the least loss? Two methods have been proposed and tried, namely, the immediate eradication by slaughter of all diseased animals and, secondly, the application of the Bang method.

The eradication of the disease by destroying all infected animals was the first proposed and extensively tried. It was based upon the great sanitary significance of the disease rather than upon the disease as a destroyer of cattle. It anticipated State aid for payment for the condemned animals. It failed because the disease was found to be so widespread that appropriations to carry out the method could not be secured from the Legislatures. As carried out, the method also failed of permanent good because it did not provide for retesting the remaining animals and thus finding and eliminating the infected individuals in which the disease was in the period of incubation at the time of the first

*British Medical Journal, September 8, 1906, p. 577.

Digitized by Google

test and slaughter. More than this, it called for an unwarranted destruction of property in cases where fat animals that proved to be very slightly infected were destroyed.

The Bang method for handling tuberculosis is simply the procedure recommended and carried into effect in Denmark by Prof. Bang of the Copenhagen Veterinary College.*

The object of this method is to replenish a tuberculous herd with as little loss as possible. It requires that all animals which show physical symptoms of the disease shall be destroyed. Those which give a tuberculin reaction but which, on physical examination, exhibit no evidence of their being tuberculous are isolated. They are kept for breeding purposes. The reacting animals are carefully watched and if any of them develop obvious symptoms of the disease they are slaughtered. The stables from which the diseased animals are removed are thoroughly disinfected.

As the sound herd is built up, the isolated cattle may be fattened and killed, under proper inspection, for beef. The laws of nearly, if not all, countries permit the use of meat of tuberculous animals for food when the disease is localized. In this way the people of Denmark have been able to greatly reduce the very high percentage of tuberculous cattle and at the same time minimize the loss they formerly sustained by the frequent deaths of diseased animals.

The Bang method, modified to suit the local conditions, has been applied with great success in Hungary, where the reports show that many highly infected herds have been freed of the disease in from four to six years. In Norway and Sweden the results have been equally good. Prof. Regner† states that the percentage of reacting animals among 36,149 cattle was, at the beginning of the application of this method, 33.6 per cent. After a period of from two to nine years, in different herds, it has been reduced to 4.7 per cent.

Among the first, if not the first, to put the Bang method to a test in this country was the Wisconsin Agricultural Experiment Station.‡ They begun in January, 1896, with sixteen reacting animals and eighteen healthy cattle. In February, 1899, they had twenty-seven healthy animals, all the progeny of the group of

*Bang, B. The struggle with tuberculosis in Denmark. The Veterinarian, Vol. LXVII, 1895, p. 688. Tuberculosis of cattle. Penn. Dept. of Agric., Appendix Bull. 75, 1901.

†Regner, Gustav. The suppression of tuberculosis among domesticated animals. Eighth International Veterinary Congress, Budapest, Sept., 1905.

‡Russell, H. L. The history of a tuberculous herd of cows. Wis. Agric. Exp. Sta., Bull. 78, 1899.

Digitized by Google

tuberculous cattle. Russell pointed out at the time that the method afforded a practical and often a most desirable way to replace a tuberculous herd. The method has been successfully applied at the Geneva Experiment Station.* October, 1901, the test of the herd showed thirteen healthy and seventeen tuberculous animals. They were separated and the method carried out. The station suffered a loss of four healthy animals in a fire, and a smaller number of heifer calves were born; but with all the disadvantages, in December, 1905, the herd numbered thirty sound animals and six tuberculous ones. The latter were slaughtered. Of the six, three would have passed the Federal inspection and their beef value obtained had they been disposed of in that manner.

The method is being applied most successfully by a number of cattle owners in this State. I personally know where it is being followed in herds aggregating more than a thousand animals. These infected dairies are gradually, and in some instances rapidly, becoming free from the disease.

The Status of Bovine Tuberculosis in New York State

Although facts about tuberculosis are generally interesting, I feel that we are called upon to consider more definite and concrete sections of the subject. As health officers of the Empire State, what is the condition respecting tuberculosis of the dairies furnishing milk to your citizens and of the cattle and hogs providing the home killed beef and pork?

Unfortunately there are no reliable data sufficient to estimate the extent of bovine tuberculosis in this State. The secretary of the former Tuberculosis Commission of the State Board of Health, estimated that about 4 per cent. of the cattle were affected. Of 1,459 animals examined and tested with tuberculin by the State Department of Agriculture up to 1906, Dr. Kelly tells me that 641 or 43.9 per cent. reacted. These herds, however, were all under suspicion and consequently this high percentage of reacting animals could not be considered as representing the condition of the herds generally.

In order to obtain further data on the subject, I addressed a letter to a large number of practicing veterinarians† asking for

*H. A. Harding, Geo. A. Smith and V. A. Moore. The Bang method of controlling tuberculosis, with an illustration of its application. Bull. No. 277, N. Y. Agric. Exp. Sta., Geneva, N. Y., 1896.

†I desire to express my appreciation and thanks to these veterinarians for their prompt replies and the valuable information they contained. It should be stated that many of the veterinary practitioners of this State are doing pioneer work of great value in trying to teach the farmers the necessity for and good results of eliminating tuberculosis from their herds.

Digitized by Google

definite information on this subject. In response I have received a large number of positive statements from practitioners relative to the herds which they have tested in their practice within a period of three years or less. The greater number were made during the last year. In addition to this, the Chief Veterinarian of the Department of Agriculture has kindly furnished me with a list of the official tests that have been made during the last three years, 1904-1906.. These two groups of statistics are interesting, because the official tests have been made under the operation of the law in herds under suspicion, while many of the private ones were made where the disease was not suspected by the owner, but because it was required by the purchaser of animals or of milk and its products. It is true, nevertheless, that many of the private tests were made because of the suspicion of the owner or at the suggestion of the veterinarian.

From the total of the individual reports, I have arranged the facts in the appended table (Table I) by counties which gives, in addition to the number of animals tested, some idea of the distribution of the herds from which the data were obtained.

In Table II will be found the facts similarly arranged of the official tests of the State, kindly furnished me by the chief veterinarian.

TABLE I.—A TABLE GIVING THE RESULTS BY COUNTIES OF TUBERCULIN TESTS MADE BY VETERINARY PRACTITIONERS, 1905-1907

COUNTY	Number of herds tested	Total number of animals	Number of animals that reacted	Number of tuberculous herds	Number of herds free from tuberculosis
Allegany	11	169	2	1	10
Broome	1	34	10	1	0
Cattaraugus	14	227	21	9	5
Cayuga	4	44	13	3	1
Chautauqua	11	429	46	10	1
Chemung	17	241	82	14	3
Chenango	15	174	44	11	4
Cortland	10	192	54	8	2
Delaware	26	1,030	553	23	3
Dutchess	21	629	287	18	3
Erie	17	817	340	13	4
Fulton	3	74	8	3	0
Genesee	1	12	3	1	0
Herkimer	4	90	65	4	0
Jefferson	4	63	30	3	1
Lewis	2	45	18	2	0
Livingston	5	155	20	3	2
Madison	6	62	21	4	2
Monroe	6	80	11	4	2
Nassau	1	15	5	1	0

Digitized by Google

Niagara	2	16	4	2	0
Oneida	5	73	36	5	0
Onondaga	1	18	14	1	0
Ontario	3	134	80	2	1
Orleans	3	9	0	0	3
Oswego	8	169	56	6	2
Putnam	4	46	29	3	1
Rockland	16	231	50	11	5
St. Lawrence	13	266	124	13	0
Schoharie	4	68	26	3	1
Seneca	5	228	64	1	4
Steuben	16	140	16	6	10
Tioga	17	334	35	15	2
Tompkins	24	306	13	6	18
Washington	1	84	5	1	0
Wayne	6	52	16	5	1
Westchester	28	1,242	673	24	4
Wyoming	16	250	39	13	3
Totals	364	8,640	3,111	265	99

A study of this table will show that tuberculosis is widely distributed in New York, and that there is considerable activity regarding it. The results of these private tests are most interesting. Of the 8,640 animals tested, 3,111 or 36 per cent. reacted. Of the 364 herds tested, 265 or 72.8 per cent. were infected, leaving but 27.2 per cent. of the herds examined free from this disease.

TABLE II.—A TABLE GIVING THE RESULTS BY COUNTIES OF TUBERCULIN TESTS MADE BY THE COMMISSIONER OF AGRICULTURE, 1904-1906

COUNTY	Number of herds tested	Total number of animals	Number of animals that reacted	Number of tuberculous herds	Number of herds free from tuberculosis
Albany	1	5	0	0	1
Allegany	7	68	2	2	5
Broome	5	44	6	1	4
Cattaraugus	9	123	10	4	5
Cayuga	2	20	7	1	1
Chautauqua	14	59	5	5	9
Chemung	9	72	6	5	4
Chenango	9	110	25	5	4
Columbia	15	140	44	5	10
Cortland	7	75	25	3	4
Delaware	6	186	9	2	4
Dutchess	2	38	24	1	1
Erie	5	341	8	2	3
Essex	5	48	5	2	3
Franklin	12	68	6	2	10
Fulton	1	3	0	0	1
Genesee	2	16	3	1	1
Greene	3	54	7	3	0
Herkimer	7	37	18	4	3
Jefferson	7	119	36	3	4
Lewis	1	14	1	1	0
Livingston	1	5	2	1	0
Madison	3	47	26	1	2
Monroe	2	12	0	0	2

Digitized by Google

Montgomery	1	2	0	0	1
New York	2	81	3	1	1
Niagara	2	4	0	0	2
Onondaga	4	43	18	2	2
Ontario	1	1	0	0	1
Orange	8	65	25	5	3
Orleans	1	12	0	0	1
Oswego	7	96	39	3	4
Otsego	12	163	57	8	4
Rensselaer	10	103	17	5	5
Rockland	2	9	0	0	2
St. Lawrence	31	378	161	21	10
Saratoga	2	23	0	0	2
Schenectady	2	6	2	2	0
Schoharie	1	1	0	0	1
Seneca	3	15	0	0	3
Steuben	9	52	7	2	7
Suffolk	2	4	2	2	0
Sullivan	2	4	3	2	0
Tioga	4	34	7	3	1
Tompkins	5	52	1	1	4
Ulster	1	45	27	1	0
Warren	1	4	0	0	1
Washington	3	49	1	1	2
Wayne	3	22	1	1	2
Westchester	8	116	27	7	1
Totals	262	3,088	673	121	141

A study of the facts set forth in Table II is very instructive, as it shows that the official tests made on supposedly diseased herds revealed a much smaller percentage of reacting animals, and a much larger proportion of uninfected herds than was found by the private tests. Of the 3,088 animals tested, 673 or 21.79 per cent. reacted, and of the 262 herds tested, but 121 or 46.18 per cent. were diseased, leaving 53.82 per cent. uninfected.

If we take the totals of the private and official tests we have positive information concerning the condition existing at the time in 626 herds, including 11,728 animals. Of the 626 herds, 386 or 61.7 per cent, contained tuberculous animals. Of the 11,728 cattle tested, 3,784 or 32.26 per cent. reacted. Of the 11,728 animals, 2,475 were in 240 herds that were free from the disease. The total number of cattle in the 386 herds containing reacting animals was 9,253, of which 3,784 reacted. This gives us 40.89 per cent. of animals infected in the diseased herds. The average size of the diseased herds is 23.9 animals and the average size of the uninfected herds is 10.3 animals.

It is unfortunate that more knowledge on this subject is not available. The data already given show that it is widespread. Although the figures point to a very high percentage of infection in the herds examined, the fact must not be overlooked, that the total number of animals tested and herein considered represents

Digitized by Google

but a little more than one-half of 1 per cent. of the cattle in the State. It is clear that general deductions should not be made from the condition found in such a relatively small number of animals, but the inference is justifiable that the dairy herds are quite generally more or less seriously infected.

What is being done with the reacting animals in private tests is not known, but casual inspection of a few slaughter-houses during the killing hours show that not a small number of them find their way to the shambles. A few dairymen are resorting to the Bang method to restore their herds. In some localities the local regulations of the Board of Health forbid the sale of the flesh for food of tuberculous animals regardless of the extent of the lesions. In others no action has been taken and the butchers throw away as much meat for disease as their consciences direct. There is a painful lack of uniformity or system observed by the health authorities in the State for the purpose of controlling this disease in the animals furnishing milk and the locally dressed meat.

With the present Federal meat inspection of carcasses for interstate trade, it is very desirable to to have a State meat inspection service established for animals killed within the State. This is necessary at present, if the public is to be safeguarded against meat from advanced cases of tuberculosis. Pennsylvania has recently established such a service, administered under the authority of the State Live Stock Sanitary Board. It provides for ten inspectors, and veterinarians have been appointed. These men can inspect the slaughter-houses, and be present when animals known to have reacted to tuberculin are to be killed. The mere knowledge than an official inspector is liable to visit a slaughter-house at any time with authority to seize any and all diseased or unwholesome meat, has a most beneficial effect upon the butcher.

The necessity of such a service in this State is very evident. A campaign against bovine tuberculosis, which is already beginning, demands an equitable disposition of the reacting and rejected animals. As large numbers of them are suffering with localized and very slight lesions, it is very proper that they be retained for food. It is just as desirable that the cases of advanced and generalized tuberculosis be excluded from our meat markets. It is not entirely satisfactory to leave the decision to the untrained butcher, who is usually financially interested in the carcasses.

With the 1,826.000 milch cows, and 944,000 other cattle in the State more or less affected with tuberculosis, many of the unfortunate individuals will be slaughtered for food. Such is being done at present, and as interest in the elimination of tuber-

Digitized by Google

culous animals becomes more general, the number of such infected cattle that will come to the butcher's block will undoubtedly be greatly increased. In addition to the question of tuberculosis, there are many other diseases and diseased conditions found in the carcasses of food animals that should be guarded against. A satisfactory meat inspection service calls for municipal slaughter-houses for all cities in order to better care for the business and to reduce the number of inspectors.

The pathological principle involved in the weeding out of tuberculous animals is simply segregation, and the protection of the uninfected. Those that are infected will recover or die, according to their ability to resist. In either case they lose the power of disseminating the virus. What is true for cattle is true with men. Public sentiment must be educated to a realization of the necessity of carrying out the measures for segregating the advanced cases, and of requiring the others to form such habits that they will not expose the healthy. If these measures are by some thought to be inhumane, it would be well for such to learn the "tenderness of cruelty."

Finally, there are practitioners in comparative as well as human medicine who are not willing to apply methods of precision in diagnosis. When tuberculosis can be determined from physical symptoms alone, much harm usually has already been done. The success of the Bang method rests in the searching diagnostic value of tuberculin. The checking of human infection depends upon early diagnosis. Tuberculosis is a great destroyer of life, and like other injurious things it will disappear when people learn to avoid it.

LYCOPODIUM*

By Royal E. S. Hayes, M.D.

Hazardville, Conn.

LYCOPODIUM is one of the greatest curative agents in the possession of the profession. It is frequently needed in many forms of disease in people of both sexes and of all ages. It has a great range of action, effecting curative changes in all parts of the organism. It has great depth of action, as well. This is seen in the profound constitutional changes which it brings about in long-standing, deep-seated chronic affections. It is seen also in the duration of action after it has been prescribed in a suitable

* Read before the Conn. Homœo. Med. Soc.

Digitized by Google

case. Its action seems slow at first. It may be two weeks or even much longer for its curative action to become distinctly manifest. It is a great renovator of the whole system, and during its course there often occurs eruption of old symptoms which may have been dormant for years. Old symptoms appear and disappear and it seems as though the patient was travelling back towards health on the road he came. This reappearance of old symptoms is said to be especially characteristic of lycopodium. They may continue to appear months after its exhibition. The writer has observed the curative action of a single does continue for nearly a year in chronic cases, the aggravation becoming fainter each time until the level is reached, and that level invariably a higher grade of health and strength. Such results can be seen only when the remedy has been prescribed in accord with the characteristic symptom group in relation to the cause of the sickness, administered in the single dose or a very few repeated doses and allowed to act without interference, even repetition of the same remedy. I have seen lycopodium repeated at intervals of months act for five years with great increase of vigor and vital resistance, improving the constitution of the patient. Lycopodium is also adapted to many acute complaints, and when well indicated in these it acts very quickly. I shall not forget the time when I first observed its acute action. The case was a young man with croupous pneumonia. His temperature was 106, active delirium, requiring constant attention to be kept in bed. In twenty minutes after giving lycopodium he was sleeping quietly and progressed therefrom to rapid recovery by lysis. The depth of action is shown in another way by the fact that when the acute disease has disappeared it will continue to improve the chronic tendencies, the patient eventually having better health than before the acute attack.

Let us go over some of the symptoms upon which we depend for effective prescribing:

Mind

There is sadness and mental depression, tearfulness, weeping in sleep, before the menses. Especially depressed or irritable in the evening. Women are sensitive, tearful at the least emotion, whether pleasant or otherwise. Children cry at the least worry. This is much like pulsatilla. In beginning the treatment of a chronic case in which lycopodium seems indicated, it is well sometimes to first prescribe pulsatilla. This relieves the nervous irritability and regulates the symptoms into orderly expression. It strengthens the nerves and the will, clearing the way for lycopodium to act

Digitized by Google

strongly upon the constitution, search out the weak places and permanently improve the general health. Pulsatilla, lycopodium and kali carbonicum is a sequacious trio which I have many times found useful—a combination of great power over deep-seated chronic tendencies.

Sensitiveness is a great feature of lycopodium. It seems to be due partly to want of confidence, a consciousness of feeble vitality. The lycopodium patient is so sensitive that she dreads company; even has a desire to get away from members of her own family. It is not a reversion of the affections like sepia but an unnatural sensitiveness to the mental contact of others. Lycopodium dreads meeting people because of timidity, sensitiveness, a mild condition of stage fright. Sepia has some similarity to lycopodium and supplements it as frequently as kali carbonicum. The nervous sensitiveness of lycopodium is shown by timidity in the dark, on entering a room; is easily frightened and startled. The dreams partake of the same sensitive mental state. Sensitive mentally and physically, to mental impressions, sounds, odors, heat, cold, touch, pressure, etc. The same may be seen in the intellectual state. A confusion due to sensitive organization or the irritability of weakness. Cannot express himself, hesitation, timidity, chooses wrong words, puts in extra words or syllables when writing. The memory becomes impaired and the patient dreads his work from fear or inability. But after getting started the task goes smoothly. Apprehensiveness. It is a remedy for overworked and nervous women.

Vertigo

The vertigo is peculiar. It occurs especially in a warm room. Vertigo while drinking. Becomes dizzy on looking at moving objects, causing a whirling sensation in the body. Comes on especially in women at the climacteric, with rush of blood to the head, is troublesome when attempting to rise from bed in the morning.

Head

The head conditions partake of the general lycopodium state. The pains are right-sided extending later to the left. They are stitching, tearing, drawing, pressing, which are the particular kind produced by lycopodium in different parts of the body. The headache begins in the day time and grows worse at the latter part of the afternoon, is relieved sometimes by moving about, especially in the open air, but decidedly worse on coming in from the open air, and from heat. I once cured a long-standing frontal headache

Digitized by Google

which was brought on by a severe ride in cold winter wind. With the lycopodium headache the patient feels "played out" and wants to lie down, but that aggravates it. Such headaches come on after sexual excesses or from mental overwork or some unusual strain of nervous energy. The pain begins on the right side, especially of the occiput and temples, extending to the left side, and by evening may be on both sides. Head symptoms are relieved by uncovering the head. Rush of blood to the head is frequent in some patients, and may be quite violent, causing falling, convulsive movements, involuntary defecation, or urination, or symptoms like epilepsy.

The scalp has many pains. The hair falls out or becomes gray early. A peculiar symptom, but one which has been personally observed only once or twice, is drawing up of the scalp with open eyelids, then drawing down of the skin and closing of the eyes, producing a peculiar facial expression.

The pains of the eye, ear, nose, face and teeth are similar to those of the head and have the modalities of the remedy in general sensitiveness as shown in the smell, heavily fragrant flowers, especially hyacinths, causing nausea. Fan-like waving of the wings of the nose is a well remembered symptom because it is so often seen. According to my observation, it is not due to cyanosis or collapse, like antiminium tart, or phosporus, but is an example of the general sensitiveness—a nervous symptom, for it may be found in early stages of lung diseases and in other acute diseases.

The complexion is sometimes dark yellow and the patient grows pale towards evening. The important general symptom, "involuntary extension and contraction of muscles in various parts of the body," is found in the face and jaws.

The teeth are sensitive and sore, especially on the right side; are relieved by warm things, worse by slight touch or by chewing. Toothache is frequently better while eating, but worse afterward.

Tongue

A peculiar symptom of the tongue—it is darted out and oscillated to and fro. Cuprum has the same symptom and was observed by the writer a short time ago in a case of hysterical convulsions from grief. In this case, the curious demonstration preceded the convulsions. The distinguishing feature in favor of cuprum was convulsive clenching of the thumbs across the palms of the hands.

Throat

Lycopodium is a valuable remedy in all kinds of inflammation

Digitized by Google

of the throat, from simple pharyngitis to diphtheria. Symptoms begin on the right side and extend to the left. Warm drinks make it feel better usually, but cold sometimes has this effect. Children affected with some acute disease become irritable, fretful, tearful. Bright and interesting when well, they are now frightened at the approach of the doctor or any one outside the family, or even those within the family. The fever and pain grow worse during the latter part of the day, the little patient may sleep a good deal, but on getting awake is fearfully touchy, irritable and depressed. The flapping alæ nasæ may be frequently seen.

Appetite

The perversions of appetite are distinct as well as common. At times the appetite is voracious, the more he eats, the more he wants, until obliged to desist from fulness and distention of the abdomen. Or, there may actually be a feeling of emptiness after a hearty meal and an appetite which is not satisfied. Anorexia is common with loathing of food, but on eating a little the appetite increases and becomes ravenous. Again, then, there is lively contemplation of food, but after a small quantity has been taken there is a sense of satiety and fulness which prevents further progress. Distention, fulness and pressure even to a bursting sensation towards evening should always remind one of lycopodium. There is apt to be thirst in the evening and drinking acts in the same way as food. Cold food aggravates. Craving for oysters is a symptom of many lycopodium patients, but they disagree even to the extent of being a violent poison to some people. Cabbage and milk also disagree.

Stomach

The stomach has tearing, drawing, stitching as in other parts of the body. Most symptoms are aggravated after eating, but if a meal is postponed for a while, headache comes on, which is relieved after eating.

Abdomen

Abdominal symptoms are prominently complained of. Distention, especially in the latter part of the afternoon. The abdominal symptoms are worse at 4 P. M.. Flatus collects in different regions of the intestinal tract and pressing stitching pains result on either side, but predominantly on the right side, especially in nervous subjects or when associated with irritation of other organs. Sometimes eructations give marked relief, or there may be such rapid accumulation of flatus that it is ineffectual, especially as they

Digitized by Google

are apt to be scanty. The carbo veg. case is markedly relieved by eructation; chamomile, china and phosphorus are aggravated. It is handy to know these little points sometimes or be able to find them in the repertory, when quick relief is necessary. A case of lead poisoning was cured by phosphorus, the remedy being brought to light by the pain being worse after eructations. Lycopodium has severe colics and hepatic or pancreatic or renal colics. About one year ago lycopodium cured an attack of hepatic colic for me. The patient was a stout, hard-working woman and a hearty eater. The abdomen had been much distended for a day or two. She was beside herself with the violent clutching pains, in constant motion, the pains being aggravated by attempting to keep still, an overpowering desire to lie down and rest but that aggravated the pain so that it was impossible for a minute, even. She was heated, prespiring freely, which seemed to distress her in spite of the intense pain. She had the clothing loosened, as she could tolerate no constriction about the waist. A clear case of lycopodium and a dose cured in ten minutes. This is as quick as morphia, more effectual, more grateful to the patient, and the attendant does not have to worry about sequelæ, which only the future can reveal. The patient is left in good condition for effective treatment preventive of other attacks.

One kind of patient in which lycopodium is frequently needed is in colicky infants. I can almost say that the writer has cured "three months' colic" with it. At least the distressing affection has been so modified as to cause very little trouble. The infant in question will shriek from afternoon until midnight or after; he has to be kept in motion, carried, wants to eat all the time or will take a little and then begin to cry; is decidedly worse after eating. He often begins to tune up by the middle of the afternoon and may be keyed up highest from 4 to 8 P. M. Again he sleeps all day and screams all night, this period being most common to my clinical observation, though the reverse is given in the text-books. The abdomen is quite distended, especially in the afternoon, and there is some relief from hot drink. Chamomile cannot compare with lycopodium in this affection. Chamomile may relieve for a day or two, but lycopodium will keep things quiet for two or three weeks or longer. It is folly to expect a low potency of this remedy to do much more. This kind of colic is a result of constitutional peculiarities derived from its development and nothing but deep and radical constitutional remedies like lycopodium or calcarea have ever accomplished anything in my hands worth mentioning. For the same reason, I suppose, a single dose or a few

Digitized by Google

doses continued for one day has with me been effectual. The 30th of lycopodium in such cases is no better than chamomile. Others may have seen different results, but I have to record it as I have seen it. A dose of the 50M or CM given to a colicky infant with the above symptoms will let people sleep nights and keep cool in the daytime. Calcarea, given on its usual indications and in the same way, is very frequently needed to supplement and substantiate the relief gained by lycopodium in these cases. Flatulence is a great feature of locopodium. Fulness, rumbling in the abdomen, worse in the evening; and fulness is not imagination, for even a little food creates much pressure and distention. If the patient is a woman she will often discharge flatus from the vagina, and I have known lycopodium women to expel it per urethram—at least they said so. Such symptoms are significant, as few remedies have them, and it makes it easy for the physician to select a remedy for other remote conditions perhaps of a serious import.

Rectum

Lycopodium is one of the prominent remedies which has constipation accompanied by contraction of the sphincter. There is spasmodic contraction, and it is also painful. The first part of the stool is hard, the latter part soft. Flatulence and inflation of the bowels occurs after stool. Pressing, tearing, stitching pains during and after stool. Pressing downward toward the rectum is a frequent accompaniment of the colics. When lycopodium is given according to the symptoms it will permanently cure constipation, which is to be expected, as constipation is as easy to cure as anything I can think of in the line of chronic trouble.

I have seen several cases of hemorrhoids disappear when lycopodium has been prescribed for other conditions.

Male Genitals

Lycopodium is a valuable remedy for the effects of sexual excesses. It is good for delicate men who lack self-confidence, who have been bachelors too long and stay bachelors though their lively contemplations lead them to expect to find a congenial mate sometime. The sexual organs in sensitive, precocious boys are undeveloped, relaxed and cold. Men may be troubled with the same condition.

Female Genitals

Women have a variety of menstrual irregularities. The menses may be too early, too late, too copious, scanty or absent

Digitized by Google

for long periods or long continued metrorrhagia. All the symptoms are most prominent before and during the menses: the digestive, the flatulent, and the sensitiveness of both mind and body. Here it is best to delay prescribing medicine until after the aggravation and save using up the force of the remedy in relieving temporary symptoms. Right-sidedness prevails. Stitching pains from right to left. The right ovary is first affected. It is applicable to some cases of appendicitis. But here the conditions are so mechanical and the consequences so vital that one should be humble enough to be extremely cautious about depending on remedies alone.

Urinary System

The lycopodium patient has a good deal of backache, and as it is relieved by motion should not be confused with rhus. With lycopodium it is often relieved after urinating, being worse if the urine is long retained, as through the night. There is often retention in acute diseases. There is quite a tendency for some irregularities of innervation of the kidneys, of which renal colic is one example. In one case of right-sided renal colic which came under my care, the distracted patient, on seeing me prepare to get out the little pills and powders, gave up to tears completely, insisting that morphine was the only thing which had ever relieved previous attacks and that he did not care what happened if only the pain was relieved. So the hypodermic was filled with a warm solution of lycopodium CM and duly injected. In five minutes the poor fellow exclaimed, "That morphine is a Godsend." When the pelvis and calices of the kidneys have become incrusted with calcareous deposit keeping up a continuous irritation it is well to know that sulphur, calcarea, lycopodium, etc., are capable of regulating the formation of the excretion so that they become solvent and the concretions disappear. Red sandy sediment in urine has been exploited as a keynote. While it may be so, my own observation has found it no more frequently indicating lycopodium than other remedies and I prefer to give it little weight in choosing a remedy.

Chest

Lycopodium is a great palliative in phthisis. It is more apt to act effectively in lean or slender brunettes. The right side is first involved in pneumonia or phthisis. In acute pneumonia the cheeks are red with white line about the nose and mouth; the patient is very restless from desire for and relief from motion and to get uncovered to relieve the perspiration and heat. He has

Digitized by Google

short sleeps, but while awake is cross and irritable. The expectoration may be scanty, consisting of lumps of blood of a cherry red color, or may be copious, stringy and of light rusty color. The nostrils attract attention, as they are expanding with each inspiration all out of proportion to any condition of cyanosis. If now the patient is examined and the right lung found to be the one principally involved you can rest contented, for you know that lycopodium is the remedy and you are not afraid to abide the result. It is useful in neglected cases when resolution is incomplete and the lung tissues are at the point of breaking down. Colds begin with dryness of the posterior nares, progress to the chest with aggravation of the cough and all symptoms in the latter part of the afternoon with relief in the evening. If lycopodium is not prescribed the attack may assume a subacute type and reaction come slowly or, some sequel remains, such as asthma or a congested area in the right lung. I have seen these areas clear up, but I have never seen lycopodium make a radical cure of a phthisis as have silica, phosphorus, sulphur and tuberculium, though I doubt not it may have been accomplished. A frequent use for the remedy is found in long-standing bronchial catarrh. In this kali carbonicum is apt to be a complementary remedy.

Back and Extremities

The writer has cured several cases of neuritis with lycopodium where there was necessity for motion to relieve the pain, pain worse at night, a sense of constriction around the part at some point in the course of the nerve, relief from open air, great sense of weariness and desire to rest, which is impossible. In one case of right-sided sciatic neuritis there was marked aggravation at 4 P. M. and at 3 P. M. lycopodium seemed to almost cure, but severe pain forced the woman from bed every morning at 3 o'clock. Kali carbonicum finished the case quickly so far as severe pain was concerned. As to sciatica, I have cured more cases of symptoms along the course of the nerve with medorrhinum than with any other remedy.

Lycopodium has tearing, drawing, pressing pains in the back and extremities. Relief from motion except the beginning of motion. Right side extending to the left. Pains better in the open air, etc. A cure of 11 months' synovitis of the left knee which was diagnosed as tubercular in a Boston hospital was complete and permanent in a few weeks. I say it was permanent because there has been no return in four years. The condition was origi-

Digitized by Google

nated by an injury. Rheumatic or gouty conditions involve the right side first, keep the patient in motion, are worse by first motion, after rest, and better by continued motion. At the same time he feels very tired and wants to lie down. This seems like rhus, and if one stops here he may give rhus and send that inflammation quickly to other parts of the body, even to the heart and other vital organs. It is a good thing sometimes to know whether certain things are due to disease progress or to the effect of wrong prescribing. In a serious case of this kind which occurred in my experience rhus was given on the strength of the above symptoms in a case of rheumatic fever. The pain in the extremities was promptly relieved, but was immediately followed by a sharp attack of endocarditis and serious depression of the nervous system. Happily, lachesis was able to revert the symptoms into their former course so that lycopodium was again indicated. The patient made steady though gradual improvement from that time and eventually had good health, but some of the valves were irretrievably damaged. The difference between lycopodium and rhus in such cases is as follows: In the first place the rhus attack comes on quickly, usually as the result of cold, wetting, overwork, strain or other exposure. The lycopodium attack is more apt to appear gradually; he has been getting to it a long time and has probably had digestive, urinary and other symptoms for a comparatively long time. The rhus patient is worse in the morning and feels dizzy on rising from bed. Lycopodium grows worse towards evening. Lycopodium symptoms extend from above downward and from right to left. Rhus extends irregularly. Lycopodium wants the open air and will go out when he is hardly able, but rhus patients keep themselves warm. Personally, I have always found that rhus makes a lycopodium case worse; but I have sometimes used it to advantage after lycopodium for the more external effects of the disease after lycopodium has removed the predisposing conditions.

Other interesting symptoms of the extremities are restlessness, especially in the evening; a nervous feeling in the lower extremities. which must be relieved by motion such as comes on when one has to sit too long hearing a dull sermon in church. Irresistible physical desire for motion. Cold right foot, then left. Right foot cold, left hot. Pulsatilla also has one foot cold and the other warm.

Temperature

An important exception to the right-sidedness is the left-sided chill. This symptom once led me to discover lycopodium in an

Digitized by Google

obstinate and puzzling case of intermittent fever and cure it.

* * *

Repeating some of the important general symptoms, we have right-sidedness extending to the left and symptoms extending from above downward.

Relief from and desire for motion.

Aggravation in the latter part of the afternoon and evening.

Aggravation from cold food and drinks and relief from warm drinks.

Aggravation after eating.

Sensitiveness, mental and physical.

Local organisms of blood.

The character of the pains; tearing, drawing, pressing and stitching.

Involuntary regular extension and contraction of muscles in various parts of the body.

Emaciation from above downward should also be noted.

To do justice to the possibilities of this great remedy it would be necessary to write a book. I have simply jotted down some of the characteristics and correlated incidents which came uppermost in thought as the result of personal experience. Lycopodium is a beautiful remedy, but great things can be accomplished with it only through studying the provings, the symptomatology of cases, determining the significant group of each in relation to the cause of the disorder and applying the one to the other, an ever-fascinating art.

PRACTICAL MORAL PROPHYLAXIS—A TALK TO PARENTS

By Sprague Carleton, M. D.

New York.

THERE is no craving in the world so universal and strong as the sexual desire. It is a part of the make-up of man that is vital, for without the normal sexual vigor, a man does not fulfil his obligations to existence and the society that gave him life.

It is not the purpose of this paper to try to soar on the theme of ideal manhood and womanhood, nor upon your duty to society, but it does intend to give you an honest, unexaggerated and undecorated exposition of what is to be avoided among those things that the sexual impulse prompts and conditions. Not only what to avoid, but, why to avoid it. Then you will be in a position better to protect yourself, and in protecting yourself, you will do much

Digitized by Google

for the public good. Nor is the purpose of this paper to preach the sinfulness of prostitution, but, it does intend to make you conscious of the personal risks you run when you court public women, do unnatural acts, or take advantage of the innocent. If it can do this, it will help your children so that they may not innocently lose the normal healthy sexual vigor that all mankind should possess.

You have seen the mistake and criticised your parents for not having taught you some of the truths and dangers of sex, and, in spite of this, you have neglected this matter with reference to your own children. Why? You think you know. You think that it is modesty, or shyness or something of that sort in your nature, or else you are one of those misguided persons who believe that the child will always be a child, and therefore should not know.

Before you can help yourself or your child you must have a rational sexual education, not a theoretical, but a practical one, in accord with both the good and bad that goes to make up a life and its surroundings. The teaching that most children get (if they get any at all) is an excellent example of the blind leading the blind. They may feel that they are getting along well—but the world looking on cannot but feel sorry for them.

For your own good, and the good of those that you are responsible for, it is essential that you learn the facts and issues, and ponder upon them, that you may become certain in your own mind as to the best attitude for you to assume. When you have done this your shyness and sensuality will have been replaced by self respect and a strengthening mentally and physically of the sensual self.

The great cry is that the danger from sexual education of the street is misinformation, and this the great cry is wrong, for the real harm is, that from the street your child learns from his associates the facts of sex life from a vulgar standpoint and not that serious consequences may follow questionable associations and acts, but that these things must be kept secret from their elders. Thus, those with a street education nourish the idea not of protecting themselves, but of keeping their doings secret, and, having contracted a filthy habit or disease, this idea of secrecy prevents their getting honest and careful treatment, and encourages the druggist and quack in their illegal trade.

Self protection is one of the universal desires and should be taken advantage of in fighting sexual wrongs.

Before the child can talk and walk it is your duty as parent or guardian to know that there is no undue irritation of the sexual organs. You should make it your business to know whether his penis is clean as well as his ears and finger nails. Every time the child is bathed the foreskin of the penis should be gently retracted

Digitized by Google

and bathed as is the rest of the body and then replaced in its former position. If difficulty is experienced in retracting or replacing a retracted foreskin, a reputable physician should be called in to circumcise the child, if you fail to do this, excretions from the glands about the head of the penis will accumulate and decompose and thus keep the parts constantly irritated. This irritation, or the friction of ill-fitting clothing may be and often is the cause of masturbation.

You never teach a child that his nose is an eye. But you do find that most parents refer to the boy's penis as a peanut or tea pot, etc. This habit of giving baby names to the genitals is a mistake, for a child soon outgrows baby talk and is generally very sensitive when you fail to appreciate that he has outgrown it. The outgrowing of his baby talk is more or less coincident with his getting about himself and playing with other children. His association with other children gives him new names, (generally vulgar ones) for his sexual organs. He believes that you do not use these, his, new terms, and even though he is a child he knows that peanut or tea pot, etc., are baby talk and his childish, sensitive dignity will not allow him to use them, so that from now on he avoids referring to his sexual organs, and it is here that you lose the control that it is now becoming essential that you should command. Penis, testicle, scrotum, buttocks, and anus should come into the boy's vocabulary with eye-lash, thumb, and little finger. These words used at home will offer a means for the boy to express himself. and this is far more desirable than that he have an unutterable sexual vocabulary consisting of the vulgarity of the street. This proper naming of the organs of the pelvic region should be used from the day the child is born. You make a mistake if you wait until he has learned a vulgar nomenclature. If you do this the boy will have a language with which he can talk to you. He will not talk to you and use the baby talk, nor will he dare use the vulgar, for he knows they are improper, for they are associated in his mind with a whipping (and what child doesn't believe that whippings are wrong?)

You cannot educate your child at stated times (hold class) but you must answer his questions (not more fully, however, than will satisfy him at the time), and answer them correctly, being careful not to lay more or less stress on them than you would on other questions that are constantly being propounded. You can teach him not to talk of these things in public in the same manner that you teach him not to talk in church.

Though the subject of masturbation has always been considered as deserving much space, we will dismiss it very quickly with these suggestions to parents. Keep your boy—the whole of him—clean.

Digitized by Google

Do not bathe him just before going to bed. See to it that each day he has time to play and get physically tired so that at night he is fatigued but not mentally irritated by an abnormal education. Give him a firm bed to sleep upon and do not cover him too warmly. Don't be guilty of fondling his genitals (watch his nurse). One other point, let him learn from you that to feel in the best possible condition for the day he should arise, urinate and dress as soon as he wakes up. (Form the habit.)

The next stumbling block that comes to the boy as he grows older is from nocturnal emissions—vulgarly called wet dreams. The first nocturnal emission, with the sensual dream that it conditions, is the source of considerable concern. As parents, it is your duty to watch the bed clothing and garments for the first evidence of this normal physiological act of nature. The father or mother should then tell the boy that it need give him no concern and that it is a condition that happens at irregular intervals to all healthy boys. The nocturnal emissions from over-loading of the vesicles is of the same nature as defecation from the over-loading of the bowel—and when it takes care of itself and is followed by a feeling of well-being it should be a source of self-congratulation. If not followed by a sense of well-being, there is undoubtedly an unhealthy condition present, which fortunately responds kindly to modern medical attention. If you fail to do your duty, the boy will talk the matter over with his associates of the street, and from them he will probably learn (if he has not already heard it) that he is losing his manhood or something of that character. If his misinformation goes no further, he is at least mentally depressed. Generally, however, his street advisers go further and council directly or indiricetly that he practice masturbation or solicit illicit companionship.

We have now to consider the male at the age when he seeks the other sex. The most difficult factor that we will encounter will be to realize when this stage starts. Having become certain that this adolescence has seen its beginning, it is our duty to warn the boy of the dangers that he may easily fall victim of. Remind him of the fact that he is at the age when he must look upon himself as a man, for he is capable of reproducing. He must be made to see, however, that though he is a physical man he has not yet attained social manhood, for he has neither the experience nor the ability from which he can command an income necessary to meet the obligations of sustenance. He must also be made to realize that the girls with whom he associates have likewise attained womanhood. What must be his attitude towards these girls? If he follow the example of the majority, he will spend no little time in endeavoring to excite them sexually. This will result in one or

Digitized by Google

both of the following: First. If his advances are taken to kindly and the normal physiological act is indulged in, he may be called upon to assume the social responsibilities of a father. This should be impressed upon the young man's mind.

Second. If he practice the more common method of prevention—the use of the condom or withdrawal—or for one reason or another simply indulge in "puppy love" then he must expect to develop embarassing and annoying physical conditions. The endeavor here is sexual pleasure. The methods are unnatural and incomplete and this incompleteness is the cause of the excess of those practicing these acts. It takes but a short time for nature to modify herself to make this pleasurable, but in so doing unfits man for the satisfactory performance of coition. In short, anything other than unmodified coitus tends physically to degenerate the sexual man.

If, instead of indulging in modified coitus or "puppy love," he court the prostitute, then he must remember that it must be a business proposition in which, however, he has no redress should he become infected with any of the diseases common among the demimonde—all of which are easily contracted, and have for their early symptoms a discharge, or a sore, or both.

The marrying age is a potent factor in sexual prophylaxis, and to complete my brief consideration of the male through the different periods of life I offer for your serious consideration the following outline discussions of the marrying age.

No man is better for any questionable sexual experience that he may have. By questionable sexual experiences are those which disregard both nature and society. These can be discussed under three headings, viz.: (a) Unsatisfied intercourse. (b) Unlawful intercourse. (c) Venereal diseases.

Unsatisfied sexual desire will cause pathological changes in the sexual organs that will interfere with their normal functioning. Illicit intercourse, aside from being unlawful, subjects one to the dangers of unsatisfied sexual desire, unpleasant social conditions and venereal diseases.

Venereal disases are easily contracted and are common among those of loose character. Under treatment a seeming cure is generally produced in a comparatively short period. Time, however, often reveals the incompleteness of the supposed cure.

The bachelor days of the majority of men are not without questionable sexual experiences. Some men pride themselves on their morality, (abstinence from nature's physiological act). These see no harm in the "puppy love" of the parlor or park. "Puppy loves" cause and aggravate unsatisfied sexual desire.

Digitized by Google

A woman may suffer from having a husband who has had these experiences. Men believe that until they marry they are free to indulge themselves as they please sexually. These do not fully appreciate that should they contract disease—and it is only a matter of time when they do—an incomplete cure may cause much harm and perhaps death to the woman they marry.

A harmonious marriage is the sole means of conforming to the laws of nature and society.

What can be done that the woman may have the better husband, and that the husband may be the better man? Society is at fault for increasing the period of bachelorhood, by putting too severe demands upon the younger generations. If society would put the same thought and money in educating for, and aiding in, early married life as it does in making its younger generations prematurely socially advanced, there would be a marked decrease in the prevalence of sexual disorders and a material raising of the moral standard of society.

From the foregoing facts it is evident that a lessening of the days of bachelorhood will diminish the prevalence of sexual disorders.

75 West 50th St.

Some Remedies in Pregnancy—Ischuria and dysuria:

Nux 3x: Painful and frequent urination tenesmus of bladder with color of urine normal.

Camphor Φ, drop doses two to five times daily: When urine escapes involuntarily.

Cuprum ars. 2x: Extreme tenesmus of bladder associated with tenesmus of rectum.

Equisetum Φ, 1x or 2x: Urethritis or irritable urethra.

Chimaphila Φ, 5 to 10 drop doses: With history of chronic cystitis.

Urine suppressed: Acon. and canth. from Φ to 3x, arnica 3x.

While this annoyance is a frequent one, it is often caused by a displaced uterus or pressure on bladder, which cause efforts should be made to remove; yet the above remedies will very often be all that is required.

Pain in back and loins: Nux vom. 3x: Pains in the back from exertion or fatigue in effort to support the erect position.

Arnica 3x, 6x: Sacral pains, also in loins or lumbar region. Pains of a neuralgic character. These pains probably arise from pressure or from the pelvic nerves sympathetic with the womb.

Caulophyllum 3x: Pains extending from sacrum to abdomen and uterus near time of confinement.

Mag. phos. 3x: Pains worse when patient gets chilled or cold. Pains come and go, of the cramping kind. Heat, or getting the body warm gives relief. Our best efforts should be to stop these pains, for if they persist there may come a premature labor or a subsequent tedious and difficult labor.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A.B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

DAYLIGHT BY CHEATING THE CLOCK

HOW economically indefensible is our present division of a day into hours of work, of recreation and of sleep! Taking nine hours as the average working day, we distribute those hours, summer and winter alike, between 9 A. M. and 6 P. M. Recreation comes after the daily toil and lasts, we will say, on an average, until 10 P. M. Then comes sleep until 7 or 8 A. M. This means that the recreation is taken by artificial light nearly all the year round, and that, in the summer time at least, we spend in bed some of the best hours of the day, when the air is freshest and the heat is not at its maximum. How many a doctor, called from his bed early on a summer's morning to take a drive through the country to a patient, has felt himself repaid by the invigorating pleasure of the drive taken at such an hour!

We are slaves to the clock. We ought to be followers of the sun. "Early to bed and early to rise" is an adage that meets with little adoption nowadays. How can we break away from our foolish habits? It is useless to say that the man who wants to get up early can do so; nobody will stop him. He gets up to find himself practically alone and has to wait until the majority are ready to transact business.

Reform, then, must be concerted; and how can it be brought about? By cheating the clock!

Digitized by Google

Many people in this country are doing this every day, and the traveler on the high seas is also guilty. The large area of our country, the tremendous stretch of territory from the Atlantic to the Pacific, requires that, in order that our watches may conform to the sun, we divide the country into time belts. So that we have eastern time, central time, western time; and the traveler who journeys from one time belt to the next puts forward or puts back his watch an hour, as the case may be. He cheats the clock. So, too, every time business or pleasure calls us to Europe, we daily alter our watch, until there is a difference of about five hours.

The same principle is applicable to our daily needs and can be made to give us the benefit of the daylight, and yet accommodate the man who refuses to retire or arise before a stated hour. Mr. William Willett, Fellow of the Royal Astronomical Society, of London, England, has come forward with a proposal to this end which has created considerable stir in Great Britain, and which is receiving widespread commendation and support. He suggests that at 2 A. M. on each of four Sunday mornings in April standard time shall advance twenty minutes, and on each four Sundays in September, shall recede twenty minutes. This would substitute for eight Sundays of twenty-four hours each, four Sundays each twenty minutes less than twenty-four hours, and four, each twenty minutes more than twenty-four hours. No alteration would be made on any other day. Each change, it will be seen, is less than that willingly borne by transcontinental and transoceanic travelers.

What will be accomplished by cheating the clock in this way? Mr. Willett presents figures which show that during five months his plan would secure the equivalent of a whole holiday of daylight every week; for 80 minutes a day means nine hours and 20 minutes a week, "which is about the average time that can advantageously be spent in exercise in the open air on any holiday." Of course, Mr. Willett's estimates are based upon the times of sunset and sunrise in Great Britain. In our latitudes we do not experience the long twilight that is so enjoyable to the traveler in Europe in the summer time, when, for instance, a newspaper has been read on the streets of Edinburgh at 11 P. M. without the aid of artificial light. But much would be gained in this country. The man who now ceases work at 6 P. M., by the time he reaches his house and has eaten his supper or dinner finds very little daylight left in which he can take outdoor recreation. An hour and twenty minutes' more daylight would surely be a boon to all.

And we gain this without any loss of sleep. Indeed, we should

Digitized by Google

gain; for we get 80 minutes more of darkness during our sleeping hours.

Altering the clock on Sunday at 2 A. M. gives us the minimum of interference with the ordinary activities of life. Comparatively few trains are running at 2 A. M., and all but those will arrive and depart on time; and for them it would mean an arrival 20 minutes late or 20 minutes earlier in April and September respectively.

Mr. Willett draws attention to the economic advantages of his suggestion. There is the great saving in artificial light. In every 25 years more than one year's consumption of fuel for lighting purposes would be saved. If the cost of artificial light per head be put at one-fifth of a cent, with 210 additional available hours of daylight, there would be a saving of $12,500,000 a year to the people of Great Britain and Ireland. In this country the saving would be at least twice this enormous sum.

Hygienically, the gain would be of inestimable value, and it is for this reason that this scheme is brought to the attention of the readers of the NORTH AMERICAN. If the proposal were adopted, the man who now leaves off work at 5 P. M. would have to himself the daylight he now gets between 3:40 and sunset. Where the Saturday half holiday is in force, those whose work ceases at 12, 1 or 2 o'clock can enjoy as much daylight as if the holiday now commenced at 10:40, 11:40 or 12:40 respectively. Not allowing for the six years of childhood during which sleep is indulged in quite freely during the daytime, the man who arrives at the age of 28 will have gained a whole year of daylight; at fifty he will have gained two years, at seventy-two, three years.

And all this economic and hygienic advantage as the result of stopping our present waste of daylight!

How can it be done?

In Great Britain a bill has been drafted for submission to Parliament providing that during April of each year the hour between 1 o'clock and 2 o'clock in the morning of each of the first four Sundays in April shall be a small hour consisting of forty minutes. And the hour between 1 o'clock and 2 o'clock on the first four Sundays in September shall be a long hour consisting of eighty minutes; but for all intents and purposes whatsoever these long and short hours shall be reckoned as a full hour of sixty minutes. The press, people of influence, and the ordinary people who would be so greatly benefited are giving their support to the movement. Who will lead a similar crusade in America?

Digitized by Google

Apart from the intrinsic merits of Mr. Willett's scheme, it has an additional interest to the readers of the NORTH AMERICAN as emanating from a member of the British Homœopathic Association.

"AN EVIDENCE OF UNITY IN THE PROFESSION."

THIS is the heading the *Southern California Practitioner* gives to an editorial discussing a testimonial dinner tendered recently to Dr. L. M. Powers, for twelve years health officer of Los Angeles. In this contemporary's opinion, the dinner, which was attended by more than two hundred of the licensed practitioners of medicine and surgery of Los Angeles County, in addition to being a tribute to the honored guest of the evening, was, over and above all, "a significant indication of the power of the medical profession when it choses to act as a united whole." "It was a most pleasant sign of the times to be a witness to the seating side by side of not only regulars but members of the homœopathic and eclectic faiths."

Our readers will forgive the term "regulars," for in its context it cannot be conceived that anything disrespectful was meant by its use. Perhaps, as suggested by another contemporary, the one who employs this term to designate a medical non-sectarian has no more idea of suggesting that the homœopath or eclectic is irregular than has the man who calls himself a Methodist of implying that the follower of some other religious polity is unmethodical.

The writer of the editorial under consideration sees that all educated physicians have a common ground in the basic sciences of medicine, and believes they should meet on this common ground and each learn of the good in the other. It was suggested at the time that such a dinner might be an annual affair, and this idea meets with the cordial support of the *Practitioner*. "Such an annual dinner or reunion of the members of the medical profession who stand for adequate preliminary education (a four-year high school course as a minimum) and proper professional training (a four-year medical course as a minimum) could not fail to be of great benefit, both within and without the profession. The lay public, no less than medical men themselves, need the recurrence of

Digitized by Google

this spectacle of medical men who hold different therapeutic viewpoints meeting as a united whole on matters of common interest and belief, such as public health legislation. Every such occasion increases our dignity and influence in the minds of laymen and thus enables the profession to press on more vigorously than ever in the work of preventive medicine."

This idea of association among educated physicians is worthy of cultivation. Nothing could possibly tend to more effectively broaden our viewpoint and lead us to entertain more catholic views. United work in public health associations, in anti-tuberculosis campaigns, in physical therapeutic societies is the best thing that could possibly happen for all members of the medical profession, and the opportunity to break bread in common should be afforded as much as possible. The NORTH AMERICAN took occasion recently to urge its reader to know himself. Now it urges him to also know his neighbor in the medical profession, and thus learn how true it is that "there is so much good in the worst of us, and so much bad in the best of us, that it hardly behooves any of us to talk about the rest of us."

After all, there is a good deal of truth in Pope's couplet:

"For forms of creed let baseless zealots fight:
He can't be wrong, whose heart is in the right."

Notes and Comments

The Negro Question—THE NORTH AMERICAN has received from Harriette C. Keatinge, M.D., Sci.D., a reprint of an article entitled "What Has the Negro Lost and Gained by Emancipation and Enfranchisement?" The essay was read before the New York Legislative League, and its contents deserve more than passing notice. All but the sentimentalists feel that the gift of political equality following the Civil War was a mistake; that the negro should have been treated as a ward of the nation, like the Indian and in more recent times the Filipino. The negro question is fundamentally an ethnological problem and not political. The writer draws attention to the negro's anatomical differences: abnormal length of arms; projection of the jaw, facial angle about 70, as compared with the Caucasian, 82; weight of brain as indicating cranial capacity, 35 ounces—average European, 45 ounces; full black

Digitized by Google

eye, with black iris and yellowish sclerotic coat; short, flat snub nose, deeply depressed at the base or frontal suture; broad at extremity, with dilated nostrils and concave ridge; protruding lips; large zygomatic arches, high and prominent cheek bones; exceedingly thick cranium, enabling him to resist blows and injuries which would break an ordinary man's skull; correspondingly weak lower limbs, terminating in a broad, flat foot with low instep, divergent and somewhat prehensile; complexion deep brown or black, due not to special pigment, as is often supposed, but merely to the greater abundance of coloring matter in the Malphigian layer between the inner and true skin and scarf skin; short, black, woolly hair; thick epidermis, mostly hairless and emitting a peculiar odor; frame thrown somewhat out of the perpendicular by the shape of the pelvis, the spine, the backward projection of the head and the whole anatomical structure; the cranial sutures, which close much earlier in the negro than in other races, this premature ossification of the skull preventing further development of the brain, and accounting, in the opinion of many scientists and pathologists, for the inherent mental inferiority. The negro child averages as intelligent as the child of other races, but at puberty all further progress seems arrested, and he remains through life a little child, who has not learned and who is not capable of distinguishing good from bad. The privileges given to negroes "since the war" have done little for them as a race. Lack of morality and of the knowledge of the laws of health, heredity and disease has caused some counties in the Southern States to become depopulated of healthy negroes. Whole families die of tuberculosis and spyhilis.

Christian Science and Physical Healing—A good many clergymen have published criticisms and estimates of Eddyism, but almost without exception they have been mainly concerned with proving the unorthodoxy of Christian Science, and were not a really scientific investigation of its claims and characteristics. A book bearing the title given to this paragraph, by the Rev. Lyman P. Powell, a Massachusetts Episcopalian rector, seems to deserve the highest commendation in this respect, being a consideration of the subject from the standpoint of an educated layman. When Mrs. Eddy says that "the divine principle of healing is proved in the personal experience of any sincere seeker of truth," Mr. Powell asks for scientific proof. "If Christian Science has ever cured malignant cancer, we want to know from an expert diagnostician that the disease was cancer. If Christian Science has ever cured a case of palsy we have a right to know whether that case was one of hysterical paralysis or functional paraplegia or was actual paralysis due to structural disease of the spinal cord or some other part of the motor-nerve system. If Christian Science has cured true diabetes, which Dr. Osler says he has never seen cured, we have a right to know whether Fehling's test or Trommer's test, or the fermentation test was used and whether it revealed diabetes or merely polyuria." This careful and absolutely scientific statement of the case, coming from a clergyman, will doubtless have

Digitized by Google

more weight than if it were penned by a physician. But after all, few people are going to be withheld or drawn away from Christian Science by an appeal to true logic. As Mr. Powell says, "the answers made by accredited exponents of Christian Science to the criticisms made against it satisfy none except those who read carelessly and think loosely;" and careless readers and loose thinkers will probably prefer the mystic sentences of "Science and Health," to the simple facts set forth by Mr. Powel.

An Ideal Collegium Medicinæ Homœopathicæ—Where the *decanus* is a broad man of executive ability, not only in dealing with affairs but with men; great-hearted, silver-tongued, and familiarly known to the *studiosi (inter seipos)* as "the old man!"

Where the *secretarius* is "my friend, the secretary; more interested in me than my præceptor;" a man of tact, discretion, far and near vision, unyielding will, charitable but stimulant.

Where the *professores* know their students and their instructors, and work as much over the latter as the former; where the *professores* are living men, not ambulant titles, and therefore, with the *addenda* of learning and wisdom, are raised by the *studiosi* to the seats of the demi-gods.

Where the *materiae ad artem pertinentes* are taught *cum arte,* not exuded or projectiled; where the *mens sana* not the *memoria* is the chiefest field of exercise.

A *collegium medicinae homœopathicae* of the above type, or thereto approaching, is likely to be jammed full of eager *studiosi,* whether its physical equipment be good, bad, or indifferent.

The Homœopathy of Opsonic Therapy—The New Year issue of the *New England Medical Gazette* has an able editorial in which is discussed at some length the homœopathicity of the increasingly favored opsonic treatment of disease. It is pointed out that there are many analogies between the two methods of treatment; the measures in each instance are mild, the single remedy is common to both ,aggravations follow the use of too large doses in each instance. But so far, no provings of opsonogens have been made; and until it has been shown what is their effect upon the healthy human organism, the homœopathicity of their action has not been established. The writer of the editorial believes that the opsonic therapy will be found to an example of isopathy, rather than of homœopathy. He suggests that the reaction to the drug disease, induced by the administration of the similar remedy, and which, the homœopathic philosopher tells us, overcomes at the same time the natural disease, the morbific process, is the working of an opsonin. It is further remarked that this new phase of therapeutics ought to "prove a bridge over which the regular school of medicine, and the homœopathic school of medicine can pass to a mutually good understanding."

Digitized by Google

Correspondence

"THERAPEUTICS A SUPERSTRUCTURE."

DEAR NORTH AMERICAN:

As some misunderstanding may arise about what I attempted to say and did say in my article upon which you commented, in your last number, from the fact that many of your readers never saw the original, I desire a little space to make myself clear to the friends of the NORTH AMERICAN. The object of my paper was two fold. First: to show that a medical education is incomplete, impractical and unsafe without a knowledge of materia medica and therapeutics in addition to a knowledge of anatomy, physiology, chemistry and diagnosis. Second: "To suggest that those holding official positions need to bear constantly in mind the responsibilities that go with the office." Having these two points clearly fixed in our minds let us take up your criticisms. You first say, "If Dr. Royal puts prevention before cure why does not preventive medicine with all that it implies * * * * stand up with if not take precedence of therapeutics as the superstructure?" My reply is because preventive medicine, with all that it implies, is a part of therapeutics. It is unfortunate that the words therapeutics and materia medica are used so loosely in our journals. By materia medica I would be understood as meaning *drug therapeutics* in distinction from all other therapeutics and use the two terms only to emphasize materia medica.

As to your next point: "Why does Dr. Royal mention "medical educators" in this connection?" referring to my statement: "I cannot understand the motive or get the view point of the medical educator or member of an examining board who proposes to relieve the applicant, for a license, from passing an examination in materia medica and therapeutics." You then say: "The NORTH AMERICAN doubts if there be such a one." I will say that while attending the conference of the Councils on Medical Education, the meeting in Chicago, Oct. 25th, a prominent educator in one of our leading medical colleges stated that he was in favor of cutting materia medica and therapeutics out of the list of subjects required by state medical examiners. When making a report of this meeting in the office of the President of the State University of Iowa, one of the leading professors of the College of Medicine of that University made the same remark. These are two specific cases out of a score I could mention where "medical educators" were in favor of releasing the candidates from examinations on these subjects. Of course it is unnecessary to inform the readers of the NORTH AMERICAN that there are already five states in which no examination on these subjects is required.

Your third point: "Does any member of an examining board, does any board, determine the subjects of examinations?" My experience may prove an exception; but I have been on the legislative committee of the Hahn. Medical Assoc., of Iowa, for twenty

Digitized by Google

years and no law regarding medical examinations has ever been put upon the statute books of Iowa, during that time, except at the request of, and in the form desired by, the board of examiners of the State. The last revision was brought about in this way. The board of examiners invited the chairmen of the medical societies of the schools of medicine recognized by law to a conference. A bill was agreed to by this conference, given to the proper committee of the legislature and became a law without the change of a single letter or punctuation mark. You were wise when you stated that "theoretically at least, state laws are the *expression* of the *will of the people,*" for they are so only in *theory*. I challenge the NORTH AMERICAN or any other medical jorunal to give a single instance where any medical law was ever put upon the statute books at the request or by the consent of the "dear people." It is because I am afraid that in the five states which have already omitted these two subjects the real significance, the real importance of the move was not comprehended, that I wrote my article. I sincerely hope the NORTH AMERICAN and all other first class medical journals will in the next few months give us all the light possible on this subject.

One point more and I will close. You say: "THE NORTH AMERICAN wishes to point out that the American Institute of Homœopathy has not endorsed Dr. Royal's views." This I grant to be true. But *I* claim to have expressed the *views* of the *American Institute of Homœopathy*. If I got a correct conception of the views and wishes of the A. I. H. as expressed in the resolutions of its inter-collegiate committee, its interstate committee and of the Institute itself at its meeting last June, I expressed these views in the article referred to in your editorial. If I am wrong in this it is an error of the brain and not of the heart.

Cordially, GEORGE ROYAL.

DEAR NORTH AMERICAN:

Your editorial in the February number under the above title may be misleading to some.

After giving the stock arguments of the old school against the use of therapeutics by Medical Examining Boards (which have been used by medical politicians with such success in overthrowing separate examining boards), the Editor would disarm criticism by saying. "These remarks are made not because the NORTH AMERICAN would abolish all tests of therapeutic knowledge, not because it is opposed to three board systems or single board systems."

Perhaps, however, the argument of Dr. Royal may not be as weak as represented. I have not seen his article so must confine my remarks to your editorial. The plain logical statement of the use or necessity for examining boards was originally that the general public would be protected from men who might be graduates either of medical colleges with inferior facilities for teaching the healing art, or else who, while graduating from well equipped medical colleges were, nevertheless, deficient in their knowledge of the treatment of the sick.

Digitized by Google

Medical examining boards must stand or fall upon this platform. They never would have originated except for the above reason.

The general public cares little whether a physician is an accurate chemist or pathologist, or microscopist—it is interested only in his therapeutics. Is this man, licensed to practice in our community, thoroughly capable to treat our sick? It is their right to know this and unless the examining board can give this assurance there is no reason for its existence.

Preventive medicine is not more prominent than the treatment of the sick because the subject of prevention of disease is rapidly passing into the hands of experts and the State, and through the diffusion of knowledge and the passage of health laws the community is protested against ignorance of practitioners on this subject.

At the time that medical examining boards were established there were at least three well-known schools of medical thought and practice—known to the public as Allopathic, or old-school; Homœopathic, or new school, and Eclectic. These three schools differ mainly in their therapeutics and it is the inalienable right of every American citizen not only to select whichever kind of treatment he prefers, but also to be protected equally against incompetent practitioners in the school which he has selected. Therefore medical examining boards, to afford that protection, should be separate for each school. This was early recognized and in many States three separate boards were created.

In Pennsylvania three such boards have worked together since 1894, and there has never been a single good reason advanced against them. The cost of their operation is less to the State than that of a single medical board, for in the fruitless attempt that was made last year by the politicians whom you say "always prefer the practical to the ideal," the expenses of the single board would have been $500 greater than by the existing three separate boards.

Yes, Mr. Editor, Dr. Royal has mentioned four distinct types where it is necessary that examinations should take place in "the therapeutics of the candidate's choice," and suppose that this number be multiplied to include those who would treat all cases "by raw beef alone, by rectal lavage, by baths of the many kinds, or by mental science" or "what-not." There is only one principle to apply to all—the general public is protected by the uniform examinations required in anatomy, physiology, chemistry, obstetrics and other scientific branches of medicine, the questions for which are the same for all schools, and the individuals who desire to be treated according to any special system are protected by having all would-be practitioners of that system examined in its therapeutics, or means of treatment.

Those who desired Christian Science healers would then know and the general public would know that these so-called healers had the same knowledge of the scientific branches of medicine as the doctors of medicine.

In regard to the infinitude of the therapeutic systems which the

Digitized by Google

Editor things so obnoxious to the politicians, both civil and medical, their number will always be limited. There is that overlapping and dovetailing of knowledge that will prevent too great a multiplication of boards. A man who wishes to practice rectal lavage could as well pass his examination before either the allopathic, homœopathic or eclectic boards because his subject is included in the teachings of all these schools.

The homœopathic graduate has been instructed in general (allopathic) therapeutics, but in addition, has been specially instructed in homœopathic materia medica and therapeutics, and naturally selects the homœopathic medical examining board. The public, having knowledge of the fact that homœopathy has grown to be a great system of medicine with thoroughly equipped colleges and hospitals and also knowing that the old school institutions do not teach the homœopathic therapeutics, desires to know that the doctor to be licensed has such a knowledge of homœopathy that he may safely call upon him to apply its principles.

Unless the individual as a physician (who has some rights) and as a would-be patient (who has a right to select the method by which he may be treated when sick and a right to know that he is protected from incompetent men claiming to practice that kind of therapeutics), unless both of these are protected in their rights by separate examining boards where examinations are made upon separate therapeutic systems, then the whole system of medical examining boards fails in its primary object, that of preventing incompetent healers of the sick from being let loose upon a community.

Therapeutics is not only a superstructure, Mr. Editor, but it is the very foundation upon which medical examining boards were created.

If it is to be discarded, then the present system of medical examining boards should be abolished and the examination be that of the college and not of the individual after graduation. Let the colleges be examined for their ability to give an uniform education in the scientific branches of medicine— let the students pass uniform entrance examinations to test their fitness to enter upon the study of medicine.

In addition to the prescribed knowledge let the college teach any or all systems of therapeutics and let the graduate enter upon the practice of medicine without further examinations.

Philadelphia, Feb. 9th. T. H. C.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Eclectic Homœopathy—This issue of the Review contains considerable materia medica derived from eclectic literature. It will remind the reader of the eclectic discovery of the prophylactic virtues of belladonna in scarlatina (by Scudder). Now, there was a man, S. Hahnemann by name, who.....etc., etc.

But, we think the eclectic view and use of certain remedies will not be uninteresting.—Ed.

The Study of Remedies—It has been asserted by some that cactus has no remedial action whatever upon the heart. This assertion is based upon a series of experiments carried on in a laboratory. The experiments, as we understand it, were made upon frogs and rabbits and guinea-pigs, the experimenter using cactin. The experiments and conclusions are based upon false premises.

It should be understood, first of all, that many remedies have a dual action. There is a wide difference between the physiological or poisonous action of a drug and its remedial action. A physiological action is a poisonous action. Again, no therapeutist would insist that a remedy must possess a poisonous action in order to have a remedial action. No one would think of giving aconite, strychnine, morphine, hyoscyamus or hyoscine, digitalis, ipecac, podophyllin, veratrum, belladonna, and a host of remedies we might mention, with a view of obtaining their physiological when desiring their remedial action.

Again, when experimenting with an alkaloid or the active principle of a plant, we do not always obtain the same action that we would if the entire plant was used. Possibly the most familiar example of this would be the action of digitalin, and an infusion of digitalis. We are all familiar with the fact that when the diuretic action of digitalis is desired it is best obtained by using an infusion. The degree of dilution will also influence its action.

Our attention was recently called to this latter fact in an accidental manner. We had prescribed buchu to be taken in hot water, directing the patient to take it in about a glass of hot water. The complaint was made that the remedy was not having the effect desired. Inquiry elicited the fact that, not desiring to take so large a dose, the amount of water had been reduced about one-half. When taken in the amount of water desired the action wished for was obtained.

Every therapeutist absolutely knows that black haw has a remedial action, yet it can be taken in almost any sized dose, its poisonous action, if it has one, being extremely remote. Yet no one familiar with it will deny but that it has a prompt and very effective remedial action. So it is with cactus. We do not deny the value of the laboratory in investigating drugs, but in this case the experimenter began with a wrong premise, hence his conclusions are wrong. So, in fact, are many of our laboratory drug studies, as well as diagnoses. In the first mentioned, poisonous actions only are

Digitized by Google

studied; in the second many conclusions are reached which are not borne out by clinical investigations.

You may say this is empiricism pure and simple. Granted it is, empiricism has taught us many valuable truths in therapeutics, and without a knowledge of therapeutics, success as a practitioner is impossible. Many mistakes have been and will be made by relying upon a laboratory diagnosis solely; so, too, will many errors be made in therapeutic drug studies when confined to the laboratory and to poisonous actions.

Cactus has a remedial action, and every clinician who has ever given it a test will bear testimony to that fact. It is not a heart sedative as digitalis or aconite, but when we have tachycardia, dependent upon a nervous irritation or erethism—in other words, when it is purely functional—cactus will relieve and relieve promptly. Dr. Mundy, *Eclectic Medical Journal.*

Veratrum viride—Often a much needed remedy in spasmodic and convulsive diseases, pneumonia, erysipelas, rheumatism and in the eruptive and malarial fevers. The leading specific indication—the full and bounding pulse—for its exhibition is so plain and simple that it cannot be mistaken. Whenever called for by this characteristic pulse it acts with wonderful certainty and can always be relied upon as a means of calming an excited cardiac action, lessening the frequency of the pulse, controlling the temperature and subduing the fever. When indicated by the full and bounding pulse it is the ideal sedative in inflammation of the respiratory organs or of serous tissues. In pneumonia, pleurisy and peritonitis it is many times useful and is also frequently indicated in erysipelas and other inflammatory conditions. In the early stages of typhoid with strong, full pulse, veratrum will do much toward staying the inflammatory process and checking the dangerous lesions.

It is not a specific for any disease, but it possesses specific therapeutic properties in which great confidence can be placed whenever called for by a full and bounding pulse.

In febrile diseases the first noticeable effect of small doses of this medicament is a softening of the pulse, then the skin becomes soft and the pulse becomes less frequent and regular. When employed in the large doses necessary in puerperal convulsions the pulse at first sinks considerably, but as soon as vomiting occurs it comes back to the normal standard. I have used the drug for the third of a century in eclampsia and believe it to be our most efficient remedy in this alarming condition. In this affection ten to fifteen drops of the specific medicine (or a good fluid extract) hypodermatically administered constitutes an approved initial dose. In some cases it may be necessary to repeat this large dose, but five drops, repeated as the severity of the case requires, will usually control convulsions after a single dose of ten or fifteen drops has been employed, and keep the pulse down to sixty per minute. A single dose of ten drops is more effective than several doses of five drops each. The necessary dose may be repated every hour, or more frequently if the case demands it.

In intermittent and remittent fevers, the specific indication is

Digitized by Google

often met with. It is also to be seen in many cases of rheumatic fever, and under such circumstances it is our best antirheumatic, and will not only break the fever, but it will also arrest the excessive symptomatic sweats which arise from capillary congestion.

The following are among the approved specific indications for veratrum: Full and frequent pulse; pulse full, strong and intense, the carotids pulsating forcibly, wth cough, headache and weight in the epigastrium; full pulse with such rapid action of the heart that sleep is prevented; convulsive conditions when the pulse is full and indicates great vascular excitement; sthenic fevers and inflammations. Dr. J. W. Fyfe, *The Eclectic Review.*

Pulsatilla— While there are many other fields in which pulsatilla is known to possess great curative power, it is especially adapted to the treatment of diseases peculiar to women.

In many instances female patients are seen who are very despondent, extremely nervous, and feel that something awful, they know not what, is about to happen to them. Their constant fear makes it impossible for them to sleep for any great length of time. They shed tears frequently without any real cause for doing so. A careful examination of such a patient often fails to reveal the least physical wrong, and yet there is no mistaking the fact that their sufferings are very great. A patient afflicted in this way should be given every two hours a teaspoonful of a mixture consisting of thirty drops of pulsatilla and four ounces of water, with the positive assurance that the medicament will restore her to perfect health.

In amenorrheo, especially when accompanied by mental disturbance and apprehension of approaching misfortune, pulsatilla is one of our most reliable drugs, and it is also of great value in cases associated with an abnormal condition of the organs of reproduction. It increases the tone and functional activity of these organs, and overcomes irregular and deficient power. In uterine diseases, especially when characterized by despondency or hysteria, it has no equal, and in difficult, suppressed or irregular menstruation it will do much toward bringing about a normal condition. In the relaxed and atonic conditions which are sometimes apparent during pregnancy it will restore tone to the organs engaged in the process of gestation and favor a normal labor. In general nervous irritation, with a tendency to convulsive states, pulsatilla constitutes a promptly acting remedial agent, and in nervous exhaustion, when the pulse is feeble, the capillary circulation deficient and the extremities cold, together with a relaxed physical condition, it constitutes a medicament which can be employed wth an assurance of beneficial results. Pulsatilla is also a most useful remedy when there are leucorrheal discharges, attended with pain in the loins, tenesmus, irregularities, short, shooting pains, burning, weariness, loss of appetite and general derangement of the nervous system. In gonorrheal orchitis it consittutes an excellent remedy to combine with phytolacca, both for external and internal use.

Pulsatilla is more especially indicated in the absence of acute inflammation, determination of blood and high fever, but if the specific indications are marked their presence may be disregarded.

Digitized by Google

The following are among the most frequently met with specific indications for the exhibition of pulsatilla: Irritation of the nervous system associated with wrongs of the reproductive organs of both men and women; menses scanty or tardy; sense of fullness and weakness in back and hip of women; nervousness, despondency, and fear of impending danger; conditions in which the patient is frequently moved to tears, even in sleep in extreme cases, and still she is unable to give any sufficient reason for doing so; nervousness with sleeplessness; head symptoms common to functional affections of the reproductive organs of both men and women; nervous conditions caused by over-mental exertion, or the excessive use of tobacco. Dr. J. W. Fyfe. *Eclectic Review.*

Physical Therapeutics

Proving and Verification of Nitric and Nitrous Acid—Operators of static machines at times are obliged to open the case of the machine, and when not careful in avoiding the fumes of nitric and nitrous acid contained in the enclosed case, frequently suffer from an irritant cough and subsequent hoarseness produced by the acid fumes. Physicians who have experienced this "proving" of nitric and nitrous fumes will be interesteed to read the following excerpt taken from D. E. Hughes' Practice of Medicine (a favorite little hand-book in old school colleges). On page 250 we note the following. "Attacks of acute laryngitis occurring from efforts in public speaking or singing are wonderfully benefitted by the use of acidum nitricum dilutum mij—v every hour or two."

Electric Signal for Wet Diapers—At the Exhibition of Hygiene held last year in Vienna a practical device was shown by Professor Pfaundler for assisting nurses in the care of infants. The terminals of two poles of a dry cell battery are placed in the child's diaper. When the latter becomes wet (from urine or feces) electrical contact is established and a bell rings and continues to ring until the nurse rearranges the baby with a dry diaper. This device seems fine for the baby, but is probably hard on the nurse if a number of ringings occur at the same time.

Alcohol Injection for Facial Neuralgia—At the meeting of the Medical Society of New York County, December 23, 1907, Dr. Otto Kiliani read an interesting paper on Schösser's alcohol injection method in facial neuralgia. The paper bristled with figures and careful statistics and is printed in *Medical Record,* Jan. 18, 1908.

Injections are made with 80% alcohol, 2 c.c. being injected into the foramen through which the nerve emerges or into the foramina ovale and rotundum. Peripheral injections are first made, no local anesthetic being employed; and the alcohol is slowly injected. Within a few minutes a burning or benumbing sensation is experienced within the area of the nerve treated. Any of the three

Digitized by Google

peripheral injections produces a swelling which, in the first and second branch, results in edema of the eyelids, and in the third branch, occasionally a slight trismus. Nearly every injection into the second branch through the infraorbital foramen causes slight facial paralysis, owing to the connecting branch of the ganglion sphenopalatum with the loop of the facial nerve. This paralysis or paresis disappears wthin a period of 3 days to two weeks.

Injections should be made twice a week and relief from pain occurs in from 2 to 6 injections; sometimes 12 injections are required. Dr. Kiliani has treated 55 cases within 16 months with but three failures, and considers the treatment a valuable addition to the physician's equipment. In trifacial neuragia—tic douloureux—when high frequency derivation currents have been carefully tried and galvanism has also been found ineffective, the alcohol injection certainly deserves a trial, if the recorded statistics can be repeated by others.

Electrical Anesthesia—Professor Leduc, whose experiments with rhythmic interrupted continuous currents on animals and subsequently on himself have caused much discussion, has received corroboration of his statements regarding the so-called electrical sleep or anesthesia from experiments made in this country. Dr. James E. King at the New York County Medical Society, December 23, 1907, detailed his experiments on this subject and Professor Tufts, of Columbia, demonstrated and explained the physics of the apparatus. Dr. King prefaced his remarks with the statement that advances in surgery have been in direct ratio to the improvements made and the perfection obtained in safely abolishing sensibility to pain. Without anesthesia the triumphs of surgery would have been minimal. The dangers of using lethal agents like chloroform and ether, however, still render their application far from satisfactory, so that Leduc's statement that complete anesthesia without any sequellæ, could be induced by a special current, deserved investigation.

Dogs were first experimented upon. The points selected for the application of the current were over the cerebrum and on the back over the kidneys, in order that the current might pass through the brain and spinal cord. The parts must be carefully shaved and cleaned, for the hair offers considerable resistance to the current. The head electrode is attached to the negative pole and the back to the positive pole. Until the resistance of the skin is overcome, no effect will be noted. As the current begins to penetrate the animal becomes dazed, and as the voltage is gradually increased the animal passes into the stage of excitement, similar to chloroform and ether narcosis. At this point the voltage is increased rapidly and unconsciousness is quickly produced. A slight further increase in the current secures relaxation and abolition of all movements. The animal can now be easily handled and operated upon if desired. The current is kept on during the whole period of surgical work, and when the same is finished the current is shut off, with immediate return to consciousness of the animal, which will run about and act as if nothing had happened.

Digitized by Google

Dr. King has kept dogs under the current from a few minutes to two hours, and found the animal recovered as quickly after the longer period as from the shorter. The circulation is not apparently affected excepting for a slight rise of blood pressure. In some of the animals the respiration is much embarrassed throughout the anesthesia, and this difficulty seems to be the most difficult problem. When death occurred, it was from respiratory failure; but it was possible in many cases to restore the animal by artificial respiration, as the heart continued to beat long after the breathing had ceased. Prof. Leduc tested the current on himself and claims that the experience was not an unpleasant one, except for the mental distress arising from the realization of the gradual loss of faculties. With this came a feeling of helplessness and inability to make voluntary movements or speak. He characterizes it as a nightmare. The fear of the current prevented Leduc's assistants from pushing the voltage to a point where loss of consciousness and anesthesia were complete. The length of time he was under its influence was twenty minutes. Upon cessation of the current the return to normal was immediate.

Dr. L. Pierce Clarke (N. Y. City), in discussing this subject, stated that the general effect of the cerebral application of the Leduc current was highly characteristic of normal sleep. It was not a coma from which the animal slowly recovered. The awakening was instantaneous as from normal sleep. All bodily functions were resumed as before the application. The value of the current in special forms of insomnia was obvious. Dr. Clarke finds the current to be a great nerve sedative, relieving all sorts of neuralgic and neurotic pain instantaneously. The length of time during which pain was abolished varied from two to six hours. As a temporary sedative in locomotor ataxia and facial neuralgia when the relief from pain for a few hours, even without the use of sedatives, was a matter of great moment, the use of the Leduc current was a great boon.

Dr. King's description of the technique of this new discovery is as follows:

A direct current (100 volts) is employed with about 100 interruptions per second, a special rheotome being employed. This rheotome can be controlled so that the interruptions can be started at 9 to 1, or the current is closed 9-10 and open 1-10. Flexible electrodes of tin or copper held fast by elastic bands are employed, a cotton pad well moistioned with bicarbonate of soda covering the metal. The head electrode is attached to the negative pole, the back electrode (over kidneys) to the positive. The current must be under control so that the voltage can be increased by fractions. It requires a little time for the current to be felt as the skin is ordinarily resistant. Soon the stage of excitement arrives, which is followed quickly by unconsciousness when the current is increased, with supervening relaxation and anesthesia.

From 5-7 volts with 2½ m. a. are used on small dogs before the anesthetic effect is produced. The amount of current varies in every case, and the experience of the electrotherapist must

Digitized by Google

determine the gradual increase in the current for anesthetic purposes.

To produce local anesthesia the negative pole is placed over the respective nerve, the stabile pole being placed over the sternum or at an indifferent point.

Dr. King believes the Leduc current to have a great future. If the technique for electrical anesthesia becomes perfect, its marked superiority over ether or chloroform will be apparent to every physician. Post-operative vomiting, meteorism, and all the bad effects of ether or chloroform narcosis will be obviated. Another very important point is that no impairment of resistance occurs from electrical anesthesia, so that convalescence will be very much shortened and robbed of its terrors.

Zinc Ionization—Worrall (*Medical Electrology*, June 1907) recites a case of rodent ulcer in a patient 64 years old, which had been treated for two years unsuccessfully until he applied zinc ionization. Leduc has strongly advocated zinc ionization in ulcers and epithelioma, and Worrall's confirmation of its value compels consideration of this therapeutic measure by electro-therapists. The technique consisted of moistening the ulcer with 2% solution zinc sulf., covering the ulcer with a compress saturated with the same solution, and applying the positive pole over the compress, using 15-18 m. a. for 12 minutes. The negative pole was applied at the nape of the neck. After eighteen days the ulcer had completely healed.

Roentgen Ray Filter Von Jacksch (*Munch. m. Wschr.*, 34, '07) describes his experiments with filters in Roentgenization, and concludes that a very thin layer of silver (0.02 m.m.) is the ideal filter; it obviates dermatitis of the skin and permits Roentgenization of the internal organs for a long period without injury to the skin. He also expresses the opinion that by interposing various opaque substances, the quality of the radiation striking the skin can be modified, and that various effects may be secured in this manner. This suggestion certainly seems plausible and worthy of further investigation.

The Use of Roentgen Rays in Unresolved Pneumonia—Edsall and Pemberton (Feb., '07. *Am. Journal of Med. Sciences*) called attention to the beneficial effect of the Roentgen ray in unresolved pneumonia. They exposed the patients daily for a few minutes and noted that the area of dullness gradually disappeared and that normal conditions obtained within a few days. Tests made on the urine demonstrated that after Roentgenization the amount of urine was doubled, showing marked changes in metabolism, induced by the ray. The writer has followed this technique in one case with good results, although it required ten days before the percussion sound became normal. In unresolved pneumonia of tubercular etiology this quick resolution is, of course, not to be expected, although good results should also follow its administration.

Digitized by Google

Vol. LVI APRIL, 1908 (Volume XXIII Third Series) No 4.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE THERAPY OF YESTERDAY AND OF TO-MORROW*

By Dr. H. Huchard

Paris

IN our first lectures we studied particularly pathology and clinical practice, which, with pathologic anatomy and physiology, constitute the science of medicine. In the two latter lectures, the theme has been chiefly that of therapy, which constitutes the art of medicine, its active phase, as Aristotle puts it.

In concluding our conference, I wish to consider with you a hazardous, difficult subject: The therapy of yesterday and that of to-morrow.

You know the therapy of the past with its incoherences and its uncertainties, its wealth of drugs as opposed to its poverty of medication, its incessant fluctuations consequent upon the fact that it is governed by no defined law nor guided or directed by any doctrine. It were time wasted to discuss it further.

You recall that I mentioned the extremely feeble doses of digitalin, gtt. ij-jv per day of the 1/1000 dilution, wherewith a most remarkable tonic action upon cardiac muscle may be obtained. Well, a homœopathic physician, Dr. Sieffert, author of an excellent treatise on positive therapeutics, writes me: "This dose

*June 10, 1907, in the amphitheatre Laënnec, before an audience of three hundred, chiefly physicians, Prof. Huchard terminated his clinical lectures with the above declaration of principles. Translated from the *Journal Belge d'Homœopathie, Vol. XV. No. 1*, by Dr. Shedd.

Digitized by Google

corresponds to the third decimal of our pharmacopeia, and we employ unhesitatingly doses even stronger than yours." Thus, you behold me enrolled in the camp of the followers of Hahnemann, and, in regard to this matter, I desire to state clearly to you my opinion.

Medicine should remain tolerant, and, above all, modest, for reasons which, alas, are too well known among us; it should assume no proudly arrogant attitude when confronted by adverse theories, for no individual, no school has a right to hold itself the sole depository of truth. Whencever it comes, it should be accepted; this truth, "which demands years for its victories; which never triumphs on its first appearance," as the old philosopher, Fontenelle, once said. Even the theory of the circulation of the blood had for a long time its obstinate detractors, among whom, Riolan, who exclaimed: "I would rather be deceived with Galen than know the truth with Harvey!"

I.

When "jugulating" disease, to employ a sufficiently common and pernicious term, we do not take enough into account the *vis medicatrix naturae,* we are not always collaborators with the organism in its development and repression of divers affections; we search too much the suppression of a symptom when our chief effort should be to overcome the disease, and, ordinarily, we use drugs in too large dosage without sufficient knowledge of their physiologic action upon the healthy body. It has been demonstrated, however, in the iron preparations, for example, that, like many other remedies, when employed above a certain dosage, the medicament passes through the digestive tract without action, a foreign, inert, body, capable of impeding the cure. We know, and I emphasized it long ago in the Therapeutic Society, that hydrochloric acid, prescribed in hypochlorhydria, acts in small dose merely through its chemical presence, and that to prescribe it for completion of deficient gastric secretion, quantities would be demanded which the organ could never tolerate. In regard to this matter, Trousseau (Academy of Medicine, April 26, 1859) expressed a thought which should be reproduced in its entirety, but I will quote a part for your future meditation, a paragraph of which one of his opponents justly said, that it contained a doctrine almost homœopathic.

"The question of the direct action of medicaments, and that of their dosage," said Trousseau, "are two propositions which impinge and blend. For my part, I am not convinced that it is the

Digitized by Google

drug itself which by direct action is the therapeutic agent; and, consequently, I do not believe that the quantity of the substance administered is of the highest importance." And to demonstrate that drugs have a purely dynamic action, he cites the chalybeates, which, in the treatment of chlorosis, do not act in nature by introduction into the blood as a reconstituent of hemoglobin, but rather by their modifying action upon the assimilatory functions. He cites, further, mercury, which certainly does not act in syphilis through direct contact of the metal with every living particle. (*Bulletin de l'Acad. de Med.*, 1859, *p.* 805.)

Such was the opinion of Peter, in saying that the action of certain drugs was qualitative rather than quantitative. Robin expresses even better almost the same idea: "The drug acts dynamically, and not by reason of its mass."

My friends, to be thoroughly just, I ask you if all the above is anything but a paraphrase of the following precept: "The necessity of the very minute dose is due to the fact that the dynamic action of the medicament executes its purpose not by reason of quantity but of quality." (Le Bon.) "And it is from the intra-atomic energy liberated by the dematerialisation of matter," says Le Bou, "that most of the forces of the universe are derived." And Cuvier before him said: "Matter is only the depository of force; matter is destroyed; forces remain."

Moreover, the recent works of Le Bon upon "the disassociation of matter and the evolution of forces," shows us in the atom an immense reservoir of energy, which manifests itself externally as electricity or other forms of force, and we know that doses prodigiously small, of 1/300 of a milligramme of colloidal metals, are capable of causing physiologic effects characterized by increased metabolism, augmentation of urea and uric acid. All of these substances, as Cullen once said, act by impression only, or, better put, by a catalytic action, well recognized for many years. Thus, oxygen and sulphurous acid, inactive with regard to one another, unite under the influence of finely divided platinum to form sulphuric acid, without any chemical appearance of platinum in the reaction. If you take a chemically pure, non-phosphorescent substance (sulfate of calcium, zinc, strontium, barium), and, if it be pure, it will exhibit no phosphorescence. Add to it a millionth part of bismuth manganese, for example, and it acquires the marvelous and still unexplained property of conserving light, *i.e.*, of being phosphorescent. In almost infinitesimal dose, according to Delezenne (*Acad. de Med. Nov.* 12, 1907), the salts of calcium act by increasing the activity of the pancreatic juices. If from certain

Digitized by Google

diastases, the imponderable quantities of manganese which they contain be taken away, they lose absolutely their catalytic properties. To resume, in biologic chemistry we recognize to-day that all these bodies (enzymes, oxidases, diastases) act only as catalytics.

And here is what we have ignored, the importance of catalytic action in the chemistry of living organisms. Medicines act not only chemically but also, and especially, by producing physical effects merely by an action of presence or catalysis. Now to obtain such effects, the large dose is useless and even harmful; there is necessity for small doses, infinitesimal, so minute that they have a chance to correspond to a commencing atomic disassociation. Hence the purely chemical action not always being utilizable, we turn to the physical action (catalysis) as directly influencing the organism; and the metallic ferments seem to enhance the chances of victory over infection even if they do not act directly upon the infecting germ itself. But specific remedies such as mercury and quinine should always be given in massive dose.

Mineral waters not only have radio-active properties; they contain, besides medicinal substances, various ferments, as in Vichy and many other springs, and it is for this reason that their action differs from that of a prescription of the medicinal substances plus bicarbonate of soda in large dose, and is much more powerful.

Ions are fractions of molecules which physical or biologic forces, *e.g.*, electricity, have liberated from their combinations. These liberated molecular groups have exalted affinities, perceived by the older investigators when they spoke of substances in the "nascent state." Thus, when a phosphorus match is brought in contact with a Crookes tube, the phosphorus ions, themselves endowed with great radio-active energy, disassociate; it is possible to project them upon a screen, whereby the phenomenon is rendered much more striking. The question then of the ionisation of mineral waters is very important. "Has it not been observed," says Albert Robin," that the osmotic pressure of mineral waters is much above that of a simple solution of the same salts in like proportions? Arrhenius diverged from his investigations as to electrical conductibility to admit that in these waters there existed a certain number of disassociated elements called free ions, whose activity furnishes a new explanation of the therapeutic action so striking, and hitherto incomprehensible, of certain waters very slightly mineralized, since the ease with which they are able to disengage their energies is of greater import than even the quantity of latent energy present."

Furthermore, in emphasizing for you the importance of func-

Digitized by Google

tional cardiac diseases, I demonstrated that it is against these that our therapeutic efforts should be chiefly directed. Such, doubtless, is also the opinion of my colleague, Albert Robin, whom I like to cite, for we entertain, I believe, the same opinions upon many subjects; he judiciously opposes to gross anatomic organicism the organicism of function, adding that "therapy should endeavor to influence functions, if organic modifications are desired." And it is with this thought in mind that he employs infinitesimal doses of 1/300 of a milligramme of metallic ferments.

Here we have examples developing irrefutable arguments in favor of a new therapeutic evolution. Too long have Hippocrates and Galen been in disputation; we need to conciliate them. But we shall not succeed by continuing to study the physiologic action of drugs upon animals, administered too often in heroic, even toxic, dose. For, we should not inquire the lethal action of remedies but the vivifying action, remembering always that the organism itself has defensive powers against disease. Hence, if it be important to know, with Galen, how the organism is attacked by disease, I believe it of greater importance to know, with Hippocrates, how it defends itself.

II.

It is essential to recognize and admit that every drug possesses two actions: the primary and the secondary, the latter being opposed to the former. Thus, morphine causes at first a slight elevation of temperature with increase of pulse rate, diuresis and augmentation of muscular force; then a thermometric decrease, with diminution of diuresis and a muscular resolution. Likewise, digitalis first causes oliguria, a slight tachycardia, with lowering of blood pressure, soon followed by contrary phenomena; and it is thus that very massive doses suppress the primary action and produce immediately the secondary effect, like strychnine, which, in heroic dose paralyses at once without a preliminary tetanization. These facts confirm a well-known therapeutic law: "Small doses exalt vital activity, medium doses reinforce it, large doses frequently depress it, excessive doses always suppress it."

It is necessary also to know and admit that all remedies produce in large dose the inverse effect realized from the small dose. Thus, digitalis tonifies or enfeebles the heart according to the dosage employed; coffee, ordinarily excitant, becomes narcotic in infinitesimal dose; opium, narcotic in the usual dosage, becomes stimulant in the small dose; alcohol excites in small dose, paralyses in the larger, exemplified in the sustaining or destructive action of wine. Bismuth

Digitized by Google

constipates in ordinary dose and, according to Hayem, overcomes constipation in the dose of 15-30 grammes. Nothing is truer than this antagonism of action between the small and the large dose. Thus, Magendie and Pelletier formerly caused in animals foci of pulmonary congestion and hepatisation by feeble injections of emetin, while in toxic dose Pecholier obtained a sort of pulmonary anemia. And on similar occasions, and without needing to invoke a particulate or idiosyncratic susceptibility of the vaso-dilator nerves (which explains nothing), there has been verified with strychnine and with grammes jv. of ergotine a certain febrile state with flushed face, or even congestive accidents from small quantities of acetanilid. (Lepine. *Semaine Medicale,* 1891-92.)

All this is absolutely exact. But what is not exact is the exaggeration of the absolutely imponderable dose which Hahnemann, towards the end of his life, in an access of illuminism and mysticism, finished by recommending a first dilution of 1/100, a second of 1/10,000, a third of 1/1,000,000, and the thirtieth expressed by unity followed by 60 zeros! And therewith, writers talk of the cure of an obstinate chronic affection by a single dose of the 12,000 dilution! But, a learned physician, P. Jousset, the youthful ardor of whose 88 years cannot be too greatly admired, reproves these exaggerations in an article whose title, "Undesirable Proclivities," sufficiently indicates its spirit and tendency. (*L'Art Medical, janv, 1907.*) He does not thereby abandon the very small, the infinitesimal dose, and, in remarkable pages on "the constitution of therapeutics," he judiciously shows how a drop of Koch's tuberculin injected into the cellular tissue of a consumptive, mixed with blood, passing through the circulatory apparatus, having traversed the liver, arrives finally at the tuberculous lesion in the lung in infinitesimal quantity, yet capable of exciting an intense fever and of killing the patient. And he adds, what shall be said of the ponderableness of the diphtheritic toxin, which, after having been elaborated in the equine organism, is contained in the serum of Roux?

III.

We now arrive at the Hippocratic doctrine of the law of similars, old as medicine itself, and which Pasteur victoriously applied and sanctioned by his immortal discoveries. Hippocrates had said: "Disease is cured by similars evoking a like action." (Similia similibus curantur). He also said, "vomitus vomitu curatur," and in curing cholera with white hellebore, which causes choleriform symptoms, he added example to precept.

Centuries passed, from Paracelsus, who slightly modified the

Digitized by Google

formula (simili sui simile curat), to Stahl, who died twenty years before the birth of Hahnemann, and who, after proposing to treat "gastric acidities by the use of sulfuric acid," wrote these lines: "The rule admitted in medicine of treating diseases by remedies contrary or opposed to the morbid effects is completely false and absurd. I am persuaded that diseases yield to agents which produce similar affections." It is certainly false in many instances, for, as Dr. Jousset says: "What is the contrary of pneumonia, of typhoid, of diphtheria?" And, since I have mentioned diphtheria, what is antidiphtheritid serum but a medication similar to the disease! To cure an infectious malady, Pasteur uses the microbe which causes it, employs it in attenuated dose, and arrives thus at the experimental demonstration of Jenner's vaccin, at the immunisation and cure of disease by attenuated cultures of microbes, which led, by another method of still greater attenuation, to the discovery of serum therapy based upon the serum of immunized animals.

Is it possible, then, to deny that the therapeutic discoveries regarding chicken-cholera, tetanus, rabies, the pest, typhoid, serpent-bites proceed from the law of similars? Do you not see that we always have been, and are, inconscient hippocratists when Sennert cured the sweating-sickness with sudorifics; when Piorry recommended the Jamaica pepper against hemorrhoids; when Trousseau established substitutive inflammation; when Hippocrates employed cantharides in certain dropsies; when Lancereaux (after Rayer) prescribed the same drug in small dose in parenchymatous nephritis; when Charcot ordered the sulfates of quinine and salicylate of soda in Meniere's disease; when obstinate tinnitus aurium may be subdued in a few weeks by a centigramme of quinine sulfate once or twice daily; when we see pilocarpine overcome an obstinate sialorrhea; antipyrine, urticaria; trinitine, certain cephalalgias; calomel, dysentery; when we note the frequent cures with organotherapy (improperly called opotherapy); when the thyroid body administered in small doses in certain cases of exophthalmic goiter causes all symptoms to vanish? And what shall be said of this phrase, which I have just read in a remarkable work by Leopold Levi and Rothschild on hyperthyroidian neurosis: "Thyroidine, according to the dose, is capable of producing what it is capable of removing?"

There is no doubt that all these facts are difficult of comprehension, and Hahemann strangely deceived himself in imagining that the remedy produced a drug-disease stronger than the natural affection. However, Hunter, in saying that two analogous states could not exist simultaneously in the same organism, and Trousseau in imagining "the substitutive action" of a drug, have afforded no explana-

Digitized by Google

tion of the fact. But as Arago has said: "Where should we be if we denied everything we could not explain?"

The facts are there, and they are eloquent, far more so than all the ratiocinations in the world.

IV.

But, it is necessary to know how to be eclectic, and if the therapy of internal diseases most often obeys the law of similars, it should also, in certain well determined cases, be subject to the law of contraries, thus formulated by Galen: "Cure being nothing but the change of an abnormal state of the body to the normal; and these two states being opposed one to the other, it results that health cannot be restored save by that which is the contrary of the diseases." Such is the therapy of etiology, or rather of symptomatology. Thus, one employs morphine and the opiates in pain, neuralgia, nephritic or hepatic colic; purgatives in obstipation; hypnotics in insomnia; electricity in paralysis; hydrotherapy, gymnastics and massage in various conditions; cold water against high temperature; X-rays for their action upon tissue nutrition; and, surgical asepsis, the open-of an abscess, the ligature of an artery are inspired by the same axiom. But too often, adds P. Jousset, we have here only palliative medication. and when pain is suppressed in peritonitis, in hepatic colic, when one has succeeded in lowering the temperature in a febrile disease, is not this merely symptomatic medication whereby we synchronously suppress, according to the striking phrase of Peter, "the vigilant sentinel" who gives the alarm? Are you not aware of the deceptions of medical antisepsis in infectious diseases, and the constant failure of that therapy which is always seeking the cure of the disease through the destruction of the pathogenic microbe? It is the organism that cultivates and overcomes disease; hence, it is in this sphere that our activities are first to be displayed. "Palliative medicine annihilates curative medicine; it is legitimate only in incurables or in the treatment of accidents of short duration, but which, because of their intensity, are absolutely insupportable and may even menace existence." (P. Jousset. *L'Art Medical, 1907.*)

V.

Such are the considerations of general therapy with which I desired to terminate these six lectures upon diseases of the heart. At their commencement I did not wish to make a profession of faith, preferring to reserve it for the end. I give you to-day, after long incubation, my thought; and in the midst of the therapeutic incoherency, of the "therapeutic chaos" (the expression is that of Trousseau and of my friend, Albert Robin), where we have fought

Digitized by Google

for centuries; after showing you the therapy of yesterday I have desired to point out the therapy of to-morrow. I have wished to protest by my example against that discouraging dictum of Marchal (de Calvi): "For ages there has been in medicine neither principles nor faith nor law." I have shown you its principles, basing my faith upon steadfast laws. One should not be numbered among those who say: 'Let the patient perish rather than a dogma!" Rather be of those who exemplify complete independence of thought and action, undisturbed by the hubbub wherein we live, uninterested in the human passions which so often darken our understanding and hinder us in our mission of cure. For, while we scholastically dispute. the patient suffers and the thought of death is irksome, to say nothing of the disagreeableness, too common, of an autopsy.

All these questions will appear to you, as to me, somewhat troubling. If I succeed in reconciling forever Hippocrates and Galen; in ending sempiternal quarrel between the Ghibelins and Guelphs; in breaking down some the barriers between the hippocratists and the galenists; if I have succeeded in demonstrating that one or the other method, according to the indications, may be followed, then, from the half-gods of the medical Olympus I run the danger of excommunication, because I have recognized a measure of truth in certain doctrines erroneous only in their exaggerations. What do I care! I may be overcome for a moment, without being convinced, and my excuse must be in the ardor and sincerity of my therapeutic faith.

Trousseau, in the preface to his Treatise on therapeutics and materia medica, after a long and severe criticism of over thirty pages against the Hahnemannian theories, thinking with reason that one does not damn a system with silence, had the courage to recognize that "the homoeopathic doctrine in its basic concept certainly does not merit the ridicule which its therapeutic applications by homoeopaths have brought upon it. For," he adds, "by all evidence, local phlegmasias are often cured by the direct application of irritants capable of causing an analogous inflammation, a therapeutic inflammation, which is substituted for the original irritation."

What, in my turn, I have endeavored to demonstrate to you is the exactitude of the two precepts whereon the doctrine of medicine should be based: The cure of numerous diseases by similars, according to Hippocrates; and, the action of medicaments in small dose, with the condition that, except in organotherapy, they shall not be imponderable. What I further wish to show is that most drugs from the vegetable kingdom, particularly digitalis, which is eliminated slowly, often should be prescribed in small doses, while those from

Digitized by Google

the mineral kingdom (bromides, iodides, etc), which are rapidly eliminated, should ordinarily be given in large and repeated doses with the idea of completely impregnating the organism.

But, with Trousseau, I raise my voice energetically against the "delirious divagations and the eccentricities of imagination" of the wonder-workers who talk of possible cure with ridiculous doses in the 100th, 20,000th, even 500,000th dilution, with remedies in absolutely imponderable dosage and illimitable infinitesimality, or of an extraordinarily enhanced medicinal action due to numerous succussions of a vial; against the absolute blending of a medicinal with a natural diseases, e. g., mercurial ulcerations with those of lues), the pharyngeal dryness and dermal efflorescence of belladonna with the scarlatinal angina and eruption; against those exaggerated doctrines which take as fulcrum a point outside of the organism, and which demand always that "the virtue of the drug lies in the totality of symptoms of the artificial disease which it causes"; finally against the interpretation given by an intensive and inexact observation to the most trifling symptoms or accidents following the administration of drugs to the healthy organism. You see by this that I am still much of a hippocratist; still well removed from the Hahnemannian practice and theories, reserving only the application of the two precepts whose truth I have demonstrated to you.

I have read somewhere that there are two schools in literature, the myopic and the hyperopic. May it not be likewise in science: myopes, with microscopic eyes, seeing everything in a close focus, studying each object, each contour isolatedly, surrounded by a mist beyond which they perceive nothing; while the hyperopes observe things in general, pierce the clouds, and though the details remain somewhat in the penumbra, obtain a general and synthetic view of things? In literature, as in science, the two schools war with one another. "Your characters have no muscles," said Theophile Gautier to Merimée, whom he was accusing of a certain literary hyperopia. "And yours have nothing but clothes," snapped Merimée. Ah, well! in medicine one must be myopic and hyperopic simultaneously; one must study in totality and in detail in order to avoid seeing only "muscles" or only "clothes." Hence it is proper to be eclectic, galenist or hippocratist, according to the indications.

In these lectures, which, perhaps, will be the last of my teaching —unless some renascence of enthusiasm and force spurs me on again —I have endeavored to impart to you my therapeutic faith; to demonstrate to you the curability of many diseases of the heart; to thus protest against the dicta of Corvisart and, especially, of Broussais, who pretend that "these are diseases merely exciting simple curi-

Digitized by Google

osity and adding nothing to therapeutics." I have tried to give you a new concept of cardiopathies, and after having, like the traveler, cast a glance backwards to measure the long road, have wished to show to our successors the seeds which lie in the therapeutic field.

This word, "seeds," recalls a veritable vision which I once had, and which has never faded from my memory. I will tell it to you simply, without artifice of language.

One grey autumnal day I saw, returning to his home after a hard day's work, an old sower of grain, bent with age and fatigue, and who was regarding with a dreamy air the fields he had sown. Suddenly his face lit up with a ray of joy and hope, and he said to me: "I may never see the spires of grain push up through the brown earth; but it makes no difference. These are my descendants, my children; and my successors shall have abundant harvest." Then came before me the image dreamed of by the poet, the statue conceived of by the sculptor, of Man the Eternal Sower. And today, in closing, I seem to behold, to contemplate the statue. It takes on life, it speaks, it says: Ah, youth, full of the future, full of hope! Toil, toil, ever toil in the fields and scatter the seed-grains for the harvest.

THE STATUS MEDICUS TO BE DESIRED

By Eldridge C. Price, M.D.

Baltimore, Md.

FOR the courteous and kindly expressions of Dr. Krauss in his article in The North American Journal of Homœopathy for January, I make obeisance, and can but say in return that it is a pleasure to strike fire from the flint of a man well versed in his subject, and withal a gentleman. That I have misunderstood some of the positions assumed by Dr. Krauss in "The Status Medicus" is matter for regret, but now that these points at issue have been newly phrased I trust my misunderstanding of them will be less faulty.

In considering Dr. Krauss' article, there are five points of importance which appeal to me, which are as follows:

1. The teaching of therapeutic philosophy in colleges.
2. The meaning of homœopathy.
3. What constitutes a specialist.
4. The antithesis of homœopathy.
5. The clinical test.

Digitized by Google

The definite adjustment of these subjects in harmony with science would result in a state of the medical profession greatly to be desired.

Relative to the teaching of therapeutic philosophy in medical colleges, it is most gratifying to know that while Dr. Krauss so strongly advocates the clinical test as a means of riveting "the attention of the medical world upon the truth of homœopathy and the merits of homœopathic practitioners," he also acknowledges the wisdom of "the teaching of true therapeutic philosophy to all medical students and practitioners." He says such instruction would "undoubtedly be helpful, provided there are teachers that can teach the philosophy of therapeutics, and provided there are students sufficiently well trained to follow such a course with profit." There is a college in Baltimore in which therapeutic philosophy has been taught for the past four years. Whether the teacher is properly qualified to teach so important a subject is a question I hesitate to decide, but that the students are the better for such a course is evidenced in the fact that when they leave the insitution they clearly understand the difference between antipathy, allopathy and homœopathy, which is something that I can testify from investigation comparatively few graduates of the past can do. Some years ago I was in conversation with the deans of two of our most prominent medical colleges, a professor of materia medica, and a prominent general practitioner, not one of whom had any clear ideas on this subject.

In this college which includes therapeutic philosophy in its curriculum we do not split hairs about sentimental, theological or poetical homœopathy, but we define homœopathy in accordance with section 25 of the Organon, which says that "all medicines cure diseases whose symptoms approach nearest to their own."

The third debated point relates to the limitation of the specialist. Dr. Krauss believes a specialist need not limit himself to his specialty but may extend his sphere of usefulness into general practice. Certainly he has a right to do this, but by doing so he jeopardizes his possibilities of becoming as expert in his specialty as concentration of his abilities upon a more limited sphere would develop.

The specialist of necessity must know more than is implied by his limitation to the given field, but his functions should be within some definite sphere. No man should enter specialism until after he has had more or less experience in the field of general practice, and, in this field having found his special adaptability, he should therein concentrate his energies. Dr. Krauss taxes me-

Digitized by Google

with regarding specialism from a commercial standpoint. Possibly the commercial side of the question is to be deplored, but we must accept facts and consider conditions as we find them. There is a commercial side to the practice of medicine and, I take it, this commercial side furnishes an additional reason why the limiting of practice within the given specialty should be observed by the specialist. Because Professor Schmidt of Frankfort works with unusual skill in a special line and yet also gives more or less attention to general practice, does not furnish an example to be emulated by all physicians, because few men are capable of doing their best in more than one line of work. Because Haller possessed protean versatility and Boorhaave was endowed with Herculean vitality, does not justify the average practitioner of medicine in an attempt to become a Victor Hugo or a Sandow. "The cardinal object for which the medical profession exists, viz., efficiency in the protection and saving of human life," is not best secured by the diffusion of one's energies over a number of fields. The specialist, therefore, should be one who has a certain fundamental, general theoretical and practical education in medicine and surgery, upon which to base his knowledge, but if he would attain superior ability in his chosen specialty it is absolutely necessary that he devote his best efforts to work in this given field.

Concerning the discussion of the term which should "form the contrast of 'homœopathy,'" section 55 of the Organon shows that Hahnemann did not regard as vital the distinction between the terms *allos* and *heteros,* as he characterizes one of the prevailing methods of his day as allœopathy or heteropathy interchangeably. It would seem to me the contrast would rather lie between homœopathy and antipathy, as in the application of each one of these principles it is the endeavor of the practitioner to influence directly the diseased organ; in the one instance, by producing a condition similar to or parallel with that already existing, and in the other instance the endeavor is to establish a condition exactly opposite to that existing.

As to the suggested clinical test, were it put into execution it may be hoped it would ultimately aid in giving homœopathy its proper position in the world of science, but were medical men well versed in the facts of therapeutic philosophy there would be no need for such clinical experimentation. Even though homœopathy were put on trial in the manner proposed, it would be necessary for a correct understanding of the results which vindicated its claims, that all thinkers in the medical profession should understand the vital principles of philosophy involved in the case. On

Digitized by Google

the other hand, were these principles taught clearly in our colleges the graduate therefrom would go out into life convinced of the truth of a law which is daily demonstrated in the private practice of every physician, to say nothing of our hospitals. As Dr. Krauss says, this teaching of true therapeutic philosophy "is the longer road," but the clinical test is "the shorter," and it is equally true that the longer road is the surer road and the more consistent with the evolution of all things scientific by which reliable results may be secured.

In my mind, therefore, it is far wiser to teach fundamental facts, the understanding of which will convince the world of science of the true value of homœopathy, than by clinical tests to endeavor to bring about the same result without having elaborated a system upon which these results must depend.

In conclusion, my understanding is that the proposed clinical test is to be conducted under definite conditions in accordance with modern science, for the purpose of establishing beyond a doubt the truth of the law of similars, and that while a knowledge of therapeutic philosophy is important, yet the clinical test is more important. On the other hand, my contention is that we must first be sure of the reliability of the fundamental factors upon which the clinical test is to be decided.

Dr. Krauss assumes that we are sufficiently sure of the factors to begin our work of experimentation, and that as a result of this experimentation the contention that likes may be cured by likes will be fully sustained. Whereas I lack this confidence in the practical test before certain fundamental points have been finally decided.

It is a well-known fact that many of the most positive-acting drugs produce two sets of results, each of which is opposite in its conditions to the other. This being a generally-accepted fact, it is fair to assume that *all* drugs have this double action, though not all in the same degree of definiteness or intensity. Such being the case, it becomes necessary for us to decide, before beginning clinical tests in accordance with the methods of modern science which class of these drug effects to accept as indications for the use of the drugs to be tested. If some scientists accept secondary effects only as the true effects of drugs, and others accept primary effects as the effects to be utilized, and a third set of workers accepts both these classes of effects indiscrimniately as of value, these various views should certainly be in some manner harmonized before beginning a test of such importance as is proposed by Dr. Krauss. The adjusting of this difficulty cannot be secured by this proposed test, but it must be settled before the test is made, and I am at a

Digitized by Google

loss to understand how a definite conclusion can be reached on this point in accordance with modern science unless appeal be made to philosophy.

Here, then, is the point of contention: Dr. Krauss wishes to institute clinical experiments for the establishment of the claim that homœopathy is worthy a place in the world of science, while, on the other hand, I suggest that before endeavoring to undertake so grave a task some of the undecided factors in the problem be decided.

Furthermore, it is also my contention that if some of the points to which I have called attention can be settled in accordance with modern science—and it can be done—the clinical test proposed will not be necessary, because of the fact that the leaders in medical thought will, through the force of Baconian induction, be brought to recognize the true position not only of homœopathy, but of antipathy, and of allopathy.

It is possible, however, that even though some of the unsolved problems to which I have called attention may not be solved before the proposed clinical tests have been put into operation, these tests may do a certain amount of good, by directing the minds of the thinkers in medicine to the ultimate result sought; but, nevertheless, this does not affect what I believe to be true, that it is not the orderly, scientific way of proceeding in this great work of giving homœopathy its proper dignified place in the world of science.

Dr. Krauss shows himself to be a man who does not believe in vaporings and other unprofitable intellectual gymnastics, and I think there is no doubt all sensible physicians with minds of "scientific mold" will agree with him in his wish that "Our poetasters must retire from the stage. Our tautologists must give room to thought." The difficulty, however, seems to be that it is not always easy to agree upon what may be regarded as facts. Herein probably lies the chief reason why Dr. Krauss and the writer do not seem to fully agree in views. I trust, however, after the foregoing remarks it will be found that we are not so far apart in our interpretation of facts as might have been supposed when Dr. Krauss penned the views from which this discussion has resulted. I believe Dr. Krauss will now unite with me in recognizing the wisdom of first teaching therapeutic philosophy in our colleges, before beginning the proposed clinical test; I believe we will also now agree as to the meaning of homœopathy; and surely, since the outlining of the full qualifications and characteristics which should constitute the specialist, our viewpoints must be substantially the same; while the antithesis of homœopathy should no longer be in doubt; and

Digitized by Google

the clinical test, we may agree, should be made after a definite adjustment of certain vital points which are still held by the world of science to be *sub judice*.

BOVINE TUBERCULOSIS*

By B. W. Sherwood, M.D.,

Syracuse, N. Y.

In New York State at the present time there are approximately 1,826,000 dairy cows in its 46,000 herds. It is the opinion of competent veterinarians that between 55% and 60% of these herds are affected with tuberculosis. Dr. V. A. Moore, of Cornell University, to whom I am indebted for many of the facts as to the situation in this State, writes me, that beginning with 1902 and ending with 1907, the percentage of cows condemned as a result of the tuberculin test has steadily increased from 11.6% to 32%. It is his opinion that in the dairy districts 30% of the cows are infected, and that diseased animals occur in about 60% of the herds. All intelligent dairymen admit that the disease exists to an alarming extent and has markedly increased within the last few years. They realize that it is causing annually a loss to the farmers of our State of millions of dollars.

If the question were merely a financial one, we might leave its solution to the farmers and the Agricultural Deparment of our State, but the 46,000 herds are furnishing a large amount of meat for our tables. Their milk is the sole food of hundreds of thousands of infants, and a very large proportion of the food of a million of children and invalids. In fact, milk is the most generally used raw food of our time. If we accept the statements of those best qualified to judge, that 30% of the cows in our herds are tuberculous, it means that there are approximately 547,800 tuberculous cows supplying our citizens with milk. Worse than that, —if 60% of the herds are infected, it means the probable infection of 60% of the milk consumed. It means that much of our pork is becoming tuberculous by being fed with milk from tuberculous cows. Our best dairymen are very careful not to feed any of their calves upon milk from tuberculous cows, even if the cows are mothers of the calves being raised; and yet, there is only occasionally a voice raised against allowing such death-producing milk to come to our cities and towns to feed our innocent and helpless babes.

*Read before the Hom. Med. Soc. of the State of N. Y.

Digitized by Google

Ignorant of the facts of the case, the medical profession has too long rested content with the thought that the great Koch, who has done so much for the world in his studies along these lines, in 1901 declared that human tuberculosis could not be caused by tuberculosis in animals. They forget, that at this same time, Ravenel proved that human tubercle can cause tuberculosis in cattle. The converse of this is more difficult to prove by direct experimentation of course, but recent investigations leave no doubt, that in many cases at least, tuberculosis in man is caused by the ingestion of the milk or meat from tuberculous cows.

Cahnette and Guerin in 1905 and 1906, in the *Annales Pasteur,* detailed a series of experiments upon cattle and goats in which they proved that in the majority of cases pulmonary tuberculosis in these animals is caused by intestinal absorption of tubercle bacilli. "These authors found it impossible to produce the typical lung lesions by an infection through the respiratory tract, and they further show that in the experiments of Cornet and of Nocard and Rossingnol, the infection, which was supposed to be directly respiratory, was in fact intestinal, and brought about by the spasmodic coughing caused by bronchial irritation and by subsequent swallowing of bacilli."

In December, 1906, the results of careful experimentation to determine the relation of tuberculous lesions to the mode of infection by E. C. Schroeder, M.D.V., and W. E. Cotton were published as a bulletin of the Bureau of Animal Industry, U. S. D. of Agriculture. The summary of their conclusions I will quote in their own language: (a) "Tuberculosis is a disease contracted through the ingestion of tubercle bacilli; (b) the lung is the most frequent organ affected, independent of the point at which the infectious material enters the body; (c) tuberculous infection may pass from one part of the body to another remote to it without leaving a chain of lesions to mark its path; (d) fresh tuberculous material has the highest, and dried and pulverized materials a doubtful significance; (e) tuberculous material from cattle has the highest virulence for all tested species of the mammalian kingdom, to which man anatomically and physiologically belongs, and tuberculous material from man has a lower virulence; (f) man is constantly exposed to fresh tuberculous material in a helpless way through his use of dairy products from tuberculous cows and cows associated with tuberculous cattle.

It seems from this array of facts, every one of which is based on positive experimental evidence, that we should feel no doubt regarding our plain duty, which is—no matter what other meas-

Digitized by Google

ures we adopt in our fight against tuberculosis, not to neglect one of the chief, if not the most important source of infection—the tuberculous cow."

In another bulletin published by the same Bureau, it is shown most clearly that the tuberculous cow gives off the tubercle bacilli in the greatest number through the feces. Cows apparently in good health except that they reacted to the tuberculin test, were found to be thus giving off enormous numbers. Everyone who has seen milking done in the usual way knows that nearly all milk has more or less contamination with feces. Now, if we take the estimate of those best qualified to judge, that there are at this time in the herds of this State over one-half million tuberculous cows; and if we remember that each of these may be distributing millions of bacilli in the stables of 27,600 herds of the State; and that most milk shows evidence of fecal contamination, does it require any stretch of imagination to see the grave danger to our millions of people? Then, too, we ought to remember that the bacilli found in milk are in a fresh state and will retain their virulence much longer than when in a dried state.

One interesting experiment was to contaminate some milk with a culture of tubercle bacilli. Then it was put through the separator and the cream made into butter. Seven weeks later the butter was found to contain live tubercle bacilli.

In a report of a conference appointed by the Commissioners of the District of Columbia there is a paper by John Mohler, A.M., V.M.D., which states, "The most important disease of cows from the standpoint of public health is tuberculosis, and it is also the most prevalent."

"Evidence which must be considered conclusive has been obtained by the Bureau of Animal Industry, as well as by Ravenel and a number of French investigators, showing that tuberculosis infection may take place through the intestinal tract without leaving any lesion in the abdominal cavity; the first alteration being found in the lungs or the thoracic glands. Therefore, the presence of pulmonary tuberculosis in infants without intestinal lesions is no indication that the disease was not transmitted by food." According to Van Behring, the question of infection in man usually goes back to childhood, as he believes that many of the cases of pulmonary tuberculosis in adults is of intestinal origin, infection having occurred primarily through the intestinal tract by drinking tuberculous milk during infancy and having remained latent until adult life.

The finding of the bovine type of tubercle bacilli in human

Digitized by Google

lesions is the most direct positive proof that tuberculosis of cattle is responsible for a certain amount of tuberculosis in the human family. I will cite only a few of the many experiments which have abundantly proven this fact. The German Commission on Tuberculosis examined sixteen different cultures obtained from tubercular lesions in children and found four which were more virulent than is usual for human tubercle bacilli, causing tuberculosis in the cattle inoculated with them, and making 25% of the cases tested that were affected with a form a tuberculosis which by Koch's own method must be classified as of bovine origin. The British Commission tested sixty cases of the disease in the human and found that fourteen of these had been infected from bovine sources. Ravenel reports, that of five cases of tuberculosis in children, two received their infection from cattle.

The Pathological Division of the Bureau of Animal Industry, out of the nine cases of infantile tuberculosis examined, obtained two cultures of tubercle bacilli that could not be differentiated from bovine cultures.

The Washington Commission in concluding this portion of their report said, "In Europe so many similar instances of bovine tubercle bacilli having been recovered from human tissues are on record that it appears to your committee entirely proven that man is susceptible to tuberculosis caused by animal infections, and while the proportions of such cases cannot be decided even with approximate accuracy, it is nevertheless incumbent upon us to recommend such measures as will guard against these sources of danger when enforced.

About 2% of the tuberculous cows have tuberculous udders. These give off tubercle bacilli in their milk constantly. If this were the only way the milk became infected with tubercle bacilli, there would still be sufficient reason for excluding milk from tuberculous cows. The evidence that many cows apparently healthy, except that they have reacted to the tuberclin test, do contaminate the milk of the dairies in which they are situated is conclusive. Time will not allow me to narrate the experiments which prove this but anyone interested can be satisfied on this point by reading the works quoted at the end of this paper. These experiments show conclusively that many cows apparently healthy except for the reaction following the tuberculin test at times give off tubercle bacilli, although there is no perceptible lesion of the udders. Then it has been proven that about 40% of all cows that react to the tuberculin test, though they still retain the appearance of health, are actively passing tubercle bacilli. These apparently healthy but

Digitized by Google

tuberculous cows may be giving off in their feces millions of tubercle bacilli daily. The U. S. Public Health and Marine-Hospital Service found, that among 172 samples of city milk examined, 121, or 70%, contained a sediment after standing a few hours in the original containers, and that the sediment consisted in part of cow feces. It has been demonstrated that the bacilli contained in the feces of tuberculous cows are still alive and virulent. With these facts before us, how can we longer stand still and allow this deadly infection of our most important food to go on? German investigators have examined 440 samples of butter and found the tubercle bacilli in over 13% of them. Different investigators have examined various milk supplies and found from 52% to 55% of the samples contained tubercle bacilli.

It is a well known fact that thousands of tuberculous cows are slaughtered annually for the supply of our local markets. Many of these carcases are totally unfit for food. New York State should have an inspection of meats modeled after the Federal inspection, so that all animals slaughtered within the State would be inspected before being offered for sale..

Another potent factor in the spread of this disease is the pernicious habit of having herds tested privately and then selling the reactors to unsuspecting dairymen. This would to a certain extent be stopped if a law were enacted compelling every veterinarian testing a herd to report upon a suitable blank, and under oath, all cases of tuberculosis found. This report should be filed with the health officer of the town in which the herd is located, and be open to inspection by all concerned.

When cows are injected with tuberculin, they will not react again for some time. Unscrupulous persons may thus cover up cases and be able to dispose of these cows for dairy purposes. The new owner cannot tell, even if he applies the tuberculin test, whether or not the cows are dangerous to his herd until sufficient time has elapsed to infect his whole herd.

We ought to educate the people to demand milk that comes from herds free from tuberculosis. Recently Syracuse has inaugurated an inspection of all herds supplying it with milk, and keeps a record of these on score cards. Each city should not only do this, but should publish the names of all herds which have been tested and pronounced free from tuberculosis. Then, if we have done our part as educators, there will be such a demand for the milk from these dairies that other dairymen will be forced to have their herds tested.

I would not neglect any of the efforts that are now made to

Digitized by Google

prevent the spread of tuberculosis from human sources, but I do insist that it has been abundantly proven that bovine tuberculosis is a real menace to the human family, and must be stamped out. If New York State can spend hundreds of millions of dollars on its canals and highways, surely it can afford to expend an amount large enough to rid us of this great danger. It cannot be accomplished in a day; years will be required. Our State should at once take active measures, not only to prevent our longer being a dumping place for tuberculous cattle from other States, but it must take measures commensurate with the gravity of the situation to eradicate this disease. European countries are doing much in this direction, and we must no longer neglect this obvious duty. Let us have a commission of experts, composed of representatives of the State Veterinary College, the State Departments of Agriculture and of Health, and the Breeders' Association, and physicians, who will study this subject carefully and formulate a plan of action that will do justice to the farmer, and at the same time conserve the health of our whole people.

A half million tuberculous cows are supplying our citizens with milk; their diseased carcasses form a part of our meat supply. Those who have investigated this matter most carefully in both Europe and America, by an overwhelming majority, are convinced that these are real dangers to the human race. Are we, as physicians, to longer repeat Koch's utterances of 1901 and shut our eyes to the more recent verdict of so many competent investigators?

BIBLIOGRAPHY.

1. Recent Advances in Prevention and Cure of Tuberculosis; by F. P. Gay, M.D.; Int. Clinics, 17th Series, Vol. I, 1907, p. 24. Consumption and Civilization; J. B. Huber, M.D., 1906, pp. 63 and 424. Prophylaxis and Treatment of Internal Disease; F. Forcheimer, M. D.; 1908, p. 146.
2. Bulletin No. 93, Bureau of Animal Industry, U. S. Dept. of Agriculture, December, 1906.
3. Circular No. 118, Bureau of Animal Industry, U. S. Dept. of Agriculture, December, 1907.
4. Sanitary Milk Problems; Circular No. 114, Bureau of Animal Industry, U. S. Dept. of Agriculture, August, 1907.
5. Bacteriology of Milk; by Swithinbank and George Newman, M.D.; 1903, p. 246.
6. Bulletin No. 99, Bureau of Animal Industry, U. S. Dept. of Agriculture, May, 1907.
7. Bacteriology of Milk, as above, p. 592.

Digitized by Google

ANNUAL REPORT OF NEW YORK STATE DEPARTMENT OF HEALTH

By Eugene H. Porter, M.D.
State Commissioner of Health
New York City

The Function of a State Health Department

"In health there is liberty," said Amiel many years ago. Health is the first of all liberties and happiness gives us the energy which is the basis of health. Emerson said in his Conduct of Life, "The first wealth is health." We are all agreed that the greatest blessing is health and when that is gone, all is gone.

How far then, shall the State go in its endeavor to protect and extend the public health? The fact that this question is being asked repeatedly with increasing force is significant to the students of social progress.

The old days and the old conceptions of disease and health are passing away. The beliefs, selfish and ignorant, that human beings could be crowded into humble houses destitute of light and air, reeking with filth and swarming with vermin, to die like vermin; that men and women must work more hours each than flesh and blood could bear; that children should be dwarfed and maimed by cruel labor; that the distressed and destitute must protect themselves against not only want but against the fatal diseases caused by man's ignorance, greed and inhumanity; these beliefs are passing away. The old way has cost more lives than all the wars since Alexander and more gold than has ever been mined. Slowly the lesson has been heeded. We have been led to more general concepts and away from the limitations of earlier prejudices and antagonisms.

In new situations vigor and enthusiasm construct a higher ethics, the practice of which elevates the plane of living. Now this drift of scientific, and to a very appreciable degree, also popular opinion, can mean but one thing. It means that sanitary science has in its process of development become a practical science and that it is now recognized as such. We have learned that if we allow our neighbor to die of plague we are likely to take passage with him across the river; that if we allow tenements of death we are exposed in turn to the Great White Plague, and that if we allow our neighbor to wallow in filth we must expect to suffer some of the consequences. We have learned, too, that we improve

Digitized by Google

society when we improve its individual members. Every expansion of human intelligence has proved of advantage to society and all the great advantages in the social condition have turned to the profit of humanity.

Knowing these things it may be asked again, what is the duty of the State—of its Health Department?

It is to prevent disease by causing the individual to do all the things he can do, and then doing for him all the things he is unable to do. A real protection of the public health may only be attained by means beyond the reach of individuals. These things belong properly to the budget of the State and should not be added to that of the family. This policy should be pursued in sanitation as it is in the extension of education.

The citizens of the State have as much right to demand protection in health as safety from bodily violence and robbery. We all know the quick public change from an indifference regarding public health to one of frenzied apprehension in the face of an impending calamity. A little further progress and such crisis would be avoided. And so, if, as Dr. Patten has said, the foundations of our very civilization have been somewhat changed, the old thought will gradually disappear—not because it is argued away but because men's sentiments and opinions are changed by new activity and an accumulating store of fresh experiences.

On broad lines to cause the citizen to do the things he can and ought to do and then to do for him the things that he cannot do, but should be done, is the duty of the State, and that being interpreted means the real prevention of disease.

And I need not speak of the remarkable advance of sanitary science during the past few decades—its victories over yellow fever, cholera, typhus fever, and plague, save to emphasize the fact that with all this advancement there have come to us new duties and increased responsibilities.

One of the greatest of our modern biologists has recently said: "As we march onward toward the true goal of existence, mankind will lose much of its liberty but in return will gain a high measure of solidarity. The more exact and precise a science becomes the less freedom we have to neglect its lessons." These new duties are before us and it is only by organized, enlightened and persistent effort that we may hope to accomplish our ends.

TUBERCULOSIS

As knowledge increases and the beneficial results of modern sanitary methods are more and more intelligently appreciated, a

Digitized by Google

more active interest will be taken by the people in public health problems.

And, indeed, this is precisely what is happening at present in this State, in regard to tuberculosis. The prevalence of tuberculosis is universal; no other disease is so widespread or produces so much poverty and wide spread distress. Mortality tables do not reveal a tithe of the number actually infected, yet even such figures as are obtainable from death and census returns show an appalling annual sacrifice. From one-seventh to one-tenth of all deaths and an enormous proportion of invalidism are due to it. Kayserling stated at the recent Tuberculosis Congress at Paris (1905), that one-third of all deaths and one-half the sickness among adults in Germany may be charged to tuberculosis. It is stated in Osler's *Modern Medicine* that 11.3 per cent. of all deaths in England and Wales are still due to it. The last United States census (1900) gives a total of 111,059 deaths from consumption for that year, about one-ninth of the deaths from all known causes.

In New York State there are not less than 50,000 cases of tuberculosis, with 15,000 deaths annually. And it is a preventable disease.

The economic loss from tuberculosis is enormous even with a low estimate. It is safe to say that tuberculosis costs the State of New York $70,000,000 annually.

Thanks to the studies of Koch we know the cause of tuberculosis —the tubercle bacillus. Under ordinary conditions of city life at least, it is probable that the bacillus gains entrance from time to time into the body of almost every individual. It finds its way into the body through the mouth or nose by respiration, through infected food, or through wounds in the skin. The bacilli are spread about by patients coughing and talking and by expectoration. The chief method of distribution of the tubercle bacilli is undoubtedly promiscuous spitting. Tuberculosis is a preventable disease. Its continued sinister existence is due in greatest measure to the ignorance of the public as to proper and effective means of prevention and the indifference of a very large part of the medical profession. Enough is known by sanitarians and those rendered expert in the disease by special study; what is needed is the prompt and vigorous dissemination of their knowledge.

Education is the watchword in this campaign. Education of the people, of the profession, and last, but not by any means least, of the health officers. It is not a campaign of days—it will be a battle of years. For, while we may know that this is a preventable disease it is not now prevented to any appreciable extent, nor

Digitized by Google

will it be prevented until a systematic, intelligent and persistent effort is made. And the time to make this advance is now. It will not do to procrastinate, to palter, to urge a false economy. New York State should play well her part in the fight against this stealthy and merciless scourge.

It is not a simple problem; it is a most serious and weighty one. So serious does it seem and so immediate and pressing had the matter become, that it was deemed advisable to obtain the aid and advice of men eminent and experienced in this field of work. It is with great pleasure that I am able to announce that the following distinguished gentlemen have consented to act as an Advisory Board to the Department and give such aid in dealing with this difficult question as may be possible.

Edwin R. Baldwin, M.D., Saranac Lake.

Thomas Darlington, M.D., Commissioner of Health of the City of New York.

Livingston Farrand, Esq., Secretary of the National Society for the Prevention of Tuberculosis.

Homer Folks, Esq., New York City, Secretary of State Charities Aid Association.

George W. Goler, M. D., Health Officer of Rochester.

Willis G. MacDonald, M.D., Albany, member of the Board of Managers of Raybrook Sanitarium.

Alfred Meyer, M.D., New York City, Chairman of the State Committee of Arrangements for the International Tuberculosis Congress.

Veranus A. Moore, M.D., Ithaca, Dean of the Veterinary College of Cornell University.

John H. Pryor, M.D., Buffalo, one of the Managers of Raybrook Sanitarium.

W. H. Watson, M.D., Utica, ex-Regent of the University of the State of New York.

The work directly ahead of the Department, after consultation with its Advisory Board, may be summarized as follows:

I. THE FULL AND PROPER COMPLETION OF THE STATE'S TUBERCULOSIS EXHIBIT:

The one constructed last year, because of lack of funds, was sadly inadequate, but so great was the demand for it that it has been constantly on exhibition and will have to be virtually reconstructed. The State should have at least three of these exhibits and should have them without delay.

Digitized by Google

2. THE INTERNATIONAL CONGRESS:

In September of this year an International Congress on Tuberculosis will assemble at Washington, D. C. It will undoubtedly be the greatest and most representative gathering ever assembled in this country to consider matters affecting public health.

It is imperative that the Empire State be properly represented there by such a complete and comprehensive exhibit as shall conclusively demonstrate her living, active and leading interest in this work.

But it will be impossible for the Health Department in pursuance of the instructions of Governor Hughes, to gather together the contributions of all the municipalities, of all institutions, and of all allied departments of the State government and co-ordinate them into one harmonious whole unless adequate funds are supplied.

3. REGISTRATION AND NOTIFICATION:

There are several things the State might or could do, but there is one thing it must do—insist upon the registration of all cases of tuberculosis. It is absolutely essential that the location and distribution of these cases be known that proper means may be taken for instruction and relief.

You cannot give aid to any consumptive until you know where he is, nor can it be known what help he requires until the case is properly reported and the conditions described.

Convinced of the importance of this measure, it was announced at the Annual Conference of Health Officers at Syracuse, N. Y., October, 1906, that it was the fixed intention of the Department to request every health officer to make definite and specific regular report of all cases of tuberculosis occurring within his jurisdiction beginning January 1, 1907. This was as far as the Department had authority to go and the results were necessarily very incomplete.

It is recommended in another part of this report that the Department be given necessary authority in this matter.

4. DISTRICT INVESTIGATION:

It will be of little use, however, to insist upon the proper registration of all cases of tuberculosis unless there follows promptly a systematic and persistent supervision of the fight against the disease. This work should be carefully planned and conducted on broad and practical lines.

The Department should investigate the conditions existing in any given part or parts of the State; should ascertain if the various towns and localities in the State are each playing well their sepa-

Digitized by Google

rate parts, and, if not, how they can best be aided and urged forward in the work; should instruct health officers and health boards as to their specific duties; should provide for the establishment of local laboratories for bacteriological work in conjunction with the local authorities whenever advisable and possible; should provide for the wide distribution of circulars, pamphlets and other special and general literature bearing on the dissemination and prevention of the disease; should, through its experts enlist the press, the clergy, the school teachers, the farmers' institutes, the granges and every civic or local organization and furnish all these literature and competent speakers; and it must do these things constantly and without ceasing. For all this must be done carefully, intelligently, accurately, patiently, thoroughly, over and over again if we would hope to succeed.

There is also a plain duty now devolving upon the cities and towns of this State. They must take up, each for itself, the suppression of tuberculosis within their city lines. Not only should suitable local ordinances be enacted, and active supervision established, but the building of proper hospitals for tuberculosis ought to receive immediate attention. Already some of our cities, notably New York, which has proceeded on a large scale, Rochester, Syracuse and Buffalo have made beginnings. But outside of these few instances but little has been done.

What can be done at hospitals for incipient cases has been demonstrated at Raybrook, where out of a total of 267 cases, 219 apparently recovered and 37 were arrested, and only one died. Even among those moderately advanced, 145 in all, 32 apparently recovered, 89 were arrested. If Raybrook could get cases when it should get them, in the real incipiency of the disease, its record of cures would be even more startling. It is now full and has a small waiting list; but many of its patients are still too advanced to give the best results.

At a recent meeting, the Advisory Board on Tuberculosis adopted the following resolutions:

1. Resolved, That a bill be presented to the Legislature providing for the notification and registration of all cases of tuberculosis.

2. Resolved, That the Advisory Board strongly indorses the educational value of the State tuberculosis exhibition which is now being shown around the State and believes that it should be duplicated.

3. Resolved, That the Legislature should be asked to place

Digitized by Google

at the disposal of the State Department of Health adequate funds for the investigation of tuberculosis and for the taking of such measures as it may deem necessary for its suppression.

In your message to the Legislature in January, 1908, you (Governor Hughes) said, under the head of Public Health:

"The waste of life and productive energy which results from the prevalence of tuberculosis requires that every effort should be made to limit, if it is not possible to destroy, this scourge. It is gratifying that public sentiment is being aroused upon this question and that opportunity is afforded for the co-operation of public and private effort to attain the desired results. I recommend to the Legislature the adoption of such measures (including those already mentioned with respect to the milk and meat supply), which will tend to prevent the spread of this disease. Provision should be made for notification and complete registration of cases and for the dissemination of necessary information. There should be suitable appropriations made to permit systematic effort under the direction of the Commissioner of Health."

To begin and maintain the fight against this disease the Legislature of Pennsylvania has appropriated the sum of $1,000,000—a large part of which is "for the dissemination of knowledge relating to the prevention and cure of tuberculosis." In the opinion of those conversant with the situation not less than $75,000 should be appropriated for this work.

The resources of to-day's science of sanitation developed by sufficient means and sustained by an intelligent and awakened public sentiment shall so prevail that finally this common foe of man, this scourge of the race, must pass away.

THE POLLUTION OF OUR STREAMS

A fact most gratifying to record is that during the past two years marked and increasing progress has been made in lessening the pollution of our rivers, streams and lakes. That public sentiment is more and more actively supporting the position of the Department in this important duty is unquestionably due to the general dissemination of knowledge concerning the dangers of unrestrained pollution. It is a striking illustration of the fact that you must first educate and then advance. In some cases you educate by advancing. But in this matter, so far-reaching were its consequences, so many important interests, both public and private, were vitally interested, so many difficulties and peculiar embarrassments were in the way, that it was essential that the people should see

Digitized by Google

as clearly as possible the imperative and urgent necessity for this sanitary reform before much progress could be made. That there is now throughout the State a general sentiment that our waters must be purified, there can be but little doubt; when occasion arises it must be crystallized, specially informed, and wisely directed.

It is needless now and here to again enter upon an elaborate discussion of the dangers of polluted and infected waters. If we estimate that 20,000 cases of typhoid occur in New York State in one year with 2,000 deaths, the money lost to the State is easily figured. Allowing each life to be worth $3,000, a low estimate, as the young and vigorous are most often victims, and estimating that 15,000 of the 20,000 cases were men and were kept from labor forty days, and putting the value of a day's work at $1.50, the total pecuniary loss to the State amounts to $7,000,000. We know without telling what misery and suffering were caused by these thousands of cases, what grief and distraction occurred when death entered hundreds of homes; and to this must be added the very serious business loss of a community when the disease occurs in any way approaching epidemic form. Let us remember also the danger of infection by tuberculosis—a danger more serious and grave, I fear, than it is at present supposed to be.

Then, too, when the stream is not infected the conditions of pollution existing cause a disfigurement of its natural features often peculiarly repulsive. The banks are covered with deposits offensive to both sight and smell; dirty and slimy scum floats on the surface of the stream and accumulates in eddies and coves; the bed of the river is covered with a viscid material that rises promptly when disturbed, and yields to the grieved nostril a pungent odor peculiar to itself. Fishing is impossible for there are no fish—boating, as a pleasure, is destroyed, the banks of the river no longer yield enjoyment. The comfort and enjoyment of the people living along such a stream are impaired and sometimes totally destroyed. We are all agreed that such conditions should not continue to obtain.

The policy of the Department remains as announced at Albany three years ago; that the continued pollution of our waters must cease. It does not expect this pollution will cease in a day nor in a year, but it does expect that within a comparatively short period it will be entirely stopped.

In my report to you last year on this subject may be found the following paragraph. It still describes the conditions existing and therefore, it is quoted:

Digitized by Google

"It must be clearly understood that the problems presented by the present pollution of our streams are not in any sense of the word simple ones. To select one town on a river and order it to construct a sewage disposal plant, regardless of conditions existing along that river, hinders rather than helps. To object to one sewer discharging when hundreds of others are pouring out their contents and are likely to indefinitely continue, may indicate interest, but demonstrates with painful clearness an absolute inability to grasp the situation.

'Before any intelligent or coherent steps in direction may be taken concerning the purification of any stream, the entire watershed to which it belongs must be thoruoghly studied.

"The sources of water, character of soil, number of villages and towns, population of such, conditions of sewage, conditions of water supply, manufacturing establishments and their various wastes, maximum and minimum flow of the main river and its tributaries, all these things and many more must be learned before it can be intelligently decided whether the single town above referred to shall or shall not be required to put in a sewage disposal plant. In other words, this work of the purification of our streams must proceed along broad and comprehensive lines. Otherwise it will make no permanent and satisfactory progress. What should be done for the Oswego river will be determined after such an investigation as the one above described has been made and the full reports and sanitary maps submitted. Then, and not till then, can it be decided just what is the proper and wisest thing to do."

During the past year comprehensive and thorough studies have been made for the Susquehanna, Oswego, Delaware, Niagara, Mohawk, Upper Hudson, and Lower Hudson. These investigations and studies are of the greatest possible importance in dealing with the question of water pollution. They afford the foundation for both present and future action. It need hardly be said that such investigations are costly both in time and money, but no more needed work has ever been done for the State.

APPROPRIATIONS

The growth and consequent extension of the necessary work of the Department has received the cordial recognition of the Finance Committee of the Senate and the Ways and Means Committee of the Assembly, nor has the Executive failed at any time to manifest his earnest interest in the progress made. But the increase granted last year, though relatively large, was yet only sufficient to enable the Department to successfully begin work on a number of most important lines (described in full under the work of the several Divisions) but not enough to carry on this work efficiently to a satisfactory conclusion.

Digitized by Google

It must be recalled that until very recently the appropriations for the State Department of Health were most meagre and insignificant, and that the greater part of the investigations now undertaken could not be carried on because of lack of means. There can be no service without means; there can be only inadequate service with insufficient funds; there can be efficiency in its fullest sense only when the appropriation is enough to meet actual needs.

It is not proposed to so indefinitely extend the energies of the Department as to embrace all things that might be conceived by a fertile imagination as coming within the domain of sanitary science. It is proposed to limit the work undertaken to that which exeprience has demonstrated to be practical and which, if a proper care of the public health is to be maintained, requires prompt action. But to do this work pressing for accomplishment, a certain level of appropriations is requisite. It has not yet been reached.

We are still severely crippled in the amount allowed for "Investigations," "The Division of Laboratory Work," and the "Division of Engineering." These are the great centers of strength in the Department. If investigations must cease, if the multifarious laboratory be narrowly limited, if the engineering division lack means, there will necessarily ensue a large cessation of efforts and incomplete and unsatisfactory results. An increase of at least $30,000 is needed along the lines mentioned above.

RECOMMENDATIONS

I beg to recommend the following changes in the Health Laws which I believe to be directly in the interests of the public service:

First. The Department has at present the authority to check the further pollution of the streams of this State by refusing to grant permits for the discharge of raw sewage, and it is consistently exercising this power in proper cases, and has required the construction of many sewage disposal plants. The investigations that have been conducted during the past year of the watersheds of the State, were for the express purpose of determining what the policy of the Department should be, the necessity for establishing the degree of purification that must be obtained, and for preserving the waters of the State for future use.

While the provisions of the law conferring this authority on the Department are wise as far as they go, I believe the Department should have the authority to order the sewage of a municipality or manufacturing wastes, to be removed from a stream, and I think it desirable that such an order should receive the approval of the

Digitized by Google

Governor. In this way progress that could be made in relieving the pollution would be much more rapid.

In connection with the work the Department is doing in the repeated examinations of public water supplies and in efforts to protect them from contamination, such authority would be of great assistance. The State has provided for the protection of the public water supplies and the control of their purity, laws which will —with the application that is at present being made—result in a great improvement along these lines. But the law should go a step further and enable the Department to take immediate action to relieve the pollution of the stream where investigation shows it to be necessary.

The Department has no more important function than that of the perfection and control of the water supplies of the State and it will bend every energy to make that control as perfect as possible under existing conditions.

Second. An amendment to the Vaccination Law to take out of the hands of the trustees of school districts the authority to enforce the law and place it entirely in the hands of the local boards of health.

Third. I would recommend a law compelling the registration of all cases of tuberculosis.

Fourth. I would recommend that the law regarding vital statistics be so amended as to secure a more complete registration.

Fifth. I would recommend the passage of an act designed to enable the counties of the State to have a county laboratory working in co-operation with the State laboratory and the State Department of Health.

Sixth. Attention it called to my recommendation of last year regarding the Pure Food Law. As there has been no change in the situation the remarks made at that time are still pertinent. The work of enforcing the law should be under the control of one department with adequate funds to place the State in the front ranks in this work.

THE SANITARY ENGINEERING DIVISION

PROTECTION OF PUBLIC WATER SUPPLIES:

The Public Health Law provides that the public water supplies of the State shall be protected by specific rules and regulations provided and enacted by the State Health Commissioner upon application from the local board having control of the supplies. The law further provides that no sewage shall be discharged into any waters

Digitized by Google

of the State without a permit from the State Health Commissioner, who shall prescribe the conditions upon which all such discharge of sewage shall be permitted.

This specific work of protection of supplies involves in the cases of new rules a careful examination of the watershed in order to determine the local conditions, requirements and prohibitions necessary to the framing and enactment of the rules. In other cases it involves special or regular inspections of watersheds to determine whether, and to what extent, these rules have been complied with. Under these two-fold duties, then, a large amount of the work of the Engineering Division has been performed during the past year relating to the water supplies of seventeen municipalities.

In addition to the above work of protection of water supplies of the State, which are protected by rules and regulations, the Department is frequently called upon for specific investigations or inspections of supplies where rules have not been enacted. This work is the result of a voluntary appeal to the advice and assistance of the Department by local officials or water boards. These appeals for advice of the Department involve many questions, such as selection of suitable sources of supplies, approval of plans for water purification, and the protection of their supplies against local or general sewage pollution. Such voluntary appeals have been received from twelve municipalities, and engineering work of inspection and investigation has been performed, and advice and assistance rendered.

SEWAGE AND SEWAGE DISPOSAL:

The work of the Engineering Division in regard to these two important questions comprises the greater part of its routine duties. It covers a considerable amount of detail in the examination of plans for new systems of sewage and sewage disposal and for modification and extension of existing systems; in the examination and filing of reports and maps submitted in accordance with the 1903 law; and in the issuing of permits for the discharge of sewage from these systems, manufacturing industries and private dwellings

SANITARY SURVEYS OF WATERSHEDS:

Statistics in regar to the location and number of sewer outlets of municipalities and industries, as well as other sources of pollution, may be considered as one of the working assets of the Division of Sanitary Engineering. This information is essential to the proper solution of many, if not most, of the problems that arise in regard to the protection of public water supplies, includ-

Digitized by Google

ing specifically the operation of sewage disposal of the municipalities of the State and the issuing of permits for the discharge of sewage into the waters of the State.

To gather the information, it must be done systematically, and to this end sanitary surveys were undertaken during the year covering the watersheds of the Oswego, Hudson, Mohawk, Susquehanna, Genesee, Allegheny, Black and Oswatchie rivers. Of these investigations, the field work has been completed with all of them, and reports have been submitted in the cases of Oswego, Upper Hudson, Genesee and Mohawk rivers. The reports covering the remaining watersheds will be completed at an early date.

INVESTIGATIONS OF SEWAGE DISPOSAL PLANTS:

These investigations were for the purpose of determining the number, operation and efficiency of the sewage disposal plants in the State. For many years plans for sewage disposal works have been approved by the Department, and permits for sewerage works have been granted, subject to the construction of sewage purification plants as an essential condition. The Department has no record of any inspections made of any cities to which such conditional permits have been granted, nor has the Department had any means of knowing whether the plans approved have been even approximately followed in construction. It seemed, therefore, fundamentally essential, before undertaking to inspect the operation, and to pass judgment on the efficiency of the sewage disposal plants of the State, that a correct list of such places should be made with a description of their intended method of operation.

This work was carried out in the months of June to September, inclusive, by an assistant especially trained in this field of work. With a description of each plant block plans were prepared to make the description intelligible, and photographs taken to show the conditions at the time of the inspections.

SANITARY INSPECTION OF CITIES:

This investigation included the inspection of certain cities of the State whose typhoid fever death rates were above the normal, with a view of discovering, if possible, the causes for such high death rates, and of then insisting as far as possible on the removal or remedying of such causes. The average typhoid fever death rate of the State for the past five years has been 21.7, while the death rate for the State of Massachusetts for the past five years was only 18.0.

Since many of the cities of the State have typhoid rates above

Digitized by Google

50, it is manifest that the most direct way of reducing the death rate of the State is to reduce the death rate of those cities where the rate is highest. The following six cities were selected, all with high death rates from typhoid fever, viz.: Cohoes, Niagara Falls, Elmira, Poughkeespie, Ogdensburg and Newburg. In the case of each city studies were made of the topographical, geological, industrial and sociological peculiarities of the locality; of the water supply and sewage conditions; of the milk and ice supplies; of garbage collection and disposal; and an analysis of mortality statistics. The statistical information has been gathered for all of these cities referred to and reports completed in the cases of Ogdensburg, Niagara Falls and Poughkeepsie.

These investigations have proved of great practical value, for, based upon the findings and conclusions reached in each case, definite and valuable recommendations could be made to the local authorities having charge of the respective public improvements. Many of these investigations have developed into a subsequent special investigation of the city's water supply, which has involved not only the Division of Sanitary Engineering, but the Division of Hygienic Laboratory, which contributed largely, from the standpoint of chemistry and biology, to the information regarding the purity of these supplies. It is also a gratification in this respect to record that, in the case of municipalities where recommendations have been made, immediate steps have been taken by the local authorities looking to the carrying out of these recommendations.

SANITARY CONDITION OF SUMMER RESORTS:

This investigation comprises a series of visits or inspections of summer hotels in the State. On one railroad line are to be found nearly 2,000 boarding houses or hotels, the capacity of which is not far from 50,000 people. A large number of these are under the supervision of the health officer of the village or town where they happen to be located. But mountain camps, farm boarding houses, and even large hotels in the mountains are often beyond the reach of regular health officers, even if a small community felt justified in assuming such control and attendant expense.

It would appear, therefore, that if the large number of summer recreation seekers are to be protected in health while at summer hotels, the protection must come from the State authorities. The conditions in existence at present have been found to be revolting in the extreme. In several cases drinking water was taken from

Digitized by Google

a shallow well, surrounded by privies and cesspools. In a number of cases the sewer of the hotel discharged into the same pond or lake from which the water supply for the house was taken, and only a few feet away. In one hotel, indeed, the two pipes were laid in the same trench, to save expense. In about 75 per cent. of the places inspected, the conditions were not seriously bad, but in the other 25 per cent. the conditions called for immediate remedy.

Owing to lack of adequate engineering assistance this investigation was only partially completed. The information that was secured, however, was at once utilized, and notices were sent to all offending parties that the sanitary conditions must be remedied before the opening of the next season. In addition to these notices, considerable advice was given as to the nature, extent of the improvement, and in some cases the type and arrangement of disposal plants, that would meet the requirements of this Department.

The results of this investigation show so clearly the danger that lies in the unsanitary conditions surrounding many summer resorts and the importance of protecting this growing population of pleasure and health seekers, that it is important that this work be continued and extended in the future.

THE DIVISION OF LABORATORY WORK

EXAMINATION OF MUNICIPAL WATER SUPPLIES:

During the year fifty investigations of water supplies of municipalities or supplies used by public institutions have been made, and samples of water have been collected and forwarded to the laboratory and there submitted to careful examination either bacteriologically or chemically, or by both methods.

These preliminary examinations of the municipal and institutional water supplies have shown that they can be grouped in a general way under three heads as far as their sanitary quality is concerned:

The first group consists of those supplies of excellent quality. It is part of the plan of the Department to have these supplies examined at occasional intervals. Of the fifty supplies examined, five belong to this group.

The second group consists of supplies, the sanitary conditions of which are more or less open to question. Examination of the same should be made at regular intervals, either monthly or bimonthly. This group consists at present of thirty-five water supplies.

The third group consists of supplies, the quality of which is

Digitized by Google

either open to very strong suspicion or is notoriously bad. Of these there are ten. It is the intention of the Department to examine these at short intervals, and upon completing a series of such examinations action will be taken for the purpose of remedying the dangerous conditions.

With the scientific data already collected and that to be gathered in a continuance of this plan, definite action can be taken toward the remedying of dangerous conditions of municipal water supplies and it is a most important movement in the direction of the absolute prevention of outbreaks of typhoid fever and other water-borne diseases. It is the highest type of public health work and should be well supported.

Some of the conditions which the Department has discovered through the work of the State Laboratory would seem to indicate that something wet was the only standard for quality of certain water supplies. On the other hand there are many places where the original supplies were of good quality but the municipality has outgrown the supply, or the latter in times of drought has failed to give the needed amount of water and auxiliary supplies or makeshifts of unsatisfactory quality have been brought into the water systems. Still other places have filters that are such in name only and are not producing satisfactory results. Others are faulty in design, and still others show that the only element that receives consideration is that sufficient water passes through them. Such filters are worse than useless, inasmuch as they give a false sense of security and are in no way a safeguard if the water which they intend to purify is polluted.

LABORATORY DIAGNOSIS OF VARIOUS INFECTIOUS DISEASES:

The laboratory work in the diagnosis of infectious diseases has more than doubled during the past year, and there is still great need for development in this field.

It is noteworthy that a great increase in the number of specimens of sputum sent to the State Laboratory for their examination for tubercle bacilli has taken place. This is an indication of the great value of the anti-tuberculosis campaign which, because of lack of funds, has only just been started by the Department in this State. Undoubtedly the number of specimens examined during the coming year will again be four times the number examined the year just prior as was the case this past year.

ANTITOXIN LABORATORY:

The work of the Antitoxin Laboratory increased very mate-

Digitized by Google

rially during the year, the distribution of diphtheria antitoxin being nearly one-half larger than last year.

Considerable sentiment has been expressed in various quarters calling for the free distribution of antitoxin to all those making requisition for the same, regardless of their financial condition. The work of the Antitoxin Laboratory has not only saved thousands of dollars to the citizens of the State in the cost of this remedy, but has, in addition, saved many thousands of lives because of the quick availability of the antitoxin for the treatment and immunization of those ill or exposed to the disease. It is well known that the most important factor in the treatment and prevention of diphtheria is the administration immediately after exposure or at the earliest possible moment after the onset of the disease, of suitably large doses of antitoxin. This is possible under State production and distribution of the remedy.

Only three conditions are necessary for the entire suppression of this disease:

First.—A knowledge on the part of the general public that antitoxin is a sure preventative agent when administered before the development of diphtheria, and practically a sure cure when administered in large doses immediately after the onset of the disease.

Second.—Immediate action on the part of the guardians of those exposed and the attending physician in the administration of the proper doses of antitoxin at these times.

Third.—An unlimited supply of State antitoxin put up in proper syringes and available for all citizens irrespective of their financial condition.

The State can provide for the latter of these factors and can very greatly assist by a campaign of education in bringing about the requisite knowledge on the part of the public, mentioned under the first condition. The medical profession and those exposed will remain altogether responsible for the development of serious or fatal cases of the disease when the State has fulfilled its duty in the matter. The State, however, should be prepared to do its part and the Department will undertake to carry out any program laid down by the Legislature in this direction, providing it is given sufficient means to do so.

DIVISION OF COMMUNICABLE DISEASES

The most striking features of the work of the Division of Communicable Diseases has been its rapid growth during the year. The correspondence has increased about four-fold. Monthly reports at the beginning of the year were received from only 24 per

Digitized by Google

cent. of the health boards of the State; during the months of November and December they were received from 91 per cent.

The reorganization of this division in July of this year was followed by the appointment of a complete corps of twenty-five medical experts. These experts are men of wide personal experience with epidemic diseases, and men who are trained in the art of consultation to render service to health officers in difficulty over matters of diagnosis and the like. It is part of their duty to inspect the workings of health boards in the localities to which they are sent and to offer advice as to organization, procedure, etc.

DIVISION OF PUBLICITY AND EDUCATION

THE MONTHLY BULLETIN:

It is gratifying to know that the *Monthly Bulletin* is one of the most popular institutions of the Department. Health officers and others make frequent references to it in their correspondence with the Department, and other publications quote from it freely. Upwards of 5,000 copies of each number have been mailed and the list of readers is constantly being increased.

ANNUAL CONFERENCE:

The Seventh Annual Conference of the Sanitary Officers of the State of New York was held in Buffalo on October 16th, 17th and 18th, and was, without question, the best meeting of its kind ever held in this State. Upwards of 1,500 people listened to the Commissioner's address, and even larger audiences, numbering between 2,000 and 3,000 people, were present at the evening public sessions when the subjects of tuberculosis and pure milk were discussed.

TUBERCULOSIS EXHIBITION:

Early in the year a communication was received from Dr. John S. Fulton, Secretary-General of the International Congress on Tuberculosis, requesting the good offices of the Department in the organization of the available forces in the State of New York in the interest of the Congress and especially in the collection and preparation of a suitable exhibition to be sent from this State to the Congress meeting place in Washington.

As it appeared that the exhibition would probably serve a double purpose, that is, for demonstration in this State and also at the International Congress at Washington, it was determined to make the scope and construction of the same such as would render it equally effective for both purposes.

Digitized by Google

The exhibition was demonstrated for the first time, and most successfully, at the Seventh Annual Conference of Sanitary Officers at Buffalo in October. The Exhibition was also shown during the Ninth Annual State Conference of Charities and Corrections, which was held in the Capitol, Albany, November 12-15th. Here it attracted a great deal of attention and many requests were received for its demonstration in other large cities of the State.

THE WORK OF THE CONSULTING OPHTHALMOLOGIST AND OTOLOGIST TESTING THE EYES AND EARS OF SCHOOL CHILDREN

Plans were perfected during the past summer for having the teachers in the incorporated villages of the State take up the examination of the eyes and ears of their children at the opening of school last fall. Sets of test cards were printed and carefully prepared directions were drawn up for the teachers who were to make the examination and report the results which were sent to every teacher in the 456 villages in the State about the middle of October.

Up to the present time about 415 villages have sent in their reports.

The plan of having the teachers make this examination was adopted because of the promptness with which it could be done, the economy of the method and the greater surety of getting the schools promptly finished. It is the only plan that has been found, after considerable trial, to combine promptness and completeness with a fair degree of accuracy. If the examinations were made by a school inspector they must necessarily be made hurriedly and the results would be no more accurate than those made by the teacher. And where the village has to depend upon one physician to do this work he will hardly get around during the school year. The teachers have the confidence of their pupils, and the latter are less liable to become nervous and make blunders by incorrectly naming the letters in cases where the vision is perfect.

Reports were sent to the parents where there was defective vision or hearing or the child had inflamed or scaly lids or suffered from headache, especially if with any of these symptoms he did not get along in school as well as his fellow students. Those where there was any discharge of an offensive odor from the ears and those who were mouth-breathers were also reported.

Only those of seven years and over had their vision examined, but all those in the public school had their hearing tested and determination was made whether any of them were mouth-breathers or had any obstruction of the throat or nose.

The total number of children examined was 89,640.

Digitized by Google

Of these 43,658 had defective vision, which was about 48.7 per cent. of the whole.

Those reported as having inflamed eyes or scaly lid were 10,126. Those who had headache numbered 17,803.

The total number reported with defective hearing was 5,727.

Those having a discharge from the ear or earache were 5,810.

The mouth-breathers were reported as numbering 10,831.

The reports sent to the parents amounted to 4,814.

This compares favorably with the reports of these examinations in other States and cities, where especially the test for vision has been in vogue for many years.

THE DIVISION OF VITAL STATISTICS

During the year 1907 there were reported to the State Department of Health 195,735 births, 147,442 deaths and 94,456 marriages.

Based upon an estimated population of 8,386,675, the birth rate per 1,000 population was 23.3, showing a satisfactory increase over the rate for 1906 (22.2).

The death rate per 1,000 of population in the State was 17.5. In 1906 it was 17.1, and the average for five years past was 17.2.

* * * * * *

In the Administrative Division it may be proper to state that the number of pieces of first-class mail received by the Department during 1907 showed an increase over 1906 of 12,726 pieces; that all mail received showed an increase of 34,258 pieces; that the number of pieces of first-class mail sent out showed an increase of 18,955 pieces; and the increase in all mail and packages sent out was 40,128 pieces.

Ranula: Thuja.—A girl, aet. 8, was spending some time in Berg-Dievenow in preparation for operative procedures, on returning home, upon a ranula as big as a plum. I had been called to see her younger sister, and accidentally saw this child. Owing to a successful treatment of diarrhea in the sister, the mother was prevailed upon to permit a trial of homœotherapeutics in the ranula case before she got to the surgeon. Thuja 3, gtt. iij in water, t.i.d. was prescribed. Two weeks later they went away. Presently it was reported that the growth had perceptibly decreased, and after some weeks a grateful letter arrived stating the complete disappearance of the tumor, to the great astonishment of their allopathic attendant.—Dr. Doege, *Leipziger Zeitschrift für Homœopathie.*

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A.B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

ON CERTAIN POWERS OF THE MIND

IN the pre-scientific period of the Christian era, in what are known as the medieval years, when science as it is known today, with its laboratories, its instruments of precision, its chemistry, its electrology, its bacteriology, its patient determination of laws from facts, following out the Baconian processes of induction, the deductive method was the unique resource of the restless human mind, a method necessarily based upon abstractions and dealing with the abstract. The exclusive cultivation of this method naturally led to much foolishness, but it developed the powers of ratiocination, of complex mental processing, of prolonged meditation, of logic and philosophy, which are actually the source of the domination of the human brain over the brute; and when we moderns (of the medical profession) grow over-proud of our institutions, our laboratories, our instruments, it is well to glance at the accomplishments of the unaided intellect displayed by the elder writers. Of the ancient triad of learned professions, medicine, law and theology, the latter two alone continue in the cultivation of the abstract; the realm of thought, not things; of reasoning *per se*, not of memory alone; and some physicians on the witness-stand, possessed of facts but not of logic, have found the trained

Digitized by Google

legal mind a very difficult antagonist, and the struggle not infrequently spells defeat for the doctor.

Facts are powerful things, but the rightly chosen word, the logical thought, the crushing blow of a syllogian are often more potent in dealing with that curious body of matter known as the human brain.

Has the modern medical mind dwarfed the power of abstraction, meditation, in its strenuous endeavors along Baconian lines?

The query was caused by the recent perusal of two books, one, *Die Geschichte Abelards und der Heloise, aus dem Englischen des Herrn Joseph Berington, übersetzt von Dr. S. Hahnemann, Leipzig,* 1789, which contains, in addition to the life history of the two famous lovers, a retrospect of the civilization and intellectual development of the eleventh century, wherein thousands of eager students from all Europe followed one man, the master philosopher and logician, Abelard, to learn of him the knowledge and wisdom of the century; the other book, *Paracelsus in seiner Bedeutung fur unsere Zeit,* (Paracelsus and his Significance for our Times), by a homœopathic physician, Dr. E. Schlegel, of Tübingen, Germany.

The Paracelsian book deals with the aphorisms of Hippocrates, the commentaries thereon by Paracelsus (Hohenheim), the exposition of Paracelsian doctrines, the relation of the creative impulses of Hohenheim's wonderful mind to much in modern medicine, particularly homœotherapeutic medicine; but there is abstruseness there, and abstract thought must accompany the reading. We have no bacillus glued to a slide, but the reasoning, out-reaching power of a human intellect. And the suggestion was made that the work appear in serial form in the NORTH AMERICAN. Seriously, would it be wise to offer it?—or would there be an outcry against using up NORTH AMERICAN space in the publication of a purely philosophic treatise, however closely its philosophy were related to the best in modern medicine?

The NORTH AMERICAN is still undecided in the matter although it has a predelection for old books, old songs, and, (rarely) old wine.

Magistrate Hahnemann we still hold the exemplar of profes-

Digitized by Google

sional attainment (notwithstanding the limitations of his time); an inductive logician (how otherwise should his work endure the ravages of years,—actually the goal toward which modern science, often inconsciently, is striving); but also the philosopher trained in the acuities of reasoning, and thereby able to predict in the language of his day most of the developments of modern science.

Witness his prophetic glimpse of the vibrio choleræ Asiaticæ and its non-atmospheric transmissions: "This plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Sarepta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from cholera, and up to a recent period none of the villages around Vienna, where the plague daily carries off a large number of victims, were invaded by cholera, the peasants having sworn to kill any one who ventured near them and even to refuse to permit any of the inhabitants who had gone out of the villages to reenter them. How could their exemption have been possible, had the cholera been distributed through the atmosphere? And how easy to comprehend their freedom from it seeing that they held aloof from contact with infected individuals.

"On board ships—in those confined spaces filled with mouldy, watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of these excessively minute, invisible, living creatures so inimical to human life, of which the contagious matter of the cholera most probably consists."

Transalate in the following, Hahnemann's *"dynamically spiritual"* into the modern radiologic term *"radio-active."* Medicinal substances are not dead masses in the ordinary sense of the term; on the contrary, their true essential nature is only dynamically spiritual—is a pure force, which may be increased in potency by that most wonderful process of trituration (and succussion), according to the homœopathic method, almost to an infinite degree."

And consider, for example, the radio-active powers of Na and Cl ions in the 200th. A patient who had been dripping with night sweats for two months, who had lost 60 pounds in weight, said of a single dose of natrum muriaticum 200: "That was the most powerful medicine I ever took. I awoke perfectly dry the next morning, after a refreshing sleep, and with much diminished cough and expectoration."

We have been rambling on to show that something more than the accurate observation of the antics of a vibrion or bacillus is essential in the learned profession of medicine. But we are still indecisive in regard to the Paracelsian translation.

Digitized by Google

Notes and Comments

Gas vs. Electricity—A good deal has been said about the hygienic superiority of electricity over gas as an illuminant on account of the absence in the case of the latter of products of combustion and depletion of the atmosphere of its oxygen. An investigator has recently published a statement, however, to the effect that while electricity is possibly preferable for a room that is to be occupied by one or two people, for the lighting of large rooms where a number of people are to be gathered, gas is preferable. While it is true that the gas will help to consume some of the oxygen in the room, it will at the same time consume that product of animal combustion expired by those in the room, which has been shown to be the greatest factor in rendering the atmosphere of a room unfit to breathe. This investigator says that an audience can remain for three hours in a room lighted by gas without discomfort, but where electric illumination is employed, the people get restless and uneasy after sitting for about an hour, and this restlessness and uneasiness is due to the presence of the products of animal combustion.

Treatment a Corollary to Medical School Inspection—The idea is gaining ground in some quarters that medical school inspection is but one step in the right direction. It is eminently proper to find out if communicable disease is present in a school, it is good to discover and call attention to physical defects the removal of which would not only be of great benefit to the children as children, but would improve them as scholars. But if the mater stops there, is not a good deal, the larger part of the time, energy and money expended up to this point, wasted? No one is satisfied to determine if a child is ignorant; the state, which is the people collectively, say the ignorant child must be educated—either at the individual expense of the parents or at the expense of the community. At present parents are notified of the defects found and are advised to have them remedied by the family physician or at a public clinic. But in many instances the advice is not followed. The same condition of affairs holds good in England where medical school inspection is being introduced. Dr. A. H. Hogarth, of the London County Council medical service, claims that less than one-third of the children discovered to be defective are actually treated, and in many cases, the treatment given is inefficient. He claims that the only remedy is the establishment of school clinics or centers for the treatment of school children under the control of the education authority, and modeled along the lines of the school dental clinics which have been established in Switzerland. The provision of such clinics would add greatly to the financial requirements of an education department, but if it gave the nation a rising generation of more healthy individuals, the money side of the question is a matter of secondary importance.

There are obvious difficulties to be overcome in consum-

Digitized by Google

mating such a plan, not the least of which would be the opposition of parents to compulsory treatment, the general sentiment against the spread of such socialistic ideas and practices, and possibly, opposition on the part of the medical profession, the bulk of the members of which look with jealousy upon the encroachment of state medicine.

High Frequency Metallic Discharge as a Surgical Measure—Newspaper reports from the Paris Surgical Congress speak of the demonstration of a new treatment of cancer, which, as understood, consists in the administration to the growth of sparks from a metallic high-frequency electrode. Similar work is being done in this country but formal reports are not yet accessible. But the same electric modality is being used by many for other growths or hypertrophies than cancer. An interesting report from Finley R. Cook, M.D., of New York, in the *Medical Record,* credits it with usefulness in hypertrophied tonsils, especially in the adult, in hyperplastic skin affections such as acne, papilloma, moles, etc., in the removal of scars and in hemorrhoids.

The Homœopathic Treatment of the Insane—There seems to be a number of homœpathic physicians in New York State who make it their business to act as self-constituted censors of homœopathic institutions and organizations and those responsible for the management of the same; and these same individuals seem hard to please, for they are active in their criticism of the New York College, and of various hospitals and societies. Among those at whom the shaft of criticism has been aimed is the Middletown State Homœopathic Hospital, and the Medical Superintendent, Dr. Maurice D. Ashley, takes pains to reply to the critics in his annual report to the Board of Managers of the institution. He says: "We have continued to follow the laws and principles of homœopathy in the selection of medicines for our patients. Before a prescription is made the patient is carefully examined and the remedy selected according to the totality of the symptoms presented. Hypnotic and narcotic medicines are never prescribed as such, nor is any remedy used for its physiological effects. In fact, we are governed in the selection and administration of drugs by Hahnemann's law of similars. The hospital was established by law as a homœopathic institution, and no other system has ever been made use of, officially or otherwise, by the medical staff; nor can we legally do so under existing laws. Nor is there any desire to do so, for, surely, a comparison of results of the treatment at this hospital with similar institutions, will furnish ample evidence of the success of homœopathic treatment of the insane."

This, certainly, is a frank statement, and is surely to be accepted until disproved; so critics, please take notice. Incidently, how many other institutions are there, labelled as homœopathic, which can make as good a showing? How many in charge of such institutions, can show that in spite of, or because of, prescribing homœopathically only whenever drugs are administered, their records are more favorable than those presented by institutions

Digitized by Google

where other methods of prescribing drugs are sometimes or exclusively employed?

Parable—The February issue of the *Pacific Coast Journal of Homœopathy* contained a sermon that should reach a wider audience than the combined circulation of our esteemed contemporary and the NORTH AMERICAN can give it; but every little helps, and the NORTH AMERICAN wants to do its share by quoting a parable and a few short paragraphs excerpted from an article on "Fanaticisms and Superstitions in the Practice of Medicine," by M. W. Kapp, M.D., San Jose, Cal.

First, the parable:

"A small company of men were journeying along a great highway. * * * They came to the prostrate form of a fellow traveler. * * * Sympathy and love filled all their hearts as each pressed forward to assist. * * * Contention arose. One wanted to give a large dose of stimulant and another insisted that the dose must be diluted or the secondary effect would be more harmful than the good that would be derived. Another had an alkaloidal pill that he carried for such emergencies. A fourth did not want the alkaloidal pill given unless it was sure to be the specific. Another said, 'Manipulate his spine, for there must be some pressure on some nerve center.' One said, 'Let us enter into the silence and give our brother the healing thought.' Another said, 'Get a wet pack at once, and he will soon be restored.' 'If I only had my electric battery now,' moaned one. 'Let us pray, for the Blood of the Lamb can heal,' shouted another. Each felt within himself that he was right, and angry disputing arose loud and long. Each felt that if any other method than his were used, the patient would die and the other fellow would be to blame for it. * * * * *

"The little company is still traveling and disputing, but a light is dawning, and they are beginning to realize that their aims in life are the same and all are eager to do that which is best; and deep in their hearts is the Universal God of Love—the God of Humanity and the Universe—and ere they reach the end of the journey they will travel in harmony and wonder why they quarreled, for their differences made no material change in the great onflow of the Universe."

A few other points from Dr. Kapp:

"The superstitions of the church and the healing art are constantly blended."

"You can no more cut out with a knife the evil results of years of living than you can blot out the evil results of a life of moral sin by the turning over of a new leaf."

"The doctor of the future will find some way of correcting our methods of life that will eradicate the disease and not the patient or part of the patient."

"The healing art does not consist in hunting symptoms and comparing remedy symptoms, alone. Neither does it consist in finding the name of a disease and then giving some remedy that seemed to help some similar case. Nor does it yet consist alone of finding some displaced vertebræ. Or of holding the thought of health or asking the Lord to heal. All these are a part of the great healing art, but not yet all of it."

"As I look over the past and compare it with the present and peer into the future, I can have nothing but love for every 'pathy' and 'ism' that is striving to better mankind. As we grow in knowledge, so will we respect our fellow-workers, even though they may see truth at a different angle from us. Not one pathy or ism has all the truth. The sum total of all the present pathies and isms may not be the whole truth, but as the ages go on and each adds its sum total of earnest endeavor, so may some future age see the whole truth and we may proudly feel that we were and are a part of the truth."

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Two Cancer Cases—March 11, 1906, the author received the following letter: "Dear Doctor: The pellets, regimen and diet prescribed for my wife because of her mammary cancer have not been in vain. Appetite and sleep are very good; she looks much better and her weight has increased 20 pounds. The open wound (still as large as a pea) is in the process of healing and no new nodes have developed. Further directions are requested."

This patient had been declared inoperable, as an ulcerating surface as large as the palm was already present on the breast and there had developed a marked axillary adenitis. Emaciation existed very noticeably. The case, which could be treated only by correspondence, was taken unwillingly, as it seemed hopeless. However, my favorite remedy in carcinoma was sent, viz., sedum repens in the 30x potency.

Sedum repens is found in stony regions in the higher Alps and is rare. I extract the plant with glycerine (not with alcohol) and potentize to the 30x, dispensing in pellets.

The patient was given five pellets four times daily and was advised to live on a vegetable diet for some weeks. The results are reported in the letter from the husband. The treatment was continued and the cancer cured, with no relapse to date, October, 1907.

A second case concerns a Mrs. M. in Berne, and is very similar to the above; mammary carcinoma with a carcinomatous ulceration as large as the hand on the right breast. Internally was an induration as large as an apple, still somewhat movable, with axillary adenitis. Only the insistence of the family physician for an operation led the woman, who had hitherto had little confidence in homœotherapeusis, to accept my treatment. Homœopaths always have the thankful (?) task of dealing with the most difficult cases.

The patient had been three weeks in bed; had no appetite. and was miserable and prostrated. Sedum repens 30x was ordered, five pellets four times daily, and compresses of diluted calendula tincture were applied; later the tincture was used. The results were as follows: Appetite returned; the patient desired to eat. The appearance was better, the glance brighter. After two weeks the patient could get up, and from the ulcer came masses of slimy pus; with the cleansing it grew gradually smaller, and is now, after four months, entirely closed. The nodes have diminished to the size of walnuts and are painless. The woman works vigorously in her garden and in an adjoining piece of land.—Dr. Stäger, *Homœopathische Monatsblätter*. [Sedum repens had better be looked up, else some of our old school thieves may blossom out with a "cancer cure" that cures.—Ed.]

Ophthalmic Medication—As a rule, whenever one speaks of eye medication, the mental picture is that of some solution to drop

Digitized by Google

into the eye; a wash which usually is religiously applied to the outer surface of the closed lids; or an ointment which is supposed to be rubbed upon the lids, and by some hocus pocus permeates the tissues and relieves the condition. That the internal administration of drugs may have an influence upon the structures of the eye and eyelids is too often overlookd, and the expression of incredulity when the assertion is made that drugs must be taken internally is often amusing.

APIS. Edema of the lids or of the conjunctival tissues, scanty urine. Dose, gtt 1-6—1-5.

APOCYNUM. Excessive edema of the lids or of the conjunctiva, scanty, urine. Dose, gtt. ss-j.

CHIONANTHUS. Deep yellow or greenish-yellow discoloration of the sclera, especially when occurring suddenly. Dose, gtt. v.xv.

CHELIDONIUM. Yellow discoloration of the sclera, more particularly of a chronic character. At times it should be combined with chionanthus. Dose, gtt. j-iij.

CUPRUM. In chlorotic persons with a tendency to avoid bright light. The palpebral conjunctiva is pallid, and the retinal picture shows the peculiar greenish white color found in chlorosis. Dose, gtt. 1-6.

ERGOT. Hyperemia of the retina and a tendency to hemorrhagic areas in the conjunctiva. The distinction must be made between arterial congestion and venous stasis however, as in the latter condition the ergot will increase the difficulty. Dose, gtt. ss-iij.

CIMICIFUGA. Bruised, sore sensation of the tissues surrounding the eye, or of the ball itself. Dose, 1-3—j.

PHYSOSTIGMA. Eyes tire on close use, feel heavy and occasionally a sharp momentary pain. Usually found in hyperopia or hyperopic astignia in those who use their eyes for close work. Dose, gtt. 1-10—1-6.

ACONITE. In acute inflammatory conditions of the tunics of eye, or of eyelids. Of no special value in subacute or traumatic states. Dose, gtt. 1-5—1-3.

VERATRUM. In traumatic inflammation of the eye. Also usually given after operative measures. Dose, gtt. 1-3—j.

HYDRASTIS. In catarrhal conditions of the conjunctiva, the secretions being moderately profuse and moderately thick. The discharge may be mucous or mucopurulent.

ARSENIC. When the secretions are thin, watery and excoriating. The canthi and lower lid usually erythematous. The liquor potasii arsenitis is most frequently employed, although arsenious acid may be used. Dose liquor potassii arsenitis, gtt. ss-j. Arsenicum gr, 1-100. DR. K. O. FOLTZ. *Eclectic Med. Journal.*

Sanguinaria Canadensis—The season is near at hand when many people are afflicted with troublesome coughs. Perhaps there is no single wrong condition that has given rise to such a variety of prescriptions as that exemplified by the cough.

Sanguinaria canadensis is a remedy which should not be lost

Digitized by Google

sight of, as it will prove exceedingly beneficial in many obstinate coughs which have heretofore defied all means and methods of relief.

Some of its specific indications are as follows: "Tickling sensation in the throat, or irritation of the throat with cough; bronchitis, with increased secretion; atonous conditions of the stomach and bowels, with increased secretion of mucus; throat and air passages dry, hot and swollen; harsh and dry cough; sense of uneasiness and burning in the stomach, with nervousness; laryngitis, with cough and tickling or dryness of the throat; respiratory diseases, when the inspiration is difficult and the throat and air passages dry, hot and swollen; sense of constriction in the throat, with difficulty of deglutition."

As a cough remedy, when indicated—and the above extract shows this very plainly—it stands unrivaled. Use of it along these lines will prove its value and demonstrate the folly of forgetting old friends.

Some prefer to use the nitrate of sanguinaria, but my own knowledge of the drug has been derived from the tincture—specific medicine—of sanguinaria. It has proved extremely valuable in my hands and has cured many obstinate coughs which nothing else could reach. A patient will frequently exclaim, "I cough, I don't know why, but somehow I cannot help it!"

Give such a one sanguinaria and both of you will be pleased.

In those chronic coughs which are so frequently met in the general practice of almost every physician the fact must never be overlooked that here it is absolutely indispensable to continue the medicine for a considerable period of time if the cough is to be completely obliterated. *Journal of Therapeutics and Dietetics.*

Some Ocular and Aural Drugs—CAPSICUM. This drug ought to be more generally prescribed. "It is indicated for people who are indolent, opposed to physical exertion, averse to change of regular routine, fiery temperaments," swelling and pain behind ears, inflammation of mastoid, extremely sore and tender to touch.

GRAPHITES. This drug acts especially upon the skin, lymphatics, digestive system and sexual organs. Weak, exhaustion of whole body. Sudden sinking of strength. Burning pains in old cicatrix. Is particularly adapted to persons inclined to obesity, especially females with tendency to delayed menstruation. *Eyes:* Intolerance to artificial light. Dry mucus in the lashes. Margins of lide inflamed. Fissures of canthi—particularly of outer—after-effects of ulcers or injuries. Nightly agglutination of lide. *Ears:* Crackling in ears when moving the jaws. Dryness of inner ear by scaly covering over membrana tympani. Fissures in and behind ears which exude a glutinous, thin, sticky substance.

KALI MUR Like all the potashes, this has the characteristic weakness, anemia, soft pulse, coldness, general depression, sensitive to all climatic change. Cold weather unendurable. While this drug has never been proven, it has been found clinically one of the sheet anchors in catarrhal troubles, whether ear or nose. The local indications are very similar to merc. dulc. Hence it must be prescribed on general rather than local indications.

Digitized by Google

NATRUM MURIATICUM—A drug of deep and long action. Its chief clinical use is in the treatment of scorbutic affections, and in diseases resulting from malnutrition. As might easily be inferred, patients are chilly, weak, emaciated, irritable. Eyes: Vision as if looking through a mist. Objects become confused. Eyes give out on use. Sensation of sand in eyes in morning. Particularly useful when the wearing of properly fitted glasses does not relieve the headaches and the muscular conditions.

PARIS QUADRIFOLIA—A drug of very limited but of very decided indications, the head being the most marked. A sensation as if a string were pulling the eye directly back to center of occiput. A peculiar symptom, but when found you can expect and get positive results. The first time my attention was called to this drug was when my preceptor found this symptom in a patient and relieved it almost immediately. I have witnessed several similar results.

PSORINUM. Debility, independent of any discoverable organic disease. Lack of reaction when well chosen remedies fail. Psorinum patients and all their secretions have a filthy odor. Chronic ophthalmia that constantly recurs. Offensive discharge from ears, skin, nose or eyes. Chronic otitis media where the discharge is so offensive that it is sickening to the aurist. I well remember my first verification of this last statement. A boy of 6, who had resisted all kinds of medication for nearly a year began to improve very quickly when given psorinum 30, two tablespoonfuls three times daily.—Dr. E. B. Swerdfeger. *Progress.*

Neuralgia.—These pains may be everywhere and anywhere in the body. They are often reflex, having their origin from some portion of the nervous system where a pathological condition is present. Among some of the common causes are bad teeth, constipation, position of uterus, pressure on the nerves of the pelvis by hardened or impacted facal matter, or the gravid uterus; also from spasmodic contraction of muscles of thigh or lower limbs. While for some of those conditions something more than an internal remedy is certainly needed, yet here are some remedies which must be remembered. The constipation will be taken up separately.

China ☥: Where patient is anemic and pain is aggravated on slightest touch.

With or following any malarial condition: Nat. sulph. 3x or china ars. 3x.

Pains not remaining long in any one place but condition of longer standing: Cimicifuga 2x.

Facial Neuralgia: Aconite 3x, bell. 3x, mag. phos. 3x.

Neuralgia accompanied by jaundice or other liver symptoms: Nat. sulph. 3x, sepia 12x, or chelidonium 3x.

—Dr. L. T. Gill. *Cleveland Med. and Surg. Reporetr.*

Some Notes on Albuminuria.—This condition may be considered under several headings:

Transitory albuminuria: due to some infectious or contagious disease such as scarlatina, erysipelas, typhoid, etc. There are edemas, particularly of the ankles and face, difficulty of respiration, prostration, i, e., the common nephritic phenomena. Remedially,

Digitized by Google

apis 6 and arsenicum 30 in alteration, three globules every two hours. If not improved, fuschina 6 every three hours (a coloring adulterant used in wines.)

Intermittent albuminuria (Pavy): found in dyspeptics and neurotics. The albumin is found only after meals and is accompanied by digestive and neuralgic disturbances. Arsenicum 30, three globules every three hours if there be intestinal involvment with marked anemia, dropsy, and clear and abundant urine. Also acetic acid 6, three globules every three hours.

Albuminuria orthostatica: found in indivduals of neuropathic heredity. The condition is noted only after a period of long standing on the feet. Remedially, arnica 6, alternated with fuschina 12, three globules every two hours if the urine be red.

Calculous albuminuria: developing after the passage of calculi; the urine is turbid and red, with pains in the ureters, spermatic cord and testicles. Lithium carbonicum 6 every three hours. If this does not suffice, alternate with hepar 12, three globules every two hours.

Albuminuria of pregnancy: beginning with localized and then general edema. Apis 6 and pulsatilla 6 in alternation every two hours.

Nephritic albuminuria: demonstrated by the microscopic elements. Bacillin 100, three globules every three hours. When there are pulmonic disorders and fatty degeneration of the kidney, liver and heart, phosphorus 30 and aurum 30 in alternation every two hours. If the urine is fetid, dark, with smoky sediment, hematuric, and with dyspnea, terebinth 30 every three hours. Where there is great debility, with rheumatoid pains aggravated by humidity, formica 6 every three hours. Helonias 6 is employed after menstrual suppression or confinement, particularly is there be uterine prolapse, desire to urinate with the sensation of vesical distention, and pains which do not cease after micturition, the urine being profuse and somewhat bloody. [This drug in the 1, tablets every 10 minutes has been found singularly efficacious in renal hemorrhage. Ed.] Consider also equisetum 6. With sharp pains in the kidneys, brachyglottis 6.—*Revista Homeopatica*, Barcelona.

Gout.—Eupatorium perfoliatum.—December 22nd, 1891.—F. M., aged 55, suffered from hereditary gout, at intervals, for twelve years, usually in left great toe. For last two weeks has had an attack sometimes is the toe, sometimes in fingers. This morning the left great toe is distinctly worse, the redness and swelling having advanced from the extreme tip and first joint to the second joint: the joint is tender on pressure.

Diagnosis of Remedy—Gouty swelling of great toes. Aster, benz.-ac., eupat.-perf., plumb., sabin.

Swelling of left great toe. Eupat.-perf.

I gave him one does of eupat.-perf. Cm. (Finckè).

May 31st, 1892.—Reported that the gouty attack was cured at once. and has not returned. E. W. Berridge, M.D., *British Hom. Review.*

Solanum Carolinense: Pertussis.—So far the only specific

Digitized by Google

indication with me has been the marked explosive nature and spasmodic character of the cough. Given these indications, the remedy goes. So that I must confess I come dangerously near having a remedy for whooping cough, for since I proved its value on these lines, whooping cough means solanum just as certain as the rapid, frequent pulse, with temperature, means aconite. A few months back I had a very bad case. The boy came up from a visit to Honolulu. In his case the spasms were very bad, the worst I ever saw, which would be eased only by a stream of mucus, which would be ejected with great force. One day I saw this ejection. The mucus was thrown quite a distance, and the patient seemed to have no control whatever. Spec. solanum C., given in from four to eight drop doses every two or three hours, according to circumstances, in some simple bland vehicle, soon brought relief. An allopathic physician here, a very intelligent man, and a very successful physician, whom I have been introducing into the mysteries of specific medication, has been using this remedy, and at our last conference he assured me that it was the medicine in the disease.

I used to set a great value on gargles of weak solutions of carb. acid in this difficulty, but since using the sol. car. I have not been so particular about this. Get spec. solanum; give it intelligently, and persevere with it, and if your experience be as mine, you will find it the quickest, surest shot for this troublesome and ofttimes intractable disease. Of course there may be a place for some intercurrent remedy. You may find specific indications for very small doses of spec. aconite, lobelia, or sanquinaria, or a trituration of tartar emetic. Any of these can be given either with or alternately with the solanum. But don't mix too much, or you will not give the credit due to the major remedy, solanum carolinense. —Dr. J. Fearn. *Eclectic Med. Journal.*

Aranea (Tela aranea.) The experience of the writer with this remedy has been very much to its credit. Though it has failed him occasionally—or he has failed to properly apply it—he is convinced that Grauvogl enunciated a lasting benefit to the profession in his exploit with tela. He has afforded us a central truism, around which much substantial knowledge has been built from clinical experience: Conditions marked by persistent chilliness.

This symptom appears to be the key note for its use, though we should dissociate the proposition from the idea that the prolonged chilliness must necessarily belong to ague, or malarial manifestation. Unless this is done, we are liable to neglect it almost completely; for, so many better and more reliable remedies for intermittents are in vogue that we can never expect to win renown with it in this field, though when specifically indicated it is as applicable in malarial conditions as in any other, according to my experience. The writer, however, has obtained the most satisfactory results from it, possibly because he became better acquainted with it there, in a district where intermittent fever is unknown, unless imported; though it may be mentioned, in passing, that periodicity is rather a significant indication for it, though not the leading one. Periodicity, it is to be remembered, does not always indicate malaria. There are exceptions to all rules, and a number of them to this.

Whenever a case presents, be it acute or chronic, in which

Digitized by Google

the patient finds himself prone to continual chilliness, unable to get comfortably warm by the aid of proper clothing, apartment and fuel, tela is the first remedy to be thought of. The demand for it is emphasized if the skin is continually cool and clammy, and if the chilliness is quickly aggravated by dampness. A patient in this condition presents us with what Grauvogl designated a "hydrogenoid constitution," or condition, and this is his specific indication for tela. We ought, then, to regard the phrase, "cool, clammy skin," and "hydrogenoid condition" as synonymous in thier meaning, in this connection, both being specific indications for tela.

The homœopaths have given Grauvogl rather scant praise for his development of an imporant place for this remedy, because he "evolved it from his inner consciousness," instead of relying wholly upon provings. Nevertheless, they have adopted the clinical fact as a portion of their accepted therapeutics,and adapted their provings to it. It has been regularly warped into the woof of similia similibus curantur. Our homœopathic friends are nothing if not shifty. Most good things drift their way, but it somehow finally turns out that they obey the law of the "immortal Hahnemann." Schuessler came in for a basting by their leading writers, when he declared his Tissue Remedy doctrine, and he was read out of the school for heresy, wherewith he was quick to reply that his doctrine was not homœopathy, but a philosophical exposition of therapeutics. And now, in modern time, he has been taken bodily into camp, and his work has been rendered "homœopathically," by various revisers. Strange to relate, though it was an ecletic work in the beginning, most eclectics still repudiate Schuessler.

As an illustration of what is meant by the application of tela to the "hydrogenoid condition," by Grauvogl, one of his cases may be repeated. A chronic inflammation of the heel, in an old man—probably due to involvment of the periosteum of the os calcis—resulted in abscess, and later on in a sloughing ulcer. The ulcer was very painful, and arnica was given to relieve the pains, but withuot much effect. The ulcer continued to deepen, and resort was had, alternately, to silica and calcarea carb., but aggravation still persisted. The patient was constantly chilly, and the pains increased periodically. Arnica was administered, and improvement speedily followed.

Dr. Pierce thus sums up the indications for this remedy: "Masked periodical diseases, in hectic, broken-down patients. In all diseases that come up suddenly, with cool, clammy skin and perspiration and cold extremities; in nocturnal orgasm in either sex. Numbness of the extremities, when sitting still or lying down. It relieves spasm of the arterioles, and stimulates capillary circulation. It relieves hyperesthesia of the cerebro-spinal nerves and the great sympathetic that depends upon debility. It is the greatest heart stimulant in the materia medica, and lobelia is only second to it."

Resumé: Tela is specifically indicated in debilitated subjects of neurotic tendency, with cool clammy skin, protracted sensation of chilliness, with or without nervous complications, especially where periodicity is in evidence. Given when the key note, chilliness, long continued, is present, it is liable to remove accompanying neurotic complications, at the same time that it corrects the faulty condition of the circulation.—Dr. H. T. Webster. *Eclectic Med. Journal.*

Digitized by Google

Vol. LVI MAY, 1908 (Volume XXIII Third Series) No. 5.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

MEDICAL LEGISLATION IN NEW YORK STATE *

By Herbert Dana Schenck, B.S., M.D., O.etA.Chir.

Brooklyn, N. Y.

IN reviewing the events of the past year which have distinct relation to our society, nothing stands out as prominently as the legislation which was passed last winter replacing by a single board of nine members the three boards of medical examiners of seven members each, which had been in existence since 1892. This pending law was presented to you at the last annual meeting. Your attitude at that time was for an uncompromising fight for keeping the three boards. This was made, and undoubtedly would have been successful had the campaign been between medical forces alone, but it was not a test of arms between the allopathic and the homœopathic and eclectic schools, but it was between the State Department of Education with the more or less passive assistance of the allopathic school on the one hand and the homœopathic and eclectic schools on the other. A considerable number of practitioners of allopathy were against the bill and outspoken in its opposition when the osteopathic compromise was made.

There has been considerable comment in this State and out of it criticizing the attitude of the homœopathic profession in this crisis, hence I shall take this opportunity of presenting the facts as they presented themselves to one who was in the closest

*Part of the Presidential Address, Homœo. Med. Soc., State of N. Y.

Digitized by Google

possible touch with the situation during the time from the last annual meeting until the bill was signed by the Governor in May.

The agitation for the substitution of a single board for the three boards wherever they exist has been active in the American Medical Association for some years, but the chief lead in this State was taken by the Department of Education, which called a conference of representatives of the medical colleges of the State as well as the State societies at the Department of Education, November 24, 1905. You will find in the "Transactions" for 1906 an account of what took place at that conference. At that time Howard J. Rodgers, First Assistant of the Department of Education and representing that department, presented an argument for a single board under the following heads:

First, because it appealed to the department as more economical and efficient in administration. It had no relation to the medical side of the subject, being purely departmental.

Secondly, that one board would make it practically impossible for other boards to be created, of which he said there seemed danger of several. Here he created a man of straw, as no one could imagine a legislature or a sane Governor considering the appeals of the kineteopath, Christian Scientist, etc. The only body of practitioners that had any support or organization behind them was the osteopaths, who were demanding much less recognition than the present law gives them.

At this conference the homœopathic and eclectic schools opposed vigorously the idea of having a single examining board, and nothing was done about the matter until the spring of 1906, when a bill was drawn for a single examining board, as I understand, by Howard J. Rodgers and the council for the Medical Society of the County of New York. This bill was introduced in the Assembly, and, in the Public Health Committee of that branch of the Legislature, acted as a measure whose consideration helped amazingly to defeat the bill creating an osteopathic board, which had been actively pushed during the whole of that winter with the sympathy it was currently believed of a great many members of the Legislature. This was practically the same bill that was introduced at the opening of the session in 1907 which had the strong support of the Committee on Public Health of the Assembly, the latter having a number of allopathic physicians among its members and a druggist as its chairman.

Just before the Legislature convened in 1907, a decision was handed down by the appellate division in New York City defining medical practice and declaring all those not legally licensed as

Digitized by Google

illegal practitioners and amenable to the provisions of the medical law requiring such practitioners. It was thought by the legal representatives of the Medical Society of the County of New York that the osteopaths would defend the man whose case was used for the test; but the osteopaths, repudiating him, made no move to modify this decision. They did make a move the moment the Legislature convened and introduced a bill legalizing osteopathy. They used this decision as a boomerang by sending 2,000,000 copies around this State telling members of the Legislature and the patients of every osteopath in the State that if they desired to be treated by osteopathy any longer their bill legalizing their practice would have to be passed before the Legislature adjourned. This created such tremendous sentiment that the legislators felt its pressure at every visit home, and the Senate Committee on Public Health, which was very strongly biased toward osteopathy, espoused their cause and demanded a law legalizing all these practitioners.

Dr. Rodgers, who was conducting the campaign for the single examining board, found very soon that he was unable to move his bill out of the Senate Committee until some provision was made for the osteopaths, and the latter found that they could not move their bill out of the Assembly Committee until some provision was made for a single board.

Your officers and committee vigorously fought for the retention of the three examining boards and also as unfair, unjust and against public policy the licensing practically as practitioners of medicine of a large number of osteopaths who had had less preliminary training and medical education than had been required of medical students for many years past. A few members of the Legislature, under the leadership of Commissioner Howard J. Rodgers, however, met one Saturday night (March 9th) in Albany, and sent for the osteopathic committee, there in that city, and told them that something must be done. After a prolonged session adjournment was taken until Sunday morning, when the osteopathic committee defined their position, and the present medical bill, which contains in a dozen lines practically all the provisions of the original osteopathic bill, was decided upon as satisfactory to Dr. Rodgers, the committee men and the leaders of the Legislature.

This radically changed the whole complexion of the legislative fight, and, in spite of our opposition and our suggestions for amendment, the bill was finally passed and signed with scarcely any change in its professional aspects. We even went so far as to employ the best legal talent we could get to present our case before

Digitized by Google

the Governor that he might see the justice of our contentions and veto it, but even in this we failed. We suggested amendments for compulsory representations of all schools upon the examining board; for the nomination of examiners by the State Medical Societies; for an examination in materia medica and therapeutics; and for a modification of the osteopathic section. Neither the Senate nor Assembly committees on public health would accept them or permit any change in the bill. Such as were introduced on the floor were defeated through the active opposition of these committees.

Our fight, however, before the Legislature and the Governor made such an impression that I feel sure that it resulted in the minority schools securing representation, and further in not permitting any school of medicine to have a majority of the board.

The bill as passed has four marked defects. First, because it does not *compel* the Regents to recognize the different schools of medical practice by giving them a definite representation on the board.

Second, because it does not give organized physicians, who are the best judges of the qualifications of their members for positions on the examining boards, any voice in the selection of the examiners. This is left entirely to the personal whim of the Regents.

Third, the bill does not require an examination in therapeutics or materia medica. Since the beginning of civilization all peoples and times have believed in the efficacy of drugs in disease, and physicians have always used drugs for treating their patients. It would seem then that the cornerstone of any examination for a license to practise medicine must be to find out whether a man had a sufficient knowledge of drugs and their proper administration. That he must have a knowledge of the collateral sciences of anatomy, physiology, chemistry, pathology, etc., everybody admits, but that the colleges can be left to take care of the knowledge of the students of materia medica and therapeutics but not of anatomy, physiology, chemistry, etc., seems to be entirely at variance with human experience. Students work on the subjects upon which they are to be examined, and teachers bend their energies toward making their students meet whatever requirements may be set, be it a promotion, entrance to college or what not. If materia medica and therapeutics is a "specialty," as was said in the Legislature last winter, the practitioners must stand in this class by themselves.

The fourth defect in the bill was its broad compromise, letting in a large number of osteopaths as practitioners of medicine, as

Digitized by Google

they claim, without requiring that they should have the preliminary education or spend the time and money required of medical men.

But do not go home with any delusion that this bill was passed through the efforts of the allopathic school. They had little to do with its drafting. The management of their campaign was left to the first commissioner of the Department of Education, who made the principal argument for the bill at the committee hearing before the Governor. At the hearing before the Governor, the homœopathic school was represented by nearly forty of its members; the eclectic school had a large delegation present, but the allopathic school was represented by a half dozen men and their principal spokesman was Howard J. Rodgers.

Without the support and guidance of this great State Department this bill could never have passed the Legislature. Its first assistant was in the capitol seven days of the week. His prestige as an officer of a State Department in the Legislature gave him untold advantage over a member of your committee in access to the legislators and greatly augmented his influence.

In this connection it might be well to briefly call to your attention the fact that when the original medical law established three examining boards it was placed in the hands of the board of Regents for *execution* as a matter of convenience. The legislative matters connected with its formulation were done by physicians after years of consideration to determine the standard to be required of medical men, the subjects upon which they were to be examined and the form of the law necessary for carrying these into effect. They also outlined the education necessary as a preliminary to the study of medicine. After the manner of bureaus generally, the bureau of Regents into whose hands this matter was put, assumed not only executive but legislative powers.

It is very easy for any executive to read into a law oppressive measures never intended by those who drew it and this seems to have been the attitude of the bureau in regard to the preliminary educational requirements. They planned, they said, to have New York in the lead in this matter. As a matter of fact they have made the requirements so oppressive by their ruling upon immaterial points that they have made New York State in a class by itself, so far above the others were their requirements. It was not a leader and New York City, the largest and first in commercial importance in the United States and the first until recently in the matters of medical education, fell to fourth or fifth place in the number of medical students who came to her for their education.

In Polk's directory for 1906 it is stated that Chicago had re-

Digitized by Google

gistered 2,127 students during the session ending May, 1906. Philadelphia had 2,089; New York 1,705, and Baltimore 1,658. These were far ahead of any other cities of the United States and I believe the falling off in New York since then has made Baltimore third and New York fourth, if not lower.

Is it not time that medical men asserted themselves to correct this condition that some change may be made so that the medical colleges of this State may not be filled almost exclusively by those who can pass the Regents examination to the exclusion of the graduates of private schools outside of the State whose students may not have the exact qualifications of our Regents' curriculum but are as well educated in the general sense, which was all the law requires of any prospective medical student.

It would seem to me desirable that a committee be appointed from this society that would confer with other societies and report what is the best action for us take at our next meeting in order to place New York again in the front rank as a medical center.

RADIUM THERAPY WITH SPECIAL REFERENCE TO GYNECOLOGICAL APPLICATIONS*.

By William H. Dieffenbach, M. D.

New York

THE interest of the public demands that medical men show proper conservatism in the adoption of original discoveries and new applications of treatment.

The general policy of physicians abundantly conforms to this demand—like the man from Missouri, they want to be "shown"—shown a number of times and even then the introduction of new methods is decidedly slow. The Bier Stauungs-Hyperemia method is an invaluable application of an old principle, but in spite of its undeniable value and the innumerable attestations of its efficiency in many conditions given by numerous observers, there are probably not a dozen physicians in this room to-day who have investigated or applied it.

The Bier hyperemia technic is quickly attained and its application is inexpensive. If this simple method remains slow in adoption what difficulty must radium-therapy encounter with its costly equipment and evolutional technic?

*Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

Six years ago the writer first procured a small supply of radium for experimental purposes. His experience has been gained in private practice and in the Department of Physical Therapeutics of Flower Hospital, where in conjunction with Professor King, the earliest clinical applications of radium were made. The experience thus gained warrants the writer in confirming the recent statement of Dr. Robert Abbé that "the action of radium constitutes a unique force in therapeutics." NORTH AMERICAN JOURNAL OF HOMŒOPATHY, December, 1905, and December, 1906 contains a resumé of the experiences gained in radium-therapy and physicians who are interested are referred to these papers and to the recent paper of Dr. Abbé read before the Dermatological Congress (*Medical Record,* Oct. 12. 1907) for other information regarding radium which the brevity and scope of this paper precludes.

The separate physiological action of the various rays and emanations given off from radium while disintegrating, have not been definitely studied. Most of the observations relate to the action of radium bromide or radium chloride preserved in hermetically sealed glass or aluminum tubes or to the so-called Lieber coating method which the writer has advocated and employed for the past three years.

Radium compounds mixed with gelatine have also been tested by the writer and true radio-active water has been utilized by numerous investigators. When sealed tubes are employed the so-called beta and gamma emanations are the only vibrations given off as the alpha rays which compose fully 95 per cent. of the output of radium have low penetrating power and cannot pass through glass or aluminum. The alpha rays are readily absorbed and carry a positive charge. The beta rays readily penetrate solid materials and carry a negative charge; they are similar in character to the cathode rays of the Crooke's tube.

The gamma rays are markedly penetrating but are said to carry no charge. They are said to be identical with the Roentgen ray (a pocket edition, they have been called), although some investigators claim that there are distinct physical difference between the two. Rutherford claims to have determined two other emanations from radium salts due to the disintegration of the parent rays.

The volume or amount of rays and emanations given off from a specimen depends on its activity and quantity. Radium compounds as compared with the unit of radio-activity, uranium oxide, exhibit various degrees of activity depending on their purity and weight.

This activity can be measured by means of the electroscope or

Digitized by Google

through action on a photographic film, so that the terms 10,000, 25,000 or 1,000,000 activity refer to the fact that such labeled specimen are relatively so much more active than the unit, uranium oxide. Pure radium bromide has activity of over 2,000,000 and for therapeutic purposes Dr. Abbé (in *Medical Record*, Oct. 12, 1907) gives in detail his method for testing the activity of radium specimen by means of photographic films covered with two layers of light proof paper which are exposed through a slit in a lead plate for various lengths of time and the effects compared with that of a given unit of say 10 m. gr. of pure radium bromide.

The electroscopic test by means of the improved Braun electroscope and a stop-watch seems to the writer to be quicker and probably more accurate for relative measurement. Thus if we know that the electroscope is discharged in 10 seconds by a specimen of pure radium 10 m. gr., we can estimate the relative activity of an unknown specimen by a time comparison.

The original activities of radium employed by the writer were low, 7,000 and 20,000 and results were not encouraging. Later on when it was found that the higher activities of radium produced the most marked effects on tissues, the highest obtainable activity 1,800,000 to two million was experimented with. All these early tests were made with radium confined in tubes. Realizing the fact that when radium is confined in tubes but a small quantity of its emanations are available, the alpha rays being shut off entirely, Mr. Hugo Lieber of New York, some four years ago conceived the idea of making solutions of radium salts and through mixture with chemicals produce a coating or film which would adhere to rods, plaques, bougies or any other suitable instrument.

After much experimentation Mr. Lieber's efforts were successful and the film was found to be staple, so that this method offered a means of applying unconfined radium, securing practically the entire output of the disintegrating emanations of this element. When it was observed that the action of radium was inhibited to some extent by the fact that sulphur contained in the tissues formed an insoluble radium sulfate, Mr. Lieber proposed mixing the radium solution with gelatine and through this intervention secure deeper absorption. Both of these methods are now in use, the rods being used for superficial lesins or for direct introduction into tissues after incision, the plaques for skin lesions, the radium gelatine for injections, for application by means of saturated gauze and packing into cavities. Large rods are especially made for esophageal, vaginal and rectal treatments.

Radio-active water made by placing pitchblende in a jar of

Digitized by Google

water or suspending a tube or coated radium rod in same has also been applied therapeutically. W. J. Morton (N. Y.) has used radio-active water for his various treatments of cancer and he still retains it among his kaleidoscopic methods, showing that he attributes some therapeutic virtue to it. The writer has tried radio-active water in two cases of carcinoma of the pylorus with no relief in either case. As neither case had a post-mortem the results on the cancer cells can not be deduced. The ingestion of radium gelatine appears to the writer to offer better prospect for success in alimentary cancer as deeper penetration can be secured and the solution would remain in the stomach for a longer period than water, which is absorbed within 30 minutes. This method deserves a trial in some advanced case of carcinoma of the stomach.

The scope of this article precludes discussion of the value of radium in skin lesions; we desire merely to reiterate the statement made in previous papers that radium is a specific in warts and moles, naevi (pigmented and hairy), lupus vulgaris and superficial epitheliomata. Radium has a distinct specific action on all cellular elements of the skin and mucous membrane brought within its radiations and cells of lower vitality, can, by proper dosage, be destroyed or changed into scar tissue without marked detriment to the surrounding healthy tissue. Cells which are not reached by the emanations do not undergo this change and failures in some cases are solely referable to this cause. Dr. Abbé distinguishes two methods of radium action. We quote: "One, the specific retrograding effect on neoplasms whose essential substance is an erratic overgrowth of epithelial, embryonal or glandular structures. The latter is seen in parotid or glandular structures where extraordinary changes are occasionally produced by radium though its precise limitations cannot yet be assigned.

The other effect is seen in the occlusive blockade of highly vascular tumors (obliterating end-arteritis) by irritant action as in nævi and large angiomata. That this power does not reside alone in producing local inflammation is shown by its effects on dry seeds whose life force is changed by exposure to it, so that growth is retarded after planting in proportion to the time of exposure. Also in animal life, as illustrated in meal worms where radium so represses them that they go on living as meal worms, "veritable Methuselas" as it has been said, while their brothers and sisters, unradiumized, progress for generations, completing several cycles of beetles, eggs, meal worms, etc."

Abbé records his observations on the action of 10 m. gr. tubes of pure radium bromide as follows:—

Digitized by Google

I. If it is placed upon the skin for 10 minutes nothing will be seen for a week. Then a pink, red spot appears with itching and burning. After two weeks this has gone.

II. Exposure of 30 minutes. Burning, itching and redness occurs in three days, more severe than before and lasts two weeks. If an epithelial growth has been treated, its retrograde action begins about the tenth day. On previously painful tumors the pain stops.

III. If an ulcerated surface be treated or a strong radium tube be inserted in a wound for twenty-four hours there will result a specific toxemia in many cases. The symptoms will be headache, chill, general aching, coated tongue, fever up to from 103 to 106° F. and an occasional rash like that of scarlatina."

In six cases which Abbé overtreated he noticed a spreading rash similar to erysipelas, which subsided after 2 or 3 weeks. He states, however, that he has never seen any harm from the use of the strongest radium.

In discussing the therapeutic action of radium Abbé states "that this subtle force carrying a negative charge of electricity of intense penetrating power plays upon the cells and alters their rate of growth or kills them altogether. What vital spark is in a living thing no one knows. It has been surmised that Life itself may only be an embodiment of electric force. It has been supposed by some that a living cell continues its normal career owing to a balance established within it between positive and negative electric force and that an aggregate mass of cells in the body, such as constitute a tumor may result from their erratic growth, owing to a loss of balance of electric equilibrium. May it not be reasonable to suppose that a mild application of radium emitting its distinctive rays is thereby capable of restoring the electric equilibrium, while on the other hand, a prolonged and intense application carries the balance to a destructive termination?"

Dr. Abbé made an interesting experiment in a case of carcinoma mammæ. The radium was by means of an incision introduced into different sections of the breast and kept in situ for a definite time. The breast was then removed surgically and the parts treated with radium examined by a competent pathologist. The results showed vacuolization of cancer cells and formation of scar tissue some distance surrounding the area where the radium had been intro-

Digitized by Google

duced and proved the curative action of radium within a given sphere.

The writer has taken the liberty of quoting largely from Abbé's articles, as he is one of the pioneers in this work and in spite of unfriendly criticism of uninformed persons has persisted in his tests and researches with this remarkable compound. Abbé's references are all to radium encased in glass tubes.

The writer has employed radium in this fashion and finds some difference in the action of radium confined in tubes and the unconfined radium applied in solution or as a filmed rod. The latter method has been tested and advocated as it is much less expensive than tubes and more easily applied, especially in rectal and vaginal cases. The action of these coatings or solutions in 25,000 activity when applied to the skin and mucous membrane is as follows:—

If applied for twenty-four hours, slight erythema results; when the time is increased to forty-eight hours, dermatitis equivalent to that of the first degree produced by Roentgen rays, is secured. This dermatitis takes from four to six days to subside, and is followed by a distinct tanning which disappears in from ten to fourteen days, leaving behind, however, slight pigmentation of the parts treated. On mucous membranes, the same degrees of irritation and hyperemia are secured in one half the time required for skin reaction; the more moist the mucous membrane the quicker the reaction. In applying radium of 25,000 activity, while we do not hesitate to use the maximum of forty-eight hours and in some cases, seventy-two house of exposure to the skin and its lesions, we have made it the practice never to give over twelve hours' treatment for mucous membranes, in order to obviate severe irritation and possible ulceration. It is also imperative where maximum doses have been given, to wait at least ten days, sometimes fourteen days, before repeating the application, unless necrosis is striven for, in which case, a hundred and forty-four hours exposure may be given to secure results. When divided doses are given and the totality of hours of radiation has been secured, it is necessary to interrupt treatment for ten days in order to secure reaction to the rays and subsequent scar tissue formation.

These observations, which we have verified over and over, with slight variations, depending on the vitality of the person, will permit scientific application of the coatings when the therapeutic action of radium is invoked.

As there are but a limited number of physicians testing radium, corrobation of its action is not as frequent as would be the use of

Digitized by Google

an inexpensive or readily procurable article. I therefore, desire to quote from a recent article by Dr. Alfred C. Haven (*Journal American Medical Association*, Dec. 21, '07,) on "Will Radium cure Cancer?" Dr. Haven had written this article in September 1906, but the Editor advised delay in its publication, as the results noted might not be permanent. Now, after two and a half years, the case remaining well, its recital seems justified.

The case was that of a multipara, who in January 1905, was operated upon for carcinoma of the cervix with diagnosis of alveolar carcinoma of very malignant type. The growth was the size of a twenty-five cent piece, located on the posterior lips of the cervix; there was metrorrhagia and debility.

Feb. 1905. Dr. Dudley of Chicago performed vaginal hysterectomy.

May 1905. Characteristic cauliflower recurrence in the scar, enlarged inguinal glands, hemorrhages.

May 15, 1905. Treatment begun with radium bromide, the tube being inserted every night and left until morning. For the next seven months the patient grew steadily worse and the lesion extended into the vesico-vaginal septum. Hemorrhages were frequent and there was progressive loss of strength and weight. The patient received one and one half grains of morphine daily to relieve pain.

Dec. 2, 1905. Violent hemorrhages. Almost pulseless. The growth was curretted—equal parts of iodin and phenol applied and an iodoform tampon was inserted. The radium tube was still inserted nightly. During the next few months slow steady improvement was noted and on April 1906, the cancerous granulations had disappeared and been replaced by healthy scar tissue.

July 1906. No trace of the original lesion was visible or palpable. The vagina was contracted and cicatrized. The lymphatic glands were normal in size, there was no pain and the patient had gained in weight and strength. At the time of the writing of the article, Sept. 12, 1907, two and one half years after hysterectomy, the patient is apparently well and strong and the radium is still applied. Dr. Haven's concluding remarks on this striking case, are as follows:—

"I realize that there may be a return of the disease and that the patient may die of carcinoma, but I belive that if the radium destroyed the granulations once, it may be possible to prevent such a recurrence by intermittent or continuous use of it some months or perhaps years. The radium will certainly be continued indefinitely. I believe there cannot possibly be any doubt as to the

Digitized by Google

character of the growth. The laboratory so pronounced it in January 1905, and recently I asked Dr. Gehman, of the Columbus Laboratory, to examine the slides again. He makes the following supplementary report: Referring to the tissue from Mrs. X., we wish to make further report as follows:

"Our sections show this to be an alveolar carcinoma. It has originated in the squamous epithelia of the cervex. It does not show any glandular arrangement. The epithelial cells are young and active. The alveolar wall is usually slight. The epithelial orests are frequently in close proximity to young, immature blood vessels. The tissue is a good deal inflamed. There is much leucocytic infiltration and much growth of embryonal tissue, especially blood-vessels. The abundance of cells, the thinness of the alveolar walls, the abundance of blood-vessels makes the type very malignant."

"Also the macroscopic appearances were those of cancer; the history is that of cancer; the recurrence after hysterectomy of characteristic cauliflower granulations in the scar tissue with frequent hemorrhages, pain and lymphatic involvement—the picture is one familiar to any physician. If the diagnosis is clear, what affected the cure? She had a currettement of the granulations; she had antiseptic douches. These could affect no cure. She certainly is the picture of health to-day and I am forced by the logic of the situation to give the credit to that mysterious substance, radium.

I don't know that I can claim any originality in its use, unless the persistence in its use was new. Six months gave no result, but later the result was brilliant. Perhaps the method of use was a little unusual, as the radium was left in contact with the granulations the entire night. I shall not try to draw conclusions from a single case. But may this case not be rich in suggestiveness? Perhaps radium has been discarded before it has had a thorough and lengthy trial.

The X ray and radium cure cutaneous cancer and other skin diseases. The X ray is regularly used by surgeons as a supplementary treatment after excision of the breast and other external parts. Similar use of radium in inaccessible parts is analogous and should give similar good results. Radium may therefore, have a field of usefulness where the X ray is inefficient because of inaccessibility as in cancer of the uterus, the tonsils or rectum—a valuable supplement to the surgeon's skill. I believe its use must be continued over a sufficient length of time before results are demonstrable."

The writer has taken up much space and time with the reports

Digitized by Google

of other observers; we could quote from many German, Austrian and French sources on the specific action of radium on cancer cells and other abnormal growths which would verify and corroborate the foregoing remarks. As the paper is limited especially to gynecological applications. I will ibrefly give my personal experiences in this special branch of medicine.

I. Urethral Caruncle

Since 1902 four cases have been treated with radium. The first two cases with tubes of radium, the last two with coated rods. The exuberant growth entirely disappeared in all cases and no recurrence has taken place to date. One case was that of an old lady aet. 69, referred by Dr. W. H. Bishop which the doctor preferred not to operate as the lesion appeared to him to have a malignant aspect. The patient was treated in 1904, and is well to-day. The tube in this case was inserted into the urethra for 18 hours in divided doses—12 treatments in all. The usual treatment with 25,000 activity rods consists of one hour's insertion repeated twice a week for several months.

II. Epithelioma of the Cervix

Of epithelioma of the cervix I have treated two cases using large coated rods and applying same for one hour every 3 days against and about the lesion. One patient took treatment for six months and is apparently well. The other case also responded well, but has disappeared from my practice so I cannot report on her present state.

III. Recurrent Nodules After Hysterectomy or Cervical Excision for Cancer

Of these the writer has treated a large number with various results. At the clinic the results were invariably poor as control of the patient was lax. Of four cases treated privately during the past five years, two are dead and two living. One of these was that of a professional nurse operated upon by Dr. W. G. Crump, for cancer of the cervix and posterior fornix, where recurrence had taken place twice and radium was tried as a last recourse. Treatment by means of radium rods one hour weekly was given for fully one year and during my absence abroad Dr. W. H. King continued the treatment. This patient, after three years, is well to-day. The other case, that of a German lady operated upon by Dr. Moschkowitz, when last examined has no vestige of the lesion. The treatment advocated for these cases is by means of tubes or

Digitized by Google

coated rods one hour weekly with treatment continuing over a period of at least two years.

The writer usually starts the case with bi-weekly hourly treatments for several weeks and then reduces the time to once a week only.

IV. Inoperable Primary or Recurrent Carcinoma

Over twenty cases of inoperable primary cancer or recurrent inoperable carcinoma uteri, (principally the latter) involving large areas of vaginal tissue and in several instances that of the bladder walls also, were treated with radium or X ray in the past eight years. The results were negative in all but the two cases mentioned. Failure in these cases permits the deduction that if they had been treated early the radium treatment might have destroyed the cancer cells; it emphasizes the conclusions given by the writer that after hysterectomies or other operations for uterine cancer, radium treatment should immediately be started on the same principle employed by progressive surgeons in amputations of the breast, where the accepted post-operative treatment with the Roentgen or X ray has saved recurrences and incidentally lives.

Judging from the remarkable result in Dr. Haven's case, larger dosage must also be given than applied by the writer in these cases. Impossible results must not be expected of radium either. The writer recalls a sad case treated last year, where applications of radium gelatine left in place for twelve hours and repeated every two weeks produced quiescence for four months in a case of uterine cancer with vaginal and cystic involvment, pronounced inoperable by Dr. G. W. Roberts. The patient, after three months, lost the vaginal discharge, had no further hemorrhage and took carriage drives in the park. As a fatal termination had been predicted in this case within six months, we felt elated over the apparent success of the local radium treatment. Without warning, a vesico-vaginal fistula appeared and with it the patient continued to lose and exitus lethalis ensued in sixty days.

The deductions to be drawn from this hopeless case are that if radium could have reached the portion of the bladder affected, the same happy results attained in the vaginal walls would have prevailed. If cancerous tissue of one locality can be inhibited, it is certainly only a matter of technic to inhibit the growth of the cancer in other portions, and further trials will no doubt show the correctness of this view.

V. Carcinoma of the Body of the Uterus

During the spring of 1906, the writer, in conjunction with Dr.

Digitized by Google

G. W. Roberts, treated a case of adeno-carcinoma of the uterus (so diagnosed by Dr. Krug of New York and verified after curretage by a competent pathologist) by means of radium gelatine 25,000 activity. The radium gelatine was applied by means of saturated gauze, which was packed into the uterine cavity and kept in situ for 12 to 14 hours. The treatment was repeated twice a month for three months and a half. Hemorrhage ceased and the patient, after six months was apparently well.

Dr. Krug had insisted on immediate operation and disclaimed responsibility if this method was not pursued, so that when eight months had passed and no further sign of uterine disturbance was noted, the writer considered the case as apparently cured. The patient then remained away, and recently, on inquiring about the case, I was informed that almost one year after the radium treatment the patient had a slight hemorrhage from the uterus, and after a family council it was decided to have a hysterectomy after several surgeons had insisted that this was the only rational procedure. The operation was successful and the diagnosis of adeno-carcinoma was verified.

This point having been definitely determined, we can with due reserve claim that radium undoubtedly inhibited the cancer during the eight months in which there was quiescence and if the treatment had been pushed at the beginning a probable complete cure would have resulted. The writer does not at this stage desire to appear as an advocate of radium treatment in primary carcinoma of the uterus or the cervix; the results from surgery, if undertaken early, are too good to warrant the change in treatment. There are, however, certain conditions, such as diabetes, hemophilia, valvular and myocardial lesions and chronic kidney lesions, which preclude surgical intervention, and in such cases the further trial of radium is not only justified, but, judging from preliminary results, demanded as a matter of justice to the patient.

VI. Menorrhagia and Metrorrhagia

In non-malignant cases of menorrhagia the use of radium is advocated as a specific.

Oudin (IX Congrès de Médecine, Paris, Oct., '07) strongly advocated the use of radium for its hemostatic properties and recited several cases of metrorrhagia due to fibroids in which the hemorrhage was checked and the fibroids reduced in size after persistent treatment. He introduced a glass tube into the mucosa uteri containing 25 m.gr. of pure radium bromide and applied same twice a week for 10 to 20 minutes. After three or four months'

Digitized by Google

treatment, the hemorrhages ceased. Oudin states that the hemostatic action may be due to contractions of the blood vessels or obliterating endarteritis or to a local congestion or to reduction of the fibroids themselves.

As positive electrolysis had been tried in all these cases with negative results, Oudin believes that radium should be preferred in the cases of hemorrhages when operative measures are declined or not indicated.

VII. Paget's Disease of the Nipple

Radium applied in tubes or rods and firmly fastened to the malignant area will destroy the lesion called Paget's disease within a few months. The malignant tissue will be replaced by scar tissue and the cosmetic result be perfect.

VIII. Primary Cancer of the Mammary Gland

In spite of many reported cures with Roentgen ray and radium, the writer continues to advocate the surgical extirpation of cases of mammary tumors with probable malignancy, to be followed by Roentgenization or radium treatment over the affected area.

I have personally successfully treated a number of cases of indurations of the mammary gland which surgeons are prone to remove with the knife, with combination X ray, high frequency and sometimes radium plaques.

Several of these had slight axilliary involvement and operation had been refused by the patient. The radium application consisted of firmly strapping a large piece of radium-coated celluloid over the area involved, keeping it in situ for 48 hours and repeating this treatment every two weeks. Between radium treatments, the auto-condensation high frequency currents of 600 to 700 m. a were given over the breast for 15 minutes bi-weekly.

While still holding that surgery should be resorted to in all suspicious breast-tumors, this method has thus far not failed to soften the tissues and apparently dissipate the induration. In some cases nothing but a hard, small strip of tissue could be palpated.

IX. Recurrent Nodules of the Mammary Gland

Recurrences along the site of the scar after extirpation of the breast are unfortunately still very common. The Physical Therapeutics Department of Flower Hospital has treated over fifty of these cases and private practice also has had its quota.

The persistent use of the Roentgen ray immediately after operation by the majority of surgeons promises to reduce this

Digitized by Google

recurrence to a minimum. Where the X ray cannot be used, radium plaques can be substituted, and when the 25,000 activity is employed the parts should be treated for twelve hours every 3 or four days for two weeks and subsequently for one hour weekly for a longer period until all danger of recurrence has passed. This treatment has been successful in a number of cases where only a few nodules had appeared; where much axillary involvement was found, the results were negative.

X. Inoperable Primary and Recurrent Cancer of the Breast

These sad cases have frequently been sent to the radiologist as a last resort, only to meet with failure.

When not too far advanced, the direct introduction of radium pencils into the tissue offers some hopes for success. Radium or Roentgen rays can relieve the pain and retard the progress, but in advanced cases success in treatment has been achieved in but rare instances. The new technic of the Roentgen ray treatment, by using filters to prevent dermatitis and thus permit greater and more frequent dosage, holds out hope for some cases.

In conclusion, I desire to emphasize the life-saving value of radium in all cases of orificial cancer. It should also become a routine treatment after all hysterectomies for cancer, just as the raying of the breast after a Halsted operation is now rarely omitted by progressive surgeons.

The writer is positive that recurrences will be diminished and many precious lives saved if this method is added to the otherwise excellent technic of the gynecological surgeon.

LABOR LEGISLATION IN ITS RELATION TO PUBLIC HEALTH*

By Adna F. Weber, Ph.D.

Of the New York State Dep't of Labor.

WHILE labor legislation pursues both moral and economic ends, it has primarily the same purpose at this conference—the conservation and improvement of the public health. Those who are most active in promoting labor legislation are more and more coming to realize the need of medical advice in framing and administering labor laws, while the medical profession, on the other hand, is necessarily turning its attention to the subjects of industrial hygiene and the employment in industry of women

*Read before the Annual Conference of Sanitary Officers of the State of N. Y.

Digitized by Google

and minors, which are uppermost in the minds of promoters of labor legislation. Presaging the active co-operation of the medical men and the workingmen in securing better conditions of health in the future is the recent formation of committees from the trade unions to distribute literature on the prevention of tuberculosis, as well as the organization of a national committee of 100 for the establishment of a Federal bureau of health. The medical men most actively interested in the attainment of this desirable object are particularly anxious to enlist the sympathy and influence of laymen, and they have welcomed the co-operation of persons who are prominent in the promotion of labor legislation.

Origin of Labor Legislation

As to the close relation of labor legislation to the public health, it will be useful to recall the origin of such legislation in England just about a century ago. The earlier legislation relating to laborers was so wholly different in scope and purpose that it may not properly be classed with modern enactments for the protection of the wage earner, who is himself a development of recent times. He has little in common with the artisan or craftsman of the middle ages, whose working-life, with few exceptions, was divided into the three stages of apprentice, journeyman and master. Of course there existed alongside the craftsmen of the middle ages a body of agricultural laborers, who had as a rule risen out of serfdom; but legislation specifically affecting them was not of the protective character. Queen Elizabeth's famous "statutes of laborers," for example, attempted to regulate wages in the interest of employers, and it, therefore, established maximum rather than minimum rates of wages.

It was the growth of capital and the development of the factory system that split the craft guilds into the two classes of employers and employees, and created the industrial problems that we face to-day. The factory system, as is well known, took its rise in the textile industry of England, where machinery operated at first by water and later by steam power permitted the utilization of unskilled labor in the processes of manufacturing and led to the employment of women and children in place of men. In the place of the old workroom with its few masters, journeymen and apprentices all laboring together under the same conditions, there grew up the large factory in which were massed many operatives of both sexes working in subordination to a superintendent and foreman. Children who no doubt had

Digitized by Google

previously helped their parents in the home were brought into the mill to perform the lighter tasks, but the change of employment was a most harmful one, for it meant their subjection to a mechanical routine that broke down their spirits and undermined their health. The worst effects of the new system manifested themselves among the pauper children, who were leased or transferred in droves from the poorhouses to the mills. This class of children had been subjected to much neglect and ill-usage even under the guild system when they were let out as apprentices. In factories, where they were concentrated in much larger numbers, the abuses attracted more attention. As early as 1784 the breaking out of an infectious fever in one of the Lancashire cotton mills brought on an investigation by medical men, chief of whom was a distinguished physician of Manchester—Dr. Thomas Percival, founder of the Manchester Board of Health, as well as its literary and philosophical society. He and his friends failed to trace the fever to its origin, but they diagnosed the effective cause, and their conclusion and recommendations tell us the whole story:

"We are decided in our opinion that the disorder has been supported, diffused and aggravated by the ready communication of contagion to numbers crowded together; by the accession to its virulence from putrid effluvia, and by the injury done to young persons through confinement and too long-continued labor: to which several evils the cotton mills have given occasion. . . . We earnestly recommend a longer recess at noon and a more early dismission from it in the evening to all those who work in the cotton mills, but we deem this indulgence essential to the present health and future capacity for labor for those who are under the age of fourteen; for the active recreations of childhood and youth are necessary to the growth, the vigor and the right conformation of the human body. And we cannot excuse ourselves, on the present occasion, from suggesting to you, who are the guardians of the public weal, this further very important consideration, that the rising generation should not be debarred from all opportunities of instruction at the only season of life in which they can be properly improved." (Rutchins and Harrison, History of Factory Legislation, pages 7-8.)

The county magistrates returned a vote of thanks for the report, ordered it printed and distributed and passed a resolution that in future no poorhouse children should be indentured to "owners of cotton mills and other works in which children are obliged to work in the night or more than ten hours in the day."

Digitized by Google

In this modest resolution of the magistrates of the county in which the modern factory system had its origin, we see typified the growth of factory legislation throughout the world in the nineteenth century. In England there were other epidemics and other public investigations until Parliament enacted Sir Robert Peel's bill, known as the "Health and Morals of Apprentices Act, 1802," which limited the working hours of apprentices to twelve a day and abolished night work; required the provision of proper clothing, sleeping apartments and instruction in the three R's, and further required factories to be whitewashed twice a year and at all times properly ventilated, etc. From this beginning factory legislation in England was slowly extended to cover all children and forty-two years later to women also. At first applicable only to cotton mills, the factory acts were gradually extended to other textile mills, then to nontextile works (1864), and finally (1867) to virtually all manufacturing establishments operating power machinery. Efficient inspection, the foundation of the whole system of labor protection, was established in 1833. The historians inform us that the English factory laws were "always primarily sanitary or educational in aim. . . . . As economic measures, the various acts have stood almost entirely on the defensive." The controlling idea was not to destroy or hamper individual initiative that was socially profitable, but to raise the level of competition by requiring all competitors to provide as generously for the employees as did the more liberal and humane employers. Thus one of the resolutions drawn up in 1796 by Dr. Percival for the Manchester Board of Health in favor of a national factory law was as follows:

"From the excellent regulations which subsist in several cotton factories, it appears that many of these evils may be in a considerable degree obviated; we are, therefore, warranted by experience, and are assured we shall have the support of the liberal proprietors of these factories in proposing an application for parliamentary aid (if other methods appear not likely to effect the purpose) to establish a general system of laws for the wise, humane and equal government of all such works."

New York Child Labor Laws

As the factory system grew up in other countries, the English experience in a greater or less degree has been repeated; the Southern States with their new manufacturing enterprises, for example, are just now enacting their first child labor laws. But other countries have had the benefit of English legislative ex-

Digitized by Google

perience and have, therefore, advanced more rapidly. Our factory legislation in New York did not begin until 1886, but we have already advanced considerably beyond the mother country in our laws for the protection of child workers. We do not permit children to enter a factory until they are fourteen years old, whereas the minimum age in England is twelve years; and our law treats factory workers between fourteen and sixteen years of age as children, while the English Factory Act defines as children those under thirteen years of age and those under fourteen who have not obtained an educational certificate. This State requires that every child working in a factory must have on file with its employer a certificate properly executed by a health officer, or by a person duly authorized to issue such certificate, in acordance with the provisions of section 71 and 72 of the Labor Law.

Section 71 was amended during the last legislative session, and every person authorized to issue employment certificates should at once familiarize himself with the amended law to the end that its administration may be intelligent and uniform throughout the State. Three material facts must be satisfactorily established before a certificate should be issued, to-wit: Age, educational qualifications and physical fitness. Evidence of age is of primary importance under the law, and recognizing the difficulty of securing satisfactory evidence the statute provides that such evidence as falls in one of five distinct classes may be accepted. It is urged by the Commissioner of Labor that a sincere effort be made to get a transcript of the birth certificate, which certificate shall in all cases be accepted as conclusive proof of age. The school record should be very carefully scrutinized to see that it is in conformity with the requirements of section 73. We have known of many instances where a school record had been given to a child who was not entitled to receive it. It is the duty of the officer issuing the employment certificate to examine the child in order to determine its ability to read and legibly write simple sentences in the English language. On the question of physical fitness too much cannot be said. The future of the child depends on the nature of the examination it is subjected to. Defective eyesight, weak lungs, deformities and other physical conditions should receive careful consideration in connection with the work the child intends to do.

It is hoped by the Department of Labor that every officer issuing certificates fully realizes the importance of his work. He is an essential factor in the proper solution of the child labor problem. Therefore, the service rendered should be entirely free

Digitized by Google

from perfunctoriness. The record showing the evidence upon which certificates are issued should be carefully preserved so as to be available for examination at any time, and correct lists should be filed monthly in the Bureau of Factory Inspection, showing the total number of certificates issued.

Another important point to be remembered is that "vacation certificates" are no longer recognized in factories, and it would be well to differentiate between factory and mercantile employment certificates so that manufacturers may avoid the annoyance incident to having a child os a "vacation certificate." Such certificates, when issued, should bear the words *"Not good in factories,"* in large type, stamped across the face.

We would further suggest that factory employment certificates be printed on white paper and mercantile certificates on blue paper. This in time would obviate all confusion as to the interchange of certificates.

The success of the Department of Labor in its effort to stamp out illegal child labor in the factories of the State depends to a great extent on the degree of thoroughness which shall characterize the work performed by the various boards of health. It is, therefore, hoped that hearty co-operation shall mark their relation to the Department.

Health Provisions of the New York Factory Law

Limitations of time prevent a complete enumeration of the health provisions of the labor laws of New York, which in the modern view are subject to a rather broad interpretation. For example, the demand of the wage worker for an eight-hour day, so far as it has been based on the argument of health, has been a matter of raillery on the part of professional men and others unused to manual labor. But expert evidence has accumulated of late which goes a long way to fortify the trade union argument for a shorter working day in the interest of the public health. Some six years ago a French physician made an exhaustive study of the health of laborers, and concluded that the abnormal sickness and mortality among working people is due not simply to poisonous or noxious materials, but also to fatigue working on the nerves. That conclusion was strongly corroborated by the experience of L. G. Fromont, the manager of a large chemical factory in Belgium, who last year published the story of the substitution of an eight-hour for a twelve-hour shift in his factory with most satisfactory results. In the first few weeks there was a loss in wages and product, but as soon as sufficient time had

Digitized by Google

elapsed for the workmen to recuperate the power more or less exhausted during the former long schedule of hours, they maintained and even increased the former output. The most convincing proof of their improvement in health was furnished by the factory sick benefit fund, which almost invariably showed a deficit until the shortening of the hours of work. Such circumstantial testimony as to the efficacy of the eight-hour day in America has not come to my attention, but an American practitioner of varied experience recently asserted in Harper's Magazine that "the trade unions were overwhelmingly right when they demanded as the first prerequisite for the mental, moral or physical improvement of the laboring man a shortening of the hours of toil. Nothing more degrading or benumbing to all that is best in human nature," says Dr. Woods Hutchinson, "has ever been devised than the grinding, treadmill routine of muscular labor which was exacted of the laboring world fifty years ago, and is yet exacted to-day in regions where laborers are unable to protect themselves. . . . It has long been known that the laboring classes have a low average longevity and a high disease and death rate, and they are subject to an enormous number of diseases from which, according to popular impression, their 'active natural life' ought to have protected them. The percentage of cases of Bright's disease, of heart-disease, of nervous breakdown, of insanity, is higher among them than in any of the so-called leisure classes. Nor can alcohol longer be made the universal scapegoat. Overwork is a far more potent factor in their production than drunkenness."

The case for the limitation of hours of work on the part of women employed in factories is of course much stronger and has led to legislative intervention in all advanced industrial communities. In this State the limit prescribed is sixty hours a week or, with certain exceptions, ten hours a day. Male minors (boys sixteen or eighteen years old) are subject to similar rules, while children (fourteen to sixteen years) of both sexes are now restricted to eight hours' work a day, between 8 a. m. and 5 p. m.

In addition to the child labor regulations and the foregoing rules as to hours of work, the Factory Law contains the following health requirements: Seats for female employees (§ 17); painting and whitewashing of walls and ceilings (§ 84); lighting (§ 81); overcrowding (§ 85); ventilation (§ 86); exhaust fans on dust-creating machinery (§ 81); washrooms and sanitary conveniences (§ 88); time allowed for meals (§ 89); special sanitary regulations for laundries (§ 92), for bakeries (§§ 111-

Digitized by Google

116), for tenement workrooms and shops (§§ 100-105), for tenant factory buildings (§§ 94-95).

The New York Factory Law ranks with that of Massachusetts as the most advanced in this country, but with the exception of its regulation of tenement manufacturers and of the employment of children, as already mentioned, it is not to be compared with the Factory Act of Great Britain as a code of law adjusted to the peculiar situation and needs of the workers in each industry. The first nine sections of the English Act of 1901 relate specifically to the subject of health, as distinguished from the safety and the employment of immature workers, thus:

Section 1. Sanitary condition of factory.
2. Sanitary condition of workshops and workplaces.
3. Overcrowding of factory or workshop.
4. Power of Secretary of State to act in default of local authority.
5. Powers of inspectors as to sanitary defects in factory or workshop remediable by sanitary authority.
6. Temperature in factories and workshops.
7. Ventilation.
8. Drainage of floors.
9. Sanitary conveniences in factories and workshops.

In addition to these general provisions, the English act contains provisions in fourteen sections for regulating dangerous and unhealthy industries, which are in turn supplemented with upwards of thirty special orders framed by an authorized government official.

In the New York law the subjects of temperature and humidity are entirely ignored, and both omissions are often serious. The inspectors have occasionally ordered factory-owners to provide for the proper heating of workrooms under local ordinances, but they have not attempted to deal with excessive humidity, which is an important subject of regulation abroad. The lack of proper drinking water often in the lower grade factories causes hardship and ill-health, which the inspectors are powerless to prevent. Proper lighting of workrooms is provided for in the law, but we are nevertheless told by the closely observing English physician (Shadwell), who has recently given us the valuable study of "Industrial Efficiency" in England, Germany and the United States, that "a bad light is the most conspicuous and general defect of American factory premises."

If Dr. Shadwell had inspected the myriad small workshops of New York city, he might have discovered uncleanliness to be a

Digitized by Google

still greater defect than bad light. Our Factory Law authorizes the inspector to order workshop walls and ceilings painted or whitewashed at his discretion, but there is nothing in it "to require that workrooms shall be kept clean, except those special provisions that relate to bakeries, laundries, tenements and certain kinds of shops in tenant factories. These provisions cover the classes of workshops in which alone filth is at all common; but even in the better kinds of factories, left unregulated in this particular, injurious dust, waste and dirty matter are often allowed to accumulate. Pressrooms, even of some of the most reputable newspapers, are very bad in this respect, and show high rates of mortality and sickness. The more complete codes of European countries deal with this subject fully and prescribe frequent wet cleanings. Our code needs similar provisions; and also some special regulation to counteract the evil results from spittings."

The whole subject of ventilation has been inadequately regulated in our Factory Law. While it limited the number of persons to be employed in a workroom according to cubic air space and prescribed proper means of ventilation, it omitted to require rooms to be kept ventilated, and it was not until the present year that the omission was supplied by an amendment which also provides that "if excessive heat be created or if steam, gases, vapors, dust or other impurities that may be injurious to health be generated. . . . the room must be ventilated in such a manner as to render them harmless, so far as is practicable." The Factory Law had previously required that exhaust fans be provided to carry off dust from emery wheels, grind stones and other machinery creating dust, but it is only within the past year that a decision has been obtained from the courts holding buffing wheels which use tripoli composition mixed with stearic acid and tallow to be dust-creating machinery, despite the particles of copper that were thrown into the air to be breathed by the operative.

This section of the law has also been criticised by Commissioner Sherman as too rigid, causing unnecessary hardship and expense in cases where exhaust fans are almost useless. "Where one or two wheels only are used in uncrowded and especially well-ventilated rooms," he says, "other and cheaper methods of keeping the dust away from the workmen are equally effective and should be permitted. And where the wheels are in tool or machine shops for only occasional use, to require an exhaust fan is nothing but a vexatious handicap upon industry."

Connected with the requirement just mentioned is another

Digitized by Google

section of the law prohibiting the employment of women and minors in the operation of polishing or buffing wheels. The process of polishing is, however, the only process or trade subject to special rules in this State, whereas a large proportion of the labor laws of other countries is devoted to the regulation of dangerous and unhealthy industries. These include processes in which the material is of a poisonous nature such as lead, mercury, arsenic and phosphorus. Employers and workers in these and other of the so-called noxious or dangerous trades are required to exercise special hygienic precautions, and in numerous industries employment is restricted to adult males, as in the case of polishing and buffing in this State. Owing to the law requiring physicians to register cases of industrial poisoning coming to them in their practice, the public authorities of England are in possession of the necessary data for wise control of the processes involved. Last year there was not a death nor even a case of phosphorus poisoning, and while there are several cases of mercurial and arsenic poisoning notified each year, no deaths have been reported for some time. The most harmful of the industrial poisons is lead, which enters into the manufacture of so many different products; last year there were reported thirty-three deaths and 632 cases of lead poisoning in factories and thirty-six deaths and 181 cases in house painting and plumbing. Anthrax, arising out of the handling of wool, hair and hides and skins, was the cause of twenty-two deaths and sixty-seven cases.

While the five diseases referred to are the only ones that must be registered, there are many other dangerous trades recognized in the English law. Within the present year, for example, Parliament has added a dozen industrial diseases to the schedule of the Workmen's Compensation Act, which places the burden of caring for disabled workmen upon the trade or industry in which they have been employed.

As to the prevalence of such diseases in this country we are without accurate information, for no State has as yet required their registration or notification. A few of the trades have been investigated by the bureaus of labor statistics, especially that of New Jersey. The New York bureau has made a beginning in the same field, having carried through last year an investigation of the health of printers on the basis of the experience of the International Typographical Union in insuring its members against death and of local beneficiary funds for sickness insurance. The results demonstrate that in this trade at least our workmen are exposed to fully as great risks as are the English workmen, the

Digitized by Google

mortality of compositors from pulmonary tuberculosis, pneumonia and other diseases of the respiratory system being higher in New York city than in London. With the assistance of our new medical inspector of factories, we hope to continue the investigation of the unhealthy industries in this State, which, however, are not so numerous as in some of the other Commonwealths.

Medical Inspector.

This officer, the first of that title in the United States, will of course be chiefly occupied in the control of sanitation in the general run of factories and in the examination of children who have attained the legal age but are physically unfitted for certain kinds of employment in factories. The need of such an officer is set forth in the report of former Commissioner Sherman, who says:

"Although about half of the factory laws relate to disease and sanitation, there has never been a single medical officer in the Department. The deputy factory inspectors are competent to discover insufficient ventilation, where odors or extreme oppressiveness betray it; they can see breaks in plumbing, have more than the usual layman's ability to detect disease, and are of course perfectly competent to cope with obvious filth. Therefore, in dealing with grossly unsanitary conditions they are fully competent and have done splendid work, especially in tenant factories and tenement houses. . . . But when higher standards or more difficult questions of sanitation are reached, medical judgment, direction and support is wanted. Courts that will accept a mechanic-inspector's description of overcrowding or filth as evidence of unsanitary conditions will hardly enforce his unsupported opinion as to defective ventilation, etc. And the proprietors of the better class of factories, who acquiesce readily in the advice or orders of such inspectors in regard to machinery or safety, cannot be expected to accept his decisions upon doubtful questions of sanitation. Therefore, all orders of a mechanic-inspector relative to sanitation, to which there is any objection, should be reviewed and affirmed by a medical expert before a dissatisfied proprietor should be expected to comply with them or before they should be enforced by legal process. Moreover, there must be many points in sanitation as to which our inspections could be improved if the present staff had proper technical instruction and direction. And, assuming that it is a proper function of factory inspection to advise whatever is reasonably necessary for health, whether required by law or not, and that the

Digitized by Google

majority of proprietors of factories proper would comply with such advice if convincingly explained regardless of legal obligation, it is obvious that many improvements might be induced by expert sanitary inspections. And to perceive the defects of existing laws as they are disclosed in operation and to devise proper measures to correct them requires medical co-operation and investigations. Finally, it is a question for medical investigation whether the existing regulations relative to the labor of women, minors and children cannot be improved so as to make them more beneficial and effective as regards such persons and yet at the same time more easily enforcible and less embarrassing to industry. I have, therefore, always insisted that the need of medical advice in the Bureau of Factory Inspection is imperative; and the last Legislature accordingly provided for one medical inspector of factories."

I might add in conclusion that it is my own expectation and belief that the first medical inspector will so justify his appointment as to necessitate some additional inspectors.

THE LAWS RELATING TO THE POLLUTION OF STREAMS.*

By A. H. Seymour, Esq.

Secretary and Deputy Commissioner, New York State Department of Health, Albany, N. Y.

THE matter of pollution of the waters of this State by the sewage from the cities and villages and wastes from manufacturing estaglishments is one which is rapidly beginning to assume the important place in people's minds and in the public press which it should have occupied some years ago.

The subject is one which at present occupies a large part of the time and attention of the State Department of Health and in which the health officers are interested and with which they are often called upon to deal. Not only that, but every health officer and physician as well as the intelligent body of citizens in this State are naturally interested in a topic which has such a direct bearing upon the dissemination of disease and the protection of our municipal water supplies.

I shall, therefore, deal quite briefly in a general way with

*Read before the Conference of Sanitary Officers of the State of New York.

Digitized by Google

the legal aspects of the subject of pollution from a broad standpoint. Having endeavored to make clear just how the law has dealt with the subject in other States, I shall undertake to describe in as few words as possible what the situation is in the State of New York and how the Department is attempting to enforce our statutes in this regard.

Under the common law, which existed prior to the passage of the multitude of statutes with which every law library is burdened at the present time, certain principles regarding the pollution of streams were laid down and may be said to have been generally followed by the courts in cases of this character.

The principles of the law have been well classified, by a learned writer on this subject, under three heads: "First, the rights of riparian owners to pure water as against one another. Second, the rights of the public (as distinguished from individual owners) to have inland waters kept free from pollution by riparian owners or others. Third, the conditions under which and the extent to which public municipalities may use inland waters for disposing of sewage matter from public sewers."* As to the rights of riparian owners, it may be said broadly *that no riparian owner of a stream may pollute the water,* nor may he appropriate all the water, nor diminish the flow of the stream to such an extent that property below him is injured thereby. This was, I believe, firmly established under the common law and may well be said to be the law in this country, except in some of the western States, where the question of mining and irrigation has rendered other provisions advisable. A riparian owner, of course, has the right to use the water running over his land for domestic purposes, for watering stock, etc., but he has no right to pollute it to such an extent as to render it unfit for domestic uses by the riparian owners below him. He has no right to put sewage or filth of any kind into the water, which might render it injurious to health. A large number of cases might be cited where these principles have been sustained and where damages have been given by the courts to the injured parties. A few of the Western States have partly abrogated the doctrine of riparian rights, as above stated, and have adopted what is known as the doctrine of prior appropriation. This practically supersedes the right of riparian owners and gives the appropriator the right to use the water to such an extent as may be necessary for the purposes for which he has appropriated it.

* "A review of the laws forbidding pollution of inland waters in the Department of the Interior U. S. United States," by Edwin B. Goodell, Geological Survey.

Digitized by Google

The public is concerned with the pollution of streams when such a pollution universally affects the health or materially interferes with the peace and comfort of a large and indefinite number of people in a neighborhood. Such pollution then becomes a public nuisance, and when such a condition exists, it is the duty of the public authorities to cause its abatement. Only in circumstances of this kind has the public, as such, any rights in the case. In many cases the courts have held the pollution of streams to be public nuisances and I may say that the opinions of the courts in regard to matters of this kind have been generally growing broader and stronger and must of necessity continue to do so, as the population of our country increases and there are more people affected by cases of this character, and, therefore, there is a greater danger and nuisances more frequently result.

It has always been the custom in America for every city or village to discharge its sewage into the nearest stream without regard for the health or comfort of the people below them. It is needless for me to say that the municipality has no more right to injuriously pollute a body of water than has a riparian owner. They have the same rights if riparian owners and are subject to the same restrictions in the use and treatment of water flowing over their lands. Where a statute expressly authorizes a municipality to discharge sewage into a particular water, its authority is exercised subject to the implied condition that such discharge will not constitute a nuisance. Legislative authority can and has been conferred in a number of cases in this State to acquire the rights of riparian owners by condemnation, but it can, of course, go no further than this, as private property cannot be taken for public uses without just compensation.

Owing to the vast size of our country, the numerous bodies of water and the large and rapidly flowing streams within it, the subject of pollution by municipalities has as yet not received the same attention that it has abroad. England many years ago passed a "Rivers Pollution Act," the population of the country having beccome so large that a very serious condition of affairs was threatened. The streams of England are neither as large nor as long as our American waters, and the population is nearly ten times as dense as that of the United States. The subject was, therefore, brought forcibly to the attention of the law-making bodies of England. As a result of the passage of laws designed to check pollution, a very large number of the cities and villages in England have established and are conducting to-day sewage disposal plants, and

Digitized by Google

are not allowed to discharge raw sewage into their streams. The subject has also received considerable attention in France and Germany—the city of Paris operating a sewage disposal plant to relieve the pollution of the waters of the river Seine. These countries are considerably in advance of the United States in their attitude regarding this subject. The rapid increase in population in America is forcing upon the attention of legislators and public health officials the all-importance of preserving the waters as far as possible in their original purity. We can profit by the experience of other countries and deal with this subject in the light of their wisdom.

There is no provision in the Constitution giving Congress any authority over the subject; therefore, the States in the Union exercise within their respective jurisdiction sovereign power with respect to this subject. In my judgment, the time will come when Congress must be given some authority in matters of this kind. Take, for example, the magnificent Susquehanna with its headwaters in the State of New York, which flows across the State of Pennsylvania and into the Chesapeake bay in the State of Maryland. The increase in the population of our cities may render it necessary to use the Susquehanna as a source of potable water supply, and I have understood that it has been contemplated by the city of Baltimore. Were the States of New York and Pennsylvania to allow unlimited pollution of the Susquehanna river within their borders, we may readily conceive that its value as a source of potable water supply by cities below us and in other States might be largely destroyed or at least rendered dangerous. It is true that at present the Commissioners of Health of both New York and Pennsylvania, as a result of a joint agreement made a year ago, are working together to prevent, so far as lies in their power, any further pollution of the Susquehanna, but this is no guaranty that their policy will be carried out by the persons who may in the future be clothed with their authority. In respect to many of our larger lakes and streams it becomes an interstate question and can only be fully controlled by a body having authority over interstate subjects. Had Congress authority in a case of this kind, it could protect a body of water or streams from pollution in all the States it borders upon.

Considerable progress has been made in this country in the last fifty years in the control of pollution. Nearly all our States to-day have some restrictions with regard to pollution, and a very large number of the provisions of the different States make it a misdemeanor to pollute the waters or to discharge into them certain kinds of refuse. I shall not take the time to enumerate the

Digitized by Google

States which have dealt with the subject, but I might state that, in a "Review of the laws prohibiting pollution of inland waters of the United States," published by the United States Geological Survey, the States are classified as follows: Seventeen have partial statute restrictions, and twenty have general restricions in which the importance of pure water for potable and domestic purposes has been recognized by the Legislature. The statutes of the different States of course vary a great deal in their wording and in the restrictions which they place, and only eight are classified as having severe restrictions, which indicate that these States have adopted stringent methods to prevent the further pollution of the streams. New York is included in this number, and the others are Connecticut, Massachusetts, Minnesota, New Hampshire, New Jersey, Pennsylvania and Vermont. Among these States Massachusetts is unquestionably far in the lead in regard to the work that has been done.

The Massachusetts State Board of Health has for many years had a large appropriation for work of this character, and the reports of their board are considered to-day to be the most valuable of any official documents issued by any State along this line. They have labored to eliminate the pollution particularly where there is danger to the water supply of a municipality, and, as a direct result, a large number of the Massachusetts cities have constructed sewage disposal plants, the operation of which is watched by the board; and they also advise the different municipalities regarding the construction of sewer systems.

The State of New Jersey proposes to carry the sewage matter from its larger cities to tidewater, a method which it is hoped will result in doing away entirely with any nuisance or danger to other municipalities. There has been, however, some criticism to the plan to empty the sewage from a proposed Passaic Valley sewer into the waters of New York harbor, on the ground that a serious pollution of the harbor would result.

Pennsylvania's new Health Department, under the control of Dr. Dixon, is doing a vast amount of work to protect its streams from further pollution. He has a large amount of money to work with, and will no doubt adopt and carry ont a policy which will result in being of immense benefit to the State. He not only is required to approve the plans for the construction of every water system in the State or extension to the same, but he also has the authority to order the discontinuance of the discharge of sewage into the waters of the State where, in his judgment, it may become injurious to the public health.

Digitized by Google

The subject of pollution first received attention in the State of New York in 1885, when the Legislature passed a law providing that the State Board of Health might make rules and regulations for the protection from contamination of potable water supplies within this State. This law, with modifications and amendments, is still in force and constitute sections 70, 71 and 72 of the Public Health Law. Acting under this provision, the State Department of Health has adopted rules and regulations for the sanitary protection of a very large number of the potable water supplies of the State and is every year called upon to extend its authority to other places.

These rules and regulations are prepared after a careful examination of the local conditions by an expert engineer. They are then usually submitted to the local authorities for recommendations, and, after careful consideration, are made sufficient to properly safeguard the water supply, and are then published as provided by law. They then have practically the force and effect of law. Under these rules and regulations, violations may be punished and a watershed may be kept clean. The enforcement is, of course, in the hands of the local authorities, and where violations of these rules exist it is due to the negligence of the officials charged with the duty of enforcing them. This act was an important one as providing a means for protecting the water supply of a city and, acting under the authority of these rules, many cities and villages have put their watersheds in ideal condition. Those which have not enforced such rules are being called to account by the Department, and the authorities in charge of the water supply, and the people using the water will have, from time to time, the danger of neglect pointed out to them forcibly.

In 1892 an act was passed which provided that a city or incorporated village, which has made provision for the disposal of its sewage so as not to pollute or contaminate any stream, might maintain an action in the Supreme Court to prevent the discharge of sewage into any water from which it draws its water supply. There are a number of provisions in the Forest, Fish and Game Laws designed to prevent the pollution of waters to such an extent that fish are destroyed, and there is also a provision of the Penal Code prohibiting the discharge of refuse from gas factories, etc., and other noxious or poisonous substances into any of the public waters.

But the most important provision of our law was the act passed by the Legislature in 1903, constituting at present sections 75 to 79-d of the Public Health Law, as this act vests the State

Digitized by Google

Commissioner of Health with most of his authority over the subject. It provides briefly that no person shall discharge any sewage into the waters of the State unless by permission of the State Commissioner of Health, and that all plans for sewer systems or for extensions or modifications to existing sewer systems must be approved by the State Commissioner of Health, and a permit issued by him for the discharge of sewage. It prohibits the discharge of sewage from factories, etc., without permission from the State Commissioner of Health, and makes it the duty of the public health authorities of every municipality of the State to file a report and map of their sewer system as it existed at the time of the passage of the act. Under this act, when plans are submitted to the Commissioner of Health for approval, he may require the plans of a sewage disposal plant to be submitted, and may refuse to allow the discharge of sewage from such a system until a sewage disposal plant has been constructed. It, therefore, places in his hands very largely the control over future pollution of the streams, but the act of course could not prevent the discharge of sewage from sewer systems already in existence at the time of the passage of the act, and this presents a serious question. Unless a city or village desires to extend its sewer system, and the Commissioner of Health requires that they take immediate steps for the construction of a sewage plant, the discharge of sewage from that place may be continued indefinitely unless, of course, a municipality or person below them should secure an injunction restraining them.

You are all, no doubt, aware of the attitude of the present Commissioner regarding the subject of the pollution of streams. In his first address as Commissioner, to the health officers of the State in the Conference of 1905, he called particular attention to the subjects of water supply and sewage disposal with relation to typhoid fever. He stated facts and figures to show that typhoid epidemics have been caused by sewage pollution in many of the cities, and that the only safe rule to apply was to eliminate, as far as possible, the danger of sewage pollution. He further said: "It will be the fixed policy of this Department not to grant any permits for the further pollution of our streams by sewage, except for very cogent and absolutely imperative reasons." In every official address since that time he has reiterated this policy of the Department, although pointing out that the whole subject of the pollution of the waters of the State is one which must be considered from a broad viewpoint before any drastic measures are taken.

Digitized by Google

It is alleged that many municipalities are undoubtedly discharging raw sewage into our streams when such sewage should be treated in a disposal plant, but to demand reform in one instance, without weighing it in relation to others on the same watershed, complicates the problem rather than helps it. It is surely out of place for the citizens of one municipality to demand drastic measures against their neighbors when, at the same time, they are taking no steps themselves to correct an existing abuse. The Department has, therefore, undertaken a proper study of the questions in all their bearings, and with due relationship to all that pertains to them, and it is submitted that this is the only proper policy of a health department, although at times the progress attained may seem to be slow.

With this in mind, and with the very limited appropriation which the Department has for this work, it has undertaken during this year to make an examination of, and to carefully map, the watersheds of the State. All possible information is gathered as to the amount of pollution existing and the demands that may be made on tthe stream in future as a potable water supply.

After carefully weighing the subject, in all its aspects, a policy is then adopted by the Commissioner for the Department to govern its future actions in the granting of permits for the discharge of sewage on this watershed. As a result of this work the Department is in a position to point out positively what should be done in certain parts of the State, and with certain streams, and when plans are submitted to it for approval, it can base its refusal, or grant a permit for the discharge of sewage upon a report which has been given after careful study and a policy which has been fixed after thorough investigation.

I do not believe I am going too far to say that this work should have been done years ago. Had the State had such a policy ten years ago a large amount of the pollution would already have been eliminated. The criticism for not doing this, if any there be, must be upon the Legislature which has failed to provide any funds for the work. The fact that the Department has undertaken this work has brought about one of the natural results which follow any particular line of activity, and that is that constant demands are made upon it to undertake work which it cannot do, and to attempt to remedy conditions with which it has no legal authority to interfere. Enthusiastic, but ignorant, citizens of the State interested in the subject of pollution, whose ideas seem to be that the Commissioner of Health has absolute authority to

Digitized by Google

do anything that he may take a notion to, are constantly writing the Department demanding that he issue orders where he has not a shadow of authority, and that he remedy private wrongs which belong to the civil courts; and one recent communication stated that the people of a certain village were suffering with malarial fever, and asked that the Commissioner of Health issue an order to relieve them. In many of the cases presented it would be just as feasible for the Commissioner to issue an order that on and after a certain date there should be no more smallpox in the State, but in every case where the Department apparently has any authority, or where its advice would be of any assistance, it does and will go as far as its limited means will permit and make such an investigation and such recommendations, or lend such other assistance as is in its power.

Some of the newspapers, with that characteristic inaccuracy and misrepresentation which a few of them so carefully follow in all their comments respecting public officials and public authority generally, have seen fit to criticize the Department for not immediately bringing about an end to the existing conditions in this State regarding the pollution of streams. I am willing to submit to those who are health officers of the State—as the real backbone of the Department of Health—whether the attitude of the Department on this question is correct, and whether its policy is sound. They are frequently called upon to express an opinion in matters of this kind and also to inspect complaints with regard to pollution. I believe it to be a part of their duties, not only as health officers, but as the leading sanitarians of their respective jurisdictions, to discuss these matters when they are brought up, and to assist in educating their people to the importance and necessity of the preservation of our lakes and streams from pollution, not only as a health measure, but also that future lovers of nature may enjoy our streams as they should be able to. Were this indiscriminate pollution to continue, our fishing, boating and bathing, so dear to every lover of out-of-door life, will be a thing of the past.

The discharge of wastes from mills, particularly pulp mills, dye works, tanneries, etc., presents at once an interesting and a somewhat complex question. Under our law every mill or factory owner must secure permission from the State Commissioner of Health to discharge refuse or waste matter into the waters of the State. In issuing these permits the Department endeavors to restrict the pollution wherever possible, and it issues no permits, except with conditions attached, which permit is revocable at any time. This course is also followed in issuing permits for

Digitized by Google

the discharge of raw sewage from public sewer systems, the effluent from sewage disposal plants, etc., and in this way the operation of these plants is kept under the supervision of the Department to a large extent.

The law further provides that the local board of health shall make and maintain such inspection as will at all times enable it to determine whether the act is complied with in respect to the discharge of sewage, refuse matter from mills, etc., into the waters of the State. Upon discovery of violations of the act it becomes the duty of the local board of health to serve a written notice on the person or corporation responsible for the violation, specifying the violation and fixing the time within which it must cease. If at the expiration of this time the violation continues it is the duty of the local board to report the same to the State Commissioner of Health, who shall give a hearing and take proof of the facts and if he finds the violation to continue he shall certify that fact to the Board of Health, which shall then bring an action for recovery of the heavy penalties imposed and for an injunction. The penalties for the discharge of sewage from a public sewer system without a permit is $500 and $50 per day for each day the offense is maintained. The penalty for the discharge of sewage from factories without a permit is $100 and $10 per day for each day the offense is maintained.

Local boards of health should see that these provisions of the law are fully enforced. If sewers are being built in your city or village, by individuals or by public authority, see if the plans have been properly approved by the Department. If factories are constructed, which wish to discharge sewage into the waters of the State, see that they have permits, or stop the work. Wherever possible require the construction of settling tanks in factories, if they use dyes or colors, before permitting them to discharge into your systems, and save complaints on this score.

In other words, do what you can to prevent the further pollution of the waters in your vicinity, and you may be sure that if occasionally you meet some chronic faultfinder who thinks your work unnecessary, that at least future generations will rise up and call you blessed.

Now, just a word as to the future of this problem in New York State. It may be said that all public health legislation is progressive legislation. It took twenty years to secure the passage of the Pure Food Law by Congress, and the progress of legislation along sanitary lines is usually slow, but it may safely be said that, having once committed itself to a policy along an

Digitized by Google

indicated line necessary in the preservation of the public health, the State cannot and will not recede from its position. It is, therefore, only fair to assume that the laws of this State regarding the pollution of streams will not be modified. They may be changed, and probably will be, but the general trend of legislation will be to make them more stringent and to erect more safeguards against the pollution of our waters which will be so badly needed by future generations for potable water supplies, and for the purposes of pleasure and recreation.

I predict that within our lifetime, and certainly within the lifetime of the next generation, such absolute restrictions will be placed by law, that there will be no further pollution of our waters to any great extent, but that the cities and villages will be required to construct and operate efficient sewage disposal plants, and that a municipality which proposes to discharge its raw sewage into a stream will be regarded as barbarous.

In the interests of the health of the citizens of this State the State Department of Health proposes to do everything in its power to further the time when such elimination of waste matters will come, and health officers can do a great service in using their influence with the Legislature to secure adequate appropriations to carry on the work.

It is not a work which can be easily carried to a conclusion, or which should be done too hastily. Sanitary science is progressing by leaps and bounds, but there are still many puzzling questions before us. For instance, the pulp mills in parts of our State have badly polluted some magnificent streams. The question now is, What can be done with pulp mill waste? and sanitary engineers seem at a loss for a positive answer.

While the mill owners are entitled to consideration, and property rights should not be disturbed without careful study of the questions involved, I feel that property rights should not be given paramount consideration to those of the people. For one, I would be glad to see the pulp mill banished for ever from the Adirondacks. Give us back our beautiful streams and forests in their original grandeur, and make these industries seek other fields of action or cease ruining our magnificent play grounds and health resorts.

No subject presents more alluring aspects to officials in public health work than this question of pollution, and in almost none can he labor with more gratifying satisfaction in the knowledge that he is working, not only for the increase of comfort, health and pleasure of the present generation, but also of

Digitized by Google

those still unborn, whose appreciation of the beauties of mountain, lake and streams will be as deep as our own, and when this mighty State—the greatest in our Union—harbors the immense population it is bound to have, and our water supplies are drawn on to the utmost for the very source of health itself, pure water, will future officials, charged with the responsibility of enforcement of public health laws, stand before audiences and give due credit to those who labored in the past in this great work.

The Coming Specialty.—"The scientific application of drugs to relieve and cure disordered function of the human body. There's room for any number of specialists in this branch." *American Journal of Clinical Medicine.*

Well, what else has homoeopatherapeusis been doing for a century? Its pathogeneses derived from the healthy body afford parallels to every non-surgical norbid syndrome, and the curative law of similars correlates them therewith. And the studious specialist in homoeotherapeusis is practically able to cover the ground indicated.

And here is another delightful, illuminating quotation from the truth-seeking *American Journal of Clinical Medicine.*

"We are at the antipodes of the medieval conception of a mysterious, magical panacea. The neophyte does not haunt the steps of the great man's sanctum in the hope of lighting on one of his secrets, but builds his own edifice, from his own knowledge of natural law. Men in whom the old methods are permanently fixed keep asking us for our "authority" for this and that, incapable of comprehending that each must be his own authority. With the confidence founded on clear and certain knowledge, therapeutics plants its foot firmly on the platform, and claims its place among the exact sciences."

Ipecac.—To us, for years, ipecac in the small dose has been a most reliable hemostatic. Let it be hemoptysis, hematemesis, epistaxis, or what not, ipecac is frequently, not always, the remedy. It is not because of its astringency. It relieves the nervous tension, lessens the irritation, and allows nature to effect the cure. When the nervous system is right, nature will do right in hemorrhage—the vessels will retract and contract—and the hemorrhage must cease. We would not rely upon the small dose of ipecac (or any other remedy for that matter) in postpartum hemorrhage, when great open-mouthed sinuses are belching out volumes of blood. But in all ordinary hemorrhages when there is irritation, ipecac should be considered. Nor is it necessary to give it in doses sufficient to nausea. It should not cause emesis. The efforts incident to vomiting may prevent the relief desired. Have confidence in the small dose given for its direct effect. Ipecac will relieve hemoptysis by lessening nervous tension, decreasing heart action, and the consequent pulmonary congestion. Dr. BLOYER, *Eclectic Medical Journal.*

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A.B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

TO KANSAS CITY IN JUNE

BY vote of the Executive Committee, the annual meeting of the American Institute of Homœopathy will be held in Kansas City during the third week in June. This will be the first time in many years that the national organization has visited the Southwest, and the choice of Kansas City will doubtless prove to be a good thing for the Institute, for homœopathy and for its practitioners in that section of the country.

There can hardly be any question of a large attendance of the Institute membership in the Middle West and Far West, and the NORTH AMERICAN would not be surprised to see a larger number of members and visitors present than has been recorded for some years past.

What will the East do?

It is to be hoped that there will be a goodly representation from New England, New York and Pennsylvania, and the NORTH AMERICAN discusses the subject at this time in order that its eastern readers may decide now to go to Kansas City and plan for the trip.

The Institute needs a thoroughly representative gathering at Kansas City. Delegates from the conservative East and the progressive West must get together and earnestly discuss the changing relations of homœopathy and its practitioners to the views and practice of the great bulk of medical men in this country. To satisfactorily determine a policy will require the exercise of much wisdom, and this, we are told, is to be found in the multitude of coun-

Digitized by Google

cil. A heavy responsibility will therefore rest upon any member of the Institute who allows any but the most urgent reason to cause him to absent himself from the gathering at Kansas City.

The younger men of the school, particularly, should be strongly in evidence at the business meetings of the Institute, for these, in a way, have the most at stake. The greater part of their professional career is before them, and any ill-considered or unwise action would embarrass them more than it might most of the veterans.

Any question of policy should be discussed with an open mind and decided on its merits, and it is hard for the veteran of many battles to forget his past history and approach the forum with an unprejudiced mind.

To Kansas City, then, in June, old and young alike, and may the motto of the convention be "All for homœopathy." The mission of the physician is to heal the sick; the least that can be said of homœopathy is that there seems to be good evidence that drugs prescribed according to the rule of similars have, in innumerable instances through a century's experience, brought about restoration to health *tuto, cito, et jucunde*, and a spread of the employment of this method of prescribing would be a great benefit to humanity. May it be given to those who alone have made organized efforts to extend the sphere of usefulness of homœopathy in this country to continue wisely in their work of well-doing. Let homœopathy be first and last; let homœopathic organizations, homœopathic institutions, homœopathic physicians, be content to be means to that end.

MEDICAL LEGISLATION IN NEW YORK STATE

IN another part of this issue of the NORTH AMERICAN the reader will find a lengthy extract from the presidential address of Dr. H. will find a lengthy extract from the presidential address of Dr. H. D. Schenck at the recent annual meeting of the Homœopathic Medical Society of the State of New York. This extract deals with the legislation affecting the medical profession in the State passed at the last session of the State Legislature; but it is of more than local interest, because the question of medical legislation is very much in the air throughout the country. Moreover, the situation in New York State has not been clearly understood, even by the majority of the homœopathic physicians in the Empire State, and much less by those outside who have not closely followed the history of the movement in the State and are unacquainted with its institutions.

Failure on the part of a number of New York homœopaths to

Digitized by Google

thoroughly grasp the situation and recognize the trend of events led to an unfortunate division of effort at an early stage of the consideration of proposed legislation last year; and from outside the State have come open charges or insinuations to the effect that weakness and lack of effort on the part of the homœopathic profession of New York State, and disloyalty on the part of certain of its more prominent members were responsible for the changes that were made in the law by the Legislature.

Dr. Schenck's clear and convincing presentation of the situation ought to show the groundless character of any such charges. He shows how the inch granted to the State Education Department has become a yard; how the executive function of seeing that the 1893 law was carried out was gradually magnified into the legislative function of determining the qualifications of the medical student and the practitioner. Against the prestige and political influence of the Education Department, supplemented by the astute political activity of the osteopaths, the ununited medical profession, each section intent on securing all it could at the expense of the others, was powerless. Naturally the present law is not satisfactory in all its details, and some of them of importance to the physicians of New York State. Dr. Schenck is right in saying that the medical profession, and not the State Education Department, should determine the standards of entrance both to the study of medicine and to active work in the profession. And the NORTH AMERICAN believes, too, that it is just as essential to submit the man who intends to prescribe drugs to an examination of his knowledge of drug therapeutics as it is to examine him in anatomy. But the law will in all probability stand upon the statute books just as it is until the medical profession is agreed upon the changes that ought to be made and its members are prepared to work in harmony to accomplish them.

In another part of his address Dr. Schenck endorsed the suggestion made a few years ago by Dr. DeWitt G. Wilcox, of Buffalo, his predecessor in the presidential chair, that the state society or the American Institute of Homœopathy should ask the American Medical Association to co-operate with it in an investigation of the rule of similars conducted with all the refinements of modern scientific medicine. Such an investigation he believed to be advisable both for the present adherents of homœopathy and for the many who are seeking to improve in their methods but shun homœopathy because it appears to be behind the times, to have fallen behind in the march of progress, and to be out of harmony with modern medical thought and procedure. Co-operation with the A. M. A. he believed to be necessary, since its financial resources and practical control of

Digitized by Google

research laboratories would be essential factors in attempting the task upon the right lines.

Stramonium: Fear.—We all know the awful fear of the stramonium patient for the dark. When I first came to this city I was called in consultation to a very peculiar case. The attending physician, one of our best, and a good homœopath, was of the opinion that the woman, for such it was, was pretty nearly "bug-house" and ready for Newburg. The case was like this: When I reached the room, which was in the second story of a fine building, with no very near neighbors, and in broad daylight, I found that the four gas jets in the chandelier, almost directly over the bed, were lighted and blazing at full speed. At first I thought this might be to augment the heat from a stove in the corner of the room. The lady, of middle age, lay in bed and watched me out of the tail of her eye, speaking but infrequently, and then not always coherently. She seemed to be mumbling something; the next moment she would burst into a fit of laughter that was anything but funny. As I came into the room the husband side-stepped me, and suggested that I take no notice of anything she said or did—at least not to the patient; that they were all afraid her mind had gone a-glimmering. He would answer any question I had to ask, but in private. I watched the family physician go to the patient, take her hand in his and, stroking it familiarly, ask how she was doing? She answered with another laugh and then began to talk rapidly, at first answering his question, but presently falling off into foolish speech which trenched dangerously upon the improper. I had asked the husband, over at the window, what was the meaning of the burning of gas during so bright a day, and he had answered that it was because his wife was so awfully afraid of the dark; that even in the day time they had to keep the lights burning, for if there was even the slightest shadow she would see people in them, who were threatening her with suffocation—"asphyxiation" would be a longer and a more learned-looking word—whereupon she would struggle with the nurse and the husband to get away.

At this moment she gave a scream and the husband and nurse at once seized fresh brushes and began rubbing her, the patient assisting. It was explained that when these itching spells came, if she touched her body to relieve the spot, she had to follow it all over the body. About this time I began to think I knew what the remedy was. I also found upon enquiry that there were times if she permitted herself to look up at the blazing chandelier, that something would happen to her—she couldn't tell what—except that she twisted her mouth and eyes and wanted to get out of bed. The fear of the dark, however, was her principal fear. And upon this almost wholly, seeing how well developed it was, I prescribed the stramonium and in a little while she began to mend, and was ultimately restored.—Dr. Frank Kraft, *Cleveland Med. and Surg. Reporter.*

Digitized by Google

Notes and Comments

Warm versus Cold Anesthetics.—The subject is a most interesting one to me, because no text book or medical paper that I have read has a line in it as to the value of warm anesthetics, and by the term warm, I mean heated to the temperature of the blood. (98° Fahrenheit.)

In forty-three experiments, seventeen cats were killed with chloroform heated to 100 degrees F.; twenty-six were killed with the chloroform at the normal temperature. The average time required to kill with the warm chloroform vapor was twenty (20) minutes. The time required to kill with chloroform at the normal temperature, using the same technique and the same amounts, was eight minutes, showing conclusively that the warm chloroform vapor was 2½ times as safe as the chloroform at the normal temperature.

Chloroform has a specific gravity of 1.49 at 59 degrees F. The specific gravity of blood is 1055. We know that the vapor of chloroform is heavier than air. We can readily understand that by inhaling cold chloroform vapor, and allowing this vapor to accumulate in the residual air of the lungs, before being sufficiently warmed to be assimilated by the blood, it might easily have a cumulative effect, and lead in consequence to a fatality.

On the other hand, by heating the chloroform we make it easier to inhale; it more readily passes through the alveoli of the lungs, and it is also thrown off by the blood with much greater freedom than cold vapor.

In giving chloroform or ether by the ordinary drop method, it is an easy matter to heat it by simply placing the bottle from time to time in a small pan containing hot water. This precaution is especially necessary in the winter time. Warm chloroform vapor is as safe theoretically as cold ether vapor.

Furthermore, warmed nitrous oxide gas and oxygen are, at the least, over twice as safe as gases at their normal temperature, and from three to five times as safe as the cold gases. We also know that nitrous oxide gas and oxygen is by far, even at the ordinary temperature, the safest anesthetic in the world to-day, over forty thousand (40,000) administrations having been recorded with not a single fatality against it. If now we heat the gases, we have an anesthetic that is so far ahead of all other known anesthetics that it is a class by itself. From the experiments with all of the anesthetics, *i. e.*, chloroform, ether, and nitrous oxide gas and oxygen, first at the normal temperature, and then heated to the temperature of the blood, and finally with gas and oxygen at 33 degrees to 34 degrees F., we conclude that all anesthetics heated to the temperature of the blood are increased in value as regards life, without decreasing their anesthetic effect. From these statistics it is also evident, that to these highly sensitive creatures, the warm gases were much pleasanter to inhale. From clinical experience I can state

Digitized by Google

positively, that this result, learned in the laboratory, is beyond all question true also in practice.

It takes a long time for any general principle in medicine or any other science to be universally accepted. The value of warmed anesthetics is not accepted by the medical profession at this time, and at no hospital, excepting those with which I am connected, is the practice of warming anesthetics carried out. At the present time, I practically stand alone. However, the knowledge that I was the first to discover and publish this physiological fact, is a very great satisfaction to me. Like all principles, it will gradually become accepted; first by the medical profession and then by law. Certainly no one would be excusable if a fatality occurs when anesthetizing with cold chloroform in this climate during the winter months, when he could so easily have doubled the value of his anesthetic, and increased the limits of safety, by simply placing the bottle in a vessel of hot water.—Dr. J. T. Gwathmey, N. Y. State Journal of Medicine, February, 1908.

Minder Zitten en Meer Liggen!—In the *Homœopathisch Maandblad* (Holland), Dr. J. Voorhoeve, under the above caption, calls for less sitting and more lying down as a means of obtaining more neural and cerebral rest and recuperation. Varicosities and other disturbances of the circulatory apparatus, pelvic diseases in women, many cases of anemia and chlorosis, neurasthenia and other nervous troubles may be partly due to a lack of exercise and the sequent insufficient pulmonic ventilation; partly to the sitting posture with its over-taxation of certain muscle-groups.

Sitting upon chairs was an invention of the middle ages, a consequence of dwelling in small rooms. The ancients, Greeks and Romans, had these articles of furniture, but rarely used them, and commonly, both at meals and during the day, they lay upon low divans. This is true also of the less cultured races of that time, for example, the Germanic tribes, who, when not working, lay down upon the fur robes provided by animals, as reported by Tacitus. Modern civilization alone tries to rest in the sitting posture, and after a certain period is very apt to be forced back to Nature's physiologic recumbency under the attractive name of the Weir Mitchell "rest-cure." In other words: When in need of rest, don't sit but lie, lie down, and relax, relax, relax!—a ten or twenty minute "rest-cure."

Homœopathic Pharmaceuticals—How far is the therapeutic nihilism of the dominant wing of the profession dependent upon the commercial instinct which has prompted the manufacturing pharmacist or the druggist to care less for the quality of his preparations than for the dollars to be derived from their sale? And how many homœopaths have failed to secure results because the drugs administered were procured from a pharmacist who cut prices? Is it not true that the life of homœpathy is bound up in the sterling quality of the preparations of the drugs administered on the homœopathic principle? Scudder in the *Eclectic Medical Journal,* says: "The reputation of both the electric and hoœpathic schools during the last thirty years has been staked in the general relia-

Digitized by Google

bility of pharmaceutical preparations of definite strength, the detail of manufacture and menstruum being appropriate to each plant remedy."

An Era of Investigation—Liberalism and Free Thought are the dominant notes of the first decade of the twentieth century. In religion, the creed is holding a place of less and less importance, and the individual rises above the church in his relation to the Great Source. In science, vast sums of money and much patient toil are being spent in investigations, the results of which, as announced from time to time, tend to upset preconceived ideas or the teachings of those in authority. In politics we are experiencing a great uplift and more and more men are basing their decisions upon conscience and the welfare of humanity, rather than upon expediency, self-interest, or the mandates of a party. And an upheaval is also taking place in the domain of medicine. In America, at any rate, the reign of common sense and the right of private judgment seems to be ushered in. The practitioner of medicine is learning that his own experience is the best authority. The bulk of the profession has been taught that all was irregular that was outside of its schools and was to be tabooed. Its teachers are now procaiming that all inside is worthless. These teachers and leaders are now before the bar dependent upon the verdict of a jury of one hundred thousand physicians whose chief aim it is, whose very livelihood it is—not to diagnose, but to alleviate suffering and restore to health. The question up for decision is, are the assertions of the men who first taught them how to practice the only orthodox medicine, and now, without offering a substitute, are abandoning the very measures they advocated and proclaiming them of no avail—are the assertions of these men to be of moment to them any longer?

These hundred thousand physicians find themselves confronted by two groups, aggregating but one quarter of their own number, satisfied with the results obtained from the application of principles said to have stood the test of several generations of practitioners; and self-interest, the scientific mind, the liberal spirit of these years, and their conscience are prompting them to investigate the claims hitherto condemned without investigation on the recommendation of authority.

Homœopathic and eclectic text books are finding themselves in unfamiliar surroundings in many a doctor's library, and the homœopathic and eclectic pharmacist fills many on order from unexpected customers. There is a little leaven at work, and in time the whole lump may be leavened, and the good work can be hastened if homœpathic and eclectic practitioners will be patient, sympathetic, helpful, and, in the right sense, self-effacing towards those who hungry, come for food, and naked, seek to be clothed.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Materia Medica Notes—Asclepias tuberosa—In some cases of pleurisy Asclepias tuberosa equals bryonia alba in its effects. The symptoms indicating the administration of the drug are: Pain, of a sharp and cutting nature, behind the sternum, the pain being aggravated by drawing a deep breath, by talking, or by moving the arms. The chest feels sore and weak. There may also be a pain of a dull character, either at the base of one lung, or both lungs may be affected, with a tight feeling in the chest. When there is a cough it is spasmodic and dry, causing the respiration to become painful, there being also a dulness of percussion at the affected spot; sharp pains may also shoot down the base of the left lung, accompanied with stiffness of the neck. Sometimes there is a warm feeling in the chest, and the spaces between the ribs near the sternum are very sensitive to pressure. A prominent symptom is stitches in the left side, which dart from over the right side up to the left shoulder. The pain is of an acute pleuritic character, the cough dry and hacking, and the expectoration of a scanty, mucous nature. It should also be borne in mind that the pains are aggravated by motion and relieved by bending forward.

Polyporus officinalis in pains in the back.—This remedy should be thought of when the patient complains of a very severe backache, the back being very stiff, and the patient, after sitting down for a few minutes, has great difficulty in again rising.

Oleum jecoris aselli in chills.—Drop doses of the Ix attenuation very rapidly cure cases in which constant chilliness is present, and in chills which are followed by fever, the pulse mounting to 120. These chills generally pass down the back and around the abdomen.

Naja tripudians in cough.—This drug is useful in the sympathetic, irritating cough in the acute stages of rheumatic carditis. It is of prime value where there are organic changes in the valves of the heart, where the action of the heart is tumultuous; there are sudden, violent throbbings, the size of the organ is increased, and there is a decided endocardial murmur.—Dr. Frederick Kopp, *Homœopathic World*.. London.

The Antipathic Use of Strophanthus.—The writer uses little direct circulatory stimulation in his practice, finding that he can generally induce much more permanent results in other ways, and by the use of a few more brain cells. Still, a clientele of the neurotic, neuritic, neurasthenic, the nerve degenerations in general, old age, and the chronics of complicated Chinese-puzzle-like pathology, require different handling from the ordinary clientele; and more wholesome indications are undoubtedly found for direct heart remedies in a general practice that is made up largely of acute cases. And where merely the systole needs to be strengthened, and especially in mitral diseases, or regurgitation, particularly if the urine is small in quantity and dark colored, with a dropsical ten-

Digitized by Google

dency, strophanthus will often show striking results if there is a weak or weakened heart muscle behind the difficulty, and if its exhibition is followed by diuresis. Diuresis here is probably one indication that the catabolizing channels lying between it and the catabolism of the involuntary heart muscle are fairly normal.

To recapitulate, strophanthus acts probably by direct irritation of the fibers of the unstriped heart muscle—and perhaps it irritates other unstriped muscle as well—but it does not seemingly act through the nerve centers. In death from strophanthus poisoning the heart is checked in full systole. It increases the contractile force of the heart, but not to any degree that of the arteries. In emergency it acts more promptly than digitalis, but its effect is more ephemeral, and the dose has to be repeated every three to five hours for sustained effect. Small doses render the heart stronger and the pulse less frequent; toxic doses mechanically increase arterial tension enormously. It is not so apt to irritate the stomach or intestines as is digitalis.

It is generally contraindicated in mechanical obstructions to the circulation, also in hyperemia, with tendency to hemorrhage. Very long-continued use of the drug may induce atheroma. It should not be prescribed in water, ether, or chloroform, except at the moment of taking, as it precipitates in these menstrums.

It is of much value in:

Mitral disease, with little urine, with regurgitation, or with great anasarca, giving striking results usually when the heart muscle is weak.

May be given where you have a rapid heart, from muscular weakness, inactivity, or lack of contractile force, and it also acts well in these conditions with children and in senility. If there is also congestion of the kidneys or lungs, the beneficial effect of strophanthus is generally prompt.

Dyspnea is often relieved by it in a few minutes, and sometimes the effect lasts for weeks without further dosage. And it is generally prompt in relieving acute heart failure with dyspnea.

Disturbed compensation, aortic disease, arteriosclerosis, atheroma, and fatty heart will often be benefited by the drug if rightly used, as will also the reflex palpitation of neurasthenia, hysteria and chlorosis.

Diuresis, if observed, is apt to be quite permanent, general edema often disappearing with the beginning of the diuresis.

It is of value, therefore, in ascites of liver, cirrhosis, uremia, uremic dyspnea, chronic Bright's disease, nephrolithiasis, etc.

Urticaria has been reported cured by full doses.

Exopthalmic goiter has been markedly improved by, say, 4 to 10 drop doses of the tincture four times a day.

Asthma paroxysms have been both aborted and prevented, especially if diuresis occurs. And the same report has been made even of tetanus and cholera.

Anemia, of the persistent chronic variety, or from acute flooding, is sometimes greatly benefited if a weak heart muscle is back of the difficulty, and especially if diuresis supervenes.

Digitized by Google

In empyema and autotoxemias strophanthus is often of great assistance. And it also helps in the appropriation of iron, where the latter causes palpitation, insomnia, etc.—DR. S. B. PRATT, *Journal of Therapeutics and Dietetics.*

Calcarea—A student, aet. 20, dwarfish-looking, thin, of sallow complexion, came under treatment July 1, 1903. No family history of consumption. He had long been suffering from malarial fever with enlargement of liver and spleen. He had gonorrhea before and is not yet perfectly cured. He had off and on nocturnal emissions. For fever he had been drugged with enormous amounts of quinine. He complained of pain in the chest and occasional spitting of blood, especially from over-exertion of body and mind. He was very susceptible to cold, and the spitting of bright red blood was rather copious. He was passing the same kind of blood with stools. The upper part of his left chest was dull on percussion, vesicular murmur muffled. There was mucous rales here and there. He felt very weak and was quite prostrated. Hands and feet cold. Pulse small and frequent. Anemic murmur in the region of the heart.

Calc. carb 30, twice a day, for four days; after that no medicine for five days.

10th July. Felt better. Slight feverishness in the evening, burning of hands and feet and eyes. Placebo.

15th July. Fresh cold, dry, tickling cough; fever all through the day; slight spitting of blood. Aconite 3 x, twice daily.

20th July. No fever; felt better, but cold still, continuing Calc. 200 one dose followed by placebo.

2nd August. Improved in every respect. Spleen much reduced. No fever for days. Pain in the chest.

All right in two months.—P. C. MAJUMDAR, *Indian Hom. Review*, Calcutta.

Modern Pathology: Homœopathy.—With the exception of anatomy, all the fundamental sciences of medicine have been revolutionized during the last hundred years, and with the result of discrediting the principles and practices in vogue not only at the beginning of the nineteenth century, but even those of the middle of the century. Osler, writing in 1901, said that "the study of physiology and pathology within the past half century has done more to emancipate medicine from routine and the thralldom of authority than the work of all the physicians from the days of Hippocrates to Jenner." Imagine, if possible, a Brunonian school or a Broussais school in this day seeking to promulgate their peculiar doctrines and using modern text-books on physiology and pathology! And yet the homœopathic school which was founded about the same time puts in the hands of its students the most modern text-books in the foundation sciences of medicine and without any expurgating or editing. So far from the use of so-called old-school text-books being a matter for contemptuous sneering, on the other hand, it speaks in unmistakable language of the consistency of homœopathy with these revolutionized sciences. Almost if not equally important in the new pathology in emancipating

Digitized by Google

medicine was the establishment of the fact by Pasteur that many diseases are caused by minute living organisms. In the flush of the enthusiasm following the general acceptance of this fact it was thought that it meant a revolution in the treatment of these diseases, whose cure would be effected by the proper germicide. This view made the minute dose of homœopathy ridiculous. But a comparatively short time served to prove to thinking physicians that a therapy based on this germicidal theory was dangerous folly. Even to-day the action of quinine as a specific in malaria is looked upon by the dominant school as a striking example of the direct poisonous action of the remedy on the parasite. A few years hence when the medical world comes to a realization of the deplorable effects to health, and even life, resulting from this horrible untruth, it will appear incomprehensible that it should have obsessed the profession for so many years.—DR. T. G. MCCONKEY, *Pacific Coast Journal of Homœopathy.*

Co-operating with Nature.—May it not be that the action of the remedy in both the sick and well is the same, and instead of creating a drug-disease stronger than the natural disease and one which overcomes the natural process, the power of the remedy is in fact added to the power nature is exerting to effect a cure and in the same line?

Just one illustration: A man is caught out in a sudden drop in the temperature while freely perspiring. The sudden checking of the skin activities and the cold bring on a congestion of the lungs—a sharp chill is followed by a strong reaction; the skin becomes hot and dry; the pulse sharp, hard and rapid; the lungs are oppressed, breathing is difficult; a cough brings up blood, bright red. The congestion of the brain induces certain phenomena, as fear, etc. We give him aconite. Why? Because we know that that picture of symptoms is produced in the healthy by that remedy; when given to our imaginary patient, does it not act the same as when given to a well man, and does it not fall into line with the reactionary effects of nature, and so help to restore health?—E. P. MILLS, *Medical Forum.*

The Might of the Infinitesimally Small.—The Lancet of November 23 has, under this heading, a leaderette which should stop at once for all any further ridicule of homœopaths on account of the small doses used by them. It says: "Litle things may serve either to retard or to accelerate highly important processes. . . . A thirtieth part of a grain of aconitine will kill the human organism, one part of an enzyme will transform 100,000 parts of cane sugar into invert sugar, the enzyme of malt will convert a thousand times its weight of starch into sugar, and so forth. Nor is the enormous action of infinitesimally small quantities confined to the organic or organised world. . . . Platinum, for example, in the colloidal state is capable of decomposing 1,000,000 times its weight of hydrogen peroxide into water and oxygen, and then of remaining as strong and as active as ever. Perhaps the most remarkable fact in connection with the extraordinary vitality of colloidal platinum is that its energies are at once paralyzed by such ordi-

Digitized by Google

nary poisons as prussic acid, corrosive sublimate, or sulphuretted hydrogen. The platinum may thus be said to be poisoned, and such a small quantity as one millionth of a grain of prussic acid is sufficient to prevent this great transforming power."—*British Homœopathic Review.*

Silica: A Drug Physiognomy.—*Generalities.*—Mental and physical debility from defective assimilation. Suppurative processes. Aggravation from cold, from uncovering, when recumbent, in the A. M., during menstruation. Amelioration from warmth, from wrapping up the head, from cold food (except in gastric troubles).

The face is pallid, lips cold and white; eruption on the chin; large head. Emaciated children with soft, shriveled muscles, sunken eyes, suffering, aged face; slow in learning to walk, scrofulous, rachitic, with fontanelles and sutures, and much head sweat.

Nervous System: Great debility. Exhaustion with erethism after prolonged, difficult work and confinement. Mental labor difficult; reading to talking fatigues; difficult thought. Anxious, timid. Very sensitive, physically and mentally, to all impressions. Anxious dreams; starts during sleep. Insomnia with much cephalic congestion and pain. Gets up at night and walks about, somnambulic (kali phos.). Vertigo rising from the nape into the head; falls backwards when looking up (pulsatilla); on looking down (kalmia, spigelia). Desires to be magnetised (phos.), which ameliorates.

Pains: In general, after exposure of head or back to draughts; after suppression of foot-sweat (cuprum, graphites, psorinum); after vaccination (the bad effects: abscess or convulsions, (thuja).

In the head: Chronic headache sequent to some disease in youth (psor.), rising from nape to vertex, as from the spine, and localizing over an eye, especially the right (spigelia, the left), aggravated by a draught, by uncovering the head; ameliorated by pressure, by wrapping the head up warmly (magnesia mur., strontium), and by an abundant micturition (gels.).

In the eyes: Inflammation of the lacrymal canal. Styes. Corneal abscess; aversion to sunlight; confused vision—the letters are displaced when reading.

In the ears: Fetid discharge, mastoid caries; tinnitus.

In the chest: 'Stone-cutters' pains, with complete loss of strength.

In the back: Spinal weakness; vertebral disease; Pott's disease.

Digestive Apparatus: Sensation of a hair on the tongue. Dental and gencival sensitivity to cold, to cold water. Periostitic dental abscesses. Pyorrhea (merc. corr.). Periodic quinsy. Sensation of a needle sticking into the tonsil. Enlargement of the parotid (rhus, belladonna). Adenitis ganglionaris.

Aversion to food, to warm food; eructations, sour, after eating (sepia, calcarea). Abdomen large, hard.

Constipation aggravated before and during the menses (diarrhea before and during: ammonium carb.). Difficult stool from

Digitized by Google

rectal inactivity, necessitating great effort, as if the rectum were paralyzed; stools partially expelled re-enter (san.). Diarrhea in infants during hot weather and dentition; stools variable in consistency and color (puls.), of cadaveric odor. Anal fistula alternating with chest symptoms (berb., calc., phos.); pain after stool.

Respiratory Apparatus: Violent cough when recumbent, with yellow expectoration in lumps. Senile bronchorrhea with offensive expectoration.

Urinary Apparatus: Nocturnal enuresis in children, especially if suffering from worms. Flow of prostatic fluid during efforts at defecation.

Genital Tract: In the man: chronic gonorrhea. Nocturnal emissions. Elephantiasis. Hydrocele.

In the woman: Exaggerated menstruation with sensation of icy coldness throughout the body. Constipation worse before and during the period. Flow of blood from the vagina each time the child nurses (croton tig.). Milky leucorrhea before and during micturition. Nipple retracted (sars.), painful; indurated breasts (com.); suppurating éstulæ.

Extremities: Osteal and periosteal suppuration. Inflammation and suppuration of the sebaceous glands, parotids, axillary, inguinal and cervical glands. Affections of the fingers and nails. Pararitia, furuncles, ulcerations. Deformities of finger and toe nails (ant. crud.). Offensive sweat of hands, feet, axillae. An intolerable, acrid odor of the feet in the evening.

Skin: Delicate, pale, relaxed. Suppurative processes; particularly old ulcerations; fistulae with raised, spongy edges, sometimes gangrenous. Unhealthy skin, every little wound suppurates (graph., hepar, mercurius, petroleum).

Fever: Chilliness from the least motion (arnica, nux). Great sensitivity to cold air. Cold extremities. Night-sweats, worse towards morning.

Comparisons: Hepar; hypericum; kali phos; pulsatilla; ruta; thuja.—Dr. Leon Vannier, *Revue Hom. Française.*

Adenoids.—Dr. Lambreghts in the *Journal Belge d'Homoeopathie* says that considerable experience has shown a simple method of diminishing the period of treatment of adenoids and of rendering it more efficacious. This method consists in instituting a local homoeopathic treatment as well as an internal. The local treatment is the application of a glycerole of hydrastis:

Glycerine	60 grammes
Tr. hydrastis	10 "

A tampon of absorbent cotton well soaked with the glycerole is deeply introduced into one nostril, and the child is encouraged to inspire so that the liquid penetrates into the pharynx. After fifteen minutes the tampon is withdrawn and another introduced in the other nostril. This double operation is repeated thrice daily at first, then twice then once according to the measure of amelioration. By this procedure the hydrastis is kept in contact long enough with the naso-pharyngeal nucosa and the adenoids to permit direct action upon the diseased tissues. The drug is perfectly homoeo-

Digitized by Google

pathic to the adenoid syndrome. Aside from the irritant action upon glandular tissue, its pathogenesis contains as a prominent symptom, catarrh of the nasal fossæ with thick yellow or bloody secretions. After a week of such treatment, together with the indicated remedy internally, it is not unusual to find the nostrils unobstructed and permeable to air; the snoring, which is due to nasal obstruction, disappears and the child sleeps with mouth closed. Further, it is a well known fact that when the nostrils become permeable to air, the adenoids tend to atrophy. It is therefore certain that the nasal catarrh, which almost invariably accompanies adenoids, exercises a considerable influence upon them; the acrid secretions running from the posterior fossæ into the pharynx and onstantly bathing the vegetations must consequently irritate the lymphoid tissue and favor its proliferation. By suppressing the nasal catarrh and replacing it by a liquid so profoundly modificative as the glycerole of hydrastis, we more easily obtainn adenoir atrophy. Thus, vegetations as large as a cherry have completely disappeared in 5 to 6 weeks under the local and internal treatment. Surgical intervention is palliative only and if the child be left to itself after operation the growths are apt to speedily return.

Internally, according to indications, are commended: Arsenicum iod., aurum mur., bary. carb., calc. phos. and iod., hydriodic acid, hepar, hydrastis, kali bi., mur., and iod., merc. sol. and iod., puls., psor., sang. nit., sil., sulf., teucrium, tuberculin, and thyroidin which has given excellent results in certain cases of adenoids.

Amenorrhea: Hemorrhagic Metritis.—Mrs. X. aet. 26, consulted me for a five months' amenorrhea. Menstruating at 14, the periods have always been regular. Married four years, there was a normal pregnancy and delivery. In July, 1905, there was a two months' abortus, which caused a very abundant hemorrhage persisting for three weeks. In November there was another metrorrhagia which kept her in bed for a fortnight, since when she has not menstruated. She is very pallid, anemic, has no appetite and is emaciated. No cough. There are no abdominal pains, but a pronounced whitish leucorrhea. She had taken tonics: quinine, iron, arsenic, but with no results. Examination showed a normal uterus and adnexæ. Guided by the anemic condition sequent to loss of blood, china 6, two granules morning and evening, was prescribed. April 28, 1906, she is feeling much better, eats heartily, has less leucorrhea; but the menses have not appeared. China was continued, with the appearance of the menses at the beginning of May, lasting four days, no pain, the blood somewhat pale, the general condition good and no more leucorrhea. Since then the patient has been seen a number of times; the anemia has completely disappeared and menstruation is always regular.

Mrs. Y., aet. 52, called me in April, 1906, because of metrorrhagia. Menstruating at 14, she had no serious illnesses; had borne one child normally. There have never been abdominal pains, but for the last two years she has had slight metrorrhagias after the least exertion, as in walking, riding, ascending stairs. Various treatments have been followed without result, and curettage had

Digitized by Google

been advised, which she refused. She was trying electricity when the present metrorrhagia, already lasting eight days, came on. The blood is abundant enough, bright red, no pains, and not particularly weakening. The pulse is good, there is no discoloration of the mucous membranes, no vertigo, no tinnitus. Examination showed a very large, very mobile uterus with no lesions of the adnexae. Hemorrhagic metritis was diagnosed, and millefolium 6, two granules every three hours prescribed; also injections at 122° F. thrice daily. The next day the flow had much lessened, stopping the second day. The fourth day of treatment the patient was allowed to get up, and to prevent the return of the trouble nitric acid, 30 granules was given, two granules morning and evening, four days in the week. Nitric acid has this characteristic: Chronic metrorrhagia occurring from the least provocation and without appreciable cause. She was seen again after two months; there had not been the least hemorrhage and she was able to go about a great deal without the least fatigue, an unusual experience for her. Months later the cure was still in evidence. DR. PAUL CHIRON, *Le Propagateur de l'Homœopathie, Lyon.*

Sulphur.—The influence of Sulphur upon inherited constitutional disorders, or congenital debility is unsurpassed, as we may well call it, not only the scavenger of the blood current and the regenerator of the plasma, but a kind of synergic agent capable of cooperating with all our remedies in the restoration of healthy function. No drug of our Materia Medica, with perhaps the exception of Calcarea carbonica, has a greater power to correct chronic metabolic difficulties, modify depraved systemic habits, and entirely arrest errors of development and nutrition. The participation of Sulphur in the formation of the plasma is probably the most important of its attributes, and if its clinical history has been truthfully written, we can well understand how, aided by the inherent energy and the natural defenses of the organism, it hastens the absorption and elimination of norbific matter and gives new vigor to the enervated cell, so improving disturbed metabolism, circulatory rhythm, nutritive repair and organic capacity. In fact, from its deep action and the beneficial results following its administration, I infer that Sulphur penetrates every structure of the organism, explores and ransacks every corner and cavity of the body, carrying off in the vortex of the osmotic current, and through the intervention of the intestinal cells, the products of infection, disintegration and repair, and even, that it stimulates the organic cell to perform its elective work, correcting disturbed hematosis, restoring secretion and excretion, arresting hematosepsis and histolysis, and favoring the reestablishment of neural function, when impaired by prolonged disease.—DR. E. FORNIAS, *Hahnemannian Monthly.*

Digitized by Google

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

Fulguration Electricity: its technique and uses. Before the New York Society of Physico-Therapeutics, Dr. M. W. Brinkmann (March, '08) gave a demonstration of his technique of Fulguration and mentioned a number of new therapeutic uses for this modification of the electric current. Rivière (Paris) was one of the pioneers in recommending high frequency mono- and bi-polar sparks in malignant disease and Keating-Hart has further developed the method, using very powerful sparks with the patient under anesthesia.

Czerny *(Münchner Med. Wochenschrift,* Feb., '08) also speaks highly of fulguration in malignant disease. All these investigators employ powerful sparking with the object of producing necrosis of tissue and slow regeneration and granulation tissue formation results. Dr. Brinkmann particularly advocated a technique in which the spark is given off either mono- or bi-polar from a pointed metal electrode with attachments in the former to Oudin, in the latter to the D'Arsonval high frequency currents. In the latter the intervention of a condenser couch will tend to enormously increase the output of the spark. Dr. Brinkmann's technic consists in drying the parts to be treated (especially indispensable in mucous membranes) and giving a momentary spark—consuming a second or less—using auxiliary vacuum apparatus to maintain desiccation, if necessary.

The parts should appear blanched and the pointed metal electrode should be carried along the center and periphery of the lesion to be destroyed. He has constructed electrodes insulated in glass tubes for treatment of the nose, naso-pharynx, uterus and other cavities of the body. Dr. Brinkmann's technic consists in first producing blanching of the tissues; this is followed by a re-active hyperemia with the formation of regenerated normal tissue and the breaking down of weakened cells. If the treatment is carried further than blanching, necrosis (Rivière, Keating-Hart, Czerny method) will ensue. There are therefore two distinct methods of fulguration; the method which we will call the Brinkmann method of re-actionary retrograde metamorphosis of pathological cells and and the second or destructive method of the French school where necrosis is striven for. Both would appear to have application—the latter particularly in malignant growths, the former in non-malignant and adventitious growths or malignant growths of but small area. Dr. Brinkmann claims to be able to destroy adenoid vegetations in a few seconds by means of his pointed naso-pharyngeal electrode; polypi are destroyed at once; hemorrhoidal enlargements by his method offers a safe and quick non-cutting method for curing this common affection. He claims to have improved carcinoma of the cervix in a case at present under treatment, relieved anal fissures and cured parasitic skin lesions, warts and moles

Digitized by Google

by the fulguration treatment. In the case of carcinoma of the cervix, four treatments with necessary intervals sufficed to secure a healthy surface. The error which many electro-therapists make in the application of fulguration (as well as in Roentgen-ray treatment) consists in repetition of treatment before re-action has taken place. The effect of a properly directed spark may require from 2 to 3 weeks to complete its re-action or again, it may be so mildly applied that the complete re-action runs its course in several days—and unless necrosis is striven for no repetition should be given until the primary and reactive effects have been completed. This conservative method appears indicated in many lesions, the necrotic method is of value principally in large malignant growths. The fulguration treatment certainly has a splendid future when we consider the various lesions which it promises to be successfully applied in and clinical reports are awaited with much interest.

Using the X-ray Without Burning.—Geyser *(Journal American Med. Ass'n,* March 28, 1908) gives his contact technic for obviating Roentgen dermatilis.

He states:

"All methods of dosage are fallacious because they cannot take into consideration the idiosyncrasy of the patient. It is not, therefore, a system of measurement that we require, but rather something that robs the X-ray of the element that is most directly responsible for the deleterious effect."

The "pearls" of Holzknecht and the disks of Sabaurand are mentioned as methods of measuration of the chemical effect of X radiation—"the principal effect of the X-ray on these substances is decomposition of their molecular structure analogous to electrolysis; in other words, a separation of the atoms in the compound with re-arrangement and formation of new compounds. This effect is primarily due to two causes:

I. To the ionizing power of the X-ray.

II. To the fact that the charged X-ray tube is a converter and surrounded by a static charge which when separated by a dielectric from the capacity is capable of inducing in that capacity currents of opposite polarity. The current that is in this manner induced into the patient who happens to be the grounded capacity, materially assists in the ionizing power of the X-ray. We cannot deprive the X-ray of its ionizing power, but under suitable circumstances we can deprive the tube of its inductive effect by grounding the positive side of the static machine while the tube is in action. When a coil is used for the production of the X-ray, neither side of the secondary can be grounded without serious risk of short circuiting the secondary to the primary, thereby burning out the coil."

This state of affairs caused Geyser to construct the so-called Cornell tube. "This tube is made of heavy lead glass so that no rays are emitted except through a flint-glass window, which corresponds in size to the lesion to be treated. The connecting wires are encased in glass insulators to prevent sparking on any part of the patient while under treatment. The flint glass window is situated at the end of a projection and must be in direct contact with the lesion,

Digitized by Google

thus furnishing a ground and doing away with the air space which would otherwise be the dielectric between the tube and the patient. When a tube is brought into direct contact with the patient only the ionizing effect of the X-ray is exerted on the tissues and this effect is all that is needed to furnish the most brilliant therapeutic results."

Dr. Geyser claims to have used this method in over 5,000 cases without a single case of dermatitis resulting. "All cases intended for X-ray treatment are divided into two classes; those with broken skin lesions and those where healthy skin covers the lesion.

In lesions of the first class or broken skin lesions we include epithelioma, lupus-vulgaris, rodent ulcer, eczema, sycosis, favus, etc. When a patient presents himself for treatment with such a lesion a tube is selected with a window that will as nearly as possible include the entire lesion; the tube is then fastened in the tube holder and the flint glass window is applied directly to the lesion for not less than five minutes nor more than fifteen, according to the depth of the pathologic structure. Within a few hours, and continuing for some days later, a crust will have formed and the lesion is reduced in thickness from one-third to one-half; then the same treatment is again repeated. After the fourth or fifth treatment the edges begin to close in. As the lesion becomes smaller, the tube is changed to conform to the new size of the old lesion. I have frequently exposed such lesions as epithelioma for thirty minutes during a single seance, yet no burn has ever resulted, neither do I think it possible that a burn could be produced no matter how long the tube is kept in contact with the skin.

In lesions of the second class, where sound skin intervenes between the lesion and the tube, a slight change in technic is necessary. In this class are included acne, hypertrichosis, hyperidrosis, tubercular glands, splenic leukemia, Hodgkin's disease, itching, dermatosis, etc. In treating these lesions the tube is brought into direct contact with the sound skin and is slowly moved over a large area so that the underlying structure receives a sufficient amount of exposure, while the sound skin covering the same receives at any one point but a minimum amount of exposure.

With this technic all of this class of lesions are amenable to more or less permanent benefit, yet no burn will result. Whenever such lesions as splenic leukemia, mycosis fungoides, diffuse psoriasis, etc. are to be subjected to the X-ray it is preferable to use the tube at a distance of thirty inches, especially when the coil is used as the exciting agent. The tube must, of course, be one of light penetrating power. A dielectric of thirty inches practically removes all the undesirable inductive effect of the tube. When a static machine is used, the positive side of the machine should be grounded and then the tube may be brought within twelve to fifteen inches of the patient without danger of a dermatitis."

Radiologic Diagnosis of Intra and Extra Ventricular Tumors with special reference to the early diagnosis of carcinoma of the stomach. Published by Moritz Perles, Vienna, 1908.

Digitized by Google

Holzknecht (Vienna) who with Professor Rieder (Munich) has been foremost in developing the technic for the radiologic examination of the alimentary canal has contributed in above brochure the details which follow the technic as described in Jan., '06 NORTH AMERICAN to a large extent. He again emphasizes the superiority of the radioscopic over the radiographic method as the MOTILITY and activity of the stomach and its outline after massage and pressure can be more readily studied. The pamphlet contains many illustrations indicating the certainty with which abnormalities in shape (stenosis, hour-glass contraction); carcinoma; position (gastroptosis) and size (dilatation) can be determined and it is merely a question of time when his methods will be generally adopted by all physicians claiming diagnostic ability in this branch of medicine. In the use of the Bismuth Meal the drug must be given in sufficient quantity (purity essential to avoid toxic effects) and the mixture with whey, kefir, boiled rice or cream of wheat thoroughly completed before ingestion. One ounce of Bismuth subnitrate to six ounces of milk or mush is the best mixture.

A Rational Method of Treatment in Chronic Endometritis.—Rector (*Medical Record,* March 28, 1908) describes his technic in chronic endometritis with the aid of galvanism.

"With the patient in the dorsal position, the positive pole over the abdomen, a speculum is placed in the vagina with its blades generously separated. This brings into view the cervix and the adjacent parts. The active (negative) electrode is introduced into the uterus and a constant current of five to fifteen milliamperes turned on. Stronger currents are not to be used for fear of the soft liquefaction and stricture which may follow its caustic action. The surrounding muscular tissue softens by reason of abstraction of water from the tissues, bubbles of hydrogen gas will be seen issuing from the uterus and a copious watery or mucoid discharge flows readily from about the now loosened electrode. After an application of five to ten minutes the sound is removed and the irrigator which is also an electrode is inserted in its place. While the current is still passing the cleansing solution is allowed to flow. Upon withdrawal of the irrigator, the canal will be found softened, patulous and free from discharge. The dilatation will remain a sufficient length of time to allow any additional application to be made to the cavity of either the uterus or cervix and without any muscular interference."

The current must be turned on slowly when the electrodes are in position. "In beginning the dilatation, the size of the uterine electrode is selected which will readily pass into the canal without giving any pain; in the same gentle manner and with the same aseptic precautions as you would pass a uterine sound for diagnostic purposes. The electrode which is best made of copper and properly insulated is passed onward until the collar which marks the beginning of the insulation presses against the external os. The length of the exposed electrode is shorter than the canal as I have found that when the tip of the electrode rests against the fundus of the uterus, the patient often experiences a disagreeable (temporary) at-

Digitized by Google

tack of painful uterine contractions. As the canal gradually dilates and softens, electrodes of increasing size are used until the entire canal is sufficiently dilated to admit freely the irrigating electrode. As soon as the irrigator is in proper position and the desired current in passing, the cleansing fluid is allowed to flow and freely wash the entire mucous surface. Thus we have the concurrent action of the passing current and the irrigating solution. It is well gently to move and rotate the irrigator during its use as it facilitates the cleansing by bringing every part of the mucous surface under the action of the solution. I have found one-half to one per cent. solution of the tincture of iodine to act best as the cleansing agent. The abdominal electrode, 6 x 8 inches, is made of copper covered in its under side with felt and its upper side with rubber. Before making the contact it should be well moistened with warm water and freely soaped. The vaginal electrodes are made of copper, eleven inches long, have the usual pelvic curve and vary in diameter from that which will penetrate the "pinhole os" to one which will give free dilation. The entire length is insulated by being covered with vulcanized rubber to within two inches of the tip in the smaller sounds and two and one-half inches in the large sounds. These larger instruments are used in the large subinvoluted uteri. An opening in the copper at the insulated extremity acts as the binding post.

The irrigator is 12 inches long, has a central hollow tube ¼ inch internal diameter at the distal end and 1-16 internal diameter at the uterine end. It has the usual pelvic curve. Beginning 2 inches from the uterine end, the tube is fenestrated on all sides. The fenestrae about the sides are larger than at the end. Around and about this irrigating tube are four small wires which act as bridges and prevent the mucous surface from closing around the tube. They begin four inches from the uterine end and pass over it to be brought together one-quarter inch beyond its extremity. The wires are raised from the tube along this entire length. The external diameter of the irrigator at the distal end is ⅝ inch and at the uterine end is ⅛ inch. The binding post is 1½ inch from the distal end. The irrigator is insulated by being covered with vulcanized rubber to within 4 inches of the uterine end. Preferably a trivalve speculum is used, as the sides of the vagina are thus best kept apart. Beneath the handle a triangular pus basin is placed which will catch all the return irrigating fluid or discharge, thus preventing the patient's clothing from becoming soiled.

In most instances each application continues about ten minutes, and is used every day or every other day, depending upon each individual case. The entire time of treatment depends upon the progress made.

"In the purulent forms of chronic endometritis when the hyperplasia or hypertrophy has resulted in outgrowths or projections from the surface of the mucosa or when fungoid, polypoid or hemorrhagic endometritis is present, the preliminary use of the currette is indicated."

Digitized by Google

Vol. LVI JUNE, 1908 (Volume XXIII Third Series) No. 6.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

NITROUS OXIDE ANESTHESIA*

L. D. Broughton, Jr., M.D.

Brooklyn, N. Y.

NITROUS oxide gas does not receive the consideration to which it is entitled by its long and successfully maintained position among the general anaesthetics now in use. It was first isolated by Priestly in 1776. Sir Humphrey Davy wrote a paper on it in 1800 calling attention to its curious effects upon the sensibilities, but it was looked upon merely as a toy until Horace Wells discovered by an accident the anaesthetic qualities of the gas in 1844 and suggested its use as an aid to dentistry to destroy sensibility during the extraction of teeth. It would be impossible to compute the number of times nitrous oxide has been used by dentists since that time upon patients in every variety of physical condition, and as it was common at one time for dentists to make their own gas an impure article was frequently used. In spite of all the varied conditions under which it has been administered its results have been superior to those of any other general anaesthetic, and that it is almost absolutely safe is demonstrated by this abundant testimonial to its non-toxic action. While the law allows dentists to use nitrous oxide, they are prohibited from using chloroform or ether except with the aid of a physician. Of late years it has been supplanted to some extent by local anaesthetics and by ethyl chloride, but it is doubtful if patients have gained by the

*Read before the Hom. Med. Society of the County of Kings, February 18, 1908.

Digitized by Google

change. Nitrous oxide gas is generated by the action of heat upon ammonium nitrate, the salt being subjected to a temperature of 420 degrees, F., in a retort. The gas can be condensed to a liquid under a pressure of about 50 atmospheres at a temperature of 45 degrees, and in this form is supplied by the makers in cylinders containing 100 gallons. It is allowed to expand into a bag and is breathed by the patient without any admixture of air.

The action of nitrous oxide gas resembles in minor degree the effects of chloroform and ether; there is a stage of excitement more quickly reached than by the stronger vapors, followed by relaxation and depression, the stages varying with the individual, and as with ether and chloroform sometimes being entirely absent, the patient going to sleep calmly and quietly and waking as from a dream, and occasionally from total oblivion. By some writers it was thought that the entire anaesthetic action of nitrous oxide is due to its displacement of oxygen in the blood and that it is merely a form of asphyxiation in greater or less degree, the danger to the patient being from suffocation as though deprived of air. This is hardly logical, as there is an easily demonstrable early anaesthetic effect even before unconsciousness is reached. The gas will support combustion, giving increased brilliancy to burning substances, indicating the action of the oxygen in its composition. It is the lowest combination of nitrogen and oxygen, nitric acid being NO_5, nitrous acid NO_4, nitric oxide NO_2 and nitrous oxide NO. The atmosphere being merely a mixture of gases without chemical composition, in the proportion of about 80 parts of nitrogen to 20 of oxygen, gives up its oxygen without hindrance in respiration, but despite the fact that the proportion of nitrogen and oxygen in nitrous oxide is approximately equal, it being a chemical composition, the blood does not receive its share of oxygen, and cyanosis is the result of its administration. It is stated that there are some individuals who will breathe nitrous oxide gas steadily without any effect, and I had a case several years ago wherein a very vigorous woman refused to pass under its control. I later found a weak spot in my apparatus allowing the admixture of air, and now believe the lack of action due to that dilution. I have not seen a case since that time where the pure gas would not produce insensibility in greater or less degree.

The first effect of nitrous oxide gas is usually to take away the mental control, and a person will become hysterical, giving rise to the name of laughing gas, though I fail to see the reason for this, as there is just as good cause for calling it crying gas or fighting gas, according to the manner of action.

Digitized by Google

The preliminary requirements for the administration of nitrous oxide are not as essential as when the stronger anaesthetics are to be used. I have given the gas to individuals not long after they have had a meal for a short anaesthesia without any nausea, but where a longer effect is desired it is well to have the stomach empty.

After the pure gas has been breathed a few times the pulse increases in rapidity, the respiration becomes fuller, as though there was no deprivation of oxygen, not in any sense like the effect of suffocation, nor do the actions of the patient even when there is almost complete narcosis and cyanosis indicate that terrible gasping for air that is experienced when carbonic acid gas is irritating the lung tissue by its excess. At the end of perhaps one-half minute after commencing the administration there is a twitching of the muscles of the extremities and the breathing becomes irregular. This is the point where a change can be made to the stronger anaesthetics, though there is often the mistake of commencing the ether or chloroform with too heavy a volume and the patient will cease to breathe for a time, and will almost come out of the gas effect before respiration is established sufficiently to allow of the continuing of the anaesthetic. At this point also any short operation may be performed and in dentistry it is the place for effective work for one tooth.

From this point our judgment must be exercised in the administration of the gas. If it is pushed too far, complete suspension of respiration will occur, the patient will become completely cyanosed, the skin livid, and the whole appearance is that of death. The pulse is very rapid; I ahve counted it in a child 200 beats to the minute. The effect soon passes off, so rapidly, in fact, that it leads to the conclusion that the gas is sufficiently evanescent to pass through the tissues, the skin becoming cold and clammy from the rapid radiation, and the color returning sooner than the very shallow respiration would allow of. When long continued work is to be done it is only necessary to take the cone from the face to allow of the returning respiration and then to administer more gas as necessary, as would be done in the use of the other respired narcotics.

The principal objections to the use of nitrous oxide gas are the uncertainty as to just how the patient is going to act under its influence in the early stages and the deep cyanosis, though these objections apply to both ether and chloroform. The use of the latter two is so common that no attention is paid usually to the accepted occurrences, as it is known that when they are pushed the patient can usually be subdued. I say usually, as I have seen pa-

Digitized by Google

tients in whom ether did not produce the required narcosis and chloroform had to be resorted to. The very rapid effect of nitrous oxide has a stimulating action on the surgeon who is not accustomed to it, and who has acquired the habit of taking his full time in his work, and there is a tendency to rush through the operation, not a bad thing for the patient, however. I am inclined to believe that much of the muscular excitement under nitrous oxide in the early administration is due to the too hasty commencement of work before the reflexes are abolished, and the stories of the wrecking of dental offices may be attributed to this cause. A patient will frequently say that they knew everything that was going on and that they felt everything that was done, but this is due in most part to the rapid recovery from the gas and the presence of pain at the site of the wound which is felt as they are regaining consciousness. This is easily proven by the lack of memory of the incidents of the operation.

The anaesthetic effect of pure nitrous oxide gas will occur within one-half minute to one minute in most cases, and the depth of anaesthesia will be as profound as that produced by any other of the respired narcotics. I have seen patients lie without a murmur or a motion while the sphincter ani was fully dilated, a condition that would require a large amount of ether or chloroform to achieve a like result.

There is only one condition in which I believe it would be dangerous to use nitrous oxide gas as an anaesthetic, and that is in an aged person in whom there were atheromatous deposits in the arteries. In such a person apoplexy might occur. I have never heard of a case where such a result occurred, but I should hesitate to give it to an individual with that condition.

In his lectures at the London Hospital in 1907, Frederic W. Hewitt speaks of nitrous oxide as "the safest anaesthetic for the vast majority of patients, though its administration may be fraught with considerable danger in persons who suffer from any obstruction of the upper respiratory passages, from inflammation of the throat, from thyroid enlargements and allied conditions."

I know of one case where nitrous oxide gas was administered to a patient far gone in consumption for the cure of an anal fissure by dilatation, wherein the result, though the gas was given with much trepidation, was perfect and there was not the slightest detrimental effect.

The cases to which nitrous oxide is particularly adapted are those in which the stronger anesthetics are contraindicated. Cases of extreme debility, chronic bronchitis, valvular heart lesions, and

Digitized by Google

for all short operations where the surgeon feels that it would be unfair to subject a patient to a long recovery from ether or chloroform with all the consequent distasteful experiences that such a state involves.

I have administered nitrous oxide recently in several instances for curettage with very successful results. One was a case of extreme debility and anemia from malignant disease of the uterus where the hemorrhage had reduced the strength considerably. The administration of the anesthetic occupied seventeen minutes, the patient taking the gas perfectly, and in five minutes after the operation was conversing with her attendants as though nothing had happened. The condition of the patient during the operation might have alarmed anyone who was not accustomed to the effects of gas as she was deeply cyanosed and almost deathlike in appearance at times, the pulse was very rapid and the breathing would cease for perhaps one-quarter to one-half minute at a time, and then respiration would go on naturally. Another patient to whom I gave nitrous oxide for curettage recently was in a very serious condition from septic infection following abortion. Her temperature had ranged for several days from 104 to 105.5, the pulse 140 and the whole appearance was bad. As a last resort, another curettage was suggested and as she was in no condition for ether or chloroform, gas was used. She was under the anesthetic seven minutes and came out of it as though she had been merely asleep.

I have given nitrous oxide many times for operations on the rectum, dilatation for fissure and ulcers and for deep incision for fistula. In the latter condition and for curettage, it is usual to place the patient in the dorsal position with the limbs held by a sheet passed under the neck as for instrumental delivery in obstetrical cases. When everything is prepared so that only the actual steps of the operation need be followed, then the gas is administered.

304 Lewis Avenue, Brooklyn, N. Y.

DISCUSSION

Dr. T. Drysdale Buchanan, of New York, said that he had had considerable experience with ethyl chloride and did not share the optimistic views of some regarding its safety and is not using it now as frequently as formerly. Nitrous oxide is the safest of all the anesthetics, but its use is for special cases. In alcoholics it will frequently have no effect, and the stronger anaesthetics are required. That the effect of nitrous oxide is not due to its displacement of oxygen but to definite anesthetic action is proved by the fact that an ideal result may be obtained by combining it in administration with from seven to ten per cent. of oxygen.

Digitized by Google

The preliminary use of nitrous oxide where ether is to be continued for a length of time is now almost universal, and the rapidity of effect and good results bear evidence of the efficacy of the procedure. The real danger in the administration of anesthetics is in the use of the office boy or nurse instead of the trained anesthetist.

DR. ERDTMANN, instructor in anesthetics at the Long Island College and Hospital, said that he had also given up somewhat the use of ethyl chloride and would not now use it with the same freedom as formerly, though he had had excellent results when he was using it constantly several years ago. Nitrous oxide stood out as the safest of all the anesthetics and as a preliminary to ether had no equal. At the hospital they are now using as a preliminary to long anesthesia, when ether is the anesthetic, fifteen grains of chloretone in five-grain doses in half-hour periods previous to the operation.

DR. GWATHMEY, of New York, spoke interestingly of his experiences with the anesthetics and said that nitrous oxide is the safest. He had experimented with the gas on animals and had been unable to kill them with it; he would give the gas until they ceased to breathe and when he took the cone away the effects of the gas would pass away slowly and without any aid they would regain consciousness. He had not been able to produce a single death from the gas in his experiments. This he considered the best evidence of its absolute safety. Recently he had given nitrous oxide combined with a small proportion of oxygen for an operation occupying two hours on a very large woman with a fatty heart, for the removal of a large abdominal tumor. Her condition was such that the operation had to be performed with the patient in the reverse Trendelenberg position. The patient came out of the operation in excellent condition and the recovery from the anesthetic was without incident. As a preliminary to the stronger anesthetics, nitrous oxide had a special place, and the ideal method, suggested by Hewitt, of London, is the nitrous oxide, followed for about five to ten minutes by ether, and then chloroform to the finish. Recently for lengthy operations he has been using a small dose of morphine, about a one-sixth, and ten grains of chloretone, administered about one-half hour before the operation. Less anesthetic is needed and the patient is calmer and in better shape after the operation. He stated that he had gone into the study of ethyl chloride a few years ago expectantly, but he had not the faith in it now that he formerly had. It is a question whether the place in the mortality list held by ethyl chloride is between ether and chloroform rather than between nitrous oxide and ether.

Digitized by Google

THE PERMANENT AND THE TRANSITORY IN ABDOMINAL SURGERY*

By H. A. WHITMARSH, A.M., M.D.

Providence, R. I.

TO state in any science that this is permanent and that is passing borders on the unsafe. Even that which is wholly satisfactory to-day may give place to the revelation of to-morrow. Under this title I ask you briefly to survey the field with me, considering some practical points bearing on our everyday work. The knowledge of what has been helps to a better understanding of that which is; helps also to contentment with that which is. Too great contentment, however, is an enemy to progress. On the other hand, the spirit of change for the sake of change is productive of measures by no means always superior. A method of operating may prevail too long when devised and practised by one of exceptional skill, who can support it by numerous statistics. That technique must abide which is possible not only to the few but also to surgeons in general.

Many years ago for certain reasons I employed straight laparotomy to remove a large stone from the male bladder. It had not, so far as I am aware, been used before. About four years later this method was used in two cases by Dr. Maurice H. Richardson. I do not know how many others have employed it, but do not think its advantages outweigh those of the ordinary supra-pubic operation. It has proved transitory; a good method, and one successful in the hands of those expert in abdominal work, but probably not the best methods for surgeons at large.

It is safe to say that inversion of the uterine stump in hysterectomy, bringing the same into vaginal vault by means of sutures left long, is no longer practised. It has proved cumbersome and unnecessary in the light of simpler and safer methods. But to narrate measures once in vogue but now discarded is not my purpose. Such narration would be interesting history but would require not one article, but a whole volume. Let us rather consider that which seems now well established, holding fast that which is good, and especially that which is best.

I.—The wide knowledge gained through abdominal operations I have elsewhere touched upon.† What we know of diagnosis and pathology come not from autopsies alone, but very largely from sur-

* Read before the Mass. Hom. Med. Soc.

† No. Am. J. H., June, 1905.

Digitized by Google

gical procedures themselves. The sum total can hardly be estimated. Note especially that we have thus been able to study the beginnings of disease and to recognize them earlier at the bedside. We have learned that peritonitis is almost never idiopathic, perhaps never a primary disease, but one due to previous lesion in some organ; a disease moreover preventable in direct ratio to the early recognition of such lesion. The prominent sources are three organs having characteristics notably similar. Each is a hollow viscus with mucous, muscular, and serous coat; each projecting into the abdominal cavity; each liable to microbic invasion; each liable to obstruction and impaired blood supply; each, so far as proved, unnecessary to the life and health of the individual. The appendix, gall bladder and fallopian tubes have been called the three weak points in peritoneal integrity. The tube more often involves the pelvic peritoneum and is itself more palpable than the appendix. With this knowledge I have been able repeatedly in obscure cases to decide on a diagnosis of appendicitis, apply the proper remedy and cure the patient. This remedy is the removal of the appendix as soon as found to be diseased. (This for a working rule.) Symptoms may seem trivial, but here "think naught a trifle though it small appear." Three symptoms especially, local pain, tenderness, and muscular rigidity are cardinal ones. Relying upon this trio in a recent case, though temperature was normal and pulse also normal, I diagnosed an appendicitis needing operation. Four hours later, twenty hours from the onset of pain, we found an appendix wholly occluded at the base, greatly distended with foul pus, and so deeply congested as to promise early gangrene; in fact, already beginning to gangrene.

Still more recently I examined, with Dr. A. H. Wood, a young woman with menstruation a week delayed, little or no rise of temperature, but pain and tenderness in the right inguinal region. Bi-manual examination revealed enlargement of tube near its uterine end. I advised operation, but patient did not want it. Persistent pain with irregular exacerbations for two days, however, led her to call for it. Three years before she had presented a typical picture of ruptured tubal pregnancy, the symptoms being: sudden abdominal pain with fainting, and persistent pallor, menstruation having ceased two months before; abdomen generally tender. Diagnosis was easy. Laparotomy revealed ruptured tubal pregnancy on the left, the tube bleeding afresh on manipulation. Later she gave birth to a living child at full term. In this attack, in July, there was neither fainting nor special pallor, and absolute diagnosis was not possible. The trouble was evidently tubal. We suspected

Digitized by Google

another ectopic gestation and operated with that in view. Incision found free fluid blood in the cavity, with numerous dark clots filling the pelvis and intestinal spaces. Right tube had ruptured three quarters of an inch from the uterus, and, together with the ovary, was tied off. Removing clots by handfuls, mopping clean as possible with gauze sponges, we irrigated with salt solution for a considerable time before fluid returned reasonably clear.

These cases illustrate one most important and well-known fact, namely, that *very grave abdominal lesions may exist* with *very mild symptoms*. The first case forcibly emphasizes *time as an important element* in successful abdominal operations. Temperature is wholly untrustworthy and pulse sometimes so. On the other hand, persistent abdominal pain, the cause of which cannot be satisfactorily explained, is in itself almost enough to list the disease as surgical rather than medical. Indeed, one is struck with the progressive march of abdominal diseases from the medical to the surgical side. As example, not gastric and typhoid ulcer, even liver cirrhosis with ascites, and the like. The significance of abdominal pain would profitably occupy us for a whole session. Colic, dyspepsia, gastralgia, indigestion, not yielding within a reasonable time to prescribed diet and medical treatment point to organic lesion that should be viewed surgically as well. Gastric ulcer or cancer, pyloric obstruction, gall bladder disease with or without stone, pancreatitis, and the rest, should be considered.

II.—In a general way, surgical principles and surgical technique have tended to conform to two tests. First—*Simplicity,* involving *speed in operating and safety of patient.* Second—*Efficiency,* including *completeness and permanency of cure.* The compelling power of simplicity finds illustration in the history of the treatment of the pedicle. First it was ligated with whipcord and left out of the wound; later, it was tied and dropped; third, fixed externally with pins and ligature; fourth, clamped; fifth, ligated and cauterized; sixth, treated with ecraseur; and, finally, ligated and dropped, with hardly a thought that we ever did anything else with it. We do not hesitate to sever generously wide of the ligature, having learned that the stump does not slough as once supposed. Crushing by clamp-cautery we predict, with all due respect, will not find very general acceptance. Chemicals, cautery, and escharotics, we think, should find almost no place in surgery of the abdomen.

III.—Whatever one's views of antisepsis, there is no issue regarding asepsis or surgical cleanliness. Simplicity suggests that instruments be as few as is compatible with needs of the case.

IV.—For all-round purposes, we regard as the ideal incision

Digitized by Google

the clean longtitudinal cut made with due regard to nerve and blood supply, as directly as possible over the diseased organ to be treated. It allows the minimum separation of the different planes of tissues, together with accurate apposition in closure of the wound. It conforms to the rule of simplicity and is sufficiently efficacious in my experience to make any other seem unnecessary. Unsightly scar is the exception, and has perhaps been avoided by attention to a few details. Aseptic preparation, clean-cut incision, minimum bruising of the wound, interrupted suture of layer to layer, with suture material not too coarse, nor too tightly tied. I am confident that many good operators err in these two particulars. Easy apposition with circulation unimpaired is nature's best aid to artistic and permanent repair. Cutting out is due to excessive tension rather than to size of suture material. If infection be present suture of any size will cut its way. So far as possible we should leave the tissues as we found them. For tissues generally, absorbable suture material is to be preferred, unless the suture is to be removed. Permanent metal suture may at any time prove an irritation; it is a foreign body. The length of abdominal incision has little to do with mortality. The long incision simply means that greater difficulties lie within; larger tumors to be removed, or wider exploration necessary. In other words, the conditions calling for long incision determine the mortality, not at all the incision itself. Greater exposure, it is true, obtains. The gastro-enterologists, however, have taught us important facts. Neither anesthetic, nor cooling, nor drying the intestines stops peristalsis, but ***handling*** is the guilty factor. The moral is evident.

Perhaps I have been simply fortunate in the avoidance of post-operative hernia, but I think it safe to say that in cases where immediate closure of the wound has been possible, the percentage of herniæ for eight years past has not been two per cent. Contributing factors have been, a high degree of cleanliness in the preparation of skin, separate suture for each layer, careful apposition, especially of fascia, and tying sutures not too tightly.

The transverse incision (transverse, by the way, only as regards, skin, fat and aponeuroses of the oblique and transversalis muscles, the wound being then completed with the median line longtitudinal) follows the natural wrinkles of the skin, in the line, too, of least tension and greatest elasticity. Hence, fewer sutures are required, and finer ones will do the work. Scar does not tend to spread. I have thought that the skin flap part of the incision played a large part in the cosmetic effect. One point in favor of the transverse is that it can lie mostly below the pubic hair line. This

Digitized by Google

incision is of limited application, however, in that it is insufficient in large tumors or conditions requiring wide exploration. Again, in septic cases needing drainage it is inferior to the longtitudinal.

V.—As to drainage, we must yet speak somewhat conservatively. The rule, "When in doubt, drain," has been finding more exceptions. A growing tendency to avoid drainage must have been noticed by us all. Abscess cavities, septic areas not possible to remove, freely-oozing surfaces, should be drained. Local drainage, in other words, is of value; general drainage of the whole peritoneum is "physically and physiologically impossible." Any method which can treat fifteen to thirty cases of diffuse suppurative peritonitis following appendicitis without a death is worthy of imitation. These cases were treated by rapid removal of appendix through the grid-iron incision, no evisceration, irrigation of the pelvis and lower abdomen with hot saline; small cigarette drains. In many cases no drainage was employed other than a small drain in the external wound. Stomach lavage followed by an ounce or two of saturated solution of epsom salts left in the stomach. The Fowler position recommended.*

Another author† treated twenty-one patients with diffuse purulent peritonitis following appendicitis, with three deaths, the technique being as follows: Long median line incision, dipping out pus but avoiding wiping of peritoneum, removal of appendix, cavity flushed with large quantities of saline poured from pitchers, closure of abdomen without drainage. Elevation of the foot rather than the head of bed. These results, so nearly equal, by methods so diverse suggest that other elements may have entered in, elements perhaps, not easy to name—the personal element, for one. It is all but certain that each succeeded in accomplishing two things, viz.: approximately complete removal of sepic material, and preserved integrity of peritoneal epithelium.

VI.—Whether on the battlefield, gunshot wounds of the abdomen should always be treated by immediate laparotomy, may be a question. With proper environment and suitable preparation possible, there can be no question. Thorough exploration at whatever risk should be the rule. Even wounds followed by mild symptoms make necessary exploratory incision. Likewise, any punctured wound extending into the cavity is treated most safely in this manner.

Some years ago a marketman was brought to our hospital with this history: A fellow workman, trimming bones at the bench, allowed the slender knife to slip just as the patient chanced to

* Hotchkiss, Annals of Surgery, No. 6, Vol. 43, page 97.
† Torek.

Digitized by Google

be passing behind him. The blade penetrated the clothing and abdominal wall, as was determined by the cautious use of a probe. The pain was severe, abdomen decidedly rigid. Patient was immediately prepared and laparotomy performed. The stomach was found to be wounded and bleeding freely; fortunately, only the serous and muscular coats had been punctured. Suture of the wound in stomach, cleansing of the peritoneum, closure of the wound without drainage, constituted the treatment. Possibly this patient could have recovered without operation; the chances are that he would have died. A greasy knife blade with considerable blood in the abdomen form a risk too serious to ignore. Who can tell from the outside the extent of internal injury without looking in? Who can tell what is going to happen without first finding out what has already taken place? Further, when we practically know that we can save life by immediate operation, what moral right have we to trust to the uncertain and unknown? "Delay here is not conservatism" but the "fool's paradise," where "laggards wait for luck to carry them to success."

VII.—In radical cure for hernia, Bassini's method would seem to leave little to be desired. Less than one per cent. of relapses in more than 1,700 cases must be regarded as well-nigh ideal. This for inguinal hernia. Femoral hernia so treated yields results almost as good. We believe in always opening the sac. It may seem perfectly empty both to sight and touch, yet may contain adherent omentum or intestine too slight to be felt, especially in children. The sac should be ligated as high as possible and cut off. It is worthless as a means of closure.

Deanesly admits that strain may be the immediate or exciting cause of the protrusion in hernia, but insists that the real cause lies in a congenital or pre-existing sac. Hence, he argues that removal of this should in most cases effect a cure. In other words, obliteration, by high ligation and removal, of an existing sac, must be regarded an important factor in the prevention of relapses. The main factor must be suitable union of fascia best accomplished by lapping of edges, we think. Simplicity as a principle again asserts itself.

VIII.—A fourth source of peritonitis is perforating ulcer of the stomach or duodenum. And to-day, surgery of the stomach is the central point of interest the world over. Gastric ulcer is surely much more common than we have supposed; acording to Robson, in five to ten per cent. of population. Hill* says one and one-half

* Coley, Progressive Med., June, 1906.

* Medical News.

Digitized by Google

to thirteen per cent. According to Moynihan, Robson, Rodman, twenty-five per cent. will die from perforation, hemorrhage or anemia. In perforation, comparatively few recover unless treated by section within twelve hours. Excision of ulcer is not in general favor, but closure by suture, followed by gastroenterostomy. This operation has remarkable effect on gastric hemorrhage, as noted by Louis Frank in Am. J. M. S., June, 1906. It is especially advocated in pyloric stenosis with food stasis. Operative mortality has steadily decreased, that of Moynihan being two per cent. Mayo had sixty-one cases with one death and later still one hundred thirty-five "no-loop" operations with but one death.† Leube, an advocate of medical treatment, allows for improvement four weeks only before resorting to surgery.

The posterior method without loop has given best results. Frank says: "No operation in surgery has given better." "Dyspeptics" are safely considered as cases of ulcer, if we can rule out appendix and gall bladder. The relation of gastric ulcer to cancer is noteworthy. (One-third of all cancers occur in the stomach.) Topography is the same, eighty per cent. being in the pyloric end. Mayo, in forty cases of cancer of stomach operated in 1905, found that more than half had had ulcer. In the Am. J. M. S., Jan., 1907, he states that in one hundred and thirty-four sections for cancer he found fifty-four per cent. had originated in the sub-mucous tissue of the edge of an ulcer.

What in technique and method will prove permanent and what transitory, *simplicity and efficacy* will in due time determine. We are on the eve of far greater frequency in early exploration for gastric troubles. It is already evident that tumor in this region does not always mean that it is too late to operate. A fair percentage will prove to be non-malignant thickening of gastric ulcer. Cancer, to be treated successfully, demands greater boldness in early exploration.

In concluding, let me emphasize especially, the *significance* of *abdominal pain,* and the *priceless value of time* in cases which are to be operated. Invariably look upon peritonitis as evidence of abdominal disease which, though possibly curable without operation, should always be viewed from a surgical standpoint. Severity of pain is of less import than its location and attendant group of symptoms, tenderness and rigidity. McBurney's point (with certain latitude) for appendicitis, Robson's for gall-bladder, Brinton's and Cruveilhier's points for gastric ulcer, are spots whose importance should be tested, and value determined by every physician as well as surgeon.

† J. Am. M. Ass'n, 1906, Vol. 47, p. 931.

Digitized by Google

That glorious word, conservatism, so frequently misunderstood, misquoted, and even stolen as a cloak for ignorance and inertia (generally it may be with honest hope that all will be well), was not the passive word it has become to so many. "To preserve that which is established"; "to maintain existing institutions" implies *activity*. The man who simply delays, waiting for something to turn up, and thinks he is, therefore, "conservative," both flatters and fools himself and defrauds his patient. The education of the laity devolves largely upon the general practitioner. It is a duty to ourselves, the profession, and the public, to keep abreast in that which is real progress, to know what we know, and to know when we do not know.

SUGGESTION*

By F. W. SEWARD, M.D.

Goshen, N. Y.

THE history of medicine, so far as it refers to man's efforts to relieve his kind from manifestation of disease, shows a constant tendency to make any new procedure cover a much wider range of curative action than subsequent experience in the use of such measure justifies. Undue importance is given to the measure, perhaps due to the fact that our needs are great, so far as curative measures are concerned, and an over-optimistic tendency when any good seemingly results from the use of a new remedy.

It is the duty of the physician to estimate most carefully the nature and scope of any and every new agent, and find for, and give to it, its legitimate place in medicine. In this endeavor, we speak of suggestion, regarding it as a means for the removal of some symptoms and conditions produced by diseased action. A measure now used by every successful physician, though oftimes unknowingly; a measure of, I believe, actual merit, whether applied by the physician, the layman, or religious fanatic. It is for us to determine, first—What is suggestion? second—How applied? and, third—Has it efficacy as a remedial agency?

Jesus, the Nazarene, was the first to give authoritative utterance to that divine law of mental healing which it has taken science nineteen hundred years to rediscover. He was not a scientist, in the modern sense of the word, and he did not attempt to teach his followers by the employment of scientific terms. He simply told them the truth in simple language which they could comprehend;

*Read before the Homœopathic Medical Society of the State of N. Y.

Digitized by Google

and when he stated to them that "Faith" was the mental attitude essential to successful mental healing, he epitomized in that one word the law of therapeutic suggestion. What is the essence of the law of suggestion? It certainly does not consist of a formula built up of words. Words are merely the vehicle of expression by which one may be made to comprehend the law. What, then, is the central idea embraced in the law of suggestion? It is simply that a certain belief, to wit, a belief in the efficacy of the particular therapeutic agency at hand, has a therapeutic potency. This is all that can be expressed in any form of words; and the word "faith," as Jesus employed it, conveyed the central idea so clearly that none has ever mistaken its exact meaning.

The implanting of a "belief" in the mind of a subject that any given intelligence, skill, remedy or power can accomplish a given end is the work of suggestion; and it matters not in whatsoever manner this implantation occurs; whether by the sophistries of Christian Science, so-called; mental healing, hypnotic or mesmeric power, or the manner or statement of the physician. Jesus evinced a clear comprehension of the essential idea involved in the law of suggestion, and uttered it forth on every suitable occasion. That it was practically lost to science for more than eighteen hundred years was due to the prevalent materialistic scepticism. That it was not wholly lost is due to the vitality of truth. The words of the Master were, in fact, never lost to view, even by scientists; and the principle has often found a partial expression by scientists who sought to conceal the origin of their ideas by coining a new terminology.

Thus, the "expectant attention" of Carpenter was hailed as a triumph of science and figured largely in its vocabulary for many years, although it was a mere substitute for the word "faith," and accounted for the same phenomena.

"Imagination" is another word that has performed yeoman's service in the vocabulary of science. It has been invoked innumerable times to account "scientifically" for cures effected without the use of material remedies, and then dismissed with lofty contempt, as a subject unworthy the attention of science. Thus, the French Academy, in its report on mesmerism, admitted that marvelous cures had been effected, but learnedly attributed the result to "imagination," and thus dismissed the subject. Obviously, the word was a mere substitute for that employed by the Master; and a very awkward substitute it was.

The employment of the term "suggestion," on the other hand, is not a substitution of one thing for another, each being descriptive of a definite mental condition, but is a tacit recognition of the fact

Digitized by Google

that faith is the essential condition, and the term itself is merely descriptive of the process necessary to induce the condition.

Suggestion, which has found an ever-enlarging place in medical work in Europe and in America, has by its scope and possibilities, beneficial facts, more than expectant theories, strengthened the conviction that, scientifically understood and practiced, it broadens the usefulness of an educated physician. For its greatest success it must needs be associated with the insight of an alienist and neurologist.

As a remedy it is an adjuvant of great efficacy in diseases of mind and body, without claiming the impossible, and admitting failures. Properly applied it is sometimes safer than drugs. It creates nothing, but corrects and cures through energized cooperation of mental and physical faculties; its efficacy being proportional to the intelligent knowledge of the physician and the nonobstructive disposition of the patient. Without establishing such a combination the remedy remains inert and frustrates our best efforts.

It is commonly understood now-a-days that suggestion implies a peculiar mode of creating belief; one may, for example, create by suggestion the belief that a piece of metal is hot by handling it as if it were a burning one. Suggestion also indicates a means of directing the consciousness and the movements of a hypnotized subject. The "operator" is said to suggest to his subject that he sees an object which is not in reality present, or that he react to an imaginary situation. Between these two uses of the word no strict line of demarcation can be drawn, but in both suggestion is contemplated as a determinant of belief under usual or "normal" and under unusual or "abnormal" conditions.

Belief may appear either as a mood of acquiescence (one believes, for example, when one is told that two plus three equals five), or as a conviction following upon deliberation (one believes the conclusion reached by a series of sound arguments).

Just how suggestion may occasion belief under unusual circumstances, as in hypnosis, psychologists are not entirely agreed, but two theories have been worked out in detail. (1) The first (Wundt's) maintains that in hypnotic suggestion there is a constriction of consciousness. Few ideas enter at once; only those that are aroused directly by association. "Foreign" ideas are barred out. The narrowing of the field of consciousness implies, according to the theory, an increased clearness and intensity in the ideas attended to. This fact is explained physiologically by hyperaesthesia of a limited cortical area and a corresponding anaes-

Digitized by Google

thesia in the other areas. The result is that whatever comes to mind is peculiarly vivid and forcible and stands free from contradicting ideas. This is synonymous with belief.

(2) The other theory (Lipp's) sees the essence of suggestion in an unusual inhibition of experience which, if it could come before the mind, would destroy belief (for example, a hypnotized person believes the operator's statement that he is a king or a cat, because his past experience is in abeyance; it is beyond his control; he is unable to criticise or to oppose any statement made). The theory rejects physiological explanations and substitutes unconscious ideas. Both theories agree that lack of conflicting ideas is essential. There is no room in hypnotic suggestion for deliberation and choice. To this we must add a feeling element in the mood of acquiescence.

Hypnosis may be induced by three distinct methods, to wit: The physical, the suggestive and the magnetic or mesmeric method.

The physical or Bradian method is brought about by purely physical action on the brain and nervous system through the physical senses, especially the sense of sight, as, for example, looking fixedly at a definite object for an indefinite period of time, according to the susceptibility of the subject.

By the suggestive method hypnotism is induced by purely mental means, physical or physiological operations having of necessity nothing whatever to do with the matter.

The magnetic or mesmeric method is brought about solely by the will of the operator exercised upon peculiar properties which are, to a greater or less extent, inherent in all of us.

The symptoms of almost every disease may be induced, and even structural changes may be brought about merely by suggestion. Perfect health both of mind and of body is the normal condition of every man, woman and child. Under the influence of suggestion this normal condition may be changed to the abnormal; therefore, if this latter influence be brought to bear upon persons already in an abnormal or diseased condition it would thereby be restored to the normal or healthy state.

There is great value of an ethical nature in suggestion in educational and reformatory work. As we know to-day the dualism of our nature, its good and bad propensities, either emphasized by a strong hereditary taint or acquired through contaminating contact in life, so we know that if we can reach deep enough, penetrate the crust that prevents light and warmth from operating beneficial changes, then these will become manifest in many and often desperate cases.

Digitized by Google

Suggestion is of positive benefit in functional rather than in organic diseases. Functional diseases naturally outnumber organic ones, and have unfortunately a large share in rendering life miserable mentally and physically. As they are forerunners of final organic conditions, early discrimination and correction become imperative to prevent such degenerative stages.

Hypnotic suggestion is, in a degree, of practical value as a substitute for the anaesthetic in cases calling for surgical operations, for instance in dentistry.

It has been claimed by some that hypnotic suggestion tends to weaken the mind of the patient, and I think that there is no doubt that in the hands of ignorant or unscrupulous persons this might be the case. If, however, the physician leaves the patient with a strong suggestion of mental strength it is probable that the mind is fortified rather than weakened.

RESULTS FROM THE MINOR NERVE REMEDIES*

By CRAWFORD R. GREEN, M.D.,

Troy, N. Y.

IT has been said that in no other branch of internal medicine is the matter of treatment so generally neglected by the average homœopathic prescriber as in diseases of the nervous system; and yet one can say with equal assurance that there is no class of diseases which will show more brilliant results, comparatively speaking, where a careful homœopathic prescription has been made.

Several factors doubtless contribute to the neglect that careful prescribing so frequently receives in these disorders. In the first place, we have at our command several major remedies with an extraordinary action upon the nervous system. There are those who contend, for example, that there are hardly any nervous disorders (that we can influence in any way whatever) that will not respond to the action of arsenicum, belladonna, hyoscyamus, ignatia, nux vomica, phosphorus, or two or three other polychrests—singly, in combination, or in alternation. Surely there is in the very power of these few remedies, a great temptation to many prescribers to maintain that a minute consideration of symptoms is not worth while. However, it must be equally certain that no man can effect a permanent cure with so limited an armamentarium unless the chosen remedy chance to be the true similimum.

*Read before the Homœopathic Medical Society of the State of New York.

Digitized by Google

Another of the factors one must consider is the chronicity of many nervous disorders. If we are treating pneumonia, typhoid fever, influenza, we are compelled, for the sake of our reputation as well as the immediate saving of life, to make as accurate a prescription as possible—in short, to do the very best we can, notwithstanding the fact that we are dealing with a so-called self-limiting disease; whereas, on the other hand, if the case be one of neurasthenia, chorea, epilepsy, it often requires a discouragingly long time for even the most exact prescription to assert itself; often the patient drifts into other hands, and quite frequently we are dealing with a condition that is not susceptible to more than amelioration at the best.

In our Materia Medica one finds a large number of minor remedies that are indicated in cases exhibiting hyperesthetic and paresthetic conditions of the special senses, convulsions, epileptiform or choreic attacks and various manifestations of hysteria. The list of such remedies is far too long to enumerate, but, glancing at the first few pages of our Materia Medica, we find among them as examples, such remedies as absinthium, aethusa, ambra grisea, anthalonium, asarum, aranea, and asterias. In general, the symptomatology of the remedies in this class is so clear cut, so characteristic, that they are incapable of being confused one with another—as, indeed, is not always the case even in selecting a polychrest. To this class of minor remedies the general practitioner as a rule gives little or no attention. He has learned the symptoms of some of them to pass an examination, and he has promptly forgotten all about them. When we consider how infrequently a patient presents a picture of one of these minor nerve remedies, as compared with the frequency with which the major remedies are indicated, one can easily understand how readily they are overlooked. Yet we must not assume, as we are too apt to do, that because a remedy is seldom indicated in our practice or because we have never seen it indicated, that it is never indicated. It is, indeed, often the minor remedies, rarely indicated as they may be, that give us the most brilliant and decided results. Such a result is well illustrated by the following case, which represents a perfect picture of a minor remedy which is very rarely exhibited.

Case One.—Mrs. H. K., 27, married, one child. For five years she had suffered from attacks of hysteria, generally, though not always, brought on by external excitement. In these attacks, which occurred once or twice a week, the patient was seized with convulsions, which were followed by a period of unconsciousness from which she was easily aroused. The patient also suffered

Digitized by Google

with frequent eructations of gas which tasted of the food last eaten. She had an absolute intolerance of music, the sound of which caused either an attack of syncope or an outbreak of uncontrollable weeping. On this account she was unable to attend church or the theatre, while the sound of a hurdy-gurdy in the street or a piano in a neighboring apartment had to be avoided with the utmost diligence. Otherwise, except for occasional cramps in the legs, the patient enjoyed excellent health and was of a cheerful disposition.

Ambra grisea 3x chosen primarily for its intolerance of music, was administered four times a day in one grain doses. At the end of the first week there was no apparent improvement; at the end of the second week some amelioration was noted in the gastric symptoms and there were no convulsions; during the third week it was observed that the patient was not affected, as usual, by the playing of a hurdy-gurdy in the street; and at the end of a month the patient's husband came into my office to say that he thought some miracle had been performed, for his wife had spent an hour enjoying the piano playing of her cousin. Since that time, a period of twelve months, there have been but two convulsions; all other symptoms have disappeared, and the tolerance of music has continued without remission.

There is another group of minor remedies especially adapted to conditions where the sensorium is greatly depressed and which manifest their action primarily in patients of a neurasthenic type. Of all the minor remedies useful in these conditions, perhaps none is more frequently indicated or produces more decided results than picric acid. Largely employed in the so-called sexual type of neurasthenia, it is frequently indicated, and almost as frequently overlooked, in neurasthenia arising from divers other causes. The following case, chosen from several in which I have known it to give equally brilliant results, will give a clear picture of the typical picric acid patient.

Case Two.—R. C., an electrician, married, aged 28, began about eight months previous to consulting me to display symptoms of irritability and to worry about trifles. He also suffered from dyspepsia, manifested by eructations of gas, feeling of weight in stomach, and loss of appetite. A little later a chronic pharyngitis developed with a hyperaesthesia of the pharyngeal nerves. There were sensations of dryness and scraping in the throat, an irritating, dry cough, and gagging and vomiting upon the slightest provocation, as, for example, the employment of a tongue depressor. At the time the patient presented himself to me he was also suffering from a persistent, heavy, dull headache with a sensation of hot weight on

Digitized by Google

top of the head; backache; irritability; low spiritedness; a slight jaundice; an early morning diarrhea; and night sweats. Physical examination negative, except for diminished knee-jerks.

Sulphur and nux vomica were tried without result. Then picric acid 2x, two grains before meals and at bedtime. Improvement under this remedy was immediate and rapid. There was, within a few weeks, a complete cessation of all the symptoms mentioned, without any change in the patient's environment or habits of life.

Scattered here and there throughout our Materia Medica are found many minor nerve remedies which baffle any attempt whatever at classification. Unfortunately, they are altogether unproved, but the remarkable results achieved by their empirical use gives us an insight into their greater possibilities when our Materia Medica has finally become rearranged and thoroughly proved. The remedies to which I refer are all remedies with very few known symptoms and, although such symptoms as are known are of a strikingly unique character, they are so seldom encountered that it is not surprising that they are long forgotten by the time one finds them indicated. An excellent illustration of the action of such a remedy is presented by the following case.

CASE THREE.—The patient, married, aged 48, had been a sufferer from chronic interstitial nephritis for several years. When called to see her I found her very weak, pulse small and rapid, neuralgic pains in the arms, nausea, and severe attacks of retching and vomiting. The last mentioned had no relation to the indigestion of food or drink. The gastric symptoms grew steadily worse. Ipecac, arsenicum, belladonna, bryonia, and other homœopathic remedies failed dismally. Kreosotum 3x relieved for a few hours, but failed on repetition. Fluid extract of adrue, calcium chloride, menthol, bismuth and other resorts of various kinds were vainly tried in sheer desperation. The patient meanwhile reached a point where she was unable to raise her head from the pillow without nausea, and I had concluded that nothing could save her. While she was in this state I suddenly recalled a minor remedy recommended by Dr. Frederick R. Hamlin of New York for the nausea and vomiting of pregnancy, a remedy indicated when the patient is ameliorated only in a horizontal position. Thereupon I administered symphoricarpus racemosa 3x, thirty drops in six ounces of water, a teaspoonful every hour. After twenty-four hours the patient was able to raise her head slowly from the pillow without nausea; on the third day she sat up awhile in bed; and on the fourth day, what was my surprise to find her, weak as she was, sitting in a reclining chair to receive me. Coincident with the relief of the

Digitized by Google

gastric symptoms came relief of the neuralgia. In a short time she was able to undertake many of her household duties quite comfortably. Several months later the patient, after a sudden attack, died in uremic coma, but up to the time of her death there had been no recurrence of the gastric symptoms whatever.

In conclusion, I wish to emphasize three points:

(1) That in combating nerve disorders we are not, as a rule, sufficiently alert as homœopathists to make the best use of those means which are exclusively ours.

(2) That in at least some nerve disturbances unquestionable results *can* be obtained from the minor nerve remedies.

(3) That if decided results follow the administration of some minor remedies, as in the cases cited above, it is only reasonable to presume that many other obscure nerve remedies will meet our fondest expectations if prescribed when truly indicated, however infrequently that may be.

ECTOPIC PREGNANCY AND THE GENERAL PRACTITIONER*

By Geo. E. Gorham, M.D.

Albany, N. Y.

IN these days, when surgeons and gynecologists are pushing their lines of investigation deeply and broadly into all phases of extra-uterine pregnancy, and studying their cases in large groups, it would be a vain hope to expect the general practitioner, with his limited opportunities for observation, to offer anything new or instructive concerning the etiology, pathology or treatment of ectopic gestation. In this paper I only express a personal opinion upon the question, what shall the general practitioner do when called upon to treat a woman who has the great misfortune to be the subject of an extra-uterine pregnancy. I said "treat a woman," not treat an extra-uterine pregnancy, and I said it advisedly, for there is a place for, and a duty to be performed by, the family physician in the treatment and management of a woman who is carrying a developing ovum outside its uterine home.

The findings of pathological research, the revelations of bacteriological investigations and modern diagnostic methods have not

*Read before the New York State Homœopathic Medical Society.

Digitized by Google

only placed for the first time in the history of our art the practice of medicine on something of a scientific basis, but the brilliant results, the astounding facts, have dazzled the eyes and fascinated the brains of some of the enthusiastic specialists until they seem to see only micro-organisms doing deadly work, or rare and interesting pathological conditions, the prompt removal of which, in their opinion, is the only means to save the life of the unfortunate patient, or what is sometimes seemingly of importance, demonstrate their diagnostic acumen or surgical dexterity. It is the family physician's place to remember, and, when necessary, to remind the enthusiast, that the phagocytic war or the interesting pathological specimen may sometimes be more successfully treated without the knife.

An impregnated ovum may be arrested in its journey from the ovary to the cavity of the uterus by pathological changes within the fallopian tube, fibrous bands or tumors outside the tube and by twists or anatomical abnormalities; any conditions which diminish the lumen of the tube sufficiently may arrest the ovum at any point, from the fimbriated extremity to the body of the uterus causing the ovum to attach itself and there begin its development, constituting an extra-uterine pregnancy. Such a pregnancy terminates either in total abortion, the ovum escaping through the distal end into the abdominal cavity or the proximal end into the uterus, or rupture of the tube with escape into the broad ligament or the cavity of the abdomen for further development. The large majority of these cases come first under the observation of the family doctor. What shall he do when called upon to treat such a case? If he has the good fortune to be consulted while the ovum still rests at the first point of attachment in the tube—before rupture—he should diagnose the condition and place the patient where she may have the best obtainable surgical care. The diagnosis is comparatively easy in most cases. The classical signs as given by Kelly and others are well known and need not be here repeated. The normal signs of pregnancy during the child-bearing period, accompanied by unusual pains in the lower abdomen and the presence of a sensitive tumor at the side of the uterus, and an irregular flow, perhaps accompanied by faintness and anemia, are the more characteristic signs of an extra-uterine pregnancy. When such a condition exists the general practitioner should advise operation just as soon as a competent surgeon and the best obtainable conditions for such an operation can be provided. Such conditions are difficult to find or prepare outside of a good hospital, therefore the patient should be sent to a good hospital with the hope that by prompt operation she may be saved the trials and dangers incident to tubal abortion, or tubal rupture.

Digitized by Google

It has been my misfortune to be called by three cases of extra-uterine pregnancy at the time, or immediately after rupture had occurred. There was the usual history—arrest of menses, soreness and pain in the lower abdomen, irregular discharges of blood from the vagina for a period of six or eight weeks, and then a sudden, sharp pain in the lower abdomen followed rapidly by pallor, cold, clammy skin, weak and rapid pulse, and all the symptoms of shock and profound anemia.

Believing my patients were "bleeding to death," they were all sent at once to hospitals and promptly operated upon, and quite promptly they all died. At the same time that one of the cases was being cared for, a poor woman was admitted to the charity ward with a ruptured extra-uterine pregnancy. She was cold and pulseless, and it seemed that an anesthetic or a slight operation even, would quickly extinguish what flickering life there was left. She was treated homœopathically for her shock and anemia, with such adjuvants as heat to the surface of the body, saline solutions under the skin and in rectum, hot milk in the stomach and absolute quiet and rest. Gradual improvement ensued for one week, when she underwent an operation for the removal of the product of conception, the left tube and the encysted blood clot. An uneventful recovery followed.

Hunter Robb, of Cleveland, who believes that hemorrhage alone seldom causes death in tubal rupture or abortion, cites some interesting experiments where he severed the tubes, and in some cases, both ovarian and uterine arteries in twelve dogs, closing the wounds immediately. Shock and anemia occurred in all cases, and in some deep collapse, but all recovered. He also cites his own series of twenty cases which were operated upon in from one to twelve days after the ruptures, the average being five days. In this series there was but one death only, that occurring on the tenth day after operation.

F. F. Simpson, of Pittsburgh, in a recent publication, says: "It has been my privilege to come in professional contact with approximately one hundred cases of ectopic gestation (as operator or assistant) and I have yet to see the first patient bleed to death at the time of the rupture.

Dr. Karl Hartog, of the Landaus' Clinic, tells me that he has made a complete review of German statistics and finds that not more than five per cent. of the victims of ectopic pregnancy die from hemorrhage at the time of the rupture.

A study of the general subject of hemorrhage as it relates to the lungs, the stomach, the intestines and the uterus shows that

Digitized by Google

death rarely occurs from primary hemorrhage from any of these sources.

A study of the functions of the several structures under consideration shows that there are definite physiological reasons why bleeding is likely to recur from the stomach, lungs and intestines; whereas, there is rarely ever any physiologic reason for repeated hemorrhages in the case of a ruptured ectopic pregnancy.

The margin of reserved strength above the absolute needs of existence may be reduced to a very narrow limit by a severe hemorrhage.

This margin may be wiped out of existence by a very slight additional source of depression, or it may gradually increase to normal if the patients simply hibernate for a time.

Many operators who advocate immediate operation have reported cases where rupture occurred, the patient's condition quickly became so desperate that death seemed inevitable, either with or without operation, and to their surprise the patients rallied sufficiently to permit of operation some hours or days later.

Personal Observations.—While assisting Dr. Werder, and in the course of my individual work, it has been my privilege to see approximately one hundred cases of ectopic gestation. Of that number two patients were delivered of living children at or near term; one patient had an interstitial pregnancy which was recognized before rupture, but operation was not permitted until that accident had occurred. Perhaps forty were found to be tubal abortions. Doubtless fifty per cent. were ruptured tubes. Of this number the rupture occurred within half an inch of the uterus more than a dozen times. In these cases the bleeding seemed greater and depression far more marked than in other types. Not once did death occur, however, either in the case of ruptured interstitial pregnancy, or where the isthmus of the tube was the seat of injury. Yet it is this class of cases particularly which the advocates of immediate operation say are uniformly fatal if not rescued by immediate operation. Thus one operator tersely says the cases in which rupture occurs at the fimbriated end of the tube belong to the surgeon; whereas those which rupture at the proximal end belong to the undertaker.

One of America's most able surgeons, reporting his series of about one hundred cases of ectopic gestation, stated that of those in which distal rupture or abortion occurred, all but six per cent. recovered from immediate operation, though forty-two per cent. died, where the proximal end of the tube ruptured. This death rate in proximal ruptures is most gratifying, if we concur

Digitized by Google

in his belief that all would have died had further delay occurred. In my series of proximal ruptures, about the same number as that of the gynecologist quoted, operation was purposely deferred; and yet not one of those patients died from rupture or following deferred operation. My experience would lead me to believe that in the presence of the more grave types of hemorrhage, it is particularly important to avoid adding even slight depression to that which already exists. In the series of cases just quoted, results would seem to bear out that view. Thus, when hemorrhage was not of the graver type, forty-two per cent. were unable to withstand the loss of blood plus the added depression incident to operation.

Such facts and such reasoning from careful observers is sufficient. I think, to warrant the general practitioner in considering the hemorrhage in the great majority of cases self limited, and that his first duty is to treat the condition of shock and anemia (an anesthetic and a laparotomy is not very good treatment) and to be ready for operation under the best possible aseptic methods as soon as his patient is in condition to warrant it. The physician who so believes and so acts is furnishing a most valuable aid and asset to overcome the element of fear and consternation which pervades a home at such a time, and in my judgment, with his carefully selected homœopathic remedy, local heat, mild stimulation, nourishment and rest (absolute rest produced by morphine, if needed), he is giving his patient a better chance for recovery than he would do if he sought surgical aid to at once arrest the hemorrhages.

THE ETIOLOGY AND PATHOLOGY OF ARTERIO. SCLEROSIS*

By Gregg Custis Birdsall, M.D.

Washington, D. C.

Attending Physician and Pathologist and Bacteriologist at National Hospital and Washington Homœopathic Dispensary

A MAN is as old as his arteries" is a phrase oft' repeated, but few realize its truth. When a man's arteries begin to harden, on that day he starts on the downward slope of the hill of life.

As the word denotes, arterio-sclerosis means a hardening of the arterial wall. Clinically, we find it used interchangeably with atheroma; but the two words have an entirely opposite meaning—atheroma simply implies a softening of the arterial wall while

*Read before the Washington Homœopathic Medical Society.

Digitized by Google

arterio-sclerosis denotes hardening. Atheroma, in reality, is secondary to arterio-sclerosis.

There is a hardening of the arteries occurring in nearly all individuals after they reach the age of fifty, which, though degenerative in nature, is a constant factor of late adult life and seems to be physiologic rather than pathologic. It is of gradual onset, and in a way compensatory, never inconveniencing the person to any great extent.

Pathological arterio-sclerosis is found among people of all nationalities; in all varieties of employment; both rich and poor. It is more frequent in males than females; more common in cities than in the rural districts.

Heredity is probably an important factor in the etiology of this disease, and especially so in those cases where the sclerosis begins about the age of thirty or thirty-five. The disease is probably more common among American business men than any other particulate class, doubtless due to the strenuous life which most of them lead. They are under a constant nerve strain, and in most instances indulge freely in the use of tobacco. I know of many business men who live in the suburbs of New York and who commute daily. For eleven months of the year, six days a week, their average day will be spent as follows: They arise in the morning just early enough for a hasty breakfast and catch the first train for the city. A cigar is promptly lighted which in turn is followed by others all through the day. Before business is reached they have, perhaps, had one or two social drinks; likewise during the lunch hour. After the closing of business there is a grand rush for the first train home; dinner is hurried through with in order to fulfil some social obligation, and the man seldom retires before midnight, probably after indulging in a rich dinner. This picture is not over-drawn and represents the daily life of thousands of American business men. Strenuous living, therefore, I consider as one of the most common causes.

There is no doubt that arterio-sclerosis is often caused by chronic interstitial nephritis, and that chronic interstitial nephritis is often caused by arterio-sclerosis; but I consider the latter to be much oftener the case. Many clinicians attribute the disease to cardiac hypertrophy and high artificial tension, but as these are almost constant accompaniments of the disease it is often difficult to determine which is the cause and which the effect.

It may be of interest to know that arterio-sclerosis is a common disease among physicians, and in 1905 the average age of physicians at death was fifty-one years. I cannot recall the exact

Digitized by Google

percentage due to this cause, but remember that apoplexy, chronic interstitial nephritis and various other diseases which are more or less intimately connected with arterio-sclerosis were common factors.

In order to understand better the pathological changes which take place in the walls of the blood vessels, let us refresh our minds on the histology of a normal artery. Internally, there is a single layer of endothelia lying edge to edge; next to that is a fibro-muscular layer called the intima; then a layer of elastic tissue known as the tunica elastica interna; the next coat is the media or muscular layer which consists of involuntary muscular fibers, some of which surround the artery while others are longtitudinal; outside of the muscular coat is another layer of elastic tissue termed the tunica elastica externa, and external to this is a fibrous tissue layer known as the adventitia, which binds the artery to surrounding structures and contains the small arterioles—the vasa vasorum—providing nourishment for the larger one.

The first change noted in arterio-sclerosis is a thickening of the intima, due to an increase of the connective tissue fibers. These increase, and soon connective tissue develops between the involuntary muscle cells of the media which finally ends in obliteration of many of these cells. It is noticed that as the connective tissue involves the muscular coat, the elastic fibers disappear proportionately. Because of these changes the arteries entirely lose their elasticity and more than double the work of the heart; hence the resulting cardiac hypertrophy. The newly formed fibrous tissue, by pressure upon the vasa vasorum in the adventitia, partially cuts off its own blood supply, and hyaline degeneration appears in isolated spots throughout the arterial wall. This hyaline material is gradually replaced by calcium salts or cholesterin, and constitutes what are commonly called chalky deposits or atheromatous patches. The degeneration often extends into the lumen of the vessel and is then termed an atheromatous ulcer. The blood-current may wash out the calcium salts and, owing to the weakened resistance of the tissues composing the arterial wall, there occurs a bulging at that point, and an aneurism results. Oft-times when an atheromatous patch breaks through into the lumen the fibrin coagulates upon the rough surface and a thrombus, or, as is commonly termed, a vegetation is formed. Emboli often break away from thrombi formed in this manner.

In autopsies performed upon atheromatous subjects, we find hardened areas in the walls of the aorta, especially the thoracic portion. The basilar and middle meningeal arteries are apt to be hardened and easily broken. The coronary arteries are tortuous

Digitized by Google

and stand out more prominently than normally, and are very apt to be chalky.

The kidneys are generally affected more than any of the other organs in this disease. There is a proliferation of the connective tissue cells in the parenchyma, which attach themselves to the capsule and form bands of tissue projecting downward between the tubules and malpighian bodies, which bands contract and by the subsequent pressure destroy the intervening renal cells. Where the band joins the capsule there appears a small dent, and when the capsule is torn off, the inner surface looks granular and has small particules of kidney tissue adhering to it where normally it should be smooth.

OBSTETRICAL TECHNIQUE*

By EDWARD P. SWIFT, M.D.

New York

THIS paper is presented subject to the criticism that it is a re-threshing of old straw; but it is written under the conviction that, notwithstanding the greatly improved conditions surrounding the majority of parturient women, at present, over those of a quarter of a century ago, when many of us were graduated, there are still too many labors which, from the view-point of the up-to-date obstetrician, are not conducted with the greatest possible consideration for the safety of the mother. Having been for a number of years a country practitioner, no one knows better than the writer how great are the difficulties under which he is often compelled to do his work, and how impossible it is for him in many instances to observe the rules of aseptic treatment satisfactorily; but it is doubtless a fact that these difficulties are not always so insurmountable as they appear.

For example, the process of cleansing the external genitals may readily be carried out in any home, with materials from the obstetric satchel, and no step in the conduct of the labor is of greater importance; yet it is a matter to which, in the absence of a trained nurse, many practitioners give but scant attention.

The statistics of lying-in hospitals have proved that in nearly all cases, when infection occurs, its source is from without, and the responsibility rests with the attendant. The practitioner who assumes the care of women in childbirth cannot be too strongly im-

---

*Read before the Homœopathic Medical Society of the State of N. Y.

Digitized by Google

pressed with the fact that, although labor is a physiological process, safeguarded to some extent by nature, it is nevertheless essentially a surgical condition, and, as such, should be surrounded by all the barriers to the entrance of infecting material which protect the subject of a capital operation. It is a pertinent question whether the physician in general practice should undertake the care of obstetrical cases, and there are some good reasons, such as lack of time, and frequent contact with infectious disease, why, in the larger cities, he should not do so; but since for some time to come, the family physician will, in most cases, be also the accoucheur, he should spare no effort to perfect himself in the details of technique.

What, then, are the ideal requirements for the safe conduct of a case of childbirth? First, the selection of a room which can be well and easily ventilated, exposed to sunlight, and protected from noise. Dark and light shades at the windows, no stuffy curtains or dust-catching upholstery, bare floor, and a few rugs or strips of carpet.

Two single beds, preferably of brass or iron, with good mattress and springs.

The room to be thoroughly cleansed, and wood-work wiped with cloth dampened with a solution of bi-chloride.

A sufficient number of sheets, bed-pads, vulva-pads and towels to be sterilized by baking, wrapped in a sterile sheet and put aside until needed.

It has for many years been the custom of the writer to have prepared a dozen or more pads of absorbent cotton, 12 inches square and one inch thick, covered with bleached cheese-cloth and sterilized for use during the labor in absorbing discharges and protecting the vulva from possible contamination by fecal matter, etc.

With the advent of labor symptoms the patient should be given a bath, the rectum emptied by enema, the pubic hair clipped close, the external genitals thoroughly cleansed with green soap and water, followed by rinsing with one per cent. lysol solution or bi-chloride 1/2000, and the vulva protected by a sterile pad.

With the practice of some obstetricians, to conduct the labor without vaginal examination, depending upon abdominal palpitation alone to determine abnormalities of position, etc., the writer does not agree, believing that some important complications, such as prolapse of the cord, marginal placenta previa, face presentation, etc., can only be positively determined by vaginal touch. Such examinations should, however, be made as infrequently as possible and only with the strictest antiseptic precautions. The hands should be cleansed by scrubbing with green soap or chlorinated

Digitized by Google

soda, immersed in a solution of lysol or bi-chloride, dried with a sterile towel and incased in rubber gloves. Three or four pairs of the latter should have been previously sterilized by steam, each wrapped in a little packet by itself with a little powdered talc or corn-starch, and carried in the obstetric satchel ready for use. The value of the rubber glove as a preventive of infection cannot be too strongly insisted upon, and it does not impair the tactile sense enough to make that an objection. Before introducing the examining finger the labia should be separated by the thumb and finger of the other hand, and the introitus gently sponged with an antiseptic solution.

During the progress of the labor the parts about the vulva should be occasionally cleansed with a solution of bi-chloride and kept covered with a sterile pad. A sterile gown is worn by the attendant in the delivery room, in the absence of which a sheet pinned high about the chest will answer the purpose.

With the advent of the third stage, a period has arrived in the progress of the case when especial care is necessary to prevent infection, since the avenues are now wide open, and the patient in a condition comparable to that of the subject of a laparotomy with a gaping wound.

Here, as in the earlier stages, it should be the object of the accoucheur to conduct the case without internal manipulation if possible.

It may be here remarked that, in the writer's experience, retained placenta is about the rarest of the complications occurring during this stage of labor. In upwards of 500 cases in private practice it has not once happened, and, while this is doubtless an unusual record, it has confirmed the opinion that the majority of the so-called cases of retention are not such in reality, and that those in which the insertion of the hand into the uterus is called for are very rare indeed. It is more frequently the haste and impatience of the attendant which converts a case of tardy expulsion of the after-birth into one of pathological retention. After the expulsion of the child the uterus will often hold the placenta for some time in too firm a grasp to permit of any progress in its delivery; in fact, there may be several slight pains before it finally slips into the lower segment of the uterus or the upper portion of the vagina, and instead of attempting to hasten this process it is the simple duty of the accoucheur to wait, using meanwhile moderate pressure over the fundus uteri, and very gentle traction on the cord.

Usually, within fifteen minutes after the birth of the child, the

Digitized by Google

placenta is expelled from the site of its attachment into the lower segment of the uterus, or the upper portion of the vagina, whence it is readily expressed by the Créde method. Should this not be so, it is the duty of the attendant to wait, and, in the absence of hemorrhage or eclampsia, to refrain from attempting removal by inserting the hand into the uterus until at least two hours have elapsed.

Let it ever be borne in mind that while pre-natal intra-uterine manipulation, such as application of forceps, or version, may be done with comparative safety, because inside the amniotic sac, the introduction of the hand into the uterine cavity after the birth of the child is fraught with gravest danger to the mother, and it is to be avoided whenever possible.

However carefully gloved and sterilized the hand may be, it is altogether likely that some infective bacteria will be carried in with it, for which the open and thrombosed vessels at the placental site provide an excellent culture medium.

Should the membranes be caught in the contracted uterus after expulsion of the after-birth, no attempt should be made for a few minutes to remove them, until, by relaxing a little, the organ permits the easy withdrawal without separation from the placenta. Twisted into a rope they are less likely to be torn off.

Should a portion be left behind it is better to leave its expulsion to nature than to attempt its removal by inserting the hand.

No douche is necessary after the completion of the third stage in cases in which no intra-uterine manipulation has been required.

CUM GRANO SALIS

By Robt. Lowell Wood, M.D.

Brooklyn, N. Y.

THE genius of Hahnermann in taking "unconsidered trifles" and making of them potent therapeutic agents, was never more forcibly shown than by his proving of matrum muriaticum. The writer does not know the circumstances which led him to the proving; but it is something of an achievement to have taken Lot's wife and placed her upon a pedestal in our homœopathic "Hall of Fame." Hare, in the last edition of his "Practical Therapeutics," thus pays his respects to homœopathy: "Homœopathy depends upon more than one reason for its existence. If infinitesimal doses are given, the patient is satisfied that he is receiving medicine, and nature often produces her most rapid cures when left alone." (That is,

Digitized by Google

homœopathy is suggestion, aided by a teaspoon.) Again, "the entire basis of homœopathic therapeutics rests not upon the study of the causes of diseases, but upon the symptoms which constantly present themselves. As a result of this, many minor symptoms are relieved, and the patient's confidence is won, although nothing is done to control the pathological process itself." The distinguished author does not explain how the symptoms of a pathologic process can be removed without that process itself being influenced, nor can the writer pretend to do so. Occasionally, some allopathic brother attempts to scale the heights of homœopathic therapeutics. Aconite and veratrum viride, by dint of a little juggling with his therapeutic conscience, he will accept; ipecac and rheum he can understand, since to his physiologic mind the one spells emesis and the other purgation; but confront him with a remedy like natrum muriaticum, *common salt,* deep acting, adapted to chronic conditions, needful of careful study, and he altogether rejects it as absurd, and complacently returns to his Avernus of nihilism. He will not see that the particles of salt as ingested with food are too gross to exert any marked therapeutic action upon the organism, and must be broken up, and their medicinal powers developed by potentization, as homœopathy has *proven;* nor will he examine the evidence of provings and clinical experience. "Neither the spirit-like power concealed in drugs, and shown by their ability of altering the health of man, nor their power of curing diseases can be comprehended by a mere effort of reason; it is only through manifestations of their effects upon the state of health that this power of drugs is experienced and distinctly observed." Organon II. 20.

How has natrum muriaticum been used in medicine outside of homœopathy? First, in Damascus, the paroxysms of ague were controlled by two to four doses of one-half ounce each of common salt, and on the plains of Hungary and South America tablespoonful doses of roasted salt taken on an empty stomach produced the same effect. From these large doses, which were probably eliminated almost *in toto* to a potency of natrum muriaticum in chronic malaria, is not so great a step as one might think. The following indications for its use therein are taken from H. C. Allen, as the writer has had no experience with it here. The chill appears at 10-11 a. m., preceded and accompanied by headache and thirst, beginning in the feet or small of the back (gelsemium), with blue lips and nails (nux), with nausea and vomiting and sometimes complete unconsciousness. The heat appears, with increasing thirst, hammering headache and stupefaction, and hydroa gem the upper lip. The sweat, which is profuse, relieves all symptoms ex-

Digitized by Google

cept the headache, which may continue. Normal salt solution, as a means of combating surgical shock and of quickly supplying volume to a depleted circulation either by enema, hypodermoclysis or intravenous transfusion, is so satisfactory that the writer never goes to a case where such an emergency is likely to arise without saline tablets and a transfusion set.

One of the essentials of successful prescribing is a proper sense of proportion of the relative value of symptoms. Many patients seem to delight in relating their troubles in encyclopedic form, and it is for us to reduce their narrative, as far as we may, to the language of the provings. Most remedies contain in their pathogeneses certain "key-notes" or characteristics peculiar to themselves, which lead us to think of the remedy, and which serve as a skeleton on which to construct our therapeutic body, so to speak.

Dr. Nash gives those of natrum muriaticum as follows:

Hypochondriasis, weeping. Consolation aggravates.

Anemic states, bursting headache.

Emaciation while eating well.

Great dryness of mucous membranes alternating with watery discharges.

Abuse of quinine (affections following).

Abuse of local use of $AgNO_3$.

Aggravation 10-11 a. m.

Relief from sweat.

Natrum muriaticum patients are truly a disconsolate, feeble, usually emaciated lot. In chronic melancholia from grief, the writer has found it useful, particularly in one case when the patient sat alone, brooding over the death of her mother. She would not allow her sisters in the room, and any attempt at consolation aggravated her mental apathy. She developed delusions of having done something, the disgrace of which would cause her family to leave the city when known, but no specific act could be elicited. Before her illness she was a most consciencious, painstaking housekeeper, devoted to her mother. Ignatia has melancholia from grief, but is more adapted to the acute condition, and the modalities are somewhat different. While the patient is aggravated by sympathy, it is an irritable aggravation, showing itself by external acts, rather than by a deeper apathy of mind. In passing, let us remember that common sense will do just as much as medicine; remove melancholic, grief-stricken patients from surroundings where every object is a reminder of the dear one they have lost, to the mental discipline and routine of a good sanitarium, which will greatly aid in restoring the mental balance.

Digitized by Google

Natrum muriaticum is a dry remedy—at one end of the alimentary tract, herpes labialis; at the other, fissura ani, and in between a good appetite, yet continually losing flesh, unquenchable thirst, and after eating, mental torpor and drowsiness. Aversion to bread is a symptom which the writer has not yet verified. Like all the muriates, natrum has a dry, crumbling stool.

The high potentist has always pointed to natrum muriaticum as evidence of the efficacy of the super-minimum dose, and the low potentist has been unable to refute him. The writer, some years ago, had a personal experience which he may be pardoned for citing, since it led him to see the efficacy of the properly indicated high potency and also awakened him to the fact that natrum muriaticum might be indicated in acute conditions. At a time when it was necessary to do a great deal of study at night, a right-sided supra-orbital neuralgia made its appearance, commencing at nine in the morning by tentative and gentle twinges, becoming progressively worse during the day, until six a. m., when the pain ceased entirely, leaving a somewhat bewildered and bruised sensation behind it. During the day the pains, shooting and stabbing about the orbit, caused involuntary grimaces and clapping of the hand to the affected part, neither of which procedures relieved. Mental effort was impossible, and the pain became daily more maddening and continuous, and the writer dreaded to rise in the morning, knowing that the headache would inevitably appear. Most of the neuralgic remedies of our materia medica were introduced to the neuralgia, generally in pairs, and after ten days of suffering, quinine muriate was prescribed, but this was disregarded, and further counsel sought. Then natrum muriaticum 200 was prescribed every hour until relieved. The neuralgia put in a late appearance on the next day, and on the second day entirely "ceased from troubling." The writer did not know until afterwards what remedy he had taken, but the experience cast a new light upon the vexed question of high potencies, and there is a warm spot in his heart for natrum muriaticum high.

The writer would not be construed as advocating the exclusive use of high potencies, nor, indeed, of any one potency, for he who limits himself to the use of one potency also limits his own usefulness, and contributes to the dogmatism and intolerance that breed dissension in our ranks. This potency question is dangerous ground, but the writer knows of at least six good men, and good *homœopaths,* who do not attend the county society meetings because there is too much of the Pharisee in the high potentist, who wraps himself in his mantle and consorts not with others of his

Digitized by Google

school, and too much of the scoffer in the exclusive low potentist, who loses much that is valuable because he must have color in his medicines. Dogmatic denial on the one hand, and sneers on the other will never alter the truth, and that is, that he who fits the potency to the *individual* for whom he is prescribing is realizing in its fullness the scope of our materia medica, and is doing what others who travel in a narrower path often fail to do, namely, please both his patient and himself.

129 Hancock St.

SANITARY INSPECTION OF WELLS AND THEIR SURROUNDINGS *

By Mr. L. M. Wachter

Sanitary Chemist, State Hygienic Laboratory, Albany, N. Y.

IN considering the source of typhoid infection, causing the sporadic cases occurring in our smaller communities, it often seems as though it was taking the course of least resistance to accuse the well.

The other possibilities should first be eliminated, such as the absence of the patient from home ten or twenty-five days prior to the onset of the disease, the eating of raw vegetables or shell-fish, the drinking of milk produced at another place or handled by some one sick or convalescent from a disease that might have been typhoid.

The persistent presence of the typhoid bacillus for long periods of time in some people who have had the disease, awakens us to possibilities of infection from sources unthought of in the past.

For a well to become infected we must, of course, first have the infecting material, and, secondly, we must have a mode of transmission to the water in the well.

Naturally, we at first think of the privy as the source from which the infection is transmitted to the well. This necessitates the supposition of a previous case or a bacilli-carrier depositing discharges into the privy; and, if such discharges are deposited, it is quite as probable that flies are the mode of transmission, for they often carry the infection greater distances than the area drained by a given well. Or they can infect food that may afterward be carried into the home and used.

---

* Read before the Conference of Sanitary Officers of the State of New York.

Digitized by Google

Our attention is frequently called to instances where there are several cases in one family or on the same premises. Of course it is quite possible that the different cases could have been contracted by drinking the water from the same well; but, if a period for incubation elapses between the first and other cases, it is more probable that there is secondary infection by direct contact or transmission by the mixing of duties, the nursing and the cooking, for example.

The possibilities of infecting the well can be rendered more remote by the generous use of chloride of lime around and in the vault that may have received infected material before the physician had been called, and the proper disposal of the patient's discharges by disinfection, and burial will reduce this danger to the minimum.

And now let us consider some of the possibilities of polluting wells. The first and greatest possibilities are at the surface. If we will stop a moment and consider the condition of many wells at the surface of the ground we shall readily realize this. If the well is dug, the walls are generally far from water-tight, and usually extend but little above the general surface of the ground and are covered with a leaky platform. Safety and cleanliness would require that at least the upper four feet of the wall be made of concrete or other water-tight material, and that this wall extend a foot or more above the general surface, thus excluding surface wash and seepage.

In the case of a driven well, care should be taken that there is no seepage along the outside of the pipe that can find its way downward toward the water that is supplied from the well.

Surface pollution, though it may not be the means of infecting a well with pathogenic organisms, renders an analysis of the water almost useless, and for the following reason:

In routine work the analyist does not attempt to isolate the typhoid bacillus, but makes tests for bacilli of the B. coli type. This species naturally inhabits the intestinal tract, unfortunately not only of man, but also of warm-blooded animals, and here lies the difficulty of interpreting results. One can only say that the water is polluted with matter of fecal origin. This is not necessarily of human origin, and hence need not of necessity be accompanied by typhoid bacilli. If the polluting material reaches the well as surface drainage, it quite likely originates from stable filth. With these possibilities of surface pollution, filthy but not necessarily dangerous, to obscure the results, you can readily see the difficulty of making a correct diagnosis.

The analyist makes mistakes as well as the physician, but ours remain recorded on paper to be flaunted at us in the future, while yours are possibly buried. These mistakes are usually caused by the

Digitized by Google

absence of definite information regarding local conditions.

Frequently we get samples of well water, the chemical analysis of which indicates that the water has been heavily polluted in its past history, but that soil filtration has corrected it. The bacterial analysis of the same water shows that organisms of fecal origin are still present, but this does not tell us if they are from accidental surface pollution or if they are relics of the past pollution not completely eliminated by the soil filtration, and consequently have reached the well by subsurface drainage.

Let us next take up the possibilities of subsurface pollution of wells and the principal factors that make this pollution possible or aid in its prevention.

The first and most evident factor is the distance that the sources of possible pollution are from the well. The second is the character of the soil or rock intervening between the well and the sources of pollution.

This latter is the more important factor because upon this depends the rate of the movements of the underground water from the source of pollution to the well.

Shale rock, limestone and some other formations are the most undesirable materials, because the water finds its way through fissures and flows at rapid rates, without giving sufficient opportunity for purification by soil filtration. The more compact the soil the less the danger from pollution, because the motion of the underground water is retarded and the slow movement gives opportunities for the necessary purification.

Dr. Thresh, a recognized British authority, in a paper read before the British Association of Water Works Engineers, stated:

"The author is anxiously looking out for the records of any outbreak in which the contaminating matter had to percolate through several feet of compact soil before it reached the incriminated water, but as yet has been unable to find any such record.

"There are many reports on single cases attributed to the use of shallow well water. But in nearly every instance it is stated that sewage could practically run directly into the well, and in the cases where there is no record of the condition of the well or of its immediate surroundings, such defects may have existed and failed to be recorded.

"In very many of these small outbreaks, however, the proof that the disease was due to polluted water is of a most unconvincing character.

"The author has had a great deal of experience in connection with outbreaks of typhoid fever, and has made an especial study of the sporadic cases which occur from time to time in nearly

Digitized by Google

all districts, but has never investigated a single case in which the well water was seriously liable to the suspicion of being the cause, where the well was so placed or constructed that sewage had not more or less direct access.

"He is driven to the conclusion that water, in slowly percolating through a few feet of compact soil, cannot carry with it the microbe causing typhoid fever. Where water takes days to traverse the subsoil before reaching the well or spring, the typhoid bacillus is either filtered out or loses its life.

"Both filtration and time are undoubtedly important factors in water purification by the action of the soil.

"The more readily and directly the polluting matter can reach the water, the greater the danger, the longer the period which elapses between the polluting matter being deposited on or in the soil and reaching the subsoil water, and the more compact the pervious soil, the smaller the danger.

"Water derived from compact subsoil can, therefore, be readily rendered perfectly safe by the proper construction of the collecting well and by adequate protection of a limited area around the same.

"Where the subsoil is fissured, as occurs in very many formations, unless the fissures are filled with deposits from a more superficial stratum, the risk of pollution of a dangerous character is much more serious. Even if the well is of a great depth or is far from any possible source of pollution, it must be remembered that if pollution gets into an open fissure leading to the well, serious results may follow, even if the contaminating material has to travel a long distance before it reaches the well.

"Here time may be a factor.

"The typhoid and cholera bacilli can only live for a limited time in water; and if these bacilli gain access to the water in these fissures, yet do not reach the well until after a lapse of several days, it is very probable that they have died before entering the well, and will, therefore, be no longer a source of danger.

"Unfortunately, however, circumstances may arise greatly accelerating the rate of flow in the fissures—such as increased pumping, heavy rainfalls, or both—and although under normal conditions the well may be a safe source of supply, under the exceptional conditions it may be a dangerous source."*

Summed up, Dr. Thresh's contentions resolve themselves principally into the element of time. The greatest danger comes

**Engineering News,* Vol. 58, No. 5, page 109.

Digitized by Google

from surface pollution because the pathogenic organisms reach the well directly with no length of time intervening to allow antagonizing forces to cause their death. Next in point of danger come fissures in rocks, because they make it possible for the infecting material to quickly enter the well, again preventing time to elapse, the big factor in the fate of the typhoid organism in water.

Lastly, compact soil is safe because the water must travel slowly and the typhoid organisms are excluded or die before reaching the well.

Many people have an idea that the more water that is pumped from a well the better the water. That is a fallacy; pure water does not become stagnant, and much pumping lowers the ground water level near the well, and this would increase the rate of flow toward the well and so increases the danger of infection.

This brings up another point, the possibility of infection remaining in a well for years after it was once infected. This is probably not so. If the source of infection is definitely known and removed, and the site thoroughly disinfected with chloride of lime, there seems no reason that the infection in a well should persist for a year or longer.

Our inferences are, that causes other than infected wells are more frequently the cause of sporadic cases. Even when a privy has received infected material, flies are quite frequently the medium of transmission and not well water alone, as is generally supposed.

More attention should be paid to the construction of wells at the surface of the ground and the platforms covering them, to make them water-tight and prevent surface pollution, as this is the easiest avenue of access. Wells in rocks containing fissures are particularly dangerous, while compact soil renders the possibility of pollution remote.

When there are opportunities for pollution from barnyard drainage, either at the surface or by percolation, the routine bacteriological water analysis cannot differentiate between fecal pollution from this source and that of human origin which might carry the typhoid bacillus.

If you eliminate the other possibilities as to the probable source of infection, and then wish to have a well examined, send a sample to the laboratory with a full description of the well and its surroundings, the character of the soil or rocks penetrated, the distances and relative positions of the different factors and any such information that will assist the analyst in forming a mental picture of the physical condition of the well and its environment.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: } - - WALTER SANDS MILLS, A. B. M.D.
- - - - - - P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

A FIELD SECRETARY

AT the Jamestown session of the American Institute of Homœopathy Dr. Royal S. Copeland, now the Institute's efficient president, introduced and secured the passage of the following resolutions:

1. *Resolved*, That a committee of seven members be selected to consider the feasibility of establishing a Board for the Promulgation of the Homœopathic Doctrine and Institutions, and employing a field secretary and such office force as may be necessary to carry out its functions.

2. *Resolved*, That should this committee consider the matter favorably, at the next meeting of the Institute it report a detailed plan for carrying it into effect.

The NORTH AMERICAN does not know the trend of the report which this committee will present to the Institute at Kansas City, but from the fact that an editorial in the April issue of the *University Homœopathic Observer*, over the initial "C," strongly advocates the appointment of an official board for the promulgation of homœopathy, it looks as if a favorable report would be forthcoming.

With the object of the resolutions, as stated, the NORTH AMERICAN is in hearty accord. It is convinced that now is the psychological time for the spread of the principles and practices

Digitized by Google

of homœopathy among the medical profession of America, and the Institute will be false to its trust and derelict in its duty if it fails to make a beginning, at least, of an organized and well-planned campaign to that end. We need to see that an increasing number of students include homœopathy among the subjects in which they receive instruction during their college course; we need to unceasingly present to all the members of the medical profession the advantages that would accrue to their patients and themselves through the study and the application of the homœopathic principle; and we need to urge those now practising homœopathy to deeper study and a closer adherence to its principles in practice.

If for no other reason, the discussion and determination of the initial steps to be taken along these lines should bring out the fullest possible attendance at Kansas City.

We need to get firmly fixed in our minds the purpose of the proposed board. As given in Dr. Copeland's resolution, it is the promulgation of the homœopathic doctrine and institutions. Dr. Copeland closes his editorial in the *University Homœopathic Observer* with the remark: "Can we not plan one great thing for the coming twelve months: To arrange the details and perfect the machinery of an unparalleled campaign for our cause? It is possible to make of homœopathy, in this generation, the dominant school of medicine. Do we care to do so? Shall we do so? Let us do it!" Here at the start the introducer of the resolution introduces confusion. The promulgation of the homœopathic doctrine and its institutions is not necessarily synonymous with the making of homœopathy the dominant school of medicine. The field secretary who starts out to promulgate homœopathy and its institutions has a different task before him if to his duties is added the attempt to make homœopathy the dominant school of medicine.

The said board needs to be composed of men with ability to think clearly, of men of large vision and breadth of view, of men accustomed to business methods and familiar with the principles of organization. Their selection will be no easy task.

As to the field secretary, President Copeland says he "must be one trained to business methods, methodical, though intelligent, a good speaker, magnetic, an entertaining conversationalist, one

Digitized by Google

conversant with our literature, journals, history and institutions, and, above all else, a loyal homœopathist. If some man well known professionally can be found, so much the better, but whoever he is he must sacrifice the comforts of home and fireside to become a wanderer to and fro in the land." It will take careful search in the ranks of homœopathists to find the man who measures up to this standard, "who for the love of homœopathy would undertake this tremendous labor," for "the sum we could afford would be less than a man of the versatility required could earn in practice."

The field secretary's salary will be by no means all of the sinews of war that must be placed at the Board's disposal, and the financing of the Board's operations will prove no light task.

But none of the difficulties enumerated are insuperable, and the NORTH AMERICAN believes they can and will be met and conquered at Kansas City if we can have a large attendance and every one present will realize his personal responsibility as a steward of the mysteries of healing.

THE AMERICAN NATIONAL RED CROSS

A MEETING of the American National Red Cross, New York State Branch, was held on April 28. Among the speakers was Secretary of War Taft, the president of the National organization. Other speakers were Gen. Horace Porter, ex-ambassador to France; Lieut.-Gov. Chanler, and Col. Sanger, president of the New York State Branch.

Secretary Taft made a plea for more members. He spoke of the efficient work done by the Japanese Red Cross during thir war with Russia, work that was possible only because of efficient organization. The Japanese Red Cross to-day numbers 1,300,000 members; the Russian Red Cross, 1,000,000 members; the German, 500,000; the French, 250,000; the English, 100,000. The speaker urged the rapid increase of membership that the society might at any moment be ready, with money and trained help, to furnish aid. The annual dues are but one dollar, and there is no reason why

Digitized by Google

the American National Red Cross should not number a million members.

Although organzied originally to furnish relief in war, much useful work is done during times of peace. The Red Cross has done good service in disaster—notably that at San Francisco. It is now about to co-operate in the war against tuberculosis.

Another feature recently organized is the Grand Legion of the Red Cross, for giving training in first aid to the injured. Persons taking up this work will be able to give first aid at any time wherever they happen to be, but they will form a skilled and drilled corps for use in war as well. In case of war, this corps would serve under the army medical department in field, hospital, and camp. An army surgeon has been detailed to help organize these legions.

The announcement states that the Grand Legion is to be made up of four or more legions, each legion of four relief columns, each column of four detachments, and each detachment of four squads. A column has 64 men and 24 officers. The director must be a physician.

As many should be gotten interested in the Red Cross as is possible. The American people rise remarkably quickly to emergency, but in all our wars much valuable time has been lost in organizing. Through the Grand Legion of the Red Cross, a corps of skilled help will be always ready to do effective work at a moment's notice. With a large membership at a dollar a year, sufficient money will be on hand to buy supplies in case of need.

The American National Red Cross has the backing of the federal government and its work is supervised by it. It is in affiliation with similar organizations in foreign countries. All of them are doing the same kind of organizing or have done it—namely, formation of first aid legions and organizations for tuberculosis work. The only difference is that the American Red Cross is behind, instead of in the lead, where it ought to be.

Digitized by Google

Notes and Comments

Medical Experts in N. Y. State—It is reported that a bill has been introduced into the New York Legislature creating a class of officially recognized experts from among whom the necessary number of witnesses can be selected by the courts or agreed on by the parties to a suit. It shall be the duty of these experts to "investigate the facts of the case, and give their opinion "upon any medical or surgical question likely to be material," and "make written report thereon to the court." It is stated that these experts are to be chosen from a list made up by committees of the New York Academy of Medicine for New York City, and the Medical Society of the State of New York for the rest of the State. Experts must be members of the medical profession in good standing and of not less than seven years' actual practice and recommended as "competent and expert in medicine and surgery."

There is much that is commendable in this bill. As it makes adequate provision for reasonable compensation, these experts ought to be entirely independent and should give at all times when called upon an impartial conclusion from an examination of facts. This is a reform which the self-respecting members of the medical profession will be glad to see instituted. But there are nearly a thousand homœopathic physicians in New York State, and not a few eclectics who would like to know why they can have no voice in determining who shall be recommended as "competent and expert in medicine and surgery," and why, all attainments to the contrary notwithstanding, a homœopathic or eclectic physician cannot serve the state or the parties to a lawsuit as medical expert, without obtaining membership in one of the societies named. The legislative committees of the state and county homœopathic societies will please get busy.

Plague—A few cases of plague have been found from time to time in San Francisco for several years. For a number of months there has been a well-organized and persistent crusade of extermination against the plague-bearing rat. The probabilities are in favor of final disappearance of the plague at that point. Only constant vigilance can prevent new importations of the disease from the Orient. Recently the plague has appeared in Venezuela. At least one seaport town is in a bad way with it. At New York a quarantine has been declared against all Venezuelan ports to prevent any possibility of cases creeping in there.

A New Supply of Lachesis—On April 19 there arrived in this country live specimen of the *lachesis trigonocephalus*, caught in Brazil, and consigned to a well-known firm of homœopathic pharmacists. The snake was imported for the purpose of extracting the poison and using it as a new source of supply. The reptile was exhibited at the Academy of Pathological Science at its meeting of April 24. On Sunday, April 26, the venom was extracted at the New York Zoological Garden by Dr. Ditmars, curator of

Digitized by Google

the reptile department, and Mr. Snyder, his assistant, in the presence of a number of physicians and newspaper men. The latter were responsible for a number of weird stories in the press. The snake has been declared to be a true specimen of the *lachesis trigonocephalus,* or lance-headed viper, by Dr. Ditmars, the curator of the reptile department at the Zoo. This is the identical species used by Hering in the original proving of lachesis.

The New Supply of Lachesis.—Dr. Eduardo Fornias, in a letter destined for the laity in the Philadelphia *Evening Telegraph,* says, in part:

"Only absurd misstatements could have led men of the standing of Drs. Spitzka, Abbott and Dercum to cast ridicule on the successful efforts made at the Bronx Zoological Park of New York, the other day, to obtain a remedy that has been in use for years by the homœopaths, and whose stock has been considerably run down.

"Ridiculous it is in the extreme to believe that any homœopath could claim to cure insanity by means of the venom of the lance-back viper; but it has been administered for years, and with favorable results, in various morbid states, both of mind and body, conformably with our law of cure, and to Dr. Constantine Hering belongs the honor of having for the first time introduced the attenuated snake poisons in the internal treatment of diseases. For our purpose, however, it is unecessary to enter into details; it suffices to say that in our materia medica are recorded the pathogeneses of lachesis, crotalus horridus, naja tripudians, elaps corallinus and vipera torva, and that the venoms of these serpents, attenuated according to our methods, are homœopathic remedies with a brilliant clinical history. Hence the assertion that the poison of the viper, just procured, is not a medicine, clearly reveals the ignorance of the contender.

"Besides, our opponents should not think that we ignore the medical history of the snake poisons, previously and posteriorly to Hering's investigations, and the results that were obtained by them. And Professor A. Calmette, of France, the first authority on the subject living, has just incorporated into one volume the interesting experiments with the venoms of serpents and the antivenenous serotherapia, carried on by himself and his pupils for the last fifteen years, and which he introduces to us as the result of his unremittent labors.

"The work is divided in five parts: First, the author treats of the general classification, the anatomical, pathological character, habits and geographical distribution of the serpents; then he devotes a whole part to antivenenous serotherapy, and finally the book ends with interesting observations of snake-bites treated with the serum, as well as with the method of gathering the cobra poison in the French colonies of India.

"It certainly would be worth while to note what comments the brave 'airers of views' could make after the perusal of the work of such a scientist as Professor A. Calmette, of France, who, by the way, is not a homœopathist."

The whole history of the Bronx lachesis episode, and the hasty,

Digitized by Google

joyous ridicule of various old-school commentators (as usual, quite ignorant of what they are discussing and cussing) forms another bond of union between the Guelphs and the Ghibellines.

A Field for Missionary Endeavor—A correspondent asks what can be thought of the indifference of the rank and file of our homœopathic physicians towards the welfare of the school, when we find that out of 790 physicians on the faculties of our colleges, 418 are not members of the American Institute of Homœopathy? The same holds true of our state societies. Where is that field secretary who will rattle these dry bones? Surely he can be kept busy for many moons in the leading cities of the country.

Is It Worth While?—Is the strenuous life worth while? Not only, not chiefly in this connection, the strenuous life that furnishes so large a proportion of our patients, but the strenuous life of the physician himself? Is it worth while, on the one hand, to aim at such a social standard, or, on the other hand, become so absorbed in our work for its own sake that we give up our whole time to it? Does not the close application to routine interfere with, if not render impossible, the cultivation of the higher life? Would it not be better to re-assume that attitude, that relation to our patients and to the whole community that was characteristic a generation or so ago? Why not devote some time and some money to forming the acquaintance of the best in literature, the drama, in art and in music? Would it not be well to keep one's self informed on the questions of the day, so that one can discuss them intelligently with one's fellows? Life is short—as we know it. If all there is of it exists this side of the grave, is it worth while to spend it as so many are spending it? If there is an existence beyond the veil, how far removed from a unit in an orderly sequence must be the average life as lived to-day! Surely life is more than meat and drink, more than material, social or professional success! Let us then act as if we believed it to be so.

Correspondence

HOMŒOPATHY IN THE SOUTHWEST

Dear North American:

Thinking perhaps our brethren of the East would like to know how homœopathy is prospering in the great Southwest, I send the following greetings: We have about sixty physicians of our school in active practice in the State of Oklohoma. Of this number, more than forty belong to our State society. I shall not rest until every name is placed upon our rolls.

I am confident that before the close of the A. I. H. at Kansas City twenty-five or more will be numbered with the membership

Digitized by Google

of the American Institute. Is there any other State in the Union which can boast of as large a percentage of its practitioners in the two societies? From what I can learn from correspondence and personal interviews, the same "leaven" is at work in the adjoining State of Texas. As I have stated before, there is no field in the world so ripe and ready for the reaper as this wonderful new Southwest country. I do hope the American Institute will yet realize this and turn their missionaries in this direction and strike ere it is too late.

The political power is fast moving West—let us keep pace with it and make out influence felt in legislative halls, both State and National.

The results of my personal work in this field convince me of the wisdom of the A. I. H. putting a competent man in the field, whose duty it shall be to visit physicians in their offices, organize local and State societies and encourage physicians to join our A. I. H. It should also be his duty to inquire as to young men and women contemplating the study of medicine; see them personally, if possible; take their names, and send them to our medical colleges, so they can be put in correspondence with same These and many other useful things may present themselves to the proper person. Every physician should associate himself with the local medical society of his own school, if there be one; if no local society exist, then the nearest one possible. I claim that if a physician does not take interest enough in his profession to associate himself with the local society, he would be worth very little to his national society. I felt our American Institute made a great mistake when it repealed the by-law making it obligatory for an applicant to be a member of his State society (where there was one) before he was eligible to membership in the American Institute.

I think the American Medical Association's plans are wisely arranged—membership in county entitles one to membership in State; membership in State, to membership in National. There is a gradual ascent, and when one reaches the top he feels he has gained something. I am very sure your readers will agree with me that if we do not take more active steps than we have been taking in the past, there is danger of legislative annihilation. The old school are alive to their interests. They are organizing in every State, county and hamlet. And we all know what force there is in well-organized bodies—and are fully aware how timid the politician is, and how much he dreads organized political force. This influence is not confined alone to politics, but exerts an influence on society generally, as well. If every member of our school would only make some sacrifice and use his influence in extending the gospel of similars in some way, we should soon take our proper position in the medical world.

J. HENSLEY, M.D.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Silica: Tuberculosis.—M. Calot, in two conferences at Berk, has given his ideas on the treatment of external tuberculosis. The second of these conferences was preceded by a lecture by Prof. Robin upon the treatment of tuberculosis (*Journal des Practiciens*), from which we quote the following:

"Silica, for example, so abundant upon the seashore that it penetrates into watch-cases and arrests the mechanism: who knows but that, if reduced to an impalpable powder, it may not be absorbed by the organism and exercise a salutary action in the repairing of external tuberculous lesions?"

It is charming to note how the teaching of Prof. Robin tends to corroborate classic homœotherapeutic practice; one cannot open nowadays a work, French, English, German, without seeing silica indicated as the most important remedy in osseous tuberculosis, particularly if accompanied by suppuration. Dr. M. Jousset. *L'Art Medical.*

Phosphorus: Phosphoric Acid.—If you see approaching, a man, tall, well formed and proportioned, with black hair, and well-moulded features, whose bearing and movement indicate culture and refinement and grace, you will more than likely say to yourself, a splendid *phosphorus picture.* But let this same person approach you in a slovenly, listless manner, with no evidence as to care of body or clothing, with every step a seeming effort, and tell you how depressed and gloomy he is, what a change he had experienced from his usual snap and vigor, what a burden was his in his every waking moment, for his memory was uncertain and treacherous, his head was heavily weighted with pain and apathy, his breathing interrupted by a dry, hacking cough, his gait slow and stumbling, his tissues relaxed and flabby, his every organ sluggish, unless perchance it be the kidneys which discharged alternately an unusually great quantity of clear and milky urine, etc., and you are again reminded of phosphorus only by the underlying physical characteristics; but the new pathology and symptomatology are so different as to form a new picture both physiologic and therapeutic, a picture closely related to the old and yet so different in detail—you will have no difficulty in recognizing a *phosphoric acid picture.* Dr. W. B. Carpenter. *Hahnemannian Monthly.*

Arsenicum iodatum.—Its sphere of action is quite decided, and very certain when its characteristic indication is present: the peculiar and persistently irritating, corrosive character of all its discharges. No matter what the disease is; nor from what source the discharge arises; if it irritate the membrane from which it flows and over which it flows, this remedy is fully indicated. In this respect it resembles nitric acid, ailanthus, arum, arsenic, and a few others, but none possess the symptoms so prominently. The discharge is often fetid, not always; it is generally watery, not always;

Digitized by Google

the mucous membrane where it has its origin is always red, angry, and sometimes swollen.

The diseases in which it is useful, and in which it generally acts speedily, are: Epidemic influenza, whether a catarrhal fever, a "bad cold," or the "epizootic." It is the nearest specific for hay-fever that we have. In old nasal catarrhs, when the discharge becomes bloody and fetid, scabs and pus come from the nose, and the irritation extends to the throat, this remedy, continued for some time, together with the use of a douche of glycerin and water, effectually cures. In these cases it is superior to silicea, hepar, or kali bi., so highly praised in our text-books.

It is equally valuable in chronic scrofulous ophthalmia, with ulceration; in otorrhea, with fetid, corrosive discharges; in corrosive leucorrhea with too frequent and profuse menses (generally with ulceration of the os); in diarrhea (so common in children and in consumptives), when the evacuations "scald," irritate, and make the parts sore and excoriated.

In malignant diphtheria, scarlet-fever, and smallpox, it should never be forgotten, for it will effect an alteration of the malignant processes quicker and surer than any other medicine.

It is of value in hypertrophy of the heart with dilation, when the patient is troubled with severe and violent palpitations, with great anxiety in the region of the precordia, asthma, and dry cough.

It has been found very beneficial in aphonia when occurring in thin, impoverished persons, in whom some psoric taint manifests itself in the form of a dry, scaly eruption on the skin.

In obstinate eruptions of the skin, it acts better than ars. alb., particularly in dry, scaly, burning, and itching eruptions, such as lepra, impetigo, psoriasis, tinea, furfuraceous pityriasis. Also in old, irritable ulcers, with sanious, corrosive discharge and burning pains. When these affections occur in scrofulous subjects, with swollen lymphatic glands, the iodide of arsenic is especially useful.

In those sudden attacks of erythema, affecting the head, face, neck, and hands, with intolerable itching and burning and ending in branlike despuamation, this medicine acts better than rhus.

The triturations are preferable to the dilutions, and act well in the 3x and 6x, the former for adults, the latter for children and delicate patients of any age. Dr. M. E. Douglass. *American Physician.*

Clever Work.—Miss O., aet. 28, suffered from headache since infancy. Her father was a migraine subject. The pains began over the right eye, sticking pains in the eye, and extended into the cheeks and teeth. She had premonitions of the attacks two or three days in advance; ennui was frequently a cause. The head pains lasted two days and nights, were slowly aggravated and disappeared suddenly. She had had various treatment for twenty years; finally from a homœopathic confrere, without success. Argentum metallicum was chosen, in the 12,000,. Permanent cure.

A peasant woman had suffered for two years from diarrhea, 5.30 A. M., rumbling in the belly, much flatulence, incarcerated, and causing crampy pains. She had lost 30 pounds of flesh; had a great

Digitized by Google

appetite, always ready to eat. Her mother had died of pyloric cancer. Sulphur 100,000 had no effect; podophyllum 100,000 ameliorated, but the diarrhea persisted. More careful examination revealed the characteristic symptom: an omnipresent odor of human feces. Chelidonium 100,000, a dose every ten days, stopped the diarrhea, and the patient gained rapidly in weight.

Girl, aet. 18, suffered from epistaxis and crampy menstrual pains. Since childhood has wet the bed nightly. Desires much salt on her food. The forehead is greasy, covered with comedones. Frequent headaches. Natrum muriaticum 100,000. A single dose stopped the enuresis, the epistaxis and the menstrual colics.

A Russian woman suffered with flatus which escaped involuntarily, particularly after meals. She was most unhappy, not being able to remain in a hotel because of her infirmity. A dose of sulphur 100,000 followed in ten days by two doses of aloe 200 at five-day intervals cured her completely. Prof. J., whom she had consulted, had confessed his inability to help her.

A woman, aet. 40, had frequent atacks of asthma, especially in wet, cold weather; is also subject to hay fever. I found her in a frightful attack; she felt herself suffocating, face blue, swollen, pulse scarcely perceptible, very rapid, nose cold, the exhaled air cold; in fact, a condition which alarmed me as much as the attendants. Cuprum 10,000 and carbo veg. 200 ameliorated the attack, and since then, thanks to the two remedies (in alternation), the trouble is notably decreased in violence. She is able to go about on "pleasure exertions," exposed to weathers which, without the precious globules, would have precipitated the asthma. It may be remarked, that the repeated injections of morphine and the insufflations of English patent medicines, counseled by the old school attendant, had been resultless.

The sister of a homœopathic physician had suffered for thirty years from psoriasis. At the time of treatment the limbs and abdomen were covered with psoriatic plaques, white crusts, and an intense pruritus greatly excited the patient. Every morning the sheets of the bed were strewn with white scales, of which she was able to collect during the day about ¼ lb. The patient was very sensitive to cold, and during cold weather the itching was intolerable. Silicea 1,000, four doses, every 15 days a dose, banished the psoriasis and notably ameliorated a co-existent arteriosclerosis. Dr. A. Nebel, *Le Propagateur de l'Homœopathie.*

Some Experience Keynotes.—Hamamelis Virginica as a Chest Remedy.—This drug is useful in those cases in which there is tightness of an oppressive nature in the lower portion of the thorax, and the inspiration is much labored. There is an inability to take a full, deep inspiration, breathing being an impossibility while in a recumbent position. In the region of the heart there is a provoking pain, which extends along the course of the veins in both arms. A feeling of fulness in the head and neck is also an accompanying symptom.

Some Notes.—Headache.—Lilium tigrinum is useful when the pain is all over the head, with a sensation of a very heavy char-

Digitized by Google

acter, as if the head were too full of blood, and a feeling as if the head would have to be supported with the hands. There is also a congested feeling, as if blood would issue when blowing the nose. The symptoms are aggravated when out in the open air, and ameliorated at sunset.

Coccus Cacti, its Urinary Symptoms.—Coccus cacti produces. primarily, very copious and frequent discharges of pale and watery urine, day and night; secondarily, urine difficult and slow in coming, the discharges being, though frequent, very scanty, and taking place with vesical tenesmus and straining. The urine is at first normal in color. It then becomes yellow, then brown, and lastly, red.

Acidum Carbolicum—a Sleep Symptom.—The following symptom, peculiar to the drug, should be borne in mind: The prover wakes frightened, paralysed with fear, and bathed in perspiration.

Gelseminum Sempervirens in the Treatment of Fevers.—Gelseminum sempervirens in the treatment of fevers without thirst, in which the patient wishes to lie still and rest, and in which the right tonsil is inflamed. In the eruptive fevers of children it is indicated in those cases in which there is a strong tendency to convulsions at the time of the first appearance of the eruption. It is therefore useful in the first stage of typhoid fever, and in scarlet fever, as in the latter disease it controls the pulse, retards the cerebral congestion, and brings the eruption to the surface. Dr. Frederick Kopp. *Homœopathic World, London.*

The Fear of the Dark.—A relative of mine, a charming little lady, well educated, bright and happy, good-natured, singing at her work, and sometimes, even trying to whistle—went to Kansas to live. She would read until it was bed time, then, with lamp in hand, she would climb the stairs to her bed-room, get into the snowy drapery, read a chapter from Deuteronomy, and then blow out the light. Suddenly she became aware that as soon as the light was out a very heavy cat, with great big green glistening eyes, would spring upon her feet and slowly creep up to the girl's head. Being a courageous girl, she waited for the cat to come within reach of her arm, until she could, as she believed, feel its hot breath, when she would make a pass at it—and there was no cat there—and hadn't been! In a few minutes, however, the cat again jumped upon the bed and repeated the operation, and the girl likewise—and still no cat. Then she put up a vociferous holler. The people came from the rooms below, and when told about the cat, smiled and said there wasn't a cat on the premises, that she had better quit drinking, etc. They presently retired to their several rooms. It wasn't very long before the cat came back as before and the girl began to scream. Still there was no cat. And this blame-fool cat kept up that scare until the family could reach me at St. Louis, and tell me about it, when I studied it up carefully and sent a dose of stramonium, which destroyed the cat. (The girl had meanwhile found that a lighted lamp kept the cat away.) Little by little I also learned other symptoms which confirmed the catastrophe and stramonium saved the day and the girl.

Upon what special point? Why, if you will look at the prov-

Digitized by Google

ings of stramonium you will find what is called a "conscious delirium"; the patient would be talking perfectly rational to the physician, and, just in the bat of an eye she would say, why, look at those roaches over there on the wall. I didn't think there was a roach in the house. Then she would simper and blush and say, I believe I know that there are no roaches over there. But they seemed awfully real. And, then, continuing her story she would again break its thread and exclaim, dear me, dear me, look at that procession of bedbugs down there on the foot-board. And still yet and again in a second she would repeat her former remark that she believed she knew there were no bugs there. A "conscious delirium." For a moment my interesting relative thought there was a cat there, but a moment after she knew there was none.

Now if some of the students of the "hard-to-learn" materia medica will cram these remarks under their mental belt, it will be a long, cold day before they forget the leading symptoms of stramonium—even though some of our acetanilid-pound-bottle homœopathic professors don't believe in it, and won't teach it. DR. FRANK KRAFT, *Cleveland Medical and Surgical Reporter.*

Sulfur.— Sulfur is an alternative and a reconstructor, and is usually used in chronic constitutional ailments due to a general lack of tonicity in the body cells—disturbance of the electrical equilibrium, electro-tonus, if you please. From some reason nerve force has become exhausted, tissue metabolism cannot be carried on normally, for the reason that nutrition is impaired; there is a lack of tissue contractility and a consequently imperfect elimination of waste; capillary function is impaired, a toxemic condition—the product of body cells or that of micro-organisms—develops, the quality of the blood suffers, the opsonic index is lowered, and there is an abnormal discoloration of the skin. Excluding hepatic inefficiency, some organic disease or malignancy, a sallow color of the skin is the result of imperfect elimination—a tissue toxemia. Sulfur, in small doses, acts as a gentle stimulant to the organs of excretion and to the sebaceous glandular system; it counteracts cachectic constitutional conditions, favors nutrition, metabolism and elimination of worn-out tissues; modifies functions, is a reconstructive because it stimulates cell life, agitates nerve periphery and excites vaso-motor activity. The more completely it is attenuated, the more effective is its action.

Given a case of chronic ailment, non-organic, where the patient has a non-elastic, tawny-colored skin, and where it is evident that he feels sick *and looks sick* (that physician who needs not consider the looks of his patient in order to decide upon his treatment of the case is either one of those lightning diagnosticians one reads or hears about but never meets, or he is so overwhelmingly full of theoretical knowledge that he is unconscious of his ignorance), I would think think of sulphur as the remedy for him; and if in addition to that he has an obstinate cough and expectorates a muco-purulent sputum freely, he would certainly get sulphur, with the confident expectation of a satisfactory recovery to good health.

The functions of the skin and pulmonary organs are especially

Digitized by Google

influenced by sulphur, if given in small doses. Excessive bronchial secretion, muco-purulent in character, is the result of impoverished, debilitated and relaxed bronchial mucous membrane, as well as constitutional debility, and these conditions are usually accompanied by an obstinate cough. If I have repeatedly demonstrated to my own satisfaction and to the gratification of my patients that sulphur will cure such conditions, and it does cure, then there will be no occasion to consult "authority"; my own observation and demonstration will be authority sufficient.—DR. J. S. NEIDERKORN, *Eclectic Medical Journal.*

Are High Potencies Scientifically Possible?—Some twelve years ago on a sultry summer evening, three fervid young homœopaths came out of a Leipzig café and continued vehemently on the streets until midnight a discussion, which in the café had occupied all their attention. Of the trio I was one. The question (das ewig weibliche) was the dose question, and though all three tried to be just to the high potentists we invariably lapsed into materialism. Where the drug was no longer chemically demonstrable, we had no desire to admit therapeutic action. We were disciples of mechanismus and materialismus in medicine, and scientifically could not admit the empirically-won results of the high-dilutionists. Medicine is and was to be a natural science; hence our doubtings and unending discussions.

How times have changed since then! One may coolly assert that he who still doubts the efficacy of high potencies has not attained the summits of to-day's science.

Mechanismus and materialismus in science are obsolete, dead. Prof. Ostwald of Leipzig long since read the obituary. At the grave are standing a Röntgen, a Becquerel, a Curie—and who not? Energy is now the trump card. The therapeutic sun-worshippers such as Mehl, Rikli, are prostrate before energy, and Finsen draws from the electric arc the cure of lupus and other dermatites. Strebel in Münich, Schär in Bern, are leaders in this new crusade. Bachmann of Harburg shakes the dust of traditional medicine from his feet, and gathers restless adherents to his fundamental biologic thought which has many points of contact with homœopathy. They are all weary of materialistic dogmas, and are reaching out towards energy.

Who is not familiar with the magnificent radium discoveries affording new views and deep glances into the nature of matter? The new element is constantly out-raying infinitesimal particles which again are transmuted into other elements. Yet the radium, after decades, has lost no appreciable weight. How heavy, then, should be a single particle of its examination? And if these emanations come in contact with indifferent substances, these take on the properties of the radium, become radio-active (an induced, trans-changed radio-activity). And besides radium there exist a number of radio-active substances. Many mineral springs exhibit activity of this nature, and the investigators above mentioned have promulgated the axiom: All substances are radio-active or better expressed, all substances have idiosyncratic, specific emanations. In plain English that means: Copper sends forth copper-emana-

Digitized by Google

tions; zinc, zinc-emanations, etc. And we have here an infinitesimality of substance undemonstrable chemically or by spectral analysis. Only on the photographic plate may (conditionally) an impression be made, or the leaves of a sensitive galvanometer may react to its approach.

Hahnemann a century ago believed in a similar attenuation of substance, and declared the passage of pharmacologic properties into the indifferent medium—alcohol or milk-sugar. This keen observer drew the conclusion from his clinical experiences. Everywhere his view was laughed to scorn. And now the most modern science comes and asserts exactly the same thing, basing its conclusions upon physical experimentation.

Here is the golden bridge which, I think, will join the opponent shores. But how many, or rather, how few physicians are considering matters so remote! Yet the day of comprehension must dawn now or never. Never has science so valiantly supported our doctrine as now. Old school friends have fairly assured me that the latest discoveries have rehabilitated the once-so-scorned metallotherapy. And therewith homœopathy is recognized in principle. With the attenuation of substance, the separation of molecules; with the tearing of molecules into atoms and even into ions, forces are set free whereof we had no premonition. A highly attenuated solution of salt no longer contains sodium chlorid molecules, but Na and Cl ions. How our opponents smile when we prescribe common salt, of which we ingest grammes daily. They are not aware that we use natrum muriaticum in the higher potencies, and perchance do not grasp that in such attenuations we are no longer dealing with kitchen salt, but with its components Na and Cl, which now enter into activity. And if we push still further the attenuation, the potentization (?) then we get the action of the specific emanation; we have no longer a specific substance in the alcohol or milk-sugar, but these become carriers of the properties of the specific substance, trans-charged or induced into the medium.

A high potency of cuprum might in the nomenclature of modernest science be termed a cupro-active drug. Perhaps this modern verbal twist (which, essentially, is identical with the Hahnemannian term "potency") may pacify our antagonists.

From the standpoint of radio-activity and the electron theory, we can safely assert that the higher potencies are more active than the lower. This is no longer a matter of credulity, a blind hypothesis, but the edict of the most modern science. It was long known that through separation of molecules a substance became more active. Mercury in substance is so little toxic that it was formerly given in mass in cases of intussusception. But the vapors of quicksilver produce most violent intoxications. Likewise with lead. Scarcely toxic in substance, it transmits to water running year after year through lead pipes a lead toxicity. The same is true of most metals. How other so-called inert substances may by attenuation become active has long been known to homœopaths. What are silica and charcoal in allopathic hands? Nothing. But our high potencies of these substances reach deep into the life of the organism. Yet,

Digitized by Google

compared with the emanation-particles of radium the smallest particle of the 30th potency of any substance must be as a gourd compared with its contained seeds!

It is certainly not conceivable that by trituration, say of stannum, we reduce each particle to the size of an emanation-particle nor is it necessary. Even as by the rubbing of sealing wax with cloth we free electricity, so the trituration of stannum evidently educes emanations which again are taken up by the milk-sugar. Similarly with dilutions. "All bodies are constantly giving off infinitesimal particles," says one investigator (W. J. Russell), "and if we possessed the ocular power we should see from a roof covered with tin a continual shower of most minute particles being throw off."

Consideration of these phenomena has occupied the writer for some time, and modern science is verifying in physical terms what our old master Hannemann expressed metaphysically. Dr. R. Stäger, *Homoeopathische Monatsblätter.*

In Slow Convalescence.—When we begin to consider the great benefit derivable from the roborant or tonic remedies at our command, the pedant immediately injects the query whether these be homœopathic agents, and therewith often fails to render his patients the greatest service. It requires, it is true, considerable freedom from prejudice to depart from the dicta of strict homœopathic precepts, although the dosage of the remedies in question may be considerably less than the traditional dosage of the old school. Avena I use in 3-5 drops of the tincture in a teaspoonful of warm water two or three times daily; the other remedies to be mentioned are in the Schüssler category, and of these the 10x triturations are commonly prescribed in one or two grain doses once or twice daily. How often I hear of the wonderful results following avena, which if not strictly homœopathic, helps, and that's the essential. A recent letter from a convalescent will iilustrate better than any amount of theory: "I cannot express my gratitude for the relief given. I do not know which helped the most: kali phos., calcarea phos. or avena, but the results were astonishing. My friends say I must have had some wonderful experience, so happy I look, and will not believe that there are no other reasons than those given." When, previously, this patient had stood up at any hour of the day or night, there ensued a period of struggle to overcome the nausea, weakness and dizziness. All this disappeared, and herein avena is similar to china, which, in a few drops of the tincture, is synergistic. And if the allopath remarks: But that is an old story, only we give it in larger dosage as a stimulant, appetite-increasing remedy, the only reply can be: Well then, our views and experiences approach in this matter, and if you, perhaps, will go a step farther, you may find homœotherapeusis a reasonable proposition also.

We repeat: China and avena are magnificent remedies during convalescence, while for neurasthenics calcarea and kali phos. are of great benefit. The first two are hæmotonic; the last two act directly upon the nervous system, brain and cord. Dr. Goullon. *Leipziger Zeitschrift für Homoeopathie.*

Digitized by Google

Vol. LVI JULY, 1908 (Volume XXIII Third Series) No. 7.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

WOMEN IN MEDICINE*

By Ella Prentiss Upham, M. D.,

Asbury Park, N. J.

WE find in searching history that women have the honor of being almost the first physicians, especially the first obstetricians. Many have imagined, particularly the younger men, that only in recent years, comparatively, have women taken up the practice of medicine, while in reality, in some countries, as France in the Middle Ages, it was women only who administered to women; and it was not until after the accession of Henry IV that men accepted the privileges of obstetrical practice.

At the court of France, when the purity of Joan of Arc was called in question, it was not a college of surgeons, but five women of noblest blood who made the legal deposition, consequent upon examination, which proved her innocence.

The names of more than a dozen women practicing midwifery have come down to us from the time preceding the Christian era.

At an uncertain date the Areopagus passed a statute forbidding women and slaves to practice the art in Athens. About this time lived a young Athenian woman, Agnodice, said by some writers to be the daughter of Herophilus, who was one of her teachers and the greatest anatomist of antiquity, he having been the first to dissect the human body. Disguising herself in male attire, Agnodice entered the medical school, and, after completing her studies, practiced in Athens. Her success in gynecology and obstetrics was so

* The address of the President, delivered before the fifty-fifth annual meeting of the New Jersey State Homœopathic Medical Society.

Digitized by Google

great that her professional brethren, becoming jealous, accused her of abusing her trust in treating female patients. To prove her innocence, she confessed she was a woman. She was then tried for breaking the law that prohibited women from studying medicine. But the wives of the influential Athenians rose in her defense, and eventually obtained a repeal of that law, and had a statute passed allowing a free-born woman to practice midwifery. In that day, though women had no political rights, they were a great power, and exerted a vast influence over the affairs of the nations. Four other names possess a general interest, Aspasia of Ionia, Artemesia of Cairo, Cleopatra of Egypt (who wrote the first treatise on midwifery), and Elpinike, who is known to have pursued the same profession. So sacred was the position at this era, that queens, princesses and priestesses serving at the altar did not hesitate to perform its functions.

Trotula is the earliest among modern midwives, born at Salerno about the middle of the 13th Century. She published several works, one of which is said to have marked an epoch in medical literature. The medical school at Salerno was one of the most famous; and there is a story written by an ecclesiastical historian, that a celebrated abbot, eminent in medicine, visited Salerno for the sole purpose of discussing medical topics. He found no one able to answer his questions save a certain woman, supposed to have been Trotula, world-famous at that time.

There were a number of women filling important places in this school, and we find several women physicians, authors of medical works that were well received in the 11th and 12th centuries. At Bologna College in the 13th century were two women, one of whom taught anatomy and the other jurisprudence.

In the 15th century, two women deserve special notice: first, Madam Perrette, who, after a life of singular usefulness, was imprisoned and condemned to death for sorcery, because of the superstitions of the times; but she had made herself so valuable to the ladies of France that they demanded her services, and she was pardoned. The second is Madam Gancourt, who was one of the examiners of Joan of Arc later in the century.

Four names of medical women in the 16th century are of interest to us.

Madam Francoise, the midwife of Catherine de Medici, was the first woman lecturer upon obstetrics of whom we find any record. She lectured to large classes of both sexes; an early example of co-education without any intimation of an unfavorable result.

Olympia Morata, aside from her professional duties, became a

Digitized by Google

professor of Greek; later married a physician whom she accompanied to Germany, and, it is stated, prepared the lectures he delivered at Heidelberg. Letters of her husband written to a friend after her death prove that she was not the less a tender woman and devoted wife, because she was also an accomplished scholar and midwife.

Next of the 16th century was Madam Perron, who contributed all the obstetric observations to the works of the eminent French surgeon, Jacques Guillimeau.

Madam Louise Bourgeoise studied medicine late in life and was appointed to attend the Queen of France. She published many valuable works, and a contemporary poet, with the extravagance of his nation, says: "To praise her properly would require the pen of an angel, and the mind of a god."

In the latter part of that century the Royal College of Physicians in London introduced into their curriculum the study of obstetrics. The law of that time was, that the students, before being qualified, should pass an examination before a medical board, and the nineteen boards of England with one accord refused women. France, however, never closed her doors against women studying medicine.

In 1600 the surgeons and barbers were members of the same union, women included, and the branch of obstetrics was entirely in the hands of women.

In the 17th century three out of the thirty noted women have claims for remembrance, because of their works on medical topics; they are, Mesdames La Marche, Seigmunden and Boucher.

Sebastian Badus, physician to Cardinal Lugo, in an essay publishes the fact of the following memorable service to the practicing physician:

"A Spanish lady, the Countess de Cinchona, wife of a Viceroy of Peru, was attacked by the fever of the country. She insisted upon trying the Indian remedy of Peruvian bark, which had not then attracted the attention of any European. She was speedilly cured, and on her return to Europe in 1632 she made a great effort to spread the knowledge of the new medicine, of which she had carried home a large quantity. She gave it to Cardinal Lugo, who carried it to Rome in 1649. Its use spread through Europe under the name of "quininia." The Jesuits at the missions in Peru induced their Indians to collect it, and exported it as "Jesuit bark."

More than a hundred years later the great Swedish naturalist, Linnæus, published a materia medica, and gave to the genus of plants which furnish this bark, the name cinchona, in memory of the Countess's services.

Digitized by Google

It was in the use of a preparation of Peruvian bark that Hahnemann observed that if adminintered to those in health it produced a fever similar to the one it was given to cure; from this was evolved our law of similia. Thus we are indebted to the discoveries of this woman, supplemented by the wisdom of Hahnemann.

This grand man was encouraged and his labors shared by a great woman, Madam Hahnemann. During the last years of his life his work was only made possible by her support. Her knowledge of symptomatology was said to be marvelous. It is fitting that Hahnemann's disciples have given such cordial welcome to women in medicine, since the master's work was begun, and his greatest success accomplished by woman's aid.

Thirty women of the 18th century made themselves eminent in medicine. Among them were Madam Breton, who perfected a system of artificial nourishment; Madam Ducudry, who was the first lecturer to use a manikin. It was her own invention, and was approved by the French Academy of Surgeons in 1758. In 1766 she delivered, by special request, a series of lectures before the Naval Medical School at Rochefort.

Donna Morandi became a professor of anatomy, after inventing and perfecting anatomical preparations in wax.

Mademoiselle Beheron began her anatomical studies at sixteen years of age. From her girlish earnings she paid persons who stole and brought to her bodies, which she concealed. She conquered the difficulties of the knife, but could not preserve the cadaver long enough to satisfy her curiosity. For this reason she imitated the parts in wax, for further study. Once a week her wax work was open to the public. Visitors crowded to see it, and it was finally purchased by Catherine II of Russia.

Mrs. Dunally, an Irish midwife, was remarkable in that she performed the Cæsarean operation with success, after twenty-four physicians of the century had failed.

Lady Mary Montague rendered great service to the world by effecting the introduction of inoculation in 1721, nearly seventy-eight years previous to Jenner's service.

Madam Roudet, born in 1800, is remarkable for having perfected a tube for the restoration of babes born asphyxiated. Madam Boivin is known for her professional success, and as the author of books on medical subjects.

Approaching our own era, we find Dr. Harriet K. Hunt in 1835 the first American woman practising medicine. She practiced successfully for twelve years without a diploma. Then, think-

Digitized by Google

ing to gain more knowledge for the sake of her clientele, she applied to Harvard in 1847 for permission to listen to medical lectures, but was refused.

In 1850 the Women's Medical College of Pennsylvania conferred upon her the honorary degree of M.D. She was in active practice for many years in Boston, and was a distinguished lecturer on various reforms.

In 1848 Dr. Elizabeth Blackwell graduated from Geneva Eclectic College, then went and studied obstetrics in Paris, and also, in 1850-51, she studied at St. Bartholomew's, in London. In the autumn of 1851 she returned and commenced practice in New York City. She was socially ostracized, but gradually gained the confidence of all classes, and the co-operation of physicians.

In 1859 she again visited Europe and gave a course of lectures in London, on the connection of women with medicine; and was registered as a member of the British medical profession. In 1854 her sister, Dr. Emily Blackwell, graduated from the Cleveland Medical College; and the New York Infirmary for Women and Children was the product of their united thought and effort. It was opened in 1854 as a dispensary, and two years later they went into larger quarters, and organized a hospital, making it a center for practical clinical study for women students.

The Women's Medical College of Pennsylvania was chartered in 1850. The New England Female College in 1856; therefore the New York Infirmary was for many years the only women's hospital, and supplied an essential element in any full scheme of instruction. Every variety of operation connected with obstetrics, except the Cæsarean, and many minor surgical operations were performed by Dr Emily Blackwell.

Later, in 1861, in Philadelphia, was chartered the Philadelphia Women's Hospital, in connection with the Pennsylvania Women's Medical College, and the New York Hospital for Women was organized in 1863. Then hospitals in different parts of the country were opened to women students.

Ann Preston and Hannah Longshore were of the first class of ten women to graduate from the Pennsylvania College. Dr. Preston was the dean for many years, and held the chair of physiology and hygiene, besides having a large general practice.

Dr. Emeline Cleveland studied obstetrics in Paris after graduation, and filled the chair of anatomy in the college on her return; later, occupying that of obstetrics. Her successor was Dr. Anna Bromall.

Dr. Hannah Longshore has the distinction of being the first

Digitized by Google

graduated physician to put our her sign in Philadelphia. A few years later her sisters, Jane Meyers and Mary F. Thomas, followed her example.

These brave women, who have made us the recipients of this great heritage, should forever be held in most loyal and tender remembrance. Except for their force and sacrifice, of which we can form no adequate conception, women would not to-day be allowed quietly to practice medicine.

Dr. Amy C. Bowen, an alumnus of Hahnemann College of San Francisco, was the first American woman to break down the barriers and be received not only as a student but as an assistant in one of the celebrated post-graduate schools of Berlin.

Dr. Mary Putnam Jacobi, one of the first graduates of the Women's College of Pennsylvania, graduated from Paris in 1867, and Dr. Garrett Anderson, dean of the London Medical School for Women in 1870. Dr. Jacobi was appointed clinical lecturer on children's diseases at the New York Post-Graduate Medical School in 1882—the first time in this country that a lectureship in a school for males was held by a woman.

Dr. Sarah J. MacNutt has also been lecturer on diseases of children in that school, and Dr. Grace Peckham Murrey is professor of gynecology there. At the Johns Hopkins Medical School women hold positions as associate professors and assistants. At Cornell one woman has an appointment on the medical faculty.

The Universities of Iowa, Illinois, Michigan, Minnesota, and the University of Buffalo, have each, at least, one woman on the medical teaching staff.

In Austria last year, among the several universities, there were 134 women students; and Dr. Eva Weiss was appointed second physician to the well-known Children's Hospital in Vienna—the first woman to receive such an appointment in Austria.

In 1907 there were 50 registered medical women practising in Germany, and 27 in Hungary.

In 1906 there were 170 students in the London School of Medicine for Women.

During the past year, 18 students of the London School have passed the M.B. of the University of London, the hardest degree to obtain in the United Kingdom. Four have taken the M.D., and 1 the M. S., the most severe examination in surgery. Others have graduated at the Universities of Durham and Ireland.

In the full census taken in 1900, there were 7,399 women practicing medicine in the United States, Alaska and Hawaii. Of

Digitized by Google

these, 4,886 were native born, of native parents; 1,067 were foreign born, and 160 were negroes.

While in Cuba this winter I was told that there are 5-or 6 women students now in the medical department of the Cuban University and 2 graduates.

From the advance sheets of the United States Bureau of Education I learn that in 1906 there were 840 women studying medicine in the United States, and 233 graduates. I should weary you with a list of women of our own times practicing successfully, creditably filling positions as lecturers, in our medical colleges, as evidenced by the work of Dr. Maria J. Mergler, who for several years occupied the chair of Gynecology at the Women's Medical College of Chicago, as successor to Dr. Wm. H. Byford; Dr. Sarah Hackett Stevenson, who was so pre-eminently successful in her chosen profession, as well as our own Julia Holmes Smith of Chicago, Phoebe J. B. Waite of New York, Harriet Sartain of Philadelphia, Caroline Winslow of Washington, Millie J. Chapman of Pittsburgh, and many others, serving humanity, not only as missionaries in foreign fields, but doing missionary work in every city of our land. Still others have lived, labored, and died, without being known or remembered beyond the limited circle they served.

A few years ago a statue was unveiled in Chicago, the first ever erected to the memory of a woman physician, Dr. Mary H. Thomson, the pioneer woman surgeon of the West. Dr. Nicholas Senn said of her, that "During thirty years Dr. Thomson proved that a woman can be a bold yet conservative surgeon, an industrious student, a rational scientist, a conscientious teacher, a warm-hearted philanthropist, and a sympathetic friend."

Dr. Lucy B. Waite is, I believe, still head surgeon of the Mary Thomson Hospital, and has one of Chicago's largest gynecological clinics.

Our women to-day are medical inspectors, are on boards of health, hospital staffs, and have entered the fields of medical literature and scientific research. In the latter class are Dr. Margaret Sharp of London, who first defined the action of the X-Ray on human tissue; Dr. Margaret Cleaves of New York, who has so exhaustively demonstrated the precision of light therapy; Dr. Anita Newcomb McGee, who, at the head of a corps of efficient nurses, did active duty in caring for wounded soldiers on the battle fields of the foreign war—to whom, upon her departure for home, the Japanese officials tendered a reception, in recognition of her services; and Madam Curie, who, while working with her husband, discovered radium.

Digitized by Google

My thought in bringing this subject before you is to make a plea for the younger women, the woman-physician and scientist of to-morrow. When they show ability, as a rule because of the brains inherited from their fathers, give them the same advantages you give your sons. As a general thing, girls who choose a profession must work out their own salvation. Now that they do not have to waste so much time knocking at the doors of universities and colleges, they can stand side by side with their brothers in study and original research, and, in time to come, will return to the world for the opportunities given them, more perfect sons. For women have shown in the past that they can be good wives and mothers, even while practicing as physicians.

We enter medicine, not as a disturbing element, but in the line of human duty, and men and women should work together, supplementing each other in this profession as in other positions in life. And so of the woman physician I would say:

"If she can live
To make some pale face brighter, or to give
An added luster to some tear-dimmed eye,
Or e'en impart
One throb of comfort to an aching heart,
Or cheer some way-worn soul in passing by!
If she can lend a strong hand to the fallen,
Or defend the right against a single envious strain,
Her life, though bare
Perhaps of what seems dear and fair
To us on earth, will not have been in vain.
The purest joy,
Most near to Heaven, far from earth's alloy
Is bidding clouds give way to sun and shine.
And 'twill be well
If on that day of days, the angels tell
Of her, 'She did her best for one of thine.'"

For much of the information included in this address I am indebted to Dr. Millie K. Chapman, of Pittsburg, Pa.; Dr. Sarah J. Millsop, of Bowling Green, Ky.; Dr. Laura H. Branson, of Iowa; Dr. Evalene E. Peo, of Iowa, and others; also to *The Woman's Medical Journal*, published at Toledo, Ohio.

Digitized by Google

CLINICAL CASES FROM NOTE BOOK

By W. J. HAWKES, M.D.,

Los Angeles, Calif.

CHRONIC HEADACHE. Female, aged thirty-eight. Has had a severe headache for the past year or more. The head aches all over with a terrible, drawing feeling. She often wakes with it, and it is always worse in the morning. The paroxysms are gradually increasing in frequency and severity. She now has them as often as twice a week. Her occupation is sewing with a machine. She becomes unconscious while at her work, and drops her head forward on the machine, remaining unconscious for a time. The head sometimes feels large. She thinks intensely upon trivial matters. There is much heat about the vertex. She says she is perfectly well in every other respect; but, on being questioned closely, says her feet often get cold, with burning in the soles at night; she gets very weak, and has an empty, gone feeling in the abdomen if she goes without her meals longer than usual, and sometimes even an hour before the usual time, especially before the noon meal. She is very sensitive to cold air, (but craves fresh air to breathe) and to the external application of cold water. Feels tired after waking in the morning. A red spot comes on her tongue which feels as if burnt. She is of "light" complexion. The family history is good, the parents living to a good old age; her mother died of paralysis.

Sulphur was prescribed, the decided symptoms being "headache, with heat on vertex;" "faint, empty feeling an hour before dinner-time;" "cold feet, with burning on the soles at night," and "sensitiveness to cold water," all of which are strong symptoms for the remedy.

The patient reported, in two weeks, a marked general improvement, having had but one paroxysm during that time. At the end of three weeks she is still improving and very much better. She did not return.

AGUE.—Male, aged twenty-seven. Has had chills and fever for five weeks. Was in Missouri, but was not seized with the ague until the next day after returning home. Has taken quinine, "boneset tea," and lemons and salt. The chills came every day, and at first were postponing. They now come every second day, and 1 p. m. Thirst during the chill and sweat, but seldom during the fever. Terrible headache during chill; the headache is his principal

Digitized by Google

grievance. The urine cannot be controlled, and "looks like boneset tea." He craves much salt in his food.

Natrum muriaticum was selected as the remedy on account of the prominence of the head symptoms and the craving for salt. The chill of this remedy usually comes on about 9 or 10 o'clock a. m. every other day, and is accompanied by a terrific headache. When this medicine is indicated the desire for salt is nearly always present. The time of the coming of the chill is often deranged by drugging.

As is usually the case when natrum is indicated and is given in the proper potency, the patient had one slight chill on his next chill day, and that was the last. The potency in this case was the 200th.

DIPHTHERITIC SORE THROAT. Female, aged twenty-eight, is troubled with what is usually called diphtheritic sore throat. The tonsils are much swollen, the right being dotted all over with grayish-white patches, the left has a few spots. Much headache and backache. Pain extends from throat to the ears, especially the right. Raises much tough, stringy mucus, which is so tough and ropy that she can scarcely wipe it off.

The characteristic symptoms in this case are the isolated patches; pain running from the throat to the ears; and, best of all, the tough, stringy expectoration. When this latter symptom exists as markedly as it does in this case, no matter in what pathological condition, kali bichromicum is the remedy, and will surely help the patient.

NEURALGIA. Male, aged forty-six. Has had neuralgia for two years. The teeth became loose and the gums ulcerated. Had section of the nerve made for its relief. The pain immediately went to the left ear, and now he is deaf in that ear, Had his hair cut in June, and caught cold therefrom. The trouble came the following August. The pain often comes suddenly, and is worse in cold weather; it changes from place to place, but centers in the ear. He is continually in pain when cold. The eyes and the nose often become red while the pain is severe; the eyes filling with mucus in the morning. He cannot sleep at night, and feels wide awake.

Belladonna was given because of the neuralgia from taking cold after having the hair cut; the pain comes suddenly; the eyes (and nose) are red while in pain. Pulsatilla was also thought of on account of the changeable nature of the pains, and the condition of the eyes in the morning. But the former remedy seemed best indicated, and was given.

A week later he reported no better and the further symptoms

Digitized by Google

were elicited that he had a thick, yellow, catarrhal discharge from the nose in the morning, and had a special dislike for fat or greasy food. Pulsatilla was prescribed. The patient reported at the end of another week that he had been as well as ever nearly the whole week, but the last day he had a return of the pain. Felt generally better. Remedy continued.

ERYSIPELAS AND NEURALGIA. Male, aged forty. This man has erysipelas and also neuralgia about the heart; sometimes the one comes first and is followed by the other, and *vice versa*. The erysipelas centers about the left eye, and spreads from that point to various distances over the face and head. It is accompanied by a smarting, burning sensation. It first appeared five years ago after having taken cold while overheated. Has had rheumatism frequently, which is always worse in extremely cold or extremely hot weather. Active exercise, such as running or rapidly ascending the stairs, produces palpitation of the heart. He is restless and sleepless at night, especially about midnight; cannot sleep because he is so restless, tosses about and cannot find an easy place. The neuralgia is worse at night, with much pain around the heart if he lies on his left side. Gentle motion relieves all the painful symptoms.

There is no doubt that, in this case, all these groups of symptoms—erysipelas, neuralgia about the heart, and rheumatism—each of which is misnamed a disease, are branches of the same root. Exactly what the nature of the root is, may be a disputed question. My belief is, that this root, or cause, is a morbid impression upon the nerve centers, which deranges their functional action. There is no organic change in the organs or tissues in which are developed the evidence of this wrong working of the governing nervous power.

If I am wrong, how will the infinitestimal dose of rhus tox., that I prescribe accomplish a cure? It will cure. If I am right, how comparatively easy to explain the otherwise inexplicable power of our materially small doses. The nervous system governs all. A thought, an emotion, (no material) deeply impresses the nervous system.

Rhus tox. was prescribed, the guiding symptoms being the exciting cause; the period and conditions of aggravation—worse at rest, better from gentle motion, worse at night, especially about midnight, when he is so restless that he cannot lie still; rheumatism; erysipelas.

The patient reported, four weeks later, that he had been almost

Digitized by Google

well up to within a day or two, when he had taken a violent cold. He rested better, had less pain and less palpitation, could exercise more freely without producing heart symptoms; and was, in fact, better in every respect, except that the erysipelas was more persistent.

This is a good sign. While treating chronic disease, the more pronounced the skin symptoms, the more encouraged we should be. Continued the same remedy.

BRONCHIAL COUGH—ECZEMA.—Female, aged fifty. Has had a cough for months; apparently caused by taking cold; worse in the morning for a half-hour after rising; strumous diathesis; has "salt-rheum" on the feet, which is worse in warm weather; there is a watery discharge from the eruption on the feet; feet burn and itch intolerably; "wants to tear them all to pieces;" white, tough expectoration. Has hot flashes, followed by weak, faint spells through the day; faint, empty, hungry, gone feeling about 11 a. m.; feet burn, especially on the soles, at night; she desires cool air to breathe, but it chills her; there is also a tendency to morning diarrhea.

Every symptom pointed to sulphur, which was prescribed in the 200th. One week later she reported the cough gone, feet symptoms worse. "Wants to put them out of the window at night, they are so hot." At the end of the second week, the report was generally better; no return of the cough. At the end of the third week, the report was still better; less eruption and less burning.

DYSPEPSIA *vs.* HEART DISEASE.—Woman, aged thirty-four. Has had palpitation of the heart for nine years. She is the mother of four children, and has never felt well since her first child was born. She has "sick headache," which is blinding, and causes sour vomiting. The head feels large, and, at times, cold on the top. Appetite is fair, but "food lies heavy on the stomach." The bowels are constipated, with ineffectual urging to stool. She does not sleep well, waking frequently about 3 a. m., with restless, unrefreshing sleep after that hour. The feet sweat much. Some of her symptoms are worse in the open air; better in warm room. The palpitation of the heart is what she is most anxious about. fearing heart disease; but examination reveals no abnormal sounds nor movements of the heart or pulse; while the gastric symptoms are sufficient to account for the palpitation, which is, without doubt, the result of indigestion. This is true of a great many cases of so-called heart disease.

The remedy indicated is nux vomica. The characteristic symptoms are: Sick headache; the head feels too large; the food lies

Digitized by Google

heavy on the stomach; constipation, with ineffectual urging; she awakes about 3 a. m., with restless, unrefreshing sleep thereafter, and is worse in the open air.

The patient reported no more headache; has had no headache during one month; formerly had it about once in two weeks. One week later, reported having felt better during the last week than for years; her heart troubles her scarcely at all; the appetite is good; bowels are natural and regular, and she sleeps well.

ASTHMA.—A man, aged fifty-two, and very fleshy. He took a hard cold before he had fully recovered from a severe attack of measles. This was followed by asthma. He was attacked in the night, about midnight, suddenly, and was compelled to immediately sit upright in bed in order to get his breath. He has forgotten how long this paroxyism lasted; but the attacks returned at first about once in four months, but are much more frequent of late. They come at any time of the night or day, and continue for eight or nine weeks. They are so severe that he cannot lie down at all, and are "the torment of his life." They are worse from inhaling dust. He cannot take a long breath on account of pain in his right side, nor can he exert himself for lack of breath. There is no history of asthma in his family.

Cold air or water affect the patient unfavorably; he likes to be wrapped warmly; is thirsty for cold water, which at one time distressed the stomach and caused vomiting; not so much so now. There is always a severe cough during the attack, with a yellowish or greenish expectoration. He has slight pain in the small of the back, and occasional neuralgia below the spine of the right scapula. The stools are dark.

Arsenicum 200 was prescribed because of the time and character of the attack; the cough, compelling him to sit up in bed; the sensitiveness to cold; the relief from heat; the thirst for cold water, which distressed the stomach, etc.

The patient reported in four weeks that he had improved steadily ever since he had begun the use of the medicine; the improvement was general and marked.

COLIC: A man, aged fifty-two, has been subject to a species of colic for five years. He first drank ice water excessively when heated, and a violent attack of colic followed, which continued for three days. This was five years ago. He has an attack every time he takes the least cold, which he does very easily; and also after drinking anything cold. He vomits easily. The bowels have been constipated for ten years. Appetite is poor. He is weak, but does not lose flesh. He desires a great deal of cold water, but dare not

Digitized by Google

drink it for it causes either vomiting or colic, or both. The present attack began three days ago. He likes cold air to breathe, but it chills him and causes him to take cold. Sometimes he has two or three attacks in a week. He cannot keep from taking cold, and so sure as he exposes himself he has an attack of colic. He is very nervous, but sleeps well, and wants to be " wrapped up warm."

It is not often we meet with a case of colic which has been almost continuous for five years, as this one virtually has. It will be interesting and instructive to watch the case and see whether or not our potencies will cure it, both on account of its chronic nature and because he has been trying other means during the whole of that period.

The remedy indicated is arsenicum, unquestionably, on account of the following symptoms; the cause, i. e., drinking ice water while heated; attacks induced and aggravated by drinking cold water; thirst for cold water, which distresses the stomach; vomits easily, with irritable stomach great sensitiveness to cold air; wants to breathe cold air, but is chilled by its external application; loss of strength; nervousness.

It will be an interesting clinical fact if the arsenicum shall remove the constipation of ten years' standing.

This patient was first prescribed for on October 16, when he took the remedy in the sixth potency. October 21, the report was "Colic gone after the first few doses; he is all right, and the bowels are normal." October 30—"Had colic last Wednesday and Saturday, but not so severely as before taking the medicine; the attacks were caused by colds. Bowels are still constipated but less so; feels better generally; appetite is good, but dare not drink cold water." November 6—Had colic twice since his last visit, but shorter and less severe; bowels more free; cold water does not now disagree; the last attack less severe than the previous; is not so chilly in the cold air; is stronger; the appetite is good. December 4—Reports steady improvement. December 18—Patient has had but one light attack during past two weeks, and that lasted but two or three minutes, and was scarcely perceptible. He feels almost well; appetite is good; is stronger in every way; bowels are regular, and he does not mind ordinary cold; "can eat and drink like other people."

This patient had the medicine in the sixth the first week; the second week, sac lac., and afterward the medicine in higher potency only twice.

Digitized by Google

AGARICUS*

By CHARLES E. ALLIAUME, M.D.,

Utica, N. Y.

THE following case is given to illustrate the value of prescribing for a patient, according to the totality of the symptoms present, subjective and objective, regardless of what the name of the disease might be.

The patient was a young lady about thirty-two years old, blonde, very fine, silky hair, with rather lax muscles, and, while of a nervous-vital temperament now, she will later degenerate into the lymphatic temperament. She had been in poor health for some time past and was cared for by her father, who was a most able homœopathic physician. His death undoubtedly had much to do with the breaking down of his daughter's health.

I found at my first visit a temperature of about 101° F. She complained of her extreme weakness, so weak she could scarcely draw her breath. Her flesh was so sore she could not be touched and felt as though she had been pounded. Her head ached severely, a bursting, throbbing sensation, much aggravated by light noise or motion. The backache was extremely severe, the whole spine being so sensitive she could bear no pressure on it. It seemed to burn like fire.

The pulse was weak and soft and somewhat too rapid, with an anxious, oppressed sensation about the heart. The stool was constipated and she had no appetite. I gave her belladonna 30th in water, a teaspoonful every hour.

She told me at this time, which was about noon, that she wished I would call the next time in the evening. Besides the symptoms then present, she said that in the evening everything was much worse and that she had a violent chill, and extremely high fever, followed by a profuse sweat. Also, she knew she was delirious at that time, and every muscle in her body twitched until she became completely exhausted.

Accordingly I called the next evening and found all of the enumerated symptoms. The belladonna had apparently done no good. My attention was called to the remarkable twitching of the muscles of the thighs, which fairly made the bedclothing dance. This symptom made me think of agaricus, and I went over the case again and found that the whole case was crying out for agaricus, and nothing else. I was familiar with the indications

*Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

for agaricus covering the spinal congestion and irritation, the soreness and twitching of the muscles, the burning pains of the back, the nervous symptoms, etc., but not with the symptoms of the chill, fever and sweat. However, I gave her agaricus c.m. in water, a teaspoonful every two hours, and upon reaching my office I found I had made the correct selection.

She had been ill for a week or more when I was called and had had an osteopath *cure* her headache every other day, but the agaricus promptly relieved all of the symptoms.

The first day under this remedy there was a slight paroxysm of chill fever and sweat, and on the second day there was none. In two weeks she was up and about, although very weak and easily fatigued.

CASE II.—While I was a student in my senior year, I arose one morning and experienced a severe pain and soreness in my hand as I grasped the side of the bed, and in my feet on putting them to the floor. I immediately investigated and found my flesh or skin swollen from my head to my feet and covered with large, raised blotches. I thought I had been poisoned and went to see Dr. H. C. Allen. He asked me if I bathed in warm water and if I had been recently exposed to the cold, and I said, yes.

Then I knew what was the matter. I had been out in the cold all of the previous afternoon without an overcoat, and while I did not feel any discomfort then, I was painfully conscious of the chillblains which covered my whole body. Agaricus gave me prompt relief from the intense itching and soreness, but the swelling did not disappear for several days.

I have cured many cases of chronic chillblains with agaricus.

LEUCORRHEA AND ITS HOMŒOPATHIC TREATMENT*

By H. A. ROBERTS, M.D.,

Derby, Conn.

LEUCORRHEA is one of the most troublesome of diseased states connected with the female organism. It is an excessive secretion of the normal secretions of the mucous membrane of the genito-urinary tract; or a secretion of abnormal mucus from the perverted function of that membrane. It does not constitute a disease by itself. This cannot be emphasized too clearly—it is only a symptom of some constitutional trouble.

*Read before the Conn. Homœo. Med. Soc.

Digitized by Google

In order to better understand this condition, let me review briefly the physiology of the normal secretion of this tract. We have a mucous membrane extending from the fimbriated ends of the Fallopian tubes to the vulva, each part of that membrane having its own individual function. In the normal state only enough mucus is secreted to lubricate the parts. Imbedded in the inner surface of the labia, and over the clitoris and nymphæ, are numerous sebaceous follicules secreting, of course, sebaceous matter. The vulvo-vaginal glands and the numerous mucous follicles located at the sides of the vaginal opening pour out a viscid mucus, which is markedly increased during coition. The normal secretion of mucus from the mucous follicles in the vagina is not large in amount and is transparent, and contains a large number of epithelium.

The glands in the cervix—the arbor vitæ—are of the racemose variety, and their formation gives exceptional power in the manufacture of secretions. These glands are very numerous, and from them is secreted a tenacious viscid alkaline mucus. The secretion of this mucus can become enormous. When this mucus comes in contact with the vaginal mucus it is changed by commingling and forms a white, creamy or soapy mucus, so that by the time it reaches the vaginal orifice it has changed its character markedly.

Next we proceed to take up the abnormal secretions, and interpret their significance. Acid mucus, normal in character, may be simply an excessive activity of the glands after menstruation, or during pregnancy.

If mucus is thick, ropy, or resembles white of an egg, and alkaline, it comes from the cervix, and is almost always present in such constitutional diseases as anemia, chlorosis and Bright's disease; if the mucus is curdy and acid it proceeds from the vaginal walls. If thick, creamy and acid reaction, sometimes white or yellowish white, and often membranous, it comes from the lips of the cervix, and external surface of the cervix.

A saneous leucorrhea would indicate a diseased condition of the uterus itself, either a menorrhagia, polypus or fibroids. This character of discharge might also accompany an ulcerated cervix. Then the discharge may be of a purulent character, which, of course, shows suppuration somewhere in the tract.

As to the cause of this symptom, there have been many suggested causes of the difficulty. We shall, of course, find as we follow up the constitutional dyscrasia, many sources. There are cases that are directly traceable to mechanical disturbances, like a displacement setting up a local inflammation by the venous stasis it causes. But we shall find the vast majority of the cases give the

Digitized by Google

history of sicknesses of a chronic nature that have apparently been cured; but we can, by close questioning, determine that this trouble began about the time the chronic trouble was cured. This is especially so in cases of skin diseases, when they are suppressed by local applications, and often I have found that it followed cases of malarial fever, when the paroxysms were suppressed by massive doses of quinine. This metastasis is much more common than is generally supposed, and should make us more careful in the treatment of all diseases having an especial predilection for transposing to other parts, that we accomplish the cure on homœopathic lines, and so work with nature to really eradicate the disease.

In treating these cases we should be careful to avoid all local measures tending to changes the character of the secretions, and to use nothing at all except for cleanliness. To be of permanent help we must get at this from the constitutional side of the case. I will illustrate what I mean by a case from my records.

Patient, about thirty years, married, mother of one child six months old. Has always had leucorrhea aggravated before and after menses, aggravated on rising in the morning; thick, tenacious, white, excoriating, causing intense itching; aggravated at night in bed; worse since birth of child. Gives history of having had measles when a girl about puberty. Has had some of the trouble ever since. Constitutional symptoms—distress after eating, feeling of satiety soon after eating, cannot bear anything tight about the waist, frequent attacks of heartburn, constipation, stools dry, hard, in lumps shredded together with viscid mucus, quantities of dandruff, hair falls out and breaks off short, nails brittle and ridges on them. I need hardly call your attention to the indicated remedy, it is so plain. Graphites not only cleared up the leucorrhea, for which she consulted me, but also the constitutional trouble was removed and a patient was gained to homœopathy.

Another case is interesting, showing constitutional basis as well as mechanical disturbances. Woman, about fifty years, widow, mother of four children, scrub woman in offices; prolapsus, uterus protruding with all the accompanying symptoms of that condition; leucorrhea, profuse, acrid, yellow, with blood at times; itching wherever leucorrheal discharge touched skin; faint, gone sensation in middle of forenoon; distention of abdomen with gas; liver enlarged about one inch; yellow spots about abdomen; yellow bridge across nose. Sepia cleared up the local trouble as well as the liver and other symptoms, in about three months.

In conclusion, I would lay stress on getting as far as possible the characteristics of the leucorrhea, especially the following: If

Digitized by Google

acrid or bland, color, character of, consistency and odor; then get the constitutional conditions, and, if careful selection of the remedy is observed, we shall get brilliant results. There is altogether too great a tendency to depend upon local measures and substitutes for careful work and study in these cases. The results are so much superior to the other method, when we adhere closely to our law of similars, that we should add to our own reputation, and increase the prestige of homœopathy.

PSYCHO-THERAPY

By Sheldon Leavitt, M.D.,

Chicago.

A MERE cursory survey of facts must convince one that mental medicine has a rational foundation. When we look out upon life's experiences, evidence is everywhere found that mind is the dominating force among men. The deeper we go in our study of human experience the clearer becomes this truth. One mind controls another. By potent reasoning, by luminous example, by persuasive eloquence, men are swayed in their opinions and their conduct. We are natural hero-worshippers. We prostrate ourselves before those who have become conspicuous for courage, for wisdom, for goodness, and for skill, murmuring our adoration.

Not only does one mind come to dominate another, but mind acquires a power over the physical energies of the universe. Man takes unseen forces and makes them drive his machinery, carry his messages, light his cities and warm his houses. The utilities that intelligence has been able to evoke fill us with astonishment; but the limit has not been reached.

Nor is the field of mental triumph limited to the outer world. Indeed, its most astonishing conquests are hidden in the depths of man's own being. His grandest conquest is the conquest of self, and his greatest creation the creation of his own destiny.

The powerful effect of mental upon physical conditions is patent to the mere tyro. One cannot study the varying phenomena of organic action without recognizing the destructive power of mental concepts and emotions. In a patient who is very ill mental shock is able to turn the balance against recovery. To see hope fade from the countenance may mean that we shall soon see the pallor of death stealing over it.

Digitized by Google

"It is quite true," says one, "that depressing emotions may kill; but that does not establish your thesis."

No, but if destructive thought can depress human vitality, cannot constructive thought elevate and sustain it? It is a poor rule that will not work both ways. With reference to both drugs and mental concepts, it may be safely affirmed that if there are depressants there are likewise stimulants and tonics. In short, the time has come when we should no longer close our eyes to the truth that clinical experience with psychic remedies develops evidence of the same character as that adduced from the use of other remedies, and of equal weight. In fact, many of us have become convinced that much of the evidence that has been cited to prove the value of drugs justly belongs to the domain of psycho-therapy.

This is a tempting theme for discussion, but we are liable to become bewildered if we go far into it without following a definite line of thought. Much of modern psychological thought is valueless, save as it awakens a taste for the esoteric, because it is put forth without logical coherence and sequence.

What is of superlative value to us in the direction of cure is to determine:

(1) Whether the subjective mind can be influenced in a deliberate and systematic way by the objective, and

(2) How such influence is best exerted.

It will be perceived that the importance of this study lies in the fact that it is the subconscious mind that presides over the functions of organic life.

An eminent professor in one of our leading universities, in writing of the evidence warranting a belief in psycho-therapy, says:

"On every hand we are invited to come and see, and any disposition to ignore the facts thus open to observation, while at the same time wholly condemning the belief in the name of which they are wrought, justly leads to a charge of prejudice and lack of scientific method. In fact, the evidence of most remarkable cases of healing under all these systems of belief is so abundant that I shall not hesitate to assume without argument that we are here dealing with one or more genuine healing agencies."

Disease is evinced by what we call symptoms. These symptoms are of two general varieties, objective and subjective, the latter being those that are felt and the former those that can be determined by means of physical exploration. We admit that a case can be symptomatically cured without essential change in the objective conditions. For example, a woman with a retroverted uterus may

Digitized by Google

be relieved of all sense of discomfort without restoration of the organ to what we call a normal position. To her this amounts to a cure, since conditions that present no subjective evidence of abnormality are essentially normal. On the other hand, the same woman, with her uterus in a normal position, and everything else in a seemingly healthy condition, may still suffer pain. The natural forces may be unable to cast out a bullet which has become imbedded in the trunk of a tree, or even in the body of a man, and the pathologist may tell us that there exists an abnormal condition. But nature comes to the rescue, restoring the cellular disorder which resulted from the penetration, and the tree, or the man, continues his unimpeded movement of life forces as is evidenced in unmodified functional activity.

The dual manifestation of mind, as seen in conscious and unconscious action, while it defies comprehension, commands our respect. It must be that the mind makes the body, rather than the body the mind. It is the mind of the cell that determines cellular development; and the human body is but an aggregation of cells. Only when mistaken for the reality and idolized does the body become eccentric and tyrannical. Viewed as an external manifestation, it grows beautiful and becomes harmonious with the environment of its own plane.

In what manner the subconscious mind is influenced and its actions modified and directed are the very things about which we are learning something in these days of varied practice.

As one out of many of the psychic truths that have been developed I may mention the exceeding value to healthful mental and physical functioning of an active volition. "Be systematically ascetic or heroic in little unnecessary points," says Prof. William James. "Do every day or two something for no other reason than that you would rather not do it, so that when the hour of dire need draws nigh it may find you not unnerved and untrained to stand the test. Asceticism of this sort is like the insurance which a man pays on his house and goods. The tax does him no good at the time, and possibly may never bring him a return. But if the fire does come, his having paid it will be his salvation from ruin. So with the man who has daily insured himself to habits of concentrated attention, energetic volition, and self-denial in unnecessary things. He will stand like a tower when everything rocks around him and when his softer fellow mortals are winnowed like chaff in the blast."

I will mention one more demonstrated law given us by the new psychology, and that is the surpassing value of faith as a condi-

Digitized by Google

tion of cure. There must be faith on the part of both physician and patient. The man who attempts to cure his patient by means of remedies in which he has no faith makes poor work of his attempts. And the patient who comes to the doctor without faith usually bears away with him the same ailments with which he came, intensified, it may be, a hundred fold. How often have we been shorn of our power to heal by the perverse unbelief of the sufferer. Doubt and fear paralyze the efficiency of remedies that might otherwise assert their curative virtue.

That there are valuable means of cure resident in the psychic realm many of us are fully persuaded. We have dogmatically set limitations upon their efficiency by our hampering skepticism. We have not been willing to give them a fair opportunity to demonstrate their powers. But we are becoming more rational and liberal. We are approaching a state of toleration which is most encouraging. I wish we knew better how to utilize the unseen forces; but we are slowly learning. Those who know the least about a subject are often the most voluble in their denunciation of what it stands for. There can be no rational objection to a tentative adoption of methods that the experience of others has commended, no matter how new and problematical their nature; provided, of course, that they be not hazardous in themselves and do not displace those that are known to be measurably helpful.

Let us set for our motto in the realm of mind and morals this rational sentiment: In certis unitas; in dubiis libertas; in omnibus caritas.

It is safe to do so, and it is just.

In certainties unity; in doubtful things liberty; in everything charity.

Spigelia.—Mrs. D. G. suffered for eight consecutive days from headache. The pains, intense, began in the early morning with dull pressure over the left eye, extending to the left temple, along the zygoma, and into the teeth, with great sensitivity to draughts. The pain is ameliorated by pressing the head with the hands. Quick movements aggravate. The pains are almost intolerable from 10-11 a. m.; towards 3 p. m. they diminish and cease entirely in the night. Spigelia 100, one dose, given when the pains were at their height gave almost instant relief, and the complete cure of the neuralgia abundantly justified the use of the drug. Dr. A. Nebel. *Le Propagateur de l'Homœopathie.* Lyon.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

ENERGY, METABOLISM AND NUTRITION

The generally accepted doctrine among experimental physiologists, and accepted as true by the medical profession on the authority of these scientists, is that both body energy and body heat are derived from the food we eat. Two writers, however, neither of them physiologists, have recently called these views in question and maintain that the deductions from thousands of laboratory tests are wrong, and that body energy and body heat have no relation to the food taken, or to speak more accurately, to the number of estimated heat-units or energy-units in the food. One of these writers is Mr. Hereward Carrington, who has expressed himself in his recent book, "Vitality, Fasting and Nutrition;" and the other is A. Rabagliati,, MA., M.D., F.R.C.S., Consulting Surgeon to a number of medical institutions at Bradford, England, who has furnished a special introduction to Mr. Carrington's book, in which he attacks the orthodox views, especially as summed up in Professor von Noorden's classic work on "Metabolism and Practical Medicine."

Dr. Rabagliati is a close student of philosophy, of metaphysics, and opens his consideration of the subject in an attempt to state what energy and heat are, believing that, until we have determined this, we cannot predicate their source as being in food ingested.

Toward the end of the 18th century Lavoisier postulated that

Digitized by Google

energy and matter were indestructible. Recently, however, Gustav Le Bon has stated that matter is not indestructible, nor eternal, and that he has proved experimentally that it dissociates and vanishes, never to return. Energy, however, it may be agreed, with Herbert Spencer, is infinite, eternal and omnipotent; it is neither increased nor diminished. Le Bon and Rabagliati agree that matter is a variety of energy, or, as the latter puts it, energy calls matter into being, in order to manifest its own presence to sentient creatures and human beings. These manifestations, these habiliments, as it were, of energy, are of a variety of forms and are capable of classification according to a series of forms of energy itself. In the first place, energy is either kinetic, active, dynamic or it is potential or dynatic. Rabagliati does not conceive that heat and light are forms of energy in the same sense as substance is; to him they are rather qualities of dynamic, and possibly also dynatic, energy; whenever kinetic energy is in action, heat is liberated and light appears, although the latter may be invisible to the human retina.

Kinetic energy is to be classified into: (1) Hylo-dynamic, or the power manifesting itself through substance or matter. "Energy seems to be itself imponderable, ubiquitous, omnipresent, omnipotent, but warm and luminous, and the procreator of substance, and of the seen, of the audible or heard, the tasted, the smelled, the sensed or perceived, and generally of the qualified." (2) Hydro-dynamic; the form of energy which manifests itself through fluids. (3) Aëro-dynamics and æthereo-dynamics; energy manifesting itself through various forms of gases and through the universal æther. (4) Crystallo-dynamic: the complex power involved in separating an almost infinite variety of crystals from the menstruum in which they lie dissolved. (5) Chemico-dynamic; during the functioning of which heat is noticeably liberated. (6) Electro-dynamic; in the exhibition of which also heat is a phenomenon. (7) Phyto-dynamic, or the energy of plant life, which procreates all plants in order to manifest its special powers. (8) Bio-dynamic, or the power of animal life.

In the foregoing schema we have an ascending scale. "All Nature is alive; it heaves, and throbs, and moves, and is moved by the working of a many-phased energy; the stones are only less alive

Digitized by Google

than the various forms of plant life, and of animal life." But, while the scale is ascending, it must be borne in mind that the higher manifestations of a given form of energy may be of a higher type than the lower manifestations of a higher grade of energy. "A beautiful flower, for example, with its division of parts; its corolla, its sepals, its stem and root, its stamens and pistil, and the fruit in which these culminate, are much higher than the homogenous undifferentiation and simplicity of the humble protozoön." Yet the "manifestations of energy shown in the mobile and responsible animal-series to which the protozoön belongs, is capable of reaching, and does in fact reach a very much higher manifestation and expression than any shown in plant or tree." And this higher manifestation is complex, and especially so in man, and itself requires analysis; so that we have: (a) tropho-dynamic, or the power of assimilation or nutrition enabling an animal to restore waste of its body from food; (b) æsthetic-dynamic, the power of perception or feeling; (c) noetic-dynamic, knowledge; (d) boulo-dynamic, will power; (e) psycho-dynamic or eusebio-dynamic, by which spiritual or religious matters are apprehended, and finally, (f) synoidal dynamic, "the faculty which aspires to be a co-worker, drawn, attracted and inspired by the unspeakable majesty and orderly harmony of the scheme of things of which it feels itself an integral and willing part."

Having shown the various manifestations of energy, Rabagliati sets forth the proposition that the direct metabolic changes in the human body are nutritional or metabolic only, and that any phenomena of work or heat-liberation are indirect, and attributable to the action of the energy acting through or by means of the body. Carrington attributes them to life or vital force, which he holds to be "absolutely alone, distinct, per se," from all other forces.

In reviewing the position taken by physiologists, as expressed in von Noorden's book, already referred to, Rabagliati objects to such expressions as "production of energy," "energy derived from," which are frequently found. If energy can neither be increased nor diminished, the phraseology ought to be "liberation of energy," "heat-liberation," etc.

The writer accepts as true the statements, that (1) whenever

Digitized by Google

food is taken into the body, there is an increase in the amount of oxygen inspired, and a corresponding increase in the amount of carbon dioxide expired. (2) Whenever mechanical work is performed by the body, there is an increased amount of oxygen intake and a correspondingly increased amount of carbon dioxide output. But he denies the right of anyone to infer from these facts that just as in the fire place of a steam engine, an increased amount of carbon dioxide output is coincident with (not the generation, but) the liberation of a certain amount of heat, the same occurs in the human body. If the inference were true, the blood in the pulmonary artery, which carries the blood to the lungs for the separation of the carbon dioxide, ought to be warmer than the rest of the body, which it is not. The food of the body does not correspond to the fuel of a steam engine which heats the water and generates the steam which works the machinery. The body is more like an electric street car, where the motor at the bottom of the car could not make a revolution if the trolley were off the wire; nor even if the trolley were on the wire, could it be got to work, if no current were passing. The truer and yet not complete analogy is, that just as electric energy runs the motor which runs the car, so vital energy (bio-dynamic) runs the body, which does the work. And as the wire along which the current is passing is warmer than that which is not transmitting electric energy, so the body is warmed and kept warm by the passage through it of the life current or bio-dynamis. One cannot argue from an analogy between the action of chemico-dynamic in a cold fire-place before the coal is set into oxidation, to the action of chemico-dynamic acting in an apparatus which is already warm, like the human body. Moreover, it must be borne in mind that the body is self-regulating, self-rectifying and self-repairing, which cannot be said of the steam engine nor the street car. To determine the heat liberated by or the carbon dioxide output from the oxidation of a given amount of food in the laboratory by no means determines what happens in the body.

Glycogen derived from the food and stored up in the liver, furnishes the carbon which, in combination with oxygen of the inspired air, forms the carbon dioxide expired. But this is a trophic change only. Whenever energy acts upon substance, the latter wastes; in

Digitized by Google

the bodily machine, whenever erg-dynamic, the power of mechanical work, uses the body for the manifestation of its power, the body begins to waste, and as it is a self-repairing machine, trophic changes are at once started to make good the waste. While the carbon dioxide output is proportionate to the work done, it is not its cause, but its effect, or it is the effect of the waste effected by the action of erg-dynamic on or through, or by means of the organism, and of the trophic or the nutritional changes which are at once set up in the organism to replace the waste. If we could assume that the waste in the motors of the street car consequent upon work could be made good by some self-acting mechanism to replace the steel particles as they wear away it would be just as reasonable to infer that these steel particles were the cause of the motion of the car as to say the food ingested is the cause of the work done by the body.

Dr. Rabagliati maintains that if there is a causal relation between food ingested and heat and energy liberation, there ought not to be the differences of opinion among the physiologists as to the quantities of the constituents of food needed by the body which is manifested in their writings. Some authorities state proteid-food requirements at three times the amount said to be necessary by others.

The feeling of stimulation from taking food is felt long before the food is assimilated; and similar stimulation has been derived by putting indigestible substances, such as stones, in the stomach; tightening the belt and a diversion of energy into another direction, such as mental stimuli, have been sufficient to provoke a stimulation convertible into doing work.

To summarize this writer's views on nutrition and metabolism in its relation to energy: When either erg-dynamic (bodily work) or tropho-dynamic (self-reparative work) act through the organism, the organism wastes and at once the self-repairing, self-rectifying machine starts an increased nutritional metabolism. This view, in the writer's opinion, explains, and is the only one which does explain, the enormous differences in the amounts of food which are recommended by different authorities as proper to be taken by man. As the body works more, or as it is made the medium through which energy performs its work, the body wastes more,

Digitized by Google

and as the waste has to be made good, a little more food is needed by the working than by the resting body. But a much smaller addition is required than has been supposed. One-third or one-half of the quantity of proteid food that is actually recommended was found by Chittenden sufficient to maintain athletes in sound condition. Too much food, both nitrogenous and carbonaceous, is taken and is recommended to be eaten, than is really required. The intellectual reason for this is the universally held belief that the work of the body and its heat come from the food, while in fact they are manifestations of the powers of life; the moral (or immoral) reason is, as stated in von Noorden's book, "the majority of men, even with the tempting prospect of a prolongation of life, or at least rejuvenation, prefer to enjoy the comforts of life." And since many diseases and much pain and misery undoubtedly arise from over-eating and errors in diet, where do the "comforts of life" come in?

Notes and Comments

Tuberculosis a Notifiable Disease in New York.—Governor Hughes has signed the bill supported by the N. Y. State Department of Health which declares tuberculosis to be an infectious and communicable disease dangerous to the public health, and provides for the reporting of all cases to the local board of health. Provision is made for the free examination of sputum in suspected cases, and for the disinfection of premises after death or removal of persons having tuberculosis. The attending physician is required to report on blanks a complete statement of the precautions taken by him to prevent the spread of disease from a patient under his care, and is to receive a fee of one dollar for this public service. Failure to obey the act renders a physician liable to a fine not exceeding $100 or six months in prison, or both.

International Congress in Tuberculosis—President Roosevelt has accepted the presidency of the International Tuberculosis Congress that is to be held in Washington in September and October of this year, and Dr. Edward L. Trudeau has been elected honorary vice-president. A recently-erected public building has been set apart for the exhibition and Congress has appropriated $40,000 to put it in shape to receive the exhibits. The committee in charge announces that many of the world's leaders in phthisiotherapy have accepted its invitation to be present, and the Congress must certainly prove a gathering which no medical man should miss.

Digitized by Google

Homœopathic physicians have the credit of being well to the front in all movements for the public welfare. It is to be hoped that they will sustain this reputation by actively identifying themselves in the anti-tuberculosis campaign, and particularly by attendance at the Washington Congress. Few physicians now living are likely to have the chance of being present at another international tuberculosis congress held in this country.

A Bishop on the Vital Facts of Life—The Bishop of London has come out in favor of a campaign of education that, in the opinion of those who have given most attention to the subject, must cut the ground from under one of the chief causes of the so-called social evil. Bishop Ingram says: "There shall be plain talking; the time has gone by for whispers and paraphrases. Boys and girls must be taught what these vital facts of life mean, and they must be given the proper knowledge of their bodies, and the proper care of them. No abstractions; the only way now is to be frank, man to man." Conservative England leads the way in this crusade of enlightenment. Where is the American publicist who will preach the gospel of the power of knowledge in this land of the free? Land of the Free!—Perhaps this is wrong since the W. C. T. U. has secured the abolishment and refuses to permit the restoration of the army canteen.

Practical Men Needed—Without detracting in the least from the glory which belongs, and rightly, to the scientist and the research-worker, it can still be maintained that it is the province of our medical colleges to produce practical physicians—men who will do the right thing at the right time for the average patient. Of course, there must be a foundation on which to build the superstructure, but the man who spends all his capital on constructing foundations can erect no building of benefit to himself or humanity. What is the use of the learned and painstaking diagnosis if the treatment is left to the osteopath, the Christian Scientist, or other irregular and incompetent practitioner who proclaims his ability to do things. Are we not possibly mis-directing the energies of the average medical student, who is to become the average practitioner, and must get his living out of a successful practice?

Tuberculinum and Tuberculin Vaccine Therapy—Objection been brought against the use of the homœopathic preparation tuberculinum in phthisiotherapy because, prepared from one particular sputum, and that not analyzed as to its bacteriological content, it was an unscientific medicament. Be that as it may, it is interesting to note that at the recent meeting of the National Society for the Prevention of Tuberculosis, the best results in vaccine therapy were said to follow the use of a vaccine prepared from a mixed culture of tubercule bacilli and streptococci and staphylococci organisms which are found in the sputum of a large number, if not the majority, of the advanced cases of the disease. Thus, if tuberculinum (homœopathic) and this best strain of tubercle-vaccine were susceptible of analysis they would probably be proved to owe what therapeutic value they possess to the same elements.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Cervical Caries.—Annie L., age 10, a bright girl with florid complexion and dark hair, came to me on July 4, 1904. She had been attending a dispensary for ten months previously, where she got progressively worse.

Her illness began with severe pains in the neck. I found there was a distinct enlargement to the left of the cervical spine, and the movements of the head in rotation to left and right were both restricted and painful. I prescribed silica 30 ter die and tuberc. 30 weekly, and ordered a poroplastic splint to give rest and support the neck.

She at once improved and lost all pain. This treatment was steadily continued, the tuberc. being varied in dilution to 200 occasionally, and calc. phos. 30 and calc. fluor. 12 given as intercurrent remedies.

In April of 1906 I ordered the splint to be left off gradually—for three hours at a time daily.

On July 13th my note was: "She has now worn the splint for two years, and the spine appears perfectly healed. There is is pain and no deformity." The splint was now finally left off.

She has continued under observation ever since, taking occasional doses of tuberc. 30. I saw her again to-day—November 8, 1907—looking the picture of health. She has no pain, and can move the head freely. She says if anything startles her it makes the neck throb. There is no deformity and only a slight thickening can be felt over the cervical spines. She is now returning to school. Dr. J. R. Day, *Homœopathic World*, London.

Hints. Look—into the ears of a patient who tells you he has catarrhal deafness—you may see a polypus, a plug of wax or a long forgotten foreign body.

Look—into the vagina of a patient who complains of profuse or irregular menstruation—you may see a cancer of the cervix.

Look—into the urethra of a patient who complains of frequent or painful urination—you may see a caruncle.

Look—at the feet of a patient who says that six doctors have diagnosed "rheumatism of his feet"—you may see a flat-foot.

Look—at the spine of a child of a child who is round shouldered—you may see a curvature.

Look—at the prepuce of a boy whose mother complains bitterly of his nocturnal enuresis—you may see a phimosis.

Look—into the nose of a child who does not keep up with other children of his age at school—you may see that he is air-starved from adenoids.

Look—into the mouth of a patient who says he has a "torpid liver"—you may see some carious teeth.—*The Clinical Reporter.*

Renal Colic: Magnesia Phosphorica.—I was called at night to see a patient suffering intensely from pain in the region of the kidney. This was the case of a robust young Mohamedan gentleman with intemperate habits. He had that pain off and on for a period

Digitized by Google

of six years. The last was when I was called in the year 1898. When I arrived at his residence, he was screaming with pain in the right kidney. The pain was violent, shooting and burning in character and paroxysmal in nature, better by rest and aggravated by motion. Fomentation gave him temporary relief. He was also relieved by pressure upon the part; in fact he was bending double with a pillow. When the pain was at its height he became restless and walked about in the hall to get relief. I gave him a dose of magnesia phos. 6 and waited to see its effects. No relief in an hour's time.

The remedy was so truly indicated that I did not wish to change it for some others; so I gave him one dose of the 30th potency.

The effect was charming. After about five minutes the patient slept and there was the end of the matter. I waited another hour and left for home. Next morning he was all right. Since then, up to the present moment, he has never been troubled with his old enemy. I warned him to mend his ways. He abides by my advice to the letter and so enjoys good health. Dr. P. C. Majumdar, *Indian Hom. Review,* Calcutta.

Arnica.—The writer was called early one morning to K. E. aet. 30, who, at breakfast, had fallen from his chair to the floor as from a stroke. The left leg was partially, the left arm wholly, paralyzed; speech difficult but comprehensible; pulse very rapid and strong; vomiting. He had two days before gone on a long bicycle trip with considerable hill-climbing under a hot sun; had imbibed various liters of Austrian wine and returned home. The next day the performance was repeated, with an evening carouse. Arnica 2, gtt. x, hourly, was ordered. On returning at 11 a. m. speech was much clearer, the sensorium unclouded, the left arm freely movable. In the evening he was himself able to raise the arm, yet noted a paralytic trembling in it; cardiac action was much calmer; the previously noted hypertrophy had already decreased, and continuing the remedy he was able to get up the third day and resume light work on the fourth. While in this case the action of arnica was not particularly brilliant, since such cases may recover without medication, still it was indicated because of 1. The cardiac hypertrophy from over-exertion. 2. By the weakness of the blood vessels and the quality of the blood, caused by the abuse of alcohol. It may also be noted that there was a family history of numerous apoplexies.

Arnica is also useful in bruisings or tearings of nerves, with hemorrhage, and with characteristic symptoms of restlessness, necessity of moving about, hypersensitivity; and when in consequence of such trauma a neural inflammation with sequent paralysis develops. In such instances the high potencies are preferable.

In the sensory organs, particularly the eye, arnica is also indicated when, after trauma, suggilation or inflammation occurs. The action of arnica in cough is also well known, e. g., in pertussis when there are conjunctival hemorrhages. Dr. Kernler. *Allgemeine Hom. Zeitung.*

Digitized by Google

Gynecologic Remedies.—CIMICIFUGA. Uterine polychrest. I might perhaps say that this is more frequently called for in dysmenorrhea than almost any other remedy in the materia medica, much oftener than pulsatilla or senecio. (These three are the great triumvirate.) Indicated in nervous women of rheumatic diathesis with neuralgia, myalgia, occipital headache, flashes of heavy pains through the lower abdomen and pelvis. These pains continue for some time but are sharp as in caulophyllum. Very severe, heavy pains in the head and eye-balls and other parts of the system. The flow irregular or suppressed from general cold or strong mental emotion. Severe neuralgic pain in the uterus and ovaries; pains extend from side to side, are sometimes dull in character and produce great soreness or tenderness of the parts; severe bearing down, dragging sensation in all the pelvic organs.

SENECIO.—Unlike pulsatilla, the courses may be too profuse, premature, but the great indication for this remedy is irregular menstruation or suppressed menstruation followed by vicarious menstruation. More apt to be scanty or suppressed in very nervous women. Suppression of the menses in young girls is apt to be followed by dropsical condition. Great depression of spirit as well as nervousness and excitability. Great debility of the whole system. Derangement of the digestive organs. Loss of appetite, coated tongue, constipation and great lassitude. A sensation as of a ball rising from the stomach into the throat. Keynote, profuse mucous discharge may occur in the place of the menses. For chlorosis in scrofulous girls with a tendency towards dropsy.

VIBURNUM OPULUS.—Menstruation too early, too profuse and offensive in odor. The discharge usually has the characteristic jelly-like consistency, leaving a permanent stain on the napkin. Menses frequently delayed. Before menstruation has severe pain in the back extending to the hypogastrium and down the thighs, cramps and bearing down pains before the discharge appears. Excruciating pain through the womb and lower part of the abdomen, which comes on suddenly, and frequently continues from six to twelve hours before the flow. During this time there is marked uterine congestion with the feeling that the "courses" would come at any time. During menstruation there is apt to be persistent nausea with constant pains drawing from the back. If these symptoms are not relieved they have a feeling as if the breath would leave the body and the heart cease to beat. This frequently leads to anxiety with palpitation of the heart. Often has a strange, and as the patient expresses it, a buzzing feeling in the hands and feet. They feel as if they would burst. Suddenly waken at night with suffocative feelings. A valuable point of distinction between this and caulophyllum is that in cases of amenorrhea or dysmenorrhea the caulophyllum patient cannot endure the pain but becomes frantic and almost delirious. There is a striking similarity. Both remedies are indicated in all slender, fair-haired, hysterical persons suffering from either of the above menstrual disorders.—Dr. KINYON. *University Hom. Observer.*

Digitized by Google

Hysteria.—In the treatment of hysteric cases, the modern artificial preparation, sanatogen, has frequently rendered excellent service. Its results are largely due, in my opinion, to its phosphorus content. Phosphorus is well indicated in nervous debility, in paralysis, in lessened sensory power. In hysteric asthma, platina has been efficacious; causticum and nux vomica in paralyses. Correspondent to the frequently changing syndrome, a number of homœopathic remedies may be called for. Gelsemium has been useful in neuralgias; sanguinaria, valeriana, ignatia in various hyperesthesias; moschus, zinc, asafetida, arsenicum in other sensorial disturbances. Nux moschata, and particularly carbo vegetabilis, are pre-eminent remedies in hysteric flatulence; anacardium in hysteric hallucinations. It must be remembered however that the best chosen remedy is not able alone to alter or cure permanently a hysteric condition, but all therapeutic aids should be called into service to attain amelioration and cure.—Dr. K. KEIFER. *Homœopathische Monatsblätter.*

Physical Therapeutics

CONDUCTED BY WILLIAM H. DIEFFENBACH, M.D.

HYPEREMIA IN PULMONARY TUBERCULOSIS.

PULMONARY tuberculosis is reported cured by some new expedient or method with every change in the calendar, so that the writer is mindful of the criticism and odium attached to one who ventures to advocate something new in this affection.

With this preface we will attempt to explain the value of *hyperemia* in the treatment of pulmonary tuberculosis and its technic to date.

Professor Bier in his epochal work on "Hyperæmia as a Method of Cure" expresses the hope that this measure may also be found valuable in pulmonary tuberculosis, and gives his reasons for this belief. He recalls the pathological findings of Rokitansky, who determined in 143 autopsies made in cases of valvular heart disease with co-incident pulmonary stasis that no evidence of tuberculosis of the lung was discoverable. He also quotes Frerich's observation that stenosis of the pulmonary artery with consequent *anemia* of the lung was invariably productive of pulmonary tuberculosis.

The following deductions ran be made from these facts: I. Pulmonary hyperemia is unfavorable to the development of tuberculosis. II. Pulmonary anemia favors the propagation of the tubercle bacillus.

*Read before the Hom. Med. Soc. of the Co. of N. Y.

Digitized by Google

Recent experiments made on animals to determine the action of hyperemia show that increase of serum produces dilution of toxines; increase of the blood corpuscles to a part is coincident with leucocytosis and phagacytosis; antibodies and alexines are increased and antitoxines are more rapidly formed. All these factors induce bacteriolysis and favor resolution of tissue to normal conditions.

Anemia, on the other hand, furnishes a favorable soil for bacterial development and necrosis of tissue. If these facts are correct (and no pathologist denies them at present) it would appear that all that is required for the cure of bacterial infections is local or general hyperemia and a general stimulation of the hematogenic organs so as to furnish the blood elements for opsonic improvement.

The many thousand cures for pulmonary tuberculosis due to pure air, climate, altitude and simple dietary and hygienic regulations certainly prove that the organism itself can heal a tubercular lesion if given the chance. The main factor in the resolution of tubercular tissue as proven by Bier in many cases of joint disease is due to hyperemia. There is no reason to suppose that pulmonary tissue will react differently than any other tissue under the same curative efforts.

How then can a curative hyperemia of the lungs be induced? Altitude with respiratory increase does it to some extent; fresh air—pure, cold air—also induces hyperemia. The breathing of irritants such as ozone, iodine, bromine, chlorine, etc., if sufficiently dilute, can also produce local hyperemia and may prove a curative factor. The beneficial results from inhalatoria and pneumo-cabinets can also be referred to the hyperemia of the pulmonary tissues induced by these devices.

The Roentgen ray primarily also induces hyperemia of tissue; high frequency currents, especially derivation currents, and a good effleuve over the chest can also cause hyperemia, which explains the favorable results reported from these methods by different physicians.

Following the suggestions of Prof. Bier, Dr. Kuhn of Berlin constructed a mask (can be procured from Kny-Sherer & Co., New York), which produces obstruction to inspiration and thus induces a passive congestion of the respiratory tract which can be modified by diminishing or increasing the obstruction to the breathing. This mask has been favorably commented upon by many authors, and Dr. S. A. Knopf (N. Y. Medical Record, Feb. 22, 1908) gives his experiences with it as follows:

"We thought that it would be an interesting evidence of the therapeutic effect of Bier's treatment if we could apply Kuhn's mask

Digitized by Google

after a careful examination of the throat, note the findings which the laryngoscope revealed and then examine the throat again after the mask has been used for from 15 to 20 minutes. The following are the results: Six cases of laryngeal tuberculosis were selected from the various wards in our service at the Riverside Sanatorium. On re-examination, after the first application of the mask, we were pleased to note that a marked congestion was produced in all the mucous membranes of the upper respiratory tract. This was especially noticeable in the membrane of the soft palate and epiglottis due to the usual pale character of the membrane in these parts. The anemic membrane characteristic of such cases was covered after treatment with a net work of small dilated venulae, proving conclusively the utility of the mask to produce the desired venous hyperemia. With this encouraging beginning, the masks were worn fifteen minutes three times daily and examinations made from time to time to discover any change in the pathological condition of the larynx. After a few days the congestion of the membranes became more or less permanent, lasting over from one treatment to another, the mucous membranes losing their characteristic pallor. The cases ranged from the mildest with only slight infiltration of the cords and arytenoids with impairment of motion, to the severest type with extensive ulceration, and in one case there was perichondritis and external abscess. During the application of the mask very little discomfort was experienced by the patients, consisting of slight dizziness and a feeling of oppression. This became less as the patients became accustomed to the treatment. In one case complicated with chronic otitis media with tinnitus, the dizziness became so severe as to interfere with the regularity of the treatment. This was especially true in heavy, stormy weather. During the two months of treatment all the cases but one showed some improvement. In the cases of infiltration without ulceration, the improvement was mainly symptomatic, the hoarseness and discomfort being relieved without any noticeable changes in the pathological lesion. Where ulceration existed the ulcers showed healthier, redder granulations covered by far less secretion than formerly. The one exception to any improvement was the case spoken of with chronic otitis media and severe perichondritis. With him no relief was experienced that could be ascribed to the Kuhn mask.

"During the first month all other local treatment of the larynx was suspended, that we might not be doubtful as to the cause of any results obtained. Later the eucalyptol, menthol and chloroform inhalations referred to above were added with marged benefit to those cases suffering from irritable cough."

Digitized by Google

Dr. Knopf concludes by stating that the Kuhn mask appears to be a practical means for applying the Bier treatment to the upper respiratory tract and that under its influence *local anemia* has disappeared, symptoms improved and ulceration takes on a more healthy character.

Dr. Willy Meyer, in his description of the Kuhn mask (Medical Record, Nov. 9, 1907), draws the following conclusions:

I. That the beneficial influence of the mask will naturally be shown in cases of incipient pulmonary tuberculosis, or better still, when used as a prophylactic.

II. That advanced cases are also greatly benefitted by it as long as chronic toxemia and pronounced weakness of the heart do not render impossible any kind of improvement.

II. That the risk of hemorrhage from the lungs does not forbid its use; on the contrary, there seems to be a diminished liability of a return, as the granulations in the lung tissue apparently get stronger under the application of the mask, same as we observe this is granulations of the surface of the body while under hyperemic treatment.

IV. That post-mortem observations of the lungs of a patient who died of chronic intestinal tuberculosis and in whom the mask had been used for several months has shown the foci isolated and surrounded by a mass of new-formed connective tissue, the latter being in the stage of cicatrization.

V. That on account of the large quantity of blood being aspirated into the lungs, more oxygen enters the circulation; furthermore, that in consequence of the resistance offered to inspiration the entire system of respiratory muscles is strengthened on the basis of the idea underlying the well-known "Swedish Movement" method.

VI. That by thus improving the constituents of the blood, the use of the mask not only incidentally improves the usual anemia of phthisical patients, but promises to become one of the most powerful physical aids, so far known to us, in our fight against ordinary anemia.

VII. That according to the degree of obstruction to inspiration arranged for, the mark produces the effect of various high altitudes on the general system; that is to say, it rapidly increases the number of red and white blood corpuscles, and of the latter especially the polyclear neutrophiles and the percentage of hemoglobin. This is produced by the irritating effect of the condition of reduced tension of oxygen in the blood on the blood-producing tissues of the body, principally on the bone-marrow. Inasmuch as the increase of the blood elements begins very early, one hour after

Digitized by Google

applying the mask, it will be interesting to watch whether this obstructed inspiration might not be used to advantage in surgical patients, especially after abdominal operation, to produce artificial leucocytosis.

VII. That the mask incidentally has proved of great benefit in relieving the pulmonary circulation in cases of advanced valvular diseases of the heart as also in cases of obstinate asthma of the heart. The technic of applying the mask consists in fitting it snugly over the nose and mouth and starting with a half hour treatment daily, gradually applying it for one hour three times daily.

The Beverly Robinson inhaler and mask no doubt also largely derives its beneficial action on the respiratory tract from the passive hyperemia induced through slight obstruction to inspiration and secondary to the irritating effects of the remedies inhaled.

Hydrotherapy, if scientifically applied, can produce a fluxion to the lungs and local hyperemia. The experiment of taking a blood count from the lobe of the ear and the toes and subsequently immersing the toes into cold water for a short time and taking a second count of both portions of the anatomy abundantly proves that the blond stream can be diverted by hydrotherapeutic measures.

In the experiment mentioned the count of erythrocytes, while *normal* and approximately the same from the ear and toe, showed after the cold, short, stimulating immersion of the foot that there were from one to one and one-half million more erythrocytes in the blood taken from the toes, while the lobe of the ear showed a *diminution* of over a half a million. This experiment has been repeated many times to avoid improper conclusions and the results have been invariably corroborated. This classical experiment proves the contention of the hydrotherapists that the circulation to a part can be *augmented* or reflexly *diminished,* depending on the parts treated. The most recent method for producing hyperemia of short duration, of brisk, cold ablutions, of cold air—baths and cold affusions would all appear beneficial in tubercular affections, as they undoubtedly produce fluxion and coincident hyperemia to the parts treated. The most recent method for producing hypermia of the lungs, which has been advocated by Dr. A. C. Geyser of New York, has the virtue of being easy of application and promises in the writer's opinion to be of excellent service in the production of pulmonary fluxion and hyperemia. Briefly stated, it consists of the use of the Esmarch bandage on the upper and lower extremities for a given time to render these parts bloodless and reflexly increase the flow of blood to the lungs. Dr. Geyser's technic follows: "At 10 a. m. bandaging begins; a rubber Esmarch 2 inches by 4 yards

Digitized by Google

is applied with moderate firmness, but without discomfort to all four extremities. These bandages remain on from 15 minutes to one hour, with the *foot* of *the bed elevated about two feet.*

They are removed for at least two hours and the process is repeated up to 6. p. m. While the bandages are in position the patients inhale for two to five minutes free iodine in albolene from a nebulizer. Dr. Geyser's technic also includes hydrotherapeutic reactive measures such as short, cold, full baths in the morning and the wet sheet pack in the evening, depending on the temperature and the reaction of the patient. The writer has commenced the use of the Kuhn mask in two cases, and has as yet no report to make on this procedure. Dr. Geyser's ingenious method of producing pulmonary hyperemia by means of the bandages to the extremities (without the nebulizer adjunct) has proven of great value in a hopeless case under my observation during the past month. The patient was a girl of fourteen years of age with mixed infection with a second attack which had progressed so far as to impel the family physician to announce that the patient had but a few weeks more to live. Both apices were affected, and the left upper lobe consolidated with a marked cavity. The patient was too weak to sit up, fiush, copious expectoration and night sweats. Aphonia was marked, she lay recumbent in bed with high afternoon temperature, hectic flush and progressive emaciation. Medicines were dispensed with at our suggestion and the Esmarchs applied for 30 minutes mornings and afternoons, and hygienic measures, cold sponging, fresh air, feeding small quantities of readily digested food every four hours and rest in bed were added to the Esmarch bandages. After three weeks the family physician reports as follows: "Miss L. does look and feel much better. Her fever has stopped. No night sweats; cough diminished. The Esmarchs make her flesh very sore, but have kept using them just the same." Since this report was sent the progress toward recovery continues, and we attribute the improvement to the pulmonary hyperemia and fluxion produced by the method advocated by Dr. Geyser. This method certainly deserves an extended trial—it is rational, easily applied and as far as observed entails no danger. Every practitioner can without reference to his choice of drug therapy give these new applications a trial and be assured that he has employed a method which theoretically promises great results in pulmonary tuberculosis.

Digitized by Google

Vol. LVI AUGUST, 1908 (Volume XXIII Third Series) No. 8.

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE USE OF HIGH TENSION VACUUM TUBE DISCHARGES IN SPECIAL PRACTICE

By Nathan Smilie, M.D.

Philadelphia, Pa.

THE therapeutic use of the high tension current and vacuum tube discharge is of comparatively recent date, although the vacuum tube currents were studied by De La Rue and Hugo Miller as long ago as 1879, and Geissler experimented with vacuum tubes, impregnated with different substances in the form of gases, many years before that, but mainly as a laboratory curiosity.

It was left for De La Rue to determine that the current passing through a vacuum tube is practically an arc.

The identity of the vacuum tube discharge can be compared to the Aurora Borealis as analyzed by the spectroscope. There are seen in the high vacuum discharges of a large tube all the colors ever seen in the Aurora Borealis. Columns and curtains in a rapidly oscillating electrical current. In the auroral light are seen nine lines at times, but usually only seven show at one time; the brightest is the yellow green. Vogel stated that the red line in the spectrum is due to nitrogen in the air and also two other lines near the violet. The fifth line in the aurora compares with the third line in the spectrum of oxygen. There are iron lines due to the vapor of exceedingly fine particles, so light that they float against gravity. Nordenskjold was able to catch fine particles of iron from space, in the Arctic regions. As the vacuum tube discharge shows under the spectroscope the same lines, I have enumerated the above facts to call attention to what a complex question is before us if we endeavor

Digitized by Google

to analyze the current to determine what particular agent or agents are the power for most good in it. The use of vacuum tubes with an enclosed filament has long been in practical use in the form of incandescent lights for many years. It requires a current of high frequency to operate these.

The luminescence of a vacuum tube depends on a certain degree of rarefaction of the atmosphere enclosed in the tube regardless of metal electrodes, filaments or vapor of metals, as in the Cooper-Hewitt light, the highly rarefied tube showing more of the intense rays and the converse condition showing the violet or ultra-violet rays, and it is this form of tube which seems to be most highly favored by the manufacturers, at least at the present time, for therapeutic use; at least, you cannot buy a high vacuum tube without having it specially made to order. And my personal experience leads me to believe that the high vacuum tubes are the most effective therapeutically in all lines of work in which I have tested them.

The property of fluorescence has something to do with the production of this so-called ultra-violet energy, due to the etherial vibrations or oscillations of light corpuscles.

But after all it is not the light that produces all the beneficial or curative action, but rather the high frequency and high potential current discharged through the tube and marking its course by the beautiful display of colors varying according to the rarity of the vacuum tube and the strength of the primary current and number of interruptions, etc.

Thomson explains the theory of spark discharges through vacuum tubes containing air or gases at low pressure, as follows: The spark discharge originates the ionization of the gas by moving the small negative ions, close to the cathode, and they are driven from it by the electric field and soon acquire such velocity that they ionize the gases through which they pass, producing a supply of positive ions which are attracted by the electric field of the cathode and are there transformed to produce a fresh supply of negative corpuscles. The positive and negative ions in the space close to the cathode are therefore mutually dependent; if the supply of either is stopped, that of the other at once fails. In these discharges through vacuum tubes, when the electric field falls below a certain par, it can no longer ionize the corpuscles next to the anode field, or they may feebly glow, and the limit of the glow from the cathode marks the place where the ionization ceases.

The tubes in use are many and of various forms, adapted to the particular use to which they are to be put. It has been demon-

Digitized by Google

strated that unless the tube has a quartz window no ultra-violet light will pass through, and unless there is an aluminum window no cathode rays escape, and in both these forms of tubes it is practically impossible to prevent leakage and thus loss of vacuum. They are worthy only of mention as varieties of tubes. The ones which it is understood that the experience of the writer is based upon are the blue violet rays of the ordinary commercial glass tubes. Of these two forms are common: Tubes with conducting wire, which the electrical discharge is not so prominent as the light. are desired to be produced; and tubes without leading wires, in which the electrical discharge is not so prominent as the light. The former produce more sensory disturbance on application, and the latter practically none on direct application. From both, however, we obtain the action of a chemically active light, as can easily be demonstrated by exposing photographic plates as in ordinary X-ray work, and that of a high frequency discharge of electric waves. But the lght energy has not the same penetration as that of the Crookes tubes, although it is not to be deliberately ignored when we account for its therapeutic action, as is demonstrated in recent congestions and inflammations and in circulatory stasis, which they relieve quickly and surely; and in chronic lesions of the same order, not only of superficial structure, but of the deeper tissues, as demonstrated in a case of musculo-spinal neuritis of long standing, permanently relieved after five treatments at about one week intervals.

Also, in the deeper lesions of the middle ear and Eustachian tube, as demonstrated in a woman of 50 years, of marked gouty diathesis, who came to me with a history of loss of hearing in one ear, the other failing fast. Examination showed complete loss of use of left ear, due to sclerotic changes in the drum membrane and obstruction in the Eustachian tube. Right ear showed beginning sclerotic changes and hearing diminished to about one-third normal. Treatment has improved the right ear and stayed the gouty process and held it *in statu quo* for the last seven years, in spite of a general nervous breakdown and a general relapse into a chronic invalid state.

In the deep structures of the eye, as shown in a case of hemorrhage in to the vitreous, complicated by hyalitis in a young woman of 22 years, school teacher, light complexion, inclined to plumpness, history of rheumatic tendency; no specific history or traumatism. Left eye became suddenly blind, no pain or other symptoms; vision, right, 15-20, and left, 15-card. Examination with ophthalmoscope showed vitreous hazy and nerve could not be

Digitized by Google

seen clearly through it, like looking through a dotted veil; on quick motion of the eye, appearance similar to a handful of mud thrown into clear water. Prescribed rest glass for well eye and arnica 30x internally t. i. d. Vacuum tube, high, 7 mm. diameter, applied over the lids for about three to four minutes three times a week at first, then once a week. Rapid improvement took place and at the end of two months the vision was normal. I saw her five months later; no return. One year later following there was a return of the hyalitis, but this quickly subsided under the same treatment, about seven days. That was a year ago, and there have been no signs of return up to date.

In all rheumatic or gouty conditions of the eye and ear I have found it an ideal adjuvant to the regular line of treatment. I have several cases on my list that have periodical exacerbations of deafness in one or both ears, and a few treatments with vacuum tube discharge combined with pneumo-massage of the drum gives them remarkable relief and carries them over the intervening months comfortably.

From eight years' experience in the use of the vacuum tubes I would summarize as follows: This particular form of electric discharge is useful in all conditions of the eye, ear, nose or throat in which a gouty or lymphatic diathesis is present; in circulatory disturbances, where there is need of a stimulant to the circulation; in acute and chronic suppurative conditions and inflammations of the middle ear; in incipient cataracts, judging from the physiological and pathological conditions of the eye it should be ideal treatment. In my limited experience it has proved of marked benefit in delaying the formation, and improving vision; the post-operative treatment of adenoids and hypertrophied tonsils, to assist in the regeneration of affected mucous membranes, and hypertrophic tissue not removed.

I have used to generate the current an ordinary 8-inch spark induction coil with an acid interruptor of common type, and resistance rheostat.

For tubes, the various sizes and shapes adapted to the special work for which they have been used as designed by the makers, and, when possible to obtain them, of high vacuum. I do not use the tubes with leading-in wires as I found they caused too much motion and sensory disturbance to the patient, and produced no more rapid or complete results in any particular cases.

The attachment of the tube to the coil should be made to the negative pole, which is the richest in the most chemically-active energy, and can be distinguished by the fact that at the point of contact with the patient, the cathode lights up with a characteristic

Digitized by Google

pale green light, which does not appear when attached to the positive pole.

This secured a light of as short and high frequency vibration as can be obtained, the true blue-violet, longer rays, which are chemically very active, as proved by their own light producing an image on photographic paper in a few seconds, as previously mentioned.

The question has often been raised whether ozone was not the most active agent in the *ensemble* of the vacuum tube discharge. Some years ago I made a series of experiments and have recently repeated them, which demonstrates satisfactorily to me that there is a very small percentage of ozone passed through a vacuum tube. Briefly I will give the tests I have used, and anyone can demonstrate them for himself. The best test is the starch iodide test. Dissolve a small quantity of starch, say 5 grains, in half a drachm of cold water, crushing thoroughly, boil for a short time until a paste is formed, then add 10 grains of iodide of potassium and when dissolved moisten the centres of some 2-inch filter papers, and dry. For use, wet the paper and expose to the ozone or hold on the skin and pass the discharge from the vacuum tube through it. If ozone is present the paper turns brown. Dry paper will show a brown stain in presence of ozone.

Another test is silver nitrate solution, 40 grains to an ounce of water. Moisten a piece of paper and expose when wet as above. Ozone turns the paper black if present in any appreciable quantity. I find that the spark from a high tension coil generates most freely, of static machine second, and through various vacuum tubes practically none if timed to the same exposure of about two minutes.

DIAGNOSIS OF EARLY PULMONARY TUBERCULOSIS BY CLINICAL EXAMINATION OF THE PATIENT

By Walter Sands Mills, A.B., M.D.

New York City

THE early diagnosis of pulmonary tuberculosis is very important. Every one is agreed as to that. What is the best way to make it? The best and surest method of making such a diagnosis is by the symptoms presented, together with a careful physical examination of the patient. The symptoms and physical findings must be carefully weighed before an opinion can be formed. These things require skill, experience and judgment on the part of the examiner, quite as much so as does any other method.

It has become the habit to rely too much on laboratory methods of diagnosis, on the microscopic examination of the sputa, or on

Digitized by Google

a skiagraph of the patient's chest. These things are admirable in their way, but nothing should, nor in my opinion ever will, supercede the careful physical examination of the patient. The tuberculin test may also be denominated a laboratory method, although the patient has to be a part of the procedure. Whether used hypodermatically, or simply for the ophthalmo or the skin reaction, the result of the tuberculin test takes several days to develop. Again, there must be times when the tuberculin test is detrimental to the patient.

Diagnosis by physical examination requires no cumbersome apparatus that the patient must be carried to. The history of the case can be taken and the physical examination conducted at the bedside. A stethoscope and a clinical thermometer are the only necessary paraphernalia, and the stethoscope may be dispensed with. A sample of sputa can be carried away to be examined at leisure.

Suppose a patient presents himself who is "run down" as he expresses it, does not feel good, tires very easily or is tired all the time, perhaps is losing weight and don't know why. This is an indefinite line of symptoms that shows the patient is not in good condition. Such a patient should be submitted to the most searching physical examination. Frequently, evidence of pulmonary tuberculosis will be found. If not, then the cause of the trouble must be sought elsewhere than in the chest, but the chest must not be overlooked.

Of the early signs of tuberculosis perhaps the most frequent is a persistently rapid pulse—80 or more: This pulse is very easily influenced by change of position, being more rapid in the erect position, than when sitting or lying down. The normal pulse is influenced by position, but in early tuberculosis the pulse is always more rapid and the change of speed on the change of position is more marked.

Another very early sign is a slight daily rise of temperature. In any suspected case the temperature should be taken as often as every four hours, preferably every two hours for several days. If a daily rise is found further search is apt to find corroborative evidence of tuberculosis. The temperature curve early in the disease will be higher in women during menstruation than between times.

These two symptoms—rapid pulse and rise of temperature—always indicate the need of a physical examination of the chest. They have been, and are too often mistaken for chronic malaria—especially in patients who have at some time had malaria, or in patients who live in malarious districts. I could cite many cases to show this. One is perhaps sufficient. A young man was treated for several months for malaria without success. In March he married. In July he was sent to the Adirondacks to get rid of his malaria. Then for the first time his chest was examined and he was found to have pulmonary tuberculosis. He died in August. That sort of thing there is no excuse for. Had the family physician been familiar with the early symptoms of tuberculosis he cer-

Digitized by Google

tainly would never have treated his patient for nearly a year for malaria, and neglected examining the lungs.

Sometimes if fever and rapid pulse are of sudden onset, pulmonary tuberculosis is overlooked. For example, it is not many months since I saw in consultation a young man who had been in bed three weeks. Up to within a day or two of the time he went to bed he had felt well. He developed some cough in bed. For the three weeks he had been in bed he had been treated for typhoid fever. The onset was not unlike typhoid, and the cough sounded much like the bronchial cough often found in typhoid. It required but a very brief examination to find that this patient had a case of acute pulmonary tuberculosis involving one lung entirely and the upper lobe of the other. In this case perhaps an earlier diagnosis would have had little effect on the prognosis, because cases that progress so rapidly are practically always fatal in a few weeks. But at the same time, the mistake should not have been made, and the treatment would have been radically different.

A slight hacking insignificant cough is another danger sign which calls for further examination. Patient after patient will tell you that they have been sick for so many weeks. When asked if they coughed any before that they say "yes" but it was a "stomach cough" or it did not amount to anything. If the physician meets with that kind of a cough he should investigaoe it.

When it come to actual examination of the chest, the first requisite is to have the chest exposed. Inspection will show a limited general expansion, frequently with a difference between the two sides. It is surprising how limited an excursion the chest walls make in some cases. The chest must be viewed both from the front and the back.

Palpation will also give information as to the extent of the respiratory movements. Sometimes one can feel a difference between the expansibility of the two sides, when it cannot be seen. Palpation also gives information regarding vocal fremitus, the transmission through the sense of touch of the spoken voice. The vibration is stronger over consolidated areas. It must be remembered that normally fremitus of the right side is more marked than that of the left. If both sides give an equal thrill it means that fremitus is increased on the left side or diminished on the right.

Percussion locates consolidated areas. The apices should be mapped out first at the root of the neck. This is best done by gentle percussion. A narrowing is always found early in the disease. Normally the resonance at the apex should be two and one half inches or more broad. Less than that—barring deformities—indicates contraction and that means trouble. Usually if tuberculosis is present one apex will be narrower than the other and the narrower apex will be on the worse side. This is a very valuable sign. Areas of consolidation throughout the lung will give a more less marked dulness or percussion. In early cases the dulness may be slight. As pulmonary tuberculosis almost invariably begins in the upper lobes of the lungs, the dulness will be found there. To get the best results percussion should be gentle,

Digitized by Google

and corresponding areas on the two sides should be compared as the examination proceeds.

Dulness of the lower part of the chest usually indicates either pneumonia or pleuritic effusion. Pneumonia would show an increased vocal fremitus, whereas the effusion would show a decreased fremitus. The other symptoms of pneumonia would hardly be mistaken for early tuberculosis however. Pleurisy might be mistaken because its onset is often very indefinite and insidious.

Auscultation will reveal bronchial breathing over consolidated areas. As tuberculosis usually starts in the upper part of the lung the search must be particularly careful there. It can be heard first over the suprascapular region at the back. Two other very early sounds heard at this point before they are heard elsewhere are the increased transmission of the whispered voice, and a loud and prolonged expiratory murmur. These are all important early signs, and most characteristic signs of beginning tuberculosis. The suprascapular region must never be forgotten when using the steohoscope.

We now come to the adventitious sounds known as the rales. I will make no attempt to describe or classify rales other than as abnormal bubbling or crackling or creaking sounds heard over the lungs during respiration. Words will convey no accurate notion of either normal or abnormal chest sounds, nothing but experience will give that. Rales appear first in certain localities. The most important areas to examine for rales, in a suspected case of tuberculosis are, just below the clavicles in front, just above the scapula at the back, and in the axillary regions at the sides. Of course, in advanced cases, rales may be heard all over. The areas mentioned are the spots to particularly investigate early in the disease.

The minute subdivisions of rales given in some of the books I believe to be unnecessary, and I am quite sure they are misleading. Moreover, no two people will agree on the name to give any particular rale simply from a description of it. It must be heard to be recognized again. In a general way the finer rales are more indicative of serious trouble than are the coarser ones.

In a careful examination of the chest for lung symptoms the heart must not be overlooked. Some time ago I got three learned opinions from three hospital internes as to the condition of a patient's heart, with indications for heart stimulants of various kinds, when the heart was normal in every way except that it was transposed. Not one of the three suspected that, even when told to examine the heart alone. I have had three cases of transposed viscera among 1166 patients in my wards at the Tuberculosis Infirmary of the Metropolitan Hospital during the last two years.

There is one common heart symptom that points to pulmonary tuberculosis besides frequency;—namely, an accentuation of the second sound over the region of the pulmonary valve. This is very common, and I think important. It was the only sign I found in a woman who came to me for examination a few years ago. A year later she developed pulmonary tuberculosis and still has it. I mention this as an interesting fact that may be of value.

Digitized by Google

I believe that a careful consideration of the history of a case, of the symptoms mentioned, and of the physical findings as outlined above to be the best method of arriving at an early diagnosis of pulmonary tuberculosis. Cases can be diagnosed in this way before the tubercle bacillus appears in the sputa. The X-ray offers no advantages over the above method, and is not applicable at any and all times because of the apparatus employed. The tuberculin test takes time and may be dangerous.

A PLEA AND A PROPHECY

By O. F. MILLER, M.D.,

Vine Grove, Ky.

AMIDST lurking doubts and suspicions and with, perhaps open accusations against the verity of our provings, the average physician, when brought face to face with clinical conditions, will seriously question the mass of his acquired knowledge as to whether it will stand the fire. It has been rightly stated that every physician makes his own materia medica, and every locality seems to have a peculiar influence over maladies developing there, to such an extent that many diverse types of disease, acquire a symptomatology which calls for a certain number of drugs. For this reason, the drugs which may be called for in my cases may rarely or never be used by another, and those peculiarly efficacious in another district may be rarely used by me.

It is necessary, therefore, to work out clinically, each for himself, those drugs which may be found to be of healing power when administered according to our tenets.

Many of the older drugs have been verified and reverified so frequently that their characteristics are closely woven into the fundamentals of our system; others have yet to be so tested, and their characteristics brought out so prominently that there can be no more question of the time to give them than there is of aconite, belladonna, bryonia, etc.

This is the age of statistics, of cold, hard facts, of science amply demonstrated. The time for theories, for philosophy, for dreams, has passed with the night of the dark ages. All that is worthy of life in this century must stand divested, stark, to be weighed and measured.

The only excuse for our existencee as a sect in medicine is in the balance; all eyes are upon us, some surreptitionsly, some perfunctorily, some with open pleasure. Shall we not gladly show, not in fulsome theory, but by actual results, a reason for the faith

Digitized by Google

that is in us. The profession requires it, science demands it, the world is looking on insisting that we submit.

Let me prophecy that within a few years we shall have but one school of medicine. We must of necessity become dominant or die of senility. Concentration, unity, is the one universal thought in all strata of the world's activities, national and international. In society, religion, business, may be seen that desire to unify interests now diverse. Wonderful results may be reached, marvelous pinnacles attained, if the now active forces reach their apparent goal.

Let, then, everyone who owns an allegiance to Hahnemann give of his best to further the cause, to prove beyond cavil, by means of every light of science we possess, that "similia" is eternally true, that homœopathy has in her quiver a weapon for every ailment, curing quicker, easier, and more permanently than other systems.

This can be done by means of clinical research and reports, surrounded by every safeguard of scientific accuracy in diagnosis attainable.

This should be done to perfection in hospitals, clinics and dispensaries, but in some degree also by vast numbers of the profession in family practice. For, after all, this is the crucial test: Does similia do its self-appointed work in the best judgment of the public? *Vox populi, vox Dei;* by results we must stand or fall.

Let us all join forces and add our mite of experience in respect to the action of our drugs with all the scientific accuracy possible.

Thus perhaps we may be able to awaken from our long sleep, shake off the senile lethargy that seems to have overtaken our school of practice and prove the faith that is in us, prove it by compelling evidence that shall admit of no shadow of doubt.

VARIOLA*

By Ella M. Turtle, M.D.

THERE is probably no disease afflicting humanity more dreaded than the variola or smallpox. In its presence the nearest ties of kindred and affection are forgotten and the human race ceases to reason and is intent only on escape from the terrible disease. If the Good Samaritan had found the traveler on the road to Jericho suffering from smallpox I fear that he also would have "passed by on the other side." Modern sanitation and vaccination have greatly reduced the mortality from this disease and have

Digitized by Google

stripped it of much of its terror among educated people, but we still find the unreasoning fear among the ignorant classes.

Variola is an ancient disease. No one knows where it originated, but circumstances point to Africa as the country where it first started. In India it was known at a very early date, and was worshipped in the form of a goddess in whose honor temples were erected. Here the Brahmins are said to have practiced inoculation. Galen describes an epidemic in Rome in 160 A. D., which many physicians think was smallpox. In 580 A. D. this disease seems to have been prevalent through Southern Europe, and in 900 A. D. Rhazages of Bagdad wrote a clear description of it. It invaded England in 1241; was carried to the West Indies in 1507, and appeared in Boston in 1849. It gradually worked its way westward on the American continent (proving especially fatal to the native races) and reached California in 1850. Some islands of the Pacific are still exempt.

Until Jenner's discovery of vaccination in 1798 it was one of the most fatal diseases. No age or race was exempt from its ravages, and the victims who did not die were disfigured for life. In France during the 18th century it is estimated that a million died annually. In Iceland in 1707 a third of the entire population, and in Greenland in 1734 two-thirds were swept away. In Mexico in 1520 three and a half million perished, and, as late as 1874-75, a half million died in the Presidencies of Bombay and Calcutta. Since Jenner's discovery the death rate from smallpox has gradually decreased, and epidemics are largely due to the neglect of vaccination and quarantine.

Variola is a highly contagious disease, few exposed individuals escaping, unless protected by vaccination. Immunity from contagion may exist in one epidemic and not in another. A single attack usually renders a person immune, but cases are on record where the same person contracted the disease more than once. The contagium is given off from the skin and legs of the sufferer. It is probably carried by a specific germ like most of the contagious diseases, but the germ has not yet been positively isolated. Fine epithelial scales are thrown off freely from the body, and these are, doubtless, the chief agents in carrying the infection. These scales are borne a varying distance with air and cling tenaciously to clothing, walls, furniture, etc. The contagium seems to be most virulent at the time suppuration is about to take place, but one person has been known to infect another before a vestige of the eruption had appeared.

An attack of variola usually lasts from four to six weeks. In a

Digitized by Google

typical case unmodified by vaccination we recognize four distinct stages:

1. The initial stage characterized by chill, high fever, nausea, vomiting, pain in the back, severe headache, rapid pulse, coated tongue, sometimes an erythematous rash.

2. The eruption stage, beginning about the third day. The rash appears first in the edge of the hair or on the forehead and wrists, and spreads to the whole surface of the body and the mucous membranes. At first it is the size of a pinhead or a millet seed and feels like shot under the skin. The fever subsides as the rash appears—an important diagnostic sign. The rash becomes dark red and papular about the fourth day, vesicular by the sixth—the vesicles looking like little bladders—umbilicated on the seventh.

3. The stage of suppuration. This begins on the eighth or ninth day when the pustules are fully formed. A secondary fever now sets in. The temperature is very high, the face swells, the itching is intense, and a foul odor exhales from the patient. The pustules are now yellow from the contained pus.

4. Stage of dessication. The pustules open and discharge their contents, and the temperature slowly falls toward normal. Crusts and scabs fall off, leaving deep pits or cicatrices. The appetite, which was nearly absent, slowly returns.

Several varieties of variola are known, such as discrete, confluent, hemorrhagic, etc., according to the condition of the eruption. In the confluent type the pustules are so closely huddled together that they seem fairly piled up, and when the scabs fall off they always leave pits. In the hemorrhagic variety the disorganized blood oozes into the pustules, giving them a dark red appearance. This variety is usually fatal, as the poison expends much of its force on the vital fluids.

The diagnosis of smallpox is easy after the rash makes its appearance, but before it appears is very difficult. A severe headache and backache are emphasized by most writers, but in two cases seen by the author, where one had been vaccinated a number of years before, and the other had had "cowpox" the previous year, both headache and backache were absent, but replaced by a dull pain in the left hypochronchrium. When the rash appears it at first resembles chicken pox or measles; but the high fever that subsides as soon as the rash begins to appear, and the fact that the pustules do not come in crops, serves to distinguish it from varicella, while in measles the rash appears on the face and back simultaneously and there is no "shotty" feel to the eruption.

The prognosis depends on the age and general condition of

Digitized by Google

the patient and the character of the epidemic. The mortality is very large in children. Death is usually from the confluent or hemorrhagic types of the disease. Sydenham said that "the extent and intensity of the eruption upon the face and hands afford the best criterion as to the severity of the attack."

In the treatment of variola the patient should be put in a large, well-ventilated upper room and the light carefully excluded. A recumbent posture must be retained till after the stage of secondary fever. The diet should be light and non-stimulant—milk, soups, broths, etc. Lemonade is very grateful to the patient and assists in keeping the bowels open. Ice cream is relished and is easily digested if eaten slowly. The whole body should be bathed at least twice a day with sublimate solution 1—10,000 or with boiled milk. The latter relieves the tension of the skin and the itching and assists in softening and removing the crusts. After suppuration sets in a dilution of peroxide of hydrogen should be applied to the suppurating areas. If the mucous membranes are much involved, peroxide—a teaspoonful to an ounce of water—should be administered by the mouth every two hours (Hale.) All things used in the sick room should be destroyed or thoroughly disinfected, and all discharges disinfected and buried. The patient should be kept in quarantine till the body is entirely free from scales, and then should take two disinfecting baths and change all the clothing.

REMEDIES: In the beginning of the disease aconite is usually indicated. There is present the anxiety, the restlessness and the quick wiry pulse that call for this remedy. If the pulse is full and the patient drowsy, gelsemium or belladonna may be called for. After the rash is out, Dr. Goodno (Practice of Medicine) advises vaccinium as a routine remedy. He used it in 75 cases in an epidemic in Philadelphia and lost no cases, though there were many deaths from the disease in the neighborhood under other treatment. It seems to assist in the development of the rash and limit the secondary fever and the suppurative process. Ludlaw, Hughes and Hale speak very highly of tartar emetic at this stage. After sup puration is established mercurius should be given, but if suppuration is prolonged, hepar or silica may follow mercury. Rhus markedly controls the itching and restlessness of the third stage.

In the hemorrhagic variety of the disease lachesis, crotalus, hamamelis, phosphorus, secale or arsenic are to be thought of.

Digitized by Google

SULPHUR*

By H. A. Cameron, M.D.

Waterbury, Conn.

IT may seem something like temerity to take up for discussion an old-time remedy like sulphur, and I certainly feel that it is presumptous to attempt to teach anything new in connection with this drug, which lies as it were at the door of homœopathy, but by constant repetition the symptoms in our materia medica may become household sayings, and for this reason, if for no other, I wish to tread along the old ruts and say something in the praise of sulphur.

Sulphur has the largest pathogenesis of all the remedies in our text-books, and its therapeutic range is undoubtedly the widest of all. It is the one drug we could not get along without, and I am repeating what another has said when I state that if we had the choice of but one remedy to combat the greatest number of human ills, that remedy should be sulphur. The greatest of antipsorics, reaching to the very innermost recesses of the mind, its action is outward as well upon the skin and hair and nails, and every tissue between these extremes feels its influence. Powerful as a chronic remedy, so that a single dose will act for months, it has also the ability of changing the face of the most serious acute illness inside of a few hours.

First let us note the type that calls for sulphur. Hering says it is especially useful for lean, stoop-shouldered persons. Kent describes the sulphur patient as a lean, lank, hungry, angular, dyspeptic fellow, stoop-shouldered, dirty, shrivelled and red-faced. The child is dirty and up to all sorts of filthy tricks. But while this is the type in which sulphur will work wonders, it does not follow that it is not indicated in those who are clean of habit. Indeed it will act brilliantly in all sorts and conditions of patients, if it has anything whatever of a relationship to their sufferings. So we need not apologize to the sick one or ourselves when we decide that we have a sulphur patient before us, but rather feel like congratulating both on the good fortune that will surely follow its administration.

Morning diarrhea will often be the symptom that calls loudly for sulphur in a case, and it is astonishing how quickly one dose of a high potency will set things to rights. The patient says that his bowels trouble him every morning, the urging to stool driving

* Read before the Conn. Hom. Med. Soc.

Digitized by Google

him out of bed about five or six o'clock. He may have one or more loose, usually painless, stools, in the morning only, certainly none after noon. Bryonia has urging to stool on first moving in bed in the morninig, and he must hurry out of bed, but here the element is aggravation from motion. Aloe has morning diarrhea driving him out of bed at 6 a. m., accompanied by a sense of insecurity of the sphincter muscle so that he must hurry and the stool is accompanied by much gas. Podophyllum is another "early rises," the time of the aggravation being from four o'clock on, and the patient will tell us that before the stool there is great gurgling and swashing in the bowels. A statement that is prominent in the text but seldom given by patients is that the odor of the stool follows him all day as if he had soiled himself. This is probably a perversion of the sense of smell more than a stool symptom. I met with it under a different guise a few weeks ago. A patient told me with some embarrassment that if he passed flatus the odor stuck tenaciously to his clothing. Sulphur 200 one dose not only removed the symptom but helped the patient in general.

The sulphur patient is troubled with hemorrhoids, and you will often cheat the proctologist out of a fee by administering a dose of the 30th. or higher. I have several patients who come in at intervals of about a year or more to get something for piles, and it is usually sulphur that sends these into a state of quietude. Piles are usually relegated to local or surgical treatment, but it seems to me a more rational proceedure to cure the patient, which includes his sluggish liver and portal system, than to cut off a hemorrhoidal tumor, which is merely an expression of trouble higher up; and besides being more rational it is safer.

If you can cure wetting of the bed in children and grown-ups you will earn the gratitude of both parents and victim. Sulphur perhaps cures more of these cases than any other remedy. I have had recently good results from china, benzoic acid, arsenicum and natrum muriaticum, but if the symptoms at all warrant it, sulphur is a good first choice.

For impotence with coldness of the penis, Kent recommends sulphur, calcarea, lycopodium and sepia to be given in that order, of course allowing one remedy to exhaust itself before going on to another. Such a series, without other distinctive indications to guide would probably prove homœopathic to the condition, as these remedies cover the field so thoroughly.

Sulphur is a great friend to the woman in conditions peculiar to her sex. It will cure whether the menses are too late and scanty, or too early and profuse, providing the grand characteristics justify

Digitized by Google

its choice. The menstrual discharge is thick, dark, acrid and sour smelling; the leucorrhea is acrid; there is burning in the vagina and itching of the vulva, and we shall elicit, by questioning, the aggravation from the heat of the bed and from bathing. Rush of blood to the head and nosebleed during the menses are of course to be expected in sulphur. When the symptoms agreed it has cured sterility, and delay of the first menses. Some practitioners make it a rule to give the mother and the new-born babe each a dose of sulphur, claiming that it will prevent many of the complications liable to arise during the lying-in period.

Sulphur, like pulsatilla, iodine, natrum mur., lachesis and lycopodium, cannot endure a close room; the patient feels suffocated and wants cool fresh air. This is especially noticeable during a hot flash, and the patient will probably make for the window or the door for relief.

This remedy will often be needed to clear up lung conditions. Chronic coughs, dating back to pneumonia, accompanied by symptoms that look like beginning phthisis, may need sulphur, but it is a dangerous remedy to give very high and often when an advanced tubercular state is present, as the patient may not be able to stand the aggravation, and the remedy's attempt at a cure may result disastrously. The best way to give it in such cases is to administer one dose of the 30th. potency as an exploratory prescription, and, if the patient reacts well, to follow that up with single doses at long intervals so long as improvement continues. This is the advice of the masters of our art and looks safe and sane.

Patients often tell us that they feel old on getting up from a seat; they refer to a pain in the lumbar region that strikes them on first rising from sitting and makes them walk bent for a few steps. We would think at once of rhus tox. but sulphur has it and may prove the better remedy, although we may be ultimately forced to make sepia our choice. Of course sulphur has rheumatism and gout and chorea and a host of other conditions, and it will cure them if well indicated. It has the cure of several cases of epilepsy to its credit. Hering began the treatment of all cases of epilepsy with this remedy, a routine method which we can easily condone when we consider the depth to which it is capable of going, its intense antipsoric power, its ability to antidote suppressed conditions and bring latent weakness to the light.

It is a fine remedy for children; it seems to fit the majority of youngsters, especially if there is the aversion to bathing, the craving for sweets, restlessness in sleep, kicking off the covers, the itching unhealthy skin, and the catarrhal tendency.

Digitized by Google

The feet are cold in the daytime but the soles burn at night and the patient uncovers them for relief; or he has cold feet in winter and burning feet in summer. Cramping of the calves at night in bed is a symptom I have frequently verified in practice.

Sulphur is often needed in suppuration; it will abort the tendency before pus forms or hasten the dischage after pus is present. In this and in glandular swellings it competes with hepar and mercurius.

It is a splendid remedy in sluggish convalescence with emaciation. In suppressed gonorrhea and in suppressed syphilis, and indeed in any suppressed condition, sulphur is one of the first remedies to be thought of, especially if the psoric symptoms are mostly in evidence. When remedies apparently well indicated fail to relieve, a dose of sulphur will arouse reaction so that they will take hold and cure.

The skin eruptions are varied, and sulphur will cure if the characteristics are present; voluptuous itching with burning or soreness after scratching, the aggravation of the itching and the eruption from the warmth of the bed and after bathing, the acrid discharge and the offensive odor. I have at present under treatment a case of psoriasis, in which the elevated scaly patches covered most of the body and extremities. This patient suffered tortures for five years at the hands of skin specialists in their unavailing efforts to cure her by external applications, but after a few doses of sulphur 30th. at three, two and one month intervals hardly any of the eruptions remained, and the patient declared she was "made over new."

The mental state fits an uncomonly large number of the common people. The patient is selfish and morose and ungrateful; peevish, irritable and obstinate; lazy and indisposed to work, to motion, to talking, and even pleasure. There is an absolute want of refinement in the sulphur patient, which brings that remedy into sharp contrast to arsenicum which has fastidiousness in the highest degree. The sulphur patient does not care how things go; his hair is unkempt, his clothes are ragged, and his room is in disorder. His memory is weak, particularly for names; he had dullness of the intellect, and cannot find the proper words to express himself when talking and writing. Aversion to water is both a mental and physical symptom. The sulphur patient will excuse himself from a bath on the slightest pretext, and the baby will scream all the time while being washed; there is both a dread of water and an aggravation from bathing; the patient takes cold after a bath and the eruptions burn and smart after washing. To empha-

Digitized by Google

size this peculiarity of sulphur, Professor Mohr once told his materia medica class of an experience of his own. He was asked by Mr. Tafel to try, I think, the CM potency of sulphur, which had just been made in the B. & T. pharmacy for experimental purposes, and he accordingly proceeded to test it on himself. He told us that he had previous to this taken his morning bath with great pleasure. but after using the potency of sulphur, so great was his aversion to bathing that he did not take a bath for the next six years—with the same degree of pleasure that he had formerly enjoyed. We think of sulphur then when patients are filthy, we think of it for the little fellows with dirty noses seen in the poorer quarters where the mothers are not notable for being "on to their job."

Sulphur goes deeply into the mental state: It has religious melancholy, in which the patient is taken up with empty speculations on the unknowable. It is indicated in insanity characterized by foolish happiness and pride; the patient thinks herself in the possession of beautiful things, going into ecstasies over the beauty of her rags. Like lachesis the mental symptoms are worse after sleep.

It cures a great variety of headaches, when the general symptoms agree. Two peculiar features of the head pains are the amelioration from walking and pressing the teeth together, and the aggravation from the open air. Headache coming once a week or every two weeks has been a pointer to me in curing several cases of Sunday headache. On the vertex there is a sensation of great heat or burning, and that brings us to a strong characteristic in this remedy. It has burning in the vertex, burning of the palms and soles, the skin burns, the discharges burn; there is burning in the eyes, nose and throat, in the stomach, in the anus, in the urethra, in the genitalia both male and female, in the chest and back; in fact burning is a general of the highest degree, and when we hear a patient speak of burning it should make us think of sulphur as quickly as of arsenicum.

Rush of blood to the head, is a symptom that has led to its successful exhibition in the hot flashes of the climacteric, in which it competes strongly with lachesis, relieving many distressing conditions arising at that critical period of a woman's history. In sulphur the heat begins in the chest and rises to the face; in lachesis it seems to start in the heart and go upwards.

When the symptoms agree it will cure dandruff and falling of the hair. The scalp itches violently when he gets warm in bed. This modality "heat of the bed aggravates" runs all through sulphur. It is characteristic of all the eruptions, and of the burn-

Digitized by Google

ing of the palms and soles. On this symptom I gave sulphur to an old man who suffered much from skin eruptions, and I gave him so much relief that he has been changed from a scoffer into a believer in homœopathy. He had to keep the feet and legs uncovered at night or he would get no rest. Hepar and arsenicum are aggravated from cold and uncovering, and ameliorated from heat, and mercurius is aggravated from both extremes of heat and cold, and comfortable only in a medium temperature.

The aggravation from washing will help to differentiate sulphur in affections of the eyelids, but in inflammation and ulceration of the eye itself we shall have to depend especially on the constitutional symptoms. The discharges from the eyes are acrid and there is present the universal itching and burning. This patient often presents a chronic redness of the margins of the lids; little crusts form on the edges and the lids itch and are red and burn after washing. Sulphur will give him great relief and materially improve his looks.

The same general features are present in ear troubles. We have the acrid offensive discharge, and the patient complains of burning in the ears after syringing them (the aggravation from water). Patients on sulphur as a constitutional remedy will often report improvement in long-standing deafness, because of its ability to cure its own kind of catarrhal conditions.

The nose runs a stream of burning water, like arsenicum, mercurius and allium cepa. This fluent burning coryza is especially noticeable out-of-doors, the nose being stopped up in the house. But chronic catarrh, especially when there is a subjective offensive odor, will meet its remedy in sulphur, providing of course that the patient is a sulphur patient. The remedies for catarrh are legion, and we can only hope for permanent results by fitting to the patient a remedy that corresponds closely to his constitutional state.

The face presents an unhealthy appearance; spotted red and dirty looking. Circumscribed redness of the cheeks like phosphorus and ferrum. The face burns on washing. The lips are bright red, especially in children and thus we shall often, by mere inspection, set a bee line on this remedy. Redness of all the orifices is a very strong feature.

Like lycopodium it has sore throat affecting first the right and later the left side. The throat is engorged with blood, looks purplish and is aggravated by water.

One of the strongest groups is the stomach group. Little children, pale and lean, with large abdomen, have a great craving for food. The adult will tell you that he has no appetite for break-

Digitized by Google

fast, but along about 11 o'clock he has an all-gone, empty or faint feeling and would fain have his dinner. This is not a normal craving for food, but a sudden goneness and is as characteristic in the remedy as in the patient. Hydrastis and phosphorus have the same sensation at the same hour and must be differentiated. You will find however, that the sulphur patient has a great craving for sweets and will consume enormous quantities although he knows they will upset his stomach and bowels. The big belly and emaciated limbs are just as marked in sulphur as in calcarea, and this and other similarities probably explain why it is that calcarea is a complementary remedy to sulphur and follows it well. The trinity of sulphur, calcarea and lycopodium in that order is not an arbitrary one; for it is based on the law of similars. After reading over the pathogensis of sulphur we are astonished to see almost identical symptoms present under calcarea and lycopodium. This identity was doubtless the reason why many of the masters in homœopathy gave psoric patients that series of remedies in a sort of routine way that worked wonders.

In the morning nausea of pregnancy, sulphur often cures the symptom and the whole underlying trouble. The totality of the symptoms however must guide, and so we may have to give sepia, pulsatilla, arsenicum or carbo vegetabilis according to indications. If there is profuse salivation with the nausea, and the patient has the all-gone feeling about 11 a. m., sulphur will probably be all that is needed to cure.

ERGOT IN THE TREATMENT OF GANGRENE

By John Hudson Storer, A.B., M.D.

New York City

ERGOT is the name applied to a fungoid growth on different grains and is a blackish, solid, brittle yet flexible body, from 1/3 to 1½ inches long and about ⅛ inch in thickness, violet brown color and yellowish-white within, unpleasant smell like putrid fish, and taste slightly acid. It contains spacelinic acid, ergotinic acid and cornutin.

If ergot be planted in suitable soil, evidences of growth are seen in about three months; little globular prominences appear on its surface and gradually enlarge and raise themselves on stems and become perfect fruit-bearing fungi. These in turn fall to the ground, and so the process is repeated.

The properties of ergot were known to the Indian women, who used the fungus from the rice fields in the north-western part of the United States as a general hemostatic.

Physiologically, ergot acts upon the whole cerebro-spinal ner-

Digitized by Google

vous system, and to such a degree as to produce a permanent tissue metamorphosis by diminishing the supply of arterial blood for genral nutrition. It reduces the size of the arterioles by its muscular contractions and even produces spasms of the involuntary muscles which may lead to general convulsions.

Poisoning by ergot, or epidemics of ergotism, have occurred many times in the poorer districts of Europe, and even in the Old Testament references are made to it. In the 10th and 12th centuries it was called the "ignis sacer," the sacred fire, and was thought to be a punishment from Heaven sent upon various communities for their sins.

The reason for these epidemics is the fact that the poorer classes are prone to live on bread with little meat and vegetables, and in times of famine due to great drought, the rye and wheat are usually of a poor quality and rich in fungus.

At these times, ergotism rages among the cattle as well as the people.

There are two forms of the fatal type; the spasmodic or convulsive and the gangrenous. In the spasmodic form we get heaviness of the head, colic, tympanitis, cramps, violent purging, stupor, with or without convulsions. The attack is not unlike cholera. Epilepsy is apt to follow a recovery.

The gangrenous form begins with violent and agonizing burning pain of limbs. The gangrene may be dry or moist. An inflammatory border shows the line of demarcation with the healthy tissue. In all cases there is an intense coldness of the surface, paleness, with an almost absence of pulse and partial paralysis; hence it i easy to picture degeneration of blood from stoppage of circulation, and migration of bacteria through the tissues.

If this is the physiological action of ergot, then it should be curative in a diseased condition with similar symptoms. To this end and along these lines I want to describe four cases which I have treated.

Case I. Jan. 15th, 1906, was called to see Mrs. S. and found her in a semi-conscious condition, temperature 106 deg., absolutely pulseless, and with difficulty could the heart-beat be determined with a stethoscope; body cold and clammy, abdomen tympanic, mucous membrane perfectly colorless, and an almost perfect picture of a corpse. I found she had had a miscarriage, and fearing something was still in the uterus I curetted in spite of the low condition and so low that almost no ether was required, as she seemed insensible to pain, and all her tissues were in an incipient stage of decomposition and her finger tips were turning black.

In the meantime a nurse was giving her frequent hypodermics of strychnine, brandy, adrenalin, camphor, etc., with no apparent effect. In this extreme condition, I began giving 30 minims of ergone hypodermically every 2 hours, and after 12 hours a faint pulse could be felt, and after 24 hours a slight return to consciousness, with a gradually returning pulse and heart-beat. At the end of a week all functions were restored to moderate but safe condition.

Digitized by Google

CASE II. August 23rd, 1906, I received a telegram to meet Mr. M., who was returning to New York from the Catskill Mountains. On examination I found apparently an abscess about two inches from the rectum. The point seemed rather dark and size of a 50c. piece, with all the appearance of containing pus. On opening there was a great sputtering and discharge of wind and yellowish, thin, bad smelling fluid. There was a cavity 8 inches deep running parallel with the rectum, in which the tissues were more or less broken down, and revealing a cavity almost big enough to put in your hand. The next day the tissues sloughed off to an amazing degree, with an odor that electrozone and formalin had little effect upon.

The following day, August 24th, the perineum was swollen and inflamed; on August 25th the scrotum was swelled to the size of a cocoanut and the patient had what appeared to be an orchitis; on the 26th, the next day, two black spots, the size of a silver dollar, appeared, one on each half of scrotum.

Then I informed the family that we had a severe case of gangrene of scrotum, and apprised them of the seriousness of the patient's condition. During these four days his general condition grew steadily worse, temperature about 104 deg., brown tongue, besotted expression, weak pulse, and a general sinking condition. At this time the family desired to have the advice of Dr. Austin Flint and Dr. Francis L. Markoe. They were accordingly called, and after a careful examination both agreed there was nothing that could check the progress of the disease or stay the fatal termination within the next 24 hours. Of course they suggested losing no time in opening up the scrotum.

On cutting into each side of the scrotum I found the tissues yellow, spongy, little blood, and almost ready to break down. I cut away nearly the entire scrotum, which was large and swollen, and separated each testicle so that it hung by the cord only, with no tissue around it. Within an hour after the operation the raw surfaces began to turn green and slough off in rotten, foul-smelling exudation.

Four times a day this was dressed and enormous quantities of gangrene tissue cut away. The smell was sickening. On the third day after opening the scrotum I found that the septic condition had extended from the rectal opening and involved the entire perineum and base of scrotum. The patient was again put under ether and the flesh cut away from the rectal opening to the symphisis pubis, including the entire perineum. The next day following I found the abdomen entirely honey-combed and black spots appearing all over it.

On opening the abdomen I found a cavity extending over the entire space between the layer of fat and the muscles and fascia, and following the fascia to the opening at base of scrotum. This was made large enough to passs a thick strip of gauze for drainage. There was now a continuous raw sloughing surface from the umbilicus to the rectum and eight inches up into the body parallel with the rectum.

These surfaces continued to slough and break down for six

Digitized by Google

weeks before any sign of healthy granular tissue appeared. Then gradually the abdominal cavity became healthy and healed together, the scrotum grew again, the perineum granulated in, and at the present time, nearly two years, there remains a small canal about one inch deep, parallel with the rectum and one inch distant from it.

Various local applications were used, as seemed best suited to the particular time and condition, as follows: Peroxide, formalin, electrozone, argyrol, balsam of Peru, and occasiona treatment with nitrate of silver to stimulate healthy tissue. All surfaces were curetted as excessive granulation appeared during the healing process.

As to medication, I believe the only thing that checked the progress of the disease and neutralized the poison in the system was ergot. After the operation on the scrotum I began giving this in the form of ergone, 30 min. hypodermically every 2 hours, night and day continuously for two weeks, then every 3 hours for two weeks more, then every 4 hours by the mouth for another month. After the sloughing became free and there was a large amount of pus being thrown off, I added 10 drops of echinacia tincture every 4 hours for 3 or 4 weeks, hypodermically.

CASE III. Mr. R., a traveling salesman, 40 years old, in apparently good health, but having diabetes in a mild form, while in some town in New Jersey stepped on a nail which penetrated his shoe and cut his big toe. The sore did not heal, but developed an abscess, which rapidly turned to gangrene. In two weeks from the first injury he was brought home and I found the big toe black, sloughing, and the line of demarcation at the metatarsal joint, with the second and third toes beginning to show the effects of the disease.

Remembering my former experiencess with ergot, and also remembering that I was a homœopath, I put this case on secale 3x and continued its use until the line of demarcation was up to the ankle and advancing rapidly. I then changed to ergone in large doses hypodermically, and the gangrene in 24 hours showed signs of improvement and the line of demarcation did not extend any further. I continued dressing the foot and cutting off the bad flesh, but his general condition did not improve and the amount of sugar in his urine became quite large. As this was my first use of ergot in diabetic gangrene I feared it was not agreeing with the diabetes even though it was with the gangrene.

I now stopped the ergone and within a few hours the disease took on new life and in two days the legs above the knees were black and rotten, and in three days the arms were affected, and on the fourth day after stopping the ergot he died.

I resumed the use of ergot after the second day, but the disease was making such strides that it apparently had no effect.

CASE IV. Mrs. A., also a diabetic, whom I saw through the courtesy of Dr. Seward and Dr. Whitney, developed a gangrene spot on the big toe of her right foot. When I first saw the case about half the ball of the big toe was black and sloughing and gradually extending.

Digitized by Google

We gave ergone by the mouth, about 1 dr. every 3 hours. After a few days the extension was checked, and in about ten days we had all the black flesh cut off and healthy granular surface established, which in about two weeks was entirely healed.

In concluding I want to say a word about ergone. I believe it is the only preparation of ergot that can be used hypodermically ad libitum without producing irritation of the skin and tissues around the point of injection. It is an aseptic, clear, transparent fluid about the strength of the fl. extract of ergot. I am also convinced that the potencies of secale cornutum are not absorbed quickly enough or else lack sufficient strength to combat the rapid and powerful progress which gangrene makes.

You will also notice that in the first two cases described there was not diabetes and both were cured, but in the last two there was diabetes and one died. But in spite of that fact I am not convinced that ergot has any bad effect on diabetes or any less effect on gangrene even when complicated by diabetes. The case that died had been in poor physical condition for some time, and that together with the experiment of giving secale in potency allowed the disease to get such a hold on the tissues that its progress could not be stopped. I have in other cases of gangrene used such standard remedies as lachesis, arsenicum, crotalus, carbolic acid, etc., but have never seen any brilliant results from their use, and certainly nothing to compare with the results obtained in the above cases with large doses of ergot hypodermically given.

THE INDICATED REMEDY IN THE PRACTICE OF OBSTETRICS*

RAYMOND DEL MAS, Ph.D., M.D.

Centerville, Minn.

GOULD says: "The obstetrician is one who practices obstetrics, and obstetrics means the care of women in pregnancy, childbirth and the puerperal state." Really this paper, were it run to its title, should cover the whole field of obstetrics, which is rather large, too large under the circumstances. It will deal especially with the therapeutic care of women during pregnancy, and touch childbirth and the puerperal state grosso modo, for the author is homœopathically convinced that if the woman while enciente, has received the indicated remedy, she will go through confinement and the lying-in period without any obstacle.

The obstetrician has in his hands the bearer of humanity, a vase of soft clay ready to take "any form or shape," and prompt to develop in its bosom the fragrant flower or the thorny weed. More so during childbearing than at any other period of their lives are

*Written for the Obstetrical Society of the A. I. H.

Digitized by Google

our fertile women naturally or physiologically fitted to respond to the action of the indicated remedy. More so then will their idiosyncrasies come to the surface; and the homœopathic prescriber that follows no fad and prescribes not for names, will, if he works, find the simillimum. He who is not familiar with our principles of practice is not confident in the law of similia; and without knowledge and confidence in ourselves where are we? Where are we going to? The allopath inspires confidence in his system of medicine, because he believes in it; he insists upon being blindly obeyed. Why should not the homœopath have his patient follow his advice implicitly? Why should he not be blindly obeyed? Ignorance and cowardice are the begetters of mongrelism. Do not tell me that liberality in homœopathy was ever engendered by brain and light. It was born out of conceit and darkness. Who ever thought without impudence and effrontery that freedom was to be found outside of the law? The law is truth revealed, the law is light shining, the law is freedom in action; and the law of similia is a natural law, as is the law of gravitation; and who can temper a natural law without proving his foolhardiness? The practice of homœopathy is a mathematical science applied under the ægis of similia, and he who closely follows its principles never treats by guess and by Gott, as per German wit!

We must assert our rights; we must show confidence in ourselves; we must be the only ones to do the prescribing; and as soon as our patients will see that we possess manhood and respect for ourselves, they will respect and follow us. The physician should never be a man of greed, but a man of honor instead; and, in proportion to the degree of respect and confidence he will inspire, will grow his success and riches.

Were it not for the troublesome

Morning Sickness

or vomiting so many women experience in the early months of pregnancy, I think childbearing would not be avoided so frequently. Indeed it is very distressing and painful, if not humiliating in many instances, more so when it is prolonged beyond the time of quickening and lasts until the day of delivery, associated with emaciation, weakness and torment.

"Kali-carb. is often a remedy for vomiting in pregnancy, but to find out when it is the remedy for vomiting of pregnancy, we have to go to the whole constitutional state. Vomiting of pregnancy is not cured, although it may be temporarily relieved by ipecac, as this is a medicine that corresponds merely to the nausea

Digitized by Google

itself. In a large number of instances gagging and nausea are often only a second or third grade symptom in the remedy that will cure. The condition really depends upon a constitutional state, and the remedy that is to cure must be a constitutional remedy. Sulphur, sepia and kal. c. are among the remedies commonly indicated. Sometimes ars. is needed. Of course, if a pregnant woman has simply disordered her stomach and has vomited bile a few times the remedy might be ipec. When a pregnant woman has no constitutional symptoms at all, and upon examining the case you find nothing but the nausea, overwhelming deathly nausea, with continuous vomiting day and night, a single dose of symphoricarpus rac. will help. That is prescribing upon very limited information, and should only be done in circumscribed or one-sided cases. It is not a long acting remedy, it is not a constitutional remedy and acts very much like ipec. (1)."

As Kent puts it, morning sickness depends upon the constitutional state and must be covered by a constioutional remedy. It is the old adage: Treat the patient.

I have used kreos. successfully in the kreos. patient; and nux v., nux m., nat m.., ferr., kal.-bi., phos., calc., puls., iris, colch., tabac., coc. c., and other remedies where the symptoms agreed.

Kreos. vomits acrid, excoriating fluid or food that burns the buccal mucous membrane and sets the teeth on edge. The corners of the mouth and lips are raw. There is irritability of temper, unsatisfaction of mind. Nat. m. has her stomach distended with gases. Kal. c., chin., carb. v. and lyc. are greatly flatulent and distended after eating. Nat. m. digests her food very slowly. She has a lump sensation in her stomach after eating. She tightens her clothing and it relieves her, just the opposite of calc., lyc., lach., nux v., bov., puls., graph., hep., kal. bi., petr. and bry.

Nux feels pressure in her stomach an hour or two after eating. Nux m. and kal. bi. feel it immediately after eating. Anac. feels well during the process of digestion. Nux and puls. have their stomach symptoms worse in the morning. Puls. and bry. say they have a stone in their stomachs. Nat. m., like nit. ac., has dryness of the alimentary tract, fissured, painful, sore, bleeding (ant. c., graph). Nat. m. is as thirsty as phos., and drinks may or may not relieve her; but her slimy, whitish vomiting relieves her (nux v.). Ant. c. is not relieved at all by vomiting; a sickening load stays all the time in her stomach; constantly nauseated; acids and overheating, sun rays.

Puls. disorders her stomach with fats and rich foods, and wants cold things (phos. sil.). Nux v. wants fats and warm food.

Digitized by Google

Nat. m. has an aversion to fats and rich foods; she likes salt, and eats bread sparingly. Bry. has as much bad taste in her mouth as puls; but their dispositions are diametrically opposed; and, although puls., like nux m., has a dry mouth, she has no thirst; bry. has a dry mouth also, but she drinks large cold drinks and often. Ars. has a dry mouth, but she sips only a drop or two of water at a time and often. Merc. is salivated (kreos., helon., coff., kal. i.) and still is very dry. Nit. ac. craves fats (nux v.).

Lyc., puls., bry. and nat. m. are warm-blooded. Merc., kal. c., ars., nux, nat. c., phos., kreos., ferr. and calc. are cold-blooded. Lyc. and nat. m. have their necks fleshless.

Kali. bi. vomits a stringy, ropy, tough, adherent mucus, yellow mucus. Lach. has a viscid, ropy, stringy white mucus or saliva; and she talks, you know how. Sep. vomits a milky fluid; she is indifferent toward her family. The thought or smell of food (colch., cocc., ip.) sickens her. Her stomach is empty; "all gone" (ant. c., ars., calc., cocc., ign., kali. c., lach., merc., nat. c., nat. m., nux, phos., puls., sulph., tabac.); not relieved by eating, or very little so (cina., lyc., nux m., phos.). She feels a lump in her rectum that defecation does not relieve (lil. t.).

Ars., aesc., ferr. and phos. regurgitate their food by the mouthful without nausea. Ferr. is flabby, weak, always ameliorated by gentle motion (puls.); her face is flushed (calc., caps). and although it is as chilly as phos. it has not her thirst nor her craving for cold food. Aesc. will have piles, burning (ars.), or dragging in the abdomen and pressing pains through sacrum and hips on walking. Ars. is easily recognized.

If riding ameliorates nit-ac., it will surely aggravate cocc. and petro. Suffice it to say that the curative remedy will crop out on close discrimination.

In the Treatment of Salivation

merc. is regarded by many as a specific for the pregnant woman. In one instance I saw kreos. work beautifully. The patient was of a hemophilic nature; all of her discharges were acrid, excoriating, and her skin pulsated all over. Her mucous commissures were raw, cracked, bleeding, and her mind so irritable that living with her was next to unbearable. She wanted everything she did not have, and did not want it when she had it.

The helonias patient is also salivated; but she is anemic, weak, prostrated in mind and body, sad, gloomy; always worse when thinking of her trouble (calc. ph., ox. ac.). Always tired in her loins and legs, and sleepless. Her lumbar region burns (zinc).

Digitized by Google

Her womb, generally prolapsed, is painful to touch and motion; and she is conscious of the organ, like pyr. is of his heart that he outlines.

Jaborandi helps those women that are constantly spitting saliva. Puls. may do the same, but she is nauseated and has loathing or aversion to food and thirstlessness. Nat. c. is constantly hawking up thick mucus that collects in the fauces. When the woman is harsh and abusive, lacking diplomacy (cham. sep., bry., nux), extremely restless (ars.), sad and tearful (puls., sep., nat. m., cham., ign., nux m.) when not on the go; weak and tired in a warm room (puls., lach., sulph.—ant. c. from radiated heat and in the sun); craving fresh air and motion, and feeling better when having them (puls.), kali. iod. will surely cure her ptyalism.

If, on the contrary, she could hear (almost) the flies buzzing around the distant steeple, was mentally active (lach.), thought-crowded, wakeful, hysterical, ready to faint from pleasant surprise, and weep and tremble from hurt feelings, extremely sensitive to pain and cold, though her toothache was ameliorated by holding a bit of ice in her mouth, coffea would undoubtedly dry her mouth.

Many women suffer from

TOOTHACHE

at the time the fetus seems to require calcareous material to build up its bony structure. I have not as yet seen an instance where the extracting of decayed teeth induced a miscarriage. The filling of decayed teeth concerns the dentist, and their medicinal treatment is within our province.

The staphys. tooth is black, crumbling and decayed (kreos.); its gum is spongy, tender, pale and painful. The pains are in the roots, shoot into the ear, or give the aspect of trifacial neuralgia, and make the patient ugly and very irritable, though suppressing her anger, which she often does, makes her feel worse.

The puls. patient is tearful (ign.) and touchy, chilly in a warm room, relieved by slow motion (ferr.) in the open air. Her tooth is ameliorated by cold water held in the mouth (bry., cham., coff.) and worse from warmth of any kind (bry., sulph.; warmth of bed <merc., puls., cham., it.> lyc. and nux).

If the whole side of the face was aching, worse at night, and aggravated by both cold and warmth, the gum swollen, sore; the teeth feeling loose and too long, with ptyalism, fetor, a flabby tongue, indented and tremulous, and night sweats, merc. would be required.

Calc. c. is thought of in the calc. subjects with decayed teeth

Digitized by Google

aggravated by cold applications, the least draught of air (cham., chin., mag. c., sep., sulph.), any drink warm or cold (lach. and puls. from warm drinks; ant. c., ars., cham., kali. c., lach., merc., nat. m., nux m., phos., staph. and sulph. from cold drinks), and associated with cephalic congestion and cold feet.

The persons of an irritable, fault-finding disposition or quarrelsome will often find relief from bry. and cham. Those of an irascible temper may have their symptoms covered by bry., nux v. or sulph., and maybe by ign.

It is said that "magn. c. and chin., when no other symptoms are present, are prominent remedies among the affections of the teeth that are present during pregnancy."[1] The china toothache is accompanied by excessive sensitiveness of the whole nervous system, chilliness, paleness, emaciation, frightful dreams, fatigue, flatulent (aloe, nat. s.) and painless diarrhea (ferr., kali. c., nat. m., phos., sulph., calc., cocc., coff., cham.), especially at night, or only after eating in daytime, with night-sweats (merc.). The pains are aggravated by motion (bry.), touch (bry., lyc., nat. m., nux v., puls., sep., staph., sulph.) cold air and chewing, and ameliorated by hard pressure (staph.). The ant. c. especially and merc. to a great extent also will have their toothache aggravated by a touch of the tongue. The pains of china are pulling in character and the teeth feel too long (merc.).

The magn. c. toothache is worse at night, like that of merc.; but if the latter is aggravated from the warmth of the bed, the former seeks relief in walking about continually, because as soon as she stops moving the pains become more severe. The ratanhia toothache is also worse lying, and ameliorated by walking about, but the patient has constipation with great straining; stool hard; arms fissured, burning, sticking pains, splinters felt in rectum and anus (aesc., graph., nit. ac., nux v., sulph., thuja.). Magn. c. may have the putty stool, the scum-like stool, or the dry, hard, large, crumbling stool, breaking up in many pieces before it is expelled.

Were the woman so nervous or queer as to feel a desire to urinate every time she sees or hears running water, and an aggravation of her toothache from this cause also, lyssin would cover her case and cure her.

Sepia is needed in the sepia patient who makes herself known by the yellow saddle across her nose, a wrinkled, stupid-looking face, a tall, slim body and narrow pelvis, the inability to be affectionate, the snappish dispositition (nux v.) and changeable mood (coff., ign., nat. m., nux m.), a profuse thick, offensive and milky leucorrhea, constipation, hard, difficult stool, a lump in the rectum

Digitized by Google

no evacuation of the bowel can relieve; a hungry feeling hardly ever relieved by eating; and very likely a milky vomiting following the ejection of food and chilliness.

When the woman complains of

HEARTBURN

after milk it is china; if after meat, ferr. ph. is required; if nausea accompanies the trouble, calc., puls. and sang. must be looked over; when the distress is greater in the evening, we should compare nat. m., oxal. ac., psor., and sulph.; if the woman feels it only at night, merc. will generally answer the purpose; if only before breakfast, nux v. is called for. Caps. is a heartburn remedy of great value, but its burning is not relieved by hot applications (ars.), and after every drink chilliness or shuddering is present (ars., chin., eup. per., nux v., rhus t., verat). The patient is flabby, chilly, sluggish, rosy cheeked and cold calc. c., ferr.), with a feeling of homesickness and so obstinate that if some one should propose her something she wants she would oppose it. Easily offended. Always looking for an insult. No endurance.

The water-brash is generally covered by lact. ac., nat. m., nux m. and tabac.

Among the crampy or colicky remedies, for we often find

STOMACH CRAMPS

during pregnancy, coloc. is useful when the patient bends double and presses something hard against the abdomen. Magn. ph. and nux v. are relieved by hot applications. Verat. bends double also (coloc.), but she is prostrated, and a cold sweat breaks on her forehead. Cuprum has colic in the stomach, a deathly feeling below the sternum, with spasm in the chest. Nat. m. is relieved if she tightens her clothing, and diasc. unfastens it, straightens her body out, bends backward and presses something hard against her back. Bending forward aggravates diosc.

Kali. c. is the chronic remedy of coloc. and nux v., and it is necessary to use it where the patient needs it.

China has midnight cramps. Con. has nausea from all food, constrictive pain in the epigastrium extending to throat, as if a ball rose up, the globus hystericus of asaf., ign., kalm., lyc., lach., mosch., nat. m., nux m., nux v., puls., sep. and sulph. Gastralgia with a spasmodic cough. Involuntary attempts at swallowing greatly pertain to merc. and staph.

CONSTIPATION

in the pregnant woman is not due to the presence—alone—of the enlarged uterus upon the coils of the intestines. It is the manifes-

Digitized by Google

tation of a constitutional dyscrasia—in most instances. Among the serviceable remedies in this disorder we may mention bry. and its chronic follower alum., nux-v. and its complementary remedies sep. and sulph; puls. and her older sister silica; maybe her first cousin kal. s.

We have already spoken at length of sep. and puls. They are familiar figures. No one can fail to recognize them in the medicinal field.

Nux-v., the spiteful, oversensitive and irritable nux, has the ineffectual urging, frequent, or passing but small quantities of hard feces at each attempt. Oh! but she gets mad at everything and everybody because her urging is ineffectual!

Plat. is arrogant, haughty, superb, nymphomaniac; and still her genitals are very sensitive to touch and pressure. Her stool adheres to the rectum and anus like soft clay (alum). She is alternately gay and sad. Cries easily (puls., ign., croc., nat. m., sep.). Everything and everybody about her is small, inferior to her from all points of view. She is a sphinx with a contemptuous look, presiding over the world.

Plb. is tired, sad, weak, chilly, anemic, emaciated, ash-colored, face shiny (nat. m., sanic., thya.). Colicky pains radiating to all parts of the body (diosc.); sensation as if navel was drawn as by a string to the spine. Her stool is hard, lumpy, knotting in the form of balls (alumen, alum, nat. m., nit. ac., nux v., op., sulph.), and difficult to expel on account of constriction or spasm of sphincter ani. Ineffectual urging (aesc., bry., lyc., nux v).

Coll. is very much constipated, and suffers greatly. Her bowels are very colicky and flatulent; her hemorrhoids are associated with the feeling of sticks in the rectum (aesc.), but no backache.

Agar., which is often needed in the pregnant mother, is a nervous remedy with twitchings here and there, sensitive spine, itching of parts as if they had been frozen. Itching and tingling of anus as from ascarides (nux, nat. m., sabad., sulph., spig., teucr.). Stool is first hard and knotty, next loose, and finally diarrheic at one sitting. Patient is very sensitive to the cold air (calc. c., dulc., hep., kali. c., nux v., psor., silic.).

Alumina has both the hard and soft stool, with difficulty to pass either of them. The bry. stool is always dry as if burnt, and the lips of the patient are dry and parched, and she takes large drinks and often (nat. m.), sometimes at long intervals. Alum. has a dry mouth (ars.), but does not drink much, and she is sad, while bry. is irritable. The two remedies complement each other well. Sometimes sulph. complements bry., sometimes alum. does.

Digitized by Google

Alum. follows well after sulph. The soft stool of alum. with straining to pass it pertains also to nux m., hep. and china; but nux m. can hardly ever keep her eyes open, and china is waxy, anemic and ready to burst from flatulence, while hep. always passes a sour stool. In fact, hepar, like rheum, always smells sour; so does magn-c.; and if ars. is fastidiously clean, sulph. is, on the contrary, fastidiously offensive and untidy.

Sepia, as above stated, in spite of her having passages of the bowels, never can get rid of that lump in her rectum.

Diarrhea .

seems not to be so common as constipation; still, it is found in the china subject, only at night, with spluttering, watery, undigested stools (nat. s.), painless, while petr. will not be disturbed in the night, but during the day only. Bry. is better for rest, and will generally rest in the night. Night and not rest—petr. Phos. has also a painless diarrhea, worse in the morning (podo.), with undigested stools, watery and lumpy like sago; anus remaining open (apis); but she vomits her cold water as soon as it become warm in her stomach. Ferr. has also a painless, watery, undigested stool at night, or while eating or drinking (crot. tig.), but the least emotion, excitement or exertion brings a flush (cold) to her face. Lyc. will feel distended after a few mouthfuls, aggravated from 4 to 8 P. M., and relieved of the tenderness of her stomach by loosening her clothing. The stools of puls. will be moody, changeable, greenish. She will crave fresh air and slow motion, and be aggravated in the night, after fats, rich foods, ice-cream. Her mouth, though dry, will be thirstless.

Sulph. will have an early morning diarrhea (bry., lil. t., nat. s.), frequent weak spells, hot flushes, and constant heat on the top of the head. Of course, her face will have a dirty red look, and her body will generally be lean, hungry, dyspeptic, offensive, stooped. Dirt does hardly ever incommodate sulph., but filthy odors do, and still she is so "unclean, unesthetic" . . .

Our merc. lady will have frequent urging and tenesmus during and after stool. Her stools may be slimy or bloody; but her watery and foul mouth wants cold drinks and much of them (dry mouth and no thirst puls. and nux m.), and her body will be covered, in the night, with a profuse, sour-smelling sweat (caust., graph., hep., lyc., sep., sulph., thuj.). Her diarrhea will be worse at night (chin.) and in hot weather (ars., bry., camph., carb. v., crot. tig., lach., nat. m., phos., podo.).

Digitized by Google

HEMORRHOIDS

frequently affect our pregnant women that suffer from constipation, and should never be dealt with surgically, for they are but one symptom out of many more that will reveal the sanctum of the patient; that is, they do not belong to the province of trauma. Aesc. is required for large, purple, burning, itching, hemorrhoids. There is a sensation of dryness, fulness, and sticks in the rectum (coll.); a constant dull backache, affecting the sacrum and hips, much aggravated by walking and stooping; shooting pains running up into the rectum.

Coll. has already been spoken of as having the sensation of sticks in the rectum. It has also the feeling of gravel or sand in the rectum; but her piles will bleed, and often; those of aesc. very rarely, if they ever do. Aesc. has aching in the back and fulness of rectum. Coll. has not; and again, great constipation associated with colic on account of it belongs to coll. Aesc. may or may not be constipated. Coll. reminds us of aloes in her pelvic troubles, but with constipation instead of diarrhea.

Sabin. has bleeding piles, blood arterial or venous, with pain from the back through to the pubes. Ars. and kali. c. have piles that burn like live coals (aesc); but ars. is ameliorated by warm applications, and aloes by cold compresses (apis). The kali. c. hemorrhoids protrude considerably during micturition (aloe, bar. c., merc., mur. ac., nit. ac.). The characteristics of the nat. m. piles are found in the patient: shiny, pale, waxy face; prostration, nervousness, irritability, sadness, weeping, alternating moods; dwelling on disagreeable occurrences; dreams of robbers and believes her dreams are real things; craves sympathy and is mad when it is given; loves unwisely; very forgetful and emotional; aggravated from heat, in a close room; ameliorated in the open air; lean, emaciated face and neck and still lives and eats well (iod., abrot., sanic.). Emaciation from above downward like lyc. Abrot. emaciates from below upward. Her leucorrhea or nasal discharge are like the white of an egg, raw or cooked; later they may turn green. Dryness of mucous membranes. Craving of salt and cold water; aversion to bread. Dryness of vagina (lyc.).

The caps. and nux piles belong also to the caps. and nux patients which have already been sketched above. The sep. patient is also known.

"And kind of hemorrhoid may be cured by lyc.; if the flatulence, the stomach symptoms, the mental symptoms (keen intellcet, but aversion to undertaking anything new, to appearing in public; dread of men and dread of solitude; irritability, melancholy), and

Digitized by Google

the general symptoms of lyc. are present—withered face, lean emaciated face and neck, aggravation from 4 to 8 P. M."

Puls. is aggravated from sitting, lying down, warmth of any kind, and ameliorated while moving about slowly in the open air. Her tumors may be blind or external, but in either case they are very painful. They itch in the evening.

The am. c. patient will find relief by lying flat on her back. Peonia has some of the most tormenting piles; they bite and itch, burn and bleed; the merest touch almost causes a convulsion (mur. ac.). After stool, burning, biting of the parts for hours, and internal chilliness with faintness in abdomen. The anus oozes an offensive moisture (nit. ac.). She lies in bed, so weak and faint and worn out she is, with her hands holding her nates far apart.

Lach. has a sense of constriction in the rectum; little hammers pound in the tumors. Aggravation after sleep. Strangulated tumors (aloe, ign., nux v., peon., sil.) associated with the general symptoms of the remedy.

Nit. ac. has a sense of prickling in the rectum; the tumors bleed, secrete much slime, are pendulous, sometimes ulcerated. Constriction of anus; inactivity of rectum; fissured anus. Itching, burning pains.

The sulph. pile is either blind or external, large, worse at night (merc.; worse in the morning diosc.), itching, burning, aggravated from touch and motion; prolapsed rectum during stool; bleeding. Weak spells and hot flashes. Heat on vertex. General symptoms of sulph.

Among the derangements in the

Urinary Organs

during child-bearing we might mention the urging to urinate of puls., who cannot lie on her back without having a desire to urinate. Nat. m. and sep. have involuntary urination. Sep. has also a frequent, almost continual, desire to pass urine with bearing down in the pelvis. Nat. m. feels cutting pains in the urethra after, and stitches between, the acts of micturition.

The albuminous urine is the manifestation of a constitutional trouble, and only on studying the patient closely will the simillimum be found. Among the commonest remedies that cover this symptom might be mentioned: Apis, ars., aur. m., china, colch., helon., lyc., nat. m., tereb., and especially merc. c., which is frequently called for, with pyr., during and after delivery. None of the above can take the place of the others; and any of them will eradicate the trouble, if these symptoms agree. We do not handle names; we treat

Digitized by Google

patients. There is no organotherapy for the true follower of Hahnemann; he only knows homotherapy, and, in his simplicity of heart, leaves the hobby-horse to the hoddy-doddy.

Albuminuria associated with heart disease will very often need calc. ac.

The retention of urine after confinement may be relieved by arn., ars., sometimes op. or puls; but commonly, if no contra-indications are present, caust. will be found to be the remedy. If the urine were dribbling, it might be well to see if nux v. covers not the case; sometimes it is arn., caust. or gelsem.

The retention of urine in the new-born generally yields under acon.; if it were due to a passion of the nurse op. should be given; apis, canth. and lyc. sometimes must be consulted for the infant.

THE SEXUAL ORGANS

have also their share of trouble. Merc. sol. and podo. have swelling great and rapid, with sensation of dragging and increased warmth in the vagina; coloc. would cover the symptoms.

After delivery I once had a case of edema of the right labium minus. It developed on the second day after the birth of the child. The tumor stood out like a water-bag. Apis removed it in twelve hours.

Helon. has pruritus vulvæ, swelling and redness. The parts are covered with a curdy deposit like aphthæ. We know more of her already.

Coll. has a violent itching, and the parts are much swollen, dark red, protruding. She cannot lie down. She makes herself known also by her peculiar rectum symptoms.

Puls. has swelling of the labia with a milky leucorrhea (calc., ferr., phos., sep.).

Merc. and sep. especially, when the symptoms agree, relieve the pruritus in pregnancy.

Flu. ac. is another itching remedy also in the hot-blooded woman (puls.), who suffocates in a warm room; nightly feverish; hands and feet cold during the day, burning evening and night. Indigestion, flatulence or diarrhea from warm drinks; offensive, burning, acrid discharges; hair dry, lustreless, matted, splitting, breaking; nails corrugated lengthwise, crippled, deformed, brittle (alum., graph., sil.). Thuja has crumbling toe nails. Borax, a tangled hair. Sil. has rough nails. Graph. has shedding of black nails, thick, brittle nails; her hair also grows harsh, falls out or breaks off easily when combing: short-haired woman; burning in vertex of the size of a dollar; burning of feet and coldness of feet and of

Digitized by Google

the knees and in the vagina, which secretes a glutinous, acrid, leucorrhea, smelling like herring-pickle (like old cheese is hep.); chafing with a gluey fluid is graph.

Our fl. ac. friend has sexual erethism (unlike sep.) and a feeling of indifference towards those she loves best (just like sep.), plus varicose veins upon the lower limbs and protruding hemorrhoids, which will often ulcerate because of a sluggish circulation through the system.

Agar., calc., lach., lil. t. and especially orig. and plat. have a voluptuous itching of the genitalia. That of agar. reminds one of the frost-bite—itching, stinging and burning. The patient is very cold and nervous; she may faint after coition; she is awkward and clumsy bodily and mentally (though she may run off poetry, especially at night, like the ecstatic ant. cr.). She breaks as many dishes as the warm-blooded apis. I wil say here that I once found an awkward cactus woman who could earn a reputation at breaking dishes also. The eyes of agar. oscillate (cic., ars., puls., sulph.); twitchings and jerkings here and there; stimulants aggravate her spine (zinc.)—ant. cr. is worse all over from stimulants, especially sour wine. The leucorrhea of agar. is like that of fl. ac. (the patients are not alike though), acrid and copious; but fl. ac. notices that her head aches if urination is not satisfied immediately, and is relieved by passing urine.

Calad. is forgetful, confused, absent-minded. She never can be quite sure whether something which seems to have happened really took place or not, and she ponders over the matter. A few minutes ago she locked that door; now she is not sure of it; she goes and ascertains the fact with her eyes and hands; and, when she leaves, she is still in doubt whether the door is locked or not. This illustrates her confusion of mind; very queer indeed and painful also. Lascivious thoughts crowd into her mind (fl. ac., pic. ac., silen.), and with the pruritus vulvæ is kept awake the greater part of the night. She is warm-blooded (fl. ac., puls.) and wants warm drinks, the opposite of fl. ac., and they agree with her. Cold drinks aggravate her stomach (ars., calc. a., graph., iris, rhus. t.).

Lil. t. is also warm-blooded. She suffocates in a crowded room (apis, arg. n., iod., kali. i., kali. s., lyc., puls., fl. ac., sabin., sec., sulph.), has a wild feeling in the head, as though she would go crazy, with pain in the right iliac region. Like sulph., she has burning of the palms and soles, great heat in the head and an "all-gone" sensation in the stomach, with a driving-out-of-bed diarrhea. Like nux-v., she has ineffectual urging to stool, and, like sep., the sensation of a ball in the rectum. Like merc., tenesmus of the bladder

Digitized by Google

and rectum. The dragging-down sensation of lil-t. is felt from the pit of stomach to vulva—crossing limbs, wearing a T bandage, an abdominal support; and we have as a rule a fleshy, strong, plethoric and nervous woman. She is as mean as cham., nux v. and sep. You cannot please her (bry., cham., cina., kreos., rheum., staph.). Her sexual excitement, which is violent, is generally associated with palpitation. Does not want to be disturbed or spoken to (ars.). Her spine is sore, sensitive. She trembles (agar., zinc). Her spinal symptoms compete very closely with platina, says Kent.

Borax and calad. have itching of the vagina. If sep. is sexually cold, orig., lil. t., lach. and plat., like murex, are just the reverse. Zinc is especially classed as a nymphomaniac during pregnancy.

The Leucorrhea

of the pregnant mothers is generally covered by cocc., kreos., murex, puls. and sep. These remedies have been sketched already. Murex is the twin sister of sep.; both look alike, except in their sexual appetite. Sabina is sometimes needed. A leucorrhea with pruritus vulvæ may require calad., coll., hydr., nat. m., nit. ac., puls. or sabin. The nit. ac. patient is worse from taking cold. Sep. has pruritus, fluor albus (milky), with itching eruption on the inner labia (graph.). Nat. m. says her pubes itches (pimples) and gets denuded. Alum., of course, is known to be inflamed, sore, corroded and unable to walk, and relieved by cold washes. Sabin. has violent itching of the parts, her discharge is ropy, glazy (ropy, yellow is kali. b.), and she feels the classical drawing pain from sacrum through to pubes. The vaginal discharge of kreos. is putrid and acrid; that of cocc. like serum mixed with a purulent ichorous fluid, escaping with a gush when stooping or sitting down; that of murex may be green or bloody, associated with great sexual excitement and a sharp pain extending from uterus to breasts. The pruritus of agar. and nux v. may be so great as to induce masturbation. Plat. says she feels a voluptuous tingling extending into her abdomen. During micturition amb. gr. feels her vulva itches, bites and smarts. Mrs. merc. must scratch her genitals very much, because they bite and burn, especially in the evening and night; and, after scratching she suffers from violent burning. Stan. also is afflicted with leucorrhea—thick, yellow, green, copious—and that is since her ancient cephalic neuralgia was obliterated. She says that discharge must be the cause of her intense chest weakness. One notices readily that aesc. has something wrong with her sacrum and hips, because she drags herself; even her knees partake of the trouble. Kreos. and plb. say their legs are so weak they cannot support their

Digitized by Google

bodies. Sulph. cannot stand on her feet; she feels miserable through and through; and kali. c., whose upper lids are baggy; who wakes nights at 3 A. M.; whose feet are so ticklish; whose anxiety is felt in the stomach; whose mind is irritable to the highest pitch; whose skin is sensitive to every atmospheric whim; who sweats profusely—a cold sweat—upon the slightest exertion; whose hemorrhoids burn like coals of fire (ars.); whose panting parallels that of calc.; whose pains are flying, stitching in shade or form; well, this kali. c. (which is the only one I know), whose weakness is extreme, complains of her back and legs giving out. The old Farrington (some new ones are living) built the kali. c. tripod, whose legs he called: "Sweat, backache and weakness."

Mrs. Calc. ph. can hardly use her arms and legs: "They are so weak and heavy," she says; and she does not want to go into any society because her leucorrhea is so offensive that one detects it from the moment she steps on the threshold; that of her cousin hep. smells like old cheese, and it permeates the room also.

Borax is afraid of a downward motion, startles easily (nat. m., nat. c., kali. c., lyc.); her hair tangles, and in her legs she feels as if warm water were running down. Years ago she was greatly troubled with membranous dysmenorrhea, and now is wondering how she happened to fall pregnant. Her vaginal discharge is like the white of an egg or starchy and acrid. Mez., plat., petr. and alum. have also an albuminous leucorrhea. Ferr. i., nat. m. and sabin. (nat. m. especially) have a discharge like boiled starch.

The Ovaries

may cause trouble in pregnancy. They generally will be kept quiet by podo., occasionally by xanth. In podo. we have pain in right ovary, running down thigh of that side. In xanth. the pain is aching, cutting, shooting, and extends to back, down crural region, to groin, hypogastrium or hips. Xanth seems to radiate its trouble and podo. to keep it in one direction. Other remedies might be needed.

Among Miscellaneous Matters

it might be remembered that nux m. coughs during pregnancy, and sep. finds her mammæ are very painful to touch. The calc. c., calc. ph. and sil. patients have flowing milk before delivery. Besides lil. t., we notice that arg. m., con., nat. m. and sep. have palpitation of the heart. Arg. m. cannot laugh without coughing, and her left ovary (lach.) and back ache. Her chest, left side, is as weak as that of stan. Con. has a spasmodic cough, due to a raw spot in the larynx (in throat, act.), worse at night, when lying down, and more

Digitized by Google

so in pregnancy. Vertigo worse on lying down, especially on turning head sidewise (coloc. on turning head to left). Paralytic weakness, lump in the throat; progress towards imbecility; quarrelsome.

If the palpitation were present only during over-exertion aurum might be considered. Aurum loathes life; grieves over everything; cannot stand heat (puls.); is very easily angered; may be exophthalmic goitre (nat. m.), enlargement of the liver. No gentle disposition in aur.

Edema of the feet is either merc. c. or zinc. Amb. g. and nat. m. have numbness of hands, numbness of fingers in the pregnant state.

Paralysis of the lower limbs after parturition might be cured by caust. or plb.

In the varices of the lower limbs we should study the patient first, the legs next, and the remedies last; and on close examination we will detect such remedies or patients as ars., carb. v., ferr., fl-ac., graph., ham., lyc. and puls. The painless varix is mill. Fl-ac. has an affinity for the left leg; ham. and puls. for the inflamed tumors; graph. for the sensitive, itching one. Ferr. will preferably locate itself in the thigh or foot. Puls. wants the whole limb, and carb. v., fl. ac., graph., ham. and lyc. are satisfied with the leg alone.

The caps. patient knows she is enciente because her hearing is impaired. Cocc. and sep., because their noses have started to bleed, and sep. can tell it also when, like ign., she feels her face has become sore, painful and aching. Phos. notices her face is getting bluish, and at times swollen, like that of merc. c.

The headaches of the pregnant females will vanish under the action of the constitutional remedy. Lach. loses her hair while bearing her family, and calc., carb. v., lyc. and nat. m. during the lying-in period. If phos. loses it in handfuls (carb. v.), fl. ac. drops it in spots.

It is said that during pregnancy cupr. has chorea; stan. is very anxious; bell, nux m., nux v., puls., sec. and sep. have faintness; cham., cic., cupr. and hyosc. have convulsions; kali. c. pulsates all over, kreos. always follows suit; lach. is averse to company; acon. is afraid of dying, and during labor also (coff., plat.); cimic. is greatly apprehensive, in fact I know not when she is not so (lyssin); cimic., lach., and especially nat. m., are overcome with sadness, and puls. may be more tearful than at any other time, as well as ign. more moody and sighing oftener. No doubt apis., ign., nat. m., puls. and more so mag. c. will have fits of weeping; of course, aur. might shed tears if she were there; nat. m. has vertigo also (ars. gel.).

In my modest opinion I contend that the constitutional remedy paves the way for an easy parturition and good recovery. But the

Digitized by Google

remedy alone is not sufficient. A pregnant woman has no need of a corset, and, if exercise is required of her, she should not be seen in a steeplechase nor in a ballroom describing at the quickening period and later the figures of the Lanciers. She must live close to nature: plenty of air, plenty of sunshine, plenty of exercise without fatigue; away from cares, away from the exigencies of a tyrannical society; good food, good clothes. The food and the clothes the rich have them; but they often lack the air, the sunshine, the exercise, the rest, the tranquillity of mind, the happiness, the joy, the love that shelters the thatched roof. Have the Esquimaux, the Yellow Skins any trouble in carrying their offspring to term, in giving them birth, in recovering from parturition? How much asepsis and antisepsis do they know and do they use? What is the percentage of mortality among them during confinement and in the lying-in period? Is puerperal septicemia of common occurrence among them? What are their obstetricians? From which universities did they graduate? I pray to God common sense may enter first and science next the halls of all medical colleges, and to my mind we, as homœopaths, need more common sense than the other wings of the House that we may never, at the example of Lucifer, alias Mongrel, rebel against the law of Similia we profess to follow.

I will now touch slightly upon the

Remedies at Parturition.

Acon. is afraid of dying. Her baby has retention of urine. Arn. is sore, bruised all over and her bed is hard. Her baby excites after-pains (cham., puls.). Her coccyx is very sore after delivery (hyp.).—Bell. cannot be touched nor jarred. She is burning; wants to run away.—Bor. is naturally afraid of a downward motion, and now feels her pains running upward (colc., cham., gels., lyc.) Bry. faints from the least motion. Her after-pains are excited by the least motion. Dry lips and mouth, much thirst. Ant. t. and camph. babies are suffocated at birth. Canth. has a constant desire to pass a few drops of burning urine. Caul. has short, irregular, do-nothing pains, flying from one place to another, not going in the right direction: false pains specific, nearly; interrupted pains mag. m., plat.). Mag. m. pains are interrupted by spasms. Puls. has short (caul.), sluggish, irregular false (caul., cham., cimic., gels., kal. c., nux m., nux v.), ineffectual (caust., coff., kal. c.) pains, and she weeps and she throws the covers off (camph.) and is thirstless though her mouth is dry. Nux v. has pains causing fainting (cimic., puls.), paroxysmal in the back (sep), very distresssing (cham., coff., gels., kal. c.); vesical and rectal tenesmus associated

Digitized by Google

with the pains. Scolds severely. Cham. has pains with frequent emissions of large quantities of pale urine. Tearing pains in the back extending down inner side of legs. Anguish, tossing about, uncivility, violent after-pains. Gals. is stupid and apathetic (op.); pains are fright (acon., op.). Kal. c. wants her back pressed; her pains are false, distressing, running through to and up the back; sometimes a wave from uterus to throat stops the pains. Greatly affected by fright (acon., op.).—Kal-c. wants her back pressed; her pains are distressing, intermittent, ineffectual; they are all in the back, and extend down the buttocks and legs into the thighs. Act. r. or micic. has weak, false pains, ceasing suddenly from cramps in the hips; pains in each side of abdomen, not in the center; pains extending to heart. Phyt. has pains extending to knees and up to sacrum. Borax feels her pains more in the stomach than in the uterus. Ip. has cutting pains in the umbilical region, darting off to the uterus; constant nausea. Hemorrhage steady, red, every gush of blood accompanied by nausea, fanting. Sec., the withered, dried-up woman, wants to be cool and has a hemorrhage of dark blood, often mixed with clots. Acon. passes a bright red blood and is overwhelmed by the fear of death. Chin. s. has labor pains with twitching; chin. floods with fainting, dim sight and noises in the ears; wants to be fanned, slowly (carb. v., rapidly). Sabin. passes profusely a bright red blood (acon., bell.), with pains from sacrum to pubes and no bell. oversensitiveness; she wants the windows open (puls., sec.). Phos. passes a bright red, clotted blood; during parturition she had a hot head and an ardent thirst for ice cold water. Carb. v. has a black oozing, gushing flow (acon., bell., ipec., dec.), is pale, cold, covered with sweat, breathing cold, and yet wants to be fanned closely and rapidly.

Cham., merc. and pod. may be consulted in icterus neonatorum. For mastitis we have bell., bry., cham., hep., lyc., merc., phyt., puls., sil., sulph. For cracked nipples, cast. eq., caust., graph. (very painful), phyt., rat. Milk is absent in zinc., bad in bor., cham. and merc.; child refuses merc. milk. With brain troubles agar. loses her milk; dulc. and puls. after taking cold. The milk of calc. is flowing; that of lach. is thin and blue; that of calc., calc. ph., iod., plb., puls. and sil. is thin, many times watery. Nux m. and sil. have retracted nipples.

In puerperal mania we choose among aur., bell., camph., cimic., cupr., hyosc., kal. c., lyc., puls., stram. and evrat. In puerperal fever we have to make our choice between the following leaders: Sulph., lyc., pyr., lach., coff., carb. v., phos., crot. h. ferr. and puls.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D
P. W. SHEDD, M.D

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

RABIES

ACCORDING to the daily press, the New York State Department of Agriculture has found it necessary to institute a quarantine in a number of municipalities in the State on account of rabies. The disease seems to be of frequent occurrence in quite a number of other states as well. Some dog-lovers have affected to believe that there is no real disease due to the bite of a so-called mad dog; that the symptoms which so often develop in the unfortunate victims are the results of overwrought imagination. This theory, however, is utterly untenable, for we can rule out the imagination as a factor in the case of an animal bitten by a rabid dog.

The dog is not the only animal subject to rabies, nor is the bite of a mad dog alone capable of transmitting the virus. The bite of a rabid horse, cat or person is equally dangerous; but the liberty accorded to dogs and cats makes them the more frequent factors in spreading the disease; and the dog is more dangerous in this respect than the cat, because it is a more sociable and at the same time a more pugnacious animal than the other.

Formerly it was necessary to base an absolute diagnosis on the history and the symptoms of each individual case, or to await the development of an inoculation test upon a rabbit. At times the victim died in the greatest agony before the expiration of the period of incubation, anywhere from ten days to a month. Now the Negri bodies found in the brain will establish a diagnosis in the course of a few hours. In man the period of incubation is usually set at forty-five days; in dogs from twenty to forty days.

Digitized by Google

The prevention of the disease lies for the most part in properly regulating the liberty given to dogs. All dogs should be licensed, those not licensed being exterminated. Before they are allowed to appear in public places or on a public highway, they should be muzzled. Dog owners should be held responsible for all the damage a dog does. Finally, a person should appreciate the risk he runs in attempting to caress or pet a dog to whom he is a stranger.

As to the treatment of a dog bite, it is generally conceded that the wound should be thoroughly cauterized as quickly as possible. Fuming nitric acid is the best agent, and it should be thoroughly applied to all the edges and recesses of the wound. If thorough cauterization is done within a few hours from the time the bite was inflicted, the protection from infection is said to be absolute. It must also be remembered that only about twenty per cent. of the animals bitten by rabid dogs become infected; and the same ratio probably holds true in man.

For the prevention of the development of hydrophobia symptoms the popular remedy is the Pasteur anti-rabic serum. This is not universally successful; indeed it is said that two out of three persons so treated die. This may in part be due to the late period at which the serum treatment is often instituted.

A hudred and fifty years ago scutellaria was introduced to the medical profession as a remedy for hydrophobia, and for half a century it enjoyed a remarkable popular reputation, and its successful use was also a matter of professional record. It passed into disuse largely as the result of its exploitation by a layman, in spite of the fact that Dr. James Thacher (Observations on Hydrophobia, 1812) and Dr. Spaulding (History of the Introduction of Scutellaria, 1819) testified to the fact that out of more than 850 persons bitten by animals considered rabid (many of which communicated the disease to other animals and to persons as well), one only treated with scutellaria died, although two of the cases had developed symptoms of the disease before treatment was begun. It is also stated that in more than a hundred cases where bitten animals were separated, all not treated died, while no symptoms developed in the animals treated with scutellaria.

Some failures were recorded, one in the case of a child, and six hogs out of nine treated with scutellaria. In this last instance eight or ten days had elapsed before the remedy was administered.

These claims for scutellaria as a remedy in hydrophobia are brought again to the attention of the medical profession in a

Digitized by Google

"Treatise on Scutellaria," issued gratis by Lloyd Brothers, the well-known manufacturers of eclectic pharmaceuticals of Cincinnati. The directions for the preparation and use of the drug are reprinted in this booklet and are as follows:

"The leaves (of scutellaria) should be gathered when in flower, carefully dried, reduced to a fine powder, and put into bottles, well corked, for use. When a person has received a bite by a mad dog, he must take of a strong infusion of the leaves or powder, a gill four or five times a day, every other day. The day it is omitted he must take a spoonful of the flowers of sulphur in molasses, in the morning fasting, and at bedtime in new milk, and apply the pounded green herb to the wound every two hours, continuing the prescription for three weeks. For cattle or horses, use four times the quantity prescribed for a man."

The writer of the treatise mentioned believes the records of the successful employment of scutellaria in hydrophobia or rabies to be worthy of credence, and states that until authentic contra-evidence is presented, he would insist upon the employment of the treatment in a case of possible rabies, even though other measures were employed.

Closely allied to the serum developed by Pasteur for the treatment of rabies, is the nosode, hydrophobin, introduced by Hering. Of its origin Hering says: "When in Philadelphia I happened to fall in with a dog in a state of decided rabies; while he was still living and shaken with convulsions I gathered some of his saliva, triturated it, and soon convinced myself by actual experiment that it was a remarkably efficient remedy. I have cured dogs in the first stage of rabies with it, and also ulcers remaining after the bite of evil disposed dogs. All those who were bitten by a dog reputed mad to whom I administered hydrophobin continued well." Presumably this last reference is to human beings attacked by reputed rabid dogs.

Hering cites a case showing the value of this remedy in a case of insanity marked by obsession of the idea of having been bitten by a mad dog. "A man became disordered in mind and was constantly anxious from fear that he had been bitten by a mad dog, and was about to become hydrophobic; this anxiety continually increased, and was a constant source of uneasiness to the whole family. I gave him a dose of hydrophobin, carefully abstaining from mentioning what it was in order not to excite his imagination, and even stating that it was a very doubtful remedy, as indeed was the truth. In a week he was almost free from his fearful state, and asked me whether that was accidental."

Digitized by Google

Notes and Comments.

School Hygiene—THE NORTH AMERICAN is glad to welcome among its exchanges the first number of *School Hygiene*, published monthly, except in July and August, by D. C. Heath & Co., Boston, for the American School Hygiene Association. This first number is more than readable; it is highly interesting, and covers a wide range of topics. Not all the articles were written for the publication, but it is well to have them collated in this manner. School hygiene is a matter of more than passing interest to members of the medical profession and of vital importance to the parents of children, so it is to be hoped that the American School Hygiene Association will be encouraged in its effort by a good subscription list.

Uncle Sam Wants Doctors—Deans and registrars of homœopathic colleges and secretaries of homœopathic societies tell us that the demand for homœopathic physicians is greater than the supply. If, however, there are any such looking for a job, there are a number of good vacancies in the medical corps of the army, conferring the rank of first lieutenant, and carrying a salary of $2,000 a year.

What Do You Think of This?—Says the *Lancet-Clinic* of Cincinnati: "Nothing so clearly demonstrates our growth in tolerance than the attitude the old-school physicians have assumed with reference to eclectics and homœopathists. The rancor and the bitterness, the animadversions, the invectives, the abusive language with which the latter were greeted did more to bring medicine into disrepute than all the quackery ever practiced or ever advertised. People could not refrain from making odious comparisons between the professed breadth of view of a liberal profession and the actual condition in the social intercourse of medical men. It must be admitted that much of what was formerly deemed obnoxious in the eclectics and homœopathists has been trimmed away by hard experience; but the main reason for the more tolerant attitude of the dominant school has been that steady growth of altruism, of kindness toward all things, of charity and mercy and love which even the rankest pessimist must admit obtains throughout the world. The various schools of medicine differ only in their application of therapeutic agents. How puerile to quarrel over so small a matter!"

Medicine in Dirty Mouths—A dentist of twenty years' standing says the human mouth is often the foulest part of the body, and in sickness the whole oral cavity is filled with sordes and the saliva is loaded with dead matter. The dentist protests against putting medicines which are to be swallowed in such a place, and yet, as he says, one rarely if ever hears of a physician ordering the patient to cleanse the mouth before taking the medicine. Why not advise the use of peroxide before each dose of medicine?

Digitized by Google

'Twas Not a Beat—The *Critique*, of Denver, Dr. J. W. Mastin, editor, reported the Institute doings in its July issue in a series of editorial items and comments, and doubtless Mr. Editor thought the brevity of the notes would enable him to steal a march on the rest of the wielders of the pen. However, the NORTH AMERICAN was out with its report before the exchange copy of the *Critique* reached the editorial desk, and it, too, presented its readers with a picture of President Dr. Wm. Davis Foster.

Sir and Most Honored Colleague—We beg to inform you that the Sixteenth International Medical Congress will be held at Budapest from the 29th of August till the 4th of September, 1908, inclusive. His Imperial and Apostolic Royal Majesty, Francis Joseph I, has deigned to accord his august patronage to this scientific gathering. The Royal Hungarian Government and the Municipality of the Capital and Residence City of Budapest have also promised to afford us their great and benevolent support. So run the opening paragraphs of the first circular letter from the president of the congress. How our European friends do let their pens run riot in referring to those in authority! Those who have planned to spend the vacation in Europe should note the above dates and arrange to visit Budapest during the congress.

International Congress on Tuberculosis—Preparations are being made by the New York State Committee of the International Congress on Tuberculosis to include a clean milk exhibit during the three weeks of the tuberculosis exhibition at Washington, from September 21st to October 12th, 1908.

The co-operation of a number of public-spirited dairy owners, including Mr. W. W. Law, Jr., Hon. Seth Low and Mr. V. Everit Macy, has been abtained, as also of Commissioner Pearson, commissioner of agriculture; Professor Moore, pathologist State Veterinary College, and Professor W. A. Stocking, Jr., bacteriologist Cornell University. It will include not only photographs of dairies, statistical charts and Petri charts of bacteriology of milk and illustrations of tuberculin tests for cattle, but will also have a small working dairy with tuberculin-tested cow, skilled attendant, sanitary utensils, shipping cases and all sanitary appliances for the marketing of a clean milk. There will be printed on card-board a series of aphorisms regarding clean milk. There will be represented graphically the food value of milk as compared with other foods prepared by the State Department of Agriculture. Charts illustrating the general sources of infection of milk by tuberculosis are being prepared under the supervision of Mr. Law, Jr.

In view of the fact that Mr. Nathan Straus is preparing for the the exhibition a duplicate of the pasteurization plants, already erected by him in Heidelberg, Brussels and Berlin, the exhibition at Washington will afford an excellent opportunity for a comparative study of the two methods of marketing milk: 1. Pasteurized; 2. Unpasteurized but clean.

Digitized by Google

Convallaria.—In specific medicine convallaria we have one of our best heart remedies. As Scudder, Webster and others say, it acts on the circulation much like digitalis, but does not produce the dangerous results we often get from digitalis. I should not like to practice medicine without this drug. With it I have cured and helped make comfortable, cases that other physicians said could not be helped.

You take a case with quickened pulse, when there is capillary obstruction, a feeling of dyspnea and shortness of breath, with what the patient calls "thumping in the head and ears," especially when they stoop down and rise up suddenly, and its actions will prove corrective. In dropsy of cardiac origin it has no superior; in my mind it has no equal, especially if the left ankle is swollen, and the urine is decreased.

One great indication for convallaria is swelling of the limbs in welts or ridges, or sometimes the patient will call your attention to the fact that their legs have hard spots like bands around them and then a band that is very soft; in that case a careful examination will reveal the fact that there is a lesion of the mitral valve. Generally, mitral insufficiency, and palpitation due to capillary obstruction or vehement action with arhythmical movement, will yield to convallaria every time. Ecchymosis of the lower lids of the eyes will yield to it after the failure of all other drugs. I always combine convallaria with crataegus, instead of digitalis, with much better results and without the unpleasant and dangerous results one often gets from the latter.

Convallaria has a very wide field of usefulness, if not the widest of any of the heart remedies. Dr. Frank Webb. *The Eclectic Review.*

Cataract: Sulfur and Calcarea Carbonica.—A boy, aet. 5, presented a complete cataract. When two years old he had had a facial and scalp eczema, which had been cared for with ointments. With the suppression of the eczema, the doublee cataract developed. An iridectomy was performed by Dr. Vetsch of St. Gall, but the cataract being complete, the operation had no effect on vision, and when I undertook the treatment the child could not distinguish a light placed directly before the eyes. Sulfur 30 and calcarea 30, taken at five-day intervals, returned vision by absorbing completely the opacities of the crystalline within eight weeks. Dr. Nebel. *Le Propagateur de l'Homoeopathie.*

Lemna minor.—*Case* 1.—A boy, aged 14, whose nose was broadened and completely blocked up for two years before coming to Dr. Cooper, November 26, 1892, never remembered possessing the power of smell. The nostrils had been cleared of polypi by operation one year before, at St. Bartholomew's Hospital, but when he consulted Dr. Cooper, they had grown up again and were plainly visible. From November 15, 1902, to March 4, 1893, four doses of lemna tincture were given without much change. Then up to

Digitized by Google

April 8 he had calcarea carb. 200; this was followed by mercurius sol. 3x for face-ache. Lemna was then resumed, one dose every fourteen days, with pronounced relief. By March 14, 1894, his nose was clear, with none but very small polypi visible; he could breathe freely; and his olfactory sense had completely returned.

Case 2.—A married lady, aged 26, suffered from catarrhal pharyngitis, due to post-nasal ulceration high up; a constant dryness of the throat; the right nostril blocked, but without any visible polypus; the heart was easily disturbed, flatulence and colicky pains in the abdomen came on towards evenings. Every morning she awakes with her throat dry, and the tongue coated. She is subject to diarrhœa, colic and sickness at the menstrual period. On November 12, 1892, Dr. Cooper gave a unit dose of lemna tincture, with relief to all symptoms except that diarrhœa set in three days afterwards. As this symptom, diarrhœa, has been noticed in other patients, Dr. Cooper considers it pathogenetic of lemna. A second dose having been given on December 9, 1902, on the 23rd the lady came and reported herself much better in all respects. Nose not perfectly clear, but there was no unpleasant taste or smell; throat not dry, as before; mouth clear and taste pure in the morning; tongue cleaner; indigestion and diarrhœa ceased; heart tranquil.

Case 3.—Captain B., aged 44, consulted Dr. Clarke on February 28, 1894, for violent neuralgia, with local tenderness on the right side of the neck.

He has had cold and cough for a month with great amounts of yellow coryza. He was given bell. 12 for the neuralgia, to be followed by lemna 3x thrice daily. On March 9 he reported that the bell. speedily took away the neuralgia, and that then the lemna cleared off the catarrh in the most astonishing fashion.

Case 4 (Burnett).—A gentleman, aged 60, with nasal polypus of many years' duration, yet only of moderate size, was much troubled by the chronic nasal obstruction, which was much worse in wet weather. Lemna 3x, ♏v. mane et nocte for one month benefited him so much that he told Dr. Burnett at his next visit, "I have never taken any medicine that has done me so much good. I feel quite comfortable in my nose, and can breathe through it quite well."

The indications for lemna seem to be: A putrid smell or anosmia; a putrid taste with general foulness of the mouth, especially on rising in the morning; discharge from the nostrils of crusts or of mucopus or both; nasal polypi; swollen turbinates; pain like a string from nostril to ear; all symptoms worse in wet weather. Dr. Cooper tabulates the modalities of four leading coryza remedies thus: Lemna, worse in heavy rains; calendula, when heavy clouds are about: rhododendron, in thunder storms; dulcamara, in foggy weather and damp surroundings. Dr. J. M. Moore. *Journal British Hom. Society.*

"Roentgen Diagnosis of Diseases of the Chest."—An editorial in *Archives of the Roentgen Ray*, March, 1908, calls attention to the superiority of the Roentgen ray over the old method of percussion and auscultation in determining lesions of the thorax.

"Seeing is believing, and no story of impaired resonance or al-

Digitized by Google

tered respiration is half so convincing as the damning evidence of the lung shadow on the photographic plate." Considering the vociferous denial of the superiority of the Roentgen ray in incipient phthisis by some clinicians, the following closing paragraph seems particularly apropos:

"The number of professional Gallios who care for none of these things (radiology-radioscopy) is slowly but steadily diminishing." "If I could not tell temperature," said a distinguished surgeon of the Abernethian school, "If I could not tell the temperature better than that glass thing, I would give up my profession tomorrow!" Yet have his words done the thermometer no harm. "If I could not diagnose incipient tubercle better than that glass thing," says the modern physician, "of what good is my life-long training of ear and touch? Yet does the focus-tube shine on as brightly and unabashed." It takes time to replace the stage-coach with the automobile!

"The Patient Must Walk."—This sympton, emphasized by Farrington, is found markedly in aconite, rhus, stramonium, chamomilla, apis, arsenic, kali iodatum, pulsatilla, camphor, ferrum, but the drugs are sufficiently differentiated to merit a study.

Aconite suits a vigorous patient, who walks because impelled by extreme and anxious agitation; he cannot keep quiet; he is brusque and preoccupied.

Rhus walks to ameliorate, or rather wards off, the rheumatic pain and stiffness, which increases when at rest. Aspect rigid and unquiet.

Chamomilla moves to relieve his affection, to centrifugalize his vexation and his unbearable sensations. He is savage and inconsolable.

The stramonium patient walks because of the strange sensations experienced; she thinks she is growing weaker, seems in distress, says to the attendants: "Go. Let me alone," and isolates herself, yet has constant need of someone in the room. She demands light; the gas jet must be in full blaze; she often experiences a sense of suffocation in the throat; she calls for her mother, who, nevertheless, is quite near; thinks herself elsewhere and gets out of bed to walk about.

Apis is dissatisfied generally with the situation, with events. Wanders in quiet and inconsequently about.

Arsenic, like aconite, moves because movement lessens his sufferings, but stops because of great weakness; seeks solitude; fears the least draught of air.

Those suited by kali iodatum desire to walk in the open air, are not fatigued, but rather ameliorated; happy disposition.

The pulsatilla patient moves slowly about to ameliorate the gastric and rheumatic troubles; prefers cold air, although chilly during exacerbations; has an unhappy, sometimes melancholic, air.

Camphor walks swiftly, thinking thus to be freed of the apprehension which haunts her; as if fleeing from death. He seems terrified.

Ferrum corresponds to a strenuous gait, for his troubles seem

Digitized by Google

intolerable when in repose. The sufferer is patient, though impressionable. Subjects too young or too sick to walk unaided, yet with instinctive need of motion.

The child calling for arsenic wishes to be carried constantly; that of veratrum wishes to run, falls and gets up again; that of cina is comforted only by violent motion; pulsatilla likes to be carried gently about in the open air; rhus, again, demands violent motion, rocking. Antimonium crudum wants to be carried, but not touched; antimonium tartaricum likewise, but does not wish to be looked at. Dr. M. Picard. *Propagateur de l'Homœopathie.*

Calcarea Fluorica.—In coughs characterized by tickling and irritation of the throat on lying down, caused by elongation of the uvula, or droppings at the back of the throat, calcarea fluorica is often a very useful remedy, and in stuffy colds in the head it exerts a corrective influence. In various forms of catarrh, especially when the expectoration consists chiefly of yellowish small lumps, it has been used with marked advantage, and when there are sparks before the eyes, spots on the cornea and induration in the eyelids it has been found useful. In conjunctivitis and enlargement of the meibomian glands this salt of calcium has also been found useful. In gouty enlargement of the finger joints its influence is unmistakably curative, and as a means of aiding dentition it is often valuable. It is also an efficient remedy in the vomiting of infants during the period of dentition. Weak infants, having thin skulls and open fontanelles, under the influence of this agent have been greatly benefited, and knotty substances which are sometimes found in the female breast, have been caused to disappear through its continued use.

In enlargement of the heart, with feeble action of the organ, calcarea fluorica has been employed with advantage, and in dilation of blood vessels it is a very useful drug. In varicose ulcers it aids much in the treatment, and in varicose veins about the vulva Dr. Porter has found it a very efficient remedial agent. He also employed it with excellent success in distention of the ovarian and sub-ovarian plexus of veins.

Calcarea fluorica possesses the power of strengthening the elastic tissue of the gravid uterus, and thus causing parturition to become less painful. When after-pains are feeble and inefficient it increases and regulates contractions. It is also of value when there are excessive bearing-down pains and a tendency to flooding. In pelvic abscesses resulting from caries of bone, it has been used with beneficial effect, and when suppurative processes affect the bone it is a most useful remedial agent. It is also useful in old cases of fistulous sinuses of the mammary glands.

When there are symptoms of acidity calcarea fluorica is often very efficient as a means of removing long, round or thread-worms. The drug is supposed to act by destroying the excess of lactic acid which seems to be necessary for the maintenance of the life of the worms.

In indurated lymph glands calcarea fluorica tones up the walls of the blood vessels and thus favors absorption, and when there are

Digitized by Google

hard swellings in the soft tissues it acts in a curative direction. It is also a useful remedy in bony excrescences.—Dr. J. W. FYFE, *Eclectic Review.*

Materia Medica Keynotes.—ALETRIS IN DEBILITY. This is a useful analogue of china, having been called "the china of the uterine organs." It is very beneficial in all cases of debility, either local or general, resulting from protracted illness. It is just as effectual in the debility resulting from loss of fluids, imperfect assimilation, and defective nutrition; also in obstinate indigestion, with great debility. It counteracts the habitual tendency to abortion in persons of feeble and lax fibre and of an anemic condition.

KALI CYANTUM IN COUGH.—This drug is useful in the 3x dilution for cough of a very troublesome characeer, which prevents sleep at night, and where there is present dulness on percussion. The respiration is very weak, and is mixed with bronchial and crepitant râles. The patient cannot take a deep inspiration.

EUPHORBIA IN DIARRHEA.—The diarrhea of euphorbia is of a rice-water character, accompanied with sudden nausea, sudden and forcible vomiting, with an anxious, sinking feeling at the stomach, with a cold sweat on the body and extremities. It is therefore valuable in the treatment of cholera morbus, chronic malarial diarrhea, and obstinate and dysenteric diarrhea.

GELSEMIUM, ITS ACTION THE LIVER.—Gelsemium produces, primarily, bilious diarrhea, resembling in color that of green tea, and, secondarily, jaundice, with clay-colored stools, accompanied with great prostration, with a deficient secretion of bile. It is valuable in congestion of the liver, of a passive nature, accompanied with vertigo, dimness of sight, and a feeling of fulness of the head.

LYCOPUS IN ODONTALGIA.—This remedy should be thought of when the toothache is in the lower molars. It is most effectual when the left molars are affected, although it has also cured cases in connection with the right molars. The lycopus toothache has a tendency to be transferred from the left to the right molars, and vice versa.

MYRICA CERIFERA IN JAUNDICE.—This is a very valuable remedy in the treatment of jaundice. The symptoms consist of a dull pain in the region of the hepatic gland, loss of appetite, bronze-yellow skin, yellowness of the eyes, feeling of fulness in the stomach and abdomen, frothy, scanty urine; loose, mushy, straw or clay-colored stools, destitute of bile, accompanied with great debility and drowsiness. The jaundice is a secondary effect of the drug, and is developed owing to the suspended secretion of the bile. The lower attenuations are the most successful in curing the complaint.—Dr. F. KOPP. *Homœopathic World,* London.

Asthma Cases.—In August a young man came for consultation, who had been suffering for two years with asthma, dating from a forced military march and a subsequent cold bath. On examination, the upper air passages were found free; some whistling rales in the chest. Cough is rare, followed by a little viscid, gray-white mucus. There is great thoracic constriction and pressure. The attacks are chiefly in the morning and particularly apt to

Digitized by Google

occur when in crowded rooms. He also has periodic headaches with the sensation of the head swelling. Argentum nitricum 5x, gtt. v., three or four times daily, caused appreciable amelioration in a few days. September 14 he was seen for the last time. The asthmatic trouble had quite vanished, and I am satisfied that argentum nitricum, now in the 15x, twice weekly, will make the cure permanent. Since taking the drug there have been no headaches.

In the next case, capsicum saved the day. A young woman, aet. 22, suffering periodically every three to four weeks for the last three and a half years from violent asthmatic attacks, each lasting three to four days. Before marriage, she had had slight attacks, but after an abortion a marked aggravation set in. There was present always with her a most disagreeable odor from the mouth; during an attack of cough the respiration was exceedingly offensive, and there was also a sensation of chilliness and cold throughout the body. The asthma was better after expulsion of mucus.

A woman at 65, suffering for fifteen years from asthma somewhat emphysematous. They dyspneic attacks appeared usually about midnight, with great anxiety, palpitation and sequent weakness. Constrictive sensation in the chest; there was amelioration after the expectoration of a viscid, somewhat saltish, mucus. The attacks were also caused by unusual exertion or by ascending. Mucus rales and difficult expectoration. Arsenicum caused marked improvement. Because of the difficult expectoration, the remedy was later alternated with ipecac. The general condition was much bettered, but owing to the age and weakness, complete cure was hardly to be thought of.

In the next case, the character of the expectoration gave the chief indication for the drug. A man, aet. 43, called me when in an attack. Had suffered from the complaint four years, the attacks being frequent, two or three times weekly, and almost always in the early morning. The expectoration is yellowish white, viscid, very tough, and hangs in long strings from his mouth. The voice is often rough and hoarse when waking in the early morning. The attacks are more easily excited in cold, damp weather. Kali bichromicum produced immediate betterment; the attacks were less frequent and violent. After 7—8 weeks the trouble had completely vanished, and has not reappeared.

I may add that in all asthma cases I use the lower potencies, 3—5, in frequent dosage; after amelioration, the 10—30x at longer intervals, usually two or three times weekly. Dr. MARTENS, *Leipziger Zeitschrift für Homœopathie.*

Stannum in Phthisis.—Resembles pulsatilla somewhat in its mental symptoms; for instance, the patient is lachrymose, and crying aggravates her. This low-spiritedness is especially a useful symptom in indicating the remedy in consumptives and such diseases where we know the opposite condition usually exists, that is, hopefulness. Consumptives are usually hopeful. On the mucous membranes stannum produces a copious secretion, which is yellowish or yellowish-green. The mucus collected in the chest is easily expectorated and gives relief to the patient. The oppressiveness

Digitized by Google

and tightness of the chest and the shortness of breath is removed by coughing up the accumulations of a night or long period of comparative quiescence. The cough is teasing and annoying, worse at night, as is also the shortness of breath. A very characteristic symptom is that the expectoration tastes sweetish. For neglected colds that tend to go into consumption, stannum is the remedy very often. It has great weakness like phosphorus, so both have hoarseness and evening aggravation, but phosphorus has a tighter chest, and the expectoration is more streaked with blood.—Dr. W. A. DEWEY. *University Hom. Observer.*

"More Light!"—Stramonium.—A young woman, at one time a medical student of the Cleveland college, who invariably had a hard siege of it every time her monthly period appeard. She was of robust nature, a country girl, strong and hearty, a little given to being mopey, but with good digestion, and good sleep. She came to my office several times and I attempted to correct the difficulty with steel dilators—that being about the time Pratt was so prominently before the profession. I did not do her any good. I gave remedies to the best of my knowledge; I advised electricity; studied the diet; but all of little service. One morning quite early, the lady with whom she was boarding called me, saying that she believed the girl had lost her mind, probably from overstudy. When I got to the bedside she didn't know me. The menstruation, as the lady of the house informed me, began in the night and then seemed to stop with a bang, and directly after that the girl began to act queer. How queer? The lady said, wait a few minutes and I would notice for myself. I did. From having chattered an unmeaning stream of words during my visit she suddenly righted herself on her elbow, and began to swear! Say, but she did it to the satisfaction of our Army in Flanders, if I know anything of swearing. Then it drifted off into a song—some every-day melody, but she improvised words and—horrible to say—she wove into the aria perfect, well-rhyming lewdness. Her eyes were strabismic from the disease, whatever it was; she foaned at the mouth; if water was offered she would dash it out of the hand and shudder. The room was in a dark part of the house—a boarding house—and the light was burning. When the frenzy of the singing had abated a little she offered to get out of bed; she was prevented, but the next moment she had herself uncovered, and talking lewdly. I did not wonder that the landlady thought the girl had lost her mind. In order to assure myself of the remedy, although I thought I had enough to build on, I blew out the kerosene lamp. In an instant I had trouble. The girl grew violent, put her hands to her neck, seemed to be choking, and making queer noises. As soon as I could, I re-lighted the lamp and that part of the episode was finished. Here I was, however, several miles from my office, without the remedy which I did not carry—and as I presume 99 per cent. of my readers do not carry. It was winter and before the day of bicycles, so I had to trust the speed of the trolley lines. In brief, stramonium removed all traces of that difficulty, and, so far as I now know, it never returned. She has been married a number of years and seems in perfect health.

Digitized by Google

In this case it was not only the fear of the dark, but the obscene symptom, the talkee-talkee symptom, the strabismus, that accentuated the remedy and made it clear.—Dr FRANK KRAFT. *Cleveland Med. and Surg. Reporter.*

Clinical Chat.—A boy, æt. 6, had suffered for three weeks from violent pains in the legs, especially from the knees down; the musculature was swollen, the skin very red, and the least touch painful. The pain was so great that he cries when put on his feet or when made to walk; the ears and lips are very red; temperature 102; much thirst. Four weeks ago he had the measles. The cervical glands swollen. The room, and the body of the little patient, were redolent with the odor of oil of gaultheria with which he had been rubbed, and aspirin and salol had been given without the least relief. A single dose of sulfur 100 m, dry on the tongue, given in the evening, permitted him to walk the next day and the pains ceased entirely.

POLLANTIN 3.—Girl æt. 22, having been a year at Davos for pulmonary tuberculosis, had suffered for a number of years from hay fever, which reappeared this year as soon as the grains were in flower. She had been suffering for a week. Pollantin 3, morning and night, arrested and cured the trouble in eight days, and the young girl was very thankful for the "good remedy."

DULCAMARA.—Woman æt. 40, had suffered for eight years from a diarrhea, reappearing every time that she went out in cold, damp, rainy weather. Various drugs and regimes had been employed without eradicating the tendency. Dulcamara 100m, four doses at four-week intervals cured.

SULFUR; NUX.—A file-maker, much exposed to vapors of lead, suffered from a violent pain in the back, radiating into the groins; the abdomen very rigid and painful; constipation marked. The gums show lead poisoning. Sulfur 30m, one dose, followed by nux 200, a dose every three days, greatly ameliorated and permitted him to go to work.

A workman employed in a type foundry complained of a pressive sensation in the stomach and abdomen about the umbilicus; abdominal musculature very hard and tensive. At the same time there is a burning, crampy pain into the groins and along the spermatic cords. He feels much better lying down. Much flatus, whose emission temporarily relieves. For some time he has had cough and expectoration. Sexual desire dormant. Three doses of sulfur 30m, at fifteen-day intervals, and three of nux 100m allowed him to resume work, which he has continued uninterruptedly for a year, though constantly exposed to the vapors of lead.

NATRUM CARBONICUM 100M.—A merchant suffered much from the warm, heavy south winds; each time they caused a loss of appetite; desire for sleep, which ameliorated; he had headache, beginning in the forehead and extending to temples and jaws; often better from lying down. The pains were worse towards evening and provoked retching. He felt better in a dark room; was very sensitive to the least noise. He feels the weather change two or three days in advance and is then incapable of work. While in the

Digitized by Google

mountains he felt perfectly well, even during the "Föhn" (vaudoise, or south wind). He took a single dose of natrum carb. 100m, and for eight months has been unaffected by the "vaudoise."

Girl, suffering for two months from metrorrhagia; periods lasting 15-20 days, very exhausting, most abundant in the early morning; sensation of abdominal swelling; blood in black clots. One dose of bovista 100m sufficed.—Dr. NEBEL. *Le Propagateur de l'Homœopathie.*

Hallucinations: Phosphorus—Mrs. C., an old lady, over 80 years of age, complained of constantly seeing figures of people before her; they would walk in procession, or would come up and approach her, or would look out from corners at her. The faces were sometimes ugly, sometimes beautiful. She also saw beautiful scenery and especially fine buildings, with people coming and going. These imaginary objects were often colored, and the predominant color was green. She could not get rid of these figures, and they haunted her both by day and night. At times also she had the delusion that she was some one else; she seemed to be confused with regard to her personal identity.

The two principal medicines for seeing visions of figures are *calcarea* and *phosphorus*. There are others, such as *apis, aurum, cannabis ind., medorrhinum, opium,* and *sulphur*. I chose *phosphorus* on account of the persistence of the faces, the tendency for the figures to be colored, and the occasional confusion as to her identity. With *calcarea* the faces appear on closing the eyes, but with my patient they were equally present when the eyes were open.

The patient was living in the Isle of Wright, but I had frequently seen her during the last few years. I sent her *phosphorus* 3, a dose to be taken every four hours. This was on January 12, 1906. On February 10th I had a letter from her, announcing complete recovery after taking two bottles of the medicine. Dr. T. G. Stonham. *Hom. World.* London.

Varices; Carduus marianus—This remedy was particularly commended by Träger in varices and varicose ulcers; later, Dr. Windelband, of Berlin, used it successfully in a number of cases reported in the *Zeitschrift des Berliner Vereines.* The results are due to its ameliorative action on the portal circulation, with sequent diminution of pelvic congestion and relief of blood stasis in the lower extremities. Carduus is indicated when the varices and ulcers are due to pelvic congestion, with a special etiology of hepatic disease; when the urine is a golden-yellow; weakness felt in the feet, especially after sitting; general prostration and a depressed, irritable mentality. The dose has been the tincture or 1x t. i. d., gtt. x. in water. Dr. Doege. *Leipziger Zeitschrift für Homœopathie.*

Collinsonia Conditions—*Portal*: The two common uses of the drug come under this head, *i. e.*, for piles, usually with bleeding, and with a sensation of sticks in the rectum, with pressure; and for constipation, especially if associated with piles and bleeding. But it

Digitized by Google

is obvious in tracing the action of the drug in the system that this begins in the liver, and that a passive congestion of that organ is the first step in the chain of symptoms that follow. Hence we have gastric disturbance with diarrhea; this results—by exhaustion—in an atonic condition of the stomach, and also of the bowels, thus causing a condition of extreme constipation. Colic, flatulence and nausea, with cutting pains in the stomach at rest, and weight in the epigastrium, are symptoms which sufficiently indicate the cases of gastric disturbance which *collinsonia* will relieve. Dysentery with hæmorrhoids and tenesmus is also amenable to this remedy, and its use in sub-acute *proctitis* and *prolapse* both of rectum and vagina must not be overlooked.

But whilst the effects of portal congestion on the circulation in mucous membranes has been made use of, the fact that venous congestion in the superficial and other veins occurs has been ignored. In the paper referred ot above, attention is called to the fact that *collinsonia* is of great value in *varicosis in any locality*. Dr. Ellingwood has for twenty years past used it in persistent varicosity in the limbs, in varicocele in young men, and lately in a case of acute varicose veins in the vegina in a woman five months pregnont. In all these conditions the results have been marked and satisfactory, and many reasonably early cases of varicose veins and of varicocele have been cured by *collinsonia,* when indicated by the total symptoms.

Catarrh of Mucous Membranes.—Whilst the primary effect of *collinsonia* in mucous membranes is due to venous congestion of the capillaries, the secondary effect is to cause chronic catarrhs with mucous discharges. Hence, in the nose we have nasal catarrh, with heat of face, frontal headache, and also bleeding piles and constipation. Such a combination will certainly yield to this remedy. Similarly catarrh of the pharynx, larynx, and bronchial tubes, when accompanied by symptoms of portal congestion, especially if relieved by bleeding from anus, returning when bleeding ceases, are especially amenable to treatment by *collinsonia.* It has been used also with success in sub-acute cystitis from pelvic congestion, and should not be forgotten in this condition. Mucous discharges from the bowels, both with constipation and diarrhea, indicate the secondary stage of its action on the venous capillaries lining the membrane. Hence in muco-enrtitis, and in some forms of dysentery, *collinsonia* will effect a cure, and has been so used by Dr. Ellingwood.

It has also a special value when given before operations for fistula, piles, or other rectal conditions. Much as *arnica* is known to be of value previous to operations on other parts, so *collinsonia* finds its sphere in strengthening the rectal circulation and removing congestions preparatory to operations in that region. Dr. W. T. Or. *British Hom. Review.*

Digitized by Google

Vol. LVI SEPTEMBER, 1908 (Volume XXIII Third Series) No. 9

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE PREVENTION OF AURAL DISEASE IN CHILDHOOD*

By Howard P. Bellows, M.D.

Boston, Mass.

IF "an ounce of prevention is worth a pound of cure" in the ordinary affairs of life it may be said to be worth about ten pounds in relation to diseases of the ear. Especially in childhood, judicious care of the ears yields most ample returns in exemption from many organic and functional disorders of after years whose foundation is laid in the earlier period of life. This care lies not only in the watchful protection of the ears against influences, from within and without, which threaten their impairment or destruction, but also in the avoidance of too great solicitude and coddling, by which they are really made more liable to the invasion of disease through weakened resistance. My subject calls for a somewhat detailed consideration of the particular directions in which care should be exercised to guard the ears against the incursion of disease in various forms, but before entering upon these details there are a few generalities which should be briefly presented.

As regards general resistance to disease, much is being said and written in our profession at the present time about the protective influence of good general health over all the organs and functions of the body. As soon as the general power of resistance of the organism as a whole is lessened, all its component parts become liable to invasion, and the ears early become vulnerable points of attack. For instance, the liability to common colds is not only greatly increased, but these colds are longer maintained, assume a more severe type, and are far more likely to involve the ears

* Read before the Mass. Homœo. Med. Society.

Digitized by Google

than when the general vitality is higher, thus laying the foundation for catarrhal affections of the middle ear, which may be of life-long duration. Again, the pathogenic organisms which are ever present in the naso-pharynx and seeking entrance to the tympanum through the Eustachian tubes are far more likely to accomplish their end during periods of systemic depression, and thus inaugurate the long train of evil consequences which results from suppurative disease in the middle ear. Of vital consequence, therefore, is attention at all times to the general tone of the child's system, that its power of resistance to morbific influences may be well maintained; and this becomes still more imperative when some organs, like those of hearing, are already impaired and rendered subject to disease in any form.

The influence of heredity upon the health of the ear is perhaps less marked in childhood than in adult years, but in the interest of the later life any family tendencies towards deafness, or any form of aural disease, should be kept distinctly in mind by both parent and physician in the earliest years of the child's life, so that development may be properly guarded and made to proceed, so far as is possible, along normal lines.

The early recognition of defective hearing in children, whether it be congenital or acquired, is a matter of much practical importance. For this reason the systematic examination of school children with reference to their hearing power should be insisted upon in every community. When the defect is due to disease of the ear itself, either catarrhal or suppurative, or to abnormal conditions of the nose or vault of the pharynx, as is so frequently the case, early recognition and treatment is imperative, and may be expected to yield satisfactory results in the majority of cases and to completely restore a fair percentage. Neglect, on the other hand, is almost sure to result in tissue changes and progressive deterioration which, after a time, can be no longer overcome. In the more serious cases of acquired deafness in early childhood, where improvement of hearing is impossible, the use of language which has already been acquired can be preserved by certain prescribed exercises of the vocal organs, by reading aloud, and by the compulsory use of speech, when otherwise all which has been gained in this direction would be lost and the child become a deaf-mute. Even the congenitally deaf child, when deafness is not absolute, may be taught a limited use of speech, by the same methods, if the partial hearing power be recognized by sufficiently early and accurate examination.

A general catarrhal tendency sometimes exists in childhood,

Digitized by Google

either as an individual trait or as the expression in the individual of a general family tendency. This means a constant danger of extension of the catarrhal process to the middle ear and the inception of catarrhal deafness, with recurrent periods of acute catarrhal inflammation with their attendant suffering and constitutional disturbance. In such cases prevention calls for a process of hardening, judiciously carried out, by which the child shall be rendered less susceptible to evil effects from exposure to low temperatures and to cold winds and drafts. The diet must be carefully regulated, particularly as regards sugar; proper exercise in the open air must be insisted upon; the feet must be cared for, especially after wetting; the clothing, and especially the underwear, regulated; sleeping habits as to covering and ventilation well looked after, and regular bathing instituted with water as cool as the system can bear without shock. In addition to these hygienic measures, the use of some form of cod-liver oil, either pure, in emulsion or combined with extract of malt, as it may best be taken by the child, is of the greatest service in correcting this catarrhal tendency, the oil being taken in the autumn and more or less regularly through the winter and colder part of the spring.

The checking of suppuration in the case of discharging ears is still looked upon by many people, who are far from ignorant in other directions, as being fraught with peculiar dangers to the health of the child. The ears are supposed to furnish an outlet for the extrusion of dangerous systematic impurities which, if retained, will poison the blood or produce dangerous internal derangements. Even in the medical profession these views obtained not so many generations ago. The celebrated von Troltsch, an aurist of the highest ability in his day, made a practice of inserting a seton in the arm of his little patients when a discharge from the ear was checked, so that a suppurative issue might still be maintained at another point for a time longer. I myself overheard a conversation in a train, not many years ago, between two mothers of wealth and education in which one, whose daughter had a foul discharge from the ear of long standing, quoted the statement of her family physician, whom I knew well, that the ear "should never be tampered with." I do not know the sequel, but it may well have been even the death of the child if that professionally authorized neglect was persisted in. Nature does not cure these extreme cases "at puberty," or at any other time, when common measures of cleanliness are neglected and septic matter is not even removed. The attempted checking of such a discharge by astringents I certainly do not advocate, but all measures of cleanliness, of disinfection and of

Digitized by Google

drainage should be exhausted, together with proper internal medication, in the effort to cure all cases of aural suppuration, whether severe or mild, acute or chronic, and if these fail, surgical measures should follow if the condition is serious enough to threaten the loss of hearing or to endanger the life of the patient. Only by the stopping of the suppurative discharge and the subsequent maintenance of dryness in such an ear can the development of the disastrous consequences of middle ear suppuration be prevented, and the safety of the patient be permanently assured. In every instance it is the continuance or the reappearance of the discharge in the ear, and not its cessation under proper treatment, which should arouse the anxiety of the parent.

Coming now to a more particular consideration of the means by which aural disease may be prevented in childhood, it must be borne in mind that the most important avenues of approach to the more vulnerable portions of the ear are the external canals and the Eustachian tubes, and these entrances must be carefully guarded by both parent and physician if the ear of the child is to be maintained in a normal condition. Also that some of the greatest dangers to the ear occur in the course of the eruptive diseases. I shall, therefore, call attention, first, to Care of the External Ears; second, to Care of the Naso-Pharynx, and third, to Care During the Exanthemata.

Care of the External Ears

As regards the auricles, little need be said. Too closely wrapping the head and ears, so that perspiration is induced, or the wearing of ear muffs or covering the auricles with lappets, except in the very coldest weather, is decidedly wrong. It induces a tenderness which invites disease. The habit of pressing the auricles too closely against the side of the head with the cap or hood should also be avoided, as it narrows the external meatus and favors retention of cerumen. Should intertrigo develop it should be prevented from spreading by proper cleansing and powdering. The tenderness which remains after frost-bite may be offset by hardening the auricle with a solution of alum, as cold weather approaches; but this solution should not be permitted to enter the meatus, since alum in the external canal is liable to induce furunculosis.

The external canal is the portion of the ear which more than any other excites the solicitude of the fond mother. All the principles of good housekeeping are here applied daily. The sapolio may, perhaps, be omitted, but all that soap and water, with vigorous scrubbing and drying and boring out with hair-pins or pin-heads or twisted towel-corners, can be made to accomplish is religiously gone

Digitized by Google

through with every morning before school. And then a wad of cotton may be thrust in for a send-off if the weather is at all cold. This is all wrong. The canal of the ear is no place for soap and water. Dryness is the rule of nature for this part of the ear, and soap is too irritating for the delicate cuticle with which it is lined.

The inside of this canal should be severely let alone in all normal states, and never touched in diseased states by anyone but a physician with proper instruments and perfect illumination. The trite old saying that, "You should never put anything into your ear except your elbow" is sound advice still. Even the little "aurilave," as it is called, which is found in baby-baskets, with its soft little sponge tip and ivory handle, is an invention of the evil one. It packs the ear-wax within the ear and causes it to accumulate instead of removing it gently as it is supposed to do. Let the ear-wax form and come forward until it can be seen and then it can be removed with a damp cloth over the finger end, or with the ring-like, rounded head of an "invisible hair pin," which is kept always in sight. And leave out the cotton unless the ear is over sensitive from disease, or the exposure an unusual one in the severest of weather. Cotton is sometimes lost out of an ear in a high wind, and disaster ensues in consequence, and sometimes the cotton is lost inside the ear and forgotten, and becomes a foreign body which works mischief within. Even in bathing it is not usually advisable to plug the ears with cotton unless they are diseased—in which case they should always be plugged carefully with cotton of the non-absorbent variety and diving prohibited.

In diseased conditions of the external canal caution against scratching of the walls, especially with the finger nail, as it is apt to favor the development of a furuncle. Shaking the ear vigorously with the finger end is safer and usually sufficient to afford relief from itching, or some cerate, like that made from plantago and boric-acid, may be applied locally. In case of pain do not apply poultices or moist heat over the ear, because it causes maceration of the surfaces within and favors rapid development of granular and polypoid tissue which may become very troublesome. Dry heat, as from a hot salt-bag, is greatly to be preferred.

Do not allow all kinds of domestic remedies to be thrust or poured into children's ears if you can help it, they may do no end of harm, and exclude sweet oil, which tends to become rancid and often favors the development of fungus parasites within the ear. Remember, also, that many times the pain in a child's ear is purely neuralgic and is excited by a carious tooth and not by any fault within the ear itself. If eczema is present, treat it carefully that thickening of the drum-head may not result.

Digitized by Google

If the drum-head is perforated and permanently healed without closing exclude water from the ear ever after with scrupulous care, because its entrance, at any time, may again arouse the suppurative process to activity. Boxing the ears often causes rupture of the drum-head, as may also the entrance of foreign bodies like twigs of trees. In such cases protect the ear with cotton and let it alone unless suppuration actually begins, as it almost never does. The pouring in of liquids in case of rupture is very sure to produce acute suppurative inflammation of the middle ear.

When wax accumulates and hardens within, its removal should never be attempted by anybody but a physician with proper appliances and means of illumination, and foreign bodies of all sorts within the ear should be similarly dealt with.

These are the measures demanded for the prevention of disease, or for the mitigation of the consequences of disease, within the external ear.

Care of Naso-Pharynx

It must be remembered in regard to this cavity that it is lined throughout with mucous membrane, which is continued through the Eustachian tubes to the tympanic cavity and thence on into the cavities of the mastoid process without any break of continuity. Also that in the mouth, in the nose, and in the naso-pharynx pathogenic micro-organisms are always present and are always ready to work mischief as soon as an opportunity is afforded. It is probable that hyperemia of the mucous surfaces, however induced, is the initial stage of the process which lessens the resistance of the parts to the action of bacteria and invites their invasion. Common colds induce this hyperemia; catarrhal states with retained and inspissated secretions act similarly, and the presence of hypertrophic lymphoid tissue in the naso-pharynx is especially an exciting cause of hyperemia, not only in its immediate vicinity but throughout the length of the Eustachian tubes and within the cavity of the tympanum as well.

Any measures which mechanically carry mucous secretions, bearing bacteria, from the naso-pharynx toward the Eustachian tubes and middle ear are also fraught with danger to these parts. Such measures are too violent blowing of the nose during a cold, and the improper use of douches for the cleansing of the nose and naso-pharynx. Especially during childhood these acts are liable to induce trouble in the middle ear because in early life the Eustachian tubes are relatively shorter and more open, and the tympanum much easier of inflation, than in later years.

Digitized by Google

Applying these principles, it is evident that the prevention of aural disease, so far as the care of the naso-pharynx is concerned, demands the careful treatment of all acute colds, especially in children liable to inflammation of the ear; the correction of all seated catarrhal states of the naso-pharynx, so far as it may be possible; and above all, particularly when children already show markel impairment of hearing, the treatment, usually by surgical means, of adenoid growths in the vault of the pharynx, of hypertrophied or otherwise unhealthy tonsils, of septic deviations, of polypi, or of any other growths or malformations which interfere with free nasal breathing, or which maintain hyperemic states of the lining membrane of the naso-pharynx.

Care During the Exanthemata.

During the course of these diseases little or nothing can be done by the parents towards the prevention of aural complications, and the responsibility devolves upon the physician alone. Watchfulness is the key to the situation. The condition of the throat, the nose and the naso-pharynx must receive constant attention, and the ear inspected with speculum and mirror as soon as the slightest indication of involvment is apparent. Should inflammation become visible in the mildle ear, belladonna, locally and internally, or perhaps ferrum phos., or the local application of adrenalin, may still save the situation. If it advances, however, in spite of all efforts to hold it in check, early and thorough incision of the drum-head may still avert the more serious consequences which might result, and preserve a better degree of subsequent hearing than would otherwise remain. The mastoid must also be watched carefully in these cases so that the cold coil may be applied upon the first indication of involvment, in the effort to avert the need for surgical interference.

In closing, it may be brought to mind that there are still other systematic diseases which affect the ear, besidess those mentioned, and that their approach is by way of the nerves and blood vessels which supply the ear, and not by either of the two main avenues which have been considered. Thus, tuberculosis will begin its ravages in the middle ear with little sign of warning; syphilis, certain forms of grippe, and parotitis will occasionally strike a blow directly at the labyrinth from which there is often no recovery, and cerebro-spinal meningitis not infrequently affects the centre of audition itself in a manner which leaves absolutely no hope for future hearing. Unfortunately, there are no means of prevention, so far as involvement of the ear is concerned, in dealing with these

Digitized by Google

diseases, and therefore they lie apart from my subject. It is hoped that those which lay within the province of this paper have received sufficient attention, and that general measures of hygiene and personal care relating to the ear have been sufficiently discussed, to prove in some small measure useful to any colleague who may be interested in the prevention of aural disease.

HOMŒOPATHY IN MASSACHUSETTS*

By JOHN PRENTICE RAND, M.D.

Worcester, Mass.

IT is the custom of the retiring president to terminate his official duties with an eloquent address in which is concentrated all the wisdom of his professional career, including that higher wisdom which comes to every man after experience in office. It is a good custom and I sincerely wish I could tell you all I have in my heart. I would like to speak of the teachings of Hahnemann and of what, in my judgment, constitutes a homœopathic physician. I would like to speak of that social evil, "The great white plague" and the efforts that are being put forth to suppress it; but somehow, in searching for a subject, my thoughts all go back to this Society and I picture that little band of three physicians which met at the office of Dr. J. P. Spooner, of Dorchester, Dec. 25th, 1840., for the formation of a "Homœopathic Fraternity." There were present at this meeting Dr. Charles Wild, of Brookline, and Dr. Josiah F. Flagg, who afterwards became the first president of the American Institute of Homœopathy. A second meeting was held in January, 1841, at which Dr. Samuel Gregg, the first convert to homœopathy in New England, was also able to be present. A third, and more decisive meeting, was held upon the 2d. of the February following, at which it was voted to form an association for the purpose of "investigating the subject of a new system of therapeutics called homœopathy." There were seven physicians present and among them was Dr. Moses Atwood who came from Francestown, N. H., to assist in the formation of the club. I note with especial interest the presence of Dr. Atwood, for he was the first physician in New Hampshire to inxestigate and adopt homœopathy, and it was he who introduced it into the Granite State, at Francestown, my native place. What influence Dr. Atwood had upon this Society, from his attendance at that meeting, or upon your humble president, then unborn, I do not know; but I do know that from the little radius of

* Presidential Address. Mass. Homœo. Med. Soc.

Digitized by Google

his practice in Francestown, Lyndeboro, New Boston and Weare, the combined population of which is only 2,344, there have gone out at least twenty-six homœopathic physicians, eleven of whom have been members of this Society, and that does not include five of Dr. Atwood's successors in the town of Francestown which has not had anything but a homœopathic physician for twenty-three years.

If the American Board of Foreign Missions was started by a little group of college students behind a haystack, this Society surely owes its inception to the enthusiasm of those grand old pioneers, who met upon that Christmas day to band themselves together and proclaim the gospel of similia to a world lost in empirisicm.

But this is not what I started to say. The little Fraternity held almost monthly meetings until July 7th, 1851, when it changed its name to the Massachusetts Homœopathic Medical Society. It is interesting to note that the By-laws of the Society called for a regular monthly meeting "on the Tuesday evening next preceding the full moon, or on the Tuesday evening when the moon shall be full." And these men were not "moon-struck" either. Contrast the zeal of those early practitioners, to whom the light of the moon was almost a necessity with our own! It makes us feel unworthy to be called their succeessors and, perhaps, we are. Let us honor ourselves by emulating their example and let us not forget the part New England played in the great drama of medical reformation! Let us never forget that the man who first introduced homœopathy into the country, the man upon whose success or failure hung the destiny of our School, Dr. Hans Burch Gram, was born right here in Boston in 1786.

He did not originate our law of cure, neither did Hahnemann, but he popularized it and carried its beneficial teachings into a new world; and next to Hahnemann himself, is deserving of public recognition as a great original promulgator and benefactor.

I do not know what objects our Fund Committee have in mind, but I would earnestly recommend that the next appropriation from that fund be for a suitable tablet erected to the memory of Hans Burch Gram in Boston University School of Medicine, that every future student of that great institution be reminded of this historic fact.

In 1846 our beloved Dr. Chase became a member of this Fraternity and has been its staunch supporter ever since. In 1855 the Massachusetts Homœopathic Hospital was incorporated and the Homœopathic Medical Dispensary and this Society in 1856. The wisdom and far-sightedness of those physicians were displayed

Digitized by Google

in securing thus early charters for all these institutions. They had the courage of their convictions. They believed in a future for homœopathy long before Darwin promulgated his theory of "The survival of the fittest," and acted accordingly. How different would have been the results if they had done as some of us seem to be doing now I will not say.

Time goes on. The adherents of homœopathy increase. Something must be done to check the heresy. The old school doctors ceased to ridicule and were alarmed lest their "occupations should be gone." "Whom the gods would destroy they first make angry." Some sixty members of the Massachusetts Medical Society were practicing homœopathy. Charges were brought against eight of these for "Conduct unbecoming and unworthy an honorable physician," and they were summoned to appear before its Board of Trial November 21st, 1871. What was that nefarious conduct? The practice of homœopathy. Curing patients that were said by the old school doctors to be incurable. No wonder they wanted to kick them out.

How did these men receive their summons? Did they tamely submit to the outrage and promise an obsequious obedience? No. They threw the gauntlet of defiance in the face of their traducers and demanded a legal trial! They obtained the best counsel possible and, with no expectation of justice, carried their case to the Supreme Court; and this Society stood behind them and paid their expenses to the extent of $1,000.

Was the money wasted? "The blood of the martyrs is the seed of the church." They were fighting for a principle. As Dr. Talbot so cogently said: "It is not homœopathic physicians merely that are concerned, but it is the liberty of the whole profession. Not the question whether one man cures one patient to my ten or ten to my one, but whether he has a right to cure at all."

Dr. J. Heber Smith, in a most eloquent oration April 9th, 1873, said: "The indignity offered to medical reform has redounded to its rapid advancement in public favor. Our school of practice from a moral point of view is threefold stronger than before the intolerant proceedings of our opponents." "In the light of the 19th century and among a people pledged to liberty, we dare them to proceed!" "Must the people of Massachusetts be taxed for the maintenance of asylums for the insane in which no one can enjoy the benefits of rational medicine and whose doors open only inward to their wretched victims?" "You are familiar with the history of the Homœopathic Association of Boston University. This young and growing institution has allied itself with homœopathy. In this city

Digitized by Google

we propose to establish, not a feeble and ephemeral school of medicine, pinched with want and riven with internal dissensions, but one that is rich in means, ample in curriculum and liberal in policy, a credit alike to homœopathy and the university whose name it bears."

That these prophetic utterances have been realized you all attest.

But let us return to the "Trial." A temporary injunction was obtained by the friends of homœopathy; but the Supreme Court declined to act in the matter and the dauntless eight were summoned to appear again for trial April 29th, 1873. No not eight! The greatest offender of them all did not appear and "was not found; for God had translated him." Yes, Samuel Gregg passed through the "Gates" under censure of the Massachusetts Medical Society, for "Conduct unbecoming and unworthy an honorable physician." What hope for a soul to be absolved in the great hereafter under such a ban as this?

Dr. Talbot acted as spokesman for the accused and demanded that the "Trial" be held in public. It was refused. That the accused be allowed legal counsel or, at least, an impartial advocate to advise them; it was refused. That a phonographic reporter be appointed by mutual consent or that the accused be permitted to employ their own reporter; it was refused. That an amanuesis be allowed to sit beside the accused and assist in taking notes of the "Trial"; it was refused. That the right to challenge members of the Board of Trial, for good and sufficient reasons, be granted; it was refused. The farce went on and the results are known to you all.

In 1874 Dr. Hiram L. Chase, an honored graduate of Harvard Medical College, was expelled from the Massachusetts Medical Society because he refused either to renounce homœopathy or resign membership and in like manner the remaining "offenders" were disposed of. The edict of the American Medical Association had been carried out in Massachusetts; the headsman's axe had fallen, but the heresy remained.

The attempt to annihilate homœopathy in 1871 met with the failure it deserved. Public sympathy was aroused; an immense Fair was held and $76,000 was raised, in a single week, to equip the Massachusetts Homœopathic Hospital, which had been waiting seventeen years for an endowment. Boston University opened its doors to the despised sect and gave it a home for the education of medical students (1873). The Dispensary grew in reputation and usefulness and a plan to scure a homœopathic hospital for the insane

Digitized by Google

began to assume definite shape. In short; the unparalleled achievements of homœopathy in Massachusetts can be distinctly traced to that "Star chamber trial," where Drs. Thayer, Benj. West, I. T. Talbot and their associates, stood up in the majesty of conscious rectitude and battled for the right.

But times have changed and few of all the members of this Society have any personal knowledge or recollection of these stirring events. "Other men have labored and we have entered into their labors." The advantages which have come to us from our medical school, our dispensary, our insane and general hospitals are all forgot or slightingly spoken of by certain little-big practitioners among us who seem to be thinking only of themselves. With greedy eyes they look upon the "fleshpots" of the dominant school and long to return into Egypt.

Meanwhile a change has also come in the *modus operandi* of our opponents. A new generation of doctors has sprung up since that disgraceful episode of 1873. They realize most painfully the blunder that was made in trying to extinguish homœopathy by brute force and the necessity for a change of tactics. Time has weakened their faith in the heroic medication and made them look with tolerance upon milder forms of treatment. Belief in drugs is now regarded as a fetichism of the dark ages and a therapeutic agnosticism has taken its place. But their old lust for power is not dead, and under the guise of philanthropy they are trying to crush out various forms of manual and mental therapeutics that have met with popular favor. They wish complete control over medical legislation. It is a very modest desire. All they ask for is the "earth." Our various independent medical organizations are a hindrance to their success. If once they could do away with these they would make quick work of every osteopath and Christian Scientist who would not pass under their yoke. And so another "wireless message" has gone out from the great association, which ordered the expulsion of homœopathy in 1871, to this effect: "Deal gently with the remnant of the tribe of Hahnemann; perchance they may be gathered in. Nobody claims they have not been successful in practice. Drugs are of no value anyway. He is the best doctor who knows the worthlessness of most medicines. A knowledge of materia medica is no longer considered an essential to the practice of medicine in some states. There are only four diseases we can cure: Malaria, which is probably cured homœopathically, diphtheria and myxedema, which are cured by animal extracts and conditions due to intestinal parasites, which are not diseases at all.

"We agree upon all the fundamental branches of medicine:

Digitized by Google

anatomy, physiology, surgery and obstetrics; we agree upon chemical and physiological antidotes for poisoning; we agree upon the value of heat, cold, counter irritation, hydropathy and electro-therapeutics; we agree on good nursing, hygiene and prophylaxis, including aseptic and antiseptic treatment; we agree substantially in regard to the value of vaccination and serum therapy; we have come around to the use of the "infinitesimal dose" in some cases and Prof. Wright of London distinctly declares that his opsonic theory, with which we are experimenting, is decidedly homœopathic. We believe in "the single remedy" (but don't use it) the same as they and in many other respects our positions are similar. Hahnemann was really quite a character after all, and allowed his patients, what was never permitted before, the opportunity to recover or die a "natural death."

"But we have made some stupendous blunders which should not be spoken of outside the family. We tried to exterminate the homœopaths by coercion; it was a mistake. We now propose to try a "softer method." We refused to meet them in consultation and we refused professional fellowship to him that did; it was a mistake. We have arrogated to ourselves the term "regular," and and accused them of sailing under false colors when they called themselves "homœopaths." Both may have been true; but it was a mistake to speak of it. The truth should not be spoken at all times. We have been using their remedies for a long time without acknowledging their source; it was a mistake. We ought to have used them more, but we ought to have owned up to it—"Confession is good for the soul," but is apt to get stale if too long delayed; it was a mistake.

"Two ships that said for the same port are bound to come together some time, and our ship is big enough to take them all in; just get them to haul down their flag so the public won't know who they are and they can go along with us and practice anything they please. Just get them by the "paw" and we'll show you how to "monkey" the "chestnut" out of the legislative oven. The medical millennium is coming! The lion and the lamb are about to form a "stock company."

Now I submit I may be skeptical and somewhat stupid, but the more I think of this matrimonial alliance for a divorced couple, the more I fail to discover of what advantage it will be to either party or to the community at large. Does the more occasional acknowledgment of our law of cure by a few enlightened old school physicians mean that the great majority of them are ready to accept it? Does the recent action of the Massachusetts Medical Society,

Digitized by Google

inviting us again to membership, mean anything of advantage to the art of healing? I do not question the honor or sincerity of many physicians who are advancing this movement. They are courteous and generous; so generous that they do not see the "black hand" back of it all or the injustice that would inevitably come to the school we represent. Throw away our homœopathic institutions and what would be the result? What hope would homœopathy have for an impartial hearing in an old school college, even if presented by an able and consistent advocate of its truth? Homœopathy fares poorly enough in the house of its friends! A chair of homœopathy in an old school college! Under present conditions, one might as well try to hatch eggs in a refrigerator! But even if it were possible to perpetuate the teachings of Hahnemann outside of our own institutions, would it be expedient? God pity that nation that has only one great church or political party! Monopolies breed corruption and a great medical or religious "trust" is as bad as any other. And this is just what it all amounts to. We are invited to give up our sectarian name and join the Massachusetts Medical Society. Some, perhaps, will accept the offer and allow themselves to be used as "live bait" to entice others.

The animus of the whole business was clearly shown by Dr. F. C. Shattuck, who made the proposition. If he was correctly reported in the public press, he spoke as follows: "The advisability of the whole change comes down to homœopathy. Your committee is surely ready to hasten the death of homœopathy and I, for one, would gladly attend its funeral."

That was the spirit of the committee who proposed the change of by-laws of the Massachusetts Medical Society to admit us to membership, and that is the secret of the seductive invitations we have received to join their other societies. Thirty-five years ago they tried to extinguish us by expulsion; they now propose to reverse that "Whale and Jonah act" by taking us in again. It is simply an alternation of remedies, but the object of treatment in both cases is the same. "Truly the dog has returned to his vomit and the sow that was washed to her wallowing in the mire."

It is all very well to talk of professional courtesy and meeting our ancient opponents half way. It is all very well to talk of a generous and forgiving spirit; but, as I understand it, there is no evidence of repentance by our old school friends, except for their blunders, or any disposition to accept the tenets of our faith when they take us in. Do they really wish to investigate our methods and learn something of homœopathy? let them come to our societies, where they may! This society abolished sectarian restrictions in

Digitized by Google

1875 and opened its doors to any reputable physician. It anticipated the action of the Massachusetts Medical Society by 33 years. For 35 years its doors have been open to the entire medical profession for the study of homœopathy and all the collateral branches of medicine, and yet we are accused of narrowness and sectarianism! Why don't we join their societies and meet them half way? Why don't they join our societies and meet us? We have been waiting 35 years for them to do so, and we are waiting still. Is it any farther from Beacon Hill to Exchange Street than from Exchange Street back to Beacon Hill? But human nature is ever the same. I do not wonder that they hesitate to join our societies! I do not wonder that they have raised the cry of "sectarianism" to distract attention from themselves; and they, I am sure, do not expect any great stampede among our physicians to be gathered in. And why should they? Apart from their ability to furnish material for post mortem examinations and pathological research, what great inducements have they to offer? If the function of the physician, as Hahnemann said, is "to heal the sick in the shortest, most reliable, and safest manner," that system which can show the best results at the bedside is the system for the student to follow. It is better, infinitely better, to make a mistake in diagnosis and cure your patient, than to confirm a diagnosis with an autopsy in a curable case! Homœopathy is alive to-day because of its therapeutic record and in spite of its many imperfections and in spite of the advances in modern medicine, a man's life is safer under homœopathic treatment now than any other.

I have recently had occasion to compare the results of the Massachusetts Homœopathic Hospital for 1906 with those of our magnificent City Hospital at Worcester. I will not attempt to give you all the figures, but the percentages of deaths under homœopathic treatment at Boston were 4.23 as against 8.46 under old school treatment at Worcester. The death rate in the Massachusetts General Hospital for 1906 was 9.88. In other words, one half of the patients who died at the Worcester Hospital, or 173.5 people, died for lack of a more successful method of treatment. Had such a number been sacrificed to Christian Science in a single year, what a howl would have been raised. "The dear people must be protected from quacks" is the cry of the dominant school; if such a mortality obtains under the best treatment they can give, they should also be protected from their "protectors." These statistics are not antiquated and are being duplicated all over this country every day.

Why then should we give up our institutions? Can the mission of homœopathy or any other system of medicine that yields

Digitized by Google

such results be completed uutil something better is discovered to take its place? When that something comes I am ready to accept it, but not without a sense of gratitude for favors received. Homœopathy has been very helpful to me; I believe it has contributed to my professional success and, though poorly understood and practiced, is trusted still. I have no sympathy with the remark I recently heard from a brilliant surgeon, who owed all his success to the training of a homœopathic college and the support of his homœopathic associates, when he said: "I care nothing for our homœopathic institutions; all I care for is the perpetuation of the truth they represent!" Such "singleness of purpose" may be highly applauded by certain professional "Mugwumps" but not by me. May the time never come when I shall be so "liberal" as that! May the time never come when my alma mater is no more to me than any other college or the affectionate regard of my old associates than that of anybody else! Associations count for something, and though our creeds and methods of practice were identical in every particular, there is still need of separate and distinct organizations for the sake of professional harmony; but they are not identical. The teachings of Hahnemann are still ignored by the dominant school and, though they are willing to grant us fellowship, until they accept similia similibus curenter as a great and abiding law of cure and accord to Samuel Hahnemann his rightful place among the greatest of medical reformers, there can be no real bond of union.

I entreat you most earnestly to stand firmly together. We have gained a position now of dignity and respect. Our specialists are trained in every department of medicine and we have no need to go outside our own ranks for professional skill. Our public institutions should be carefully guarded and we should persistently and courteously maintain our rights as citizens of the Commonwealth.

With the change of attitude, towards us, of the dominant school, we are entering upon a new era in our professional history. Let us not forget our inheritance or the debt we owe to those who shall hereafter take our places; but, trusting in the efficacy of our therapeutic law, let us maintain the integrity of our institutions, believing that "what is excellent, as God lives, shall be permanent."

Digitized by Google

THE TEACHING OF HOMOEOPATHIC MATERIA MEDICA*

By LÉON VANNIER, M.D.

Paris

Consulting Physician to the Hospital St. Jacques; General Secretary of the Société Française d'Homœopathie; Editor of the Revue Homœopathique Française.

FOR the first time, journalistically, I have ventured to express my ideas in regard to the teaching of homœotherapeusis, the pedagogic aspect of the science, and I have purposely chosen an American periodical for their presentment. This gives opportunity to express my gratitude to the nation which has furnished such masters as Allen, Farrington, Kent, Nash, whose works are constant companions of mine, and to evolve opinions submitted to my American colleagues for their approbation or criticism.

The Old World is too inclined to theorizing yet; it is not in searching the Why and Wherefore of homœopathy that we shall disseminate our doctrine, but rather by working practically, by utilizing the wonderful materia medica bequeathed by Hahnemann and greatly augmented by his successors. Indubitably, it is delightful occupation to investigate and account for the action of our drugs; to enter into discussion as to the nature of the formidable energy residing in our infinitesimal doses; but, if in every science we have need of general ideas, of fundamental principles, there is equal demand for skill in technique, and before applying homœotherapeusis, we must thoroughly grasp, comprehend its technique.

Homœopathy is embodied in its materia medica, and to know the latter should be the aim of every conscientious homœopath, but, there's many a slip 'twixt the cup and the lip, and we are all familiar with the discouragement experienced by the young student who, scarcely convinced by facts observed, opens the Hahnemannian volumes, and closes them in terror or despair as he realizes his incapacity to retain even a portion of their pathogeneses. In America, you will permit me to say, you are like pampered children: Farrington with his lectures, Nash with his leaders, Allen with his keynotes, Kent with his studies, have spoiled you; you have been potently aided in a clear comprehension, in a precise and perfect retention of the characteristics and modalities of our various drugs. Recently, my excellent friend, Dr. Shedd, sent me a study of rumex crispus, insisting upon the presentation of materia medica in another

*We are glad to present to our readers this article, written for the NORTH AMERICAN by the distinguished editor of the Revue Française. Very evidently a new and greater homœotherapeutic era is dawning in France.

Digitized by Google

than "cut and dried" manner. Materia medica is a thing inert, which it is necessary to vivify; it must attract the attention of the student, must be given him in a form simple and clear, but very exact—this symptomatic picture of a drug.

In France, works on materia medica are rarely published; the last dates back to 1880. I have wished to fill up this gap in presenting to my compatriots a resumé of the principal medicaments used in practice. Each pathogenesis constitutes a whole, quite perfect, with its characteristics and its modalities whereunder each symptom found in the various organs or systems is collocated. I have wished to unite, condensing rather than expanding, in a brief but complete study the numerous elements which constitute our pathogeneses; and to make of each a picture whose essential features may be easily recognized at the bedside. In other words, I have desired to contrast with the morbid physiognomy of the patient, a drug physiognomy, and have chosen this appellation for these studies in order to emphasize my idea that our materia medica should be presented as a thing of life, not dead but living.

GRAPHITES

A Medicinal Physiognomy, or Practical Study of Materia Medica.

Characteristic: Particularly inclined to obesity, with habitual constipation, and eruptions with characteristic gluey exudation. The patient is fat, chilly, constipated.

Aggravation: At night; during and after menstruation.
Amelioration: In the dark; from wrapping up warmly.
Modalities:

FACE: Pale, waxy, puffy. Humid eczema about the mouth and on the chin. The individual is chubby, obese. The graphites child is big and fat, even if poorly nourished (calc.).

NERVOUS SYSTEM:

Mental Symptoms: Great timidity and hesitancy. Cannot come to a decision on any matter (puls.).

No desire for work. Music causes weeping (nat. c., sab.).

Sad, despairing. Anguish over a trifle.

Restless, unrefreshing sleep; disquieting, horrible dreams. Drowsy by day; cannot fall asleep at night.

Conscient cataleptic states (cann. I.), unable to move or speak.

Digitized by Google

Pains:

In general: Worse at night; during and after menstruation.

In Particular:

Head: cephalgia in the A. M. on waking, oftener one-sided, with tendency to vomiting. Sensation of spider-web on the forehead (bary., bov., brom., ran. scel.). One-sided rheumatic pains extending into teeth and nape. Scalp hot, burning, at the vertex (calc. sulf.; cold; sep. var. a.).

Eyes: ophthalmia. Red and swollen lids. Eczema of the lids, fissures; margins covered with crusts and scales (staph., sulf.). Styes (puls.; graphites is the chronic.).

Ears: dryness. Crackings in, when chewing. Eruptions and humidity behind the ears; fissures. Hears better in a noisy place (nit. ac.).

Limbs; pains in back and limbs. The left arm and hand seem asleep. Edema of the lower limbs. Stiffness and contractures of the toes.

Digestive Apparatus.

Putrid odor from the mouth. The breath smells urinous. Aversion to meat and sweets, to warm drinks.

Nausea and vomiting after each meal. Gastric pressure, burning; constrictive pain. Frequent eructation but difficult, with great distension of the abdomen, which is full and hard; must loosen the clothing. Inguinal region sensitive, swollen.

Constipation. Stools large (Sulf.) difficult, hard; in small pieces joined by strings of mucus. Mucus often escapes after the stool.

Diarrhea. Brown, liquid, mixed with undigested particles, very fetid; often caused by the suppression of an eruption. (psor.).

Hemorrhoids. Sharp, sticking pains. Burning on passage of a stool; sometimes the stool is covered with blood, or blood passes after the stool. Great pain after stool, with painful sensitiveness on cleaning (fissura ani.). Itching about the anus, especially at night. (Eczema.)

Digitized by Google

RESPIRATORY TRACT. Nose: painful internally. Cannot bear the odor of flowers. The alæ are fissured and crusty.

Menstrual epistaxis.

Thoracic constriction; attacks of suffocation waking from sleep; must eat something.

CIRCULATORY APPARATUS: Cardiac weakness, with dropsical tendencies. Hemorrhagic tendency, the blood pale and poor.

Varices and varicose ulcers.

URINARY APPARATUS: Urine turbid, with sediment.

GENITAL APPARATUS. Male: Sexual debility. Aversion to coitus. No ejaculation.

Herpetic eruptions. No sensation during coitus.

Female: Menses infrequent, retarded, pale; retarded from getting the feet wet (puls.), with much weakness and depression (alumina, carb. ac. cocc.), sometimes replaced by a leucorrhea.

During the period: Hoarseness, coryza, cough, sweat.

Malaise in the A. M., with gastric troubles, dyspepsia with bruised pains in the epigastrium.

Leucorrhea stringy, whitish; abundant before and after the period (sepia before; kreos. after); more abundant in the morning on rising from bed, with great weakness; it excoriates the thighs. Vegetations.

Mammæ large and hard. Nipples painful, rhagadic.

Aversion to coitus.

SKIN:

Humid eruptions, at first papular, vesicular or even pustular; secondarily scaly and crusty, from beneath which, on scratching, there exudes a thick honey-like fluid. Unhealthy skin; every little wound suppurates (hep.). Old scars open again.

Eczema: aggravated by heat; itching worse at night and from washing; the exudation is increased by scratching. Persistent dryness of affected parts. Eruptions on face, head. Scalp eruptions emitting a fetid odor; loss of hair; eruptions behind the ears during dentition (calc.), on the eyelids or genital organs, between the thighs, fingers, toes, in flexures.

Cracks and fissures in nipples at the finger tips (sars.); commissures of the lips, about the anus, between the toes (Petrol.), with moisture and exudation.

Deformities of the nails, breaking easily, thick, deformed;

Digitized by Google

they fall off in pieces (ant. c.), are painful, sensitive as if ulcerated; ingrowing nails (sil. hep. sulf.).

Erysipelas of the face, phlegmonous in type, commencing on the right side and going to the left (after the application of tincture of iodine. Graphites eliminates the tendency to relapses.

SWEAT:

Fetid foot-sweat (less malodorous than silica).

Comparisons

Puls., calc., sep., sulf., fluor. ac. It is antidoted by nux, acon., ars., and is complemented by caust., hep. lycopodium.

FORESHADOWINGS OF HOMOEOPATHY FROM HIPPOCRATES TO HAHNEMANN.*

By J. MURRAY MOORE, M.D.

Leamington, England

IN the Appendix to the fifth edition of the *Organon,* Hahnemann, with his usual industry and research, adduces no less than ninety-four examples of unconsciously homœopathic treatment by drugs, and certain imponderabilia, quoted from the records of 327 medical men of previous centuries. In his admirable booklet, "The Permeation of Present Day Medicine by Homœopathy," a copy of which should be in the library of every non-homœopath, Dr. Dyce Brown has given a very large number of examples of the recommendation and use of seventy-three medicines in diseases to which they are plainly homœopathic. The period of time covered is from 1856 to 1902.

The researches I have made for this address are both supplementary and correlative to those of these two distinguished authors.

My object is to trace in the recorded works and practice of the Leaders of Medicine from Hippocrates to Hahnemann anticipations of the Law or Rule of Similars, the single specific remedy, its dynamic force, the vitalism of disease, the search for a rational explanation of the action of drugs, the classifying of morbid dyscrasiæ, and so on, all of which are now known as parts of homœopathy.

If I am able to show evidences of these matters of debate distinctly identical with Hahnemann's doctrines, I may fairly claim that our opponents must accept the fact that *homœopathy is a part*

* Presidential Address, British Homœopathic Congress.

Digitized by Google

of the records of orthodox medicine—better termed general medicine—in which all medical men, whatever opinion they hold, have a common inheritance.

Let it not be supposed for a moment that in any part of this paper there is any imputation of plagiarism by Hahnemann. Dr. Ameke has ably refuted the false and malicious charges of this kind made by Ploucquet, Schultz, and others, in his "History of Homœopathy" (pp. 300-308).

With wise frankness Hahnemaan forefends these anticipated attacks in the introduction to the *Organon*, thus: "I do not bring forward the following passages from authors who had a presentiment of homœopathy as proofs in support of this doctrine, which is firmly established on its own merits, but in order to avoid the imputation of having suppressed these foreshadowings with the view of securing for myself the credit of the priority of the idea" . . . . "Hitherto no one has ever taught this homœopathic mode of cure—no one has carried it out in practice. But if the truth is only to be found in this method, as I can prove it to be, we might expect that, even though it remained unperceived for thousands of years, distinct traces of it would yet be discovered in every age."

If we take a general survey of medical history from Hippocrates to Hahnemann we can see that its progress as a science during the twenty-four centuries of its existence has been by zigzags—sometimes ascending, sometimes going down hill. Neither created by one great brain, nor evolved by processes similar to those which developed other sciences, medicine has been slowly and intermittently built up by men gifted with shrewd observation, unusual curiosity, a turn for experiment, good memories, or a talent for writing.

This last is the most important, perhaps, of all these talents, because without such compilers as the Hippocratic disciples, Dioscorides, Celsus, and Boerhaave, we should have had no systems to discuss. We certainly owe our *materia medica* to Dioscorides, a Greek from Cilicia, about whom so little is known that it is uncertain whether he lived in the first or in the second century A. D. Even his vague descriptions of plants, amusing us by their mixture of accuracy and credulous superstition (*e. g.*, the doctrine of signatures), afford homœopaths valuable information, because we hold the key to therapeutics.

Long periods of stagnation in the progress of the healing art have been interrupted at intervals by the bold theory and still bolder practice of some daring original thinker, such as Asclepiades,

Digitized by Google

Roger Bacon, Paracelsus, Harvey, Brown, and Stoerck, and especially Hahnemann. Each of these, in his time, flashed a new light into the darkness of a blind and ignorant routine, and some of them permanently improved the science of medicine. But anatomy and physiology remained in a rudimentary condition up to Harvey's momentous discovery of the circulation of the blood. Viewed as a whole, the practice of medicine, down to the end of the eighteenth century, only too sadly justified the bitter sarcasm of the French philosopher, who defined medicine as "a science founded upon conjecture and improved by murder."

Several cures by Hippocratic methods have been found recorded on votive tablets discovered in Italy, but, if one can judge from the book on epidemics, the mortality must have been frightful; out of forty-two well-described cases of fevers and pleurisies twenty-five died—a mortality of more than one-half.

In the Hippocratic writings there is a strong contrast between the minute and accurate details of diseases and injuries, and the barbarous treatment of the sufferers. If the milder measures sometimes ordered by the oracles, such as the wearing of charms, amulets, and written formulæ, the vows of sacrifice, prayers to the gods, massage and exercise, bathing in or drinking thermal waters, &c., had been more often employed, the mortality from disease would have been much less.

As to the principle of cure, we read in the twenty-second Aphorism of Book II, that "in general, diseases are cured by their contraries." This we should call "enantiopathy," which was the most ancient, prevalent, and enduring principle of therapeutics, until Hahnemann's discovery of *similia similibus curantur*.

In a Hippocratic book we find the earliest mention of the Rule or Law of Similars. The passage is this: "Like causes produce a disease, and it is by the application of like remedies that people are made well after illness." I have to thank my learned colleague, Dr. McLachlan, for this accurate rendering.

There is one actual homœopathic cure recorded by Hippocrates, and quoted by Hahnemann: "An Athenian was seized with cholera, which no remedies relieved, and he had all but succumbed to the vomiting, purging, violent spasms and prostration when he drank the juice of white hellebore, mixed in the juice of lentils, and recovered." This plant is our well-known *veratrum album*, exactly homœopathic to cholera and choleraic diarrhea. Hippocrates advises mandrake (*Atropa mandragora* of the Solanaceæ) to be given in certain cases of mania, to which this plant is manifestly homœopathic, for it produces similar effects, if accidentally eaten.

Digitized by Google

The "like cures like" idea occurred to at least one non-medical mind during the age of Hippocrates. Athenæus, of the second century A. D., quotes some verses from the Greek poet Antiphanes, 404 B. C., who was a comic poet, the author of ninety popular comedies, the translation of which runs thus:

"Take the hair, it is well written
Of the dog by which you're bitten;
Work off one wine by his brother,
And one labor with another,
Horns with horns, and noise with noise;
One crier with his fellow's voice," &c.

Asclepiades, of Bithynia (B. C. 90), who made a great reputation in Rome as a physician and orator, and was intimate with Cicero, originated a new theory of health and disease. He asserted that the human body is formed out of corpuscles or atoms endowed with motion. In health, these atoms circulated freely through invisible "pores," but when these "pores" became obstructed, disease resulted. Some diseases, such as hectic fever, syncope, and dropsies are caused by the great size of these pores.

His treatment consisted of generous diet, open-air exercise, friction, and baths of all kinds. He was the first to introduce the shower-bath. By giving wine in cases of lethargy he practiced a crude homœopathy. Asclepiades backed up his own skill by making a wager with a friend that he himself would never be ill. He won it by living to a good old age, and then being killed by a fall. He was the author of the well-known phrase, "It is the duty of the physician to cure *tuto, cito, et jucunde*" (safely, quickly, and pleasantly).

Athenæus, also of the first century A. D., and his follower, Aretæus, conceived the original idea that the *pneuma*, or spirit, an immaterial active principle, was the basis of life, and that its injury or disturbance was the cause of every disease. This was called the "Pneumatic School" of physicians, and offered to posterity the absurdity of driving out the *spirit* of a disease by bleeding, cupping, leeches, aperients, &c., all very severe and *corporeal* methods. Throughout all this primitive age of medicine the principle of contraries seems to have been general. But also it is evident that spells and magic charms, and the influence of the planets, favorable or otherwise, were believed to control disease.

The most rare and costly drug was the more potent as a remedy. Extraordinary compounds were in vogue: "Mithridate," with its fifty-two ingredients, was a protective against all poisons; "Theriacum" (whence we get our word "treacle"), composed of

Digitized by Google

sixty-six solids and fluids, cured fifteen different diseases, and was recommended to be taken twice a day for seven years by those who had been bitten by venomous reptiles or insects. An overdose of theriacum brought the philosopher Eudemius to the gates of Hades, but Galen saved his life by a small dose of the same compound!

PERIOD II.

The period of Galen and his successors, down to the birth of Paracelsus, extends from 130 to 1500 A. D.

Cladius Galenus, the son of an architect. was born at Pergamos, in Asia Minor, 130 A. D. In the imperial city of Rome he earned a great reputation, especially for prognosis, and was the medical attendant of four successive Cæsars—Marcus Aurelius to Commodus. His life being in danger at Rome, from the jeaolusy and hatred of his professional brethren, he returned to his native city, Pergamos, where he died at the age of 70, about 200 A. D. His two hundred treatises, a kind of medical encyclopædia, gave him the great influence which lasted for fifteen centuries after his death. Orthodox practitioners regarded his works as the Scriptures of Medicine. His pathology was rather more complex than that of Hippocrates, as we shall see.

Galen held that the soul resided in the brain, to which the spirit or pneuma had access by means of the foramina which, he believed, ran through to the skull from the nostrils. Hence the benefit of sternutatories; the sneezing was supposed to clear the ventricles of the brain, and allow the soul to be refreshed by the pneuma, or spirit. Galen originated the phrases "remote" (including "predisposing" and "exciting") and "proximate" cause of disease. He also devised the varieties of strength and rapidity of the pulse, enumerating twenty-seven varieties of each of these. He taught that from the Cardinal Humors of Hippocrates arise four different temperaments and eight distinct dyscrasiæ. Every remedy was hot or cold in the first, second, or third degree; and moist or dry in a similar ratio. If one meets with a disease which was cold in the first degree, and dry in the second degree one must choose a medicine which is hot in the first degree and moist in the second degree, on the favorite Galenic principle of *contraria contrariis curentur.*

It is noteworthy that in 690 A. D. Theodore, Archbishop of Canterbury, issued a Manual of Medicine for priests and monks who practiced, in which there is an injunction "not to bleed persons while the moon is waxing." In time, a hospital became an appendage to every large monastery.

In the course of the first nine Christian centuries the degenera-

Digitized by Google

tion of morals which pervaded both eastern and western churches affected these Therapeutæ, who abused their expert knowledge of vegetable and mineral poisons to get quietly rid of their personal enemies. Thus, probably, *antimony* (*stibium*), for a long time a secret drug, received its name *antimoine,* an enemy to the monk. It came to pass, therefore, that in 1162, the Ecumenical Council of the Western Church, held at Montpellier, issued a decree forbidding the practice of medicine to all priests and monks.

The Arabian School of physicians, which the most enlightened of the early Caliphs of Islam established, deserves mention, because they preserved to us, in Arabic, the Greek and Latin medical classics, which would otherwise have been lost in the fanatical destruction of the Alexandrian Library, and of many private collections, by the early Mohammedan conquerors. Honain of Bagdad, 876 A. D., first translated Hippocrates, Galen, Plato, Aristotle, and Euclid. Rhazes (926-1000 A. D.) first described small-pox and measles. Avicenna (980-1037) wrote a canon of medicine which became a text-book in all medical schools down to the seventeenth century. Averrhœs, of Cordova (1126-98), improved the philosophical system of Aristotle, and Roger Bacon became one of his followers. We owe to these Arabians the beginning of chemistry (their "Alchemy"), the first apothecary's shop, the earliest pharmacopœia, the process of distillation, alcohol, senna, rhubarb, indigo, and musk.

From the twelfth to the sixteenth centuries Italy took the lead in medical education. By the year 1500 there were sixteen universities in Italy, most of which had a medical faculty, while Germany had eight, France six, and Britain only two—Oxford and Cambridge.

Roger Bacon (*b.* 1214, *d.* 1294), who made many discoveries in astronomy, chemistry, optics, and physics, was the first British inductive philosopher, and the first independent mind to break off the slave-chains of tradition. It is true that his daring thoughts and ingenious inventions carried him into the dungeons of the Inquisition at Rome, where he languished for ten years; but he escaped with his life, and earned the honorable title of "Doctor mirabilis." The Four Impediments of Knowledge (in his "Opus Major") should be noted by all reformers of medicine: (1) A too great dependence upon authority; (2) allowing too great weight to custom; (3) the fear of offending the vulgar; (4) the affectation of concealing ignorance by the display of a specious appearance of knowledge.

During the second period of medical history the doctors paid

Digitized by Google

too much attention to theories of schoolmen, and too little to the practical study of diseases—especially of new forms of epidemics. We could have no greater proof of this neglect than the absence of any single reference to the terrible "sweating sickness" which devastated England from 1485 to 1551, in three outbreaks, in the works of Dr. Thomas Linacre (*b.* 1460), translator of Galen, physician to Henry VII. and Henry VIII., and founder of the Royal College of Physicians. The medicine of that age seemed powerless against this plague. Doctors lost faith in their physic, and the people, losing faith in their doctors, resorted to astrologers, quacks, and sellers of panaceas. To the pathetic appeal of the Parisians for some effective remedy the College of Physicians of Paris sent this solemnly futile reply: "We, the members of the College of Physicians at Paris, having, after mature consideration and consultation on the present mortality, collected the advice of the old masters, are of opinion that the constellations, with the aid of Nature, strive, by virtue of their divine might, to protect and heal the human race." Not until the sufferers from sweating sickness were treated by sudorifics was the mortality checked (Sennert)—a medieval example of homœopathy.

Period III.

The third period of medicine begins with the revolt against Galenism inaugurated by that extraordinary character, Theophrastus Bombastes von Hohenheim, who called himself Paracelsus. Born in 1493, at Einsedeln or Hohenheim, near Zurich, he was self-educated, roaming over Europe (and some say into Egypt and Asia), picking up knowledge of chemistry, metallurgy, and medicine; performing cures, real or pretended, which made him famous Returning to Switzerland at the age of 33, he was appointed, through the inuflence of the Reformer Ecolampadius, Professor of Physic and Surgery in the University of Basle in 1526.

He began his course of lectures by publicly burning the works of Galen and Rhazes, exclaiming that they did not know so much as his shoe-latchets. Original in everything he said or did, Paracelsus lectured in German instead of Latin. "Reading," he said, "never made a physician—only practice. Countries are the leaves of Nature's code of laws; patients the only books of the true physicians." With trenchant sarcasm he denounced the humoral pathology of Hippocrates and Galen, and the compound mixture of drugs given to patients. "What you call humors," he said, "are not diseases; that is the disease which makes these humors. How

Digitized by Google

can a physician discover the disease in the humors, when the humors spring out of the disease." Again he said, "The whole design of *'contraria contrariis curentur,'* that is, hot remedies cure cold diseases, is false; there is no proof of a disease being hot or a remedy being cold. Can you cure the gout, the plague, or any other disease in this way? Certainly not. And look at the receipts (prescriptions) they give you for remedies. In their herbals you will find how one herb has fifty or one hundred virtues, that it will cure so many diseases. But in their receipt (prescription) books you will find forty or fifty such herbs in one prescription against one disease."

So far, well said, Paracelsus! But his substitutes for these erroneous theories were equally defective and even more incoherent. The limiting notion of a three-fold unity pervaded the speculations of Paracelsus. Medicine consisted of three parts—philosophy, astronomy, alchemy; the world of three elements—air, water, earth; every body (corpus) of three substances—mercury, sulphur, and salt. Disease was a sort of evil spirit generated out of an excess or deficiency of these three last substances. A true physician recognized a disease by intuition and knew the plant or mineral to which this evil spirit bore the cloest resemblance, so that, being similar in kind, but stronger in degree, the remedy (arcanum, he called it) might subdue the disease. Paracelsus went so far on our path as to assert *"Simili sui simile curat"* ("Like treats its own like"). He believed in specifics, as we do. Every disease has its own arcanum—in modern phrase, its specific. In the following sentences, "The arcanum is not the visible outward thing, the plant or mineral we look upon, but the indwelling spirit." . . . "Arcanum is the whole or total virtue of a thing"—we have a foreshadowing of the dynamic force of remedies.

Amid much rhodomontade, verbal mystification, paradox, and dog-Latin, a fine thought occasionally appears, such as the following: "What is it?" writes Paracelsus, in a passage on alchemy, "that ripens the pears? What is it that brings the grapes to maturity? Nothing but Nature's alchemy."

To the disparagement of his talents and his desire for medical reform this bombastic itinerant lecturer led a stormy, dissipated, and unhappy life. He was expelled from his Chair at Basle, and finally, at Salzburg, was killed by a fall from a window, whence he had been ejected by the servants of a doctor whom he had grossly insulted, in 1541.

After three centuries his memory was rehabilitated by the

Digitized by Google

eulogistic memoir written by J. G. Rademacher (1841), as a preface to his new system of "Organopathy," which is avowedly based upon the same teachings of Paracelsus upon specific remedies. Doubtless his timid and treacherous secretary, Oporinus, and his bitter enemy, Thomas Erastus, have exaggerated the bad features of his life, and we find Zimmermann (1780) summing up his habits thus: "He lived like a hog, looked like a carter, frequented the society of the lowest rabble, was drunk the greater part of his life, and seemed to have composed all he wrote in that condition." Yet this is the man of whom Van Helmont, eighty years afterwards wrote: "Paracelsus was the forerunner of true medicine, God-sent, armed with true knowledge"; of whom our own Burnett said: "Hohenheim was an eminent and learned physician . . . a man far in advance of his time . . . a forerunner of homœopathy." I cannot but think that the sudden outburst of Paracelsianism in the first half of the nineteenth century, when no less than four biographies of the "arch-quack," as the profession at large called him, were published, between 1820 and 1841, was *created by the purpose* of the medical authors (Kurt Sprengel not excepted) to *prove Hahnemann a plagiarist from Paracelsus's doctrines,* since Ploucquet, in 1806, roundly accused him of the robbery. This is the reason I have devoted so large a section to Paracelsus. In practice, he used mercury expertly for the cure of syphilis, and laudanum with far more skill than his contemporaries; copper, arsenic, antimony—all new drugs—he introduced into medical practice.

It was reserved for the genius of Francis Bacon (1561-1626), Lord High Chancellor of England, to inaugurate a system of accurate observation, and logical reasoning, leading to correct theory.

As Bacon, like Aristotle, Leibnitz, and Goethe, "took all knowledge for his province," we are not surprised that he sharply criticizes the medical theories and practice of his own day, and gives wise suggestions for their improvement.

The father of modern philosophy boldly claims the right of private judgment, as thus: "Disciples do owe unto their masters only a temporary belief, or a suspension of their own judgment, until they be instructed, and not an absolute resignation or perpetual captivity." We might apply this to homœopathically minded students of medicine during their college course.

Again, in a fine passage he says: "Truth is the daughter of time, not of authority. No wonder that these spells—authority,

Digitized by Google

traditions—have so bewitched men that they have not dared to hold direct intercourse with things."

"Science," he writes, "is the history of Nature: first, of those natural phenomena which are uniform; second, of the extraordinary or apparently anomalous facts; third, of the processes in the different arts." In this third class he includes medicine, as being the art by which such a particular direction is given to certain powers of Nature as to enable them to mitigate pain, cure disease, and prolong life.

Perceiving clearly the defects of medical training, he wrote: "Medicine is a science which hath been more professed than labored, and yet more labored than advanced; the labor having been in my ujdgment rather in a circle than progressive; for I find much iteration, but small addition."

For its advancement he advocates new investigations in three departments. First, the dissection of the bodies of living animals (not of men observe), so as to find out the functions of the arteries, called by him "passages and pores," because they are shut up and latent in dead bodies, though they may be open and manifest in life.

Second, as to pathology, Bacon writes: "As for the footsteps of disease and their devastations of the inward parts . . . they ought to have been exactly observed by multitudes of anatomies, and the contributions of men's seevral xeperiences, and carefully set down, both historically, according to the appearances, and artificially, with a reference to the diseases and symptoms which result from them, in case when the anatomy is of a defunct patient, whereas now they are passed over slightly and in silence. . . ."

It was by investigating these very "passages and pores," called arteries or "air-holders" by the ancients, in the deer of Windsor Forest, that Harvey discovered the circulation of the blood, directly in consequence of this hint from Bacon's "Advancement of Learning," published in 1605.

Third: "The part of physic which treats of authentic and positive remedies we note as deficient. It would be of great consequence if physicians, eminent for learning and practical skill, would compile a work of approved and experienced medicines in particular diseases."

Whenever Bacon mentions medicine in any of his works, he points out as its great defect the lack of "specifics," as we now call them.

Belonging partly to this third period and partly to the next (IV.), Johann Baptista van Helmont, of Belgium, born 1577, died

Digitized by Google

1644, deserves mention as the founder of a new system. He became a devout Christian, through the writings of John Tauler and Thomas à Kempis. He gave up the property and title of nobility that were his inheritance, in order to be free to study medicine, and to practice gratis, in the spirit of the Great Healer of both body and soul.

Van Helmont anticipated Swedenborg in the belief that there is a spiritual world in intimate union with the spirit of man, and that the human soul, if pure, submissive, and humble, will receive revelations from that world. There was, therefore, something mystical about his theory, which may be called "spiritual vitalism." He was an excellent chemist, the inventor of that useful word, "gas," the discoverer of sulphuric acid, and the first analyst of the fluids of the human body. He taught that a spiritual entity, "Archæus," dominates man's frame, and connects him with the Father of spirits and the world of spirits. "Archæus" is the creative spirit which, working upon the raw material of water or fluidity, by means of a ferment, excites all the vital actions of the body.

The perturbation of Archæus gives rise to fevers, and all other diseases and derangements. Now it is interesting to us, as homœopaths, to compare these views of Van Helmont with those of Hahnemann, as expressed in his 9th and 11th Aphorisms, where it is plain that by "vital force" the great master means the same thing as the older writer means by "Archæus."

Aphorism 9: "In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body, rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions. . . ."

Aphorism 11: "When a person falls ill, it is only this spiritual, self-acting, vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbific agent inimical to life. It is only the vital force, deranged to an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease, for, as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known by morbid symptoms."

In his practice, which was milder than that of his colleagues, Dr. van Helmont eschewed venesection and drastic purges, employing opium, wine, and the metallic medicines introduced by Paracelsus. By treating "the iliac passion" and other obstinate constipa-

Digitized by Google

tions with "saturnine pills" (lead), he practiced homœopathy; for it is well known that these diseases are produced by lead-poisoning.

It will be observed that, throughout this paper, I regard The *Organon* as the authoritative exposition of homœopathy. Three organons have been produced by eminent authors, all original, and all of age-long value: (1) "The Organon," by Aristotle (384-322 B.C.)—"The Instrument of Knowledge or Exact Reasoning"; (2) "he Novum Organum," by Francis Bacon, Lord Verulam (1561-1626)—"The New Instrument for the Advancement of Learning"; (3) "The Organon," by Samuel Hahnemann—"The Instrument of Rational Medicine" (1810).

Two years hence, I hope, we shall be celebrating the centenary of the latest and most perfect Organon.

Period IV.

The fourth era of medicine is marked by the greatest physiological discovery of medieval times—that of the true course of the circulation of the blood in man and the vertebræ, by William Harvey. In 1628 a small book of eighty-two pages, written in Latin, with the English title of "An Anatomical Disquisition on the Motion of the Heart and Blood in Animals," revealed his momentous discovery to the world, two years after Lord Bacon's death. He was called "Circulator," or "Quack," by his colleagues, regarded as "crack-brained" by the people at large, and his practice fell away terribly.

No checking effect upon the mischievously common practice of bleeding seems to have been produced by Harvey's book for a century, but certainly there was a very important advance in the training of medical students.

Therapeutics still remained chaotic when the chemical era of theory and practice of medicine was started by Sylvius de la Boë (1614-1678). Born in Holland in 1614, he studied medicine in Amsterdam, becoming familiar with the doctrines of Des Cartes and of Van Helmont. Out of those, with some original ideas of his own, he composed a chemical system of simplicity and plausible ease of application in treatment. Appointed Professor of Medicine in Leyden University, he became a popular teacher, and originated clinical instruction in hospital wards.

He assumed that all vital action is a kind of fermentation, this fermentation being a chemical reaction perpetually going on between the acids and the alkalies of the human body.

In the year of Lord Bacon's death, 1626, the Hon. Robert Boyle, son of the Earl of Cork, was born in Ireland. He was the

Digitized by Google

father of modern chemistry. In accordance with the methods laid down by Bacon, he devoted his great abilities to the study of physics and experimental philosophy. He invented the air pump, and discovered the law of expansion of gases. Being also very fond of medicine, which he would have practiced but for his noble rank, he wrote much about its deficiences, enforcing and expanding the great chancellor's advice to doctors. "Give up," he says in effect, "searching for imaginary causes of disease and treating those suppositious causes with equally suppositious antidotes, after the fashion of Sylvius and the chemical doctors. Be neither slavish disciples of Galen, bleeding your patients freely because he bled, nor blind followers of Hippocrates, merely imitating the natural crises and evacuations of the body. Search our remedies which exercise a directly curative power over the disease—both the cause and the phenomena—without producing a disturbing effect on the body. Give only one remedy at a time, instead of blending many drugs in one prescription, and carefully observe its action. Moreover, give it in a small dose, for its action must be preternaturally energetic upon a part preternaturally sensitive. In fact, find a specific for each disease." What are these opinions of Boyle but foreshadowing homœopathy?

The greatest name in Britain during the fourth age was Thomas Sydenham, who was born in 1624, and died of gout in 1689. Sydenham was the most accurate observer and the most broad-minded of all his contemporaries. He thought out problems of disease for himself, he learned new remedies, and improved the medical practice of his time. For instance, he entirely dropped the practice of bleeding in acute rheumatism, and found that his patients steadily recovered under whey and bread diet. He made splendid use of the new cinchona—"Jesuits' Powder," as it was called—which, having cured the Countess Cinchona, Vice-Regent of Peru, in 1638, reached England in 1653. The use of this beneficent drug reduced the mortality of intermittent fevers from 1 in 4½ in the year 1636 to 1 in 3,767 in 1742.

Sydenham diligently sought for other "specific," and wrote: "I esteem any progres in that kind of knowledge, though it teach no more than the cure of toothache or of corns, to be of far more value than all the pomp of subtle speculations." In his use of cinchona bark he was more successful than all his colleagues (except, perhaps, Richard Talbot), because of the judicious and cautious way he employed the then new drug; for some ague patients died from overdosing. With much wisdom he wrote: "It seems to me better to imbue the blood of the ague patient with the

Digitized by Google

aforesaid drug moderately, gradually, and at long intervals, before the fits of ague, than to attempt by a single blow to cut short the paroxysm." This plan is a sort of homœo-prophylaxis, such as giving belladonna to those exposed to scarlatina infection, and camphor in the diarrhea which precedes cholera.

Homœopaths must ever regard cinchona (which we absurdly call "China") as the Newton's apple, as it were, of homœopathy, for as the fall of that particular fruit suggested the theory of gravitation, so the investigation of this drug suggested to Hahnemann the law of similars.

In one of his works we find Sydenham stumbling upon the homœopathic law in an inverted form, thus: "Certain females, suffering from small-pox, are unable to take syrup of poppies without vertigo, vomiting, and other affections, which naturally [why naturally?] are the affections that syrup of poppies would allay."

In his prescriptions we find bits of unconscious homœopathic practice. He gave lead pills in ileus and obstinate constipation, opium in lethargic fevers, and the elder (*Sambucus nigra*) in dropsies.

Many good practical hints can be found in his works, such as riding on horseback as a cure for consumption, the *accubitus junioris* for very aged, feeble and exhausted persons, and so on. One of his pithy sayings was, *"Morbus acutos dico qui, ut plurimum, Deum habent auctorem; sicut chronici nos ipsos"* ("I call those acute diseases which are for the most part inflicted by God, just as the chronic are what we bring on ourselves."

Rutherford Russell picturesquely represents Sydenham as standing "midway between Hippocrates and Hahnemann. One hand he stretches to the ancient Greek, the other to the modern German ; so he is a link in the apostolic succession of the living Church of Medicine."

We have now arrived at the time (1700) when Professors Stahl and Hoffmann, of Halle, started their rival systems of medicine. Both were born in 1660 in Germany. Stahl taught botany, physiology, materia medica, and the institutes of medicine; Hoffmann lectured on anatomy, chemistry, surgery, and the practice of physic. Stahl filled his chair for twenty-two years; he died in 1734. Hoffmann was professor for forty-eight years, surving until 1742.

George Ernest Stahl was the author of the "Phlogiston" theory in chemistry and of "Animism" in medicine. He taught that "the intelligent soul of the man is alone the living force in the body; it not only stimulates the muscles to contract, but it

Digitized by Google

presides over all secretions . . . the body, as a body, had no power to move; it must always be put in motion by an immaterial principle." All vital healthy action is due to the immediate activity of the intelligent soul. The soul operates on the animal through the nervous fluid or "animal spirits."

Professor Stahl adhered to the bleding and evacuation treatment of his day, and steadily opposed the use of cinchona bark in ague, affirming that it merely *suppressed,* but did not *cure* that malady. But certain of his followers, Dr. Perry for instance, used cinchona, and also ammonia and spirits of wine, "to strengthen the animal spirits," as they said. The fact of miners and workers in tin being subject to a form of phthisis was known to Professor Stahl. He used stannum salts for the cure of consumption, without perceiving the pathogenetic and therapeutic relationship between drug aud disease. He used the well-known millefolium in bleeding from hemorrhoids, as we do.

Friedrich Hoffmann, of Halle, opposed to Stahl's "animism" a theory of disease which laid down the principle that disease arises from faulty microcosmic movements in the solids, not from affections of the vitiated humors. There are too main causes: first, cramp or spasm; second, relaxation or atony. Spasms may be either general or particular. If general, they produce fever, inflammation, hemorrhage, catarrh, &c.; if particular, headaches, jaundice, melancholy. Relaxation or atony is the cause of all congestions, and of almost all chronic diseases.

All medicines Hoffman classed into four divisions: tonics, sedatives, evacuants, and alteratives—an arrangement which is still used by writers of materia medica.

Admitting that cinchona bark cured intermittent fevers, Hoffman explained its action thus: Cinchona is a tonic, and the return of the fever paroxysm is owing to the weakness or atony; therefore cinchona arrests it. Contrary to Stahl's theory of the soul, spirit, or anima, Hoffmann asserted that the moving principle of the organism is "a material substance of extreme subtlety . . . something of a gaseous nature, secreted in the brain, and poured into the blood, which it vivifies. This something, finer than all other matter, but not exactly spirit, soul, or mind—also called the nervous fluid—is that which gives contractility to the muscles; it is this in excess that gives rise to spasm; and a defective supply of this induces atony."

In practice Hoffmann used a few strong medicines in preference to the many complicated mixtures fashionable in his day. He invented and largely used a preparation of opium, called to this

Digitized by Google

day Hoffmann's Liquor Anodynus. He used millefolium in all kinds of hemorrhage; his opium preparation in obstinate constipation; mercury in severe ulcerations of the throat; stannum in a species of phthisis, hectic fever, chronic catarrh, and humid asthma, acid muschus in Miller's asthma. These are five examples of homœopathic practice.

Born near Leyden in 1668, the son of a Protestant pastor, Boerhaave took his M.D. at the age of 25; became Lecturer on Medicine at the University of Leyden, and from 1709 to 1729 filled three professorships—medicine, botany, and chemistry—besides, in 1715, being made Rector of the university. His wonderful talent, industry, and energy enabled him for twenty years to deliver separate courses of lectures on botany, chemistry, theory and practice of medicine, to give three clinical lectures a week, conduct a large private practice, and write books which were speedily translated into all the European languages.

In therapeutics this great physician seems to have been eclectic. "At present," he writes, "physic may be learnt without adhering to any particular sect, by rejecting everything that is offered without demonstration, and by collecting and retaining only what has been offered and approved to be real truth both by ancients and moderns." He shows his breadth of mind by not only advocating the contemporary system of what was called "Rational Medication"—that is, finding out an opposite to the cause of any disease—but also by advocating the (advanced) methods of specifics, which is only ascertainable by experiment.

Though "contraries are removed by contraries" was one of Boerhaave's maxims, he explains it differently from his predecessors. He writes: "Give a medicine whose ultimate action is curative of the cause of the disease, whatever its immediate action may be. If a hot drink produce perspiration in fever, then give a hot drink, for that will cool the body, which is what we want to do. If the primary action of opium is constipating, and of rhubarb laxative, and the secondary action is the reverse, then opium may be the remedy in constipation, and rhubarb in diarrhea." That such is the fact, we homœopaths know.

It is interesting thus to see that between Boerhaave's view of *contraria contrariis* and *similia similibus curentur* there is no antagonism. In practice, Boerhaave used sambucus in dropsy and cured some cases of epilepsy with the salts of copper.

Digitized by Google

Period V.

After about 200 experiments Albrecht von Haller (1708-1777), Professor at Göttingen from 1737-1750, and the "Father of Modern Physiology," demonstrated to the Academy of Sciences at Göttingen, in 1752, the irritability of muscles, conveyed through the nerves, the difference between that property and sensibility, and the special impressionabilities of the various glands. His view of life was, that it was the result of two conditions; irritability on the one hand, and stimulus on the other. Irritability might be called life potential; irritation, life actual.

Haler, from the side of physiology, advanced towards the conclusion already reached by Bacon, Boyle, and Sydenham, that in the discovery of specifics for diseases lay the consummation of the healing art.

"Inasmuch," he said, "as each part is endowed with its own specific aptitude for receiving impressions from special properties—the stomach, for instance, acts in a certain way under the influence of tartar emetic which produces no effect upon the eye—let us ascertain by experiment what are the correspondences between the external world and our internal organisms; which things act, and how, and on what parts of our frame."

Consistently with this idea, he advocates the *proving of drugs on the healthy, just as Hahnemann did.* He says: "A medicine is to be tested first by its effects upon the body in health, and that without any disturbing influence. Its smell and taste once ascertained, small doses are to be taken, so as to determine its effects upon the pulse, the animal heat, the respiration, and the excretions. After having ascertained its effects upon the system in health, we may proceed to make our experiments with it upon persons who are ill."

The next great name in medicine I must notice is William Cullen (*b.* 1710, *d.* 1790), whose character, attainments, and success shed a lustre for thirty years upon the University of Edinburgh.

Cullen's view of life was that it consisted of force—the vital force—generated in the nervous system, diffused through the animal frame, just as electricity pervades inorganic bodies. The quantity of this vital force varies according to certain conditions, and the knowledge of those conditions will enable us to explain, as well as to obviate, morbid actions. This vital force acts as a powerful stimulus to any part or bodily organ where it is *in excess,* producing even contraction of the peripheral arteries and capillaries; while, on the other hand, an *insufficient supply* induces relaxa-

Digitized by Google

tion of the blood-vessels. Cullen also assumed the existence of another force, called the *"vis medicatrix naturæ,"* and in the interaction of these two forces he found an explanation of the problems of pathology. In 1789 Professor Cullen published his "Materia Medica," which Hahnemann translated into German in 1790. The following passages indicate Cullen's view of the nature of fevers in general, and the mode of action of cinchona bark in cutting short malarial fevers:

"Fevers are either caused by some depressing agent internally, such as grief or anxiety, or by an external agent, such as malaria. The first effect of these causes is to produce an imperfect generation of vital force by the brain . . . in consequence, the extreme blood-vessels of the body fall into a state of *atony, collapse,* or *relaxation.* To counteract this *atony* the *vis medicatrix naturæ* excites a *contraction* or *spasm* of these vessels, which causes *the cold stage of fevers.* The vital force resists and counteracts this spasm by producing a flow of blood, which distends these vessels to such an extent as to cause turgescence and the *hot, burning stage of fever.* To 'cure a fever' we must cut short the cold stage as rapidly as possible, for upon the duration of this depends the amount of subsequent reaction."

"As the foundation of the whole of my doctrine, I consider the Peruvian bark . . . to be a substance in which the principles of bitter and astringent are conjoined . . .; in the case of intermittent fever the bark operates by a tonic power exerted in the stomach . . ., and this sufficiently explains its operations in preventing the recurrence of the paroxysms of intermittent fevers; for I can see no foundation for referring it to any mysterious and inexplained specific power . . . which some writers seem . . disposed to maintain."

We all know how Hahnemann, dissatisfied with this "explanation," made the *experimentum crucis* with cinchona, from which homœopathy originated. At this period poly-pharmacy, and bleeding, though not so extravagant as formerly, were still the fashion of practice in Scotland and throughout Great Britain. About the year 1778 Professor Cullen's widespread influence was abruptly disputed by what is called "Brunonianism," the doctrine of John Brown (*b.* 1735, *d.* 1788).

Diseases are divided by Brown into two great classes, "sthenic" and "asthenic," and each of these classes was subdivided into universal and local. He substituted for Cullen's "vital force" a quality he called "excitability," of which a certain amount was granted to everyone at their birth. Each human being was born

Digitized by Google

with a "sthenic" or "asthenic" diathesis, and was predisposed either to sthenic diseases, such as rheumatism, cynanche, scarlet fever, or to asthenic diseases, such as ague, typhus, gout, dyspepsia. As sthenic diseases arise from an excess of this "excitability" they must be treaetd by lowering measures, such as bleeding, purging, &c.; and, of course, asthenic maladies require tonics and stimulants, cinchona, musk, camphor, ammonia, but especially wine and spirits.

Edward Jenner, a country surgeon in Gloucestershire (*b.* 1749, d. 1823), published his momentous discovery of vaccination in 1798, two years after Hahnemann wrote in Hufeland's journal his "Essay on a New Principle for Ascertaining the Curative Powers of Drugs." While some homœopaths regard vaccination as an illustration of the law of similars, the majority regard it as "isopathic," not homœopathic.

Of the Continental physicians of Period V., I find that Baron Stoerck and Dr. de Haen made use of several remedies in an unconsciously homœopathic manner. Stoerck cured a case of hydrothorax and asthma by colchicum; cases of dysuria, amaurosis, and convulsive cough by conium maculatum—all these symptoms appearing in its pathogenesy; a case of "stupid mania" (whatever that may mean) by hyoscyamus; chronic leucorrhea by dictamnus, and a case of chronic, humid, scabious skin disease by clematis.

Dr. de Haen came near to discovering the rule of similars when he wrote of our well-proved dulcamara: the young shoots of ***dulcamara*** in a large dose excite convulsions and delirium, but in moderate doses relieve spasms and convulsions.

In a case of chronic epilepsy, where the fits occurred only during sleep, De Haen, observing that this sleep was not a natural, healthy sleep, but a lethargic stupor, similar to that produced by laudanum, took the singular course of prescribing opium, which not only transformed the stupor into healthy sleep, but also cured the epileptic fits. Thus we perceive that the psychological hour was approaching when some master mind was to find a key to the storehouse of materia medica which would teach the world how to use its treasures.

Period VI.

Germany was the favored country that produced the Master-Physician, Samuel Christian Friedrich Hahnemann, who was born at Meissen, Saxony, on April 10, 1755, and died in Paris on July 2, 1843. No founder of any system of therapeutics has ever bequeathed to his disciples a scheme so perfect, so logical, so solid against attack, and so permanent. Not only hsa our great truth

Digitized by Google

survived its first century, but it has flourished exceedingly, spreading its kood news into all civilized, and even uncivilized, countries; and increasing its armory against disease and death, until now we possess 1,070 weapons (*vide* Boericke's "Manual of Materia Medica," Ed., 1906).

You must all have been struck with the hollowness, artificiality, and impotence to cure disease of the thirteen systems I have sketched, and yet there are germs of truth in all. I have succeeded in showing that there have been real "homœopathic" cures, as well as Hahnemannian ideas, in every age. It is necessary briefly to notice some of Hahnemann's contemporaries, in order to show the chaotic state of medicine in his time, and to justify his strong strictures upon the oating and false theories, and clumsy, inconsistene treatments of his days.

The sanguinary system of Rasori (excessive bleeding for all diseases) orignated in Italy during this period. Broussais was a Brunonian, and opposed bleeding for all diseases in general, but did not entirely abandon it. He promulgated the strange notion that the root or seat of almost every malady in man was the mucous membrane of the stomach and the bowels. Every physician must search for this "gastro-enteritie," whatever the disease may seem to be, and treat it by reducing measures—leeching, venesection, starvation, diet, &c. Even Broussais recorded one homœopathic cure, viz., of severe cystitis, by one and two drop doses of cantharides tincture.

J. G. Rademacher, out of Paracelsus's doctrines and his own, constructed organopathy, which Burnett praised, and adopted in his treatment of "Diseases of the Spleen" (published 1887), where he translates part of Rademacher's work, published in 1841. "Organopathy is homœopathy in the first degree. . . . Organopathy is included in the wider generalization known as homœopathy," writes Burnett. It is the doctrine of specifics, which act singly, and directly on particular organs of the body, just as, for instance, ceanothus americanus and cinchona act upon the spleen.

Rademacher's disciples in Germany grew in number, and started a journal of their own, which lasted two years, 1847 and 1848. It was discontinued because the homœopaths, more numerous and energetic, occupied the same field of experimental pharmacology.

The "Substitutive Medicine" of Bretonneau, published and proclaimed as a new discovery by Trousseau and Pidoux (1840 ?) is a flagrant plagiarism from Hahnemann's earlier writings. Dr. Guérin's evidence, as given by Imbert-Goubeyre, in the twenty-sixth

Digitized by Google

volume of the *British Journal of Homœopathy* (note, p. 564), distinctly proves that Bretonneau, his intimate friend and pupil, read, approved, and recommended Hahnemann's doctrines, but did not openly espouse them. Trousseau distorted pathological processes, and assumed much in expounding this substitutive system, which he fondly imagined would extinguish ours.

Period VII.

The seventh era of medical history commences with the magnificent boon to humanity of anesthetics, introduced into Britain by Sir James Y. Simpson, of Edinburgh, in 1847.

The typical leaders of this period are: Simpson (1811-1870), J. Hughes-Bennett (1812-1875), who first introduced cod liver oil as a remedy for consumption (1841), Pasteur (1822-95), Lord Lister (*b.* 1827), Robert Koch (*b.* 1843), Finsen (1860-1904), A. E. Wright (*b.* 1861), and others.

We of the twentieth century can scarcely imagine a painful operation without, at least, local anesthesia. But further improvements in medicine and surgery have come in rapidly, and are now rushing upon us with bewildering multiplicity. What would Hahnemann have thought of taking a bullet out of the perforated heart of a living man and sewing up the actual wound so skilfully that the patient recovered? What would he have thought of kinematograph pictures of surgical operations?

Within the last sixty years all the arts and all the sciences have become ancillary to medicine. Anesthetics, antiseptic surgery, diagnostic instruments of exquisite precision, serumtherapy, X-rays, radium, electric lights, an improved vaccination process, opsonic treatment, more accuracy in using mineral spa waters; above all, the universal success of homœopathy—all these have immensely improved the general practice of medicine.

Being now a senior, I would advise my younger colleagues to read up one drug every day; to study each case of disease homœopathically, as if it was the first of the kind one had seen; to be willing to discuss our system with any honest opponent; and even to lecture up it in public, if requested. Adopting every new diagnostic method, and all adjuvents and prophylactics of proved value, let us hold fast to our great principle, working out "the homœopathy that is expansive, progressive, science-fostered, science-fostering, and world-conquering." "For Truth," said Hahnemann, "is co-eternal with the all-wise, benevolent Diety. It may long escape the observation of man, until the time foreordained

Digitized by Google

by Providence arrives, when its rays shall irresistibly break through the clouds of prejudice, and usher in the dawn of a day which shall shine with a bright and inextinguishable light for the weal of the human race."

Make the Dirt Fly—The advisability of making the dirt fly will be conceded, if the remark is to be interpreted in the sense of putting strenuousness into work and accomplishing things. If, however, it is to be taken literally, the admonition to make the dirt fly is very poor advice. Dust and dirt are not things to be stirred up. In industrial establishments the flying dust is often a factor largely responsible for the ill health of employes; and the flying dust of the street is esthetically and hygienically an abomination. Dust and dirt should be removed, but more than ordinary care should be exercised in its remoal. Properly installed blower systems can be relied on to remove most of the dust from the atmosphere of factories and shops, and the workman can, if he will, protect himself quite largely by the use of some sort of mask over the mouth and nostrils. Whatever sweeping is done in stores and industrial establishments should be done soon after the employes have gone home for the day, in order that any dirt stirred up may have time to settle before they begin their next day's work. In households ordinary sweeping is a menace to the health of the inmates. All surfaces to be swept should at least be first dampened. The vacuum system of cleaning is the ideal; and it is gratifying to see that small, portable apparatus is now available for this method of cleaning. Street cleaning should be done at night, when the traffic is at its minimum, and as far as possible the cleaning should take the form of a thorough flushing of the streets and sidewalks. Some day the objection of waste of water will not be urged against this method. Certainly it is extravagant and uneconomic to use storage or filtered water provided for domestic use at considerable expense in the wholesale way that is necessary for street cleaning. The same can be said of the use of such water for the purpose of extinguishing fires. New York City has installed a system of salt water mains for the latter purpose, and these could also be drawn upon for the purpose of street cleaning. And other sources of water supply, too polluted, it may be, for drinking purposes, are available for such a use in most cities.

And even if we have to breathe the dust of our cities, stirred up by passing traffic, the automobile being a particular offender, we ought not to have to eat it. Grocers and marketmen should be compelled to keep their wares under cover. Every thinking individual should protest against making his stomach a receptacle for the dried offal of animals, and the sweepings of houses and other sorts of foul and unnameable filth.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

STEAM-ROLLERS AND STONE-CRUSHERS IN MEDICINE

LITTLE is accomplished nowadays without organization. Organization involves leadership. The leaders form a machine; and too often, alas, the machine uses its position to intrench itself in power and carry through policies to which they commit the organization ofttimes when the rank and file are by no means in full sympathy with their objects.

It matters not what purpose the organization is created for—there is likely to be as much machine domination in medical societies as in political parties. At the present time the American Medical Society, the most highly organized body of medical men in the world, is under the control of a little ring of which the secretary, Dr. George H. Simmons, and Dr. Billings, both of Chicago, are the leaders.

While at first sight what is happening in the American Medical Association may not seem to touch the interests of ninety-nine per cent. of the readers of the NORTH AMERICAN, yet it is well that they keep themselves informed of what is going on in that body, both for the purpose of learning what to expect if those who are so stoutly urging greater organization among homœopathic physi-

Digitized by Google

cians get themselves sufficiently firm in the saddle as to control the American Institute of Homœopathy, and, also, because the A. M. A. is reaching out for homœopathic and eclectic physicians under a cloak of catholicity and toleration.

The work of the A. M. A. against the use of proprietaries has been widely and highly commended, but it may be well to judge the purpose of the campaign by the methods adopted by the machine in pursuing it. The machine has created a Council on Pharmacy and Chemistry, which has laid down rules for the manufacturers of proprietaries to follow. Contravention of any of these rules puts the proprietary under the ban of the Council and of the A. M. A. The advertisement of a banned proprietary cannot be printed in the *Journal of the A. M. A.*, and all physicians are asked to boycott any journal in which it appears.

While it is admitted that a good deal of good work has been done by the Council, it would seem to be evident that the machine has other axes to grind than that of purifying therapeutics. The plan seems to be to wipe out all remedies not contained in the U. S. Pharmacopeia, or not suitable for inclusion in the National Formulary. Develop this idea a little further, and we see all dispensing in the hands of the druggists; and this is openly advocated in a recent issue of the *Journal of the A. M. A.* by a member of the Council of Pharmacy, who says the physician should stick to his last. The benefit from such a policy would accrue largely to the great pharmaceutical houses which supply the druggists, and it has already been openly charged more than once that the Council has been subservient to some of these interests from the beginning, and the question has been asked: "What is there in it for Simmons?"

The North American Journal of Homœopathy is not going to assume the rôle of apologist for the manufacturers of proprietaries. It believes that the more thoroughly its readers are grounded in their special art of prescribing according to the rule of similars, the less need will there be for the employment of any but the indicated homœopathic remedy. But we are not all born prescribers, and our first duty is to the sick, and if we conscientiously believe that the prescription of a proprietary is advisable, we are derelict in our duty to our patient if we fail to act on our belief, even

Digitized by Google

though the advertising methods of the manufacturer may not always conform to our notion of medical and pharmaceutical ethics. The homœopathic physician of to-day is no bigot; if the owner of a proprietary remedy can convince him that his preparation will do more for the patient than the homœopathic remedy, he is broad enough to employ it.

As for discouraging proprietaries by using the National Formulary substitutes, such a plan, even if absolutely honest, is not always without danger to the patient and the reputation of the physician. For instance, Prof. W. H. Harrison, of the Northwestern University School of Pharmacy, in a paper read before the Chiçago Branch of the American Pharmaceutical Society, and published in the April issue of the *American Journal of Pharmacy,* says of Liquor Ferri Peptonate cum Mangano, which is intended as the National Formulary substitute for Pepto-Mangan (Gude):

"When made according to the present formula, with the materials obtainable on the market, the National Formulary preparation may be described thus:

"A dark brown sluggish liquid, with a most offensive odor, not unlike a mixture of ammonia and putrefied beef extract. Taste alkine, saline, and nauseating. It deposits after a time a dirty white sediment, which soon covers the bottom of the vessel.

"The finished product contains about .15 per cent. iron, .145 per cent. or less manganese, and .234 per cent. ammonium hydroxide, the latter serving the sole purpose of developing more offensive odors.

"I have prepared four samples, in each case using different samples of peptonized iron, the finished products being almost identical.

"The trouble with this preparation lies principally with the peptonized iron and ammonium hydroxide, although there is room for improvement elsewhere.

"Of six samples of peptonized iron examined, the products of the principal manufacturers of pharmaceutical chemicals, all showed that putrefaction was in progress. * * *

"In view of the above facts it seems that a satisfactory preparation according to the present N. F. formula is impossible, although with a good sample of peptonized iron it could yield a passable one."

Mr. M. I. Wilbert, a pharmacist member of the Council of Pharmacy and Chemistry of the A. M. A., says in the May number of the above journal:

"This formula directs that commercial ferric peptonate be used. This substance at best is variable, is unstable, and, as usually met with, is decomposed and unfit for use. Commercial manganese pep-

Digitized by Google

tonate, suggested in the alternate formula, is even more unsatisfactory than the ferric peptonate."

Speaking of what he calls "this crazy substitution mania," Dr. Robinson, editor of the *Critic and Guide,* himself a graduate in pharmacy, says:

"I secured samples of the 'official imitations' of arsenauro, antiphlogistine, aristol, lysol, pepto-mangan, Gray's glycerine tonic, Gardner's hydriodic acid, Fairchild's essense of pepsin, Carlsbad salts, glyco-thymoline, listerine, even of such a simple thing as resinol, and not in one instance was the imtation equal to the original in purity, taste, homogenousness, stability, etc. Some of the preparations were absolutely rank, disgusting, and I could not but feel contempt, mixed with indignation, against certain high moguls of pharmacy, who mislead the poor retail druggist and the unsophisticated physician into the belief that their careless, imperfect, theoretical, extemporaneous formulæ will yield products 'just as good' as the standard products, which are the result, perhaps, of many years of chemical or pharmaceutical research and which are prepared in specially adapted laboratories with the utmost care."

This same writer says that "it is a well-known fact that not 5 per cent. of the druggists in the country are capable of preparing even the half-way complex preparations of the U. S. P. and N. F. (such as the organic iron preparations, effervescent salts, etc.)."

The A. M. A. machine should know these facts, and to carry on its propaganda in its present manner in spite of such knowledge is unfair to the thousands of physicians who look to their leaders for guidance, and is cesrtainly detrimental to the interests of tens of thousands of patients.

From a homœopathic viewpoint, if a high standard of therapeutic purity and ethical exploiting among manufacturers of pharmaceuticals were sought, the Abbot Alkaloidal Company and its products would be singled out; and one would naturally expect that this house and its products would be among the first to receive the commendation of a disinterested Council on Pharmacy and Chemistry. But Abbot, in spite of the fact that he is loyal member of the A. M. A., believes in the organization of the medical profession as undertaken by the A. M. A., and says that the general idea of a Council on Pharmacy is all right, seems to have been marked out for slaughter. Why? Is it because he sells direct to physicians and urges them to do their own dispensing, and because in his *Journal of Clinical Medicine* he is absolutely independent and speaks his mind without seeking permission from the powers that be? The machine has used the organ of the A. M. A. to attack him in a most unfair manner, denying him the right to reply, and concentrating its attacks at a time when the financial difficulties of last fall put

Digitized by Google

him in a delicate situation. Dr. Abbot, however, does not need the sympathies of the NORTH AMERICAN; he is ably competent to fight his own battles, and turn the tables on his oppressors. This case is cited to show what lengths a medical machine will go to, with a warning to readers of the NORTH AMERICAN to keep their eyes on a little coterie that was very much in evidence at Kansas City.

THE HOSPITALS OF NEW YORK CITY

AFTER two years of work the committee of prominent physicians and laymen appointed by Mayor McClellan, and known as the Hospital Commission, has completed its consideration of the hospital problem in New York City, and rendered its report.

At present hospitals are maintained by three departments of the city government: First, Bellevue and the Allied Hospitals in the Boroughs of Manhattan and Bronx. These are under the general supervision of the Board of Trustees. Second, the Department of Health, which has charge of the hospitals for contagious diseases. Third, the Department of Public Charities, which has hospitals on Blackwell's and on Randall's Islands, and in the Boroughs of Brooklyn, Queens and Richmond.

The Hospital Commission recommends placing all of the hospitals now belonging to these three departments in one great Department of Hospitals, with an Advisory Board of Trustees and a Commissioner of Hospitals. This scheme would abolish the Board of Trustees of Bellevue and the Allied Hospitals, and remove the hospitals from the Department of Health and the Department of Public Charities. Each of these two departments would still have ample work to do, as their hospitals are only a small part of their respective responsibilities.

A Department of Hospitals would tend to harmony of administration, and would be a great economy in the purchasing of supplies. It would allow of increased efficiency, because of the single administration. It would allow of the development of the Departments of Public Charities and of Health along the other branches of their work.

The Commission finds hospital facilities somewhat unevenly distributed, and recommends the establishment of small hospitals or relief stations in various parts of the city not now well supplied.

A third important recommendation is the placing of all ambulances under the direct control of the proposed Department of Hospitals. Semi-private institutions desiring to maintain ambulance service to do so if they wish, but under the proposed Department.

Digitized by Google

All ambulance drivers and surgeons to be city appointees, all ambulance equipment to belong to the city, arrangements being made with such semi-private hospitals for maintenance and for care of patients brought in.

This would give each ambulance its own particular district to cover. It would also do away with the unnecessary transfer of patients from one hospital to another, which now occurs, and which frequently verges on scandalous inhumanity.

The above are the main features of the report, although there are many minor recommendations. It is to be hoped that the report will be acted on favorably, and that the recommendations will be carried out.

Notes and Comments

Obstetric Surgery—The August *Buffalo Medical Journal* prints an article entitled "Obstetric Surgery," by DeWitt G. Wilcox, M.D., Buffalo, N. Y., credited as Surgeon to Buffalo Homœopathic Hospital. In a footnote it is said that the article was read at the annual meeting of the Maryland State Homœopathic Medical Socity. The NORTH AMERICAN is glad to welcome its Buffalo contemporary among those willing to give to their readers the able ideas of able men, irrespective of the affiliations of their authors. It is particularly commendable that the editor is not afraid to make specific mention of Dr. Wilcox's homœopathic affiliations; but Buffalo has already proved itself more liberal, more enlightened, in this respect than a good many places.

To the Victors Belong the Spoils—Attention is being called to the part Kansas City is to play in the affairs of the American Institute of Homœopathy during the present administration. Look at this list: President, W. D. Foster, Kansas City; member of Council on Medical Education, W. G. Gates, Kansas City; chairman of the Bureau of Materia Medica, L. P. Crutcher, Kansas City; chairman of Transportation Committee, H. H. Baldwin, Kansas City; secretary (in place of Frank Kraft, deceased), Moses Runnels, Kansas City. Such a list would seem to argue that either the president is not very well acquainted outside of his own bailiwick—and it is said that he has been at meetings of the Institute but twice in fifteen years, so you can excuse him on this ground, if you like, or he is redeeming pre-election pledges—to the victors belong the spoils. Which is it, Mr. President?

It is rumored in connection with the appointment to the Council on Medical Education that local pressure, more than the president could stand, was exerted to put a Kansas City man in place of Dr. McConkey, of San Francisco. It is further claimed that the action of the president in filling the vacancy in his cabinet caused by the sudden and lamented death of Dr. Kraft was without

Digitized by Google

precedent and irregular. The appointment of a secretary is done by the Institute and not by the president; and in the interim between meetings the executive committee is the official representative of the Institute as an appointing body. Wonder what the treasuer says! Will he hand out a check to an acting-secretary of the regularity of whose appointment he is not quite sure?

Noise a Detriment to Health—The present action of Police Commissioner Bingham of New York City with regard to street noises has attracted widespread notice, and is a movement beneficial to public health. For some time past there have been established certain hospital zones in the immediate environment of hospitals, within which the making of noise has been restricted. Now the same general idea is to be applied to the whole city. General Bingham's general order to the police force, issued on July 8th, is given here in the belief that readers of the NORTH AMERICAN in other cities can show it to their police authorities and boards of health, and secure, if possible, similar action. The order reads as follows:

"The police force of this city can put a stop to a large proportion of the unnecessary noises which torment the entire population. Not only is it a matter of health and happiness for all concerned that the people of New York should be disturbed at night as little as possible, but there are also thousands of night workers in the city who must sleep in the daytime. It is a part of the duty of the police force on patrol, as the general protectors of the public, to see that unnecessary noise is suppressed. Generally speaking, a public nuisance is an act that annoys, injures or endangers the comfort, health or safety of any considerable number of persons.

"In cases in which the noises are a violation of the laws or ordinances arrests will be made. The unnecessary use of horns, sirens, whistles or bells on automobiles or motorcycles is a public nuisance and a violation of Section 385 of the Penal Code. Hand organs in the Borough of Manhattan are allowed to play from 9 A. M. to 7 P. M. All rails, pillars and columns of iron and steel transported through the streets of the city, causing loud noises, is a violation of the ordinance. No person owning or having animals or birds making unnecessary noise is permitted to keep them. It is unfortunately true that the streets constitute the only playground for thousands of children throughout the greater city, but, even so, the exercise of a little common sense will enable the police to distinguish what is purely unnecessary noise."

The police are directed to suppress the shouting of street hawkers of all kinds; all unnecessary shouting and yelling; unnecessary blowing of steamboat and factory whistles; roller skating on the streets or sidewalks to the interruption and interference of traffic; whistling peanut roasters; unnecessary blowing of whistles or horns on motorcycles or automobiles; letting the exhaust escape from motorcycles and automobiles without being properly muffled; blowing horns or bugles or ringing bells by scissors grinders; yelling of the "old clothes" man; yelling of "extras" at night; kicking tin cans on sidewalk; yelling of carriage barkers at theatres and hotels; flat wheels on street cars;

Digitized by Google

barking dogs; see owners of such dogs and report for action by the Board of Health; commanding officers will instruct each member of their command to see that all ordinances and laws regardingregarding unnecessary noises, both on land and water, and rigidly enforced, and it is made the duty of the precinct captains to inform themselves of the laws and ordinances on the subject of noise and instruct their men.

"The police on duty along the river front will report the names of boats, time and places at which unnecessary whistling is done, and get the name and addresses of witnesses for report to the Police Commissioner.

"The police are often unjustly criticised, but if, by a display of common sense and judicious energy, they effect any appreciable reduction in unnecessary noise, they will not only deserve but have the thanks and support of the entire community."

Improved Ventilation and Less Pneumonia—The weekly bulletin issued by the Department of Health of the City of Chicago calls attention to the fact that there were in that city 413 fewer deaths from pneumonia during the first four months of 1908 than in the corresponding period of last year, and suggests that much of the largest factor in this has been better ventilation. General observation would not lead one to conclude that the lesson of the importance of ventilation had been sufficiently well learned to produce so happy a result; the writer of the article in question has attached too little importance to a number of other factors.

International Tuberculosis Congress—Have you made up your mind to be in Washington some time between September 21 and October 12, so as to be present at the meetings of the International Tuberculosis Congress? If America is to match up to the standard of the other countries in which this congress has met there will have to be an attendance of 10,000, and in the nature of things most of these will have to be physicians. So that national pride as well as self-interest should urge a large attendance of medical men. Certainly it is inconceivable that anyone should come away from the sessions without feeling that he has been repaid for all that it cost him to be present. A most admirable program will be presented; and the subject is so divided into sections as to offer something of value to anyone interested in any phase of it. The leading phthisiotherapists of the world will be present. Full membership in the Congress, with a copy of the transactions, can be had for five dollars. Two dollars secures membership without a copy of the proceedings. Applications should be sent to Dr. John R. Fulton, secretary, Washington, D. C.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Echinacea: a Drug Physiognomy—Characteristics: "Blood-poisoning." Septicemia. Aggravation, nocturnal; amelioration, when recumbent.

Nervous System: Profound adynamia. Prostration. Mental depression. Delirium. Dullness of comprehension. Vertigo. Dreams. Nightmare.

Pains in general: Sharp, sometimes lancinating; oftener, deep, dull with sensation of exhaustion. In the head: sharp pains with periodic congestion of blood to face and neck. In the chest: sensation of great weight upon thorax and sternum. Deep pains in the pectoral muscles (aristolochia).

Digestive Apparatus: Mouth dry, gums bleeding easily, the lips and commissures of the mouth dry and cracked. Chancre. Gangrene.

The tongue is dry, thick, coated, whitish with red edges.

Gangrenous angina, tonsils livid or black; a gray pseudo-membrane extends into the naso-pharynx and air-passages; with fetid discharge from the nose.

Sour eructations; pyrosis, nausea, sensation of fulness in the abdomen distended with gas.

Circulatory Apparatus: Exaggerated cardiac action. Tachycardia with anxiety, anguish.

Fever: Chills, with nausea. Sensation of coldness in the back.

Genital Tract: Puerperal septicemia; suppression of the lochia; abdominal sensitivity, with tympanites.

Skin: Recurring furuncles. Anthrax. The bad effects of insect bites or vegetable poisons. Lymphangitis and ganglionar adenopathy.

Comparisons: Arsenic, baptisia, cistus, hepar, lachesis, rhus.

Echinacea is one of the chief remedies in "blood-poisoning." Its role is extensive. While it permits the organism weakened by infection by pyohemia to rouse itself and develop new powers against the invading septicemia, it acts locally as an antiseptic of the first order. Its local properties are analogous to those of the bichloride of mercury or hydrogen peroxide; its general action is similar to that of the mercuries and iodides so commonly employed, so that it suits malignant affections and the varied forms of septicemia, whether they be primitive, and hence traumatic, or spontaneous (cryptogenetic, as Leube expresses it), or consecutive (secondary bacteremia). The origin of the septicemia is of lesser importance; if we are facing either a true septicemia without special localization or an actual pyemia with suppurative foci, echinacea will often be the remedy of election, provided that the morbid symptoms are matched by those of the pathogenesis.

Echinacea is used in typhoid states with red, dry, ulcerated tongue; gums bleeding and ulcerated; mental troubles; tympanites; diarrhea; putrid discharges; profound prostration;—consequently, in grave typhoid, pneumo-typhoid, grippe, cerebro-spinal meningitis

Digitized by Google

(with profound adynamia), diphtheria (gangrenous and nasal), scarlatina (noma and buboes). Its employment is no less successful in benign pyemias or in localized troubles; furuncles, anthrax, abscess, recent or chronic ulceration. Echinacea suits also the treatment of that curious affection, more common than is believed, and often observed in the young, viz., staphylococci developing into numerous pustules (*pustules de Colles*), scattered about on the cutis.

Finally, echinacea has a remarkable and incontestable action upon the vermiform appendix. It is almost specific in abdominal inflammation, puerperal infection, septic purulent foci in the pelvic viscera, and not infrequently wards off surgical intervention. It is of great aid in convalescence, favoring the elimination of pus and preventing secondary septicemic accidents.

Knowing its principal indications, we may apply it in two ways; internally in the 3x to the 6 cent. it produces excellent results, especially if the doses are frequent. Locally it may be used in lotion or lavage. Compresses wet with the 1x, applied to old cancerous ulcerations of the skin, breast, cervix, will cause the disappearance of fetidity. Frequent lavage with gtt. XX of the 1x in a pint of hot boiled water will rapidly diminish putrid vaginal discharges (puerperal septicemia), and may be used as a gargle in malignant diphtheria.

The wide range of echinacea and its remarkable action collocate it with calendula (local suppurations) and with hepar, of which it seems to be a wonderful complement. Dr. Léon Vannier. *Revue hom. Française.*

Echinacea—This is a remedy wherever you find a depraved condition of the blood in any disease, and one might say a specific antidote to all diseases of blood poisoning, whether showing a great or small amount of cell destruction; as well as being a powerful antidote to snake bites and poisonous insects. It is indicated where there is a tendency to gangrenous states, with sloughing in the soft tissues. In fevers it exercises a direct influence upon the system, by equalizing the circulation. It is an intestinal antiseptic, as shown by its destructive influence upon the pernicious germs as soon as administered. It is a nerve stimulant; that is, when the condition is due to a depraved state of the blood. But when all is said, we find it is indicated in any disease where the change may be manifested in a disturbed balance of the fluids of the body, resulting in cell destruction; such changes, whether they be septic or otherwise, seem to find their master in echinacea angustifolium.

By keeping the action of the remedy in your minds, and following me closely, you can readily see where I have been successful in its use, as all the conditions that I shall refer to are from the use of the remedy in my daily practice.

In sore throat, diptheria, tonsilitis, quinsy, glossitis, and laryngitis you will find wherever you have the dark blue or purpulish condition of the membrances, showing the low state of the blood, that the remedy is indicated. The drug seems to exert a decided influence over catarrhal conditions of the stomach and intestines; in gastritis, fermentative dyspepsia, ulcerative stomatitis, intestinal

Digitized by Google

indigestion, and duodenal catarrh. In these conditions you must not be afraid to give the remedy too often, for your best results will come from one-half to one dram doses, given every three or four hours, in water.

Echinacea is a remedy that should not be forgotten in fevers. My experience has been such that I can lay claim to the wonderful results that some claim for it in febrile conditions. In measles, chickenpox, and scarlet fever it seems to exert a powerful influence, and leave no bad after effects. If you give echinacea angustifolium in scarlet fever you should never fear having it complicated with nephritis or any other complication.

Many physicians claim more for the remedy in malarial fever than others, and I can only say this about the remedy: I have used it in twenty cases without one failure; the disease would soon be under the control of the drug, the chills would not return after several days' use of the drug, and the patients could return to work as if they never had been ill. If the remedy is continued several weeks after the fever is broken up, they will have no return of the trouble, as the remedy seems to entirely rid the blood of the malaria plasmodia. I have watched the blood very closely while giving the remedy, and have found that the red and white blood corpuscles increase in number, and the blood gradually becoming free from the plasmodium.

In typhoid or typho-malarial fever you will get excellent results from echinacea. When you have a great deal of adynamia present the results obtained are very pleasing, as it seems to exert a powerful influence over the condition; the pulse becomes slower and stronger; the temperature lower, and the patient decidedly stronger. In these conditions it will be necessary for you to be able to differentiate its specific action from that of baptisia and rhus tox. Baptisia and echinacea have almost the same action or specific indication. You can tell when to give rhus tox., in preference to it, in that rhus tox. has the dry, red, smooth and red triangular tip tongue, while that of echinacea is dark brown, purplish, or even may be black.

Baptisia has not so great an amount of adynamia present as echinacea, but the tongue and other indications are about the same.

In septicemia you will find that it is a remedy that you rely upon, and it does not seem to make any difference as to the cause of the infection—the effect is the same.

The remedy is of great service in skin disease, locally as well as internally. It seems to act in any form of eczematous conditions, but especially in the moist forms, with glutinous exudations associated with asthenic condition of the system.

In acne, especially where associated with indigestion, boils, carbuncles, pus cavities, chancroids, chancres, old sores, bed sores, and erysipelas or any ulceration, where you find the low state of the system, this drug is very useful. In these conditions when treated with this remedy, they soon disappear, and you do not have a return of them, when you continue the remedy long enough

Digitized by Google

to clean the blood of the poison. Dr. O. L. Massinger. *Eclectic Review.*

Veratum Album—There are three therapeutic conditions for which experience has taught me to tie to veratrum album. First, a peculiar type of mental and nervous difficulties; second, digestive troubles; and third, menstrual disorders. If you have a cranky patient who has a violent, destructive disposition, whose emotions prompt him to spasmodically tear things to pieces and destroy them, and whose religious frenzy impels him to exhort and pray with vehement fury—so much so that he turns pale and cold, and cold sweat stands out on his forehead—and at other times when he is tired and exhausted he is dull, stupid and fearful; whether this be a state of delirium in the course of a running fever or whether it be due to a nervous state of unbalanced mentality:—give him veratrum album 3x and the above symptoms will change or vanish.

Second, if you have a patient who is taken with violent nausea, retching and vomiting, and his blood seems like ice water coursing through the vessels, with cold, clammy sweat, especially on the forthead, who craves ice cold water, juicy or salty things, who suffers with severe abdominal cramps, the intestines feeling as if they were tied in a knot, and who has copious liquid or rice water stools, give him veratrum album 3x, which is powerful enough to overcome all the combined violence above mentioned.

Third, should you have a patient who at times descends into the lowest depths of despair and with a sudden bound she throws her arms about your neck in a spasmodic effort to kiss you, you will remember that the patient is only ill and wants, not you, but veratrum alb. This patient just before her menstrual period comes on is very blue and in a state of utter despair; she may be very hysterical or even violently insane. When the menses begin to make their appearance she passes into a frigid zone. She has violent uterine cramps with rigidity of the body and icy coldness, especially over the abdomen. She suffers excruciatingly, has cold, clammy sweat and is greatly prostrated. Veratrum alb. will not only relieve but it will absolutely cure these cases. Remember that veratrum alb. is a valiant remedy in violent cases. Dr. S. H. Aurand. *The Clinique.*

Clinical Experience vs A Priori Conclusions—Who can deny that the beginning of the end is at hand when what is probably the most widely circulated medical journal in this country with the exception of the *Journal of the A. M. A.*, says to its readers: "But enough of this matter of schools—We grow impatient when the sectarian business is persistently pushed under our noses. We do not care a straw who the man is; what interests us is: Are his ideas well founded or his theories based on truth? Can we obtain from his studies anything which will help us in treating our patients?"

The above quotation is an editorial remark in the *American Journal of Clinical Medicine*, and is called forth by a consideration of a paper read before the Illinois State Eclectic Medical Society

Digitized by Google

by Dr. Jeutzsch, in which a remarkable value in the treatment of diphtheria was claimed for lobelia.

Clinical Medicine, said to be read by one doctor in every four in the United States, dares to criticise the regulars as follows:

"The eclectic school is unanimous in its advocacy of lobelia as being an exceedingly valuable remedy. The regular school is about as unanimous in stating that it is simply an emetic, too irritating and depressing for ordinary use. The eclectic asserts that a remarkable increase of vitality, a sense of well-being and comfort follow the full action of lobelia. The regular states that this is nothing more than that sense of well-being which always follows when a foul stomach is emptied by the action of any emetic whatsoever.

"We have here a diametric opposition of views. Possibly we may reconcile these, or at least comprehend them, when we note the further, most significant, fact that the eclectics, one and all, make free use of this drug, while the regulars, one and all, make no use of it whatsoever. The opinion of the eclectics is therefore based upon actual clinical trials, while the opinion of their adversaries has no basis whatsoever but preconceived, *a priori* conclusions.

"The eclectic of to-day is not the Thompsonian of a century ago, taken from the fields, his hands still grimy with the soil and hardened by the plow. To-day the eclectic is a graduate of a medical college where all the fundamental branches of medicine are taught as thoroughly as at the average regular medical college. The radical difference between the two schools to-day is probably that the regular gives an excessive proportion of time and attention to pathology and surgery, where the eclectic insists that the *summum bonum* of the medical course is found in clinical study.

"Contrary to the usual impression, the eclectic is not limited to the vegetable remedies, but gives calomel and arsenic, or any other remedy he deems suitable for his case."

Insect Stings: Remedies.—In minor stings, such as the mosquito, there are two drugs almost specific—aconite and ledum palustre.

ACONITE has a pathogenesis with a miliary eruption and characteristic pricking sensations, whence its usefulness in such cases. The celebrated Dr. Heermann, who so brilliantly practiced homœopathy in Paris as successor of Chargé, considered its action very certain. While in America making some improvements in his estate he had occasion to ask his laborers to destroy a hornets' nest, and, on their naturally hesitating, he spurred them on by promising immediate relief if stung by the insects. The stinging promptly followed, and, to the great astonishment of the men, a few globules of aconite 30 immediately relieved the pain.

LEDUM, so useful in wounds from pointed instruments, corresponds well to uncomplicated insect-stings. When the sting develops grave complications we have recourse to the following:

APIS is isopathically indicated in the stings of bees and wasps; when there is considerable swelling, possibly dangerous because of its seat on the mucosæ, with extreme sensitivity to contact and pains like hot needles. The urinary tract may become involved.

ANTHRACINUM where the lesion is anthracoid in type, with burning pains. Swelling and induration of tissue, septicemia, bluish or black phlyctenulæ.

ARSENIC with intense burning pain. Threatening gangrene. General condition grave. Adynamia, anxiety, and unquenchable thirst. Fear of death.

Digitized by Google

LACHESIS where the local lesion is very serious. There is bluish discoloration, gangrene, infiltration of tissue. Extreme sensitivity to touch and intolerance of all contact. Nervous adynamia. Threatening cardiac paralysis.

TARENTULA, isopathic to spider-bites, and similar to lachesis in the bluish color of the lesion. There are violent burning pains similar to arsenic and anthracinum, and with the latter it has a common indication in the furunculous lesion. The general condition is one of extreme agitation, a constant moving about. Dr. Henry Duprat. *Le Propagateur de l'Homœopathie.*

Summer Diarrhea.—The remedy which seemed most often indicated was cuprum arsenicosum, twenty-two cases having received that remedy. Of these seventeen were cured with no other medication. In one case this remedy proved curative after antimonium crudum had failed to relieve, while four cases showed no improvement at all after the cuprum arsenicosum, but were promptly cured by other remedies. In the majority of these twenty-two cases the remedy was given in the 6th decimal potency. A few cases received it in the 3d decimal potency.

Next in frequency to cuprum arsenicosum, chamomilla and sulphur were apparently indicated. Sulphur in the 30th centesimal potency seems to have caused marked improvement in seven cases, in three of which other remedies has failed to relieve, and in one of which it was found necessary to prescribe another remedy to complete the cure. Chamomilla in the 3d decimal potency was also beneficial in seven cases. In all of these cases chamomilla alone completed the cure; in three cases after other remedies had failed. The remaining fourteen cases in the series were cured by a variety of other remedies, no one remedy having been indicated in more than two cases. In ten of these cases a single remedy alone was sufficient to complete the cure, while in four it was found necessary tomake a second prescription.

No one case was under treatment more than a week. The majority were cured in two to four days.

No other remedial measures than those mentioned above were used at any time. Rectal irrigations were not used, neither was castor oil administrated.

In studying these records, the extreme frequency with which cuprum arsenicosum has been curative is perhaps the most striking feature. In view of this, it may be worth while to enumerate the symptoms which most frequently led to the selection of the remedy. Frequent *green stools* containing mucus, accompanied by sharp *cramps,* so severe as to make the infant cry and cause it to draw the knees up, marked *prostration,* especially after stools, and *thirst,* were found to be the most valuable symptoms. In addition to these there was frequently marked emaciation, pallor or blue drawn expression to the face, coldness of the extremities, excoriation of the skin around the anus, and not infrequently spasmodic abdominal pain without a movement of the bowels. Dr. R. A. Benson. *The Chironian.*

Digitized by Google

Vol. LVI OCTOBER, 1908 (Volume XXIII Third Series) No. 10

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE SERUM OF THE EEL'S BLOOD

By Dr. Eduardo Fornias

Philadelphia, Pa.

IT was Professor Angelo Mosso, of Turin, Italy, who discovered the toxicity of the eel's blood and who studied its toxic effects, but to Dr. P. Jousset, of Paris, a distinguished homœopathic physician, belongs the credit of having employed for the first time this attenuated ichthyotoxin in the treatment of heart diseases.

The poison contained in the blood serum of the muraenidæ (anguillidæ) is shown by Mosso to be of the same nature as the poison of the viperæ, and this authority considers that this substance is probably a proteid, an opinion likewise held by Kobert concerning the poison of spiders. The large spider, Lanthrododes tredecimguttatus, which occurs in the south of Russia, contains poison in all parts of its body, even in its legs and undeveloped eggs. If this poison be introduced directly into the blood its effect is more potent than strychnin or hydrocyanic acid, although it has no action in the stomach and is destroyed by boiling (Bunge).

Oppenheimer states that by its occurrence as a normal product of animal life it is related, on the one hand, to the snake-venoms, which are also found in the blood of poisonous snakes; while, on the other hand, in its hemolytic function it recalls the agglutinating toxins of the vegetable kingdom; and yet again shows a certain relationship, as regards this property, with the hemolysines of the normal sera of different animals, which, according to Ehrlich, are also not simple "alexines," but "receptors" of the second class provided with amboceptor and complement.

A. Mosso found that the blood of poisoned animals lost its

Digitized by Google

power of coagulating, and this was confirmed by Delezeme, who compared its action with that of propeptones. Then came the notable work of Kossel and Camus, who discovered the solvent action of eel's blood poison upon the blood, and showed that immunity could be produced against it, and that it formed an antitoxin.

From all the known facts it is evident that the most virulent products of bacterial metabolism are either the proteids or substances which have solubilities similar to those of the proteids, and hence are precipitated with them. Most authors who have worked on this subject adopt the former view and therefore called these poisonous substances toxalbumins (Bunge). But, as seen above, the toxalbumins are not exclusively confined to bacterial products, but have been also found to exist in the animal kingdom. Thus all recent workers on the poisonous secretion of snakes have come to the conclusion that the active toxic principles belong to the group of proteids.

The discovery was made by Tchistovitch (1899) that when rabbits, dogs, goats and guinea-pigs were inoculated with eel-serum, which is toxic, an antitoxic serum was obtained from these animals. But the serum was not only antitoxic; it also produced a precipitate when added to eel-serum, though not when added to the serum of any other animal. In other words, not only has a specific antitoxin been produced, but also a specific precipitin. Numerous observers have since found that this is a general rule throughout the animal kingdom, including man (Halliburton).

The cell poisons, or cytotoxins, of animal origin set up the production of special anti-bodies, or anticytotoxins; and the consideration of these latter has a very special interest for those who study the question of immunity from a general point of view. It should also be borne in mind that the first discovery of these anticytotoxins was made in connection with the study of the toxic power of the blood-serum of eels.

Camus and Gley (1898), and, independently of them, H. Kossel (1898) had already demonstrated that animals when treated with increasing doses of eel's serum acquire an antitoxic property which protects their corpuscles against the hemolytic action of ichthyotoxin, or the toxic substance of the blood of the eel; but it was the discovery of Tchistovitch, a year later, that added to it new and interesting data.

When antitoxin serum is mixed *in vitro* with red blood corpuscles of the species which furnished the serum, and there is added to it some hemolytic eel's serum, it will be found that the red

Digitized by Google

corpuscles remain quite unaltered. In the control tubes, however, in which the anti-toxic serum is replaced by normal serum of the same species, the red corpuscles are very readily dissolved under the toxic influence of the eel's serum. In rabbits that are treated with this latter fluid there is established not only an antitoxic power of the blood, but the red corpuscles acquire a resisting power more or less pronounced against the ichthyotoxin of the eel's serum. When the red corpuscles are separated from the serum of rabbits treated with eel's serum, and some icthyotoxin is added to them, solution very often does not take place at all. According to the experiments of Tchistovitch, there is no direct relation between this acquired resistance and the antitoxic power of the blood. Sometimes even a kind of antagonism is observed between the two properties; that is to say, the red corpuscles of a rabbit whose serum is very antitoxic may be extremely sensitive to the poison of the eel, whilst the converse may also hold good (Metchnikoff).

Camus, Gley, and Kossel, independently, have also arrived at the result that the red corpuscles of immunised rabbits, from which the serum has been carefully removed, are not dissolved when submitted to the action of ichthyotoxin, whilst the red corpuscles of untreated rabbits placed under the same conditions undergo a rapid solution. Then, again, it was Tchistovitch who for the first time demonstrated, at the Pasteur Institute, in Paris, that the resorption of the blood-serums of the eel and horse by the organism of the rabbit excites in the blood of the latter animal the production of specific precipitates. The blood-serum of rabbits that have been vaccinated against the toxic eel's serum gives a precipitate with eel's serum; the serum of rabbits treated with horse's blood gives a similar precipitate with horse's serum, etc. This property has since been confirmed and studied by several observers, who have made use of it for the recognition of human blood in medico-legal investigation.

So we can see that there is concurrence of opinion on this subject, and that we must accept that the red corpuscles of these animals are often very sensitive to the action of the poison at a period when the blood-serum of the same rabbit exhibits a marked antihemotoxic power. It is not until later in the process of immunization, when the serum loses a great part of this power, that the red corpuscles become resistant to the ichthyotoxin.

But, says again Metchnikoff, before we abandon the hypothesis of the production of antihemotoxins by the red corpuscle, we must see if it cannot be reconciled with the facts by the application of

Digitized by Google

EHRLICH'S SIDE-CHAIN THEORY

Ehrlich considers the toxins capable of uniting with the protoplasm of the living cells, and this by possessing groups of atoms like those by which nutritive proteins are united to cells during normal assimilation. He terms these haptophore groups, and the groups to which these are attached in the cells he terms receptor groups. The introduction of a toxin stimulates an excessive production of receptors, which are finally thrown out into the circulation, and the free circulating receptors constitute the antitoxin. Ehrlich's theory then was evolved with the object of explaining the production of antitoxins and their action on bacterial and vegetable toxins. Later, "Ehrlich has extended it to the cytotoxins, anticytotoxins and bactericidal substances; but the lesson to be taught here is that the toxin-molecules contain an atomic group which poisons—the toxophore; and another group which combines with the receptor—the haptophore."

The toxic group of a complex poison, such as ichthyotoxin, cannot penetrate into a red corpuscle except by the help of the haptophore group and of the corresponding receptor. When a red corpuscle has absorbed a large number of molecules of ichthyotoxin, the united action of the toxophore group renders life impossible and the corpuscle is dissolved. But when a red corpuscle has been touched by only a few toxic molecules, too few to compromise life, there is merely immobilisation of the receptors which are combined with the haptophore groups of the ichthyotoxins." As these receptors fulfil an important function in the nutrition of the red corpuscles, the latter reproduce them in larger numbers than were originally present. We know that in the phenomena of repair an overproduction of new-formed parts often takes place, and, according to Ehrlich, to this overproduction the presence of antitoxins in the fluids of the body is due. The receptors, developed in excess by the red corpuscles, fill these cells, and no longer finding room therein are extended from them and overflow into the blood and other fluids of the organism. When a fresh injection of toxin makes its way to the blood it there meets with a number of free receptors, endowed with an affinity for the haptophore group of the molecule of the toxic substance. The chemical combination between the two substances takes place at once in the plasmas, a fact which prevents the haptophore group of the toxin from uniting with the receptor of the red corpuscle and so injuring the cells by introducing the toxophore group into them. According to this theory, the same receptors which, in the free state in the fluids, fulfil the antitoxic function, become in the interior of the red corpuscles the vehicles

Digitized by Google

of intoxication, and consequently fulfil a philotoxic function. This opposite rôle of the receptor has often been compared to a lightning-conductor; so long as the receptors are attached to the molecule of the living protoplasm, they attract the toxin just as the lightning-conductor attracts the lightning when it is badly insulated. So interpreted, it is easy to conceive that the red corpuscles of animals whose fluids are antihematoxic may be sensitive to the toxic action of the eel's serum, as has been observed by Tchistovitch: "As soon as the protective fluids have been removed from the red corpuscles of the immunised organism, the corpuscles, when placed in contact with ichthyotoxin (eel's serum), attract the haptophore groups of the poison by means of their numerous receptors. These haptophores in their turn introduce the toxophore groups, which dissolve the red corpuscles without the slightest difficulty." This theory, however, does not explain the cases which are numerous, in which the red corpuscles of rabbits that are vaccinated against eel's poison resist the poison" (Metchnikoff).

"But we must admit that Ehrlich's theory is an ingenious idea, conceived to bring into harmony a certain number of observed facts; and in the present state of our knowledge it cannot be subjected to rigorous experimental test. Then, again, many well-established facts are not in complete accord with this hypothesis. According to it, the antitoxic immunity resides exclusively in the body fluids; the living cells, instead of acquiring immunity, become more and more susceptible. Under these conditions it is difficult to conceive of an immunity against poisons of the simple organisms; nevertheless, this certainly exists." "A plasmodium, which becomes adapted to all kinds of toxic substances, acquires an immunity against them, and this is due to changes taking place in the living elements; it is not the result of modification in the toxic fluid which bathes them. This biological adaptation is observed in the case of physical factors which may interfere with the life of these primitive organisms. On the other hand, it must be accepted that the living cells of a complicated and higher organism may also acquire immunity against toxin. The first example of this kind was known in relation to red corpuscles of mammals vaccinated against the toxic serum of the eel. Whilst the body fluids of immunised rabbits became antitoxic, their red blood corpuscles, when completely freed from the serum, in certain cases resisted the action of the eel's serum." It must be admitted, says again Metchnikoff, that in this example we have an acquired immunity of the cells similar to that met with in lower organisms.

Finally, what has been quoted, particularly by Metchnikoff,

Digitized by Google

conclusively shows that the blood of the eel behaves as a true toxin, and that, by subcutaneous or intravenous injection, it can produce immunity in susceptible animals, and particularly so in the rabbit, which usually stands the dose well. Dogs are also very susceptible, but yield only weak antisera—the lethal dose, according to A. Mosso, is 0.02 c. c. per kilo—whilst the hedgehog is almost refractory. According to Tchistovitch, it is very difficult to immunise guinea-pigs, since they usually succumb. Goats, on the other hand, appear to be susceptible to the poison. Hens and pigeons yield only traces of antitoxin, and that, too, only against the blood-solvent action *in vitro*. Pigeons are very susceptible, although their erythrocytes are hardly attacked at all by eel's serum.

The formation of antitoxine is very rapid, and even after three or four injections a serum is obtained of about 1/10 to 1/20 the neutralising strength—*i. e.*, from 10 to 20 C. C. of serum are required to neutralise 1 C. C. of eel's serum.

This is, more or less, what we know to-day of the eel's serum as a toxic fluid, and we can readily see that the objective point of the experiments of our old-school friends is immunity. It has not occurred to them yet that a toxic substance of the nature of eel's serum properly attenuated may become a valuable therapeutic agent. As homœopaths, it behooves us, however, to look into the claims of Dr. P. Jousset, of Paris, who has successfully employed this ichthyotoxin as a therapeutic agent in certain cardiac affections. This authority has compiled a short pathogenesis, derived from the physiological action of this serum, as observed in laboratory experiments, and he asserts that his therapeutic application of the eel's serum has been in accordance with the law of similars. No less essential for us is it to find out the manner in which this serum is obtained in its purest state.

Camus and Gley (*"Recherches sur la physiologie du sérum de l' anguille"—Arch. Internat. de Pharmacodyn,* 1898), procure it by taking the blood, by means of a sterilised pipette, from the aorta of the eel, placing it in a sterilised vessel, and either allowing the serum to separate spontaneously or with the aid of centrifugal force. Thus they obtained about 0.6 c. c. from 100 grms. of the fish. The serum from this source has a slight green color, frequently of a yellowish hue, and it can be kept for a long time unaltered if protected from light. A. Mosso has shown that this serum possesses exactly the same physical and chemical properties as all toxins; that it is destroyed by heat, acids, alkalies, etc.; that it could resist drying *in vacuo;* and that it was not dialysable. It was insoluble in alcohol 90%.

Digitized by Google

It is claimed, that in obtaining this serum, one should bear in mind that the toxic effects of the blood of different eels varies often considerably, according to the origin from which the fish is derived. The year has also marked influence on the toxic quality of the serum, as has also been observed in the case of snake venoms (Wehrmann).

There seems, however, to be a disposition to mistrust the above serum, and through the kindness of my friend, Dr. Congosto, of Bordeaux, I have been able to obtain the process employed in France by our school to prepare the ichthyotoxin in its purest form. It is as follows:

A large river eel, healthy and living, is attached to a board by head and tail, and with aseptic hands and instruments incise the thorax and abdomen of the fish, being very careful to avoid the liver. Once on the pericardium, the lips of the incision are steadily held with forceps or pincers and the aorta is uncovered. A few sterilised pipettes should be on hand, and these should not be very capillary, as otherwise the coagulated blood would obstruct the tube. One of these pipettes is now introduced in a section of the aorta, when each beating of the heart will raise up the blood into the pipette. The next step is to pour the blood thus obtained into a sterilised flask with a wide mouth and allow it to rest. Finally, decant with precaution into another sterilised flask, being careful not to touch the clot formed at the bottom.

To prepare this serum for our uses we mix a gramme of it with nine of neutral glycerin (sterilised), and this attenuation constitutes our mother tincture; 0.50 of the first attenuation mixed with 4.50 grms. of the neutral glycerin forms the 1x dilution; 0.50 of 1x attenuation with 4.50 grms. of glycerin makes the 2x dilution; 0.50 of the 2x attenuation with 4.50 grms. of alcohol makes the 3x dilution.

As stated above, only Dr. P. Jousset has so far endeavored to collect in due form the physiological effects of the serum of the eel, and, although scanty, we have already a pathogenesis, which gradually becomes enriched by new experiments and researches, and which undoubtedly will become still more valuable the day we find a man of Hering's temper to undertake a proving on the healthy human organism.

Jousset was led to the study of the eel's serum, and to its use in disease of the heart, by the researches and observations of Mosso and Phisalix, who demonstrated the great analogy existing between this serum and the venom of the vipera. Jousset has also found that this ichthyotoxin acts energetically in the rabbit, and that when

Digitized by Google

injected in the marginal vein of the ear, after reduction by physiological serum (salt solution), the day following the urine contains blood and albumin. The pulse goes down to rise again, and under stronger doses (8 to 10 drops) it becomes intermittent. The urine is also very abundant at first, and always contains albumin, but on reaching the dose of 8 to 10 drops the quantity of the urine decreases, and then anuria and diarrhea put an end to life.

There are corroborative evidences that even 3 or 4 drops of the serum injected in a rabbit, as above, are sufficient to produce albuminuria and oliguria, and death by anuria. At the post-mortem the changes noticed are the renal lesions of parenchymatous nephritis and hepatic alterations analogous to those found in infectious diseases. The lesions are especially intense in the liver and kidney, and they can be kindled up by necrosis of coagulation and vascular degeneration. The principal affection of the heart is myocarditis. This organ presents a certain number of lesions, which Jousset has found to be somewhat less advanced; among them, some rare granulations in the muscular fibre and in isolated capillary-walls; some degeneration of the muscular fibres, and masses of round cells with nuclear multiplication in these fibres. On a longitudinal curve he noticed distinct constriction of the fibres, and, under a transverse section, vacuoles in a certain number of them.

To these notable effects we may add the observations of A. Mosso, who asserts that subcutaneous injections of the serum produce necrosis and abscesses. He states that the course of the poisoning takes two distinct aspects, according to the dose. Rabbits die in convulsions in a few minutes after a dose of 01. c. c. per kilo of a very active serum, while, sometimes, there is also a flow of saliva and of blood in the urine. Myosis is hardly ever absent, and sometimes exophthalmus occurs. These effects are attributed by Mosso to paralysis of the vagus, preceded by stimulation. With small doses, or a weak poison, however, conditions of paralysis are also produced, together with fine tremors, areas of local anesthesia, dyspnea, salivation, cries, etc., and finally death after a few hours or even days. Loss of weight always precedes dissolution (Kossel).

Similar results have been observed with guinea-pigs. When very large doses are given death occurs so rapidly that sometimes even the convulsions fail to appear. In the first case, therefore, the bulbar symptoms, especially the rapid paralysis of the respiratory centre, predominate; in the second case, the spinal symptoms. The peripheral nerves of the respiratory centre do not lose their capacity for being stimulated (Oppenheimer).

Digitized by Google

In the case of the frog A. Mosso was able to prove that the excitability of the nerves and muscles rapidly decrease; sensation, especially of the hind legs, disappeared before the power of motion, probably, says this authority, through the destruction of the tracts from the spinal cord to the brain. The isolated heart of the frog was not affected.

In warm-blooded animals the pressure of the blood rises immediately after the injection, and then sinks. The action of the heart abates and becomes irregular, but the heart still continues to beat after death (Bardier: "Action cardiaque de serum d'anguille. 1889). After very large doses, however, it was found by A. Mosso that the animal died very rapidly from paralysis of the heart, while breathing still continued for a moment. Dogs also die from paralysis of the heart when artificial respiration was employed. The autopsy showed congestion of the intestinal tract, lungs and suprarenal bodies; severe lesions of the kidney, even when death was rapid (Pettit: "Altérations rénales consécutives à l'injection du sérum d'anguille," 1898), hyaline degeneration, and swelling of the cells. Blood was present in the urine in the bladder.

Serious alterations in the nervous system, resembling those produced by tetanus, were detected by Westphal by means of Nisel's method (Oppenheimer).

Thus we see that the effects produced by this ichthyotoxin are very similar to those caused by ricine, snake-venom, etc.

A. Mosso further asserts that eel's serum has no action when introduced into the stomach, though it is poisonous when injected into the small intestines, showing conclusively the selective power of the cells. But serious cases of poisoning in man after eating eel's blood have been recorded, and C. Oppenheimer mentions one, reported by Pennavaria (*Farmacista Italiano,* 1888).

Camus and Gley (*"Recherches sur l'action physiologique de Serum d'Anguille,* 1898) state that eel's blood has a powerful hemolytic influence upon the blood even in the body. According to these authorities the iris becomes tinged with red; areas of hemorrhage occur, and exudations of blood into the peritoneum, while erythrocytes and hemoglobin are found in the urine. The arterial blood contains hemoglobin. As a rule, the resistance of the erythrocytes is so weakened by the addition of 1/1000 to 1/10000 parts of eel's serum that they give up their hemoglobin, even to a 0.7 per cent. solution of sodium chloride, whereas the normal corpuscles of rabbit's blood do not part with it until the dilution of the salt solution reaches 0.48 to 0.5 per cent. It is particularly interesting, says Oppenheimer, that, according to H. Sachs, new-born rabbits have

Digitized by Google

a relatively high power of resistance and do not acquire suitable receptors until a later period of life. The addition of other sera has no influence upon eel's serum, but it is destroyed by heating it to 55° C. The solvent action does not take place at 0° C., but it is very energetic at 23° C.

The eel's serum as a therapeutic agent has a short but interesting history. It was in 1906, when the *"Nouvelles Lecons de Clinique Medicale"* of Dr. P. Jousset appeared, that for the first time I learned the esteem in which this serum was held by this authority for the treatment of asystolia, a syndrome characterized by weakening of the heart's contraction, diminution of the arterial tension, and increase of the venous expansion, and as a result of this cardiac insufficiency we usually have pulmonary congestion, hemoptysis, dyspnea, peripheral stases, edema, anasarca, hypertrophy of the liver, ascites, congestion of the kidneys, oliguria and renal insufficiency.

And as Jousset still adds, this impairment of the cardiac muscle is the essential condition of all asystolias. This enervation is caused by two mechanisms: The first is the direct paralysis of the muscular fibre; the second is connected with myocardial degeneration. The lucid description of the two processes, given by Jousset, are worthy of reproduction here. He states that the asystolia dependent on paralytic weakness of non-altered muscular fibres may be due to compression of the pneumogastrics by a ganglionic tumor, or to an affection of the bulb; but that more frequently it is the result of a morbific agent acting directly upon the cardiac muscle, as in diphtheria, grip, typhoid fever and eruptive fevers; the course here is acute and the termination fatal. It may occur independently of any pre-existing cardiac affection.

On the other hand, he asserts that the asystolia due to alterations of the myocardial tissue is almost always connected with a degeneration, with a sclerotic state of the muscular fibre. It is always the result of an interstitial or parenchymatous myocarditis, general or localized. When the cardiac muscle is thus altered, the least occasional cause, such as muscular efforts, emotions, excesses of any kind, especially in alcoholic drinking, may determine the asytolic attack."

He further states that the myocarditis which produces the degeneration of the muscular fibre may be primitive, but more frequently it is dependent upon an endocarditis or a pericarditis. When primitive, the myocarditis usually supervenes during the course of typhoid or eruptive fevers, of diphtheria, of grip, or of acute articular rheumatism, and it should always be distinguished

Digitized by Google

from the above-mentioned direct paralysis of the muscular fibres, which is likewise due to a morbific intoxication.

Secondary myocarditis, which is the most frequent, is connected with a pericarditis, or, more frequently, with an endocarditis. It is this variety, the one that represents the necessary condition for the asystolic attacks observed during the evolution of valvular lesions. It is this form of asystolia, the one with which Jousset particularly deals.

As stated above, Jousset was led to the study of the anguillidæ serum by its resemblance to the serum of the viper, which he could not easily obtain. He claims that, clinically, this ichthyotoxin has a very efficacious action upon the functional diseases of the heart—mitral insufficiency, asystolia, with or without edema, dyspnea and oliguria.

Jousset, again, in the session of the 11th of March, 1908, of the "Sociéte Française d'Homœopathie," stated that ten drops of the IX of this toxin is sufficient to re-establish diuresis. Its action is very analogous to digitalin. Digitalin 3x, 40 to 50 drops in three doses, has more positive action than eel's serum in asystolia, but when it is necessary to maintain a re-established compensation the serum is preferable. He has found that when digitalis does not act favorably the serum will.

Both these remedies, however, have their indications. Digitalin is indicated in asystolia, wth arterial hypotension and anasarca; it re-establishes tension, increases arterial tension and indirectly causes diuresis without interfering with the kidneys. The eel's serum, on the other hand, has a more complex action upon the liver, kidney and heart, and, clinically, it should be given when digitalis fails, and in order to maintain compensation after digitalis. Asystolia, cardiac liver and albuminuria are the symptoms calling for the serum.

In the discussion which took place at this meeting Dr. Jousset, Sr., recalled the observation made at a previous session about a case of heart trouble with threatening uremia where 50 drops of digitalis had no effect whatever, and digitaline 6 gave the same negative results, but eel's serum brought about a rapid diuresis, which ceased, however, at the end of ten days, with recurrence of the trouble. In this case the organic barriers of Huchard, and the fact that there was renal obstruction, led Jousset to prescribe calomel with good effect. The next day Dr. Paul Tessier, in charge of the service, gave crataegus tincture, 30 drops, with the result that diuresis was again restored.

And so we have that the choice of a remedy in such morbid states, according to French authorities, stands between the eel's

Digitized by Google

serum, digitaline and crataegus. Jousset claims that these remedies are not diuretics. Remedies known under this name, he says, do not act upon the kidneys; they have an influence upon the disease which causes the oliguria. All these remedies, he repeats, can be called diuretics only under the supposition that they produce the disease which causes the diminution of the urine. Jousset, Sr., made also the remark that if crataegus caused the patient to urinate, it was because it contains a substance called propylamène, experimented by Guibert and Dr. Nimiaz, of Venice.

Other physicians taking part in the discussion were: Dr. Cartier, who stated that digitalis is convenient, above all, when the pulse is irregular and small, with edema and oliguria. Dr. Schmitt thinks best to give theobromine before digitalis, in order to open the kidneys and favor the action of the second remedy. Dr. Léon Vannier was glad to come to the support of Dr. Jousset's statement with the observation of a patient 58 years old, who, on leaving his employment, caught a cold, which resulted in sudden congestion with acute consecutive nephritis. In the evening he found his patient in a semi-comatose condition—somnolence, mental dulness, red face, very rapid pulse—a state for which he prescribed opium 30; and detecting, after urinary analysis, the presence of 4.50 grammes of albumin in about 600 grammes of the 24 hours' excretion. The following day the patient recovered consciousness, but exhibited edema of the lower lids, pronounced lumbar pains, diminution of the urine, and a marked second aortic sound, with slight *bruit de galop*, for which he administered, mornings and evenings, a tablespoonful of eel's serum, 6th, 20 drops in 200 grammes of water. Nine days after the albumin, which gradually had diminished, entirely disappeared, and the heart was left in a normal state.

In the course of the same meeting Jousset again stated that he never had the occasion to give the eel's serum for a purely renal trouble, but that in the case mentioned it was well indicated for the first symptoms. Observed and verified, during the experiments with rabbits, were always the oliguria and albuminuria. He never prescribed more than 10 drops of the 1x dilution.

The same authority made another interesting and instructive report on the subject at the session of the French Society, 8th of January of the present year. The case reported was one of rheumatic endocarditis, with mitral insufficiency and stenosis, as well as hypoasystolia, in which cactus, digitaline, theobromine, apis, strophanthus, vipera torva, spigelia, colchicum, aconite and the eel's serum were prescribed.

This report gave the members of the society another oppor-

Digitized by Google

tunity to hear of the practical indications of this new therapeutic agent, and of its value compared with digitalin. This latter remedy, said Jousset, is a common and classic one, hence very little need be said about it; but we should never forget three symptoms which imperatively demand its employment, namely: the weakness of the cardiac muscle, revealed by the smallness and intermittency of the pulse, and the oliguria and anasarca.

Cystallized digitaline, in a dose of 30 to 50 drops of the 1/1000 (3x) solution, given in two parts during the daytime, replaces with advantages the maceration of the leaves, formerly prescribed. Its action is more sure and rapid, and its administration easier. As a rule, at the end of twenty-four hours, the increased flow of urine and the amelioration of the general symptoms announce its good effects. But a fact to which I particularly call your attention is that the favorable influence of digitaline, when given in sufficient doses, 30 to 50 drops during the day, continues for four, six, eight and twelve days, if not interfered by the untimely administration of any other remedy, and that digitaline is the type of a good remedy, for it is, first, perfectly homœopathic, as it cures the asystolia it produces, and then, it constitutes a clear demonstration of the Hippocratic aphorism: *Natura medicatrix*. Its action, in fact, does not go directly to extirpate the disease, but it modifies the organism, which by its own forces combat the morbid process.

In the *"Revue Homœopathique Française"* of February last he again claims to be the first who introduced the eel's serum in the treatment of kidney and heart disease, and knowing to-day that it is a legitimate claim it certainly should be our duty to maintain and protect this priority of our school.

To sum up, from Jousset's reports and the experiments of Mosso and Phisalix, we may well conclude and accept that eel's serum produces both albuminuria and hematuria, with a consecutive lowering and rising of the pulse, which under a large dose also becomes intermittent, and as later symptoms we have anuria,and often a terminal diarrhea. The chief lesions are hepatic and renal, and may terminate in coagulative necrosis or vascular degeneration; and those of the heart, although not far advanced, consists of rare granulation in the muscular fibres and capillary walls, as well as degeneration of the muscular fibres with masses of round cells and nuclear multiplication.

706 West York Street.

Digitized by Google

THE LEDUC CURRENT IN ANESTHESIA AND THERAPEUTICS

By WILLIAM HARVEY KING, M.D., LL.D.

New York City

DR. LEDUC, of Nantes, France, has lately called our attention to a special form of interrupted unindirectional current and its power to produce a state of anesthesia in animals. The peculiarity of this current is that it has a special rhythm of interruptions. The current has been described as of low tension, with interruptions at the rate of 100 per second, and the duration of each impulse 1000th of a second. The apparatus, however, that I have used, which was made by the Wappler Electric Controller Company, has a great variation in these two respects. As the current employed is what has been popularly known in electric therapeutics as the galvanic, it is of very low tension and of large quantity as compared with other electric currents used for therapeutic purposes. The current from an incandescent circuit of 110 volts pressure is employed, and this is passed through a double shunt for the purpose of reducing the voltage.

A motor is employed for the purpose of interrupting the circuit. It is important that this motor be of such construction that it will run smoothly without heating. On one end of the shaft are placed sectors, over which a contact brush glides. These sectors should be so arranged that the periods of closure range from one-tenth of the cycle of the interrupted period—one-tenth closed and nine-tenths open—up to nine-tenths closed and one-tenth open, varying by the tenths. On the other end of the shaft of the motor is attached a speedometer, which registers accurately the number of revolutions the motor is making. This latter device is very important. The speed of the motor should be controlled by a rheostat of wide range. It will be seen that with this apparatus a great variation of interruptions can be obtained. It is important that the apparatus should be supplied with an accurate volt meter, as well as a mill. amp. meter, which should be graded to the fifth of a m. a. The current should be controlled by a double shunt wire controller, as the variation of one-fifth of a m. a. on occasion makes a very great difference.

The current as administered in France to animals was given with about 6000 interruptions per minute, the closure being one-tenth of the cycle. One electrode, the cathode, was placed over the forehead, and the anode over the spine in the region of the

Digitized by Google

kidneys, the hair having been previously shaved off. The current was turned on gradually until the animal became insensible, and when the current was turned off the animal became conscious almost immediately.

My own experience so far as the anesthetic application is concerned has been limited to four animals, one man and one woman. Three of the experiments on the animals were performed by Dr. W. H. Dieffenbach and myself in the clinic room at the Flower Hospital. With these applications the current was interrupted 6000 times a minute, and the period of closure with each cycle of interruption was one-tenth. The first trial was made on a small dog. Three volts and one and one-half m. a. maximum current was used. During the second minute of the application there was a stage of excitement as in chloroform anesthesia. During the third minute of the application the animal was apparently completely anesthetised. However, on increasing the current strength even though slightly there was an apparent recurrence of the stage of excitement for a minute, when anesthesia was again complete. A second increase in strength produced the same results. After the seventh minute, however, anesthesia was complete, and in this state the animal was kept for twelve minutes. In one minute from the time the current was turned off the dog was apparently in as normal condition as ever.

The second attempt was made on the same animal with similar results, and on this occasion the dog's tail was amputated. It was noticed that under the pain of the operation the dog slightly came to, and it was necessary to increase the current strength, with the usual result of a slight stage of excitement, but after this the operation was completed without any further sensation or incident. This time the animal was under the influence some twenty-five minutes. When the current was turned off he at first appeared dazed, staggered as he walked for the first few minutes and did not seem especially bright. Three hours afterward he vomited, and then immediately became as bright and playful as before he was anesthetised.

The third experiment that we made was not entirely successful. The animal was a young hound. The stage of excitement was the same as in the preceding instance, but we failed to completely anesthetise him. On examination we discovered that the head electrode, which had been placed in position by one of the assistants, was not placed well down upon the brow, but was more on the top of the head. Subsequent experiments have demonstrated to my satisfaction that this was the cause of the failure, and that with

Digitized by Google

either man or beast one of the essentials of success in the technic is the placing of the head electrode so as to encompass the whole of the cerebral mass. In all three of these experiments there was some disturbance of the respiration during the stage of excitement, but that was all. The heart's action was not at any time materially affected.

The fourth experiment was performed before a number of physicians, in which I also had Dr. Dieffenbach's able assistance. This experiment was made with 4500 interruptions per minute; the current was turned on quickly up to seven volts and two m. a. the one-tenth period of closure being the same as in the other experiments. The stage of excitement was on in fifteen seconds, and in fifty-five seconds the animal was completely anesthetised. We were very careful in this experiment to place the electrode well down to the eyes. And again to emphasize I repeat this as a very important point in the technic.

My first experiment on a human being was upon a man who has suffered for years with a severe congestive headache, present more or less all the time, necessitating the taking almost daily of some of the coal tar preparations to relieve it, and with periodicity of attacks so severe as often to confine him to his bed for one or two days. He is an experienced literary man above the ordinary in intelligence. After the experiment he wrote his experience, and I here simply quote it. Previous to the experiment the current was given on the spine, the positive electrode being placed over the lumbar region and the negative over the occiput, while on one occasion the positive had been placed in the epigastric region. It is these treatments to which he refers in his notes. The experiment was started at four volts and one-half m. a., the interruptions were 6000 per minute, and the closure occupied one-tenth of the cycle:

"With one electrode applied to the base of the spine and the other to the back of the neck and the current turned on I felt a slight pricking at the base of the spine, while on the back of the neck there came a fluttering or palpitating sensation not very pronounced, but also accompanied by a slight pricking. The headache was not relieved, but the headache pain shifted toward the left temple. This is a common, almost regular, feature of my severe headache attacks, the headache feeling generally concentrating in one or the other temple and then becoming more severe. In this instance there was only this difference: the shifting and concentrating of the pain came earlier than usual in the attack and

Digitized by Google

was less regular in movement, while the pain did not become more severe, as generally the case.

"When the electrode on the back of the neck was removed to the forehead I at once experienced a feeling of dull, heavy pressure extending across the entire frontal region. It was not uniform in intensity, but at its height seemed almost crushing. Sometimes this sensation extended downward from the forehead along either side of the nose, and again it was entirely on the brow. In its most severe phase I should describe it as being intensely uncomfortable rather than acutely painful. Always it retained its heavy, dull, crushing characteristic."

Here the current was increased to eight-tenths m. a.

"Accompanying this feeling of pressure was a fluttering or palpitating sensation of an intermittent character. This, however, was not as pronounced or as definable in its phases as that which I had experienced in the preceding treatment when one electrode was placed on the back of the neck and the other upon the abdomen. In fact, this fluttering sensation was for the most part almost indiscernable."

At this point the current was increased to eight volts and one m. a.

"There now came a third sensation, as though currents infinite in number were flashing up and down over the forehead. In using the word flashing I do not mean to convey an optical idea. I did not see any colors or any flashing of light. The sensation was wholly one of movement, as though these myriad currents were racing up and down at infinite speed. Sometimes they would seem to rise a little above the forehead or above where the pad was pressed to the head, but going down they did not appear to go below the lower edge of the pad.

"These three sensations—the pressure, the palpitating and the rushing currents—seemed to be entirely external. Accompanying them, but wholly disassociated from them, was a soothing feeling, which seemed to underlie the other sensations, and, in contradistinction to them, seemed to be very clearly internal. Under this influence the headache was nearly dispelled. At the same time I am inclined to think that this soothing feeling was held back somewhat from what might have been a more complete effect by the fact that I was constantly nerving myself to endure as much as possible the heavy pressure and the flashing before referred to and was mentally alert in studying and attempting to define these sensations. Therefore, perhaps I was less susceptible to this influence.

"When the current was shut off I was a few seconds in coming

Digitized by Google

to, and then, more than when under the treatment, I realized to what extent I had been affected by this soothing sensation. I am inclined to think that I was more under its influence than I thought I was during the treatment. When I say 'coming to,' I do not mean that I was at any time unconscious, but simply intend to indicate that for two or three seconds after the current was turned off I felt a little confused. Under this treatment the headache feeling almost, but not quite, disappeared. I had a slight feeling of exhaustion, and upon returning home I rested and slept for an hour or more. When I waked the premonitory symptoms of the headache had returned. In a few hours after the headache was fully developed and continued in its usual character and intensity throughout the following night and the next day."

The other experiment on a human being was on a woman of a sensitive temperament. The electrodes were placed in the same position. Six thousand intrruptions with the one-tenth closure, as in the previous experiments, were employed. The current was started at three volts and three-tenths of a m. a. As she described it, there was a feeling of intense nervousness, as though she must tear away from everything. This feeling subsided slightly, but on increasing the strength of the current to five volts and five-tenths m. a. it returned with increased vigor. After two minutes this again subsided and a feeling of quiet came over her. The current was increased to six volts and eight-tenths m. a. The nervousness came back, more in the form, as she expressed it, of a crazy feeling in her head, but with it a quiet, drowsy feeling. She was apparently fast falling asleep, or, as she said, "I am going to sleep with the craziest head." At this point, while the pulse was regular, the breathing became very irregular, and the current was turned off. The patient stretched herself and exhibited symptoms similar to those of one being aroused from a nap, and she expressed herself as having such a feeling. During the remainder of the day she felt extremely well.

I have used this current in general electro-therapeutics to some extent and am convinced that even though it may never take a pronounced place as an anesthetic it will hold an important place in the therapeutic field. It is a good general tonic. I have experimented with it in this respect as a tonic and have found that in cases of neurasthenia accompanied with sleeplessness and general debility the best results are obtained by giving an ascending current up the spine, being careful to place the cathode well up on the occiput. The interruption may be 6000 or above, and the period of closure from three to five-tenths of the interrupted cycle. In

Digitized by Google

neuritis, including sciatica, the treatment is of great service. In an acute case the interruption should be very high—ten or twelve thousand per minute and the closure from three to five-tenths of the interrupted period. This, it will be found, will relieve pain and the effect will continue, the period of relief as a rule lengthening after each application. As the pain disappears and a necessity for stimulation arises a much less rate of interruption should be employed. I have been successful in relieving a very old chronic sciatica by using three thousand interruptions per minute and a closure of two-tenths of the period.

SCHOOL CLEANLINESS*

By J. Richey Horner, A.M., M.D.,

Cleveland, Ohio

WHILE the chairman assigned this subject without solicitation or the knowledge of the writer, it so happens that the paper here presented is virtually a personal experience of his while he has been a member of the Committee on Municipal Sanitation of the Chamber of Commerce of the City of Cleveland, Ohio. This organization is composed of some two thousand commercial and professional business men of this largest city of the State of Presidents, and the greatest work of the body is the study of civic problems. One of these is the health of the city, and a minor part of this particular problem is the study of the health and surroundings of the school children. I say minor, but it is minor only in respect to the amount of work required and not in respect to its importance.

Three of us have constituted a sub-committee to whom has been entrusted this duty. We have gladly accepted the charge, not only from altruistic motives, but because all of us have children in the public schools who would personally benefit from whatever of good we might be able to accomplish. The work has been done through personal visitation of the schools and careful examination of their surroundings. In this we have had the most hearty co-operation of the school authorities, and they have made every effort to second our recommendations. That much has been accomplished goes without saying. A visit made to the school a year or more after changes have been suggested showed many of these

*Read before American Institute of Homœopathy.

Digitized by Google

changes already made and others in process of adoption. It must not be understood that everything we recommended was done, for we aimed at the ideal, while the school board was and is limited in its power to attain that ideal. We found one thing true, however, and that was that the board was many times in advance of the committee and had already under way improvements which were for the great betterment of sanitary conditions in the buildings and their surroundings. For this we are glad to give them credit.

The term "school cleanliness" is used not only in its relation to dust and dirt, but also in its relation to school sanitation. It can at once be seen that the subject is a broad one and too great to be fully treated in the limits of a single paper, to which but a short time can be allotted. To give an idea of the work done, might I give a copy of a very short report made on just one subject? I quote verbatim:

To the Board of Directors of the Cleveland Chamber of Commerce.

Gentlemen:—At the request of Director Charles Orr of the Board of Education, the Committee on Municipal Sanitation, through its sub-committee, Drs. Holliday and Horner and Mr. Furth, has investigated the proposed adoption of the vacuum cleaning system for the public schools of the city. The committee reports as follows:

Schoolroom dust is a composite dust arising from many sources. Children from all sorts of homes congregate in the schoolroom. Some bring with them at times dust containing pathogenic organisms. These organisms also find access to the schoolroom through dust incident to public meetings.

School janitors and their help in cases of undiscovered tuberculosis constitute through the medium of dust an additional menace to the health of school children.

When broom sweeping obtains, dust is merely stirred up, not completely removed; especially is it difficult of removal from schoolroom walls, corners, cracks in floors and from school furniture. This imperfectly removed dust is kept in agitation by ventilation fans and restless children.

Physical training exercises, so necessary to a child's proper development, are not devoid of possible danger if carried out on dusty floors.

It is the desire and wish of this committee to suggest, if possible, a more efficient means of dust removal than now obtains by broom sweeping. The committee therefore recommends the adoption of the following resolution:

Resolved, That this committee declares its conviction that the vacuum method of removing dust fulfils this requirement better than any other at the present time, and in order to safeguard the health of school children that the installation in one or more suitable schools of a vacuum sweeping plant be recommended to the Board of Education. It is further recommended if upon trial the system

Digitized by Google

be found to be a success from the standpoint of efficiency and economy that it be further installed in those schools where it is most needed. It being understood that vacuum cleaning is not recommended as a substitute for needed disinfection and scrubbing, but simply to take the place of the daily sweeping and dusting.

SIGNED BY THE COMMITTEE.

Here we have just one point covered, but it is a very important one and it is most fully covered. Backed by this endorsement, the Board of Education can feel quite justified in incurring an expense which is but the entering wedge to a very large expenditure of money, but which can be seen to be not only merely advisable but absolutely necessary. The ultimate result must be more healthy children and eventually stronger citizens.

There is no question but that the system under which the public schools of Cleveland are cared for is wrong. The janitors are paid so much per building for the care of the buildings, and they hire others to do the wonrk. It follows as a matter of course that they are going to pay out just as little as possible of the money paid them, and as a result the thoroughness of the cleaning is measured by the conscience of the janitor. The result may well be imagined where there is a lack of conscience. Fortunately, the janitors as a class are of rather the better order of men, special care being paid in their selection and politics being made a secondary consideration mostly. Still, the principle is wrong and should be changed.

A number of improvements were the result of our committee's activity. Halls which had been having their sweeping done in school hours and while teachers and pupils were passing through them are now cleaned out of school hours. The buildings are more thoroughly cleaned, and with damp cloths and scrubbing rather than by sweeping. We endeavored to have the furniture, woodwork and doorknobs wiped once a week with an antiseptic solution, but I am not sure that this is being due. Under the vacuum system all the dust and dirt is removed from the building in bulk as soon as gathered.

An especial point was made of the necessity of having the cloakrooms so constructed that the wraps belonging to each child might be hung in a separate compartment. This has been accomplished in several of the newer schools, the compartments being open in front so that thorough ventilation takes place while the clothing is hung there. Each compartment has provision for a hat and for overshoes, while the cloakroom is fully lighted and ventilated. On the point of light, also, the school board has been

Digitized by Google

active, regarding light as being just as necessary for health as for conservation of sight. Wherever there is a dark spot there is liable to be a dirty spot. Consequently the newer buidlings contain very little dead wall. The modern steel construction enables the architect to provide for the greatest amount of window surface and the least amount of wall.

The subject of ventilation is one so vast that we cannot take it up here. The only point considered by the old-time janitor was that the more fresh air admitted the more heat was necessary and consequently the more was it necessary for the janitor to work keeping the fires up to a point where comfort followed. Fortunately, in this age of self-feeding stokers, this point becomes a minor one, and the heat supply of each room is automatically regulated. Ventilation is obtained without recourse to openings of the windows, and the children are not at the mercy of the cold or warm-blooded teacher. For which the writer, in his school days, would have been devoutly thankful.

We might, in passing, speak of the matter of drinking facilities for the schoolhouse. Gone is the day of "The old oaken bucket which hung at the well," and gone also should be the day of the tin drinking cup, so many of us remember hanging on the nail when it was not lying on the floor. In many buildings drinking fountains with constantly running flow of water have been provided, and the day is not far distant when all this drinking water is going to be filtered and boiled. And we expect it to dawn before the millenium, too.

Another necessity which is being provided is adequate facility for washing the face and hands. Usually scant provision is made for this very necessary part of, particularly, the boy's life. There may be a tin basin or there may not be, but there hardly ever is an adequate supply of soap or towels. In the higher grade schools this want has been to a large extent met, but the scholars of the lower grades need it just as much; in fact, some of us think more. Many a little fellow does not have even a handkerchief to take the place of a towel, and rather than go with his face dripping water he leaves it protected by its normal coat of dirt. Certainly this is not as it should be. It ought not to be impossible from either the standpoint of expense or practicability to give these scholars opportunity to keep their faces and hands clean. Study might be profitably made of methods employed in large manufactories. Here hundreds of men are often adequately provided with facilities.

Probably the most serious question which came before us, and certainly the one that gave rise to the most discussion, was that

Digitized by Google

relating to the system of water closets to be used in the schools. The point was as to the relative merits of the latrine and the individual closets. A most exhaustive study of both was made by Mr. George W. Ehler, Supervisor of Physical Training of the Cleveland Public Schools, and what I shall have to present is taken from the very excellent report made by him on this subejct. The latrine closet as used in the schools is the result of years of experiments on the part of the school authorities, and each year some improvement is made which adds to its efficiency. Still, it is not perfect, though it is claimed to be vastly superior to any individual closet made. While our committee did not make a formal report granting this to be true, individual members of the committee were convinced that it was. This belief was reached only after personal, careful and repeated examinations of both kinds of closets not only in schools but in office buildings and factories.

In the latest form of the latrine as used in the Cleveland schools the trough is made of enameled iron some ten feet in length, opening at the one end into a trapped sewer pipe and at the other connected with a tilting tank. This tank is so supplied that when it fills beyond a certain point it upsets and discharges its contents in a single body with great force into the trough, and the entire range is scoured from end to end. The entire fixture is of iron; has no valves or springs or floats; is simplicity personified; never gets out of order; is automatic, positive, direct and certain. Above the trough are seats, arranged at convenient intervals, with each opening in a separate compartment.

Mr. Ehler visited Washington, D. C., and examined the system of individual closets in use there, making very careful notes as he examined them, his conclusion being very decidedly in favor of the latrine system. We can do no better than give his summary of conclusions reached after a most thorough consideration of the subject from all standpoints.

It has been argued that as the individual closet is an outgrowth of the latrine it must necessarily be better. But the fact that a thing is newer and a development of an older type does not of itself prove that it is better than the older. Too often this is the contrary.

It is true that the fecal matter has a larger distance to travel in the latrine than in the individual closet before it is under the water seal, but that does not count against the latrine, because decomposition cannot possibly have taken place, and this is what causes danger.

The amount of dry or unflushed surface is the same in both

Digitized by Google

systems, and therefore cannot count for or against either. The fact is that much more fouling of these dry surfaces occurs with the individual than with the latrine system.

The latrine is effective over the surface flushed, which is not the case very frequently with the closet, as is shown many times even in the closet in the private house.

As we have noted, the mechanism of the latrine is automatic, positive, direct, certain and never out of order. Individual closets of the balanced rod type, good when they work, do not work in 25% to 50% of fixtures. The use of the pneumatic type is good with clean water, uncertain with sandy water.

Abuse of closets is frequent, and with the individual closet this is accomplished very easily, while with the latrine it is more difficult. This refers not only to the practice of standing upon the seat, but to the habit of throwing anything into the closet. You would be surprised if you could know what we found to be done in this respect.

The latrine is much more easily cleaned throughout its whole length to and even through the trap than is the individual closet.

This concludes Mr. Ehler's consideration of the subject from the sanitary standpoint. It does certainly seem that he has made out his case in favor of the latrine system as opposed to the individual closet. The whole matter for some reason or other is still in abeyance, and the school authorities are meanwhile going on in their efforts to perfect the system.

Mr. Ehler discusses the subject also from the sensory or esthetic standpoint. As a matter of fact, fecal matter, *per se*, is not unhealthful until after decomposition has taken place. The question of ventilation, then, must be considered, not because the odor is a menace to health, but because it is offensive. There is probably no fixture where such perfect ventilation is possible as with the latrine as it is proposed to have it constructed. This must of necessity be of the mechanical exhaust type. It should never be of the type which drives the odors through the room, because if these odors are in one room they will get into others.

It would be foolish to argue that the neighborhood of the school will suffer bad effects from the driving out of the air from the toilet room. When we consider that less than ten per centum of the pupils use the closets for the purposes of defecation during the school day, and these not regularly, we can see that the factor of polluting the outside air need not be taken into consideration.

This, then, shows you what is being done along the line of the production of perfection in the matter of cleanliness in the school-

Digitized by Google

room. Many other points might be taken up for consideration, but time forbids. Much, for instance, may and in many rooms will be done by the teacher in charge preventing the room being littered with dirt of any kind. The room may be kept clean even while it is occupied. The scholars should be taught that dirt of any form is dangerous, and thus is inculcated in them the desire to prevent before cure becomes a necessity. Along this line, as along others, the work of the sanitation committees and boards must be that of education. This has been the principal work of the committee to which I have the honor to belong.

655 Rose Building.

THE INTERPRETATION AND TREATMENT OF HEART MURMURS*

By GEORGE F. LAIDLAW, M.D.

New York

IN this paper I do not intend to present a treatise on heart disease, but rather to make suggestions based on my individual views of some debated points—simple outlines that your minds and memories will easily fill in from your own experience. The physician sometimes loses sight of the fact that there are three definite stages in the course of every case of valvular heart disease. The same murmur is present in all three stages, but the treatment proper in one stage is not at all applicable to another. In every case of valvular heart disease there is a beginning before compensation is established; next a stage of more or less perfect compensation; and, lastly, a stage of failing compensation. The general principles governing the treatment of these three stages are as follows: For beginning valvular disease, absolute rest in bed for six weeks or more after the cessation of the active endocarditis, to permit the establishment of compensatory hypertrophy. Here all cardiac stimulation, digitalis, alcohol, tea, coffee and tobacco should be avoided unless dangerous weakness of the heart wall seems to require stimulation to save life. In the stage of compensation much more activity is allowable, but digitalis and heart stimulants are unnecessary and even harmful. The symptomatic remedy and, if necessary, vaso-dilators should be used. Lastly, in the stage of failing compensation, which is the condition in which most patients

* Read before the Homœopathic Medical Society of Albany County, May, 1908.

Digitized by Google

apply for treatment, rest in bed is again necessary, and this is the place where you will get the best results from cardiac stimulation, digitalis, Nauheim baths, passive resistance and diuretic medicines.

One cannot differentiate these three stages by the character of the murmur, for it is the same in all of them. The murmur only locates the lesion. Nor by the pulse alone. The pulse; the condition of the cardiac muscle as shown by the location and strength of the apex beat and the size of the area of cardiac dulness; the condition of the peripheral circulation as shown by cyanosis, by edema, by an enlargement of the liver and the systolic throbbing of the veins of the neck—all these indicate the stage of the disease. But the most spectacular and striking element, that which catches the physician's attention and holds it most strongly, is the murmur, and to the interpretation and treatment of the murmur we will devote our attention.

Review the methods of treatment that come into mind when confronted with a case of valvular heart disease. Consider digitalis. The old French clinician said that without digitalis there would be no cardiac therapeutics. We can do a little better than this to-day, but digitalis remains the most important drug for a certain stage of valvular disease. That stage is failing compensation. It is a mistake to give digitalis to every case in which you find a heart murmur. Given in the stage of compensation or over-compensation when the heart is beating strongly and regularly, when the amount of urine is normal or largely increased and there is no edema, a material dose of digitalis, if it does anything, will simply aggravate the condition. There is a use for digitalis here, however, which has been grasped only by the homœopathic therapeutist, and that is the relief of the symptoms of over-compensation by a minute dose of digitalis. The wakefulness, the fulness of the head, and, above all, the conscious, powerful beating of the heart which disturbs the patient's rest are often relieved by digitalis in potency from the third to the thirtieth better than by any other remedy. Senega, bromine and magnesia mur. are also valuable here. However, in failing compensation, the potencies of digitalis or other drugs are of little value. The indications for digitalis in material dose are those of venous stasis, shortness of breath, throbbing of the veins of the neck, enlargement of the liver and edema of the dependent parts. The form in which digitalis is used makes little difference if the preparation is a good one. Now and then, you will find a case which will respond to one preparation better than another. My own favorite is the infusion in doses of one teaspoonful every three hours, or, for the nightly dyspnea, every ten

Digitized by Google

minutes for three or four doses. I also combine 1/100 of a drop of nitroglycerin with each dose of digitalis. Theoretically, this dilates the peripheral arterioles; practically, it gives good results. In the nightly dyspnea of failing compensation the hypodermic use of digitalis and nitroglycerin will keep the patient comfortable long after medicines by the mouth have failed to relieve. In advanced cases, where both the infusion and tincture fail, I have had good results with Cloetta's preparation of digitalis, known as digalen. It is of the strength of the tincture. The dose is five to fifteen drops every three hours by the mouth or hypodermically.

Until recent years the expression *substitutes for digitalis* meant strophanthus, caffein, adonis, convallaria, cactus, spartein and crataegus in decreasing importance, and all of them together not worth digitalis itself. In recent years, however, two remedies have come into use which more completely represent the power of digitalis to stimulate a failing heart. The first of these is the extract of supra-renal capsule in the form of tablets of adrenalin chloride or supra-renalin. Another is the extract of the pituitary gland, which is a powerful vaso-constrictor and stimulant to the heart muscle.

There is a substitute for digitalis, of ancient fame in cardiac dilatation, prunus Virginiana. If you consult your Materia Medica you will find both the Virginiana and prunus spinosa presenting marked symptoms of dyspnea, dropsy and cough. Five drops of the tincture is the most efficient dose. Senega is another ancient remedy which is useful in the dyspnea and distress of over-compensation, especially in aortic regurgitation.

Of vaso-dilators, nitroglycerin, amyl nitrite, sodium nitrite and erythrol tetranitrite are the best. They are useful in over-compensation with high tension, but in judging high arterial tension do not rely on your finger. Use a sphygmomanometer, or, if you cannot do this, do not be too dogmatic about your indications for medicines based on arterial tension. Judging arterial tension by the finger is one of the most deceptive things in medicine. It is safer clinical practice to try the vaso-dilators cautiously rather than to exclude them on finger diagnosis. It is probable that sodium iodid and potassium iodid, that are used so extensively in arteriosclerotic conditions, act by relaxing vascular tension. They certainly do not absorb sclerotic patches nor restore atheromatous vessels to the normal. The power of the iodids to absorb syphilitic growths has given them an undeserved reputation in arteriosclerosis.

It is a mistake to think that digitalis and the vaso-dilators are the beginning and end of cardiac therapeutics. In over-compensa-

Digitized by Google

tion much relief can be obtained by the homœopathic remedy symptomatically indicated, and the same is true of dilatation. The important point for the physician to remember is that, no matter how much relief he is giving the patient, he is not curing him, but only relieving the symptoms.

Some physicians endeavor to discard the use of drugs entirely in treating heart disease and rely entirely upon physical measures. One of the first was Oertel, to whom sufferers from cardiac disease owe their liberation from the terror of sudden death from exertion and the unnecessary restrictions in their activity which were commonly enjoined fifty years ago. Oertel was one of the first to develop cardiac therapeutics along the lines of nature's method of compensating for a valvular defect by hypertrophy of the heart muscle. Oertel's method of gradually increasing exercise, going up an inclined plane, is of great value, if applied at the right time. It is entirely out of place during or shortly after an acute endocarditis. It is in cases that do not develop this hypertrophy sufficiently to relieve their dyspnea and dropsy or after some years of full compensation when the heart muscle begins to fail that the stimulus of hill-climbing is of greatest value. During full compensation the Oertel method should not be employed. It is a mistake to think that a patient can get the full benefit of the Oertel treatment by climbing a flight of stairs in his back yard. Oertel originally took advantage of the fact that the rarefied atmosphere of moderate elevations favors hypertrophy. This treatment is best carried out at an elevation of about two thousand feet.

One of the best known contributions of physical therapeutics to heart disease is the bath and gymnastic treatment developed at Nauheim by Dr. Schott. This treatment primarily relaxes the peripheral arterioles and stimulates the heart just like a combination of digitalis and a vaso-dilator. It is unnecessary to repeat the details of the technique. I would simply direct attention to the fact that it is not a panacea for heart disease, but a therapeutic agent with definite indications and definite limitations. It is useless in valvular disease with full compensation. Like digitalis, it finds its sphere of usefulness in failing compensation. It is also the best of treatments for the irritable heart of anemia and neurasthenia. It is palliative in arteriosclerosis and angina, but, like digitalis, of no value in the pain of aortic aneurism.

A method of treating failing compensation that is not as well known as either of the treatments just described is the use of the faradic current. It was brought to my notice by the much-abused Dr. A. Smith, who used to disturb the repose of the Congress of

Digitized by Google

Internal Medicine at Weisbaden annually by insisting on the value of the phonendoscope in outlining the heart. He gained little recognition for his method of outlining the heart, and less for his faradic treatment, but both of them have been of inestimable value to me. I believe that professional jealousy has prevented their adoption in German clinics. With the faradic current, place the positive sponge over the cervical vertebræ and pass the other sponge up and down the sternum and over the entire cardiac area for three minutes. Then reverse the poles and place the positive sponge over the apex of the heart and pass the negative over the cervical and upper dorsal vertebræ. The result is similar to the Nauheim bath—retraction of the dilated heart and a slower, more regular beat, with improvement in the condition of the patient. The application of cold over the heart has a similar effect, but the effect of cold does not last nearly so long nor is it as effective as a faradic current. This faradic treatment is also applicable in aneurism of the arch of the aorta. Sometimes it will relieve the obstinate pain better than medicine. Understand that I recommend this treatment as palliative of the symptoms only and do not expect that it will cure.

Some of the most interesting questions of cardiac diagnosis cluster around the area of the pulmonary artery in the second intercostal space to the left of the sternum. It was a most convenient arrangement of Nature which ordained that the pulmonary valve should so rarely be the seat of organic disease and so frequently the apparent point of origin of functional murmurs. In general, the rule holds good that a murmur heard loudest at the pulmonary orifice is functional and not organic. You will hear such a murmur in children after whooping-cough or other exhausting disease. You will hear it in cases of nephritis in children and young adults; in depressed conditions of the general health; in neurasthenia, and in athletes after vigorous exercise. The murmur is heard best while the patient is lying down, and is fainter or disappears when upright. This pulmonary murmur must be discriminated from a mitral regurgitation, heard loudest at the apex, but extending up the left side of the sternum to the pulmonary area. The true pulmonary functional murmur is limited to the second place.

These systolic pulmonary murmurs are sometimes carelessly classed as anemic. This is a mistake. I have examined the blood in many such cases and have been surprised to find hemoglobin and red cells fully normal, or even above the normal, and this in patients who presented marked pallor of the skin. Dr. Osler's direction to

Digitized by Google

give iron or arsenic in all cases of heart trouble with pallor* may be good therapeutics, but it is not rational prescribing; for you will require more evidence than simple pallor to determine the presence of anemia and the hypothetical need of iron. True anemic cases are much more likely to present murmurs at all the orifices, mitral, aortic and plumonary, especially in chlorosis and pernicious anemia. In the severe anemias, the diagnosis is further strengthened by the presence of the venous hum in the jugulars; though this is no positive sign of anemia either. I have found it in women whose hemoglobin was one hundred per cent. and red cells fully normal. It is probable that these murmurs are due to different degrees of relaxation and spasm of the cardiac and vascular orifices which are transient and self-limited, whose nature we do not understand.

The treatment of the lesion which gives rise to a functional pulmonary murmur is simple. Such cases do not require the absolute physical rest lying down that is advisable in most cases presenting valvular murmur; but it should be remembered that in conditions of anemia or debility in which such murmurs are found the heart muscle is under-nourished, and that an under-nourished heart muscle is more subject to damage from overstrain than when in a state of health. Strenuous exercise, such as bicycling or tennis, should be forbidden, and exercise limited to walking or riding and driving until convalescence is established.

The medical treatment of such a murmur is to treat the underlying condition, if it can be discovered. Nephritis will require rest in bed, milk and cereal diet and arsenicum, iodin, phosphorus or other indicated remedy. Many of these cases do well on an organic iron in a material dose, though I never prescribe the doses usually recommended. Where the regular dose of an organic iron preparation is a tablespoonful, I never exceed a teaspoonful. Often a dose of only five to ten drops after meals is sufficient to bring about rapid improvement in the patient's general condition and disappearance of the murmur.

Iron is no specific for anemia. Neither is arsenic. Anemic patients require fresh air, abundant food and peaceful domestic surroundings. At first they require rest. As they improve, moderate open-air exercise will hasten the cure. After all these things are done, medicine is of supplementary value, and the symptomatic remedy is usually best adapted to the case. Pulsatilla, natrum mur., calcarea, phosphorus, arsenic, mercurius, according to indications, constitute successful treatment.

*Practice of Medicine, page 818.

Digitized by Google

Crossing to the second space at the right of the sternum we have the murmurs of the aortic valve, indicating stenosis and regurgitation. Considering aortic stenosis, we find many cases that are grouped most conveniently as arteriosclerotic. They occur after forty-five years of age. At the aortic area you will hear a blowing murmur, systolic in time, transmitted to the neck. This murmur, too, is best heard while the patient is lying down, and diminished or absent when standing, doubtless owing to the recumbent position favoring the blood flow through the roughened valve, while standing retards it.

There is no murmur that gives more uncertain prognosis than that of aortic stenosis in middle and later life. I have followed a number of cases for ten years and more, and their hearts are apparently just as good as they were then. In making such a prognosis pain is an important factor. Pain in and around the heart is usually due to sclerotic changes in the coronary arteries. While the patient may live many years with atheromatous patches in the aorta and fibrosis and calcification or perforation of the aortic valve flaps, the involvement of the coronary arteries strikes at the food supply of the citadel of life itself—the heart muscle. For this reason in all aortic lesions the presence of cardiac pain renders the prognosis less hopeful.

In aortic systolic murmurs the loudest murmur may be produced by the most insignificant lesion. Many loud and persistent murmurs of this type are due to simple roughening of the valve flaps or, as in Broadbent's case, to a string of fibrin, one end of which was attached to the valve and the other floated free in the blood current. Such a lesion exists for many years without danger or even without impairment of health. In fact, pathologists long ago noted that while aortic stenosis was the cardiac lesion most frequently diagnosed during life, it was the least often found at autopsy.

The treatment of aortic stenosis of middle life of arteriosclerotic origin varies according to the stage of the disease. In the early stage, with good compensation, with no shortness of breath, pulse slow and regular, scarcely any treatment is required other than caution against physical overexertion, anxiety, and the securing of sufficient rest and sleep. Very heavy meals should be avoided and the bowels regulated. Constipation and flatulent distension aggravate all heart cases, and these conditions are especially dangerous in the arteriosclerotic form with its poorly nourished heart wall and its inclination to cardiac dilatation and to apoplexy.

Digitized by Google

What can we do with diet to check the progress of arteriosclerosis? Stop eating meat? Live on fruit, green vegetables and milk? I do not know. I have never been much impressed with the advantage of excluding meat. My rule is to allow general diet, including meat, but to advise moderation in the amount of food eaten; to restrict liquids to four ounces at a time and one quart daily; to avoid spices and tea, coffee, alcohol, and by all means to avoid tobacco, which is a definite depressant cardiac poison.

Have we any medicine which will check the arteriosclerotic process? This, too, is a difficult thing to demonstrate. My experience inclines me to believe that gold, especially in the form of the chloride of gold and sodium, the 3x trituration, three times daily continued for many months is of great benefit in arteriosclerosis. The pathogenetic symptoms of gold cover the whole field of arterioschlerosis. Baryta iodid, arsenic and phosphorus may be better indicated. Whatever remedy is selected should be continued for many months to get its best effects. Anacardium is useful in the palpitation of arteriosclerosis in the aged, and magnesia mur. for the odd symptom of palpitation worse while at rest, better by exercise.

Several years ago Trunacek introduced for the treatment of arterioclerosis a serum which is supposed to dissolve out the lime salts from the walls of the blood vessels. Apart from the fact that calcification is not a cause but a result of the degenerative process, the explanation of its action is not very plausible, and the good clinical results reported from its use can be duplicated by a dozen other treatments of as little value.

Of the prolonged use of iodid of sodium, I see no advantage, unless high arterial tension or cardiac pain or the cerebral symptoms of arteriosclerosis are present to give us clue as to whether the medicine is doing anything or not. In the vertigo and cerebral discomfort of arteriosclerosis I have found small doses of sodium bromid, three to five grains daily, better than the iodid, and the same is true of some cases of cardiac pain.

True aortic stenosis with actual and decided narrowing of the aortic orifice is a condition of great danger. It is differentiated from the simple roughening of arteriosclerosis in being associated with hypertrophy and dilatation of the left ventricle. The pulse is small and feeble, the face pale and attacks of syncope common.

The treatment of true aortic stenosis with hypertrophy of the left ventricle requires a quiet life. When compensation breaks and mitral regurgitation, dyspnea and edema of the feet appear,

Digitized by Google

absolute rest in bed should be enforced for several weeks in the effort to re-establish compensation. Dietary restrictions are of no use here. Such patients should be well fed to nourish the cardiac muscle as long as possible, avoiding, however, large meals and foods that are apt to cause flatulent distension. The value of medicine is difficult to prove. I believe in the power of the symptomatically indicated remedy to improve most medicable conditions, and the patient should be given the benefit of it here. If, however, dyspnea is extreme and dropsy increases, do not hesitate to give digitalis in material doses. If you fail to relieve, give digitalis hypodermically, especially at night. I have no fear of digitalis in aortic stenosis *after compensation has broken down and the left ventricle is dilated.* Before this time digitalis is distinctly out of place.

The other aortic murmur, the regurgitant, is easiest to diagnose and the hardest to treat of all cardiac conditions. The diastolic murmur, heard loudest at the aortic area in the second space to the right of the sternum or to the left of the sternum and transmitted over the entire cardiac area or only to the apex, is the most striking and satisfactory murmur of them all to auscultate. Patients with aortic regurgitation are apt to die suddenly. They have the beef hearts with the apex around under the left armpit in the sixth or seventh space. It is true that with good compensation such a patient may live many years in comfort, but they never equal the length of life of a mitral lesion, and when compensation begins to fail and dyspnea sets in, they do not have the recuperative power of a mitral lesion, and it is often difficult to make them comfortable. Digitalis, the great comforter of broken compensation in mitral lesions, does little for the exhausted ventricle of aortic regurgitation. The treatment of aortic regurgitation during the stage of compensation is summed up in extra precaution against physical overstrain and the symptomatic remedy. Senega, grindelia, lithium carb, and especially bromine should be studied. When compensation fails, order absolute rest in bed for many weeks, with the use of faradic electricity and the Nauheim bath and passive resistance, to stimulate the heart muscle as long as possible. I believe that cactus and crataegus are better adapted to the broken compensation of aortic regurgitation than are digitalis and strophanthus or adrenalin.

Passing down the sternum to the ensiform cartilage, we find the murmurs of the tricuspid valve. Primary trucuspid murmurs are almost as rare as organic pulmonary murmurs, but they do occur to the mingled astonishment and chagrin of the diagnostician

Digitized by Google

whose work is checked by autopsies and who mistook them during life for mitral murmurs. A systolic murmur, heard loudest to the left of the ensiform cartilage, should be a tricuspid regurgitant murmur. This is almost always secondary to the failing compensation of lesions on the left side of the heart. Confirmatory signs are systolic throbbing of the veins in the neck, pulsation of the liver and edema of the dependent parts. Tricuspid regurgitation requires the treatment adapted to failing compensation wherever it originates: rest in bed, limitation of liquids, freely moving bowels and digitalis and its equivalent.

Passing to the apex, we find the most common of all murmurs and the one most likely to deceive us as to its nature—the mitral regurgitant murmur, systolic in time, heard at the apex and transmitted to the left of the apex and to the inner border of the left scapula. Here the greatest confusion takes place between functional murmurs of little importance and organic valvular disease of the greatest moment. It is a safe rule not to regard such a murmur as organic if discovered during anemic states or any exhausted condition or fever, except in articular rheumatism. Many such murmurs disappear with defervesence or shortly thereafter. Mitral regurgitation is the lesion which permits of the longest life. Many cases run twenty or forty years and may reach eighty years of age. Mitral regurgitation needs much less oversight than do aortic lesions. If discovered at the beginning or during fever the patient should be kept in bed six weeks to ensure the development of compensation. If then the pulse is slow and regular, if there is no dyspnea, exercise may be allowed, and many of these patients can live an active life and play active games without harm. Swimming, tennis, bicycling and active sports are allowed. In fact, mitral cases are better with an active life than if housed too carefully. Excessive exercise, as training for competitive games, rowing and hard football, should be forbidden. During the stage of compensation no medical treatment seems necessary or useful, unless for the local discomforts of over-compensation, already described. After some years, when compensation breaks, as shown by dyspnea on exertion or at night or in the wind, cough or edema of the feet, rest in bed, faradic electricity, the Nauheim bath, passive resistance and digitalis or prunus or ammonium carb. can be relied upon again and again to set the patient on his feet.

Mitral stenosis with its purring thrill and its presystolic or diastolic mitral murmur is the lesion most often overlooked. The murmur may be absent for many months, and is usually absent at the stage when the patient consults you for shortness of breath,

Digitized by Google

gradual loss of strength or edema of the feet. Mitral stenosis ranks next to aortic regurgitation in being difficult to help by cardiac stimulation. Mitral stenosis is a lesion more often surmised than diagnosed. If a patient has slight edema of the shinbones, gradually increasing dyspnea on going up stairs, persistent cough, expectoration of blood now and then, with feeble heart-beat and cardiac dulness increased upward in the region of the left auricle and no murmur present, mitral stenosis becomes a strong probability. Mitral stenosis resembles aortic regurgitation in that compensation once broken is restored only with great difficulty, if at all. Its treatment is that of failing compensation in general.

There is another interesting murmur in the aortic region associated with percussion dulness of the upper part of the sternum or at either side of it, pulsation, palpable thrill and distinct diastolic shock transmitted to the hand. It is aneurism of the arch of the aorta. Such a patient usually consults you for the pain. The other symptoms are objective, and you must find them for yourself. The diagnosis and treatment of aneurism forms another chapter of cardiac disease on which I will not enter any more than to say that much can be done to make these patients comfortable, and, if the opening of the aneurism is small, cure is possible. As there is no way of determining whether or not the opening is small, it is safe to place all cases of aortic aneurism on curative treatment. Absolute rest in bed and the administration of five grains of gallic acid and five grains of tannic acid together four times daily has undoubtedly cured some cases. Many of you will remember the specimen in the Helmuth Museum of such an aneurism which became entirely fibrosed under this treatment and the patient lived many years afterward. For the relief of the pain, five or ten grains of sodium iodid three times daily, iodid of arsenic or the chloride of gold and soda, and especially the use of faraidc electricity, are of service.

To paraphrase the famous sentence of a famous man in this State, the present Commissioner of Health, the moral of this whole paper is that the homœopathic physician should add to his knowledge of Materia Medica a knowledge of heart dynamics and of what can be accomplished by physiological therapeutics; also that he should not forget that his Materia Medica is a powerful aid in relieving symptoms and in the cure of disease, not to be laid aside as out of date because he has learned to diagnose a heart murmur, and repair broken compensation with the Nauheim bath.

In conclusion let me say I must admit that the subject of the recognition and treatment of cardiac disease is much more pro-

Digitized by Google

found and intricate than the summary that I have just given you. I have merely touched on points on which I am often asked to give advice in the consulting room. I have tried to make the subject not so intricate as to be confusing nor so elementary as to entirely waste the time spent in reading what I have written.

WHEN TO GIVE AND STOP THE REMEDY*

By H. A. Cameron, M.D.

Waterbury, Conn.

THE important work of taking the case and recording it in proper form on paper, of working out the symptoms from the repertory and consulting the Materia Medica, has been done, and we believe we have the simillimum for the patient's condition. The next point is, When shall we give the remedy? Following the cook-book's advice, we have caught our hare; shall we now proceed to cook it? Ordinarily we would give the remedy at once, and this should be the rule. There are a few exceptions, however, to this rule, when it is better to wait for a certain time, *e. g.*, in intermittent fevers. Hahnemann says: "In these cases the medicine is generally most efficacious when it is administered a short time after the termination of the paroxysm when the patient has partially recovered from it." The object in thus delaying its administration is to give the remedy a chance of uninterrupted action, and also to avoid the homœopathic aggravation which would possibly follow and coincide with the paroxysm if the remedy were given at the beginning of or during the attack. For the same reason in other recurrent or periodic affections (for example, dysmenorrhea, asthma, &c.), we should give the remedy by which we hope to cure the patient not during but at the end of an attack. The administration of sac. lac. will usually satisfy the patient's and our own craving for doing something in the paroxysm, unless the sufferings are intense, in which case a palliative remedy should be given, to the choice of which palliative we would be guided by the acute symptoms that call loudest for relief, such as acon., bell., nux and bry. whose effects are transient and will not interfere with the deeper acting chronic remedies, like sulphur, calcarea and lycopodium.

---

*Read before the American Institute of Homœopathy.

Digitized by Google

The manner of administration has the next claim to our attention, and I am sure I voice the sentiments of the best prescribers when I say that the single dose is the ideal we should aim at. It was Hahnemann's method, and it has been the method adopted by the masters since his day. Even in the most acute condition the single dose has proved effective when the remedy was clearly indicated. But from this highest ideal we have sometimes to make a departure, and to safeguard the departure this conservative rule has been formulated, viz.—in certain cases to give the remedy until improvement is noted and then to stop and give no more medicine as long as improvement continues. This is surely latitude enough for even the most routine prescriber. As surely as this rule is transgressed the case will be marred. In acute cases characterized by high fever, intense pain, or rapid progress, the very intensity of the condition seems to consume the beneficent action of the remedy, and while one dose may and very often does cure, it has been found desirable or necessary and not detrimental to the patient to repeat the remedy at intervals until its influence is noted. This may mean giving the medicine every four hours, or even as often as every half-hour, according to the intensity of the pain or the serious character of the case. Neuralgia, rheumatic and typhoid fever, biliary and nephritic colic, and cholera, are instances where repetition is sometimes necessary, but even in these the golden rule is to hold the hand as soon as improvement is manifest.

But it is in the chronic case that the single dose can be best demonstrated. There is no necessity for hurry, and the prescriber can afford to be deliberate. The remedy being decided upon, one dose of a deep-acting remedy should be given and allowed uninterrupted action; when the amelioration follows the rule "Hands off" should be obeyed as long as improvement continues. There is really no limit to the so-called duration of action of a remedy, and hence the necessity for patient observation of the case and hesitancy in interposing another dose. The first indication of a return of the symptoms should not tempt us into a hasty repetition, for it has been often noted that this aggravation is only temporary and is followed by a long period of improvement. Hahnemann, Hering and Guernsey have given us in their works on Materia Medica the duration of action of most of our remedies, and from their observations we will get an idea of what we may expect in this direction. From forty to ninety days is the time credited to the chronic remedies, but even longer reactions have followed the administration of a single dose. When the case comes to a stand-

Digitized by Google

still, and the patient does not improve but rather goes back, then another dose of the same potency may be given and watched as before. We will probably not see as long an action follow this second dose, and we will therefore be forced to repeat sooner, say, in two months or six weeks. Subsequent exhibitions of the same potency will produce a shorter effect, and we will have to go to a higher potency to get the same sharp and prolonged effect that we did when we first gave the remedy. When this higher potency has been given until it, in turn, has been exhausted, we will be driven to those potencies still higher, until we reach the highest made, by which time we will probably have extracted all the benefit that that remedy is capable of and need the assistance of another. The safe rule is, that when once a remedy has proven to be homœopathic to a case never leave it as long as improvement follows its exhibition. I have seen cases where this following up of a series of potencies has been repeated with a long history of continued improvement. Such cases are rare, however, and usually another cognate remedy is called for before the highest potency is exhausted.

Very different, however, is the experience in the incurable case. While the general rule of giving the remedy until improvement is manifest, and withholding it as long as improvement continues, applies here also, we will find that the well-selected remedy is capable of effecting only a short-lasting improvement, and we will have to repeat often until we are giving the remedy perhaps continuously. When no improvement follows this close repetition an intercurrent remedy will then be in order, after which the first remedy may take hold and benefit.

The selection of the suitable potency is often a matter of instinct. Most men have a predilection for a certain range of potencies. With some the thirtieth is the routine choice, others select the two-hundredths; others still, Fincke's series of thousandths. Hahnemann recommended the thirtieth, and it is low enough to begin any case with. Bœnninghausen advised the use of the two-hundredths, and Jenichen's potencies, which run up as high as the six-thousandth. We have the widest range, therefore, to select from. If the case is a chronic one, and we want to get out of a remedy all that is possible, we can begin as low as the thirtieth potency, and at wide intervals repeat that dilution until it ceases to help. The two-hundredths, five-hundredths and one-thousandths naturally follow, but after that we must take bigger strides to get results, and so we will give the ten-thousandths, fifty-thousandths, hundred-thousandths and millionths.

Digitized by Google

In an acute case the first choice may be very high, and provided it is a clear case for the remedy the response will be as sharp from a hundred-thousandth as anyone could desire. I have often seen a very high potency act when a lower one failed, and seldom the reverse. The rule which seems to work best is to go higher when a potency does not produce the desired effect, and the rare exception to this rule is exactly the reverse.

Homœopathic palliation is the last item on our programme, and I wish to speak a few words in its behalf. We cannot claim that homœopathic palliation in an incurable condition is always the pleasantest method; indeed, it is often a painful process and requires courage and patience on the part both of the patient and the physician. But looking at a case from the standpoint of its whole course, and not merely at the sufferings of the present moment, we claim for the homœopathic palliation that it is more fair to the patient, as it prolongs life, which, despite the sufferings, is always the aim of the true physician; it preserves to the patient a clear mind; it allows of the normal activity of organs not affected by the disease, and, if I may be allowed to commit an intentional bull, it gives the "incurable" his only chance of recovery. He may suffer, for the homœopathic palliative will not benumb or stupefy, but he will suffer in any case. Drugs administered for their physiological effect are like the old-time Danegelt. The demand is ever for more, and the time will come when the drug will be a more serious matter than the disease. If we stick to the homœopathic palliative we will in the aggregate give more comfort to the patient, and keep him from that condition which is often more painful and pitiful than disease euphoniously styled a "habit."

Chelidonium: Headache.—A woman, æt. 43, had suffered for many years from headaches, appearing almost weekly, settling over the right eye, with nausea and sour vomiting. Tendency to constipation The keynote in the case, however, was that with every attack the conjunctivæ turned yellow, the icterus disappearing after a time. Further, to complete the picture, there was an almost constant pain under the right scapula. A few months' treatment with chelidonium led to cure, and a relapse several years later also yielded to the remedy. With the relapse a sensitivity of the liver region was noted, but no enlargement. We have here, then, a headache, migranic in type, apparently due to portal congestion, and cured by chelidonium. Dr. Bourzutschy. *Zeitschrift des Berliner Vereines.*

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

HANS BURCH GRAM, M.D.

IN his presidential address before the Massachusetts Homœopathic Medical Society, printed in the last issue of the NORTH AMERICAN, Dr John P Rand called attention to the fact that "the man who first introduced homœopathy into the country, the man upon whose success or failure hung the destiny of our school, Dr. Hans Burch Gram, was born in Boston in 1786." He suggested that the society should erect a suitable tablet to his memory in Boston University School of Medicine.

Acting on this suggestion, at the following commencement exercises of the medical school, Dr. N. R. Perkins, the successor to Dr. Rand in the presidential chair, on behalf of the Massachusetts Homœopathic Medical Society, presented to the Faculty a mural memorial tablet to the pioneer of homœopathy in America. The presentation speech, setting forth the salient incidents of Dr. Gram's career, was published in the *New England Medical Gazette*, Vol. XLII., No. 7.

Dr. Gram was born in Boston in 1788, and removed to Copenhagen eighteen years later. There he studied medicine and successfully practiced his profession until 1824. He returned to America and arrived in New York in 1825. During the latter part of

Digitized by Google

his practice in Copenhagen he investigated homœopathy, and became one of the early disciples of Hahnemann. This removal to America seems to have been undertaken with the express purpose of teaching the new system to the medical men of the New World, but he also practiced what he preached, and gathered round himself a devoted little band of converts. He died from apoplexy on February 13, 1840, and his body was interred in St. Mark's burying-ground in New York City. In 1862, Dr. Gray, one of his converts and closest friend, removed his remains to his own lot in Greenwood Cemetery, in Brooklyn.

We must all agree that the Massachusetts society did well in thus commemorating the birth of this pioneer in his native city. Dr. Gram's active work, however, the work that made his birth worth commemorating, was performed in the city of New York, and if Massachusetts commemorates his birth, surely New York should commemorate his residence and labor in New York City.

As to an appropriate method, there are many. It is suggested, however, that it be not limited to such passive commemoration as table, portrait, tombstone, or even statue. This is said in no spirit of criticism of our Massachusetts brethren. Cornell University, the Carnegie Institute at Pittsburg, and the Carnegie libraries throughout the country, the Rockefeller Institute for Medical Research, the Henry Phipps Institute at Philadelphia are permanent institutions, and will keep the memory of their founders green generation after generation. Might not a Hahnemann Institute of Drug Proving have been better than a beautiful specimen of the sculptor's art at Washington? So, if New York should deem it wise to commemorate the great work done by Hans Burch Gram in the city of New York, let it be a living, active memorial that is provided, something that will partake of the vibrant energy and activity of spirit that were characteristics of the ego, the immortal, rather than a perpetuation in any form of the mortal frame, which was of the temporary, the accidental, if you please.

If suggestions are in order, the formation of a lectureship in homœopathic materia medica and therapeutics would be worth considering; or the name of Gram might be associated in some way with the part that New York will take in the movement for an

Digitized by Google

active propaganda for homœopathy; scholarships for post-graduate study of homœopathy might be endowed; or the example of our brethren in Great Britain might be followed and the Chalmer's House in London, the headquarters of the British Homœopathic Association, might have its counterpart in a Hans Burch Gram House, which would be a headquarters and a clearing house for homœopathic interests in New York State, if not in the United States. This last idea appeals to the NORTH AMERICAN as worthy of especial consideration. In such an institution the numerous New York societies of homœopathic physicians could find a meeting place, here would be the rendezvous where visiting physicians would come in touch with the local fraternity, here might be located the office of the secretaries of the State and county societies, and possibly the office of the American Institute and of the Traveling Secretary of the Board for the Promulgation of Homœopathy. The hiring and furnishing of a house for this purpose ought to be within the means of the homœopathic physicians of New York State and their friends.

The NORTH AMERICAN commends the idea of providing a permanent memorial of Hans Burch Gram to the Homœopathic Medical Society of the State of New York and the New York County Homœopathic Medical Society.

SOME SOCIOLOGICAL FACTORS IN TUBERCULOSIS

THE fourth annual report of the Henry Phipps Institute, embracing the work done at this admirable institution from February 1, 1906, to February 1, 1907, brings out a number of relations between the sociological and pathological ills of mankind. The keynote to which all the others are in harmony seems to be that hard physical labor, poor food and unhygienic home environment are the strongest predisposing causes of tuberculosis.

The native born of native parentage is less susceptible to the ravages of the disease than the emigrant or the emigrant's sons and daughters. The first is usually higher in the social ladder, and rarely has to undertake the hardships that so often confront the emigrant on landing.

The statistics of the Phipps Institute do not point to that rela-

Digitized by Google

tive immunity of the Jewish race that has been predicated by many writers. The morbidity is high, if the mortality is low.

In spite of the fact that man is more of an out-of-door animal than woman, we find more male patients than female, pointing once more to the importance of the factor of hardship and strain.

Analysis of the occupations of the victims exhibits the same feature. The sewing-machine operator stands at the top of the list, there being among the patients at the Institute 12.60 per thousand of the operators in Philadelphia, according to the last U. S. census. The policeman stands at the foot. Here certainly we have the opportunity for contrast in physical well-being. The sewing-machine operator undergoes physical fatigue, often working at great stress on the piece-work system, the sanitary environment is usually bad, and the compensation generally below that necessary for the proper maintenance of nutrition. The policeman has a comparatively easy life out of doors, and fair compensation. Dust, indoor work, dissipation and low wages are all part of the problem. Hard work and dust are the lot of the potter, porter, box-maker, cabinet-maker, and cooper, and the morbidity among them is high. High mortality prevails among seamstresses, cigar makers and tailors, among whom exists the unfortunate environment of hard work, poor pay, and unsanitary conditions. While the huckster, peddler and sailor live in the open air, they are poorly paid and overworked, and their sleeping accommodations inferior; the clerk, the bookkeeper and the business man of indoor life are better compensated and undergo less hardship, and they are found less frequently among the attendants.

The alcoholic who falls a victim to tuberculosis and comes under treatment, either does very badly or does remarkably well. Alcohol may have some curative value in tuberculosis, but it is a dangerous remedy, since it is difficult to use it without causing secondary injury. Better results were obtained in patients who did not use tobacco than in those who did. The statistics seem to indicate that the use of tobacco has a predisposing influence for the implantation of tuberculosis, and the prevalence of smoking among males may be one of the factors that cause tuberculosis to find more victims among men than among women.

Digitized by Google

A record of 1,817 patients shows an average of 2.8 changes of residence per patient in three years, so that during this period 5,451 houses have been submitted to contamination, a statement which those who object to the registration of cases of tuberculosis have got to deal with. The average number of persons in the households from which patients came was 6.73; the average number of sleeping rooms per household was 3.62; the average number of beds per household was 4.16.

Of the 834 patients treated during the year, 717 (97.68%) had occupation of some kind prior to illness, and the average earning capacity was 91 cents a day, a fact which has an obvious relation to the incidence of disease, since occupations involving the hardest physical labor are those which are least compensated, so to the hardship are added lack of comforts and poor food. The long duration of the disease militates against recovery in the poor, since many of them are compelled to work in spite of their illness. The tendency to recovery from tuberculosis is very great, but the patients are unable to allow themselves the conditions necessary for recovery.

The need of some sort of compulsory insurance against sickness is indicated by the fact that only 9.94% of those treated received sick benefits. Altogether the figures given present a graphic picture of the distress and poverty of the tuberculous poor: an average earning capacity of ninety-one cents a day when well; an average incapacity of 50% of the patients to earn anything at all when sick; an average of 50% of patients with others dependent on them; and an average of 17% of the patients coming from homes where there is other sickness. This is a truly deplorable condition of affairs, against which those engaged in the anti-tuberculous campaign have got to struggle.

The writer of the Phipps Institute report says:

"Family relationship is the most prolific source of implantation. Contagion from the immediate generation, that is, from brothers and sisters and cousins, gives the largest percentage of cases, and contagion from the preceding generation, that is, from parents, uncles and aunts, gives the next largest percentage; contagion from fellow employees and consort's family gives quite a large number of implantations, and contagion from contaminated houses a surprisingly small number."

Digitized by Google

A healed lung is not a perfect lung, and restored health can only be maintained if subsequent activity is moderated; and the poor patient can enjoy his renewed health only so long as a helping hand is extended to him.

The part of the report dealing with these sociological factors occupies but one-seventh of the whole volume, but these pages are pregnant with lessons for those who have to deal with the tuberculous poor.

Notes and Comments

Treatment for the Inebriate Poor.—In the last annual report of Bellevue and Allied Hospitals, Dr. M. S. Gregory, resident alienist, points out the need for special provision for the treatment of habitual drunkards. More than one-tenth of the 3,000 patients admitted to Bellevue's psychopathic ward in 1907 were suffering from insanity directly due to alcohol, and in forty per cent. alcohol was a prominent factor in the etiolgy. And yet no provision is made for the treatment of alcoholics, either rich or poor. Dr. Gregory says: "It would be the greatest aid to humanity if measures might be taken to reduce the consumption of this poison to a minimum, and to provide proper curative institutions for those who have formed a habit but have not passed the curative stage into one of complete mental and physical deterioration. Such an institution should be custodial as well as educational. In such an institution many will find recovery."

A bill is to be introduced into the New York Legislature of 1909, calling for the establishment of a farm labor colony. While primarily not intended for alcoholics, it may serve in the solution of providing for the treatment of such, for these can be committed as vagrants (a charge that will rightly apply to many habitual drunkards) for indeterminate periods, not to exceed two years. Enforced abstinence from alcohol, and compulsory work on the farm, with medical attention from the colony physician, should affect a cure in many instances.

"Out of Its Quagmire of Inactivity and Desuetude."—In a paper read before the Minnesota State Homœopathic Institute (*The Clinique*, Sept., '08), Dr. William E. Leonard, professor of materia medica and therapeutics at the University of Minnesota, pointed out the unique opportunity afforded to homœopaths at this time, to demonstrate by exact methods that the law of similars is in accordance with the most "scientific" medicine of to-day, and urges that they, the men in Minnesota, lift our beloved homœopathy out of its quagmire of inactivity and desuetude.

Membership in Old School Societies.—In its leading editorial for September, the *Clinique* exhibits a very rational attitude toward the vexed question as to whether a physician practicing homœo-

Digitized by Google

pathy should accept or seek membership in an old school society. The concluding paragraph is as follows:

"If a legally licensed practitioner takes account of his professional stock, his community interests and his ultimate ambition, and concludes that he will find more professional satisfaction, a greater financial success, or more social prestige by forsaking homœopathic connections, I see no reason for criticism of the man's professional character, or impugnment of his honesty. Or, if membership in an old school society is unreservedly on the common ground of legal right to practice, if a man may work as he will, and where he has an opportunity, so long as he transgresses no law of the commonwealth, then membership in as many professional societies as time and income allow is distinctly good. But for a man who, out of his individual study and experience has reason to believe in the therapeutic value of studying the action of drugs on the healthy organism and the application of that knowledge to disease, for such a man to meekly submit to the dictation of a society in its demands to forego discussion, or mention, or affiliation with the term 'homœopathic' is a curtailment of independent mentality which belongs to past generations of political and theological domination."

The Council of Medical Education.—The Council of Medical Education of the A. I. H. is also the official board for the promulgation of homœopathy, and as such, has at its disposal the $6,000 pledged by societies and individuals at Kansas City. The Council at its recent meeting in Boston mapped out the following program: 1. The compilation of a list of high schools, academies and colleges whose curriculum is up to the standard of the A. I. H.; 2. Solicitation of the aid of professors and students in such educational institutions who are patrons of and believers in homœopathy in putting into the hands of students who are intending to or think of studying medicine, the pamphlets which the Council are to prepare; 3. The placing of as much information as possible showing the advantages of and demand for homœopathy before the people through the newspapers and magazines; 4. The arrangement of the dates of the meetings of homœopathic societies in chronological order, so that some member of the Council can be present for the purpose of soliciting membership in the A. I. H.; 5. The publication of pamphlets giving the reasons why students should study homœopathy, for transmission to any colleges that desire them; 6. The work to be under the direct charge of the Council, its secretary, Dr. W. A. Dewey, being chief organizer at a salary of $2,000 a year. Other members of the Council and their assistants will be paid $10 per day and actual expenses.

Tea and Coffee and Digestion.—Roberts gives an analysis of the effects of tea and coffee on digestion, in which he finds very little difference in their action. Whatever differences there may be are probably due not to the caffeine or theine, but to the volatile oils and to the tannin of tea and the caffeine and caffeotannic acid of coffee. Tea is more apt to produce indigestion and constipation, while headache and injury to the eyes often follow the use of coffee. Wakefulness follows both; with tea it is an unpleasant and distressing insomnia; with coffee the wakefulness is of a more pleasant and dreamy character.

Regulating the Practice of Medicine by Injunction.—The State Medical Board of Ohio secured an injunction from Judge

Digitized by Google

Reed restraining H. P. Murchison, a so-called "chiropracticer," from practicing medicine. The *Toledo Blade* says: "Dr. Murchison protested that he was not practicing medicine and therefore could not be enjoined from the practice of medicine. 'I use no medicines at all,' he said. 'Very well,' replied Judge Reed, 'then an injunction restraining you from such practice will not interfere with your work at all, and you have no ground for objections.'"

Spectacles, Please, for the Critique's Editor.—The September *Critique* remarks that "up to the present writing *The Critique* is the only homœopathic medical publication to publish a picture of the president-elect of the American Institute of Homœopathy. Isn't that peculiar, to say the least?" Was this comment penned prior to July 5? On that date the July issue of the NORTH AMERICAN went into the mails, and contained an account of the Institute proceedings, together with a portrait of Dr. Wm. Davis Foster, of Kansas City, elected president at Kansas City.

Correspondence

DEAR NORTH AMERICAN:

Apropos of the article published by Dr. G. C. Birdsall in your paper (third series, Vol. XXIII, No. 6), I should like to publish in your paper the observations (which seem to me very important) of Dr. A. Biasotti, Director of the Laboratory of Medical Chemistry of Rome, made public in a meeting of the Lancisiana Society on the 25th of last April.

Dr. Biasiotti in his work on the Pathogenesis of Arterio-Sclerosis, begins by showing that while sclerosis, atheroma and calcification represent for the anatomical-pathologist three different processes, for the clinic instead these three different pathological conditions are generally considered as the same morbus entity. Dr. Biasiotti's classification of the causes of arterio-sclerosis is:

1st.—Toxic causes.
- (a) Alcoholic and food intoxications of long standing.
- (b) Slow toxicohemia, determined by long use of some medicines.
- (c) Slow toxicohemia of intestinal origin, determined by gastro-intestinal fermentations, especially due to absorption of some organic acid.
- (d) Infectious toxicohemia.

2nd.—Modification of the chemism of the organs due to altered functionality of those organs, or due to degenerative processes inherent in them.

3rd.—Modification of the chemism of the blood.
- (a) Due to excessive and continuous modifications of the different components of the blood, the cause of variations in the reactions of the same.
- (b) Due to a tardy elimination of products of human catabolism; for example, uric acid.

4th.—Abatement of process of nutrition.

Digitized by Google

Such a group of causes determining arterio-sclerosis shows evidently the great importance of the altered chemism of the blood, as great as the alteration in the organs, upon which the blood vessels are found to depend.

The question to which Biasiotti immediately calls our attention is that of establishing whether the lesions of the blood vessels are due to the fact of a direct explication of the altered chemism on the intima or on the other walls of the blood vessels. He, therefore, shows how such a question is connected with the question of the nutrition of the blood vessels, that in the large arterial trunks is performed by the adventitia (guaine perivasali) by means of the vasa-vasorum.

Biasiotti goes on to demonstrate how from the anatomo-patho'ogic side, atheroma, calcification and sclerosis represent some regressive alterations and are always the result of alterations of the chemism. He refers here to his researches on experimental calcification of the blood vessels, communicated to the Congress of the Sciences in Parma, and that are a valid confirmation of said ideas.

The origin of the regressive alterations explained thus, Dr. Biasiotti endeavors to explain the origin of the progressive alterations, advancing the hypothesis that chemical agents could determine on the walls of the blood vessels identical alterations with those that we see in the tissues caused by the penetration of some chemical substances (flogistic process of chemical origin).

The numerous studies made in the last few years pointing to the demonstration of the connection between arterio-sclerosis and alterations of the supra-renal capsules have induced the majority of authors to retain the hypertension as the cause of this disease.

Dr. Biasiotti instead shares the ideas of those few who think that the action of the supra-renal capsules on the blood vessels is felt through the toxicity alone and to substantiate his opinion adduces the following reasons:

1st.—The arterio-sclerotic patients are not always hypertensed.

2nd.—The strengthened second aortic sound, whose presence demonstrates the increased blood pressure, is not a constant fact in this disease.

3rd.—In many cases there was no alteration of the supra-renal capsules present with the arterio-sclerosis and vice-versa.

The same may be said of the hypertension that it is not always seen accompanying arterio-sclerosis.

Other means by which calcification of the blood vessels has been obtained experimentally in animals, as for instance by means of injections of lactic acid, oxalic or uric acid, acetate of lead, nicotine, florizine, etc., confirm still more the opinion of Dr. Biasiotti that the cause of arterio-sclerosis is rather the toxic action than the hypertension.

Dr. Biasiotti thinks then that the connection between arterio-sclerosis and the alteration in the chemism should be considered proven and that this connection is easily explained by the means of nutrition of the blood vessels.

Digitized by Google

International Homœopathic Review

Conducted by - - - - - - - P. W. Shedd, M.D.

Lupus vulgaris.—About two years ago, the writer was consulted by a woman with an ulcerated surface in several places on the forehead and an external swelling of the right face, on the fore part of the cheek, extending into the ala nasi. The skin was red, and tubercles were perceptible to the touch. The diagnosis made by others, and confirmed by myself, was tuberculosis, and she had been under treatment (external applications, etc.) for a year and a half in her native town. The case was sent home without medicine while I studied the syndrome. She was under treatment for two months: Sulphur, phosphorus, aurum iodatum, and, finally, calcarea carb. At the end of this period the face was clear and has so remained. Dr. Doege. *Leipziger Zeitschrift für Homœopathie.*

Textbooks in Materia Medica.—Dr. George Royal in the *Iowa Hom. Journal* says: Allen's Handbook I use more than any other. In it I find the relative value of the different symptoms indicated by the different types of print. I also find that the clinical notes save much time, as Allen has arranged the symptoms into groups frequently found in practice. The relative value and convenient and accurate grouping of the symptoms are of great advantage to the busy practician.

Lilienthal's Therapeutics, though not strictly a text-book on materia medica, comes next to the Handbook in frequency of use. In this book the remedies are not only classified according to the tissues and organs which they affect, but the type and arrangement of each facilitates differentiation.

Hughes' Manual of Pharmocodynamics gives us, in a narrative form, the pathologic as well as the physiologic and dynamic symptoms so interwoven as to make the study of materia medica interesting and instructive. This book I read through once every year.

Farrington in his "Clinical Materia Medica" compares in a narrative form the different remedies which Lilienthal and McMichael compare, one by classifying in groups and the other by arranging in parallel columns.

Nash's Leaders I try to read once a month in order to keep fresh in my mind the mountain peaks of symptomatology which Nash shows so clearly to his readers. These three books are the ones to suggest to any old school friend who wants to glean in our field of materia medica because they are nearer, in form, not substance, to what he is accustomed to use.

On the other hand, Hering's Condensed is the last book you want to put into the hand of young students or a new convert from the old school. It was given to me as my first text-book and I was told to study rhus tox for my first remedy. This came very near sending me back to allopathy. Now, I could not get along without the Condensed, because in it I find the "make up of the patients," "stages and states," also "relationship," to be a great help.

Digitized by Google

Cowperthwaite in his Materia Medica has these points in a less perfect degree, but compensates therefor by giving the tissues upon which the remedies act and the clinical condition for which they are most frequently used. When I become despondent, I either take a dose of nat. mur. or read Hempel's Materia Medica. His lecture on calendula will restore any doubting materia medica Thomas.

Clarke's Dictionary I prize because all the remedies which have been proven are found therein. There is nothing in the type to indicate the relative importance of symptoms, neither are they grouped as in Allen. The repertory is excellent. I find the arrangement of the modalities in this book more convenient than any except Hering's Condensed, which it excels because it contains so many more remedies.

Kent's Materia Medica presents the picture of each drug in most vivid and brilliant colors, thereby making it most interesting and instructive reading. The manner in which it is paragraphed and indexed detracts much from its usefulness as a book of reference for the busy practician.

Dewey's Essentials is the best book we have for the beginner who must memorize the characteristics.

Boericke's Materia Medica, the last edition, with its repertory, I consider more suitable for third and fourth year students and for the physician to pick up and refer to while he is talking to his patient. It contains a few symptoms of nearly every remedy. The learning and experience of the author have enabled him to select the grains of gold from the large amount of dross.

Ptelia Trifoliata in Frontal Headaches.—I know of no remedy more to be depended on in the treatment of frontal headaches than ptelia trifoliata. They may be either of a racking character, with heat of the head and face, pressive pain in the forehead; piercing pain darting through the temples, pressive, heavy frontal headache shooting from within outwards, worse at night and aggravated by stooping; headache of a persistent character, the pains sharp and darting, from the frontal to the left parietal region, frontal headache, aggravated by movement and by noise, sudden pressive or neuralgic pains in the temples, worse at night; throbbing pain over temples, passing from the left to the right; dull, frontal headache, accompanied with great acidity of the stomach and mental depression; pressive pain suddenly occurring in the temples, as if the temples would be pressed together; headache over the eyes. Rubbing the eyes aggravated the headache, and raising the eyebrows increased the pressure. Dr. F. Kopp. *Homœopathic World.*

The Gonococcus.—The nervous young woman, pelvically sick, is a common enough fact in the consultation room, and there is hardly another disease syndrome arousing more pity and commiseration in the physician familiar with its course. Young, fresh, with all the hopes and phantasies of youth, marriage had been contracted, but, after a short time, the prodromes of troubles appear, gradual in onset, but persisting to the withering of womanly health

Digitized by Google

and vigor. For a long time the cause of this grave and chronic, if not life-endangering, evil remained unknown. It is true that Hahnemann's genius had gathered together the symptoms into a disease type which he termed sycosis and ranked among the chronic infections. He taught that it was not enough to remove some single morbid phenomenon, but that it was necessary to attack the essential sycotic infection. This Hahnemannian doctrine was not only scorned by the old school, but neglected by his own followers, and ranked by the ignorant and arrogant with his psora theory. But in the 70's medical knowledge had an uplift with the publication by Nöggerath, of New York, of a treatise on "Latent Gonorrhea in the Female," wherein he traced the origin of a number of obscure and persistent troubles in young women to gonococcal infection. His theory, at first, was generally disputed, but finally won out, and we know today that Hahnemann at least observed and pictured correctly the action of this virus upon the female organism.

In most cases the infection remains at the point of deposit, and shows itself as a catarrh of urethra, vagina, cervix, and, properly treated, may be checked and cured. Cannabis, cantharis, mercurius, eupatorium purpureum, equisetum, petroselinum, used wisely, render excellent service. The "specialist" treatment, however, with caustic or destructive agents, such as iodine tincture, etc., cannot be too strongly reprehended.

Among the homœopathic remedies, thuja and nitric acid, as recommended by Hahnemann, still hold the first rank. Of thuja he says that its morbid phenomena frequently appear after a cervical catarrh has had iodine treatment. Nervous irritability and weakness and a melancholic mind are characteristic; in nitric acid, which may be alternated with thuja, there is leucorrhea and bone-pains. Furthermore, we have such well-known remedies as pulsatilla, sepia, kali carb., cimicifuga, etc. Dr. K. Kiefer. *Homœopathische Monatsblätter.*

Some Points on Phosphorus.—The moment a second year student touches phosphorus he is reminded that it is a wonderful remedy in lung troubles, and that there is seldom a pseudo-homœopathic prescription made for troubles pneumatic in which phosphorus doesn't at some time or another in the case have a swing for its white alley. There are many forms of cough and sputa and bronchial difficulties where this remedy is *par excellence.* There are also several sheafs of stomach symptoms and bowel symptoms where phosphorus leads the procession—indeed, is the whole procession. And yet to assume that phosphorus, or any other remedy, for that matter, will cure a given pathologic condition irrespective of the well-proven and classic homœopathic symptoms is to fall down hard on homœopathy itself, and catch oneself wondering if eclectic or allopathic medicine is not a blamed sight better therapeutics, since it doesn't require such close study of the symptoms.

The phosphorus patient is, as a rule, not always, of course, a tall, slender, handsome personage with dark hair, a pretty eye—two, in fact—a white face, with a charming spot of normal rouge on each cheek; the lips are full and amorous, chin somewhat

Digitized by Google

heavy and sensual; graceful in manner and deportment, and very, very fond of the opposite sex. The patient is as hypersensitive as the belladonna patient; hearing and seeing and smell, tasting and feeling far better than other people, and very unlike, let us say, the calcarea carbonica patient, with this grand and distinguishing difference, however, that in belladonna this hypersensitiveness is a disease condition, while in phosphorus it is natural. Do you catch that? Very well, then, kindly hold on to it, for it is one of the bulwarks of phosphorus. In belladonna the patient is prone to be wild and umanageable as the result of his cumulative disease; while in phosphorus there is no excitement beyond that which appertains to the individual *per se*.

This latter patient, then, this phosphorus personage, of either sex, is classed with those mysterious, almost uncanny and supernatural creatures who have a sixth sense; who are born with a caul; who are able to see what is not seeable, to hear what is not hearable, and, in general, to know what is not knowable. So we come to that division of people who live in attics—that is, the clouds, who are always at concert pitch—'way up in G; who are primed full of sleezy sentimentality and unctuous imagination; who write Browning poetry by the metre—though not always in meter; who paint pot-boiler pictures of the impressionist order, wild of composition, leery of perspective, and totally unfounded in common reason; that order of people who are clairvoyant (kartenschlägerin), palmist, theosophist, Christian scientist, spiritualist —and of the like order of occupation or religious belief. Dr. Frank Kraft. *The Medical Counselor.*

Diabetes: Conium.—Dr. C. M. Boger, (reported in the I. H. A., June 29, 1908), says: Although the apparition of diabetes is not reassuring, the power of the simillimum is so great that we should not despair too soon, for the recognition of individualities often enables us to cure very advanced cases. In 1872 Jahr gave carbo vegetabilis, ledum, natrum muriaticum and phosphoric acid the first place, and aurum, baryta muriatica, conium, magnesia carbonica, mercurius, muriatic acid, nitric acid, phosphorus and sulphur the second in its treatment. Böenninghausen's Aphorisms of Hippocrates mentions argentum, arsenicum, carbo vegetabilis, colocynth, creosote, natrum muriaticum, phosphoric acid, ranunculus bulbosus, scilla, sepia, sulphur and thuja. Both of these gifted men, who stood so close to Hahnemann, placed carbo vegetabilis, natrum muriaticum, phosphoric acid and sulphur in their lists.

It has been my good fortune to see diabetes insipidus cured with natrum sulphuricum 30, a somewhat rare occurrence, but the still more gratifying experience of seeing a case of diabetic gangrene get entirely well is most remarkable. On May 4th I was requested to see Mrs. C., æt. 67, who had been under treatment about five months; her last attendant had discovered 25% of sugar in the urine about two months previously. During the last six weeks gangrene had set in, first in the left toe, but latterly there were six blotches on each lower leg, three about the size of a silver dollar and three smaller ones. The husband had consulted

Digitized by Google

a specialist, who offered little hope, but a very accurate chemical and microscopic diagnosis, all of which determined him to try homœopathy. Although the case looked most forbidding, it did not take long to discover that the overwhelming apathy of the patient came from a long-continued worry, and this, combined with the greenish discolorations of the smaller gangrenous spots and the profound prostration made me think of conium at once. She, therefore, got one powder of the 200 every night and morning for three days, then one every morning for a like period, then one every other day for three doses, and, lastly, placebo for ten days. The anti-diabetic diet was gradually enlarged, and in three weeks I had the satisfaction of finding the urine free of sugar, only faint traces of gangrene on the legs, and the little toe over half well. She now was not quite so well for a few days, but conium 200 every other day soon set everything right; part of the toe sloughed off and it healed up. The patient is now up, and looking very well.

Lac Caninum.—Some of the earlier writers in medicine mention the use of bitch's milk as a remedy, but we owe its modern use in medicine to homœopathy, where it fills a very useful and pretty well defined place. It is not a little remarkable that the weak points in the organism of the dog should correspond to the region most affected in the human economy by provings of this substance.

The tendency of lac caninum symptoms is erratic, to wander from place to place, but in doing this they almost invariably change from side to side, be the disease what it may. This is especially true of the throat manifestations. Objectively the parts may present almost any appearance from a simple angina to tonsilitis or diphtheria. As a matter of fact, this repeated changing from side to side happens in recurrent tonsilitis oftener than in any other throat affection. For this type of sore throat it is the only remedy I know of.

In diphtheria the membrane is very often of a glistning, china-like whiteness, and the mucous membrane of the throat also takes on this glistning or varnished appearance (apis, kali bichromicum). Cracks often appear in the angles of the mouth and nose.

The alternation of sides is not restricted to the throat by any means; it is not unusual in the female sexual organs, first in one ovary then in the other, or they shoot from one to the other. Here cimicifuga leads all other medicines, but if the concomitants agree lad caninum may be indicated.

Before we leave the female sexual sphere I wish to call your attention to the great usefulness of this medicine in drying up the breast milk. Sometimes, for various reasons, you may find yourself compelled to stop the flow of milk, and it will be one of the pleasures of your practice to do this without resorting to the nasty practice of applying camphorated lard or belladonna ointment, like the old school. If lac caninum, in the rapidity of its action should form a few nodules in the breasts, phytolacca will speedily disperse them.

The lac caninum patient is exquisitely sensitive, overwrought and full of all kinds of horrid imaginations; she thinks she is tormented by the presence of snakes, dreams of them, is terrified by

Digitized by Google

them. She fancies her body is loathsome with disease or that she has some poison or other in her system(lachesis, vipera). She even doesn't want her fingers to touch each other, so she keeps them spread apart (lyc., sec. c.). This sensitiveness extends to the retina. which retains impressions of objects long after the eyes have been turned elsewhere. like nicotin and tuberculin. Lac caninum then presents the very useful combination of throat and sexual symptoms; one that will come up in your work pretty often, and when it does you will do well to look this remedy over very carefully. Sore throat coming on and passing away with menses should attract your attention (mag. c.). Menses are sometimes green.

The symptoms are very apt to be worse on the morning of one day and on the afternoon of the next. In a general way is reminds one very much of lachesis.—Dr. C. M. Boger, *Hom. Recorder.*

Sound Sense.—A certain physician in San Francisco a few years ago worked diligently for six weeks with his remedy in a high potency, selected entirely upon the subjective symptoms, trying to remove a ringing noise in a patient's ear. He failed miserably, for the noise came from inspissated cerumen, which was removed by another physician, and the noise cured.

As a materia medica student this man has few if any superiors, but his failure was absolutely inexcusable in this case. Had he been less biased in favor of the purely subjective system method of taking his case, the results would have been very different both for the patient and for his reputation. And let me add, much better for homœopathy also, for the patient naturally inferred that his method was the homœopathic method, and being a fizzle in the full sense of the word, went to an allopath, who scored both the man and the method unmercifully.

To know only materia medica is not sufficient, although it may be the most important branch in our work. To know only diagnosis and not materia medica is but part knowledge, and mighty little consolation to a patient, for what he wants is a cure and not a diagnosis. And to understand surgery, and surgical diseases alone, is not sound understanding, for all diseases are not surgical diseases. Hence, to take a case properly it is necessary to understand the materia medica so that one will be able to differentiate between two or more remedies when it becomes necessary to do so. Furthermore, only he who understands the materia medica is able to obtain a full import of the symptom, i. e., is able to uncover all that goes with a symptom of pain or whatever else it may be. The word pain indicates little or nothing, but when you add how, when and where to it, i. e., add the modalities, you obtain valuable data. But strange as it may seem, the modalities of a remedy mean little or nothing to a poor materia medica student.

To this knowledge must be added the knowledge of physical diagnosis, for without this there can be no clear or intelligent interpretation of the symptoms. There must be added a knowledge of surgical disease. Though one be no surgeon, he should know when a surgeon is or is not needed. In short, many things directly of a medical and surgical character must be more or less thoroughly understood.

Digitized by Google

I recall a patient now who had a very decided mental derangement, the result of having read incessantly for years occult literature. The family physician, a very able man in "medicine," failed utterly to understand his patient's symptoms and made a diagnosis wide of the mark and came within an ace of sending his patient to the asylum. His leaving the city for a time and the calling in of another physician saved her this awful calamity.

She was placed in the hands of a man well versed in many branches, and particularly in the lines of the occult, who quickly saw things from a different view point and worked along different lines and straightened things out. The first man knew nothing of occult literature, and like most of us when we know little or nothing about a thing, talked most dogmatically against it, and so antagonized his patient that he lost all control over her. A knowledge of the occult may or may not have a direct bearing upon the subject of medicine, but some knowledge of it helps us wonderfully to understand many peculiar things we see in patients. And so with other subjects. We come closer to our patients when we understand a little of what is all important to them.—Dr. Philip Rice, *Medical Advance*.

Bothrops Lancelolatus.—The yellow viper or fer-de-lance of the islands of Martinique and Sainte-Lucie, where it is exclusively found.

Toxic Action.—The snake bit is announced by a sharp, sudden pain, often with syncope, and the effects are commonly perceptible within 15—20 seconds, at first entirely local. Sensibility becomes dulled and may disappear, and in the less serious case the phenomena end here. Amelioration in these conditions usually occurs the fourth day, with abundant sweats and a diminution of prostration. Sometimes convalescence is less simple, and a more or less intense fever and pulmonary congestion, with more or less oppression develop. If this passes into pneumonia, the complication is generally fatal.

In grave cases there is produced around the bite a swelling, at first pale, then livid, which involves the whole limb, with a painful sensation radiating to the epigastrium, an indefinable malaise, general discomfort; then, nausea, vomiting, inexpressible lassitude, frequent vertigo, confusion of mind, somnolence, coma, which may terminate in death. At the same time there is slowing of pulse and respiration, discoloration more or less dark and bluish of the skin, comparable to that of cholera in the algid state or yellow fever in the final period. There is coldness of the extremities; the body is covered with cold, viscid sweat, and, finally, repeated syncope precedes death, which may follow cerebral or pulmonic phenomena. A certain number of symptoms should be particularly noted:

Thorax.—Precordial pains, oppression, bloody expectoration, pneumonia. At autopsy, black spots on the pericardium and beneath the endocardium; the trachea and bronchi are violet in color; the heart soft and flaccid.

Arms.—Numbness. A soft swelling, emphysematoid, of the fingers, hand, arm, with very painful, violet-colored discolorations. The fibrous and muscular tissue is gorged with black blood. Great

Digitized by Google

phlegmons develop with dermal necrosis. The bones of the forearm and hand may become denuded. Consecutive necroses. Paralysis of the right arm.

Legs.—Enormous tumefaction of the thigh, skin bluish; serosanguinolent infiltration; phlyctenulæ in the popliteal space, gangrene of the skin of the right limb, of the knee, of the foot; denudation of the lower end of the tibia (15 days after the bite), gangrene of muscles, destruction of the skin of the whole leg, muscles bared, vast suppurations, intolerable pain in the right great toe (the patient having been bitten on the left thumb; gangrenous ulcer of the right toe; paralysis of the right leg.

Pathogenesis.

General Symptoms.—Nervous trembling; syncope; sudden or rapid death, with agony; general feebleness and emaciation; hemorrhages from various points, especially from wounds; opisthotonus after 18 days.

Mind.—Obstinate hypochondriasis.

Sleep.—Tendency to sleep; somnolence; coma more and more profound, ending in death.

Fever.—Chilliness; general heat; pulse rapid, tense; chill followed by very abundant cold sweats.

Head.—Hemicrania, confusion, vertigo.

Face.—Puffy, injected, bluish.

Mouth.—Trismus on the 18th day; aphasia after 7-15 hours, impossibility of articulation, though the tongue is mobile.

Eyes.—Hemeralopia, amaurosis without noticeable iridic dilation, persistent amaurosis.

Stomach.—Vomiting; extreme epigastric distress; nausea; the gastric mucosa is red and covered with points.

Abdomen.—Colliquative diarrhea. Intolerable pains in the pelvis; the small intestine is red, livid, papillated.

Kidneys.—Hematuria.

Skin.—Profuse cold sweats at the beginning and end of the sickness. Skin bluish, as after an enormous contusion. Shiny yellow as in yellow fever. Phlyctenulæ. Blackish subcutaneous and intramuscular serous infiltration. Gangrene. Wounds heal difficultly.

Sphere of Action and Characteristics.

Like all serpent poisons, bothrops is a powerful hemolytic. From the functional quite as much as from the anatomic lesions, we see that the special action of the toxin is upon the vascular and nervous systems, the first reacting upon the second. Its right-sided action is to be particularly noted.

Usage and Dose.

Taken *via oris* and in moderate dose the venom is without action because of its destruction by the gastric juices. But marked effects are produced (1) by a large dose, for then a portion passes into the blood before decomposition is effected (2) by the infinitesimal dose, where there is no chemical action because of the rapidity of absorption. Therapeutically, bothrops is used in the 12th

Digitized by Google

centesimal and upwards, with an average dose of four drops in 24 hours.

The homœopathic school has made but limited use of bothrops; in aphasia (Farrington), and in diffuse phlegmon, a lesion common to all the cases observed (Ozanan).

Its pathogenesis would seem, however, to indicate it in yellow fever, cholera, melancholia, hypochondriasis, right hemiplegia, hemeralopia, amaurosis, hemicrania, vomiting, intolerable colics, obstinate diarrhea, pulmonary congestion, grave pneumonia, bone necrosis, obstinate lucers. Dr. G. Sieffert.—*Le Propagateur de l'Homœopathie.*

Insomnia.—A lady of sixty-six came to say that for ten years she had not known what it was to sleep well, and latterly had thought herself lucky if she got two or three hours during any one night. She was restless, but had no special symptoms beyond numbness and tingling of the fingers occasionally. She was given coffea 6 night and morning. At the end of a fortnight she returned delighted with the increased sleep she had obtained. The time of sleep gradually lengthened till now it is practically normal, although she says she cannot do without the medicine. Dilutions 3 and 6 have been used throughout, and occasional doses of kali carb. 200 because of a tendency to wake at 3 or 4 a. m. I think this intercurrent remedy helped the progress of the case.—Dr. C. E. Wheeler, *Hom. World* (London).

Rheumatism in Children.—Valvular and other forms of organic heart disease are appallingly frequent, and it is necessary to be on the watch for rheumatic manifestations in children burdened with a known rheumatic inheritance. This is all the more important because there may be few or no symptoms calculated to awaken suspicion in the minds of the parents that serious mischief is on foot—perhaps only some slight feverish condition, too trivial to send for the doctor, such as a headache or a slight sore throat. It must never be forgotten, too, that scarlet fever is a definite cause or forerunner of rheumatism. Unfortunately, by both parents and teachers the headaches, irritability and irregular movements of early chorea are put down to "naughtiness."

Many conditions are now known or believed to be "rheumatic," the rheumatic nature of which was previously unsuspected. Such conditions are especially frequent in the early years of life, e. g., chorea, "growing pains," erythema, tonsilitis, some forms of pleurisy, subcutaneous nodules, slight pains in the joints, and other less common conditions. In adults the disease expresses itself as an acute polyarthritis for the most part, otherwise better known as "rheumatic fever." Even the "man in the street" knows how frequently rheumatic fever damages the heart, but it is possible, even probable, that in children the risk of organic disease of the heart is greater than in the adult, even though the rheumatism occurs in non-arthritic forms. In the adult form the patient must perforce take to his bed, and thus secure complete and sustained rest; but in the child the pain is often so slight, even during the active phase of his disease, that he escapes the complete and prolonged rest which would save his heart.

Digitized by Google

Chorea is regarded as a manifestation of rheumatism, and rheumatism defined as a general infective process due to the presence of a micro-organism (the *diplococcus rheumaticus*) or its toxins. It may be, however, that other micro-organisms play a part in its production. Its usual signs: (1) Incoördination of muscular movements; (2) emotional and mental phenomena; and (3) paralytic symptoms, sometimes of hemiplegic character, with or without aphasia ("dumb chorea"). It is associated with (1) cardiac troubles; of heart troubles met with are (1) chorea cordis, simple irregularity, (2) articular troubles; and (3) "rheumatic nodules." The forms like the incoördination of other muscular movements; (2) acute dilation, especially of the right side, due to myocarditis; (3) endocarditis, with systolic murmur at apex, or mid-diastolic mitral murmur—resembling reduplication of the second sound—at apex; (4) pericarditis. This last is the worst of all, for all the worst "accidents" in chorea are associated with it, e. g., pneumonia, hyperpyrexia, etc. The knee-jerk varies; it may be (1) normal; (2) increased; (3) absent; (4) what is known as the "hung up" in character. In all cases of cardiac complications in chorea, the child should be put to bed for at least six weeks.

Sydenham's chorea is the usual form, and is called by Sir Dyce Duckworth "rheumatism of the brain." It is a disease of childhood and youth, much more common in girls and among poor children in large towns. That it is closely associated with rheumatism cannot be doubted, for it is often comp licated by endocarditis, especially the mitral form, and is often followed by chronic valvular disease, more especially mitral stenosis. Children thus affected are likely to be ill-developed. The prognosis is bad, as it so quickly tells back on the lungs and venous system. Fatal cases are further often complicated with both endo- and pericarditis.

Rheumatic children are usually bright and intelligent; alert, keen, emotional, attractive, and often highly nervous. They are the teacher's favorite pupils—the "show" scholars. Whether in play or at work, they are apt to go to extremes. They tire themselves out in play or work, have headaches, and even when they go to bed they cannot sleep because the body or brain is too tired, or because they are afraid in the dark and are worried by dreams and nightmare. Thus the general health fails, and headache, which is often an early symptom of chorea, comes on. The power of attention fails, and concentration is impossible. The lessons become difficult; the child worries over them, dreads them, dreams of them, and chatters of them in her sleep. Then comes the fully-developed form of chorea.—*British Homœo. Review.*

An Unheard of Combination!—The faculty list of the Eclectic Medical College of the City of ew York sets forth that George W. Boskowitz, A.M., M.D., is Professor of Surgery, and that George W. Boskowitz, with the same qualifications and hailing from the same address, is Professor of Therapeutics. Fancy a surgeon in 1908 knowing anything about therapeutics. But genial ex-dean Boskowitz is an all-round man in many ways.

Digitized by Google

Vol. LVI NOVEMBER, 1908 (Volume XXIII Third Series) No. 11

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

THE BASIC CONDITIONS OF A NATIONAL ASSOCIATION OF CLINICAL RESEARCH.*

By James Krauss, M.D.

Boston, Mass.

WHEN, a short time ago, I was asked by the Secretary of the American Institute of Homœopathy to write this paper, I was aware that the formation of a National Association for Clinical Research had been in contemplation for some time. Doctor Walter Wesselhoeft placed this matter before the American Institute of Homœopathy in 1904. He suggested it as early as 1884 in his presidential address before the Massachusetts Homœopathic Medical Society. I am not sure that my ideas will fall into the proper line, but as certain questions obtrude themselves for solution, I shall endeavor to consider them as briefly and as carefully as I possibly can.

I. What can be meant by clinical research?

Clinical research is a class of clinical work different from that usually done in homes, hospitals, and dispensaries. Clinical research implies systematic investigation. While every patient that comes to us for help gives us an opportunity for investigation, systematic investigation especially implies full information. There is no room for a tyro in research work. Research implies discovery of facts by observation and experiment. While every patient offers a field for observation and experiment, discoveries come by unexpected accidents, and, therefore, come only to those that are prepared to seize the most unlooked for facts. Research implies the establishment of principles and laws. This is beyond the powers of undisciplined minds. It requires philosophical grasp. Clinical re-

* Presented to the American Institute of Homœopathy.

Digitized by Google

search does not seek casual and unsystematic reports. If I understand it aright, it seeks systematized results of systematic, coordinated, verified or verifiable clinical investigations.

The idea that clinical work is necessarily inexact work and that clinical research cannot attain the exactness of the laboratory, and therefore should not be attempted, is fallacious. Clinical research naturally embraces laboratory research. The clinician can be just as exact and scientific as the laboratory man, and may examine and systematize clinical phenomena just as a physician may examine and systematize physical phenomena, provided he keep constantly in mind that unbiased observation must precede comparison and generalization, that generalization be not precipitate, that hypothesis serve only a temporary purpose as means of research and only when verified a permanent purpose as conclusion.

II. Why should we form a National Association for Clinical Research?

Because the clinical societies now in existence cannot be said to have for their object clinical research in the true sense of the word. Their object in receiving clinical reports and considering more or less isolated observations and experiences is too individual, too loose, too much fraught with the possibility of error for clinical research.

It is a matter of record and of daily observation that our hospitals as at present constituted are not the foster-mothers of clinical research. The hospital staffs are overworked, and, chosen as they are mostly by political or friendly preferment, are very often unprepared to do clinical research work. Such an excellent clinician as Osler has repeatedly declared that our clinics are in a crude, unorganized state; and Folin, of Harvard, remarks with an admirably truthful candor that the clinicians are hopeless mixtures of the correct, the probable and the impossible. (1)

Moreover, therapeutic agencies have, of late, come to be singled out and exalted to the dignity of therapeutic completeness (2), although logically the practice of medicine should take into consideration the relative states of the various therapeutic measures, and should use them all as they are indicated. In exploiting a single agent or a single method to its full extent and in making it serve as the complete medical armament for the ills of flesh, the use of this agent or method may be brought, and, in some instances, has been brought to a high state of decelopment. But this development is no justification for a forced attitude of the medical mind. To force a therapeutic agency to do service when there are other agencies at hand ready to do much better service, is to miss the real spirit of medicine and to fail in the true vocation of the physician, which is

Digitized by Google

to cure our patients in the safest, most expeditious and most agreeable manner.

But if, as has been suggested (3), the object of the association to be formed be to check the advances in surgery and the specialties in order to extend the field of medicinal therapeutics; if the object be to check the encroachments upon the so-called legitimate field of general practitioners, I believe it were better that such an association be not born, for the legitimate advances of surgery not only cannot but ought not to be hindered, the legitimate specialties are here to stay, and there can be no legitimate interests of general medical practitioners different from those of surgeons and specialists. The art of medicine has made such progress within the last hundred years, has undergone such transformations, and has become so assiduous in its scientific requirements that we cannot pause even for a moment to form associations for clinical research because of commercial reasons. The Association for Clinical Research must have its scientific justification, and, in my opinion, this justification lies in the present necessity for the systematic advancement of the art of medicine.

III. Why should the American Institute of Homœopathy take the initiative in the formation of a National Association for Clinical Research?

Because it is incumbent upon us, if it is upon any one, to prove the serious scientific nature and aim of homœopathy; and because it is impossible to undertake any sort of clinical reesarch without taking into proper account the work and the teachings of Hahnemann.

Modern scientific medicine, judged by its true import and purpose, begins with Hahnemann. Bichat and Broussais sought to establish the anatomical basis of disease; Avenbrugger and Laennec extended the methods of the physical examination of patients; Johannes Müller laid the foundations for modern physiology; Virchow founded the structure of cellular pathology; Pasteur and Koch fixed the etiology of infectious diseases, but neither the classification of disease on an anatomical or physiological or etiological basis, nor the physical examination of patients at the beginning, throughout the course, or at the termination of their disease conditions can be made to serve, alone or together, as the acme of practical medicine. Medicine must disclose therapeutic efforts that will stand the test of science and of the bedside. Hahnemann put pharmacodynamics on a scientific basis, and, by bringing drugs, for the first time in the history of medicine, within the category of observable perturbations of the physiological life similar to the perturba-

Digitized by Google

tions of the physiological life recognized in disease, gave to the treatment of disease such a degree of certainty, preicsion and completeness as was entirely unknown before his time.

Hahnemann has been accused of being a theorist, a founder of an abstract system of medicine, a dogmatist. What did he do?

He ascertained the effects of drugs on experimental, not on dogmatic principles. He did not take elementary physical qualities, such as heat, cold, moisture, dryness, and pretend to recognize therein, as Galen did, the usefulness of medicines. He did not take the physical resemblances to ascertain parts of the body and find therein, as Paracelsus did, the indication of the virtues and uses of drugs. He did not assign virtue to drugs because of their taste, odor, or other sensory attributes. He did not appeal to the chemical constitution of the drugs for their pharmacal virtue. He did not accept the empirical trial on the sick as the criterion for true drug effects. He did not permit any kind of conception or doctrine of disease to decide the virtue of drugs. He took a single drug and proved it on the healthy human organism. He did not prove drugs on animals. The physiological notations obtained through animal experimentations are too complete and too general for medical individualization on the human body. Hahnemann took no chances. The mockery of Voltaire that physicians pour drugs of which they know little into bodies of which they know less cannot apply to Hahnemann and his followers. Hahnemann noted not merely the general character of the drug action, which has been the traditional method of drug proving even since his time (4), but noted all the effects resulting from such provings and found that each drug produced in the healthy body not merely one symptom, but series of symptoms, subjective and objective, corresponding to entire disease pictures (5). This, one of the most far-reaching discoveries, made it possible to diagnose, in the true sense of the word, drug remedies as well as diseases by their manifestations in the human body, and the practice of medicine was thereby put on genuine, incontrovertible, instead of, as it had been hitherto, on hypothetical, assumed indications.

On one side, Hahnemann had the incontrovertible facts of disease, the subjective and objective symptoms; on the effects on the healthy human organism; and on the repeated observation that of two dissimilar diseases occurring in an individual, the stronger disease merely suspends the weaker disease for a time (6) or the two diseases complicate each other (7), while of two similar diseases the stronger disease annihilates the weaker (8), because both diseases attack the same parts of the organism and the strogner disease necessarily consumes the weaker (9), he determined that for a cure

Digitized by Google

we must choose a drug which produces in the healthy organism symptoms similar to those of the disease to be treated (10) and must administer the drug in such dosage as to produce drug effects that are stronger than the disease effects. (11).

The so-called law of similars is not a dogma. It is a guide. Hahnemann observed the action of similar disease, when occurring simultaneously in individuals (12), and as a consequence said: "Similia similibus curentur," let likes be treated by likes. He did not say that in all instances likes cure likes, or likes must cure likes. Hahnemann used working hypothesis as hypothesis, and not as verified conclusion.

He was not a theorist in the sense of a metaphysician. He was a physician and philosopher of the concrete rather than of the abstract.

He considered diseases as immaterial dynamic alterations or disturbances of life, not implying thereby a hyperphysical explanation of the nature of disease (13). All that we can really perceive are the signs, the symptoms of disease, never the disease itself. All so-called objective diseases, pathological conditions, eruptions, tumors, are merely objective symptoms and are called diseases by synthesis merely as a matter of convenience. If we go on with analysis to the last discoverable moment, we are still this side the veil of sensible elements, because the human mind recognizes only phenomena and only postulates noumena. Hahnemann, under the spell of the Kanitan philosophy, knew that things per se are unknowable. Thus his psora, for which he has been unmercifully assailed, is just as intelligible as our toxins. His psoric diseases are just as intelligible as our cachexias and diatheses and toxemias. He was imbued with the overwhelming importance that infection occupies in the causation of disease, and he traced the symptoms of chronic, recurrent, miasmatic diseases with such unerring power of observation that to-day, to speak in the medical parlance of the twentieth century, his description may be recognized as the best presentation extant of the many and varied subjective and objective symptoms of the chronic exogenous and endogenous intoxications (14). It is perfectly patent that he advocated the removal of the cause when manifest (15); that he advocated palliative treatment in emergencies, in great discomfort, and in great danger to life (16); that he adjusted the hygienic elements to normal physiological requirements (17); that he used psychic treatment in non-somatic mental and moral diseases (18); that he advocated surgery for primary local diseases (19), and that he employed dynamic, internal treatment for constitutional diseases with or without secondary

Digitized by Google

lesions (20); that he hardly differed in the circumscription of the use of the various physical, psychical, surgical and mericinal measures from the best practice of our day.

Hahnemann gave us no abstract system of medicine. Those that declare he did are in error. Systems of medicine are born to die. Hahnemann gave us a scientific method of treatment (21) and thereby assured the permanence of homœopathy.

If the American Institute of Homœopathy will, as I hope it will, give the impetus to the formation of a National Association for Clinical Research and invite other medical bodies, as it becomes advisable, to participate in this work, these facts must be placed in the proper light. It ought to be known as widely as medical knowledge goes that, a hundred years ago Hahnemann bespoke the use of physical, psychical, surgical and medicinal remedies on principles that are in vogue to-day and followed by the best medical practitioners. His discoveries and achievements are the possessions of modern scientific medicine. Behring and Wright recognize in their work the principle of homœopathy. Huchard leaves his chair of clinical therapeutics at the University of Paris with the avowed statement that homœopathy will be the therapeutics of to-morrow. The cogency as well as the profound importance of Hahnemann's work is beginning to dawn upon the medical world, and while in some quarters historical caricuature is still persisted in (as, for instance, when Potter in his work on Materia Medica says drug-proving is the only true basis of drug-using and then mentions with entire satisfaction Alexander, Crumpe, Thomassini, Curtis, Wood, Ringer, Murrell, Brunton, Hildebrandt, Fraser, Binz, Liebermeister, Husemann, Schmiedeberg, as having prosecuted this work and gives credit to negligible personages and no credit to the real creator of drug provings) (22), the tendency is really to acknowledge the merit of the work of Hanhnemann, but to ascribe this merit not to him, but to Hippocrates. Hippocrates had indeed noticed that of two simultaneously occurring pains, the stronger pain moderates the weaker (23); and in the sixth book of his epidemic diseases he makes the remarkable statement that similars must be used in treatment since one pain soothes another pain (24); but he nowhere says how we are to obtain the similars. The fragmentary writings bearing the name of Hippocrates contain in one shape or another the germs of all current methods of treatment. But no one would say that he was the creator of the antiseptic treatment of wounds, of intubation of the larynx, of nephrolithotomy just because he happens to mention in more or less clear terms these therapeutic procedures.

Digitized by Google

While the teachings of Hahnemann were a target for ridicule he was made to bear the blame. Now that his teachings force almost universal recognition, it has been discovered that they are not his.

I believe the Americman Institute of Homœopathy has a duty to perform.

IV. What is clinical research to establish?

Clinical research, if it is to establish anything new, must first of all establish the certainties and limitations inherent in the art of medicine as practised at the present time.

Medicine has not been an exact science because it has rested most of its work on hypothetical indications. All the strife in the history of medicine grew out of the use of hypothetical indications for the treatment of disease. The hypothetical indications, taken to be true and incontrovertible, led from time to time to the formation of the various theoretical schools and systems of medicine (25). Generalized conceptions, be they of doctrinal physiology and pathology (humors, acridities, irritants) as they used to be, or of experimental physiology and pathology (tone, intoxication, metabolism) as they frequently now are (for we are told by Brunton, Hare and others that rational therapeutics never gives a drug without a physiological reason) furnish only hppothetical indications for treatment. As a rule we name diseases by their most inclusive general character. This general character has for ages been taken also to be the cause of the disease, and has thus furnished a hypothetical etiological basis (relatation, contraction, asthenia, dyscrasia, etc.) for treatment. Treatment instituted on hypothetical indicatlons can hardly ever result in complete, predetermined cures; and thus we find the attitude presented by many otherwise scientific practitioners of wholly denying the possibility of cures. Circumstances may arise when a hypothetical indication may be all that we can arrive at, but disease is rarely so constituted as not to present distinct specific manifestations and therefore genuine indications for treatments. We must be able to find the sometimes hidden symptoms and signs of disease without a leap into the realm of even the most orderly imagination.

I believe the great mass of the profession, permeated as it necessarily now is by the modern scientific spirit, can be made to see that in order to determine the certainties and limitations of the art of medicine on unimpeachable grounds, the medical profession must understand and treat genuine indications that are verified or verifiable and not hypothetical indications that are unverifiable. To agree upon what are genuine, actual indications for treatment requires a scientific scrutiny of the current medical work, not by one

Digitized by Google

faction of the medical profession only, but simultaneously by the opposing factions. It was for this reason that when I took my small part in the discussion (26) of which this is merely a continuation I proposed the *conjoined clinical test.* The growth of medicine no less than that of individual physicians demands that we treat patients by principles and not by a routine; that we recognize the genuine indications of diseases; that we administer our remedies for definite, genuine objects; that we comprehend the powers of the remedial agents at our disposal and fit them accurately to the conditions of disease. I agree with Dr. Eldridge C. Price that "we must first be sure of the reliability of the fundamental factors upon which the clinical test is to be decided" (27); but I cannot agree that the fundamental factors must be such as are still sub judice. The fundamental factors are those factors that are agreed upon or can easily be agreed upon in the present state of medical science.

The *fundamental factors* of the single or conjoined clinical test are the factors of verification, the sense impressions obtained in the course of observation and experiment. Clinical observation on the living and dead, at the bedside and in the laboratory, observation based on anatomy, physiology and pathology, will obtain the facts which will verify a correct diagnosis and also therapeutic results. Only me must discriminate between what we really do observe and what we only infer from the facts observed. The *clinical history* should give a complete picture of the disease, its cause and effect and their dynamic conjunction. The *systematic examination* should follow and elucidate with scrupulous attention to every subjective and objective sign of the disease, every macroscopic and microscopic pathological phenomenon. The *diagnosis* should give the pathological process, the anatomical seat, and, when possible, the etiological factor, the what, the where, the how. The *therapeutic applications* should be made on distinct indications, the genuineness of which cannot be doubted, be they to remove the manifest cause (tolle causam), all or part of the effects of an unreachable or undiscernible cause (tolle effectum), or the dynamic relationship between causes and effects of disease (tolle conjunctionem). It should be remembered that clinical therapeutics demand individual and not general indications; that general indications are inferences derived from particular clinical indications. The *principles on which the therapeutic applications are made* should be noted, the principle of addition (to supply a want in mass), subtraction (to reduce excess in mass), derivation (allœopathy), opposition (enantiopathy), substitution (homœopathy). Whatever *treatment* be instituted, if it be

Digitized by Google

one agency (monopragmasia) or several agencies (polypragmasia), such treatment should be clearly noted, as to present and expectant aspects, the method and reason of administration, technique and dosage and result. The *course* of the disease should be carefully observed and all effects, such as modifications, aggravations, ameliorations, complication, termination should be carefully noted. The *result* should be expressed as complete, partial, or no recovery, according to the degree of success with which the patient is freed of his symptoms and abnormal tissues. In case of death, *necorpsy* will corroborate correct inferences as to diagnosis, treatment and result. Clinical observation is the same for the single as well as the conjoined clinical test; but differences may naturally occur at once in the next step, the *logcal correlation* of the facts and the *inferences* drawn from them. For verification of inferences, the conjoined test is immeasurably superior to the single clinical test. For verification of facts, the conjoined test is also greatly superior. For clinical research *proper control and critical supervision* are indispensable; and therefore *conjoined clinical observation* and *conjoined clinical experimentation* must be the basic conditions of scientific clinical research. Two men of opposed ideas but without bias, bent on the search for truth, jointly attending every case, jointly making their diagnostic examinations and jointly noting the treatmnet and the results, putting into writing their observations, ordinations and differences, must produce a work of observations and inferences, comments and reasons that will command the confidence of the entire medical world.

As clinical research is to discover the truth or illusion of present and new things medical, the work requires constant analysis, abstraction, classification, restriction and synthesis of the material at hand. With the conjoined clinical test, the danger of fallacies attendant on drawing conclusions from more or less isolated cases, which is the chief objection to medicine as an inductive science and which objection is only in a small measure overcome by the numerical or statistical method introduced by the Frenchman Louis, is wholly outweighed by the fact that every step in the process of clinical research is verified and that one case so worked up is worth a thousand cases of the ordinary run.

Clinical research, fixing the eye first on facts and then on conclusions, may be expected in a very short time to determine the issues between rational and meddlesome medicine; between therapeutic facts and illusions; between basic and partial treatments; between curative and palliative methods, expectant and aggressive, empirical and scientiéc, local and constitut onal; between scientific

Digitized by Google

and pseudo-scientific inductions and deductions; between causes and effects of disease; between demonstrable and doctrinal pathology and etiology; between pharmacodynamics and pharmacomechanics; between phophylaxis and therapeutics, and may be expected to dispel much of the confusion resting on many other subects under dispute and thereby to remove the threatening stagnation and indifference in the ranks of the medical profession.

Sooner or later clinical research must determine the principles of therapeutics in general and the true relative value of the various therapeutic agencies and methods in particular. A National Association for Clinical Research may promote this work in two ways: First, by direction and discussion; secondly, by entering into the work of clinical research in many different places at the same time.

For after all the clinic is the supreme test of all medical matters. After all that we may have learned in anatomy, physiology and pathology, after all that we may have found in chemistry, botany and pharmacology, after all the experiments we may have made or followed in laboratories, we go to the bedside to test our knowledge of the sick and the suffering of mankind, and then transmit the experience thus gained for the benefit of contemporary and future generations. Books are written and investigations are made only to be tested for their medical worth at the bedside. From the time of Hippocrates, who introduced the method of observation into matters medical, and from the time of Galen, whose authority fathered the constant disputations, to the time of Boerhaave, who introduced clinical teaching, and to our own time, medicine has depended on the bedside experience as the last resort or court of appeal.

There is no one, no emperor or pope, in view who could decide for us offhand the subtle questions that harass the medical mind as Charles V. and Clement VII. did when they decided in favor of derivation as against revulsion, which latter was favored by the Paris faculty of medicine.

All that we have to appeal to is the clinic organized for true clinical research.

V. The organization of the clinic for clinical research.

To do the work of clinical research properly and surround it with all the safeguards of science, one ward with ten or a dozen beds is all that is necessary for single work, and two adjoining wards with ten or a dozen beds each are all that is necessary for conjoined work. In fact, it would be a drawback to have a larger number of beds, as it would prevent the extreme accuracy with which this work is to be done if it is to count as clinical research.

Digitized by Google

The wards should be placed in the independent charge of clinical chiefs, whose time of service should not be limited to three months or six months or even a year, and who should be supplied with a willing and competent corps of assistants to carry out their chief's instructions to the letter. The chief's service should be permanent or extending over a sufficient length of time to assure unity of purpose, comprehension, direction and result. The assistants may alternate, as their work is necessarily a subsidiary work of preparation, investigation and notation, the effect of which ceases with the particular matter in hand.

The chief must be a good observer and a logical reasoner.

He should be chosen by the respective state medical society instead of hospital authorities.

The State Medical Society should invite the co-operation of the representative hospital in its jurisdiction to open two wards for this purpose, allotting one ward to a homœopathic chief and another to a non-homœopathic chief, and should invite the co-operation of the non-homœopathic state medical society for the purpose, first, of designating one of its own men to serve as conjoined clinical chief in the homœopathic institution, and, secondly, of becoming instrumental in opening two wards in one of its hospitals for similar conjoined clinical research, one ward to be allotted to a representative of the homœopathic state medical society as conjoined clinical chief.

The chiefs should be permitted, if they desire, to choose their own assistants, the only condition being competence. As the outcome of this work devolves the final, if not the whole responsibility upon the chief, he should not be hindered by unsympathetic assistants.

In the beginning, before it is possible to have a conjoined service, the chief will prepare his plans for the most efficient clinical research work.

Whether the work is to have the single or conjoined clinical test, arrangements must be made that every case be examined with all the minuteness and precision that the clinic and the laboratory demand. The history of the case may be taken by assistants under explicit instructions, covering all accessible diagnostic and therapeutic indications. The preliminary examinations, with all the necessary physical, chemical and biological tests, may also be made by assistants, who should present their findings without any or, at the most, with tentative interpretation. The chief, alone and conjointly with his fellow-chief, according to the single or conjoined service, verifies and amplifies the findings of his assistants, examines, modifies or amplifies, as it may be necessary, or directs to amplify by

Digitized by Google

further tests and even special examinations, the data of the case. He directs not only the general but also the special examinations that may be necessary. The names of examiners outside the service are to be given with their observations and explanations, and it may be advisable to attach the names of all the various assistants to their respective work for the purpose of recognition and credit. All the accessible facts are noted by assistants with pen in hand at the time and in the order that the facts are discovered. The chief then correlates the findings and interprets them, fixes the diagnosis and institutes the appropriate treatment, giving for every step the indications on which he bases his interpretations, his diagnosis and his treatment. The diagnosis should give the what, the where, the how. The treatment should give the object to be accomplished. The progress should be noted, and necessary examinations and treatments should be continued with all possible precision and completeness. The result should be carefully noted, and recovery should be carefully verified by final examinations and tests. Finally, the co-ordination and systematization of many results should be made.

The establishment of a cure on scientific principles, even when verified at every step, is only one part of true clinical research. The practical outcome is one thing; the conclusive why is quite another thing. The clinic deals continually with conditions that are beyond the measuring rule and requires judgment for exact recognition and measurement. This is why there can never be an absolutely uniform practice of medicine. Differences of conviction are bound to occur because of differences of training and mental equipment. But this is no cause for not undertaking the work as far as clinical research is concerned. The verification of matters of judgment is possible by the reduction of such matters to their sensible elements, hence the value of the conjoined test also for matters of judgment, even if differences of opinion do, as they very likely will, occur. Differences as to facts, differences of opinion and the reasons for such differences are carefully noted. All the facts are gone over; inferences are drawn from the facts and from other inferences or unverified facts; the whole is published in a conclusive, scientific form, both chiefs presenting and elaborating the facts and the inferences in their own way, and the reasons why and wherein they differ, if they differ, in their observations and conclusions.

There can be no doubt that clinical research is a perfectly practical problem. All that is necessary is a hospital with clinical material and physicians that are good observers and true thinkers.

Conclusions

I believe that the American Institute of Homœopathy can do nothing better than to pass a resolution to the effect that the time

Digitized by Google

has come for the formation of a National Association for Clinical Research, and that the various state medical societies cause the opening of hospitals under their control for the purpose of clinical research on the plans here laid down or on plans better than these; that the American Institute of Homœopathy invite the co-operation of the American Medical Association and its affiliated state medical societies in the proposed work of clinical research, and that the work of the National Association for Clinical Research be based on the clinical research done and suggested in these hospitals.

The clinic of Hermann Boerhaave, with its twelve beds in the hospital of the small city of Leyden, has come to be known as the most celebrated clinic this world has as yet seen. His pupils, Van Swieten and de Haen, carried the spirit of Boerhaave to Vienna and made the clinics of Vienna famous to this day. In the early part of the nineteenth century Paris took the palm from Vienna, when Bichat, Laennec and Louis exerted themselves for exact diagnosis. Vienna followed Paris once more, and Berlin followed Vienna, but in all, the stress was laid on diagnosis, on pathology, on the recognition of disease rather than its cure. The pendulum of time is swinging towards therapeutics; and who knows but that another Boerhaave may produce in this country, and under the ægis of the American Institute of Homœopathy, in another small ward of twelve beds, alone or conjointly with a sympathetic fellow worker, the same result for therapeutics that Boerhaave accomplished for clinical teaching and diagnosis, and achieve the same unity of the profession in matters therapeutic as has been reached in matters diagnostic?

[1] Journal American Medical Association, May 2, 1908, p. 1392.

[2] Food is dietetics or trophotherapeutics; water, hydrotherapeutics; heat, thermotherapeutics; cold, psychrotherapeutics; air, aerotherapeutics; climate, climatotherapeutics; light, phototherapeutics; electricity, electrotherapeutics; massage and gymnastics, mechanotherapeutics; mental influence, psychotherapeutics; drug medicine, pharmotherapeutics; surgery, surgical or chirurgicotherapeutics.

[3] Transactions American Institute of Homœopathy, 1904, p. 94.

[4] Samuel O. L. Potter, Materia Medica, Pharmacy and Therapeutics, Tenth Revised dition, 1907. pages 3 and 4.

[5] Hahnemann's Organon, 5th German edition, paragraphs 118, 119.

[6] Hahnemann's Organon, paragraphs 3, 38, 39.

[7] Hahnemann's Organon, paragraphs 40, 41, 42.

[8] Hahnemann's Organon, paragraphs 45, 46.

[9] Hahnemann's Organon, paragraph 45.

[10] Hahnemann's Organon, paragraphs 47, 48, 50, 53, 54, 25, 26, 29, 34.

[11] Hahnemann's Organon, paragraphs 48, 26, 29, 157, 158, 279, etc.

[12] Hahnemann's Organon, paragraphs 22, 24, etc.; Introduction to 4th and 5th German editions.

[13] Hahnemann's Organon, note to paragraph 31 in 5th German edition.

Digitized by Google

[14] Hahnemann's Chronic Diseases, translated by Hempel, 1845, pages 18, 19, 20, 23, 49, 50, 51, 64, etc.

[15] Hahnemann's Organon, paragraphs 7, 77, 208.

[16] Hahnemann's Organon, paragraphs 67 (note), 262, 263.

[17] Hahnemann's Organon, paragraphs 150, 77, 208, 262, 263.

[18] Hahnemann's Organon, paragraphs 215, 224, 225, 226.

[19] Hahnemann's Organon, paragraphs 13, 29, 186.

[20] Hahnemann's Organon, paragraph 186, etc.

[21] Hahnemann's Organon, paragraphs 24, 53, 54, 70.

[22] Potter's Materia Medica, etc., 10th Revised Edition, 1907, pages 3 and 4.

[23] Hippocrates, Littré edition, IV., page 482.

[24] Hippocrates, Littré edition, V., page 276.

[25] The humoral school of Hippocrates, the solidist school of Asclepiades, the pneumatic school of Athenaeus, the temperamental school of Galen, the introchemical school of Slyvius, the intromechanical school of Borelli, the intromathematical school of Pitcairn, and the other theoretical systems of Stahl and Hoffmann and Brown and Rasori and others of more or less pronounced differences.

[26] New England Medical Gazette, March, 1907; North American Journal of Homœopathy, July, 1907, and January, 1908.

[27] North American Journal of Homœopathy, April, 1908, page 184.

ESPERANTO AND THE MEDICAL PROFESSION

By C. H. Fessenden, M.D.

Newton Centre, Mass.

COINCIDENT with the recent rapid growth of the Esperanto movement throughout the entire world has occurred a subdivision of its adherents into special associations according to professions or occupation. These minor divisions are now numbered by the score and embrace a wide range of interests, varying from the collection of postage stamps to the work of the Red Cross. Among the more recent but by no means least important of these subdivisions is that which embraces the medical profession, aiming to bring into closer relation medical men throughout the world. Much has already been done in Europe toward the successful accomplishment of this object, and already has been formed the nucleus of a truly International Medical Society which shall bring into close personal relation medical men and women throughout the entire world, regardless of nationality, language, creed, school of practice or geographical location.

Six months ago, Dr. Mikolajski, of Galicia, inaugurated the publication of a little medical paper,—*Vocho de Kuracisto*;—(voice of doctors) which he at first sent gratuitously to such of the profession as were known to be interested in Esperanto.

Sec'y. New England Section, Esperanto Assn. of North America.

Digitized by Google

The numbers of this little eight-page paper up to the present time have been full of general interest, and aside from a number of letters from physicians of many lands, have contained a series of articles dealing with the question of ethics of professional secrecy in different countries, together with the laws relative to the same. These articles have been of extreme interest.

It is the belief of those of us who have been in touch with the Esperanto movement during the past few years that this humble beginning will result in a most important addition to the periodical medical literature of the world; certainly the most unique.

Consider for a moment the value of a publication which, going to all parts of the civilized world and even to some of the semi-civilized, is at once intelligible to persons of whatever nationality, language or dialect.

Let us look briefly at the status of Esperanto itself.

Beginning some twenty years ago in a modest way, at first meeting with suspicion, ridicule, and even direct antagonism, it has by force of its merit forged its way to the front, till at the present time it has demonstrated its absolute practicability for all purposes of general intercommunication; is within the comprehension and possibility of perfect acquirement by any man who can read and write his own language; can be learned from a text book of extreme simplicity without any aid from a personal instructor,—not only in its written but in its spoken form as well. Its author himself is a physician and the inception of forming a practical international language arose from his desire to provide a ready means of communication between the residents of his own little village in southern Russia, who, by reason of lack of mutual comprehension, arising from diversity of language, were at constant enmity one with the other.

From the fact that the language may be acquired by unaided individual effort, the number of persons who are familiar with it can only be estimated, but the fact that it already has some fifty publications, wholly or in part in Esperanto, would indicate quite a substantial following. The conservative estimate of a million adherents is made. It is certain, however, that whatever the present number, it is growing by almost geometrical progression. In every country of importance,—and in some to locate which we old fellows need to get out the atlas,—have been formed local groups and national societies, and recently has been organized the "Universala Esperanta Asocio" for the further centralizing of effort, uniting the minor societies into a coördinate whole for the purpose of rendering the language practical in the affairs of every-day life.

Digitized by Google

While we of the United States seemingly do not need Esperanto for home purposes, there has been manifested, nevertheless, in the few years that it has been with us, a wonderful degree of interest and activity. This has been particularly noticeable in the societies of Christian Endeavor and the Red Cross. So important has been the work abroad in the latter body that Esperanto has been officially recognized by the Government, and Maj. Paul F. Straub of the army medical corps was appointed to represent this country in the fourth International Congress held in Dresden during August last, thereby making ours the second Government to officially recognize the seriousness and importance of the movement. Belgium took the initiative by sending an official delegate to the Congress of '07 at Cambridge, England.

After throwing open its doors to the American Esperantists for their first national convention in July of this year, Chautauqua has added Esperanto to its list of studies and has tendered the use of its grounds for future national or international gatherings.

At the July meeting the existing national organization was reorganized and plans laid for a systematic and thorough propaganda work during the coming season. An invitation under a liberal money guarantee was extended to the Fifth International Congress to come this country; and it has been accepted.

Esperanto is already being taught in a number of our higher educational institutions. Perhaps the most significant step in this direction is its addition to the curriculum of the Massachusetts Institute of Technology.

This is a brief and very imperfect sketch of the progress and present status of Esperanto.

Returning once more to its relation to the medical profession,—more particularly in the United States,—I wish to add an extract translated from a letter to the *Vocho* sent by Dr. Millican, Associate Editor of *The Journal of American Medicine.*

He writes: "During the same week (that of the meeting of the A. M. A.) occurred the annual convention of The Association of American Medical Editors. At the banquet which ended the convention I took advantage of the opportunity as first vice-president, and in my address expressed the hope that our editorial colleagues seriously regard the international language, Esperanto. I related my own personal experience with it, and requested them if they did not find themselves attracted to the learning of it that they at least would not oppose it. Subseqeuntly I discovered that my experience had been of interest to them, and I gave to many of them the necessary information with regard to the commencement

Digitized by Google

of learning Esperanto. I was requested to bring up this matter at the next annual convention."

Shall we as homœopaths who have ourselves been members of a body of pioneers, not so long since objects of ridicule and even active opposition, be behind any of our brethren in the recognition of this new and important factor in the medical world.

Let me suggest to those who read this article and who are already somewhat familiar with the language, that they send the modest sum of fifty cents to Dr. Stefan Mikolajski, Lwow, strato Sniadeckich 6, Galicia, Austria, for a subscription to his little paper for the current year. Also to those who know nothing of Esperanto it will be worth more than its trifling cost as a souvenir of the first attempt toward the establishing of a truly international medical paper. Failing in all else such recognition will encourage a professional brother in his earnest and untiring efforts to establish a world-wide medical brotherhood.

To those who may wish to investigate the merits of Esperanto for themselves, I would say that The Esperanto Society of North America has been subdivided into eleven sections; ten in United States and one in Canada. Each section has its local secretary who will give all possible information as to clubs, courses, and literature. If the address of such secretary is not known it may be obtained from the official organ of the national society, *Amerika Esperantisto*, Chicago.

Look us up, brethren and sisters; not for our sakes but for your own!

INDIRECT TRAUMATISM AS AN OCCASIONAL CAUSE OF CEREBRAL APOPLEXY

By John E. Wilson, M.D.

New York City.

CEREBRAL apoplexy is such a common occurrence in the practice of all physicians that any of us would feel competent, with small time for consideration, to state the ordinary varieties and their causes. Cases sometimes occur, however, in which none of the usual conditions have preceded the attack, and where the etiological factor is left largely in the realm of theory, since the necessity of determining the exact etiology is too slight to force us into any very elaborate investigation. On the other hand, cases do occur where large interests depend upon such a decision, and in a

Digitized by Google

recent medico-legal case, the paucity of exact knowledge of the effects of indirect traumatism was very strongly impressed upon my mind. The status of accepted medical opinion at the present time seems to be this. Cerebral apoplexy may be produced by direct injuries to the cranium which have such a degree of penetration that they lacerate or rupture the walls of the arteries, or veins of the meninges, of the dura, especially often. If the force is such that the contour of the cranium is suddenly changed, the walls of the vessels upon the side of the injury, or upon the opposite side of the cranium (("contre coup'j') may be stretched to such a degree that they will be torn, and an effusion of blood will take place. Straining at stool, or some other variety of effort producing a sudden increase of blood pressure has also proved sufficient to cause rupture in many authenticated cases. The cerebral arteries to the cortex, and the deep branches of the middle cerebral which are distributed to the capsulo-ganglionic area have been known to rupture during strong muscular exertion, stress of the emotions, or even from that slight increase of intra-cranial pressure caused by a partial blocking of the return circulation through the jugulars from a faulty position of the head during sleep. In all these cases, save only when there has been direct laceration of the arteries, or tearing by sudden compression of the skull, it has been held that a high degree of vascular degeneration was an absolutely necessary pre-requisite. Moreover, it has been everywhere taught, and universally believed, that such a degenerative condition cannot be safely inferred, unless it has been possible to demonstrate a considerable degree of arterial tension for a somewhat prolonged period, or the presence of a pronounced renal disease, or some acute condition competent to produce acute degenerative changes in the vessel-walls, or such a degree of atheroma that it could be discovered in the temporals, radials, or dorsalis pedis.

One further reservation should be made. While the peripherial arteries may be expected to reveal to the expert clinician the condition of the cerebral vessels, perhaps the too strenuous pace of modern life of the present day has been the factor which qualified what was formerly a warranted hypothesis. It must be acknowledged that a life of extreme mental tension, without necessarily the adjuvants of alcohol, or other dissipation, has proved competent in many cases to degenerate the cerebral vessels, without a concomitant degradation of the peripheral ones. Yet this condition cannot obtain without the production of signal symptoms, insomnia, irritability, lapses of memory, muscular weakness, and paresthesias, which are capable of interpretation. We should then be in accord with general belief, if we should hold that an apoplexy could not be inaugurated

Digitized by Google

in a person with a normal vascular apparatus, unless there had been a direct and considerable traumatism to the cranium, or unless the person was possessed of a vascular system so degenerated that objective or subjective signs of the condition would be discoverable by the physician. The variations of the initial symptomatology of apoplexies is also appreciated, and the causes are well known. We know that the rupture of a group, is immediately followed by a considerable degree of unconsciousness and muscular paralysis. We are also fully aware that there is the possibility of an apoplexy in two stages. If rupture occurs of an artery of the meninges, the patient may exhibit initially only a slight loss of consciousness, or transient confusion of mind, with a slight and localized paralysis, or muscular weakness. Then we may note a complete absence of all paralytic or apoplectic symptoms for a period of hours up to a day or two, when complete unconsciousness supervenes, with a general paralysis of a permanent character. This results from the fact that such ruptures are at first minute, and the brain endures with complacency a considerable degree of pressure and vascular disturbance if it is slow in its evolution. The later coma and paralysis result from the continuance of the pressure, and its progressive increase as the mass of extravasated blood grows larger and larger. We appreciate also that a capsulo-ganglionic rupture may be so small that the tissues are able to retain, after an instant, the pressure of such a small column of blood, but that the tissues soon lose their resiliency from the softening ensuing upon the accident, and give way in a day or two, precipitating a more massive hemorrhage. An initial hemorrhage of small amount may also occur in the centrum semi-ovale, close to the ventricle, and breaking through, after a few days, set up a much more severe chain of symptoms. In all these apoplexies in two stages, as they are termed, we are impressed by the fact that the so-called latent period is marked by headache, or some other indication that the brain is functionating under unusual conditions. It is also a matter of common knowledge that the rupture of any cerebral artery, except from evident external violence, or possibly in conditions of marked atheroma, is preceded by an aneurismal dilation at the point of hemorrhage and that such a condition is an indisputable pre-requisite. Autopsies by the hundred have shown that persons succumbing to cerebral apoplexies have possessed cerebral arteries which were studded by such dilatations, each one of which was the possible site of a hemorrhage. The case which was called to my attention, and which I thought might be of some interest to the profession, had a course and result which ran counter to the conclusions naturally flowing from the generally held opinions which I

Digitized by Google

have recounted. The question was this: Could we reasonably ascribe an apoplexy, occurring as I shall narrate, to an injury of the kind suffered by my client?

A coffee-broker, forty-six years of age, of good habits, and weighing about one hundred and twenty-five pounds, was standing and holding to two straps in a Subway car, when it was struck by another train from the rear. The shock was so violent that he was thrown over the cross-seats, and struck on the floor on his back, and with a bruising of one elbow. He picked himself up, and sat in a seat until the passengers were released at Twenty-third street, a half hour afterwards. He was not injured on the head, was able to converse, and on leaving the station walked up to the Hotel Manhattan, as the surface cars were packed, even up on the roofs. He ate dinner with a friend, took him for a ride in the Subway, and went to Boston on the midnight train. He did business the next day, but suffered from an increasing headache, which drove him to take a drink later in the day, and to spending the night at Young's Hotel, because his wife strenuously objected to liquor. He slept, went out to his suburban home for breakfast, and then returned to business, still with a headache. He finished the day, took a dinner, which he retained, went to a theatre to divert himself from his pain, and then took the train for New York. On the train his pain was so severe that he could not sleep, and thinking that drawing blood from his head might relieve him, he struck himself several hard blows on the nose, with no result. On arriving in New York he breakfasted at the Greek Restaurant, and then went to the Manhattan. While talking with the room-clerk he became confused and weak, and would have fallen to the floor if a chair had not been quickly provided. After a few moments he arose, and walked to the elevated station, two blocks away, and went into a car. He found himself sliding down on the seat, and knew no more until he recovered consciousness in a day or two, in the wards of the Flower Hospital. He recovered after a time, and went out a hemiplegic. On examination, several months after the accident, he showed no evidence of renal or cardio-vascular disease, and exhibited a blood pressure of 130 millimetres. This man then had suffered a severe physical and mental shock without direct injury to his head, and had developed within eighteen hours a severe and continuous headache, which increased in violence, and within sixty hours a cerebral apoplexy. The questions to be decided seem to me to be two. Is it possible to so strain the cerebral arteries of a man in previous good health by the increase in vascular tension resulting from a sudden effort at readjustment of position, and emotional shock that

Digitized by Google

the wall will give way, and produce an aneurism? Secondly, is any person in a position to affirm that the inception of an aneurism, and its final thinning out to the point of rupture must necessarily consume more or less than sixty hours? Six learned gentlemen from the medical profession of this city denied the first possibility, and the second question was not presented, and the case was decided against the plaintiff. Thus the matter was ended, so far as any financial remedy for the sufferer was concerned, but within three weeks the two following cases were related to me by Dr. Egbert Le Fevre, of this city.

In the early part of 1908, a gentleman, about fifty-one years of age, attempted to enter his automobile while his attention was distracted by a newspaper in his hand. The automobile started before he had actually entered it, and he was thrown violently to the ground, striking upon his back, his head coming in contact with the ground only sufficiently to partially crush the brim of his Derby hat. There was no injury to the scalp or cranium, and he was not too much injured to continue his trip, and attend to the business of the day, nor to prevent his attending a dinner that same night at the house of Dr. Le Fevre. He told the doctor of the fall, and said that he had suffered a very severe "shaking-up." A short time previously the doctor had taken his blood-pressure and had found it to be 150 millimetres, and had examined into the state of his kidneys and had found them sound. Three days elapsed without symptoms, and then he was suddenly stricken with apoplexy. In the meantime he had not been subjected to any strain of a mental or physical character.

A short time ago, a gentleman of leisure, about forty-eight years of age, was heavily thrown on attempting to mount a restive horse. He struck on the earth on his back, suffering no head injury. He caught the horse, mounted, and subdued it, and then walked to the house. He told his wife that he had suffered a severe fall. He went to see his physician, as he was accustomed to keep a very sharp watch of his condition if he felt any derangement of any kind. He was a sound man, and at the time revealed nothing, except a general muscular lameness, and certainly no cerebral symptoms. No symptoms followed, and no strain of any kind was endured. On the evening of the second day, while sitting reading in his library, he found that his paper was slipping from his grasp, and soon became unconscious, and is now a hemiplegic. In the light of commonly accepted teaching, what are we to infer as to the course of the apoplexy in these two cases, and what was lacking to make it probable that my client became a hemiplegic from a very similar accident?

Digitized by Google

THE DIAGNOSIS AND PROGNOSIS OF SOME OF THE COMMONER NERVOUS AFFECTIONS OF CHILDHOOD*

By C. Sigmund Raue, M.D.,

Philadelphia.

Clinical Professor of Pediatrics, Hahnemann Medical College.

ONE of the unfortunate facts for which a carless examination of a neurological case may be blamed, is not only the self-evident erroneous diagnosis which must follow, but also the likelihood of giving an absolutely wrong prognosis in the case. It is an unfortunate fact that physicians through lack of proper understanding of a case frequently bring upon themselves well deserved criticism for promising results that are impossible to attain. On the other hand, a gloomy view is at times taken in conditions which it is the duty of the physician to know tend to spontaneous recovery, and under these circumstances he may be tempted to claim for himself results which even without medication would have naturally come about. An understanding of the gross pathological lesions present in these commoner clinical types of neurological cases and a fair working knowledge of the anatomy and physiology of the nervous system are absolutely essential for an interpretation of the symptoms characteristic of these affections. After these elementary facts have been mastered, the tracing out of the clinical course, the recognition of the probable nature and site of the lesion and the ultimate prognosis become matters of interesting study and scientific accuracy. In this brief paper I shall attempt no more than rapidly review the salient anatomic and physiologic points to be especially borne in mind and bring out the chief points points of differential diagnosis between the conditions under discussion. The prognosis is usually self-evident after the pathological lesion has been recognized, and I may add that a rational therapy must here rest upon a clear conception of the condition present as well as in any other field in internal medicine.

The traumatic and inflammatory affections of the nervous system encountered in early childhood form a group practically specific for this period of life, and they especially lend themselves to illustrate the points which I have attempted to make. On an anatomic basis we may divide them into cerebral, spinal and peripheral types;

* Read before the Med. Soc. of Schuylkill Co., Pa.

Digitized by Google

in some instances there may be a combination of types, as illustrated by cerebrospinal meningitis.

The traumatic conditions are usually hemorrhagic; "cerebral birth palsies" are typical of this class. Injury to a nerve trunk, for example Erb's brachial palsy, is another form of obstetric trauma occasionally encountered. The inflammatory conditions are mainly due to a specific infectious agent; as leading examples of this class may be mentioned tubercular meningitis, epidemic cerebrospinal meningitis and most probably also acute poliomyelitis anterior. Toxic conditions do not always present a pathological lesion, but in multiple neuritis we have a most typical example of the effect of a powerful toxin circulating in the blood upon nerve structure. Diphtheritic paralysis is by far the most frequently encountered type of neuritis in childhood.

The spinal symptoms associated with spinal caries (Pott's Disease) are primarily a pachymeningitis of the cord; in the later stages a compression myelitis may result.

One of the most important questions to decide in a neurological case is whether the lesion is in the upper motor neurone or in the lower neurone. In both cases paralysis will be present, but of a markedly different type in each instance. The upper motor neurones which supply the muscles of the extremities originate in the cortical cells of the Rolandic area of the brain. These cells send out long fibres (axis cylinder) which extend down through the internal capsule into the crura cerebri and thence finally reach the spinal cord, where they form the crossed pyramidal tracts after having decussated at the level or the medulla oblongata. Some of these fibres are quite long, reaching as far as the lumbar portion of the cord. Their termination is in the anterior horn of the gray matter of the cord, where they come in contact with the spinal multipolar motor cells, over which they exert an inhibitory influence when not transmitting voluntary impulses from the brain.

The lower motor neurones begin in the multipolar cells of the cord just referred to. Each of these cells sends out an axis cylinder through the anterior spinal nerve root which terminates by means of a motor end plate in a muscle fibre. All of these muscles of the trunk and extremities are supplied from this source; the muscles of the eyes, face tongue and throat are supplied from cranial nerves, whose motor cells are situated in the cranial nerve centres of the basal ganglia and medulla oblongata, and whose axis cylinders do not decussate as in the case of the spinal nerves.

Let us now apply these facts to practical use. When the upper neurone of a muscle supplied from a spinal source is put in abeyance

Digitized by Google

by pressure from a hemorrhage or inflammatory exudate that muscle is thrown into a state of spastic contraction and its reflex irritability is heightened. In other words, we are dealing with a spastic paralysis with increased tendon reflexes. The cause of this phenomenon is the loss of inhibition normally exerted by the cerebral motor centre over the spinal motor centre, thus permitting the spinal cell to exert its function of setting up a constant muscular contraction without interference. The muscle of course is beyond the control of the will, and consequently paralysis spastic in type results. In a case of poilomyelitis, on the other hand, in which the motor cells of the anterior horn of the cord is destroyed in certain areas as a result of inflammatory changes the muscle no longer receives motor impulses through its motor nerve, and, consequently, it becomes relaxed—flaccid paralysis. Together with this loss of power to contract the tendon reflexes are abolished, as the motor portion of the reflex arc has become obliterated, and, furthermore, the muscle undergoes atrophy because the spinal motor cells also exert a trophic influence upon the muscles which they innervate.

An important point of differentiation between a spinal and a central paralysis is the distribution of the paralysis. Owing to the close proximity of the motor fibres in the brain a comparatively small lesion may set up an extensive paralysis. A cerebral palsy is therefore usually hemiplegic or even diplegic. Indeed, one of the characteristic features of a birth palsy is its completeness, both sides of the body being involved in most instances. In such cases the diplegia results from pial hemorrhage over the convexity of the brain, causing pressure upon the Rolandic area on both sides, or there may be bleeding from the longitudinal sinus.

Spinal paralysis, on the other hand, is either paraplegic in type or it is of irregular distribution. Thus paraplegia may result from pressure myelitis in spinal caries or it may be due to congenital lack of development of the crossed pyramidal tracts or to their premature degeneration (congenital and heritary forms of spastic paraplegia). In poliomyelitis the distribution of the paralysis does not conform to any definite type. At the height of the attack there may be paralysis of every extremity; as the inflammation subsides rapid improvement sets in and continues for months. In mild cases the residual paralysis will be confined to certain muscles, indeed, only a portion of a muscle may remain permanently affected; in more severe cases a number of muscles in one or more extremities will remain involved, but rarely the entire limb, some of the muscles usually remain intact.

A most important characteristic of the cerebral affections of

Digitized by Google

childhood is the retarded mentality which results from the destructive cortical lesions. Epilespy is another frequently associated condition.

Multiple neuritis is progressive, and comes on gradually. In the diphtheritic variety the paralysis first appears in the throat muscles. The eye muscles are usually next involved, and last of all the extremities. There is no atrophy and the course tends to complete spontaneous recovery.

Meningitis is so distinctly a disease of childhood that it merits special consideration. The presence of fever, headache, delirium and stupor by no means inevitably implies the presence of meningitis, nor does the absence of delirium and stupor exclude the possibility of such a condition. It may be safely stated that meningitis of the base can be diagnosed with greater certainty than meningitis of the convexity, and yet we occasionally encounter cases in which the presence of convulsions, vomiting, stupor, strabismus and retraction of the head have led to the diagnosis of meningitis when the complete recovery of the patient after a thorough emptying of the intestinal tract or with the clearing up of a pneumonic process proves the condition to have been one of toxic brain irritation or "meningismus."

The most conclusive evidence of a meningitis is early and persistent involvement of the cranial nerves in association with pressure symptoms (headache, stupor, irregular pulse and respiration).

The differentiation of the cerebrospinal type from tubercular meningitis can frequently, but not invariably be made from a study of the history, mode or onset and symptoms of the case. However, we have learned that lumbar puncture is of the greatest value not only in the matter of differential diagnosis, but also for the purpose of verifying the diagnosis of meningitis whenever this is obscure. I am free to admit that in a number of instances it would have been impossible for me to arrive at a definite conclusion without this diagnostic procedure.

I hope I have made myself clear in pointing out how the ultimate outcome of a case can be judged only from an accurate determination of the pathological condition present. There are too many instances in which parents are permitted to spend money needlessly for medicines, electrical treatment, massage, etc., when they can ill afford to do so. It were far better to instruct such parents to lay aside this money for the future training in special schools or institutions for defective children. The same remarks apply to operative interference. I feel that prompt surgical measures in cases of hemorrhage, resulting from birth injuries or possible in those cases

Digitized by Google

occurring in childhood during paroxysms of whooping-cough offers the only hope of bettering the child's condition. Indeed, Cushing has reported some five or six cases in which results were on the whole promising. I have had but one personal experience in this direction, namely a case in which gradually increasing pressure symptoms with hemiplegia developed several hours after birth. These symptoms progressed with alarming rapidity, and although the skull was promptly opened the child succumbed. However, after degeneration and atrophy of the cortical cells in the area of the clot has resulted, I fail to see how surgical intervention can be of any use.

PULMONARY TUBERCULOSIS

By Charles H. Young, M.D.

New York City

THE following case presents the method of finding the similimum in incipient tuberculosis, and its early diagnosis.

Mr. N—, an Austrian by birth, age 44, brunette, occupation chef, family history negative.

He has a catarrhal tendency, worse cold, draft, and wet. In January, 1908, exposed while heated in a cold drafty hall, which aroused the catarrhal visitation of the nose and throat, a mild coryza with feverishness, languor, bone ache, and heaviness in the body. These symptoms suggest gelseminum which would have probably cured him and prevented any sequel, but instead he took two five grain capsules of quinine, which is famous for its power in suppressing catarrhal irritations of the mucous membranes.

A week later he was again similarly exposed in the cold hall, and after midnight awakened with sharp stitching pains in the right anterior lower chest wall above the liver region, worse inspiration, lying on the right or painful side, but better lying on the left or painless side and sitting up, and was two or three weeks recovering. Bryonia is worse lying on the painless side, inspiration, and motion, but better lying on the painful side, especially the right, which would exclude it from the case.

Kali carb has intense sticking pains in the lower right chest wall, worse inspiration, lying on the right or painful side, and after 12 P. M., also aggravated by cold and draft, and not improved by rest; then it is better lying on the painless side or sitting

Digitized by Google

up. Kali carb appears to have been the indicated remedy for the pleurisy, and would have not only cured, but prevented any sequel; the treatment, though, was the "Regular Scientific" à la mode, hence, like the plumber, further developments.

During March to May he felt quite well, but failed to regain his strength, and after about the first week in June became languid.

On June 19th he felt as though a lump were in the chest in the old pleurisy region. At 1 P. M. he had a cough and hemorrhage, and again in the evening.

The next morning he was anxious, apprehensive of another hemorrhage, fretful, and afraid to be left alone; formication and sticking over the skin; jerking on falling asleep, weak and nervous.

In the morning he had anxious flushes of heat, like orgasms of blood from the chest to the head with hot vertex, and during them he was unable to swallow or eat any breakfast; with constant fear of a hemorrhage.

The appetite failed, he lost flesh and strength, and then had a hollow feeling in the chest where before he had the stitches and lump.

On June 25 I visited him and took the above record, but a careful examinaation failed to discover any chest infiltration. He had prolonged inspirations with good action, pulse 68, temperature 99°.

It takes about three months for a tubercle focus to ripen and suppurate with the appearance of hemorrhage or the bacilli, which would agree with the above history.

Dr. Loomis in the *Medical Record*, July, 1905, considered how "Pulmonary Tuberculosis Begins," and arranged it under the two headings, viz., (1) The first presumable evidences, (2) The first demonstrable evidence.

A record of 100 cases of accurate, painstaking history shows that in eighty cases the first presumable evidence could be arranged under one of the three heads, viz., (1) Colds or coughs continuing. (2) Run down or loss of weight. (3) Pleurisy.

A further analysis shows that forty-eight had cough for the first symptoms, and twenty of them without expectoration; in eighteen loss of weight was the first symptom, and the average duration of this condition before the development of tuberculosis was five months.

In fourteen cases there was a history of pleurisy, but out of another series of 260 cases of tuberculosis, 44 had a history of pleurisy; and taking the two series together it would give 16% for pleuritic history, with an average time of three and a half years before the development of tuberculosis, and in the same side.

Digitized by Google

In twenty-four of the 100 cases hemorrhage was the first demonstrable evidence, and Loomis believed the spitting of even a little blood indicates tuberculosis. The second demonstrable evidence is the physical examination and presence of bacilli.

In the case now under consideration there existed the catarrhal history with more or less cough, the loss of weight, pleurisy, then three months and more with failure to regain strength, and finally two hemorrhages, hence a diagnosis of tuberculosis, though the foci were very scant and simply failed to be located.

The anxiety, apprehension, and fear of hemorrhage might have suggested aconite to a quick prescriber, which would have smoothed over the case and spoiled it, with a certain development of suppuration. A comparative study, per Bœnninghausen, of the apparently indicated remedies gave the following:

Flushes and *Hot Vertex.*—aco, 3 arn 3, 4 bry 3, 2 calc-c 3, caust, 4 gra 4, 3 kali-c 3, 4 lach. 4, 2 merc 3. nat-m 3, 4 phos 3, 2 sep 4, 4 sul 4.

Anxiety.—4 aco, 3 arn, 4 bry, 4 calc-c, 2 caust. 3 gra, 3 kal-c, 3 lach, 3 merc, 3 naat-m, 4 phos, 4 sep, 3 sul.

Jerking on falling asleep.—3 aco, arn. 3 bry. 3 calc. c, 3 kal-c, 3 lach, 3 merc, 3 nat-m, 4 phos, 4 sep, 3 sul.

Formication.—4 aco, 4 arn, bry, 2 cal-c, 3 kali-c, 3 lach, 3 nat-m, 4 sep, 4 sul.

Hemorrhage Internal.—3 aco, 3 arn, 3 bry. 4 calc, 2 kal-c, 3 lach, 4 nat-m, 4 sep, 4 sul.

Worse draft.—2 aco, 2 bry. 4 calc-c, 3 kal-c. lach. pho, 2 sep, 3 sul.

Worse cold wet.—4 calc. c, kali-c, 3 lach, 2 phos, sep, 3 sul.

Brunette.—4 kali-c, 3 sep, sul.

Afraid to be left alone.—4 kali-c.

Of course calc-c, phos, and lach are used in brunettes, but they predominates in the blondes. Whereas kali c predominates in the brunette constitution.

Many of the remedies persistently appear, and in the anxiety and jerking kali c. is weak, but those symptoms while apparently prominent, were mere mental impressions from the hemorrhage, yet the kali covered them.

Gelseminum was suggested for the mild attack of grippe, but kali c. has fluent coryza, fever, aching in body, with heaviness and weakness, yet no one would prescribe it for those symptoms without a prior knowledge of his constitutions, but a taking of the symptoms at that time might have revealed other kali c. indications.

Digitized by Google

It was shown that kali c. was the indicated remedy for the pleurisy, and it is now seen that it is the indicated remedy for the hemorrhagic image, and it is obviously the constitutional remedy.

It is particularaly adapted to brunettes, after loss of blood or other anemic states ; there is anxiety and apprehension about disease; startings on falling asleep, weak, and fear of being alone; loss of appetite and flesh, irregularity in circulaation with ebullitions and heat to head, and hot vertex; very much inclined to catch cold, worse draft, and especially useful in tuberculosis; affects the lower right lobe, with stiching pains worse lying on painful side, after 12 P. M., inspirations. It has hemoptysis of lumps of blood or lumps streaked with it.

He received one pellet of kali c. and sac. lac, June 26, 1908. July 3rd, fear and flushes ceased, generally better, sac lac. Aug. 15th, mind and body well. Oct. 5th, mind and body well and strong.

Mr. ——, an Englishman, 58 years, brunette, family history negative, father 72, mother 84 years at death. He came to America in April, went from a warm stateroom to the cold, windy deck and took cold.

Mind depressed, discouraged, drowsy. Anemic, emaciation with prostration, very weak, pulse small, weak, feverish, night sweats. Catarrhal history, sensitive to cold, or cold air. Respiration short, weak, prolonged expiration; dry cough, worse P. M., cough day with and night without expectoration; tickle in larynx, expectorates a white frothy phlegm, worse after 5 A. M., with yellow specks. Contour of chest normal, but emaciated; dulness over right sub-clavicular region with crepitation to third rib up, sputum negative. The diagnosis was incipient tuberculosis and infiltration of right apex.

This patient presents a catarrhal history, and obviously was in a run down, anemic condition before he sailed, just the state to catch a severe cold when going from a warm room to a windy deck; but where did he find the bacilli? Surely not on the deck in the fresh sea breeze.

A catarrhal person catching cold from a sea breeze should have only an ordinary catarrhal cold, but he experienced an immediate infiltration of the bacilli.

It is obvious that as he did not find them in the sea breeze, that he found them in his infected state room, which had been occupied priorly by a consumptive passenger.

This shows the necessity for the travelling consumptive to

Digitized by Google

carefully use a sputum bottle, and for the room of a coughing passenger to be, on landing, thoroughly disinfected.

The peculiarities of this case are the taking cold at sea; the violent quality of the bacilli; for in three weeks he was emaciated and exhausted which is rapid for consumption; the sensitiveness to air, etc.; and the frothy morning expectoration; cough day with, night without expectoration.

The sputum examination did not present the bacilli, because the infiltration was not a month old, and it takes about three months for a tubercular focus to ripen, and soften by suppurations, and set free the bacilli.

The remedy for this case must contain the aggravation by sea air, and Boenninghausen and Kneer give for sea air, travel, and shore only six remedies, viz., 3 arse, 4 magn m, 3 natr-m, 4 rhus, 3 sepia, 1 zinc.

Cough day with, and night without expectoration.—4 arse, 2 mag-m, rhus and zinc. Worse cold air; 4 arse, 3 sep, 1 mag-m, 4 rhus, zinc.

Frothy expectoration.—3 arse, thence all others excluded, arsenicum would appear to be the remedy.

Arsenicum album is curative in any stage of consumption when indicated, but deadly in any stage when not indicated, as also phosphorus and sulphur, yet all of the apparently indicated remedies, especially in the high degrees of potency are deadly, for after one is given the patient immediately grows worse.

In tuberculosis the trend is constantly downward, and it is absolutely necessary to give either the similimum or sac lac.

It is shown that arsenicum has the aggravation to sea air, then the intensity of action and sudden prostration is a real keynote, also the prior anemia, and rapid emaciation.

The mind is predominantly depressed, and though feverish, he had scarcely any thirst, then the frothy expectoration often with a speck of yellow mucus imbedded in the center is quite peculiar in arsenicum.

It is obvious that arsenicum was the similimum, and on May 3d he received one pellet of the 200th and sac. lac. May 10th, mind better, costive (enema); fever and sweat ceased; cough and expectoration less; stronger, out of bed, sac. lac.; 17th, continued general improvement, out doors in open air. 34th. Mind normal, appetite good, gaining flesh; cough and expectoration very slight, apparently catarrhal. June 15. Respiration good, occasional catarrhal hawk in A. M., gaining in flesh, feels stronger and well, and has returned to business.

Digitized by Google

The case was then lost to further observation, but is regarded as a cure, for the similimum does not do half work, nor do homœopathic cures relapse.

One pellet, number ten size, cured the patient of his dreadful disease, and one dose of any long acting remedy will cure an incipient infiltration of tuberculosis.

The peculiarity of an arsenicum patient is sudden prostration and emaciation, whereas the peculiarity of the arsenicum similimum is its quick repair of the prostration and emaciation.

Miss Z——, 23 yrs, brown hair, bluish gray eyes, family history negative, mother well, but father feeble.

She has a catarrhal history, has been feeling bad for six months, poor appetite and a run down condition. In January, 1908, went out with a thin wrap on and took cold. Present state.

Mind irritable, worse from noise, sleep with head high.

Frontal headache extending into the eyes with nausea, worse after dinner, motion, better from a nap, lying.

A thick, yellowish, coated tongue, bitter taste; worse from fats; belches; nausea at sight or smell of food; vomit bitter after cough, pain in pit of stomach; diet of milk and eggs.

Anemic, emaciated; fever and sweats, worse back; chilly, sensitive to draft, cold, dampness.

Catarrhal tendency, irritable throat, hawks up a green, thick mucus, worse by day, lying.

After the January cold had sticking pains in the right anterior lower chest wall, worse lying on the left or painless side, breathing, cough; better lying on right or painful side.

Respiration short, prolonged expiration, worse ascending, exertion, lying; better lying on right side and back.

Dryness of the throat, tickle in the larynx, and moist cough through the day with expectoration, worse lying; cough with rumbling in the stomach, and eructation of food or bitter vomit.

Expectorations of greenish thick mucus like the hawkings, through the day time, worse lying.

Menses late, long, profuse, flow dark.

Chest contour normal, but dulness over the right sub-clavicular region with crepitation, and has been confined to the house for six weeks.

The sputum was examined by the Department of Health: no bacilli; and I did not expect a positive report as the infiltration was only about six weeks old.

The pleuritic attack of January in the right side, better lying

Digitized by Google

on it, and worse lying on the painless side would probably have been nipped in the bud by a dose of bryonia.

The peculiar symptoms of the case are the mental irritability, the frontal headache from indigestion with nausea at the sight or smell of food, and the bitter vomit after coughing; the green thick mucus hawkings with sensitiveness to cold, draft, and dampness; the green thick mucus expectorataion, and moist day cough; then the late, long, profuse menstrual flow.

A comparative study, per Boenninghausen, of the apparent remedies of the case pointed to sepia, and a further special comparison with the case showed it to be the constitutional remedy for the catarrhal tendency. The January pleurisy worse lying on the painless side would have received relief from the bryonia as suggested, but it is now seen that it was not the constitutional remedy, hence only a partial relief.

Sepia is third power in aggravation from lying on the painless side in pleurisy, therefore sepia was the remedy for the pleurisy.

It is obvious, as sepia covers the past and present states of the patient, that it is her constitutional remedy, the similimum of the case, and her future hope. February 22, 1908, sepia, c.c., one pellet and sac. lac., with strict directions to avoid everything acid, as such antidotes the sepia, also general diet; and stop the milk and eggs on account of the headache.

February 24. Headache relieved, stomach better, sweat less, sac. lac.

March 2. Mind, tongue, better, bitter taste gone, nausea better, vomit after cough ceased; fever and sweat ceased, with cough and expectoration less, sac. lac.

March 9. Mind, tongue, appetite and stomach better; nausea gone; anemia less, taking on flesh; cough and expectoration about gone, sac. lac.

March 16. Mind better, digestion good, fleshing up, respiration better, catarrhal hawkings with cough and expectoration of green mucus ceased. Menses on the 5th late.

March 23. General improvement, can eat fats, but prolonged expiration yet, sac. lac.

March 30. Headache from indigestion, it is five weeks since the dose of sepia. The remedy may be exhausted, is drinking milk, sepia, cm.

April 13. Indigestion was from the milk. The inspiration and expiration was equal on March 30, but now there is prolonged inspiration, lungs clear and normal, sac. lac.

Digitized by Google

April 20. Menses on 14th, three days late, old habit. Feels well, looks well and hearty, discharged cured.

In tuberculosis as in many other diseases when sepia is indicated, the irritable mind, headache, nausea and bitter vomit constituted a real keynote.

It is necessary to produce normal respiration in a weak lung before discharge, otherwise the lung might not recover full strength and endanger a relapse. In the above case it took about four weeks to clear up the lung, and nearly three months to produce prolonged inspiration. Oct. 1, 1908. In good health.

The following two cases present the pernicious effects of the use of tea in increasing, or developing the susceptibility to consumption.

Mrs. N——, blond, 32 yrs., married, family history negative.

She has three children, and with each one had a scanty secretion of milk, for which she was directed to drink tea to increase the supply. A tea habit was formed, and during the second and third nursing, increased in order to supply milk.

The digestion became impaired, with headache, irritable stomach, loss of appetite and strength, anemic, yet nothing seemed to suit the stomach so well as tea. A catarrhal state developed, then a cough and expectoration appeared with emaciation and prostration.

She was treated by several physicians of local eminence for tuberculosis which steadily increased, and finally was pronounced hopeless incurable with only a few weeks to live.

She was informed that if she could get out in the open dry air of the hills, that the change would produce a temporary stimulation, and probably prolong her life for two or three weeks. They took her up into the hills, and she improved for two weeks, then became accustomed to the new environments and the improvement ceased. Then they brought her home to die. A near friend urged then as a last resort to try homœopathy, and the case was referred to me. A careful taking of the case revealed the above tea history with dyspepsia, emaciation, exhaustion; a catarrhal blennorrhea of the lungs with cough, which seemed more prominent than the degree of tubercular infiltration.

She seemed to be sinking from an exhaustion due more to the saturated tea poison, and its induced emaciation from starvation.

A careful study of the apparently indicated remedies pointed to pulsatilla, and I informed her that I thought I could help her, at which her mother sitting near by laughed derisively in my face. I gave her pulsatilla 30, in water, teaspoonful every two hours the

Digitized by Google

first day, and stopped the tea and bread, replacing it with a light cereal broth. Within a week her appetite returned, strength improved, lungs began to clear up, and in three months she was completely healed, with full flesh and strength.

I should probably have never reported the above case of tea poison as a producer of the precursory stage of tuberculosis, but for the fortunate verification of the case by a second.

Dec. 3, 1905, a lady patient requested me to attend her maid. Bessie D——, age 37, brunette, family history negative. A careful examinaation failed to reveal any lung trouble, except a catarrhal cough, but she was a regular tea drinker, had drank it for years instead of water, was weak, pale, anemic, poor appetite, and depressed. A study of the case indicated pulsatilla, she received one dose of the 200th every seven days, and was directed to cease the use of the tea.

In a month her health seemed to be so much better that she discontinued treatment.

The tea habit was resumed and soon in full sway, with cessation of improvement and return of the cough. An allopathic physician examined her lungs during the following summer and diagnosed tuberculosis; he placed her under treatment as she refused to return to my service, knowing that the tea would have to be discontinued.

The lungs slowly grew worse, and in April, 1908, she went up to Liberty for climatic treatment, where she slept on the porch in the open air, and performed all the open air stunts, but they were too strenuous for her, as she caught an additional cold, grew steadily worse and left in despair.

May 25, 1908, after an interval of nearly two years and a half, she returned to me for treatment.

Mind depressed, utterly discouraged, continually thinking of her disease, she sat with eyes glued to one figure in the carpet, a picture of abject despair; sleep good, but moans, lies on back, head high.

Appetite fair, tea twice a day, slight constipation.

Emaciation, weak; slight fever in P. M., night sweats.

Catarrhal tendency worse, cold sweat.

Respiration catchy, worse dampness, better sleeping, head high, prolonged expiration.

Cough in A. M., on waking, at first dry, soon grows moist, caused by an irritation in upper trachea; through the winter had dry night cough, worse lying, better sitting up; it is generally worse exertion, talking, wet days, menses, better open air.

Digitized by Google

Expectoration, yellowish of a white, thick mucus, worse A. M., examination of it by Department of Health, positive.

Right lung; dulness in sub-clavicular region with crepitation in upper lobe, and wheezing inspiration, also soreness over the chest, worse exertion; posteriorly dry crepitation along scapular region with wheezing inspiration in upper lobe.

Left lung; scant crepitation over anterior surface upper lobe.

Menses late, scant, dark, but thin, no pain.

Prescribed sac. lac, stop tea, general diet, and report in three days.

A comparative study by the Boenninghausen method of apparently indicated remedies, excluded all except pulsatilla, for in it the marked depression; sleep with head high; tea poison and emaciation; catarrhal tendency, worse wet; a dry night cough, worse lying, better sitting, but moistening in the morning with an expectoration of thick white mucus; and the delayed, scanty, menstrual flow present a perfect image of pulsatilla.

May 28. More cheerful otherwise the same.? Puls. cc. 1 gl.

June 5th. General improvement. Puls. 1 gl. June 13. Mind better, appetite better, stools regular, fever and sweat ceased, cough and expectoraation less. Menses on 5th too early, due to tonic drugs she was taking, puls. 1 gl, also on 20th and 27th.

July 4. Weighs 110 lbs., cough slight, expectoration only occasionally and scant, stronger. Puls. 1 gl, also on 11th, 18th and 25th.

August 1st. Mind normal, appetite good and stools regular, weight 110 lbs, respiration normal, 3 to 2, cough and expectoration ceased, lung clear, stronger, convalescant, but menses are late, short and scant. Pulsatilla, one dose.

August 29. Generally better, stronger, flesh same, menses same, lungs clear, but persists in drinking an occasional cup of tea; has had pulsatilla every seven days.

The above case responded promptly to the medicine which cleared up the lungs in two months, but she persists in an occasional cup of tea, hence no increase in weight after the 110 lbs. were gained; then pulsatilla is not an antipsoric, but a short acting remedy, only about a week, hence if the tea habit is again resumed as seems probable, then the first cold taken in the fall will be followed by an infiltration of the lungs.

It is shown in the above cases that catarrh was the precursory in three, and tea poison in two.

It is estimated that 85% of the people have a catarrhal tendency, yet only a small percent of them ever develop consumption, hence catarrh, per se, does not constitute the first stage of consump-

Digitized by Google

tion. Millions of people drink tea, may have nervous prostration, dyspepsia, and exhaustion even unto death, yet never develop consumption, hence the dyspepsia, per se, does not constitute the first stage of consumption.

It is well known that a susceptible person will yield to an infectious microbe, when an unsusceptible weakling will endure the exposure with impunity. A sister in good health and flesh nursed another who died of pulmonary tuberculosis, and after a good rest seemed in perfect health, but thought it prudent to be examined, when was discovered an infiltration of one lung, obviously a case depending entirely on susceptibility.

It is a generally accepted doctrine that a person will not contract an infectious or contagious disease unless susceptible to it, hence in the above cases, the catarrh and tea dyspepsia plus susceptibility continued the first or precursory stage.

It is obvious, as an infectious microbe has no affinity for a person immune to its corresponding disease, but exhibits the power of affinity for a susceptible person in exciting its corresponding disease, that the real cause of the disease is included in the condition known as susceptibility.

It follows from the above, as the condition of susceptibility includes the cause of disease, and as its corresponding microbe has the power to excite the susceptibility into action, that a disease and its microbe bear the relation of cause and hence a microbe is not the cause of a disease, but the excitant of the cause.

It clearly follows that susceptibility is an integral part of tuberculosis, that it constitutes an exterior lust state in the constitution, that when this exterior lust state meets its corresponding bacilli, they unite in action which opens the constitution to an influx of the interior disease force, hence an infiltration with its peculiar characteristics.

In the first three cases the similimum promptly cured them and prevented suppuration; in the last two which had advanced into suppuration, the similimum also promptly acted, hence the similimum is not only a real germicide, but it is the only germicide that can be scientifically administered in disease. The above cases demonstrate that the treatment of pulmonary consumption is no exception to homœopathic therapeutics.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE INTERNATIONAL CONGRESS ON TUBERCULOSIS.

IT is most fitting that the greatest and most representative coming-together of the nations ever witnessed by the world for the extermination and elimination of the cause to which is credited the greatest mortality that has ever been ascribed to one factor should have been held in the capital of the nation whose efforts are recognized as being the most advanced and successful on record for coping with the condition which served as the bugle-call for the International Congress on Tuberculosis, September 21st to October 12th, 1908.

Twenty-five years have elapsed since the tubercle bacillus was discovered by Prof. Robert Koch, of Berlin, and yet its ravages and terribly death-dealing influences have continued to attack both the human race and the lower animals throughout the world.

That consumption is curable if taken in time is conceded by all; therefore, the question of treatment was not so much the chief topic for discussion as what measures to adopt for the care of individuals as well as communities, in order to prevent the spread of the disease and thus control its unprecedented mortality, and to this end the master minds of the world were assembled to freely receive and

Digitized by Google

most unselfishly give the best which the experience of each had to offer.

There are still many problems that need to be worked out in the laboratory, in the individual case and in the communities and countries at large, and Prof. Koch and other scientists will devote themselves to further research and laboratory work which must result in benefit to the entire world.

Among the great questions debated was whether the bovine bacillus, entering the human organism during ingestion of food, finds its habitat exclusively in the gastro-intestinal tract or whether it invades the lung tissue as well. While Prof. Koch for some days almost obstinately maintained a negative attitude, he yielded very graciously to the arguments of his colleagues that the bovine bacillus may cause consumption in the human organism.

Tuberculin is universally recognized as a diagnostic agent, and by many is used therapeutically also. The consensus of opinion is that the bovine tuberculin produces a more deeply-seated constitutional reaction than the human tuberculin, and for this reason many experts use the human tuberculin exclusively in treating the disease in the human organism.

Many of the lectures were profusely illustrated by means of stereopticon views, as well as by diagrams and charts. However, the educational influence of the Congress was not confined to didactic lectures, for it is impossible to estimate the value of the lessons taught by the exhibits.

Exhibits were of two kinds. What has been accomplished in various states and countries and what is being done by private and public agencies was distinctly set forth in chart, diagram and model on the one hand; and on the other, there was a full demonstration of the everyday measures in vogue in different parts of the world for the education of the public and the care of the tuberculous and his environment. While the campaign is not as old in this country as in many others represented at the Congress, America has entered into it with a characteristic vim and is showing a versatility and resource in attacking the problem that has won the admiration of the delegates from the Old World. In one of the discussions, Prof. Koch said that all that he had taught for many years past

Digitized by Google

as to the communicability and prevention of tuberculosis was graphically set forth in the exhibit of the New York committee, and for this the most extensive and varied and broadly scoped exhibit at the Congress, the State Department of Health and its Commissioner, Dr. Eugene H. Porter, were largely responsible.

One of the most encouraging features of the Congress was the fact that the meetings were so generally attended by the public, and people who are interested in the social side of the cause, so to speak. Locally, special days were set apart for the government employees of the different departments to visit the Congress, and the public schools availed themselves of this rare opportunity to have classes attend in a body.

One of the most hopeful characteristics of the anti-tuberculosis movement is this active interest of the laity, for it means an increased interest in all matters of public health and a broader preaching and practising of improved personal and industrial hygiene; so that *pari passu* with a reduction in the morbidity and mortality from tuberculosis must come a reduction in morbidity and mortality from other diseases.

In the section devoted to the hygienic, social, industrial and economic aspects of tuberculosis the following interesting phases were considered: Tuberculosis as an industrial disease; the cash value of factory ventilation; die Verhütung der Tuberkulose Kindern in den Schulen, Fabriken, u. s. v.; legitimate exercise of police power for the protection of health and in protecting the life and health of employes; the unteachable consumptive; the relation of tuberculosis to crime and the incarcerated criminal; study of the relation of prostitution to tuberculosis; how to deal with the danger of a return to unfavorable home conditions; the work of nurses in public departments and in special lines of work, elementary instruction as to tuberculosis; educational propaganda through local lay agencies, especially in schools, settlements, and charity organizations; a proposition to introduce a public health week into the public schools; woman's responsibility for the prevention of tuberculosis; diet as an element in increasing resistance; the promotion of immunity through physical education; the relation of immigration to the problem of securing social conditions favorable to general immunity.

Digitized by Google

During the forenoon of the last day of the sessions, the President, unannounced, made his way to the platform, welcomed by the cheers of the audience and the inspiring strains of a national air by the Marine Band. He said: "But a few years ago hardly an intelligent effort was made or could be made to war against this peculiarly deadly enemy of the human race. The chance to successfully conduct that war arose when the greatest experts in the medical world turned their trained intelligence to the task. It is for them and must remain for them to find out just what can be done. The outcry then will be for the representatives of the governments to give all possible effects to the conclusions of the scientific men."

THE TUBERCULOSIS INFIRMARY OF THE METROPOLITAN HOSPITAL.

THE report of the Tuberculosis Infirmary of the Metropolitan Hospital, Department of Public Charities, prepared by Dr. Mills for the International Congress on Tuberculosis, reveals some interesting facts.

For the six years of its existence up to July 1, 1908, there had been 16,122 cases admitted. Of these 10,589 had been discharged, 4,826 had died, and 707 were still in the institution. The mortality was 29.9 per cent. for the entire period. Of those discharged about 50% left less than a month after entrance. Of those who died about 50% died less than thirty days after entrance.

Of those admitted, 82% were men, 18% were women. The preponderance of men over women is about in the same proportion as in the non-tubercular patients in the Metropolitan Hospital proper. It is much greater than in the Phipps Institute of Philadelphia where the percentages were 58.31% men and 41.68% women for the four years that that place has been open. It is probable that the large foreign population of New York has something to do with this preponderance of men, because quite often the head of the family is the first to come to this country. It is only when the father has been here long enough to accumulate money to bring his family, that the women and children are able to come.

Digitized by Google

There were thirty-seven nationalities represented. Although the hospital records show whether the parents of patients were of foreign birth, the report does not include that information. Of the patients themselves 42.8% were born in the United States, many undoubtedly of foreign parentage. But 23% of the total population of New York City was born in the United States, so that the percentage of tuberculosis patients at the Infirmary was out of all proportion. Natives of Ireland came next with 21.9% of the tuberculosis patients, whereas 20.5% of the total population was born in Ireland. Natives of Germany were next with 8.2% of the total number of tuberculosis patients, whereas 22.8% of the total population was born in Germany. Here indeed is quite a remarkable condition, that so few Germans, comparatively, should be patients at the Infirmary. The German race has its share of tuberculosis as a race, why their showing at the Infirmary should be so good it is impossible to say. The natives of Russia contributed 7.5% of the cases, whereas 7.3% of the total population was born in Russia nearly all of the patients were Jews, showing that in New York, at any rate, the Jew presents about the same incidence of tuberculosis as do the other races. The natives of Italy supplied 6.6% of the cases, whereas they form 6.4% of the total population. Natives of Austria were next with 2.7% of the cases, whereas they form 3.3% of the total population. Natives of England followed with 2.5% of the cases, whereas they formed 4.5% of the total population. These two countries—Austria and England therefore, make a very good showing, not having as high a percentage among the patients as their numbers in the total population would warrant.

Tabulated according to age the patients at the Infirmary only emphasize what is found wherever tuberculosis exists, that it has its greatest incidence in the most active and valuable years of human life. Of the total number of cases, 22.4% were from 21-30 years of age, 25.4% were from 31-40 years of age, 20.5% were from 41-50 years of age, or—68.3% were 21-50 years of age, 31.7% were either younger than 20 or older than 50.

The record of occupations conveys little information, except that the unskilled laborer heads the list. Of the total number of patients whose occupation was recorded 2,131 were laborers, 949

Digitized by Google

were domestic servants, 433 were drivers, 307 worked in hotels, 294 were waiters, 264 were tailers, 195 worked on sewing machines, 194 were clerks, 191 were cooks, 139 were porters, 125 were peddlers, 115 were carpenters. There were 130 occupations in all, but the above were the most frequently represented.

Notes and Comments

Esperanto a Need in International Work.—The need of an an international language, at least for scientific purposes, was fully shown at the International Congress on Tuberculosis, where could be seen audiences of several hundred people listening as patiently as they could to papers and discussions of which they could not understand a word. Of course, an interpreter followed the speaker and gave the gist of the remarks in English, but it was the gist only, and many doubtless valuable side lights were necessarily omitted. The paper on Esperanto for the medical man in this issue is therefore distinctly apropos. Quite a large number favor French as the international scientific language, just as it used to be the international diplomatic language. Modern Greek has also been advocated. Esperanto is an artificial language, but that is not a sufficient reason in itself why it should not be adopted, and it is certainly making great strides in the way of securing adherents. It is of peculiar interest to Americans at this time, inasmuch as the next international Esperanto congress is to be held in this country.

A Campaign Document.—The North American feels that its its readers will have nothing but praise for the scholarly paper on "The Basic Conditions of a National Association for Clinical Research," from the pen of Dr. James Krauss, printed in this issue. Rarely has any subject been as ably presented, and it ought to carry conviction to the members of the American Institute of Homœopathy, and spur them to take active steps for the promotion of a movement, which, in the end, must surely bring credit to the cause to which they are pledged. While the writer had no such purpose in view, in all probability, it seems to the NORTH AMERICAN that he has penned one of the best campaign documents in the possession of homœopathy in section III. of the article, where he points out the "serious scientific nature and aim of homœopathy," and claims that "it is impossible to undertake any sort of clinical research without taking into proper account the work and the teachings of Hahnemann." With scarcely an alteration the whole of this section of the article would form an admirable campaign document which the Board for the Promulgation of Homœopathy could surely use to good advantage in its endeavor to get the neophyte in medicine and the practitioner to seriously investigate the principle of similars and its application in therapeutics.

Digitized by Google

Tempora Mutantur.—Certainly times are changed when the Homœopathic Medical Society of the County of New York holds its meeting at the Academy of Medicine, and is officially welcomed as a "tenant" by Dr. A. Jacobi, representing the board of trustees, and when both the contributors to the program, Dr. Pottenger, of California, and Prof. Denys, of Belgium, are not adherents of the homœopathic school, and when the latter advocates the use of tuberculin in infinitesimal dosage—the thousandths of a milligram.

Asexualization in Indiana.—The following became a law in in Indiana in 1907:

"WHEREAS, Heredity plays a most important part in the transmission of crime, idiocy and imbecility.

"Therefore, be it enacted by the General Assembly of the State of Indiana, that on and after the passage of this act it shall be compulsory for each and every institution in the State entrusted with the care of confirmed criminals, idiots, rapists, and imbeciles to appoint upon its staff, in addition to the regular institutional physician, two skilled surgeons of recognized ability, whose duty it shall be, in conjunction with the chief physician of such institution, to examine the mental and physical condition of such inmates as are recommended by the institutional physician and board of managers. If in the judgment of such committee of experts and the board of managers procreation is inadvisable, and there is no probability of improvement of the condition of such inmate, it shall be lawful to perform such operation for the prevention of procreation as shall be deemed safest and most effective."

The act went into effect March 7, 1907, and by the end of that year there had been 296 vasectomies in the State Reformatory.

It will be interesting to watch the effect of this asexualization. At first blush, one wonders how many of the inmates of such institutions as mentioned in the act have the chance to indulge in procreation.

Third International Congress on School Hygiene.—The president of the Permanent Committee of the International Congresses on School Hygiene has issued an announcement to the effect that the third congress will meet in Paris during the Easter holidays, March 29 to April 2, 1910, and that there will be in connection with it an International Exhibition of Hygiene in Schools and Education.

The Hygiene of Venereal Disease in Scandinavia.—In Norway and Sweden everyone, irrespective of his social or financial position, is entitled to free treatment for venereal disease, and the law requires that the victim submit himself to medical treatment. It is the duty of the physician in charge of a case of venereal disease to infom the patient that he cannot marry so long as the risk of infection is judged to be present, and that he will be liable for the expense of treatment as well as for damages if he infects any individual. Since these measures were introduced there is said to have been an enormous reduction in venereal disease in the countries named.

Digitized by Google

Remedies in Tickling Coughs.—*Belladonna* is indicated above all in the beginning of catarrhal-inflammatory conditions of the throat, larynx and bronchial mucosa, especially when a spasmodic cough shaaking the whole body is present, caused by an unbearable tickling in the upper air-passages, and much worse at night. The laryngeal spasm is often so violent that vomiting ensues, after which there is commonly an amelioration.

Phosphorus is differentiated from belladonna in that the tickling is lower, behind the sternum. Together with the constant tickling, the patient complains of spasmodic contractions as well as pressure and tension in the chest, with difficult and short respiration. The cough, at first dry, later develops a greenish, sometimes rust-colored, expectoration. There is always some hoarseness, a sign that the laryngeal mucosa is largely involved in the catarrhal process. Eating, talking, laughing rouses or aggravates the cough, as well as the inspiration of cold air.

Rumex is often particularly useful. The dry, persistent cough, sometimes with profuse discharge of mucus from nose and air-passages, is caused by a tickling in the throat-pit, and is increased by breathing cold air, so that the patient sometimes holds the handkerchief before nose and mouth to prevent its entrance. Deep breathing also incites tickling and cough. It is characteristic of rumex that pressure upon the larynx causes cough. This sensitivity to light pressure involuntarily recalls lachesis, in which the symptom is much more prominent, so that the patient opens collar and shirt because even their pressure suffices to arouse the cough.

Hepar has cought with abundant mucus and a feeling of tickling, scratching, rasping in larynx and trachea. The cough is hollow and rough and the voice is hoarse or changed. The remedy especially suits acute catarrhs that tend to chronicity, and in which the patient complains, sometimes of a persistent irritation to cough, cometimes of continual thoracic tightness. The inspiration of cold air aggravates the irritation to cough. The higher potencies (6—30) are recommended.

Hyoscyamus suits great dryness of the pharyngeal mucosa with frequent spasmodic fits of coughing, especially at night when recumbent. If a tickling cough begins at night, together with a contractive sensation of the whole throat, ameliorated by sitting up bed, it will be met by hyescyamus.

Kali iodatum is indicated in dry, tickling cough, coming at intervals and excited by exerttion, strain, change of temperature, smoke, dust, etc. The cough is very exhausting and there is scanty or no expectoration. A tendency to hoarseness is a'so present. The remedy acts best in the 5th dilution, gtt. v. two or three times daily.

Ammonium carbonicum has a persistent, almost continuous, cough due to tickling in the throat, with hoarseness, and equally

Digitized by Google

violent da yand night. Along the sternum,, in the trachea and bronchi, there is a sensation of dry heat, as if alcohol had been swallowed.

Pulsatilla, a well-known remedy in catarrhs of the upper air-tubes, is also useful in tickling cough when the patient is chilly, somewhat hoarse; when tthe cough is loose with expectoration, and the irritation is worse toward evening and when lying, so that sleep is disturbed. On standing the cough is better but returns when the patent lies down again.

Bromine, chamomilla, iodine, ipecac, nux vomica, sepia, spongia, sticta, and verbascu may also be called for. *Homœopathische Monatsblätter.*

Forty-five valuable Rubrics in Pneumonia.—The first remedies mentioned under each symptom are considered the most important:

1.—*Sharp stitching pains on inspiration:*—bryonia, phosphorus, scilla, kali carb., bovista, ferrum phos., hyoscyamus, kreosote, mercurius, pulsatilla, natrum mur.

2.—*Can lie only on back, for sharp pains:*—phosphorus, bryonia, aconite.

3.—*Sharp pains on coughing:*—bryonia, phosphorus, belladonna, kali carb., drosera, squilla, aconite, mercurius, iodine.

4.—*Sensation of tightness in chest:*—phosphorus, sulphur, aconite, causticum, bryonia, arsenicum.

5.—*Dry cough:*—bryonia, phosphorus, aconite, spongia, hyoscyamus, pulsatilla, rumex, arsenicum, sanguinaria.

6.—*Rattling cough:*—antimonium tart., ipecacuanha, belladonna, sulphur, (with nausea and vomiting, ipecacuanha especially.)

7.—*Suffocative cough:*—antimonium tart., ipecacuanha, cuprum, sulphur, drosera, nux vomica, china.

8.—*Scanty expectoration:*—phosphorus, pulsatilla, stannum, bry.

9.—*Expectoration tenacious and hard to raise:*—kali bichromicum, phosphorus, stannum, bryonia, aconite.

10.—*Expectoration yellow:*—phosphorus, pulsatilla, calcarea carb., silicea, stannum, sulphur, bryoni, aconite, spongia.

11.—*Expectoration rusty colored:*—bryonia, phosphorus, sanguinaria, rhus tox., squilla, aconite.

12.—*Expectoration bloody:*—ipecacuanha, phosphorus, ferrum, ferrum phos., belladonna, arnica, aconite, bryonia, hyosciamus, pulsatilla, sulphur.

13.—*Expectoration tastes salty:*—arsenicum, lycopodium, phosphorus, pulsatilla, stannum, colchicum, china.

14.—*Expectoration tastes bitter:*—pulsatilla, arsenicum, drosera, chamomilla, mercurius, nux vomica.

15.—*Expectoration tastes sweet:*—phosphorus, pulsatilla, calcarea, stannum.

16.—*Hot, dry skin*—bryonia, phosphorus, arsenicum, aconite, calcarea, sulphur, chininum, stannum, nux vomica, lycopodium, stramonium.

Digitized by Google

17.—*Fan-like motion of alæ nasi:*—lycopodium, antimonium tart., phosphorus, sulphur, kreosote, ipecacuanha.

18.—*Dilation of alæ nais:*—antimonium tart., spongia, arsenicum, ferrum phos., ipecacuanha.

19.—*Cyanosis:*—antimonium tart., lachesis, ipecacuanha, laurocerasus, digitalis, bovista.

20.—*Herpes on lips and about mouth:*—natru muriaticum, rhus tox., sepia, hepar, sulphur, calcarea, arsenicum, bovista.

21.—*Albumin in urine:*—arsenicum, apis, lycopodium, calcarea, terebinthina, helleborus, phosphorus, mercurius corr., aurum mur., natrum carb., lacdefloratum, antimonium tart., dulcamara, china.

22.—*Scanty, high-colored urine:*—arsenicum, apis, digitalis, mercurius, terebinthina, sepia, aconite, bryonia, antimonium tart., sulphur, nux vomica.

23.—*Hypermia of lung tissue:*—aconite, bryonia, phosphorus, belladona, ferrum phos., camphor, rhus tox., terebinthina, spongia, lachesis, sulphur, gelsemium, china, digitalis, sepia, calcarea, ipecacuanha.

24.—*Emphysema:*—Antimonium tart., hepar sulph., lachesis, phosphorus, lobelia, arsenicum, belladonna, carbo veg., mercurius, ipecacuanha, camphor, natrum muriaticum.

25.—*Empyema:*—arsenicum, ca'carea, silicea, phosphorus, mercurius, hepar, sulphur, lachesis, kali-carb., china.

26.—*Gangrene of lungs:*—arsenicum, kreosote, phosphorus, carboau., china.

27.—*Hypertrophy of the heart:*—kalmia, carbo, phosphorus spongia, kali-carb., aconite, digitalis, arsenicum, lachesis, spigelia, pulsatilla, naja, glonoin, iodum.

28.—*Pulmonary edema:*—arsenicum, antimonium tart., lachesis, apis, phosphorus, mercurius, digitalis, ammonium-carb., carbo-veg., ipecacuanha, hyosciamus.

29.—*Paralysis of lungs:*—lachesis, antimonium tart., lycopodium, carbo-veg., phosphorus, stannum, calcarea, arsenicum, baryta carb., gelsemium, cuprum,, ammonium mur.

30.—*Suppuration of Lungs:*—Calcarea, hepar, silicea, phosphorus, sulphur, lachesis, mercurius, pulsatilla, kali-carb., lycopodium, psorinum, ledum.

31—*Endo carditis:*—kalmia, spigelia, arsenicum, aconite, bryonia, cactus grand., phosphorus, spongia, calcarea, kali-carb., lachesis, colchicum, aurum.

32.—*Pericarditis:*—arsenicum, spigelia, aconite, kalmia, sulphur bryonia, apis, antimonium tart., cimicif., lachesis, spongia digitalis, kali-carb., colchicum.

33.—*Cerebral irritation in pneumonia:*—belladonna, phosphorus, rhus tox., hyoscyamus, arsenicum, veratrum viride, stramonium, lycopodium, cimicifuga, aconite, calc

34.—*Muttering delirium:*—hyoscyamus, lachesis, stramonium, belladonna, apis, phosphorus, hepar sulphur, rhus tox.

35.—*Wants to be naked:*—hyoscyamus ,phosphorus, secale, belladonna.

36.—*Religious affections:*—hyoscyamus lachesis, sulphur, vera-

Digitized by Google

trum, belladonna, calcarea, arsenicum, pulsatilla, lilium tig., sepia, stramonium, carbo veg.

37.—*Talks to himself:*—antimonium tart., hyoscyamus, calcarea, kali-bi, apis, belladonna, rhus tox.

38.—*Fear of death:*—aconite, arsenicum, calcarea, phosphorus, gelsemium, belladonna, bryonia, rhus tox., pulsatilla, kali-carb., nux vomica, nitric acid.

39.—*Predicts the time of death:*—Aconite, argentum nit.

40.—*Wants to get out of bed and escape:*—belladonna, bryonia, arsenicum, hyoscyamus, stramonium, arsenic, zincum, phosphorus, aconite, crotalus horr.

41.—*Sees devils and horrid objects:*—belladonna, pulsatilla, lachesis, hyoscyamus, plantina, arsenicum, stramonium, kali-carb.

42.—*Thinks he is double:*—stramonium, anacardium, petroleum, baptisia, glonoin, lilium tig., secale, cannabis indica.

43.—*Sees faces on closing the eyes:*—calcarea, belladonna, bryonia, arsenicum, argentum nit., carbo-veg., china, sambucus.

DD.—*Sees insects:*—arsenicum, belladonna, stramonium, phosphorus, hyoscyamus, pulsatilla.

45.—*Typhoid pneumonia:*—antimonium tart., bryonia, phosphorus, lycopodium, sulphur, rhus tox., sanguinaria, hyoscyamus, terebinthina, benzoic acid, laurocerasus.—Dr. R. C. Fisher. *The Critique.*

Chelidonium: *Odor of Human Feces.*—This symptom, mentioned as characteristic in an article of Dr. A. Nebel (Switzerland), translated not long ago in this Review, had its origin in a proving by Dr. Nebel upon himself of the drug chelidonium, as explained in a letter to the editor. Dr. Nebel differentiates it from the fecal odors of sulfur and psorinum, in that the odor seemed to be in the neighborhood of him, not upon him or coming from the body-surface, and its persistent accompaniment entirely spoiled for him a day's trout-fishing. The characteristic has also been confirmed by Dr. Kirn (Pforzheim).

THE SIXTH INTERNATIONAL CONGRESS ON TUBERCULOSIS

Resume of Proceedings

By Walter Sands Mills, A.B., M.D.

By Walter Sands Mills A.B., M.D., Member of the New York State Committee on the International Congress of Tuberculosis.

A COMPLETE account of the proceedings of the International Congress on Tuberculosis held in Washington, would fill several volumes. This article is intended simply to give a bare outline. The scientific meetings were held during the week of September 28 to October 3. Th work of the Congress was divided into seven sections.

Section I.—Pathology and Bacteriology: Ninety papers were presented and discussed in this section. They were divided into groups under different headings.. First came the *Biology of the Tubercle Bacillus.* Weinzirl, of Seattle, Washington, gave a

Digitized by Google

resumé of some experiments showing that light has a destructive effect on the tubercle bacillus. Direct sunlight will kill it in a few minutes, diffuse sunlight in a few hours. None of the bacilli lived more than a week in diffuse light.

Jancso and Elfer, of Hungary, had made hundreds of experiments with the various forms of tubercle bacillus—the human, the bovine, and the avian. In no case were they able to demonstrate a typical bovine bacillus from the human subject. Moreover, bacilli taken from different parts of the same subject presented so many points of difference that they would have been unrecognizable as from the same source by their biological characteristics.

Route of Infection—Bartel, ofVienna, claimed that certain early changes take place in the lymphatic glands in tuberculosis. For this reason it is a mistake to assume that the more evident lesion, with marked tubercular changes, is the point of origin of the disease. He therefore considers that the pharynx, stomach and intestines are frequently the unrecognized points of entrance of the infection.

*Heridity*s—Von Szaboky, of Budapest, and von Unterberger, of St. Petersburg, both had papers on heredity. They agreed that all necessary precautions should be taken to prevent contagion, but emphasized the fact that soil was as necessary as seed. They thought the phthisical habit—the soil—was hereditary.

Von Unterberger stated that autopsies showed that every man over thirty years of age had remains of tuberculous infection. This proved that tuberculosis was easily thrown off. It also showed that the proper way to cure it was to increase the resisting power of the organism. He also said it was utopian to imagine that all the tubercle bacilli in the world could be annihilated.

Opsonic Index:—Hastings, of New York, and Kingston, Twichell, Carter and Werry of Saranac, all agreed that the opsonic index is of value for diagnosis, but not as a guide to treatment by tuberculin. The opsonic index presents such wide variations that to strike an average it must be taken repeatedly.

Samborn, of Boston, found the opsonic index in a tubercular case to vary with the amount of physical work done by the patient. Hard work sent it up.

Cutaneous and Conjunctual Reactions:—Papers on these topics were presented by von Pirquet of Vienna, Calmette of Lille, Baldwin of Saranac, Arloing of Lyons, Malmström of Stockholm, and Wolff-Eisner of Berlin. In a general way all agreed that each procedure had value for diagnostic purposes, none whatever for prognosis. A positive reaction was found to be correct in more than 80% of the cases, as had been proven by subsequent autopsy.

Calmette preferred the conjunctival test in all over one year of age as more delicate and reliable. He said so many adults react to the cutaneous test that it is useless for diagnostic purposes. All of the papers said there was no use in a second eye test—one was enough. In 6,303 tests, Calmette reported eye complications in 3 cases of phlyctenulaar keratitis, in 20 cases of conjunctivitis, and in 72 reactions lasting more than three weeks. No reaction oc-

Digitized by Google

curred in those being treated with subcutaneous injections of tuberculin until over a month after suspension of treatment. On the other hand conjunctival redness may reappear as late as six weeks after the test on injection of tuberculin.

Early reactions occurred most frequently with suspected cases. Advanced cases reacted feebly or not at all. Miliary tuberculosis and tuberculous peritonitis also reacted feebly or not at all.

Arloing found the oculo reaction positive in typhoid, staphylococcic, syphilitic, and in some other infections. He preferred the serum reaction test as being more delicate and more reliable.

One of the most prominent papers of the congress was that by Detre, of Budapest, on "The Use of the Differential Cutaneous Reaction in the Diagnosis, Pathology and Treatment of Tuberculosis." Detil proposed the cutaneous reaction, simultaneously, with old tuberculin, with a filtrate of human tubercle bacilli, and with a filtrate of bovine tubercle bacilli. He claimed in this way to not only diagnose tuberculosis, but whether the infection is from the human or the bovine form. The reaction will show stronger with the similar inoculation. Detre claimed that most pulmonary cases originate from the human bacillus, most surgical or intestinal forms from the bovine bacillus. He did some experimenting on children in one of the Washington hospitals, but there seemed to be considerable scepticism among the physicians at the congress as to the whole matter.

Possible Sources of Infection:—Dr. Spitzstein, of Budapest, tried to inoculate rabbits by rubbing virulent cultures of tubercle bacilli into the skin, but without success. Conrmont and Lesieur, on the other hand, had succeeded in doing so with rabbits, guinea pigs and calves. They were able to rub bacilli through the skin of the abdomen and cause pulmonary tuberculosis. There was no local manifestation. They argued from that that the starting point cannot always be found in persons or animals ill of tuberculosis.

Andre, of Lyons, saaid that flies were carriers of the tubercle bacilli.

Bovine Tuberculosis:—The greatest feature of the week's meetings was the discussion as to the inter-communicability of human and bovine tuberculosis. Koch took the stand that it was yet to be proven that a single case of pulmonary tuberculosis in a human being had originated from the bovine bacillus. The corollary of that was that the one great source of danger of infection to human beings was the human consumptive. He acknowledged that a few surgical and intestinal cases in humans had presented the bovine bacillus, but very few, and they were all open to suspicion.

All the discussors agreed that the bovine bacillus and the human bacillus differed in many particulars. But they were also of the opinion that the two forms were intertransmissible. The debate was participated in by Smith of Boston, Raw of Liverpool, Dawson of Delaware, Dinwiddie of Arkansas, Fibige and Yersen of Copenhagen, Arloing of Lyons, and Ravenal of Wisconsin.

The weight of opinion was against Koch. But his prestige was so great and his opinion so positive that on the final day of the

Digitized by Google

congress, the following was adopted as the sense of the meeting:

Resolved, That the utmost efforts should be continued in the struggle against tuberculosis to prevent the conveyance from man to man of tuberculosis infection as the most important sources of the disease; that preventive measures be continued against bovine tuberculosis, and that the possibility of the propagation of this to man be recognized.

Immunity:—The manifold tuberculins have been utilized by various observers for immunizing purposes. Where good results have been obtained, immunization remained good for but a few months or a year a two at most. A number of papers were presented on this interesting phase of the subject.

SECTION II. CLINICAL STUDY AND THERAPY OF TUBERCULOSIS. —SANATORIA, HOSPITALS AND DISPENSARIES:—About ninety papers were presented in this section. One of the most impartant was by Willson and Rosenberger of Philadelphia. They reported on the examination of the discharges from one hundred cases of tuberculosis. The tubercle bacillus was found in the sputum, urine and feces of all. The tubercle bacillus was also found in the semen of five out of eight cases. The moral is self-evident. The urine and feces of tubercular patients must be cared for and destroyed, as is the case in any other infectious disease. The tubercle baacilli were demonstrated in the feces and urine of some cases of miliary and of glandular tuberculosis—an additional means of diagnosis in obscure cases. These authors also reported the bacilli to remain active for days and weeks in discharges exposed to sunlight.

Landouzy, of, Paris, reported on a symptom-complex which he first described in 1883, and has repeated many times since. It is a form of acute tuberculosis which he calls "Typho-Bacillose." It starts and runs a course not unlike typhoid and is most often mistaken for that disease.

Edson of Colorado, Zuntz of Berlin, and Amerin of Switzerland, spoke of the benefits to be derived from a sojourn in high altitudes. The last gave figures to show that febrile cases soon lost their fever when sent to a high altitude. He thought an excessively rapid pulse—over 120—was a contraindication.

This section also discussed the use of the various tuberculins. Many of the speakers had preparations of their own. All, or nearly all, reported good results. There was one voice in protest, Meissen of Hohenhonny. He said it was not yet proven that tuberculin has a specific curative action. "The bewildering mass of new tuberculins and the constantly growing number of methods of application are sufficient proof that the question is still open, and that further experiments are necessary."

Sanatoria were discussed at length, as were dispensaries.

In England graduated work is used for sanitorium patients. Not, however, when the patient shows increase of temperature aftehwards. Paterson said that at the Frimley Sanaatorium a temperature of 99° F. by mouth meant that the patient must go to bed and stay there. He was not allowed to wash himself or go to the lavatory even.

Digitized by Google

Dr. Krause, of Jena, sums up a paper on the use of the X-ray in diagnosis as follows:

(1) The X-ray examination frequently reveals the infiltrative process with a perfection which closely approximates that of the autopsy table. (2) Cavities of every size, from that of a pea upwards, whether superficial or deep-seated, as well as calcified foci, reveal themselves in the X-ray photograph. (3) Sources of error arise from the fact that shadows at different depths in the lungs overlie one another. In many cases infiltrative processes of a non-tuberculous origin (tumors of the lung, bronchiectasis, pulmonary abscess, pulmonary gangrene), can be differentiated. In the main, however, the X-ray diagnosis merely confirms or completes the clinical findings, and is limited to the detection of differences in density in the lung.

"Tuberculosis in Hospitals for the Insane" was the title of a paper by Dr. Hutchings of Ogdensburg, New York. The interesting feature of his paper was the statement that during the past 18 years the deaths among the asylum insane from all causes had amounted to 28,106. Among the men 9.5 per cent. died of tuberculosis, while among the women 20 per cent. of the deaths were caused by tuberculosis. The author argues from this that women, as a rule, being more inactive and more indoors, naturally have more tuberculosis. Whatever the cause may be in asylums for this preponderance of women patients suffering from tuberculosis, the opposite is the case in hospitals of the treatment of tuberculosis. At the Phipp's Institute for the Study, Treatment and Prevention of Tuberculosis, in Philadelphia, of 3,733 cases treated 53.31% were men, and 41.68% were women. At the Tuberculosis Infirmary of the Metropolitan Hospital, of 16,122 cases treated in six years, 82% were men and only 18% were women.

SECTION III. SURGERY AND ORTHOPEDICS: About fifty papers were read in this section. Most of them had to do with localized tuberculosis in various organs of the body, and radical surgical procedures were usually recommended. One or two of the papers, however, deserve special mention.

Robinson, of Boston, made a plea for more frequent surgical interference in tubercular conditions of the lungs and pleuræ. In his paper the writer said:

"The twentieth century has already witnessed an advance in the technique of intrathoracic surgery by the introduction of the negative pressure method of avoiding the dangers of pneumothorax and also by the perfecting of the positive pressure method of obviating these dangers. The investigations of Sauerbruch, Brauer, Matas, Smythe, Greene, Janeway, Mayer, Tuffier, Seidel and myself have proved that an exploratory thoracotomy is attended under the new methods by no greater danger than an exploratory laparotomy. The above investigators will also agree, that the partial or complete removal of one or two lobes of either lung is an operation which can be regarded as attended with little danger to the patient. The latter conclusion is based largely on animal experimentation, but it is a well known fact that the human thorax is less prone to

Digitized by Google

infection and less susceptible to the dangers of pneumothorax than that of most animals which have been used in animal experimentation. The human mediastinum being a comparatively unyielding structure, the conditions of the unopened side of the thorax are not as unfavorable as is the case especially in the dog."

He acknowledges, however, that the most promising pulmonary cases are the most amenable to hygienic treatment—sunlight, fresh air, rest, and food—and the surgeon don't get a chance at them.

Dr. Noré-Josserand, of Lyons, reported good results in closing up old tubercular sinuses with Mosetig's iodoformized mixture. Beck, of Chicago, had equally good results with a 33% bismuth vaselin paste. This is heated enough to liquify it, and is injected while liquid. It solidifies again after injected.

The only paper on the Bier method—the production of artificial hyperemia—was read by Dr. Willy Meyer of New York. He spoke very highly of it and instanced three cases.

SECTION IV: TUBERCULOSIS IN CHILDREN—ETIOLOGY, PREVENTION AND TREATMENT.—There were some 50 papers read in this section. A number of them seemed to point to the infection of children by other members of the family. The authors did not look on the disease as hereditary in any sense, but as infectious. La Petra, of New York, reported on 130 cases. He states that "The patients were all under three years, and the majority under one year of age. The mother, father or some one in close contact with the patient was found to have suffered from tuberculosis,—almost invariably pulmonary, in nearly half of the pulmonary cases and in over one-third of the meningeal cases. Of the meningeal case more than half had pulmonary tuberculosis."

Sachs, of Chicago, had examined 322 children of tuberculous parents, of the laboring class. He found 29% of them showed positive evidence of the disease. He believed that phthisis of adult life was in many cases the final result of infection in childhood.

Drs. Miller and Woodruff, of New York, had examined 150 children of tuberculous parents. They found 51% positively tuberculous and 20% doubtful. The other 29% were not tuberculous.

Drs. Floyd and Bowditch, of Boston, had studied 900 children from a month old to 15 years of age, at the Boston Consumptive Hospital. They found that 40% had pulmonary tuberculosis and 26% more had other symptoms of tuberculosis. All had been exposed to pulmonary cases at home.

Comby, of Paris, believed tuberculosis was transmitted from parent to child only by contagion. He stated that, "Family contagion explains almost all cases of infantile tuberculosis. Transmission through the milk or flesh of tuberculous cows plays a very insignificant part in the transmission of the disease to the human species. The infant can be fully protected against this danger by a proper selection of cows and sterilization of the milk.

"Our clinical investigations have shown that tuberculous children are found only in families in which there are tuberculous members, regardless of the kind of milk consumed. On the other hand, we constantly find at autopsies tuberculosis of the peri-

Digitized by Google

bronchial glands, which therefore represent the aërial port of entry of the bacillus of Koch. Among 1,432 autopsies on children from the hospitals of Paris during the course of fourteen years, I found 529 tuberculous subjects, or about 37%, among 216 infants from 0 to 3 months, 4 tuberculous, or less than 2% of 1,008 from 0 to 2 years, 252 tuberculous, or about 25%.

"After the second year, the proportion of tuberculous cadavers attains 45, 50, 60, and 65%. All this is fully explained by human contagion.

"Prophylaxis should occupy itself with phthisical human beings and not with cows."

All of these papers pointed out the need of beginning prophylaxis in the homes and with individuals.

Placental Transmission of Tuberculosis.—This interesting subject was taken up by Warthin of Ann Arbor. He described five forms of tuberculosis of the placenta, and adds that the tubercle bacillus may pass through the placenta without leaving any lesion. He believed that congenital tuberculosis as the result of placental transmission was a definite factor in the etiology of tuberculosis that must not be ignored.

The Relation of Measles, Whooping Cough and Influenza to Tuberculosis was reported on by Copeland, of Washington. He concluded that, considering the prevalence of these diseases, tuberculosis did not follow often enough to consider them of much etiologic importance. This is contrary to the accepted belief. However, as these diseases are almost universal, it is practically impossible to find a patient ill with tuberculosis who has not had one or more of them at some time or other.

Boviard, Jr., of New York, showed anew that abdominal tuberculosis was much more prevalent in Great Britain than in the United States. Sherman, of Edinburgh, reported upon 307 autopsies on children dead of tuberculosis. The glands—lymphatics—were affected in 77.8% of the cases. The thoracic glands were more often affected than the abdominal. In 50% of the abdominal cases there was no ulceration of the intestine. In 44.6% of the cases death was immediately due to tuberculous meningitis, probably from dissemination from caseous glands.

Brannan, of New York, read a paper giving the results of the ocean air treatment at Sea Breeze, Coney Island. There had been 136 cases treated. More than 80% had been either cured or improved of the joint and gland cases. Of the hip and spine cases 55% had been either cured or improved.

SECTION V: HYGIENIC, SOCIAL, INDUSTRIAL, AND ECONOMIC ASPECTS OF TUBERCULOSIS:—There were about 80 papers read in this section. Prof. Fisher, of Yale, estimated the economic cost of tuberculosis per year to the United States to be $1,100,000,000. Prof. Wilcox, of Cornell, estimated the cost to New York State to be about $65,000,000 annually. Other papers spoke of the family and individual cost.

One of the most instructive papers was by Mr. F. L. Hoffman, Statistician of the Prudential Insurance Company. He gave a

Digitized by Google

statistical presentation of the mortality from consumption in the United States among the different elements of the population. He also gave the proportion of cases of tuberculosis among different trades and occupations. The paper was accompanied by a most remarkable series of charts. Mr. Hoffman estimated that 77,000 wage earners die of tuberculosis in the United States every year. The present death rate of men in gainful occupations is 2.4 per 1,000 of population. Hoffman thought this could be reduced to 1.5, a yearly saving of 30,000 useful lives. The average age at death of persons dying of consumption is 37.4 years against 52.8 years in the mortality from all causes.

Dr. Favill, of Chicago, and Justice Brewer of the United States Supreme Court, spoke on the exercise of "police power" for the protection of health. Each claimed that the state could interfere and say to the employer that he must make the surroundings, the work and the hours such that there shall be a minimum risk to health.

There were a number of papers on the methods of social control of tuberculosis. All spoke of education as the best preventive. Dr. Farrand, Executive Secretary of the National Association for the Study and Prevention of Tuberculosis, outlined a plan for a campaign. There were two objects to be attained: (a) elimination of centres of infection, and (b) raising the resisting power of individuals. For control of tuberculosis the writer thought the greatest need was for hospitals for advanced cases.

Prof. Henderson, of Chicago, thought the government should make industrial insurance against sickness and death obligatory, as it is in Germany. This would aid the consumptive because he would be entitled to care when sick, and his family would be looked after during his enforced idleness.

The special tuberculosis dispensary received attention from severaal of the essayists. Its medical side, its social side, its economic side, were all gone into at length.

Dr. Newcomb, of Stony Wold Sanitarium, and Dr. Jacobs, of Baltimore, each gave details of a farm colony where cured patients are obliged to work for a certain time as part of their convalescent treatment. These farms had helped solve the problem of what to do with the arrested case, the patient who was too well to remain as a patient, yet not well enough to go to work at his trade or business.

A number of papers were presented on the frequency of tuberculosis among different nationalities in this country. Fishberg, of New York, declared the Jew to be less subject to tuberculosis than other peoples, and attributed their immunity to the fact that they have been city dwellers for two thousands years. It would seem as though this author was mistaken. At the Tuberculosis Infirmary of the Metropolitan Hospital out of 14,372 patients admitted to January 1, 1908, the Russian Hebrews formed 7.5% of the cases, whereas they form but 7.3% of the total population. The Phipps' Institute for the Treatment of Tuberculosis in Philadelphia, states that during the year 1906, their last published report, 16% of the

Digitized by Google

cases were Jews, whereas only 7% of the total population were Jews. Fishberg said at the close of his paper that tuberculosis was on the increase among the Jews. The figures of Philadelphia and New York prove that the Jews form more than their proportion of cases in public institutions to-day.

Flick, of Philadelphia, spoke of the high rate of tuberculosis among the Irish. At the Tuberculosis Infirmary of the Metropolitan Hospital the natives of Ireland formed 21.9% of the cases, whereas they make up but 20.5% of the total population.

Stella, an Italian physician of New York, spoke of the large number of cases of tuberculosis among his countrymen in the United States. He said the disease had been uncommon in Italy, but was increasing there now because it was constantly being brought back by returning emigrants from the United States. He thought the cause of tuberculosis among the Italians here to be due to the fact that they nearly all came from argricultural communities, and located here in congested and squalid quarters. In other words, that environment had everything to do with the prevalence of tuberculosis among the local Italian population.

Caccini, another Italian physician of New York, spoke along similar lines in a paper he read at the sixth section of the Congress. The latter also added that the Italians would not seek institutional treatment.

Wilson, of Charleston, spoke of the great prevalence of tuberculosis among the negroes. He thought it due to environment and ways of living, and not to any racial peculiarity.

Hrdlicka, who, by the way, is a graduate of the New York Homœopathic Medical College, and is now connected with the Bureau of Ethnology at Washington, spoke of the great prevalence of tuberculosis among the American Indians.

Dr. Hatfield, of Philadelphia, spoke of the great value of special nurses' training schools in tuberculosis institutions. The results at the Phipps' Institute and the White Haven Sanatorium had been more than satisfactory. Preference in nurses was given to young women in whom the disease had been arrested. It was found that they made the most satisfactory nurses. Some fifteen or twenty other papers were devoted to various phases of the relation of the nurse to tuberculosis.

One whole session was given over to the discussion of elementary and popular education, the methods and agencies to be utilized. Other papers spoke of the value of playgrounds, exercise, and so forth, in keeping individuals in good physical condition to ward off infection.

The Hon. Robert Watchorn, Commissioner of Immigration of the port of New York, claimed that very few cases of tuberculosis appeared among the immigrants on their arrival, and these were promptly returned whence they came. He said in the year ending June 30, 1907, there were only 410 such cases in 1,004,576 arrivals. In the year ending June 30, 1908, there were 590 cases among 585,970 arrivals. Tuberculosis among foreigners be held to be due to their surroundings after arrival.

Digitized by Google

SECTION VI: STATE AND MUNICIPAL CONTROL OF TUBERCULOSIS:—About ninety papers were read in this section. They had to do with the work being done in various countries, both in the way of preventive education, and in the establishment of dispensaries, sanatoria, and hospitals for treatment.

SECTION VII:—TUBERCULOSIS IN ANIMALS AND ITS RELATIONS TO MAN.—About forty papers were read in this section. The transmissibility of tuberculosis betwen man and cattle was taken up in the report of Section I. It was discussed at a joint session of the two sections.

Dr. Melvin, Chief of the United States Bureau of Animal Industry, in speaking of the money cost annually caused by the destruction of tuberculous cattle, had a word to say about the tuberculin test in cattle. Of 400,000 cattle so tested, 1903-1908, there were 37,000 reactions, or 9.25%. The accuracy of the tuberculin test was confined so far as possible by post-mortem examination. Of 23,869 reacting cattle slaughtered, lesions of tuberculosis were found in 23,585 or 98.81%.

In the reeport of Section II, mention was made of a report by Willson and Rosenberger, who stated that they had found tubercle bacilli in the discharges of nearly all of one hundred cases of tuberculosis. Attention is here directed to a paper in this section by E. C. Schroeder, Superintendent of one of the Bureaus of Animal Industry Experiment Stations. Schroeder found the tubercle bacilli in the feces of tuberculous cattle. He was able to produce fatal generalized tuberculosis in guinea pigs by inoculating them with the feces in which germs were found. He was also able to cause fatal generalized tuberculosis in hogs by feeding them with such feces. And, finally, he caused fatal generalized tuberculosis in guinea pigs by inoculating them with milk soiled with small quantities of such feces, and with butter made from such soiled milk. The important part of these observations is that examination of commercial milk has shown that samples wholly free from contamination with cow feces are rare exceptions to a general rule.

"The presence of tubercle bacilli in milk has been shown to mean that they will be present in both the cream and butter obtained from it, and it has been shown that tubercle bacilli in butter retain their virulence long periods of time; hence while the use of raw milk from tuberculous cows or from cows kept in a tuberculous environment, either as a beverage or as the source of cream and butter, continues, we may conclude that the exposure of persons to virulent tubercle bacilli from the bovine source is practically universal."

Schroeder also found that when herds were left alone the number of cows with tubercle bacilli in the feces doubled in eighteen months.

Digitized by Google

Vol. LVI DECEMBER, 1908 (Volume XXIII Third Series) No. 12

NORTH AMERICAN JOURNAL OF HOMŒOPATHY

Contributed Articles

DIABETES, SOME CASES FROM PRACTICE*

By Henry B. Minton, M.D.

Brooklyn, New York City.

I DO not propose to consider the causation or pathology of diabetes nor to enter into a theoretical discussion of the conditions underlying the disease, conditions which are at present involved in so much uncertainty. The increase of sugar in the blood, the diminution of glycogen in the muscles and liver, the bearing of nervous influences upon the disease as in irritation of the floor of the fourth ventricle, the influence of pancreatic disease and of certain toxic materials, all these are matters which hold an interesting and important relation to diabetes. I could, however, merely rehearse the theories and conclusions of those who have thrown so much light upon the metabolism of carbohydrates, proteids, and fats as they bear upon this disease. We may see a solution of the problem which diabetes presents evolved from considerations of this kind but the time does not yet seem ripe for such a result and a review of these matters is not my purpose.

I shall relate a few cases as they have occurred in my experience selecting such as illustrate what appeals to me as a practical feature of their management.

I have been impressed with the marked difference in the results obtained from dietetic regulation and particularly with the ability of patients to tolerate certain starches better than others, usually starches from other sources than wheat starch. The diabetic has lost the power of utilizing carbohydrates. This loss varies in degree with different cases. The source from which the carbohydrate is

* Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

drawn often influences the degree to which this loss extends, and offers an opportunity which should be utilized in prescribing a diet.

The first case of which I shall speak is not a true diabetic but is rather a case of glycosuria associated with obesity. It presents a peculiar reaction to dietetic regulation in that aggravation of all symptoms followed such attempts. This case lacks the loss of flesh and exhaustion of the true diabetic and presents no disability though exhibiting a continued loss of sugar through the urine.

In 1895 Mrs. X., a very stout woman of about sixty years of age, complained of a train of symptoms pointing toward digestive disturbance. She had been able to gratify her every wish in the matter of diet from her bountiful table and the symptoms were at first ascribed to gastro-intestinal trouble but with the discovery of from one to two per cent. of sugar in the urine a different view of the symptoms was entertained. Efforts were made toward a restriction of her diet with anything but a cordial co-operation on the part of the patient. Reduction in the glycosuria resulted, but inability to enforce the continuance of a suitable diet caused a failure to accomplish any adequate modification until 1899. At this time the patient suffered a sharp attack of the grippe complicated by bronchitis, with a very tedious convalescence. This presented an opportunity for a more rigid dietary. A slight progressive loss of weight and strength set in and while at first it was seemingly assaciated with the grippe its continuance did not admit of such an interpretation. As time went on and the diet was continued the patient lost weight and became gradually more feeble. Ultimately the disinclination on the part of the patient and the failure to accomplish any improvement led to a complete abandonment of a restricted diet. With a return to a more liberal allowance the glycosuria increased and she has passed from forty to fifty grammes of sugar a day since that time, but instead of continuing to decline she has gradually regained her vigor and under appropriate remedies her health has been restored. Though ten years older she is in good physical condition and retains her abundant flesh. Occasional renewed efforts to regulate her diet have been failures and she eats practically what she sees fit. She passes an increased quantity of water and suffers a slight loss of control of the bladder, but considering her age this is not surprising. In this instance the obesity and the patient's age make a glycosuria without other symptoms unimportant. A dict from which carbohydrates are excluded does her distinct harm. Such a diet, though at times necessary, is undesirable in every case but the detriment is not often as evident. So it should be the aim to give every case of glycosuria or of diabetes all the carbohydrate

Digitized by Google

which can be tolerated. The three remaining cases are selected to bring out this feature of the treatment.

Mrs. V., aged about fifty, presents a history of diabetes a number of years ago which was at that time supposedly cured. When I was first consulted regarding the case she was losing flesh and strength, complained of dizziness, headaches, fainting attacks, swollen feet, and was so miserable that she feared she would have to give up her position on account of her failing health. Urinalysis showed that she was passing 297 grammes of sugar in twenty-four hours. She was given a diet free from starch or sugar and rapid improvement in all her symptoms with disappearance of sugar from the urine followed. She was then placed upon a test diet (Van Norden's) and a known amount of wheat bread allowed. In this way it was determined that she could tolerate about 100 grammes without inducing glycosuria. This amount of wheat bread or its equivalent in other forms was then allowed. Her diet was arranged with this basis as a guide, allowing an increase in starchy food whenever she was found to have developed a greater toleration, and decreasing it at times when, from some cause, usually a digression from the diet allowed, she passed any sugar. Upon occasions too great or too prolonged lapses of care in diet have been followed by a return of the symptoms, but as long as she is kept within the limit of toleration of carbohydrates she is practically well. This case is a mild type of diabetes, mild since it is marked by a total disappearance of sugar from the urine upon a restricted diet. Further, the patient also possesses a considerable toleration for wheat bread and within that limit she would be given some starchy food though it does not matter in what form this amount is allowed. The various diabetic foods, gluten bread, potato, cereal, or wheat bread may be used in an amount corresponding to the known toleration of the case.

Case three is of the same type, but the patient had no ability to use wheat starch. He could, however, tolerate potato starch to a certain extent. Mr. R. was a man of middle life, who for a few months had suffered a loss of weight and strength. His urine in September, 1905, contained about 130 grammes of sugar a day. Upon a starch free diet he passed no sugar. For a time he was allowed one or two slices of a certain gluten bread which contained very little starch. Upon this there was an elimination of from five to sixteen grammes of sugar a day. A marked gain in his physical condition and weight followed. In October of the same year potato starch was tried. He was at first allowed one medium sized potato without any increase in the amount of sugar. In November the

Digitized by Google

amount was doubled with an equally satisfactory result. A number of efforts were made to use wheat starch, as the patient was very fond of bread, but they were not successful. Many gluten preparations were tried in order to satisfy his desire for bread and a certain gluten puff which gave the best result has since been allowed. No other starch except potato, which he has continued in about the same amount, has been permitted. There has been no sugar found in the urine since October, 1907.

The fourth case could tolerate neither wheat nor potato starch, but has a certain toleration for oat meal. This case consulted me in April, 1905. She had been under treatment for nervousness as it was called, a more exact diagnosis she could not state, for quite a number of months. She was depressed, worried without due cause, very nervous, trembling at slight excitement, starting at any noise. She had headache, especially in the morning, with a feeling of pressure in the temples. There was numbness of the hands and feet. The heart's action was rapid, 120 to the minute, irregular and at times intermittent with dyspnea and exhaustion on exertion. Menstruation was regular, with an aggravation of the above symptoms at the time of menstruation. Physical examination revealed a normal condition of the heart and lungs and an absence of pelvic disease. The patient suffered from thirst, passed 1,800 to 2,900 cc. of urine in a day with a specific gravity varying from 1034 to 1041 and showing a total amount of sugar from 130 to about 300 grammes. From a rather stout woman she was redued to a weight of 110 lbs. It seemed unacountable that a diagnosis of diabetes had been overlooked. An establishment of a restricted diet caused a marked and to the patient very satisfactory improvement. She was given several remedies at different times and then went out of town for the summer. In the fall she returned somewhat worse, the difficulties of continuing the diet away from home having led to a relaxation of its rigidity. After re-establishing a starch free diet the sugar disappeared from the urine but the slightest allowance of bread was followed by an increase of sugar. For a time a gluten bread which caused the least glycosuria in this case of anything of a starchy nature which we had thus far found, was allowed. Under this diet the amount of sugar in the urine varied from 15 to 30 grammes, the weight increased to 123 lbs. and her general condition improved. Some of the nervous symptoms, the headache, the rapid pulse, then 130 with a tension of 180 mm. continued. She complained of a feeling of constriction about the neck and waist, aggravation of symptoms on the left side and at menstruation. Lachesis 200 was given and under its action she made

Digitized by Google

further and very satisfactory progress. Still sugar continued in the urine and the prolonged use of a restricted diet began to fail of toleration. Acetone bodies were present in the urine and the feric chloride reaction became more intense. She became much worse in February, 1908. The glycosuria increased in spite of the restricted diet and did not disappear on a starch free diet. The pulse was rapid, the patient very nervous, with much headache and dizziness. She could undertake no exertion without great effort and exhaustion. At this time a further attempt to adjust the diet was made. The patient was again placed on a rigid diet on February 27th, when she was passing 61 grammes of sugar. On March 7th, after an allowance of 100 grammes of wheat bread, she passed 105 grammes of sugar. The rigid diet was continued for three days, on the next two days she was allowed green vegetables, butter, and the yolk of eggs only. On the next four days she was given the restricted diet with an allowance of 250 grammes of oat meal gruel. On the sixteenth the glucose on the urine was reduced to 33 grammes and a month later to 24 grammes with a normal elimination of urea. In June it was 15 gme. During this time, with an allowance of about eight ounces of oat meal gruel a day, she was passing much less sugar than when taking a starch free diet prior to the use of the oat meal. The patient's weight has increased and her strength and general health are altogether better.

For the first time since the beginning of treatment her pulse has improved. It averaged in June 100, without the high tension which had previously characterized it. The headache and nervous symptoms were benefited by lachesis. The high tension electric current, which was used for a time, improved the nervous condition but had no effect upon the elimination of sugar.

This case was of a more severe type than the others cited, particularly during the past year when the sugar did not disappear from the urine upon a starch free diet. In such a case it is desirable to put the patient on a starch free diet for a short time and then to allow about 100 grammes of carbohydrate a day. The particular point I desired to emphasize is that I have found that a careful comparison of the amount of sugar eliminated when cereal in a small quantity is allowed varies considerably in different cases witih the cereal selected. My plan is to test each separately, keeping the patient on a starch free diet with the exception of a small allowance of the cereal under investigation. Then the one which gives the least elimination of sugar is selected and allowed to the amount of about 100 grammes a day, or more, if the patient develops an increased toleration.

Digitized by Google

Severe cases should be placed upon a starch free diet for a few days about once a month and then two days upon a diet of green vegetables, butter, yolk of egg and bacon. At other times a small amount of carbohydrate is allowed in the diet. The urine should be under a continued supervision and the quantity of sugar and nitrogen eliminated together with the presence of diacetic acid as indicated by the ferric chloride reaction. A clear idea of the progress of the case may thus be had and such changes in the diet made as the case can tolerate.

THE TEACHING OF HOMOEOPATHY FROM THE STANDPOINT OF THE STUDENT*

By CRAWFORD R. GREEN, M.D.

Troy, N. Y.

THERE is no subject with which the medical curriculum is concerned, from whatever standpoint it may be considered, that is of so great importanec to the profession of homœopathic medicine as is the teaching of homœopathic materia medica. The proper teaching of homœopathic materia medica is, in fact, absolutely vital to the very existence of our school. For if homœopathy be not properly taught, how can it be properly practiced? And if not properly practiced, how can homœopathy continue to exist and extend its beneficient influence? The very obvious answers to these questions indicate the importance of the subject upon which the chairman of this bureau has asked me to address you to-day—the teaching of homœopathy from the standpoint of the student.

The long accepted and much quoted definition of a homœopathic physician is: "One who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics." I have pondered much upon the significance of that word "adds." To my mind it suggests a defect, and a defect very conspicuous in the curricula of our homœopathic colleges. I believe a better homœopathic physician than the one thus frequently defined would be "one who permeates all other knowledge of medicine with his own special knowledge of homœopathy." Since similia similibus curentur is a true, exact, scientific law of cure, should we not regard it as essentially fundamental and absolutely necessary to the teaching of every department of medicine and not something merely added on?

The literal meaning of the accepted definition is well exemplified in the teaching methods employed in many of the practical

* Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

branches of our curriculum. We have chairs in practice, obstetrics, surgery, gynaecology and so on—and then we have a chair of materia medica added to them. In order that the student may receive a proper presentation of our remedies in their totality, the chair of materia medica is an absolute necessity; and yet the idea that materia medica is "extra," "added to," is so prevalent that many chairs which theoretically should instill homœopathic principles of treatment into the minds of the students leave all that work for the chair of materia medica, wrongly assuming that that is solely the function of the latter chair. I believe that the proper teaching of homœopathy depends upon having every department of the medical curriculum so saturated with homœopathy and permeated with it that treatment by the law of homœopathy will be emphasized at every turn. How, may I ask, can the student be impressed with any consistent notion of homœopathy if in practice he is constantly compelled to choose between totally different methods of procedure? Of what avail is it to learn from the chair of mateari medica that silicea, when properly indicated, will cure certain well-defined glandular conditions, if the chair of surgery insists that in every instance those conditions should be treated with the knife? Or why learn the finer malarial symptoms of arsenicum, china, ipecac, lycopodium, and the rest, from the chair of materia medica, if the chair of practice tells us that large doses of quinine is the only successful treatment whether or not the drug be indicated homœopathically? When such teaching prevails—and did I care to be specific I could enumerate many such examples—can any one say that we are properly teaching homœopathy? No, if homœopathy is what it is claimed to be, we will not teach homœopathy aright until it is so taught that every homœopathic practitioner unconsciously translates pathological conditions into terms of homœopathy, and every patient that he sees immediately calls to his mind the picture of an indicated remedy.

In his address on assuming the Lord Rectorship of the University of Aberdeen in 1874, Thomas Huxley—whose writings upon medical education can be profitably read by any one who has to do with medical teaching—says of acquiring a knowledge of physiology: "It is to be had not by sharing your attention between these and sundry other subjects, but by concentrating your minds, week after week, month after month, six or seven hours a day, upon all the complexities of organ and function, until each of the greater truths of anatomy and physiology has become an organic part of your minds—until you would know them if you were roused and questioned in the middle of the night, as a man knows the geography

Digitized by Google

of his native place and the daily life of his home. That is the sort of knowledge which, once obtained, is a life-long possession. Other occupations may fill your minds—it may grow dim and seem to be forgotten—but there it is like the inscription on a battered and defaced coin, which comes out when you warm it."

That, I take it, is precisely the kind of knowledge of homœopathy we should aim at attaining. Such a working knowledge that the practitioner, roused from a sound sleep to minister to a child in convulsions in a neighboring house, will unconsciously turn over in his mind the comparisons of the homœopathic remedies that are most likely to be needed, and not feel self satisfied because his chloroform bottle is full and his hypodermic is in his waistcoat pocket.

There is another evil in this extra-homœopathic attitude of so many of the chairs of practical medicine which is of the utmost concern to the student. The shifting emphasis laid upon homœopathic therapy by different teachers leads to the student's acquiring an altogether distorted notion of the applicability of homœopathy to various diseases. For example, if a teacher of infectious fevers goes conscientiously into a comparison of the most frequently indicated homœopathic remedies in the diseases upon which he lectures, while a teacher of gastric disorders carefully describes every non-homœopathic treatment and then indifferently adds a list of homœopathic remedies that others have found useful, it must be quite apparent that the student will naturally infer that homœopathy is of greater service in the former class of cases than in the latter. Such impressions, upon the receptive mind of the student, are not readily overcome. And yet, this evil—which is a most serious one from the student's standpoint—can be easily eliminated by a uniformity of methods in teaching treatment. Whether the lecture or the recitation system be in vogue, it is essential for the consistent teaching of homœopathy that an equal emphasis be placed on homœopathic treatment throughout every department of the curriculum. In short, it should be understood that the function of the teacher is to impart a given amount of knowledge to his pupils and not to employ his position merely for the promulgation of his own personal views.

One might naturally expect that when we investigate the teaching methods of the chair of materia medica itself many of the evils resulting from the extra-homœopathic attitude of other chairs would be to a degree offset. Such, however, is unfortunately not the case. Student after student who has gone to college prejudiced toward homœopathy has entirely lost his enthusiasm—and quite

Digitized by Google

frequently his faith—owing to non-scientific methods of teaching materia medica.

In the first place, the student has been continually confronted with the ever-present *bete-noire* called the philosophy of homœopathy. I must confess that I am not altogether clear as to just what is meant by the philosophy of homœopathy. But I do know that the only end served by the teaching of homœopathic philosophy to which I can testify is the undermining of the faith of the student by soaring into the realms of the ideal. I contend that a successful course in homœopathic materia medica must be so presented that the student can accept it as final and true. Flights into philosophy can only result in scepticism by sowing the seeds of dissension and argument. If we are to succeed in insuring a future for similia similibus curentur, homœopathic materia medica must be presented to our students as a science and not as a philosophy. "The philosophy of homœopathy is speculation (as is all philosophy) while the science of homœopathy is a fact—a law active in every pathological condition where a cure can result from the administration of curative agents by man or by nature."

Another conspicuous defect in our teaching of materia medica —and this applies to other chairs with equal force—is the preaching of potency. No doubt the intention is good, but the result is bad. It should be quite obvious that the enormous labor involved in acquiring an adequate grasp of our materia medica is a sufficient task for any student without troubling him with speculation concerning potency. It is true that there are instances when a mention of potency is quite necessary from the standpoint of practical application—as, for example, that hepar sulphuris when given low hastens suppuration and when given high aborts it. But in the great majority of cases, where there is no definite knowledge to impart, talking potency to students serves no other purpose than to confuse them and to increase the already obnoxious distinction between our so-called schools of low and high potency. One student acquires in one way or another "high potency" ideas, and another student gets a notion that all remedies must be administered "low." The former listens with ill-concealed contempt to the lectures of the teacher who continually recommends low potencies, while the latter has no faith whatever in the teaching of the "high potency" enthusiast, no matter how able a teacher he may be. Never in this world can students put the necessary zeal into learning homœopathy while such a state of affairs exists. In the present uncertainty of our knowledge of this subject, there is no more practical reason for requiring students to consider whether a teacher uses tinctures or hundred-

Digitized by Google

thousandths than there is for compelling them to know where he keeps his horse or who his grocer is. From the student's standpoint, the preaching of potency is disconcerting and wholly unscientific. And more than this, such teaching does actual harm to the college itself as well as to the individual student. For in accordance with the teacher's views of potency thus publicly expressed, the college soon acquires a reputation of being high or low potency and students are attracted or repelled according to the narrow views of their preceptors and advisers and not according to whether or not the college is teaching good homœopathy. The college will have done its work when it teaches sound, consistent homœopathy that can be accepted by all—a task sufficient unto itself without the addition of entirely extraneous difficulties.

Still another of the most serious defects in the teaching of homœopathic materia medica has been the great waste of the student's time resulting from the didactic methods commonly employed. Hour after hour has been thrown away listening to lectures that were utterly worthless to the much-abused undergraduate. I have seen men sit in the lecture room, wasting a vast amount of time that could be much more profitably employed, listening half-heartedly, or not at all, to lectures of which they possessed complete typewritten copies as they were delivered two years before. What the students were crying for when I was in college was the elimination of those absolutely useless lectures and the institution of well conducted quizzes in their place. What they needed was time to read the notes they already possessed and be properly quizzed on them, or, if not the notes, a good materia medica of which there is an abundance for the purpose. If the notes appear necessary from the teacher's standpoint, the only reasonable way to use them from the student's standpoint is to give them to the student in printed form to be studied outside the class room. Would anyone care to prove that the average student learns materia medica from lectures? I think not. In materia medica, as much as in any other department of medicine, the lecture system is entirely inadequate and obsolete.

And yet, however frequent the instances of inefficiency in our didactic teaching, an even more deplorable state of affairs is encountered when we pass to a consideration of clinical teaching—with which the hospital interne is especially concerned.

No greater opportunity to put our law of cure into practical operation and place it upon a firm scientific basis could be desired than that presented by the wealth of clinical material in our many and varied hospitials. Nevertheless, in many instances, the kind of homœopathy—if it should be called homœopathy at all—that is

Digitized by Google

prevalent in the wards of our hospitals would be incredible to those of you who are not familiar with it. We here have an admirable opportunity to see in operation just the results we would naturally expect from what I choose to call the extra-homœopathic teaching in the didactic courses of the curriculum.

The spirit that pervades the wards of many of our hospitals is indeed extra-homœopathic. There is often a general indifference to both homœopathic therapeutics and homœopathic institutes. In many instances, from the attitude not only of the internes but of the visiting physicians as well, one receives the impression that homœopathic therapy in any practical sense is felt to be a sort of incubus—something that must be tolerated and considered in a cursory way for conscience sake. So marked is this indifference toward pure homœopathy, that on many occasions in my own experience I have seen an earnest endeavor to reach homœopathic results looked upon with absolute ridicule. Such a condition is not very pleasant to dwell upon, but it is the truth.

I believe that if any statistics were available to compare the number of homœopathic and non-homœopathic prescriptions made by homœopathic visiting physicians the results would be most unpleasant to contemplate. I do not mean to assert that the patients in our hospitals are not treated as well as elsewhere, for we find in our wards as great care in diagnostic technic and as great zeal in reaching pathological conclusions as we can find anywhere in the world. But I do maitain that it is but comparatively seldom that we can find the same enthusiasm devoted to selecting a curative agent according to the homœopathic law as is devoted to determining, let us say, whether the patient has a systolic or a presystolic heart murmur, or whether or not he has the plasmodium malariae in his blood. I have seen in homœopathic wards able visiting physicians prescribe for every case of pneumonia ten-drop doses of creosote; I have seen articular rheumatism treated with material doses of colchicine and the salicylates before any sincere attempt was made to reach results homœopathically; and I have seen every case of delirium treated in the first instance with coal tar products and opiates, regardless of whether or not they were homœopathic to the case. Not only have I seen such prescriptions and many similar but when I have raised the point as to whether results in these cases could not be reached homœopathically, I have been laughed at for my pains. I do not profess to know what the limitations of homœopathy may be. But I do know that in my materia medica lectures I was given the indications of a vast number of remedies for use in delirium, and I was taught that pneumonia and rheumatism are

Digitized by Google

both far more amenable to treatment by our law than by allopathic medication. If this is the truth, why is our law not used uniformly by at least our teachers in treating those conditions? If it is not the truth, how are we to establish any reason for continuing to teach it?

From the student's standpoint, it matters not what sort of medicine the visiting physician practice privately, but in his capacity as a visiting physician he is a teacher, and, as a teacher of homœopathy, he has no reasonable excuse for disregarding an earnest endeavor to reach homœopathic results. An interne is as much a student as is the undergraduate. His internship means for him learning how to apply in practice what he has already learned in theory. He has certain rights that should be respected. He has studied homœopathy because he had some reason or other for believing that it is employed as a law of cure. He has a right to expect that those who are set up to teach homœopathy will practice homœopathy and will help him and encourage him to attain results by the application of the homœopathic law.

When our student gets out to shift for himself can we expect him to practice homœopathy when his teachers have reared him in a slip-shod atmosphere of empiricism? Can we expect that he will conserve his faith in similia similibus curentur when in his moments of discouragement the fact constantly springs up in his mind that those whom he looked to as his superiors failed even to try to secure results therefrom? It is a safe conclusion that if our didactic teaching is to be worth anything at all it must be of a character to stimulate an enthusiasm for its practical application, and that if our clinical teaching is to be of any value it must be so conducted as to give the students the impression that at least their teachers practice what they preach.

HOMOEOPATHY — HOW IT SHOULD BE TAUGHT, INSTRUCTIVELY, INTERESTINGLY AND PRACTICALLY, FROM THE TEACHER'S STANDPOINT*

By R. F. Rabe, M.D.

New York City.

THE subject is a large one and involves the personal equation to a great degree, since as a matter of course, many teachers must differ in their opinions of methods. To teach homœopathy instructively, is to present it interestingly, if the instruction is to be of value, for unless presented in an interesting way, the subject at once loses

* Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

interest for the student. If this contention be obvious, it fairly follows that, "interestingly" must again include "practically," for it will be readily conceded that theoretical teaching without practical demonstration becomes tiresome, without force, hence of little interest and value to the student mind. Therefore, an exposition of the methods which seem best adapted to the fulfillment of the requirements of the subject of this paper, seems called for.

As a firm foundation upon which to successfully build, a thorough comprehension of the philosophy of homœopathy is absolutely necessary. To obtain this a study of the Organon is required and its teachings must be elucidated as well as demonstrated by one to whom their import is clearly apparent. A mere parrot-like reading of the various paragraphs will fall far short of success but will lull the mind of the eager student into the soprorous depths of dull despair. So pregnant with meaning are Hahnemann's paragraphs that each can be made to serve as the convenient text for a practical demonstration in fixing the lesson. The teacher can here recite cases in support of his arguments or may even prove their truth by the exhibition of a suitable clinical case. To be sure, this may frequently be a matter of some little difficulty, requiring the highest type of hahnemannism to surmount. But such an one alone is fitted for the task. Here the tyro should not essay to venture. Superficially studied many of Hahnemann's teachings appear to be out of harmony with modern knowledge; rightly understood and interpreted their wonderful truth carries conviction to any unprejudiced mind and reveals their close alignment with modern thought. To still further instil the philosophy of homœopathy demands that instruction be given in repertory work. Von Boenninghausen's Therapeutic Pocketbook stands as a monument to his genius and is as useful to-day as it was in the days of the pioneers. Its use is understood by very few, hence its great value as a tool is unknown to hundreds of homœopathic physicians. Without the repertory many, especially chronic cases, cannot be successfully treated. Therefore practical instruction in this work by men skilled to impart such knowledge must be made part of the college curriculum. The standard repertories must be explained and their authors' ideas and methods elucidated. In doing this actual clinical cases should be resorted to and these cases worked out analytically step by step. To the initiated, no more fascinating task can be given nor one which promises greater results for successful completion.

The study of materia medica is commonly regarded as a dry one. Presented in a proper manner it assumes life and compels intelligent interest. Each remedy can be so lectured upon that its

Digitized by Google

individuality stands forth in a most forcible manner. This means that the mere reading of symptoms either from a text-book or from written or printed notes be copiously supplemented by illustrative interpretation and comparison. Emphasis upon the strong characteristics, the so-called keynotes, upon the great modalities of a remedy, clothe it with a personality of its own, easily differentiated from that of any other. Teaching such as this at once precludes the pernicious habit of alternation a habit founded upon laziness and ignorance alike, and forever banishes the grim spectre of the unscientific, unhomœopathic and absolutely indefensible combination tablet.

It is obvious that in the imparting of a knowledge of materia medica the subject must be graded to suit the capacity of the student. To the freshman should not be given the same amount of pabulum which is set before the junior or senior. A knowledge of physiological materia medica, so called, in reality toxic materia medica, is essential to the student and physician. To know the dangerous properties, the minimum and maximum doses of crude drugs is part of the well-equipped physician's armamentarium and enables him to better understand the dynamic action of the potentized remedy. In truth, a study of the toxic action of drugs is the study of drug-provings and leads to a better appreciation of the finer effects of these produced by the higher and highest potencies.

Drug-proving by students of medicine is a valuable part, when properly carried out, of the curriculum of a homœopathic college. Such work is convincing in a striking manner by removing all doubt and making an impression upon the mind which is never effaced. Hedged about by all the refinements of modern diagnostic technique, calculated to reveal even the minutest pathologic change, the pure subjective symptomatology contained in the pathogenesis of the proven drug, is rendered more reliable and often capable of scientific explanation. Subjective symptoms must always rule, as these express the "ego" of the prover, reflecting that which is most important to the homœopathic therapist, the mind itself. The value of mental symptoms to the prescriber is beyond computation, for such symptoms frequently decide the choice of a remedy. Frequent clinics in which to demonstrate practically all that has been taught didactically must complete the plan of successful homœopathic teaching and indeed form its capstone. In the clinic both acute and chronic cases should be presented.

In the treatment of the former the methods of administration of the simillimum can be explained, the rules for repetition of the dose pointed out, advice given as to the choice of a suitable potency,

Digitized by Google

the question of antidotes discussed, remedy aggravations and means of controlling them shown. In the chronic cases, duration of action of remedies can be easily demonstrated and the gradual curative unfolding of the case watched.

In short, everything pertaining to the homœopathic cure can and must be shown. Failures must be honestly and frankly discussed and if possible their reasons sought and found. Incurable cases should also be brought before the class and the reason for incurability given. The difference between disease and its pathological result can here be dwelled upon to advantage. In the clinic the teacher should not hesitate to consult the repertory, or refer to the materia medica if necessary. It is surprising how such custom on the part of the physician begets confidence in the patient. Those rare cases in which patients perceive in such action a confession of ignorance on the physician's part are better suited to the methods of the pompous charlatan to whom they in reality belong. Let the student once form the habit of referring to his books in the presence of patients, he goes far toward the making of a successful physician.

Finally it is of the highest importance for the teacher of homœopathy to cultivate a calm temper in the presence of students, one which even the most grotesque question or the sceptical insinuation cannot ruffle.

A haughty demeanor of self-satisfied superiority never impresses the student but may cause him to grow unalterably antagonistic to the very study he has in the beginning so eagerly commenced. Let every question be frankly met and if its answer be not known to the teacher let him have the courage so to state. Dealt with in the manner as sketched above, homœopathy cannot fail to arouse enthusiasm in the mind earnestly seeking truth and light.

EVERY DAY SUGGESTIONS IN MENTAL THERAPEUTICS*

By A. E. Smith, M.D.

Freeport, Ill.

THE fundamental reason for the organizing of this society, and all other medical organizations, is that by conference and contact with each other other we may become more proficient in our ability to heal the sick, relieve the distressed and push farther into the future the day of dissolution. By what method and in what manner we succeed in accomplishing our undertakings, matters not to the afflicted individuals; so long as the means can

*Read before the American Institute of Homœopathy.

Digitized by Google

be successfully applied, is legitimate, practically devoid of qualities that produce physical suffering and mental anguish and is not too expensive.

From the psychological standpoint every man is a law unto himself, his methods and manners are his, and we learn to recognize him by his characteristics; we may pattern and copy, we may accept and appropriate, we may apply and accomplish results, but in every instance each appropriated personal formula in its application is modified to a greater or less degree by the operator, from that of the originator.

From the earliest history of man to the present time the different methods that have been employed in healing the sick are innumerable, and those who have participated in their practical application are legion. To all of open mind and rational recognition it is apparent that virtue has been demonstrated from many adverse theories applied; and it is further apparent that there is some underlying principle governing the application of all methods whether applied by priest, potentate, sinner or saint. There is a common principle involved in every form of life that makes it true unto itself and alike subject to disease.

In the present stage of worldly and life development, man, because of his ability to subjectively modify brain cell functioning and exercise reasoning power, dominates over all other forms of life, making them subservient to his will, according as he reaches the state of development that we will characterize in the phrases thought perfection, and intellectual supremacy; while in a discernible state, to our physical sense, we ascribe a physical existence necessary for the support of this preponderating power, we are forced to recognize the fact that its operation is not wholly dependent upon a perfect physical existence, as we may choose to picture it in our æsthetic mind, but as intellectual beings we are forced to acknowledge it as a power capable of transcending all physical accomplishments.

From the physical and material standpoint of reasoning, a projected object and the necessary power to project it into any medium, must be taken into consideration before we can come theoretically to reasonably accurate conclusions as to the effect or result produced by its being projected. The natural laws governing mind, from the physical standpoint ascribed to be the product of brain cell functioning and thought, the exercising of the mind, are almost wholly removed in the abstract from the laws governing physical matter; nevertheless there are some common existing features. Will power is to the operator in the practical application

Digitized by Google

of mental therapeutics, as voltage in the use of the electrical current in the hands of the electro-therapeutist. The more persistently directed brain cell functoning, the greater the mental output, and the greater the mental output, the more forcible the thought projection. If we desire to come to correct conclusions in reasoning in psychological therapeutics the medium for thought projection and the impetus of a suggestion demands as careful consideration as though we were dealing with corresponding features in material substances.

Mesmer, in his consideration and experimentation, demonstrated to his satisfaction and to many of his followers, that during physical contact or proximity of the operator to the subject there was apparently a fluidal transference directly from the operator to subject; the quality, quantity and effect of which was determined at the will of the operator; thus, the medium of thought projection with this operator as a psychological scientist was through the living animal tissues, and only on physical contact; while Braid, the English physician and scientist, aroused by Mesmer's theories, experimented and demonstrated that physical contact was unnecessary in order to produce the same manifestations of psychic phenomena, for the same results could be produced through atmospheric medium, and the ocular apparatus of the subject, by simply concentrating the mind, with the eyes fixed on a bright object; of course this object served only to assist in circumscribing mental activity so that in reality fixation of the mind was the only requisite on the part of the subject.

Conclusions arrived at in the consideration of media in the manipulation of physical substances are not less variable than those where psychological questions are involved; for example, heretofore material wire or electrical conducting media were deemed an absolute necessity in telegraphic and telephonic communications; now material physical contact has been demonstrated to be unnecessary and only the all-pervading ether that fills universal space is necessary for the conducting of messages from dispatching to receiving stations encircling the entire world; but, it is evident that at the present state of unperfected apparatus in sending out and in receiving messages, material wire contact circuits simplify and add exactness to the operation of communication between objective minds of men; and, from the results obtained after revising and modifying the numerous theories relative to the psychological laws governing suggestion, one is justified in concluding that with the more expert operators this all-pervading ether is the only essential medium for the conveyance of projected thought from operator

Digitized by Google

to percipient; but here, too, physical contact of sentient life unquestionably simplifies and loans not only force to the operator, but assists in establishing faith and confidence in the mind of the percipient, and, as faith is encouraged, aptness is added to the faculty of receptivity, while in the lower forms of sentient life physical contact seems an absolute necessity for the conveyance of intelligence.

Respective mentality on the part of the percipient is a prerequisite to the acceptation of thought projection or suggestion, and while this characteristic with some is apparently a natural gift, yet like any other similar quality, with individuals, is capable of being cultivated and developed into a high state of perfection, so that it may become a distinguishing personality of the individual. Acceptation or refusal of suggestion does not always depend on objective willingess on the part of the percipient, for this phase, subjectively developed, remains a characteristic even in opposition to objective mind, and should there be an objective desire to overcome this quality on the part of the subject it will be just as necessary for him to educate himself against receptivity as it is for others to develop the faculty by educational processes.

While to some there may seem to be in the use of the terms receptivity and acceptation a certain amount of juggling in their meaning, yet if we carefully recognize their meaning in the abstract and the fact that, psychologcally considered, receptivity is principally a quality of the subjective mind, capable of being developed or disregarded, while acceptation is principally a quality of the objective mind, and the overlapping in these mental qualifications is to be compared to the overlapping between the animal and the vegetable kingdoms, we can readily accept their apparent confluent and divergent meanings under varying circumstances.

All metabolic changes in organs and tissues of the body are under the control of the subjective mind, and with some psychotherapeutists the subjective mind is considered much more susceptible to suggestion than the objective or reasoning mind, and they prefer to suspend objective mental operation by hypnotization previous to making any therapeutic suggestions to their patients, while others contend and are able to demonstrate that only a reasonably passive condition of the objective mind is necessary in order to secure the best of results from the use of suggestive therapeutics.

Other things remaining in like relation, whatever physical disease or mental modification can be caused or aggravated by mental operation, may be improved or relieved by the reversing of the same mental influences. Individual man in his normal and abnormal mentality physically is both a receiving and dispatching sta-

Digitized by Google

tion; myriads of psychological waves are being sent out and received at every physiological station so long as they remain sentient. Man's subjective mind may be guided or directed by his own objective reasoning, while under other circumstances it may be the directing medium of his physical existence, and this may be under the direct command of the objective mind of another. As the subjective mind controls the functioning of all organs and tissues of physical existence, it is practically left to educated man as to whether he enjoys perfect health or abject misery, not but what circumstances may arise or environments become so opposed and at variance with his willingness to enjoy a perfectly healthy equilibrium that he may be swayed at times from his perfect poise, but it is still left to him to struggle for supremacy, and it may become the psychological moment with him for the continuation of a worldy existence.

The operator in the practice of suggestive therapeutics realizes the absolute necessity of confidence in himself in order to practice his profession successfully, and farther, he realizes that confidence and faith on the part of the subject play no less a part in the successful handling of his case.

Objectively we are conscious of our physical existence only when we choose to recognize it or when functional derangements or pathological conditions make it apparent; but while in a perfect physiological state subjective mentality presides supreme and objective reasoning power is left to wrestle unhampered with the problems of worldly existence from the physical standpoint and the social problems of life. How oft do we see and hear of the boldness of the charlatans, the simple and most trusting faith of their subjects and the most marvelous results of their work. How long are we going to remain stationary and push from us a recognition of the fact that virtue even under these most disgusting circumstances to our scientifically trained minds has been demonstrated. Psychiatry has attracted some little attention in some of our medicical colleges to be sure, but is it receiving the attention that it justly deserves? Do not understand that I wish to depreciate the use of drugs in the treatment of diseased conditions of the human organisms, for I believe that the greatest and most effectually curative effects may be secured in the practical application of the indicated remedy, as well as the application of many other therapeutic agents used in the treatment of afflicted humanity, but I appeal to you for a most careful consideration of the question of mental therapeutics in your every day work, that whatever virtue there may be in every day suggestions may be ascribed to your credit as a wise and effectual prac-

Digitized by Google

titioner and apply to your patients relief without the slap in the face that has been many times experienced by the most scientific and skilled physician where mental therapeutics has succeeded in the relief of some, perhaps eccentric, but highly respectable and æsthetic individual who has become, after many years of trial and the expenditure of thousands of dollars, disgusted with the medical profession and like any drowning individual has caught at a straw and satisfactorily, to himself, been saved. I am forced to believe that my personal experiences in many particulars are not materially different from the experiences of many others, and while homœopathy has demonstrated her efficiency and scientific superiority above every other systems of the healing art, I believe that we should still be alive to every virtue that tends to relieve the sufferings of afflicted humanity and thereby obtain results that will tend to add to the virtue, popularity and growth of homœopathic patronage.

It may not sound differently to one in perfect health to hear a doctor say to his patient, "Take a tablet from this vial every two hours," than it would to hear him say with an earnest and impressive tone of voice, "If you will take" (and the patient's subconscious resolution is "I will") "a tablet from this vial" (holding the vial in his hand where the patient can see it and pointing to it as he speaks) "every two hours you will realize that the pain and distress that you have been suffering after meals will be much relieved, growing gradually less after each succeeding meal"; but to the patient there is a vast difference. He has come to the doctor for medicine to relieve his distress after meals, the doctor has inquired minutely into his case, has made a careful examination and the patient has been given an opportunity to relate all his subjective symptoms and is satisfied that the doctor really comprehends the exact nature of his distress, and has given him the medicine that will surely relieve him, for he has told him so, and the doctor would not make such a statement if he were not absolutely sure of just what he had said. The remedy, besides being the indicated remedy, and doing its work by selective cell functioning, a mental recognition of such facts is aroused with every dose that is taken; with every meal that is eaten is the thought, "It will relieve my distress," and the result is that the mental attitude of the patient toward himself is that he will gradually improve, he is cheered by the thought that he will be improved and consequently he is looking for the indications of improved and relieved condition and is able to note them, and the result is that every cell in the economy of the individual is made to rejoice. I will warrant that every doctor has noted that dis-

Digitized by Google

couraging thoughts aggravate distresses and depress normal cell functioning. Then is it not likely to be just as true that cheering thoughts relieve and assist in cell functioning? There are no set phrases for every day suggestions, but in every day prescribing there can be added an element of virtue in the most perfectly selected indicated remedy and in no wise form an unnecessary or objectionable compound tablet. And what is true with internal medication is true with every therapeutic agent when wisely handled with tact and skillfulness.

THE USE AND ABUSE OF LIGHT*

By Rollin H. Stevens, M.D.

Detroit, Mich.

WHAT is light? There is so much confusion and misconception in the literature concerning this valuable therapeutic agent that it seems necessary to define the term "light" at the outset of an essay on the subject. The difference between candle light and sunlight, or an arc electric light, is, I believe, in the minds of many only one of quantity. Indeed we are accustomed to measuring light in units of candle power, and the quality or composition of the light is barely considered by the physician who would employ light therapeutically. For the sake of illustration we might compare light to mercury. We have various combinations of mercury with decidedly different properties. The mercuric chloride in which one atom of mercury unites with two of chlorine is vastly different from the mercurous chloride where two atoms of mercury unite with two of chlorine. Similar differences are found between the iodides of mercury. And so there is a vast difference in the light, composed as it is of combinations of waves of ether, of varying length and frequency of vibration. If a given number of rays from the red and ultra red end of the spectrum be united with a given number of rays from the blue violet and ultra violet end of the spectrum, a light with certain definite properties is formed just as in the case of the union of one atom of mercury with two or chlorine to form mercuric chloride. Then if twice the number of rays from the red and ultra red end of the spectrum unite with the same number as before from the violet end of the spectrum another quality of light is formed, which we might compare to the mercurous chloride with its two atoms of mercury and two of chlorine. If most of the ultra

* Read before the Amrican Institute of Homœopathy.

Digitized by Google

red rays are filtered out or likewise the ultra violets, the red, the blue or the violet, or combinations of these, the property of the light is varied accordingly. Sunlight is rich in the blue, violet and ultra violet rays, but the shorter waves of the latter are filtered out by the atmosphere, whose filtering power is similar to that of glass. The arc electric light is similar to sun light, though it is varied very much according to the voltage and amperage, and the composition of the carbons, but it is richer in ultra violet rays than the sunlight as we receive it, especially in the low altitudes. Incandescent light has but few ultra violet rays, the glass filtering them out, and its richness in the other rays of the spectrum—principally the red end—depends upon the power of the lamp—the size of the carbon filament and glass bulb, and the amount of current. Iron electrode electric lights are relatively rich in ultra violet rays, as well as blue and violet, but poor in the other rays of the spectrum, while the actual quantity of the ultra violet rays will be less than in certain special carbon electrode arc lights. Most of the rays of a high tension condensor spark light are ultra violet and violet, but the whole number of light rays in such a light is comparatively small.

Then we must remember that the intensity of light varies inversely as the square of the distance. This applies to the X light as well as to other ethereal vibrations which are visible to the unaided eye. This law will appply to reflected light as well as to direct light, so that a large reflector on a light does not mean greater intensity of light on the body which absorbs the light. In the study of plant physiology, we have learned another law which we must bear in mind in studying light therapy. It is that it is only the light which is absorbed by bodies which acts upon those bodies, and the influence of light is in direct proportion to the light absorebd. In animals the blood absorbs more light than all the other animal tissues. Various media filter out or absorb certain rays of light. Dark pigment in the skin would absorb most of the shorter frequencies of light—the violet and ultra violet. Hence the blood of the negro would absorb less of those shorter frequencies than would the blood of the white man. Water and quartz crystal absorb many of the heat rays and allow the ultra violet to pass ultra red and red rays. Glass, on the other hand, allows these rays to pass freely and filters out the ultra violet of shorter wave length. Glass of different colors filters out the rays of opposite colors.

One law of physics, determined by a study of the effect of light on plant physiology, is surely applicable and must be borne in mind in studying the effects of light upon animal physiology or pathology, namely, that it is only the light which is absorbed by

Digitized by Google

bodies which acts upon those bodies, and that the influence of light is in direct proportion to the light absorbed. The blood absorbs more light than any other animal tissue. So all these factors must be carefully considered before we can pronounce upon the value of light in the animal economy.

Much reasearch work has been done during the past few years on the effects of light on vegetable and animal protoplasm, and especially upon the former, which after all differs but little if at all from the latter, so that what applies to one will in all probability apply to the other. A moderate amount of light is essential to growth and development of both animal and vegetable protoplasm, but an excess is destructive or fatal to either. The phenomenon of respiration in plants is strongly augmneted by the so-called chemical rays of sunlight. Respiration, the inhalation of O and the exhalation of CO_2, however, continues as well in the night as in the day, but the mutrition of the plant cannot continue without the influence of the light, a few rare cases excepted. The air provides the essential carbon for food, but the chlorophyl is essential to decompose it. The elements of chlorophyl can be developed in the dark, but the chlorophyl itself will not be developed until the plant is exposed to light. The chlorophyl function is energetically produced in the blue violet end of the spectrum. Green rays have the same effect as darkness, and red rays produce it in moderate amount. Grains of chlorophyl in blue light are very deeply colored, large size, while those raised in green light are pale and small, and those developed in red light always exhibit intermediary characteristics. The number of stomates in the leaves are equally greater in the blue light than in the red, and in the red than in the green. All the radiations of light, however, are not absorbed by the chlorophyl granules, a part being absorbed by the protoplasm and cellular juice to furnish the heat necessary for life. The rays also play an important role in modifying the form and growth of the plant. They are retarders of growth. A plant grown in the semi-darkness has a very much lengthened, pale, weak stem, which is unable to support the leaves. This is due, not to the formation of new cells, but to the hypertrophy of the cells already existing, a phenomenon of degeneration. Thus the inhibitive function of light assures the plant solidity and equal distribution of cells.

The lower forms of plant life, such as bacteria, which are devoid of chlorophyl easily succumb to the light, and must live pretty much in the dark. The spores of bacilli show different degrees of resistance to light and heat according to the species and the culture media on which they grow. Cocci which apparently have no spores

Digitized by Google

are more readily killed by light and heat than the spore producing bacilli.

In experiments on the lower forms of animal life the same stimulation of protoplasm, particularly by the so-called chemical rays, is noted as in vegetable life. Earth worms and beetles avoid the white or blue light, and they seek rest in the dark or in the green or red light. In the development of the young we find that the chemical rays help the process very much.

Acute Effects.—In moderate doses of diffused light, such as blue and violet rays such as sunlight, life and energy are stimulated. Blood vessels are dilated, circulation augumented, red blood corpuscls increased, and the metabolism and sweat section promoted. The oxygen carrying capacity of the blood is improved, likewise the excretion of carbon dioxide. The nervous system is mildly stimulated, resulting in a feeling of well being. Erythema may be produced.

If larger doses of light, rich in these same rays, are given, particularly if it is concentrated, the erythema in a few hours gives way to an acute inflammation with intense redness and swelling, and later formation of vesicles, accompanied by itching and burning. In a week or ten days the skin is healed and pigmentation is left. If a large portion of the body has been exposed, including the face, coryza, swelling of eyelids, cough, slight rise of temperature, increased pulse rate, headache more or less severe, prostration, etc., may occur.

Chronic Effects.—If the skin, particularly of a blonde person, is continually exposed to the rays of the sun a great deal for years, as is the case in farmers at middle life or beyond, keratoses, or hard horny excrescences or crusts gradually form on the face, ears and backs of the hands. The skin beneath is irritated and inflamed, the crusts and excrescences become larger and larger, and finally epitheliomatous growths may develop in their places. In the young the acute fatal malignant disease known as xeroderma pigmentosa sometimes develops. It appears first as freckles upon the parts of the skin exposed to the sun's rays. In a short time multiple malignant growths develop in the pigmented spots. Pellagra, the summer prurigo of Hutchinson, and some summer eczemas on exposed surfaces, are supposed to be the result of the blue violet and ultra violet rays of the sun. In the tropics it is claimed that nervous breakdowns are of frequent occurence among the white soldiers and residents who do not protect themselves from the inurious rays. Suicides, murder and crime are said to be more frequent in the summer. We are all familiar with the condition of sunstroke, which it is claimed is many times due to the effect of the chemical

Digitized by Google

rays on the blood and nervous system—a breaking down of protoplasm This and perhaps some of the other affections I have mentioned may also be caused by heat—the ultra red rays, and perhaps also by absorption of toxines, against which, however, the resistance of the system may be weakened by the overdose of light or heat.

The action of the green rays appears to be neutral, the rays on either end of the spectrum apparently being the destructive ones. The ultra red and red rays, which contain much more heat, in mild doses produce erythema and often at first a slight itching or tingling of the skin. This is temporary and much less persistent than the erythema produced by the ultra violet rays in moderate doses. In large doses, however, we find actual destruction of tissue as exemplified in the various forms of burns. The X rays in moderate doses produce an edythema, oft times very temporary, immediately after an exposure. A few days later, however, a more persistent dilatation of blood vessels, accompanied by some itching and burning, occurs. This passes away in a few days and leaves a deep pigmentation.

In larger doses greater destruction of tissue may take place, and a deep inflammation with the formation of vesicles or pustules, accompanied by much soreness and pain, will be noticed. This again will subside in a few days, leaving pigmentation, but may also result several months later in the development of permanently dilated capillaries or telangiectasis. In the still more severe X ray effects we have ulcer formation of greater or less extent, which are, very slow to heal. Those pioneers, who have exposed their hands and faces a great deal to the X rays before its dangers were realized, have first noticed a cracking and splitting of the nails, erythematous and inflammatory patches with scaling, and finally the development of keratoses, horny excrescences, and small ulcers similar to those found in the exposed portions of the skin of farmers. Epitheliomatour growths have developed in them after a few years, and many have lasted their lives as a result.

Now according to the law of homœopathy these various conditions produced by the agency of what we might call the "active principles" of the various forms of light should be curable by agencies producing similar conditions. And what has been our experience? We are all very familiar with the great benefit to be derived from the ultra red rays of heat in many of the acute inflammations, so that I need not comment on them. A high candle power incandescent lamp with properly constructed reflectors, which directs

Digitized by Google

the beams of light in mass on certain areas, I have found to be of great value in many inflammatory dermotoses, such as eczemas, rosacea, plantar keratodermia, furncles, etc., also in some forms of pruritus. The light from such a lamp, and the one I have been using is known as the Rogers Therapeutic Lamp, contains but few ultra violet rays, the ones most irritating to the skin. There are so few, and they only the longer wave lengths, that they may be considered of but little consequence. The heat rays are in great quantity, and I think are largely responsible for the results, though the infra red rays alone have not the same therapeutic value.

In the chronic irritations of the skin tending to malignancy and caused by the ultra violet rays we have almost a specific in the X rays even after the development of epithelioma. This is a beautiful demonstration of the homœopathic principle, since the chronic X ray dermatitis with its epitheliomatous development resembles so closly, only much greater in degree as a rule, that of the chronic dermatitis with epitehlioma formation due to the sun's rays. I know of no cases where the X ray dermatitis so incurable has been trated by the solar rays, but I should expect such treatment to be most beneficial. In this case I should expect the Finsen Light or some midification of it to be of the most value. At any rate the light should be that from a powerful electric arc rich in ultra violet rays.

And now to conclude let me refer briefly to the negative side of phototherapy. The late Prof. Finsen's red light treatment of small pox is familiar to all of you. There has been some controversy on the subject, and many small pox therapeutists have discarded the treatment as of no value. This, in my opinion, is hasty. Many reliable observers have testified to the efficiency of the treatment when properly carried out. Finsen observed that it was always the exposed parts of the body—the face—which suffered most from pitting as a result of small pox—a very significant fact in its relation to the harmful effects of the ultra violet rays. The use of masks of opaque substances to cover he face has prevented this trouble to a large extent, another significant fact. The experimental deduction that vaccination may be made much less severe by rigidly excluding the light is also another argument. The skin which is already inflamed may be very succeptible to inflammation producing agents—what we call in homœopathy the characteristic aggravation, which we have found to be so peculiar to many of our remedies. We can conceive of certain conditions of the skin which would be in a condition of lowered resistance where they would be especially susceptible to a particular inflammatory producing agent. The argument is very much in favor of Prof. Finsen's theory, and it should be more

Digitized by Google

thoroughly tried out in this country. In the treatment all white light must be as rigidly excluded as is done in the dark photographic room, the red light or a candle only being necessary to see by.

There is no doubt that many of the neuroses are due to too much sunlight. Especially is this likely to be the case in blondes who have but little pigment to protect their protoplasm from the harmful chemical rays of the sun. Such people, especially in the summer-time, should take precautions to protect themselves from too much sunlight. A little is necessary, but too much is dangerous. White clothing is opaque to the shorter frequencies of light, and reflects the light better than the dark, while it does not absorb so much heat. At night, however, when there is no sun, but it is hot, dark clothing is better because dark bodies radiate the heat faster. The protection of farmers and others who are exposed to the heat a great deal is a serious and difficult matter. Cancer is on the increase, and farmers furnish a large proportion of the cases, many of them being due to the direct effects of sunlight on the face and hands. A full beard for the farmer is most desirable for his protection. It is a significant fact that light increases the growth of hair. It would seem as though this might be an effort on the part of nature to provide some covering for the exposed surfaces. Women are not exposed so much, their duties confining them to house, so they do not require the protection. The pigment, of course, we all know gives much protection, and yet there appears to be a close relation between pigment and cancer, which I shall not have the time to explain here. Excessive production of pigment is associated with many malignant conditions.

The study of the subject of light, its use and abuse is a most important one, and enough has already been learned to make us cautious. Let us remember that it is a most useful agent which we cannot live without any more than we can without many of the poisonous substances of which our bodies are composed, but let us also remember that it can be abused, and that there is such a thing as having too much sunlight.

Instructing the Uninstructable.—One of the most interesting ing exhibits at the International Congress on Tuberculosis was a diagram graphically setting forth the fact that the visiting nurses employed in anti-tuberculosis work in Baltimore, report that in spite of careful teaching, over 80 per cent. of the poor consumptives were careless or grossly careless in the details of personal hygiene necessary for the protection of themselves and their surroundings. This experience shows the absolute need of empowering health authorities to remove, forcibly if necessary, cases of advanced tuberculosis that are a menace to the community.

Digitized by Google

CLIMATE AND TUBERCULOSIS*

By F. W. SEWARD, JR.

Goshen, N. Y.

LAYMEN and physicians the country over are now engaged in the study of the Great White Plague, and it goes without saying that everything bearing upon this important subject deserves serious attention. Not only should physicians give their serious attention to the subject, but they should be duly cautious in endorsing as well as criticising the various methods of treatment recommended from time to time.

I am not going to treat the subject of tuberculosis as a whole, for in so doing I would only be reviewing what we have all read, over and over again, in the quiet of our homes. In a general way I might say that we have come to believe that tuberculosis is an indoor disease and that it should be treated by fresh air.

Years ago physicians had a more or less general idea that the western climate was good for tubercular subjects. They sent their patients west in accordance with this belief. Naturally these patients did one or two things: they either recovered or died. I admit that many died, but I insist that many recovered. Naturally the physicians of those who died had little faith in climate for tuberculosis while the physicians of those who recovered became convinced that there surely is something in the relation of climate to tuberculosis; and there is.

There is a tendency in the east at present to preach the gospel of fresh air and, at the same time, to advise against change of climate. To me this seems somewhat inconsistent, and as an argument in favor of climate I submit the following:

We all agree that tuberculosis of the lungs is benefited by fresh air. If this is true, does it not stand to reason that the purer the outdoor air the better? The air of the swamp is surely different from that of the mountain-top; that at sea-level different from that at an altitude of 5,000 feet. Also, there is a difference due to location other than altitude. There are areas where cloudiness predominates and there are areas where there is a large percentage of humidity prevailing, and there are areas where there is a minimum of humidity. The question of atmospheric pressure also deserves recognition. The question of temperature comes in for its share of consideration, and so on, until we come to believe that the simple expression "fresh air" only points the way to a larger question, namely that of climate.

* Read before the Homœo. Med. Soc. of the State of N. Y.

Digitized by Google

How should we apply the fresh air, or climate, to our patients? Should we tell them to sleep in a hammock in their back yard? Send them to a farm in the adjacent country? Send them to the mountains of Sullivan County (N. Y.)? Send them to the Adirondack Mountains? Or send them to the great table lands of the southwest?

Now, if fresh air is desirable, it is better that the bedroom window be opened three inches than not at all; better six inches than three; better twelve than six; better entirely open than half-way.

Applying the same line of thought it would seem that a patient would be better off in the adjaent country than in a hammock in his back-yard; better in the mountains of Sullivan County where there is an altitude of about 1,200 feet than nearer sea-level; better in the Adirondacks where there is an altitude of 1,500 to 2,000 feet than in Sullivan County, and better still in the region of the great table lands of the southwest where there is an altitude of from 3,000 to 6,000 feet and superior to those of the other localities cited.

The great southwest is a region whose climatic conditions as related to ill-health in general and to tuberculosis in particular are, as yet, but little appreciated. It is an immense region made up of parts of Colorado, Texas, New Mexico, Arizona and California. Naturally some portions of this great territory are not as good as others, but as it is not my purpose to go at length into the matter I will only say that those who have recently written in medical literature that "climate in consumption is a will-o'-the-wisp," that "it is the end of the rainbow with its pot of gold, ever just beyond, resting in Colorado, New Mexico, Arizona, California" and that "patients like children in their simple faith chase it wasted, worn and weary, but hopeful they fall asleep and awake to find that the magic end of the bow of promise rests upon the mistic shores of the spirit land" know not of what they speak. For, in this region is found the best "fresh air" in our country, the best climate for the consumptive and a remedy with which every physician should become familiar and should use freely but judiciously. Do not mistake me, there is no "spring of youth" there and climate alone will not cure tuberculosis; it must be accompanied by such habits of life and such general treatment as would apply in any case regardless of climate. Also, an early diagnosis is essential. Cases of organic heart or kidney disease should not be sent there, also advanced cases of tubercular disease. Such cases, and those who fail to profit by the climate because of the fact that they use no sanitary or common sense precautions after getting there, are indeed chasing the end of a bow of promise which ends on the shore of a spirit land. It

Digitized by Google

is because many advanced cases have been sent there and have died, that many physicians, not having a proper and full understanding of the subject, have called it a will-o'-the-wisp. Let us not allow the pendulum to swing too far to the east, and in as much as it devolves upon the medical fraternity to lead the people safely by the danger points in the walks of life, let us be careful lest we lead astray.

As a profession we may justly be proud of our record in the fight against the Great White Plague, and as that fight progresses I predict that success will crown our efforts and that climate will play no minor part in the plan of treatment finally determined upon and that the climate of certain portions of New Mexico will be considered superior to that of other regions.

Fresh air is good; good fresh air is better, and the best fresh air is best. This, plus rational and hygienic measures, is what our tubercular patients most need at present.

EPILEPSY-CLINICAL CASE

By Agostino Mattoli, M.D.

Rome, Italy.

Mr. E. X., an American, 22 years of age, on March 14, 1908, came to my office complaining of headache, general weakness and nervousness.

From the history of the case I found that he had been suffering with epileptic fits for the last ten years. He looked pale, thin and miserable, was very irritable, had twitching of the face; pulse, tense and bounding, was 120; temperature, 103 F., tongue coated white.

He had just returned from a drive in the country and had been living rather high, eating heartily, drinking some champagne and smoking cigarettes.

I put him at once to bed, ordered a trained nurse to watch him carefully and prescribed aconite 3x every hour and milk diet.

The next morning early I was called up to go at once to see the patient; he had had epileptic attacks all night, about every half hour and was in bad condition. I found him very pale and weak, with blue circles about the eyes, sweating very profusely, the perspiration having a peculiar foetid odor, garlic-like, temperature 102.5, the pulse small 130, respirations 28. The nurse reported that the fits had been followed by stupor and preceded by twitchings of the face, especially about the lips, the eyes were rolled up and the

Through the courtesy of Spencer Carlton, M.D. New York City.

Digitized by Google

head bent backward. During the attacks he had grinding of the teeth, froth at the mouth, loss of a small quantity of urine. The attacks had been more violent during the night, followed each time with profuse offensive sweating and by a short nap.

Though urine and blood examination showed nothing abnormal, the patient was evidently in a very serious condition and fearing the status epilepticus, and because I felt keenly the responsibility toward his absent father who was cabling me every day and sometimes twice a day from America, I called in consultation the best specialist of nervous diseases in Rome, and meanwhile ordered a high enema of water and salt, and after a careful study of all his symptoms gave him artemisia vulgaris 3x every two hours. When the specialist came later, he confirmed my diagnosis and said repeatedly that the case was a serious one. He suggested giving the patient strong doses of bromides at once. I told him about the homœopathic medicine I had prescribed a few hours before, and as the patient had not had an attack since I intended to continue with my remedy, and he said, "Well, let us try it."

On the next day we found the patient much improved, no more attacks, and the specialist admitted the great change and asked for the name of the drug to try it in his practice. He did not appreciate the fact that our medicines are for "the patient" and not for the disease.

The patient improved every day and the medicine was given at longer intervals. He left the hospital on May 1st; had gained several pounds in weight, lost his irritability and had had after the first administration of artemisia vulgaris only one slight epileptic attack on April 7th, for which there was a sudden emotional cause. Unfortunately he had returned to his home and I have not the opportunity to watch the future of the case.

PSORA, SYCOSIS AND SYPHILLIS AS CAUSATIVE FACTORS IN THE CHRONIC DISEASES*

By Thos. G. McConkey, M.D.

San Francisco, Cal.

I HAVE felt that the half-apologetic attitutde of many in the homœopathic school towards Hahnemann's doctrine of a psoric miasm comes as an inheritance from another generation rather than from recent study based on our present knowledge. It has been customary since the fifth or sixth decade of the last century

* Read before the American Institute of Homœopathy.

Digitized by Google

to regard psora as a dyscrasia or diathesis. For example, in Marcy and Hunt's work, which appeared in 1866 the psora doctrine is spoken of as "familiar to modern pathologists under the term *dyscrasia.*" As a recent example which shows the persistence of this interpretation I may cite the following paragraph from the otherwise admirable address of the president of the British Hom. Soc. and found in its Journal for January, 1908: "It was the necessity of discovering predisposing causes as a basis for treatment in chronic disease that led Hahnemann to his theory of psora, which, in terms of modern medicine may be translated *dyscrasia.*" To me this seems amasculation rather than explanation. Hahnemann asked himself, "Why, then, cannot this vital force efficiently affected through homœopathic medicine, produce any true and lasting recovery in these chronic maladies?" The answer to this question, which is so natural, inevitably led him to the discovery of the nature of these chronic maladies which was that "they must therefore all have for their origin and foundation constant chronic *miasms,* whereby their *parasitical* existence in the human organism is enabled to continually *rise* and *grow.*"

"By placing into one class all protracted diseases arising from unwholesome habits of living, together with countless drug-diseases, produced by the persistent and debilitating treatment often employed by old-school physicians in trifling disorders, we shall then find that all other chronic diseases, without exception, are derived from the development of three chronic miasms: Internal syphilis, internal sycosis, but chiefly and in far greater proportion, internal psora." This is plain and unequivocal, but I will also quote from his Chronic Diseases: "Are not the chronic miasms *disease-parasites* which continue to live as long as the man seized by them is alive, and which have their fruit in the eruption originally produced by them (itch-pustule, the chancre and the figwart, which in turn are capable of infecting others), and which do not die off of themselves like the acute miasms?" The fact that this is put interrogatively does not lessen its significance. There were no bactriologists when this was written (about 1830)). It thus illustrates both his precision and prevision.

Hahnemann made no claim to being the first to discover that syphilis is due to a miasm, for he says: "Hitherto only syphilis was known to some extent as one of these chronic miasmatic diseases." But he had advanced views on the proper treatment of syphilis, e. g., of the primary sore he says: "In order to help in such a case, the allopathic physician destroys this chancre, by means of corroding, cauterizing and desiccating substances, wrongly con-

Digitized by Google

ceiving it to be a sore arising merely from without through a local infection, thus holding it to be a merely local ulcer, such also it is declared to be in their writings." The salivating treatment also comes in for severe condemnation. He recommended his soluble mercury in infinitesimal dose, and "where uneradicated syphilis or sycosis is complicated with psora, the latter is more and first to be treated." Sy-cosis (from sykon, fig) or the figwart disease he tells us was erroneously considered "homogeneous with the venereal chancre disease," and hence inappropriatly treated with mercury. Compared with syphilis it is rare, was especially widespread during the French war, 1809-1814, but was since showing itself more and more rarely. The excrescences usually manifest themselves first on the genitals and appear usually, though not always, attended by a sort of gonorrhœa. The miasm of the other common gonorrhœa, says Hahnemann, seems not to penetrate the whole organism, but only to stimulate locally the urinary organs. This shows how accurately he differentiated the venereal diseases. The gonorrhœa dependent on the fig-wart miasm as well as the above mentioned excrescences (i. e., the whole sycosis) are cured most surely and most thoroughly through the internal use of thuja, says Hahnemann. I can recall two cases in my own private practice answering the above description of sycosis, which yielded promptly to the internal use of thuja, and I can also recall seeing "venereal warts" unsatisfactorily treated by local measures. I therefore find no difficulty in regarding sycosis as a distinct venereal disease with its specific in thuja.

Hahnemann estimated that in his day one-eighth of all chronic diseases were caused by these two miasms, syocsis and syphilis, but mainly the latter. The remaining seven-eights are caused by a third miasm, "which may be called by the general name of psora." He appreciated the sweeping anture of this generalization, and how little chance it had of being generally accepted or comprehended by his contemporaries, for he says: "I will grant that the doctrine that all chronic non-venereal diseases which are not extinguishable by the vital force, in an orderly course of life, while external circumstances are favorable, but which even increase with years, are of psoric origin, is for all who have not fully weighed my reasons and for all narrow-minded people, too great, too overwhelming. But it is nevertheless true." Time, the friend of truth, has vindicated the psora theory in its essentials, and in almost its every detail. It has been said that it is easier to reach the truth from ignorance than from prejudice. Up to two years ago I had never given the psora theory any serious throught, for I had been told

Digitized by Google

that it was to be harmonized with modern views by translating it dyscrasia or diathesis. This impressed me as a weak apology for a doctrine not capable of sustaining a defense. In other words it was the product of an old man in his dotage and was not to be taken as an essential part of the homœopathic edifice. I approached it from the standpoint of ignorance rather than prejudice. It was because the psora doctrine was so utterly at variance with the orthodox teaching of the third quarter of the 19th century that the followers of Hahnemann sought to read "dyscrasia" for psora. They knew that he repeatedly mentions "consumption," "tuberculosis," suppuration of the lungs," etc., as of psoric origin, so that the cause of phythisis, whatever it might be, would be the cause of psora. Virchow, who held undisputed sway as a teacher of pathology, taught that tuberculosis was a dyscrasia and not an infectious disease, and in this we find the explanation for translating psora "dyscrasia." But the true relation of this rather vague term to psora was distinctly stated by Hahnemann himself in these words: "Spasms, ulcers, adventitious formations, *dyscrasias,* paralyses, consumptions," are caused by the psoric miasm.

A competent historian of tuberculosis (Whittaker, Ref. Handbook) writing in 1885, said: "Up to the year 1878 tuberculosis was still a secondary affection, a possible incident to any kind of inflammation, and the possibility of individualizing it was seemingly as hopeless as that of curing it. * * * Tubercle was at most a deposit, but the cause of it was intrinsic to the body. It was either a vice of constitution, i. e., of the whole body, or a vice of certain tissues or cells, parts of the body, due to an unfavorable mixture of the blood." There we have the doctrine of dyscrasia (*dys.* bad; *crasis,* mixture,) as opposed to the miasm theory. When four years later, 1882, Koch settled for all time its miasmatic nature by the discovery of the bacillus tuberculosis, no follower of Hahnemann thereafter should have felt apologetic for his psora theory. Let him who thinks "dyscrasia" a synonym for psora make the substitution in the following taken at random: "Psora ('dyscrasia") has thus become the most infectious and most general of the chronic miasms." "Psora ('dyscrasia') like syphilis is a miasmatic chronic disease." Candidly, are we not reading nonsense? On the other hand, substitute "tuberculosis" in the above and the following: "Psora ('tuberculosis') is that most ancient, most universal, most destructive, and yet most misapprehended chronic miasmatic disease." "Psora ('tuberculosis') is besides being the oldest, the most hydra-headed of all the chronic miasmatic diseases." "At least seven-eights of all the chronic maladies spring from psora ('tuber-

Digitized by Google

culosis') as their only source, while the remaining eighth springs from syphilis and sycosis, or from a complication of two of these three miasmatic chronic diseases or (which is rare) from a complication of all three of them." Every one of these statements is literally true of tuberculosis, as we now know it, and is not even approximately true of any other miasmatic disease or dyscrasia. Hahnemann stated that psora with one man assumes one form, but with with another man another form, according to bodily constitution, defects in education, habits, employment, circumstances, as also modified by the various psychical and physical impressions. "Psora thus unfolds into manifest forms of disease, with so many varieties, that they are by no means exhausted by the disease-symptoms enumerated in the pathology of the old-school, and erroneously designated there as well-defined, constant and peculiar diseases." In a note to this Hahnemann says: "They bear the following names: Scrofula, rickets, spina ventosa, atrophy, marasmus, consumption, pumonary consumption, arthma, tabes, laryngeal phthisis, etc." (He actually names more than a hundred others, but these first ten appearing in just this order will suffice to show the identity of what we to-day call tuberculosis and psora. It is true that in this list of over one hundred, there are many which have not as yet been proved to be due to Koch's bacillus, but I am sure that many disease-symptoms which are still designated as well-defined diseases are only manifestations of the tubercular process in various organs and tissues. For example, I have been teaching my students during the past year that so-called heart disease, with or without valvular lesions, has as its underlying cause the tubercle bacillus. I was enabled to demonstrate this conclusively to the class and to myself by two cases which came to autopsy. I have taught, rather tentatively (and with the orthodox view, i. e., etiology unknown) that diabetes, rheumatism and cancer have as their fundamental cause the bacillus tuberculosis. The setting forth of the reasons for this belief are not within the scope of the present paper, but will be given later. Hahnemann regarded leprosy as "the ancient and cutaneous form of psora." Koch giving further details ten days later of how he made his discovery, said that "the only known bacteria which resemble those of tuberculosis in this regard (form, size, staining reactions) are the bacilli of leprosy." "Leprosy is a tubercular disease closely allied to tuberculosis."—Sabouraud. It is likewise significant that the leper reacts to the tuberculin test. To those unacquainted with the patient, profound and intuitive medical mind that anticipated this close relationship nearly one hundred years ago, such prevision must seem almost uncanny. Is comes as a sort

Digitized by Google

of relief to find that Hahnemann has not anticipated everything we know or think we know regarding tuberculosis. He failed to appreciate that the sputum of the consumptive is *the* source of the contagious or infectious matter. On the other hand, he regarded the skin lesions of psora as the agency either mediate or immediate of transmitting it to others. That was, and is the view regarding leprocy. He knew that the chancre in syphilis was the point of entrance of the miasm and later became one point of exit. He regarded the skin as the main avenue of entrance of the psoric miasm and naturally thought it the main source of exit as in leprosy. I believe that Hahnemann in regarding the skin as the avenue of entrance is much nearer the truth than those who think the bacilli reach the lungs through the respiratory tract. We have learned that many parasites have an entirely different mode of entrance and exit, the hook-worm, for example. That the mode of entrance of the bacillus of tuberculosis is an unsettled question is well known, and Th. Smith says there is good reason for anticipating discoveries or theories which might greatly simplify our view of infection.

Probably the most remarkable feature of the psora theory and one that has hindered its acceptance is that it is usually acquired during childhood and remains latent for years. "Psora is of such a peculiar nature that it may remain as it were tied down and covered up for a long time through external favorable surroundings, so that a person may seem to the superficial observer healthy for years, even for many years, until circumstances unfavorable to the body or to awaken the disease slumbering within and thus develop its *germs.*" This doctrine of latency is likely to-day to get a more respectful hearing. Baumgarten and his followers assume that the tubercle bacilli can lie latent in the tissues and subsequently develop when, for some reason or other, the individual resistance is lowered, and explains the lack of development of the germs by the greater resisting powers of the tissues of children. That is a literal quotatoin from the last edition of Osler's Practice. Th. Smith says: "To-day the extreme and radical notion of Behring that infection occurs early in life and may remain latent and that tuberculosis in later life largely dates from infancy is being seriously and widely discussed," and he adds, "this preparedness to receive and discuss such a statement is partly due to the strides made in the study of parasitism."

Hahnemann insisted that on account of its highly infectious nature and its widespread prevalence, few escape psora. After enumerating several probable modes of infection and all consistent with our present knowledge, he continues thus: "Not to mention the

Digitized by Google

thousands of other possible ways in which things polluted with this invisible miasm may touch a man in the course of his life, and which often can in no way be anticipated or guarded against, so that men who have never been infected with the psora are the exception." This likewise has been proved to be literally true of tuberculosis, as may be seen by the following taken from recent issues of *Progressive Medicine*: "Of 1,262 autopsies upon adults, there were but 113, i. e., 9% free from tuberculosis, and Burkhart is inclined to believe that even these 113 had tuberculosis, but the focus was so small that it was overlooked even though carefully searched for." "In older children and in adults a reaction is obtained in a very high percentage of the cases, as would be expected, from he great frequency of tuberculosis at thi speriod (97%, according to Burkhardt)."

In the light of the facts I have given and many more that might have been given, why should any find difficulty in accepting the psora theory exactly as Hahnemann stated it? There was an excuse for the preceding generation for they thought that pathology had reached its zenith under its great master Virchow, whose dyscrasia theory of tubercular phthisis could not be reconciled to Hahnemann's miasmatic theory. The name tuberculosis was first used by Schoenlin in 1839, who considered it a process intrinsic to the body. Klebs considers it an unfortunate name because implying no tubercles, no tuberculosis. Exactly as von Behring has recently commended Hahnemann's word homœopathy as the most appropriate as descriptive of vaccine therapy, so we may confidently expect some future Virchow to commend "psora" as more appropriate than "tuberculosis."

This view of psora has for me transformed an ancient and unintelligible doctrine into one that is more than up-to-date, and once understood, one that illuminates if it does not actually solve some of the most perplexing problems confronting medicine to-day. Furthermore, it has furnished a hope which is ripening into confidence by daily test of doing more in the way of actual cure of certain chronic cases than I ever dared cherish before.

Digitized by Google

Editorial Department

EUGENE H. PORTER, A.M., M.D., - - - - - - EDITOR
HILLS COLE, M.D., - - - - - - MANAGING EDITOR
ASSOCIATE EDITORS: WALTER SANDS MILLS, A. B. M.D.
P. W. SHEDD, M.D.

Published monthly by the Journal Publishing Club, Ltd., 1748 Broadway, New York City; L. A. Queen, president, 201 W. 79th St., New York; Eugene H. Porter, secretary and treasurer, 181 W. 73d St., New York.

Contributions, Exchanges, Books for Review and all other communications should be addressed to the Managing Editor, 1748 Broadway, New York. It is understood that a manuscript sent for consideration has not been previously published, and that after notice of acceptance has been given it will not appear elsewhere except in abstract and credit given to the NORTH AMERICAN. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

STATE MEDICINE

NEWSPAPERS reports credit the president of the R. N. Bassett Manufacturing Co., of Shelton, Conn., employing 700 hands, with the announcement that the company would pay all doctors' bills contracted by its employees, whether or not such expenses were incurred as a result of their employment in the factory. According to the president of the concern, this new move "is a pure business proposition, and not a piece of philanthropy. If our employees are relieved of worry, and don't have to think about possible medical contingencies, we believe they will do better work. As far as we are concerned, a man may break his arm in our shop, or lay himself liable to typhoid outside with impunity. We will see him through, it will increase our factory efficiency."

This is a new development in medical practice. It is not uncommon for large industrial establishments to contract with a physician to give medical and surgical service to its employees when the need for such service arises out of the conditions of employment. But here it would seem that not only is the service extended to disability arising from whatever cause, but the employee can choose his own medical attendant.

The physician as well as the patient should benefit by this ar-

Digitized by Google

rangement, for the former has his bill guaranteed. The doctor, therefore, is under moral and professional obligations to the employer and the employee, to render to the latter such service as will the most quickly return him to his employment, and to resist the temptation to "run in" some extra calls because, perhaps, the rich corporation can afford to pay for them.

There is, however, another phase of the whole subject revealed in the above incident. It will be noted that the reason given for the step is that it "is a pure business proposition, and not a piece of philanthropy." In other words, health and freedom from worry in the persons of its employees is deemed by the corporation to be an asset worth paying for. There is no doubt that many manufacturers will be of the same mind, and will be ready to rank medical fees with fire insurance as a just charge against their returns. To stop here, however, is impossible. We must regard this movement as but a step in the evolution of the whole practice of medicine. By the appointment of health officers, miserably underpaid and without adequate authority as they are, states and municipalities have been for a number of years exercising the same prevision as is here shown by the manufacturers. The fact that these officers are chiefly exercised with preventive medicine and not with therapeutics is a difference in degree, or kind, and not in the essential nature of the service. The rapidly developing medical inspection of school children is another example of "state medicine."

The municipality and the state is just as much a corporation as any manufacturing concern, it can sue and be sued, it has its elected directors or executive officers, and in a very true sense every citizen is an employee on a co-operative basis. Granted this, and the time must come when the municipality or state will be as much concerned in the health as in the education of its citizens and will assess itself as readily for the maintenance or restoration of the one as for the accomplishment of the other. Thus it would seem to be inevitable that great changes await the medical profession. And the change will come from without and not from within the profession. The state will provide for the education and employment of physicians just as it now educates and employs the teachers. The details will gradually be evolved, and the medical profession will

Digitized by Google

undoubtedly have a large hand in developing them, but the handwriting is already on the wall, and sentiment in favor of a medical civil service is in process of crystallization.

PROPAGANDA IN GREAT BRITAIN

CONCURRENTLY with the steps now being taken to spread the practice of homœopathy in America, our brethren in Great Britain have started a forward movement to "boom" the cause at home. The October issue of the *British Homœopathic Review* is termed an educational number and is very largely devoted to setting forth the didactic and clinical facilities existing in GGreat Britain for the teaching of homœopathy.

Several attempts have been made in previous years to do something in this direction, but they have met with small success. The British Homœopathic Association has had a traveling scholarship, but only one man at a time could avail himself of its benefits; and there have been courses of lectures, but the attendance at these seems to have been confined almost entirely to physicians who were already professed practitioners of homœopathy.

In America the propaganda is working almost entirely with the idea of securing undergraduate students at homœopathic colleges. At present organized homœopathy in Great Britain has no facilities for giving a full course in medicine and surgery, so that those in charge of the movement in that country are concentrating their efforts upon recent graduates into the profession. They have also arrived at the conclusion that it would be undesirable and infeasible to send all would-be students of homœopathy to American colleges, and have therefore co-ordinated the work of all the homœopathic hospitals and dispensaries in the country in order that they may be used to the fullest advantage for clinical instruction.

Lecture courses have also been instituted—a Honeyman Gillespie course on materia medica and a course provided for by the same foundation on therapeutics.

The published synopses of these courses show that the lecturers have laid their plans carefully and have decided to teach "up-to-date" homœopathy. Thus Dr. Chas. E. Wheeler announces that "the principles enunciated by Hahnemann will be reviewed in

Digitized by Google

the light of a century of practical effort to apply them, and of medical progress and discovery in other directions. The tendency to approximation between the two schools will be noted, and any modern views that may be held to diminish the differences existing will be emphasized." "The meaning of the word 'cure,' the natural defences of the organism, the theories of constitution and diathesis will be studied with special reference to the opsonic theory and the modern use of vaccines." In connection with the course on therapeutics, Dr. Jas. Searson says: "The general purpose from first to last will be to make successful treatment the goal of the instruction, and to show that the methods of homœopathy are in this respect an advance on all others. Diagnosis and prognosis will be dwelt on, and especially will stress be laid on newer and more precise diagnostic instruments. Such, for instance, as those for clinically measuring arterial pressure, and other methods of diagnosis, will be discussed and illustrated, but the main interest of each case will be held to lie in the reasons for selecting a particular remedy for it, and to these most attention will be directed." "The uses of 'nosodes' will be demonstrated in such diseases as tubercle and syphilis."

To further the work the British Homœopathic Association offers a number of scholarships. Six of these of the value of fifty pounds ($250.00) each are available in connection with the Gillespie lecture courses. The Dudgeon Traveling Scholarship of $500.00 provides for three months' study at an American homœopathic college. The Liverpool Traveling Scholarship of $750.00 provides for a six months' course at a homeœopathic college. The three Sir Henry Tyler Traveling Scholarships of the value of $750.00 each are for six months' study at Chicago under the guidance of Drs. Kent and Allen. And, finally, there is the Ladies' Traveling Scholarship for Continental Study in Gynecology, Obstetrics and Pediatrics.

The British Homœopathic Association is also arranging for recent graduates to become resident assistants to its professional members, undertaking "the proper financial provision fitting in each case."

Dr. John H. Clarke will give a course of lectures on the Or-

Digitized by Google

ganon of Hahnemann in January and February of next year.

The energy put in this propaganda and the thoroughness of the plans must produce good results, and their effects will surely be manifest in a spread of homœopathic practice in Great Britain.

In America the propaganda committee is confining itself, as already said, to the undergraduate student, and particularly to the young men and women contemplating the study of medicine. The members of this committee, and especially the "organizing secretary," will, no doubt, give careful study to the plans of our British brethren, and it is to be hoped that they will see their way clear to initiate a movement for the establishment of post-graduate courses at our colleges for recent graduates from orthodox and eclectic colleges. These young men and women need homœopathy; their usefulness to their patients is not at a maximum until they can properly apply the principle of similars in drug thereapy.

A contributor to the correspondence column of a recent issue of the *Journal of the A. M. A.,* voices this need from another standpoint: "We must teach systematically all the freak systems in the regular schools! . . . All truth does not reside in us. . . . We are entitled to possess, and it is our duty to acquire, the kernels of truth which lie buried in the potpourri of claptrap; to separate the wheat from the chaff, to tear out of the stroma of flubdub the modicum of parenchymatous truth always contained therein. . . . 'The man in the street' cares nothing for your codes and creeds. . . . . Merely on historical grounds serious account could be taken of homœopathy. A man can study homœopathy at Rush or at the University of Michigan. That's precedent enough. Only he should not be permitted to limit his studies to one system. The adoption and application of this plan would necessitate the appointment of associate or adjunct professors who would have to fit themselves for their posts by special study at the freak schools." . . . Whom have we to thank for the present demoralizing relationships between the regular and irregular schools, if not the reactionaries? Why be guided longer by our clay-footed idols? Let medicine see the birth of a Young Turk party which shall ask for bread; long enough have we been served stones, garnished with sauce *laisser-faire.* Can we not learn a lesson from the

Digitized by Google

phagocytes, whose methods we stuly with such assidity. . . . Let us invoke the opsorim of a broader type of medical school to the end that the professional blood stream be cleared of its unwholesome elements."

This is pretty vigorous, and not entirely complimentary; but it is getting there.

Notes and Comments

Homœopathy at the Congress on Tuberculosis.—It is justly said that in unity there is strength. In this age of organizations and societies, in all stations and vocations of life, one need not apparently seem oblivious of its practical application, much less ignore the fact that the more perfectly an individual or a body of people is developed, the more beautiully will that one's efforts blend with those of others which are directed to the accomplishment of a worthy cause. No more noble example of such united effort can be found that the Congress on Tuberculosis held in Washington several weeks ago. Practically every civilized nation sent at least one representative. Yet in this immense movement homœopathy and its recognized advocates once more have permitted their record to be "Mene, Mene, Tekel!" and no interpreter is needed. Homœopathy practically took no part in this great congress. In vain did one scan the program for a paper contributed by a homœopathic physician, except that Dr. Herbert C. Clapp, of Boston, discussed "The Need of Licensing Private Sanatoria," a matter which obviously had nothing to do with homœopathy.

Among the pathological exhibits homœopathy was better represented. Boston University Medical School sent an admirable collection which was awarded a silver medal. Dr. Lewis G. Cole's excellent display of radiographs of the lungs attracted considerable and favorable attention. Among the other exhibits there was not much to call the attention to homœopathy. It is true that the Metropolitan Hospital had a fine display of photographs and charts, and the Nordrach Ranch Sanitarium was also represented.

In view of the increasing importance attached to the use of the various tuberculins it would seem as if an excellent opportunity had been afforded for some homœopathic physician to have drawn the attention of the congress to the use of tuberculinum and bacillinum.

One or two homœopathic journals have complained that due representation was not accorded to homœopathy at the congress or in various official delegations. May it not be true that the proper reason for this was the fact that out of several thousand homœopathic physicians less than a dozen perhaps have taken a prominent part in the anti-tuberculosis movement or have established reputations as phthisiotherapeutists.

Digitized by Google

"What of the Future?"—In his presidential address before the Southern California Homœopathic Medical Society, Dr. Francis B. Kellogg traced the history of the separation of the schools and then looked toward the change taking place in the attitude of the old school, how they are inviting homœopaths into their school whereas they once excluded them. In his particular county society, at any rate, they have required that a homœopathic physician desiring to join must absolutely resign from membership in any homœopathic organization and drop all his homœopathic affiliations, and no man who has any self-respect will stultify himself in any such a manner as that. The doctor certainly has the right idea and there is no reason why we should not get closer together, but it must not be at the sacrifice of principles.

The Spread of Venereal Disease.—The homœopathic physicians of Pennsylvania at the recent annual meeting of their state society, considered the question of the transmission of venereal disease, due very largely to the ignorance of the laity with regard to the infectiousness of this class of disease. At the conclusion of the discussion the following resolution was spread upon the minutes of the society:

Resolved. That the Homœopathic Medical Society of the State of Pennsylvania places itself on record as being in favor of a public recognition of the fact that the wilful transmission of disease is a crime, and that this applies to the venereal affections as well as other infectious diseases.

Propagandism of Homœopathy.—According to the Lancet-Clinic, Ohio homœopathic physicians are taking active interest in the propagandist movement for homœopathy. It is said that at a meeting of the Homœopathic Physicians of Eastern Ohio held in Cleveland October 21st, about one hundred members being present, a resolution was adopted to provide for annual dues of $2.00 per member to aid in spreading the homœopathic movement. The plan is to raise $10,000 each year if the endorsement of the national organization is obtained, to secure sufficient money for the operation of post-graduate schools at colleges as well as to advertise the general system of homœopathic education. It is proposed that every two years post-graduate schools shall be held in Boston, Philadelphia, Chicago and other large cities where homœopathic colleges of importance are located.

November Editorials and the Institute Journal.—Four homœopathic journals have something to say editorially on the Institute Journal question. *Progress* contends that the Institute cannot legally make a contract with any publisher, says that it hears that the *Medical Century* is to be retired and Dr. Dewey to add to his $2,000 salary as field secretary of the A. I. H., and his $2,000 salary as professor in the homœopathic department of the U. of M., the sum of $3,500 as editor of the Institute Journal. Dr. B. F. Bailey, of Lincoln, Nebraska, the father of the Journal idea, is credited with aspiring to be the IT of the Institute.

Digitized by Google

The *Medical Century*, possibly feeling in its bones its approaching dissolution, prepares for its exitus by an attempt to justify the Journal Committee in substituting a monthly journal for the weekly promised at Kansas City.

The *Iowa Homocopathic Journal* announces that the thing has been done, the first number of the Journal of the American Institute of Homœopathy will be issued January 1, 1909, vice the *Medical Century* and indulges in a panegyric of "father" Bailey and "mother" Royal.

The *Medical Counsellor* believes the journal of the A. I. H. will be a good thing if homœopaths will be broad and fair-minded, but concedes that if dissension, distrust and deception creep into the organization, its strength will ooze out.

Nous verrons que nous verrons, as the Frenchman says.

Autovaccination and Similia Similibus: The Clinical Reporter, of St. Louis, reprints part of an article entitled "Why I Write for Independent Journals," said to be by G. Frank Lydston, of Chicago, which appeared in the *American Journal of Clinical Medicine*, which in turn ascribed it originally to the *Texas Medical Journal*. Two of the paragraphs are particularly interesting reading for homœopathic physicians and they are as follows:

"'Be not vainglorious and puffed up, O ye macrocephalic ultra-ethical, ultra-scientific Philistines.' Time was when Hahnemann was the Medical Anti-Christ, the black beast of medicine. And here we are in the midst of an organotherapy which suggests that the sometimes befuddled Samuel builded wiser than he knew. Autovaccination suggests to me that my unfavorable opinion of my old hospital chief's — Dr. Carnochan — prescription of triturated chancrum durum for syphilis, expressed nearly thirty years ago, might have been a bit hasty.

"Do you know, brethren, that my admiration is daily excited by the magnanimity of the homœopath? And he excites my sympathy, also. Of late years he has been tumbling over himself to get into our band wagon. If he had only bided a wee. We are fast climbing into his. We call things by different names, but—"a rose by any other name would smell as sweet." Autovaccination and *similia similibus* do not make good rhyme, but they smell an awful lot alike—so much so that I have taken my sole surviving copy of my lecture on "Homœopathy and Its Congeners," delivered a quarter of a century ago, and hidden it under my study floor. And now daily am I reminded of Poe's "Tell Tale Heart" and of his Raven's doleful "Nevermore."

Yes, we do call things by different names but the thing remains the same. The homœopathic physician can adopt the good things of his brother of the orthodox school and the orthodox practitioner can make use of homœopathy or allied therapy, and in each instance it will be for the benefit of the patient and that is the chief end to be attained.

Digitized by Google

International Homeopathic Review

Conducted by - - - - - - - P. W. SHEDD, M.D.

Atheroma; Trunecek's Serum; Barium Chloride.—Trunecek has commended the use of his serum (inorganic) in arterio-sclerosis, and this mode of treatment has had a certain vogue. Dr. Tcheborsarov (*Russk Vratch,* Nov. 17, 1907), to verify its value, instituted a series of very interesting experiments. He endeavored to produce an experimental atheroma in rabbits by injecting into the vein of the ear successively increasing doses of barium chloride solution 1/100 (from 2/10 to 1 cc.); at first daily, then every two or three days.

In the first series, 20 rabbits were injected; in 10, only intravenous injections of the barium were made, and autopsy showed atheromatous lesions of the aorta in 8; the other ten were simultaneously given the intravenous barium injections and subcutaneous injections of Trunecek's serum, and but one rabbit showed atheromatous lesions.

In a second series, 30 rabbits were injected, 15 with the barium; 15 with both barium and serum. The results were analogous to those of the first series; of the 15 receiving only the barium, 11 had atheromatous lesions; of the other 15, two only.

If we combine the results of the two experiments, we find that of 25 rabbits receiving the two products, three only presented lesions, *i. e.*, 12%; of the 25 receiving only the barium chloride, 20 were atheromatous, or 80%. It seems evident that Trunecek's serum has a preventative action against the development of atheroma. Has it also curative action when the atheroma exists?

We are pleased to find in these experiments a confirmation of our pathogeneses, which have long indicated the baryto salts as producing cardiac and atheromaous symptoms, and a certain number of observers have shown the efficacy of the salts, chiefly the carbonate in the 3x. (Clarke) in cases of atheroma and even aortic aneurism.—Dr. Marc Jousset. *L'Art Medical.*

Nausea of Pregnancy. How to Cure It.—A young wife, aged about twenty-six years, pregnant for the first time. The symptoms in her case were: Excessive salivation; the saliva ran out of her mouth during sleep so as to wet the pillow over quite a large surface. The nausea was always worse at night; in fact was, with rare exceptions, present only at night. There was a metallic taste in the mouth; she was obliged to keep her bed from early evening until late morning. When I first saw her she was near the end of her second month; her sickness had begun soon after she had passed the first menstrual period. Merc. sol. was the means of producing a complete cure within a week. The symptoms which decided the choice of this remedy in this case were: The excessive salivation, aggravation at night, and a metallic taste in the mouth.

A lady, of about thirty-two years of age, about five weeks pregnant. When her husband consulted me about his wife, he expressed great sorrow that she was pregnant, because, he said, she had

Digitized by Google

already miscarried several times on account of the terrible and persistent nausea which invariably accompanied the condition. She could not retain anything on her stomach, and became so weak in consequence as to become completely prostrated, and finally to abort. Her physician—a good homœopath—failed utterly, after faithfully trying, to correct the difficulty. She had aborted the last time about the close of the fifth month. That was four years ago. She has one living child, aged about seven years, which is unusually well and strong. The husband said there was no use in her trying to go through with it, as she had already tried and failed so often, and he could not bear to see her undergo so much fruitless suffering. He asked me to "help her out of it," meaning that I should produce a miscarriage. I, of course, refused, believing, as I do, that there is a conservative remedy for every such case, and that, if we duly acquaint ourselves with the indices of our law, the remedy will be clearly pointed out. I found the patient already thin, weak and prostrated. She had never, at best, been strong. She had great thirst; but cold water, which was the only drink she craved, distressed her stomach so she dared not drink it. She was extremely nervous and restless, especially at night, so that, although so weak, she could not remain in bed long at a time. She also had considerable saliva, but not nearly so much as the case previously reported. There was a dark and very offensive discharge from the vagina. This had been a constant symptom on previous like occasions, and her husband said by that sign he knew she would miscarry. *Arsenicum* wrought a complete change in a short time, and she is now about her household duties, well and strong, and gaining flesh, with no nausea to trouble her. I should have mentioned that she had also a severe headache, which, though greatly ameliorated, has not yet been altogether removed. The characteristic symptoms in this case were: Great prostration so soon after the beginning of the trouble; the craving thirst for cold water, which so distressed her stomach, and which she could not retain, and the nervous restlessness, especially at night.—Dr. W. J. Hawkes, *Meidcal Counselor.*

Hyperchlorhydria: Remedies—The chief remedies are nux, vomica, bryonia, calcarea, capsicum, kali carb., lycopodium, muriatic acid, natrum mur. and nitric acid.

Nux is commonly the chief remedy in acid dyspepsia. Often, when prescribed alone, it does not suffice to cure, and should be alternated, as we shall explain later, with another drug. The slow digestion, sense of weight in the stomach, the variable pains, tensive or spasmodic, found in almost all dyspepsias, constitute an important part of the pathogenesis of nux, and justify its use in the acid variety. The symptoms of gastric acidity produced in the healthy by nux are numerous: acid taste, acid regurgitations, pyrosis, acid vomiting. The modalities calling for nux are the aggravations in the latter part of the night and in the morning, from motion, and from beverages. Note, also, a sign often found in acid dyspepsia: the aggravation of pains several hours after meals. Eating often alleviates the pain, and is characteristic of this variety of dyspepsia. Pain is lessened when sitting or lying. Characteristic of nux is the constipation with tenesmus.

Digitized by Google

Lycopodium has very numerous symptoms of pyrosis and acid regurgitation; there are also nauseas and vomitings of food and bile during the night, after violent gastric pain. This last symptom is proper to hyperchlorhydria. The gastric pains of lycopodium are intense but variable in nature; they appear several hours after eating. Bulimia with great constipation and no desire for stool belong to the drug, and as peculiar symptoms, we have somnolence and great lassitude after meals. The 30th dilution is used.

Carbo vegetabilis, like lycopodium, has much drowsiness after eating; there are acid regurgitations, pyrosis, various gastric pains; no vomiting. The 12 and 30 dilutions are employed.

Sulphur—This remedy has numerous acid symptoms: pyrosis, regurgitations and acid vomiting, intense burning, lancinating, crampy pain in the stomach. This pain also, characteristically, is noted several hours after eating. The 30th. dilution is commonly given.

Calcarea carbonica has little of precision in the acidity of the vomiting, regurgitatons, and pyrosis. There is discomfort for a long time after a repast.

Bryonia presents acid symptoms, but still more, bitter and putrid regurgitations. Vomiting of food is noted in the pathogenesis, but rumination still more. Pain as of a stone in the stomach; constrictive pain some hours after eating.

Kali carbonicum and its analogues are employed in old school medicine against sour stomach, a symptom reproduced in its pathogenesis in the form of regurgitation and vomiting. There is pyrosis and violent epigastric pain and rumbling in the stomach. Note, as common to acid dyspepsias, the transient amelioration from eating and also from vomiting. Characteristic is the desire for sleep, even when eating.

Natrum muriaticum presents many signs of acidity without anything locally characteristic.

Muriatic acid is very often used. It has aversion to meat; acid regurgitation and vomiting; vague epigastric pains. Dose 1x to the 30th.

Nitric acid is the drug having the most symptoms of acidity; pyrosis, vomiting, regurgitation. Epigastric pain. Great weakness, desire for sleep, and sweats after meals. Dose: 1x to the 30th.

In dyspepsias we usually prescribe a remedy to take an hour before the meal, and one an hour after. Nux has been most successful as a modifier of gastric function and as preparative of digestion. The 12th. dilution is commonly given, 6 globules in 200 grams of water. Lycopodium should take the place of nux when there is constipation with no desire for stool, much gas in the intestine, and desire to sleep immediately after a meal. Kali carb. is preferable in chronic cases with dilatation of the stomach (gurgling), and desire to sleep even during the meal. Dose: 6, 12, or 30 dilution. The drugs to be taken an hour after meals are nitric and muriatic acid in the same dilution as the drug given before meals. Sulphur has many symptoms indicating its use in acid dyspepsia, but clinical experience with this remedy is rather meagre. A practice which has

Digitized by Google

almost always ameliorated the condition has been the use of nitric or muriatic acid at the begining of the meal,—gtt. 4-6 of the 1x in a spoonful of water. This is the method recommended by Stahl in the celebrated passage where he places the law of similars superior to the law of contraries. Dr. P. JOUSSET.—*L'Art Medical.*

Cedron: Periodicity—Periodicity, often clocklike, is a characteristic of cedron. A case occurring in my own practice, several years ago, was that of a girl about twelve. Every Saturday evening, just at six o'clock, she had a convulsion. These convulsive attacks had been coming on for about three years, and on strict inquiry I found that previous to the appearance of the convulsions she had suffered from "chills" for several months. She had been treated unsuccessfully by many physicians, and others, for both the convulsions and the previously occurring chills. In trying to find a remedy to cure the little patient, I learned that she had a chill every Saturday at six o'clock in the afternoon. During one of her "chills" a wandering gypsy woman came in and said she could cure those chills. She gathered some plants and herbs, made a decoction and gave it to the child. She had no chill the following Saturday. The chill remained "cured," and in about three months she began to have these convulsions, which all means hitherto employed had failed to give any relief. I looked upon the case as one of suppressed ague, and solely on the periodicity of the symptoms gave her cedron in the 200x. The next Saturday, a little before six, I went to the house to watch things. Just at six o'clock she had a hard chill, which alarmed her parents very much, but which gratified me exceedingly. After the chill was over, I gave her placebo to take. I kept track of the case for over five years, and that was her last convulsion or chill.—Dr. M. E. Douglass. *Hahnemannian Monthly.*

Lycopersicum: Pains in the Right Arm—A woman of 56 had dull, aching pain in the front of the right arm, with numbness and tingling. The duration of the complaint was three years. She had a history of typhoid fever and of rheumatism among former complaints, and had for some years had to do a great deal of writing. The climacteric had occurred at 54. The pain was > after before rain, < movement. She was very constipated and habitually used cascara. The first prescription was mag. phos. 30, night and morning. Ten days after she reported diffuse pains over the body, more pain in the right shoulder, with little change in the original symptoms. Kalmia 30 night and morning was given, but gave no relief. In the meanwhile the patient contracted influenza, and because of this lycopersicum 30 was given night and morning, as I have found it frequently useful for pains left after influenza. It at once ameliorated the original symptoms, and finally cured them in the course of a week or two. Dr. Clarke's Dictionary gives under lycopersicum: Sharp pain in r. deltoid and pectora lmuscles, < lifting arm upward and outward—dragging in r. deltoid, gnawing pain in middle of r. arm on motion, twinges and rheumatic pain in r. elbow-joint, sensation of numbness and weight, tingling along r. ulnar nerve and branches.—Dr. D. MacNish. *Homœopathic World*, (London).

Digitized by Google

Department of Physical Therapeutics

Conducted by - - - WILLIAM H. DIEFFENBACH, M.D.

Roentgen Diagnosis of Diseases of the Kidneys.—The steady improvement in technic and the indefatigable experimentation and research work of the German Roentgenologists particularly is constantly opening up new fields in diagnosis with the Roentgen ray. A few years ago the physicias who could demonstrate the presence of renal calculi and gravel so as to give positive or negative diagnoses with some degree of certainty were few. With the use of compression and diaphragms and the filtration of the Roentgen ray and use of the Loofa sponge compressor and cushion every first-class German hospital produces excellent plates not only showing the shadows of opaque substances like renal calculi or concretions but the exact outline and position of the kidneys as well.

Nephroposis can now be readily diagnosed, pyo-nephrosis and hyperemia of the kidney with enlargement of its shadow can be noted. Hydro-nephrosis shows a characteristic double outline and increased shadow-area found in no other lesion.

The shadows of a phosphatic and oxalate calculus have always been easy to demonstrate excepting in the very obese, while unmixed urates and uric acid calculi were difficult to show. These can now, with filtration and the Loofa compression, be readily demonstrated.

The regular technic consists in preparing the patient by giving a laxative the night before the examination and a copious enema on the day of the visit, even if the evacuation has been satisfactory. These preliminary precautions are often neglected by practicians and give rise to questions in interpretation of shadows due to fecal concretions or masses remaining in the bowel.

With the patient in dorsal position and the back close to the plate, the first exposure includes the kidney, pelvis and upper ureter, the second the ureter, the third the bladder, the fourth and fifth the opposite kidney and ureter. The plates are 8x10 and are backed up by a lead-fortified plate holder.

Compression by means of a rounded Loofa sponge is made to diminish the tissue area to be traversed and to drive away gas in the intestines by compression. The diaphragm is arranged so as to secure a relatively pure central Roentgen ray, the tube being 18-22 inches from the plate, its vacuum being 6-8 Benoist scale penetration. Exposure varies, depending on the depth of tissue and behavior of the tube, from 30 seconds to 2 minutes. The German Roentgenologists, when in doubt as to exposure, prefer to give overtime rather than under expose, their usual exposure being from 1-2 minutes..

Each plate as it is taken is immediately developed and the patient is instructed to wait until all plates are examined. If any suspicious shadow is found upon the plates, these areas are again exposed so as to secure corroboration. This technic eliminates doubtful shadows—flaws—and, althogh it requires much time and

Digitized by Google

necessitates immediate photographic development, is the method of preference, as an immediate report can be given if required and all questions of doubt verified without frequent return of the patient, as is in vogue with the old method.

With efficient compression and when the patient is not too stout, the outline of the kidneys can be noted and the fact determined if the calculus, if present, is in the kidney proper or in the ureter.

Roentgen Diagnosis of the Early Stage of Arthritis Deformans.—After the study of many hundred plates and the observation of the course of many cases of arthritis, Dr. Haenisch of Hamburg claims to be able to diagnose commencing or early stages of anthritis deformans. Dr. Haenisch's work has been largely confined to the laboratory and clinic cases of Professor Albers- Schoenberg, and his opportunities for study and observation are many.

He observed that the inner and outer tuberosities or borders of the epiphyses of bone—tibia—fibula—particularly, show characteristic protrusions, pointed and somewhat pyramidal instead of the normal rounded edge; the patella partakes of this budding also and the protrusion of these bony excrescences causes pain and ankylosis. These protrusions are also noted in the spinous process of the tibia and its tubercles, which become very much elongated in advanced cases and increase the ankylosis. He has corroborated these Roentgenologic observations in many cases and recommends Roentgen examination in all cases of arthritis of some standing in order to obviate chronicity of the lesion. The use of dry heat, hot air with *passive* exercises has in early stages been followed by improvement in locomotion and relief from pain.

In Otitis Media Suppurativa Chronica—*Stimmel* (*Alleg. Wiener Med. Zeitung* No. 30). recommends Bier's hyperemia—by means of suction and cupping. He employs the cups over the external meatus for from 10-15 minutes and repeats the treatment every 3 days. The purulent discharge and the fetor disappeared and the hearing improved. The number of treatments varied from 5 to 35. Contraindication for continuation of treatment at a seance is pain in the internal ear. Treatment may be resumed after the usual interval with due care in regard to the degree of suction.

Trigeminus neuralgia according to Schilling.— (*Zeits. fuer Physik. u. Diät. Therapie Bana* XI, No. 3) responds to Bier compression methods. He advocates the bandage applied below the larynx and sufficient pressure to produce facial edema. The bandage is kept in situ for 20-22 hours and the parts well rubbed after the removal of the pressure. In the cases treated recurrences were not noted. This appears to be a simple treatment for this intractable condition, and a trial of the Bier method is certainly warranted.

Atony of the Stomach (Mangelsdorf, *Therapeut. Monats befte* No. 7) is successfully treated with the galvano-fradic current of 1½—3 m. a. Daily treatments of 5-6 minutes are given with a

Digitized by Google

large felt electrode attached to the anode, placed over the epigastrium, the cathode large felt electrode over the 5th-10th dorsal vertebræ. Diet is also regulated, small feedings of readily-digested food being administered six times daily.

Sciatica—*Freund* (*Wiener Klin. Rundeschan* No. 49) recommends the application of Roentgen ray treatment over the region of the foramen ischiadicum and over the sacrum in cases of sciatica. In the cases treated he secured relief from pain in two treatments and an average of six exposures were given to insure permanency of results. He attributes the results to the production of hyperemia of the parts with dilatation of the blood vessels.

Blue Light in Diseases of the Skin.—Manujlow (*Allg. Wiener Med. Zeitung* Nos. 16and 17) gives a resume of his experiences with the blue rays of the spectrum secured through filtration from ordinary electric light lamps of 32 and 50 candlepower.

His technique consists in moistening the parts to be treated with 5 per cent. eosin or fuchsin and raying the area for 15-40 minutes, the lamp being held at a distance of 18 inches from the lesion. Repetition of the treatment depends on the reaction, some cases required tri-weekly raying, others once a week.

Lupus, sycosis parasitica, eczema and psoriasis responded favorably to the blue ray. Neuralgia also showed improvement. Acute and chronic rheumatism was relieved and resorption was hastened in pleurisy, hepatitis and splenitis.

Several cases of tubercular coxitis also showed improvement. The author believes that careful physiological tests will show the value of blue light in many diseases of nutrition and especially in obesity and anemia.

Diffuse Peritonitis is treated by Kothe (*Therapie der gegenwart* No. 10) with continuous rectal saline irrigation. He believes that laparotomy is contra-indicated twelve hours after the first symptoms of the attack and that above method is the method of choice. Irrigation is kept up even if the patient sleeps, the irrigating vessel being placed 15-18 inches above the patient's level and very slow flow of fluid being permitted. During 24 hours 6-8 quarts of normal salt solution should be administered in this way.

When the patient experiences distress the rectal tube can be lowered and fluid or fecal material evacuated, but the irrigation should be resumed without delay. The temperature of the saline is kept at 100 degrees F. and the nurse must add hot saline from time to time in order to keep the fluid at this temperature.

Digitized by Google

Digitized by Google

Digitized by Google

Book Reviews

The Care of the Baby. A Manual for Mothers and Nurses, by J. P. Crozer Griffith, M.D. Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital; Consulting Physician to St. Christopher's Hospital for Children; Member of the American Pediatric Society and of the Association of American Physicians. Fourth Edition, thoroughly revised. Cloth, $1.50 net. W. B. Saunders Company, Philadelphia and London.

This practical book from the masterhand of Dr. Griffith, is deservedly popular and now appears in its fourth edition. It has been revised so that it now contains all the latest helps that trained observation can give for the care of the baby. A second appendix has been added for the use of those mothers who have to depend upon themselves owing to the inaccessibility of a physician. This appendix gives the principles which govern physicians in the selection of an infant's diet in health and disease, together with many formulas which are practical guides in the absence of a physician. It is an excellent book for the prospective young mother and may safely be recommended by her physician.

The Ear and Its Diseases: A Text-Book for Students and Physicians. By Seth Scott Bishop, B.S., M.D., LL.D., Honorary President of the Faculty and Professor in the Post-Graduate School and Hospital of Chicago; Surgeon to the Post-Graduate Hospital and to the Illinois Hospital, etc. Illustrated with 27 colored lithographs and 200 additional illustrations. Royal octavo, 440 pages. Bound in extra cloth. Price, $4 net. F. A. Davis Company, publishers, 1914-16 Cherry street, Philadelphia, Pa.

Professor Bishop has gathered into his book, and "boiled down" with gratifying results, the experience of twenty-five years of practice. It is probably the most complete work on the ear in existence. Aural anatomy, a difficultly comprehended subject yet absolutely essential to successful treatment, has been rendered peculiarly clear by numerous original illustrations made from preparations and sections by the author—not a re-hashing of Gray or some other general anatomy. The chapters on "mastoid operations," with colored plates, are graphic in language and illustration.

A Text-Book of Clinical Anatomy: For Students and Practitioners. By Daniel N. Eisendrath, A.B., M.D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons), Chicago. Second revised edition. Octavo of 535 pages, with 153 illustrations, a number in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; half morocco, $6.50 net.

For the general practician and for the surgeon this work on clinical anatomy will "meet a long-felt want." A thorough treatise on the subject has long been waited for, and the adoption of Professor Eisendrath's work as the text-book in a special course in medical colleges in the senior year would admirably review the usual anatomic course and, more than that, render the prospective physician and surgeon far better balanced in his judgment and treatment than he is at the present time. The plates are very numerous, very exact, very graphic, and most of them are original to the work.

A Treatise on Diseases of the Skin: For the Use of Advanced Students and Practitioners. By Henry W. Stelwagon, M.D., Ph.D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Fifth edition, revised. Handsome octavo of 1,150 pages, with 267 text illustrations and 34 full-page colored and half-tone plates. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $6 net; half morocco, $7.50 net.

This fifth edition of Professor Stelwagon's dermatological classic presents all the diagnostic, etiologic, and pathologic acumen of the old school, which has rendered so much invaluable service

Digitized by Google

in these departments. The publishers have spared neither pains nor money in the preparation of this sumptuous work. The articles on frambesia and oriental sore have been rewritten and those on verruga peruana and tinea imbricata changed or added to; and among the new tropical subjects introduced are to be especially mentioned "dhobie itch" annd "uncinarial dermatitis." The eruptions of the leukemais receive some attention; and that rare condition, "meralgia paresthetica," is also briefly presented. That curious curative natural relation between certain drug effects produced upon the healthy body, and various diseased conditions known as the homœopathic relation, has not received its due emphasis in the treatment, but will doubtless be found in future editions. In the meanwhile the homœopathic practician may be properly grateful to Professor Stelwagon for his clarity and completeness of presentation and illustration of the other branches of dermatologic science. We cordially commend the work.

A Manual of Materia Medica, Therapeutics and Pharmacology. With Clinical Index. By A. L. Blackwood, M.D., Professor of Materia Medica and Clinical Medicine in the Hahnemann Medical College, Chicago. 592 pages. Flexible leather, gilt edges, round corners, $3.50; postage, 6 cents. Philadelphia: Boericke & Tafel. 1906.

Professor Blackwood has gathered together in small compass much valuable information, properly presented in Boericke and Tafel's fine workmanship. Homœopathic pharmaceutics, prescription writing, and the treatment of poisoning cases introduce the subject-matter of materia medica. Each drug is furnished with a description, botanic, chemical, etc., and its physiologic action given. The homœopathic therapy is clinical in arrangement, i. e., the anatomic schemata are abandoned and the drug action is "narrated." Every drug that has ever been mentioned in homœopathic literature appears to have found a place in this book of convenient pocket size. A paragraph from the therapeutics of lycopodium will fairly indicate the method of treating a drug:

"This remedy is indicated in those whose intellectual development overbalances the physical. The complaints are deep seated and develop gradually. The urinary and hepatic disturbances are prominent in many cases. The complaints start upon the right side and go to the left, are worse from 4 to 8 P. M., and are aggravated from cold, while all the discharges are offensive and the urine contains a heavy red sediment."

Professor Blackwood's book will doubtless meet with a large sale.

Cough: Better or Worse. By Prof. Willard Ide Pierce, 64 West 126th street, New York City. 92 pages.

Professor Pierce has gathered together in convenient compass all which that medicamental thesaurus, Allen's Handbook, contains concerning cough. The book, of 92 pages, is divided into a repertory and a therapeutics, both of which exhaustively but concisely dispose of the subject-matter. Professor Pierce has rendered great service to the profession in the publication of the work, which combines the thoroughness of the German with the clarity of the French and the practicability of the American, and which will be particularly useful and labor saving in such a horribly catarrhal winter climate as New York tries hard not to boast of.

We should advise the early acquisition of a copy.

A Manual of the Practice of Medicine. By A. A. Stevens, A.M., M.D., Professor of Therapeutics and Clinical Medicine in the Woman's Medical College of Pennsylvania. Eighth edition, revised. 12mo of 558 pages.

Digitized by Google

illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Flexible leather, $2.50 net.

The first edition of Stevens' Manual was published in 1892 and during the intervening fifteen years its popularity has called for frequent revisions and reprintings. In this eighth edition quite a little new material has been added and certain articles have been rewritten. It would be hard to conceive of getting so great an amount of material in smaller compass, and yet sufficient information is given to afford the reader a working knowledge.

A Text-Book of Physiology: For Medical Students and Physicians. By William H. Howell, Ph.D., M.D., LL.D., Professor of Physiology, Johns Hopkins University, Baltimore. Second edition, thoroughly revised. Octavo volume of 939 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4 net; half morocco, $5.50 net..

This is one of the most satisfactory text-books of physiology published for medical students. In an effort to escape from dogmatism many authors offer their readers a bewildering array of differing opinions, leaving a student, particularly, all at sea as to what to accept. Dr. Howell has taken the responsibility of selecting what seems to him the most rational views, and has put them concisely and sufficiently clearly before the reader. Since September, 1905, the book has been reprinted three times, and now we have a revision.

Psychology Applied to Medicine. Introductory Studies. By David W. Wells, M.D., Lecturer on Mental Philosophy, Boston University Medical School, etc. Illustrated. Nearly 200 pp., with bibliography and index. 12mo. Cloth, $1.50 net. F. A. Davis Company, 1914-16 Cherry street, Philadelphia, Pa.

This little book is founded on the premise that most medical students have made no study of psychology and need to become acquainted with the rudiments of the subject for a proper understanding of much of the work they will be called upon to do in the practice of the profession for which they are training. The subjects treated are Reason and Instinct, Habit, Sensation, Experimental Psychology, Hypnotism, Psycho-therapeutics and the Psychic Element in Medicine. Obviously such a work does not lend itself to anything but restatements of what has been said by others. It would have been well if the author has cautioned the reader against foolish experiments in hypnosis. Hypnosis employed by the medical man for therapeutic purposes is justifiable; a foolish suggestion to carry out a ludicrous act is an insult to the subject and does him a moral injury.

The Illusions of Christian Science. By John Whitehead, M.A., Th.B. The Garden Press, 16 Arlington street, Boston, Mass. Cloth. 248 pp. $1.

The author of "Illusions of Christian Science" has gathered from *Science and Health* its teachings on the fundamental principles of the Christian religion and here discusses them in the light of orthodox Christianity.

Food and Hygiene. An Elementary Treatise on Dietetics and Hygienic Treatment. By William Tibbles, LL.D., L.R.C.P., M.R.C.S., L.S.A., Medical Officer of Health, Fellow of the Royal Institute of Public Health, etc. Cloth, 672 pp.; price, $3. Ne wYork: Rebman Company, 1123 Broadway. 1907.

We are not surprised to learn that this book is meeting with a very favorable reception in this country. Part I discusses the physiology and pathology of foods; Part II is devoted to materia alimentaria; Part III deals with food and hygiene in sickness. In Part I there is a very useful chapter on vegetarianism, diseases caused by food, ptomaine poisoning, and preservatives in food. In Part II the composition of the different foods is taken up to an

Digitized by Google

Appropriate foods for use in diseased conditions are taken up in Part III. The chapter on climatology is devoted most largely, of course, to England and the European countries.

What To Do for the Stomach. A Careful Arrangement of the Most Important Symptoms in Diseased Conditions of the Stomach and the Remedy Indicated in the Cure of These Symptoms. By G. E. Dienst, Ph.D., M.D., author of "What To Do for the Head." 202 pages. Cloth, $1 net; postage, 5 cents. Philadelphia: Boericke & Tafel. 1907.

Just as the author's previous book has proved a boon to many a physician called upon to prescribe for a headache, so this little work is going to prove of value to many a doctor and many and many a patient. If Dr. Dienst contemplates telling us what to do for some other organs of the body, we hope we may look for some improvement in the arrangement and in the proofreading. It is disturbing to one's sense of the fitness of things to see the word "Notice" occurring so frequently as a heading in the same type as the symptoms.

An Epitome of Disease of the Nose and Throat. By J. B. Ferguson, M.D., of the New York Post-Graduate Medical School. 12mo, 243 pages, with 114 engravings. Cloth, $1 net. Lea Brothers & Co., publishers, Philadelphia and New York, 1907. (Lea's Series of Medical Epitomes. Edited by Victor C. Pedersen, M.D., New York.)

This little book, while small in size, is the more valuable in that it omits much that every physician is supposed to know and gives in concise form the salient points necessary for the diagnosis and treatment of diseases of the nose and throat. The directions are clear, the illustrations are profuse, and the formulæ for medication, so far as known to one unacquainted with homœopathic therapeutics, are abundant and undoubtedly helpful. The book is bound uniformly with the preceding ones of this Medical Epitome Series.

The Operating Room and the Patient. By Russel S. Fowler, M.D., Professor of Surgery, Brooklyn Post-Graduate Medical School, Brooklyn, N. Y. Second edition, enlarged. Octavo volume of 284 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $2 net.

This second edition testifies to the merit of this work as a helpful one for nurses, internes and the young surgeon. It contains much that is valuable as to the arrangement of the operating, instrument and supply rooms, concerning anesthetics and the care of the patient, before, during and after the operation. The hints as to the choice and care of instruments and dressings are practical and helpful. The chapters added dealing with wound complications and treatment will make the book useful also to the general practitioner who may have the care of post-operative cases.

Before and After Surgical Operations. A Treatise on the Preparations for and the Care of the Patient After Operations, Including Homœopathic Therapeutics. Written with Special Reference to the Needs of the General Practitioner and the Hospital Interne. By Dean T. Smith, B.Sc., M.D., Professor of Surgery and Clinical Surgery, University of Michigan, Homœopathic Department, Ann Arbor. 260 pages. Cloth, $1.25 net; postage, 8 cents. Philadelphia: Boericke & Tafel. 1906.

In spite of the spread of hospitals and the increasing willingness of patients to go to them, there are still many cases where it is impossible or impracticable to operate under the ideal conditions afforded by an institution. To physicians with this handicap this book of Dr. Smith's will especially appeal. But his hints as to the aids afforded, both before and after operations, by the homœopathic remedy, will be appreciated and found helpful both by practising physician and surgeon. Operations upon all parts of the body are considered, with hints as to preparation, post-operative treatment

and therapeutics, that will be beneficial to student, nurse, interne or physician. Dr. Smith is assisted in this book by Royal S. Copeland, M.D., President of the American Institute, who contributes a valuable chapter on eye, ear, nose and throat cases, and by Myrta M. Woodson, principal of the Training School for Nurses in the University of Michigan Hospital, who has written the chapter on Dietetics.

Handbook of Cutaneous Therapeutics. Including Sections on the X-Ray, High-Frequency Current, and the Minor Surgery of the Skin. For the Use of General Practitioners. By W. A. Hardway, M.D., LL.D., Professor of Diseases of the Skin, Washington University, St. Louis, and Joseph Grindon, Ph.B., M.D., Professor of Clinical Dermatology, Washington University, St. Louis. Cloth, 8vo. Lea Brothers & Co., Philadelphia and New York.

This book is somewhat of a rarity in that we find nearly 600 pages given to the treatment of disease. It is valuable for its local and general measures, especially the section devoted to physical therapeutics, and is of interest as giving the best modern methods of medication as adopted by practitioners of the old school. Dr. Hardaway has written the description of the various diseases, with their general and medicinal treatment. In a few instances the etiology and symptomatology are fully discussed, but for the most part the main feature is the treatment. Dr. Grindon has prepared the sections on physical and mechanical treatment, and this part of the book is valuable to physicians of all schools. As the book is designed not for the specialist, but for the general practitioner, an endeavor has been made to limit the procedures to those which are readily accessible. Freak and ephemeral ventures are avoided altogether.

The Treatment and Prophylaxis of Syphilis. By Alfred Fournier, Professor at the Faculty of Medicine, Member of the Academy of Medicine, Physician to the St. Louis Hospital, Paris. English translation of the second edition, revised and enlarged, by C. F. Marshall, M.D., F.R.C.S., London; American edition, revised and corrected, with an appendix, by George M. Mackee, M.D., Instructor in Dermatology, Bellevue and New York University Medical Colleges. New York: Rebman Company. Pp. 601.

This is one of the most fascinating books that has come to the reviewer in a long time. It is the work of the greatest of syphilographers and is written in an interesting literary style that holds the attention. The author believes that all cases of syphilis require prolonged and vigorous treatment. He believes in mercury. He considers the hypodermic method of its use, so much in vogue now, as the least useful of any. As an occasional resource it may be of value, but, "save in exceptional cases, a true practitioner should never propose it to his patients." Fournier's favorite method is by ingestion. His favorite preparations, protoiodide and sublimate. The chapters on prophylaxis are particularly valuable. Dr. MacKee writes of the spirochæta pallida, the syphilitic germ. Altogether the work is of exceeding great value. A review cannot do it justice.

Diseases of the Genito-Urinary Organs and the Kidney. By Robert H. Greene, M.D., Professor of Genito-Urinary Surgery at the Fordham University, New York, and Harlow Brooks, M.D., Assistant Professor of Pathology, University and Bellevue Hospital Medical School. Octavo of 536 pages, profusely illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; half morocco, $6.50 net.

This is a very good book on an important class of diseases. Being the joint production of a surgeon and of a physician, all the accepted methods of procedure in the various conditions described are given a place. The chapter on endoscopy is particularly good and is particularly well illustrated. Syphilis is treated of only as it

Digitized by Google

is particularly related to the genito-urinary organs, not as a great systemic disease. Dr. Richard Kalish gives a chapter on the eye in renal diseases, a very important aid to diagnosis in these conditions.

The Pancreas: Its Surgery and Pathology. By A. W. Mayo Robson, D.Sc. (Leeds), F.R.C.S. (Eng.), of London. Octavo volume of 546 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5 net; half morocco, $6.50 net.

This is a valuable up-to-date work on an obscure subject, but a subject of great importance. The development of the gland, its histology, anatomy, and physiology are given in detail. Several chapters are devoted to the pathological changes that take place. Several other chapters are devoted to diabetes. It is only of recent years that much has come to be learned of the functions and diseases of the pancreas, so that the diagnosis of pancreatic conditions has been particularly uncertain. The authors of this work have carefully culled from the work of others and added much of their own investigations, so that they have been able to present much valuable information. Particularly is the book of value in diagnosis, and anyone interested in diagnosis as such will find the book a great help.

Medical Diagonsis: Clinical Methods for Practitioners and Students. Fifth edition, greatly enlarged and revised to date. By J. J. Graham Brown, M.D., F.R.C.P.E., F.R.S.E., Clinical Assistant Pathologist, Royal Infirmary of Edinburgh. With 200 illustrations and 8 full-page plates in black and white and in color. Price, $3. Edinburgh and London: William Green & Sons. New York: Imperial Publishing Company.

This book is concise and to the point. It includes complete directions for the examination of the patient, for the chemical and microscopical examination of all the fluids and discharges of the body, and the best methods for examination and detection of the various disease bacteria. It also tells how to make the Widal reaction, and even includes directions for obtaining the opsonic index. As a practical guide to medical diagnosis for either student or practitioner it is very good. It is not only concise, but is thorough and up to date.

How to Take the Case and Find the Similimum. By E. B. Nash, M.D., author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid Fever," "Regional Leaders" and "Leaders in the Use of Sulphur." 55 pages. Cloth, 50 cents net; postage, 3 cents. Philadelphia: Boericke & Tafel. 1907.

Anyone who knows Dr. Nash personally or through his writings will be prepared to find this booklet an exposition of the repertory method. We really wonder why this essay was put in book form. With three or four articles of equal length it would help to make a good issue of a monthly journal costing 15 to 25 cents per issue.

Progressive Medicine. Vol. IX., No. 4. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D. 327 pages. $6 per annum. Lea Brothers & Co., Philadelphia and New York.

The present volume of this invaluable digest takes up diseases of the digestive tract and allied organs, the liver and pancreas; diseases of the kidneys; surgery of the extremities, fractures, dislocations, tumors, surgery of the joints, shock, anesthesia, and infections; genito-urinary diseases; practical therapeutic referendum, with Drs. Belfield, Bloodgood, Bradford, Landis and Steele as contributors. As the various numbers of "Progressive Medicine" come to our reviewing table, we find it difficult to vary the invariable meed of praise.

Digitized by Google

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. LOUIS F. WHITE, N.Y.H.M.C.&H., '07, has located at 5 Evergreen Place, East Orange.

DR. E. S. LOIZEAUX, of Morristown, Md., was married to Miss Vera Taft last summer, after which he spent some time in California.

DR. PERRY D. SAYLOR married Miss Anna L. Seabury on August 6, and is now located in Montreal, Can.

DR. E. D. STRONG, Hahnemann, of Chicago, '01, is located in Hanover, New Mexico, where he has charge of the men in three mines. He reports full recovery from his illness of several years ago.

DR. A. E. SMITH, Rockford, Ill., president of the Illinois State Homœopathic Medical Association, has been appointed by Governor Deneen a delegate to the International Tuberculosis Congress to be held in Washington, D. C., October, 1908.

DR. A. T. LOVERING, 10A Park Square, Boston, librarian at Boston University School of Medicine, will assist the profession in research work, preparing papers, writing up cases, making abstracts and tabulating, obtaining statistics.

DR. A. LEIGHT MONROE, of Miami, Fla., is excellently situated and qualified to answer inquiries as to Miami as a health or winter resort, and as to its suitability to any given disease. Bear Dr. Monroe in mind when contemplating Florida trips for your patients.

STEPHEN H. KNIGHT, A.M., M.D., district president of the Michigan State Homœopathic Medical Society, addressed the Samuel A. Jones Medical Society of the University of Michigan at the amphitheatre of the Homœopathic Hospital, Ann Arbor, Mich., on December 11, 1907, on the subject "Cancer of the Breast."

DR. ROYAL S. COPELAND informs THE NORTH AMERICAN with regard to the report that he is about to remove to California, that he is more or less of a fixture at the University of Michigan. Very flattering and tempting opportunities for greater financial return to the contrary notwithstanding, loyalty to his Alma Mater, love of his faculty colleagues, thorough enjoyment of and inspiration from contact with the young life of the university and twenty years of professional association with the Michigan brethren make him loath to leave a community so delightful as Ann Arbor.

Digitized by Google

NEW YORK NEWS

DR. B. BURT SHELDON recently spent a week at the old homestead.

DR. WILLIAM TOD HELMUTH has been unfortunate enough to have suffered recently from an attack of the grippe.

DR. J. H. MUELLER has moved to 159 East 63d Street. Office hours: 9 to 11, 5 to 7; Sundays by appointment. 'Phone, 3120—Plaza.

COUNTY SOCIETY—The Homœopathic Medical Society of the County of New York held a meeting at Genealogical Hall on the evening of December 12th. The following were elected officers: President, George F. Laidlaw, M.D.; Vice-President, William F. Honan, M.D.; Secretary, John S. Gaines, M.D.; Treasurer, Anson H. Bingham, M.D.; Necrologist, Charles Ver Nooy, M.D.; Censors, Walter S. Mills, M.D.; Edward P. Swift, M.D.; Emily L. Hill, M.D.; George E. Tytler, M.D.; J. Perry Seward, M.D. Reports of committees followed. A special committee, Dr. Klots, chairman; reported on the death of Dr. D. D. Stevens.

The chairman, Dr. Stearns, of the Committee on Drug Proving, presented a report by Dr. R. F. Rabe, "Fragmentary Provings by Members of the Bayard Club."

Dr. John E. Wilson reported as chairman of the Committee on Legislation, and described the steps taken in the fight against the "single board" bill. The secretary read Chairman Hills Cole's report on public health. This was especially interesting, as it was an arraignment of the homœopaths of New York City for their lack of activity in things relating to the public health of the city.

Dr. Miller reported on public institutions, presenting the first report on the Volunteer St. Gregory Hospital, the baby amongst our homœopathic institutions.

The secretary, Dr. Buchanan, and the treasurer, Dr. Bingham, read their reports, Dr. Bingham also reading the necrologist's report on the death of Dr. Leroy Blakeman.

The following were elected to active membership: Dr. St. Clair Hitchcock, Broadway and 66th Street; Dr. F. Glynn Young, 196 Lenox Avenue.

Dr. Howard G. Foster was elected to corresponding membership.

PATHOLOGICAL SOCIETY—The members of the Academy of Pathological Science were entertained on Friday evening, November 22d, by Dr. George W. Roberts, who exhibited specimens of a tubercular salpingitis, uterine fibroids, carcinoma of the hood of the clitoris, a pyo-salpinx and gluteal aneurism (sciatic artery), giving explanations of each specimen.

Dr. Bond Stow, on invitation, described a case of paraplegia following aneurism of the descending arch of the aorta. He also described a multiple metastatic carcinoma of the heart secondary to primary carcinoma of the œsophagus. Specimens of both were exhibited.

The following were elected to membership: Harold Foster, M.D., Englewood, N. J.; G. Carlton Dominick, M.D., 70 West 55th Street, New York City; Frederick L. Mosser, M.D., 784 Dawson Street, Bronx, and Walter L. Izzard, M.D.; 149 St. Mark's Avenue, Brooklyn.

THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY held

Digitized by Google

a meeting on the evening of November 27th at the office of Dr. Willard Ide Pierce. The members indulged in an interesting discussion of the mercuries, nitric acid and podophyllum. Dr. Pierce is an excellent host. KEEVE TURNER, M. D.

KINGS COUNTY SOCIETY—The 414th regular meeting of the Homœopathic Medical Society of the County of Kings was held on Tuesday evening, December 10, 1907. Two interesting papers were read and discussed, "A Short Résumé of Cases," by W. C. Thompson, M.D., and "A Retrospect," by George Clinton Jeffery, M.D.

WARD'S ISLAND-METROPOLITAN HOSPITAL—The eleventh annual dinner of the Ward's Island-Metropolitan Hospital alumni took place at Shanley's on Wednesday, December 4, 1907. The president of the association, Dr. E. D. Klots, presided. After the dinner Dr. Klots made a few well-chosen remarks and then introduced Dr. G. S. Harrington as toastmaster. Dr. Harrington introduced as the first speaker the Hon. Robert W. Hebberd, who spoke of the proposed new buildings, and who assured the alumni that he intended to do what he could to sustain the institution. A new nurses' home, to cost three hundred thousand dollars, is being built. Money is appropriated for a new staff house, a new morgue and pathological building and an addition to the tuberculosis department. Dr. C. L. Bagg, president of the Medical Board, spoke for it. Dr. J. W. Hassler told of the great opportunities at the Metropolitan. Dr. B. H'B. Sleght gave some reminiscences. Dr. Walter Sands Mills told of staff life at the old Ward's Island Hospital. Dr. William M. Collins spoke for the house staff. Among those present were Dr. Beckwith, of Yonkers; Dr. Perkins, of Princeton; Dr. Huff, of Englewood; Dr. Koehler, of Philadelphia; Dr. Gifford, of Attica;; Dr. Sleght, of Newark; Dr. Doyle, of Pottsville; Dr. Collins, of Greenwich; Dr. J. M. Thompson, of Brooklyn; Dr. A. F. Thompson, of Orange; Dr. Aten, of Brooklyn, and of New York, Drs. Forbes, Buckwalter, M. Rogers, Drs. Howard, Boyle, Harrington, Klots, Commissioner Hebberd, Drs. Bagg, Root, Mills, Hassler, Moore, Appleton, Ely, Seward, M. Borden, Drs. Stewart, Hallett, Carleton, Boyle and Wallin.

Officers for the ensuing year are: President, Dr. Leonard W. Ely; first vice-president, Dr. Walter Sands Mills; second vice-president, Dr. William H. Aten; third vice-president, Dr. Perkins; secretary, Dr. Samuel Barlow Moore; treasurer, Dr. Charles C. Boyle, and historian, Dr. George De Wayne Hallett.

BROOKLYN HOMŒOPATHIC HOSPITAL DINNER—The fourth annual dinner of the Cumberland Street and Brooklyn Homœopathic Hospitals was held at the Lincoln Club, Brooklyn, on Friday, November 1, 1907. The president, Dr. William Morris Butler, presided. About fifty members of the staff and alumni were present. At the conclusion of the eating the president introduced the first speaker, Dr. Bacon, superintendent of the hospital, a man who has made himself well liked by all connected with the institution. He told of the plans for enlarging the hospital, as developed by the Commissioner of Public Charities, Mr. Robert W. Hebberd. Dr. William Harvey King, dean of the New York Homœopathic Medical College, was next. He spoke of plans for uniting the college and the hospital more closely. Dr. Shrewsbury was then presented as poet-laureate of the Brooklyn homœopathic profession. Dr. Hopke sang several songs. The speaking was closed with an interesting speech by Dr. William L. Love. Beside the verbal introduc-

Digitized by Google

tion, each man was greeted with an appropriate air by the orchestra. Altogether the evening was most enjoyable.

Binder for The North American—Numerous requests having been received that the publishers offer a binder in which the reading pages of THE NORTH AMERICAN can be kept, we are pleased to announce that arrangements have been made to this end, and that substantial binders can be supplied for fifty cents each. We recommend that two be purchased—one for the reading matter in the body of the journal, and one for the Library of Homœopathic Classics. Binders will be sent, postpaid, on receipt of price.

Kentucky State Society—The secretary, Dr. Mary E. Hopkins, of Louisville, has sent a circular letter to every homœopathic physician urging co-operation in making the 1908 session as profitable and successful as that of 1907. The program is to be particularly adapted to the needs of the general practitioner. The next session will be held in Louisville in May.

CHICAGO ITEMS

DR. WILLIAM H. PHILLIPS, Rose Building, Cleveland, is in the city visiting the clinics of Dr. Haseltine.

DR. JOSEPH B. KLEINHENS, 3,901 Cottage Grove Avenue, has resumed his office practise, following an attack of pneumonia.

DR. ROLLIN A. SWARTZ is now located at 651 Hinman Avenue, Evanston, limiting his practise to the eye, ear, nose and throat.

DR. C. D. COLLINS, 92 State Street, is quite fully recovered from injuries sustained while taking equestrian exercises during the fall.

DR. HALLOWAY, of Galesburg, passed through the city recently and thought to personally renew his acquaintance with Dr. Shears, whom he had not seen since 1883, but unfortunately the latter was out of town that day.

DR. ROYAL S. COPELAND, of Ann Arbor, Mich., our new president of the American Institute of Homœopathy, was in the city recently, and in a very convincing manner addressed the members of the profession on "What Is Homœopathy." A large and enthusiastic audience greeted President Copeland and gave evidence of their hearty support of his administration.

THE HAHNEMANN HOSPITAL TRAINING SCHOOL FOR NURSES is very efficiently officered by Miss Neta Womacks as head surgical nurse, Miss Crissy as principal of the training school, and Miss Cora Overholt as supervisor of the hospital corps. The new building is very much appreciated by all, and in the music room, through the generosity of Dr. Gillman, a beautiful Steinway piano has been placed, while Dr. Cecilia Gallogly Kimball presented a rug. A donation of a divan, settees, chairs, etc., would complete the furnishings and be very gratefully accepted.

DR. GEORGE V. COUTANT, of La Salle, Ill., was operated on for a tumor of the thigh early in December. Dr. Coutant is one of the oldtime homœopaths, but nevertheless has had the confidence and good will of his brethren of all schools. The operation was performed by Dr. George F. Shears, and he had the co-operation and assistance of two of the prominent old-school surgeons. Altogether there were present four homœopaths, two eclectics and seven allopaths. Dr. Coutant has been coroner of the county for many years, and he has the sympathy of a multitude of friends in this his time

Digitized by Google

of trial. The doctor is doing well, and hope for his ultimate recovery is entertained.

DR. GEORGE FRAVEL BARRY, 1,640 Chicago Avenue, Evanston, and his mother, Mrs. George Barry, have the heartfelt sympathy of a host of friends in the sudden and untimely death of Miss Florence Barry, the doctor's sister, who this fall had entered upon her freshman year in the Hahnemann Medical College, of Chicago. Having graduated from Smith College, she taught in the grammar and high schools of Cook County for more than ten years, as well as taking active part in humanitarian work through her membership in the Woman's Club. Miss Barry's preparation for the vocation of physician was exceptional, and gave promise of a very valuable and noble worker, but even with so brief an introduction into the profession her influence will be felt forever as an inspiration by her associates.

THE AFTER DINNER CLUB held its regular meeting on Tuesday, November 21st, at 6 East Madison Street. "Opsonic Theory" was the topic of discussion, and adjournment was held at 8:30 in time to attend the monthly meeting of the Chicago Homœopathic Medical Society, in the Chicago Public Library Building.

On December 5th the AFTER DINNER CLUB and the MEDICAL WOMAN'S CLUB held a joint meeting at the above address. Dr. Sarah Duncan, 7,821 Lowe avenue, and Dr. Helga Ruud, 281 Warren Avenue, are the respective secretaries of these clubs.

CHICAGO SOCIETY—The first meeting of the Chicago Homœopathical Medical Society, held in the Chicago Public Library Building, corner Randolph Street and Michigan Avenue, was a great success. One hundred and fifty members of the Chicago profession were present, and deep interest was manifested in the papers presented. Professor George F. Shears presented a scholarly article on "Acute Hemorrhagic Pancreatitis," which was the subject of very earnest discussion. Other papers were presented by Dr. Joseph P. Cobb and Dr. H. V. Gilbert. The Public Library is one of the most notable buildings in the city, and the room available for the meetings is one of the pleasantest. The authorities willingly contributed the room, with the understanding that every alternate meeting shall be open to the public and that upon such evenings the subject shall be one of general interest. This affords an opportunity to present matters of general scientific interest, and does not preclude the advocacy of homœopathy from a scientific standpoint, but rather serves the purpose of bringing it intelligently before the public.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting at the Julien Hotel, 63d Street and Stewart Avenue, on Tuesday, December 10th, at 8:30 P.M. The meeting convened promptly, and after the preliminary formalities of opening, presided over by President A. F. Harris, the Bureau of Clinical Medicine, Dr. Ingersoll, chairman, claimed the attention the remainder of the evening. The program presented was as follows: "Functional Perversions of the Liver," Dr. H. V. Halbert, discussion opened by Dr. Frank Wieland; "Acute Yellow Atrophy of the Liver Following Laparotomy," Dr. L. F. Ingersoll, discussion opened by Walter E. Fruit; "Pathology," Dr. A. C. Tenney; "Surgical Treatment," Dr. G. M. Cushing; "Treatment," Dr. Harris. Dr. Della MacMullen is the efficient and energetic secretary of this progressive society, and much credit is due her for the earnest work accomplished.

Digitized by Google

THE BOARD OF COUNTY COMMISSIONERS are considering a proposition to establish small emergency hospitals in different parts of the city, in order that the injured may receive attention at once, as the County Hospital, to which all such patients are at present transferred, often necessitates a trip of from two to six miles before the patient receives intelligent care and assistance. Whether the county will really build new institutions or will make use of some of the private hospitals now scattered throughout the city is not yet decided. The move, however, from a humanitarian standpoint, is one that should receive the support of physicians of all schools and all classes.

CHICAGO HAS AWAKENED within the last year to many of the unsanitary conditions which have prevailed, and earnest attempts are being made to place the city in the best possible condition. As a result of the vigorous initiative of the President, the packing houses have wonderfully improved, which represents a corresponding improvement in the food supply for the masses. As a result of this inspection two important articles of diet, meat and milk, are delivered in almost perfect condition. Efforts are being made to place the cold storage plants under close municipal inspection. Of course there is abundant opportunity for improvement, but what has already been accomplished is worthy of the highest commendation.

TUBERCULOSIS CAMPAIGN—As a result of Dr. Cabot's (Boston) propaganda in the West, a very interesting attempt is undertaken in the city to make practical the knowledge which the doctor has had for several years past in the treatment of tuberculosis, and with the object in mind the Tuberculosis Institute of Chicago has determined to place in certain of the larger dispensaries nurses to attend the tubercular clinics. These nurses, who will be under charge of the doctor, will follow the patients to their homes and see that the directions of the doctor are practically carried out, teach the patient how to live according to the new method, and, in short, institute sanatorium treatment in the home of the patient as well as secure efforts toward carrying out prophylactic measures in behalf of the other members of the family. Hahnemann, which is a modern "medical Vienna" for the great southeastern portion of the city, has been selected as one of the dispensaries in which this experiment is to be tried, and the officers of both institutions are determined that it shall be a success. CHRISTINE BERGLOTH, M.D.

Remove the Cause—It may require several indicated remedies to cover a group of symptoms that may be entirely overcome by a single remedy that will remove the cause. Try Alkalithia as a general eliminant in all cases of faulty metabolism.

BOSTON ITEMS

TWENTIETH CENTURY MEDICAL CLUB—The regular monthly meeting of the Twentieth Century Medical Club was held at the New Century Building on the evening of November 20, 1907, the president, Dr. Marian Coon, in the chair. The subject of the scientific session was "Acne." A very good general paper on this skin disease was given by Dr. Louise Sturtevant. A case of acne was reported in detail by Dr. Lucy Appleton, and several other cases were reported informally by members of the club. These cases, with their results and discussions which followed, showed plainly that no specific for this troublesome condition has yet been discovered, but that each case demands its individual and special

Digitized by Google

treatment. Following this a five-minute report was given on the new anesthetic—the H.M.C. tablet—and its use in the Homœopathic Hospital. A list of cases in which it was employed was cited.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY—On the evening of December 5th, 1907, at the hall of the Boston Society of Natural History, was held the regular monthly meeting of the Boston Homœopathic Medical Society. This meeting was in reality a continuation of the November meeting, being résumé of the papers then given by Dr. J. P. Sutherland and Dr. W. H. Watters on the subject of the opsonic index followed by a number of dissions by leading men in the homœopathic ranks of this city.

Dr. Horace Packard thinks that the theory promises great things in bacteriological diseases in the future, his optimism extending even to cancer, which he considers of bacterial origin and believes will be entirely eliminated. He thinks that man ought to live 100 to 120 years.

Dr. J. P. Sutherland spoke on "Homœopathy vs. Opsonic Theory," which he thinks are similar, but not identical, the latter leaning rather toward isopathy. They are analagous in that they both use mild means, small doses and the single remedy in the treatment of the sick.

Dr. F. B. Batchelder said that the most careful work is necessary in the use of the "opsonic index." It does not do to assume certain conditions and then give certain opsonogens, as this means certain failure.

Dr. Walter Wesselhoeft advised caution in the use of this new treatment. for many doses causes aggravation.

The meeting was very interestisg and could not help but be profitable to all present. GRACE E. CROSS, M.D.

Miami Valley Society—The ninety-fourth semi-annual session of the Miami Valley Homœopathic Medical Society was held at the Phillips House, Dayton, Ohio., Thursday, October 31, 1907, beginning at 10:30 A.M., the deliberations being presided over by the president, Dr. S. R. Geiser, of Cincinnati. The secretary reported the deaths of Dr. John M. Miller, of Springfield; Dr. J. I. Bashore, of Dayton, and Dr. J. T. Sutphin, of Middletown. Dr. R. B. House, of Springfield, was elected necrologist of the society to draw up suitable memorials.

The Executive Committee reported through its chairman, Dr. Frank Webster, of Dayton, while the Legislative Committee, through Dr. M. P. Hunt, of Columbus, reported on the progress and prospects of homœopathy in the State of Ohio. The homœopathic profession of the State seems to be awakening out of its deep lethargy of self-satisfaction and beginning the struggle not only for preservation, but for the recognition of its proper place and work in the medical world.

The treasurer, Dr. W. H. Dickinson, of Dayton, reported a balance of $42.19 in the treasury.

The following papers were read and animatedly discussed: Dr. Charles Hoyt, Chillicothe, Ohio, "Neurasthenia;" Dr. Elmer E. Kimmel, Dayton, Ohio, "Social Evils;" Dr. A. A. Lovett, Eaton, Ohio, "Saving the Perineum;" Dr. T. L. Laughlin, Dayton, Ohio, "Pasteurized vs. Raw Milk;" Dr. Harry T. Miller, Springfield, Ohio, "Conservative Surgery;" Dr. S. J. D. Meade, Cincinnati, Ohio, "Report on Clinical Cases;"

Digitized by Google

Dr. Ralph Reed, Hyde Park, Cincinnati, and Dr. J. R. McCleary, Cincinnati, were elected to membership. The secretary read a call to action from Dr. Thomas M. Stewart, of Cincinnati, in which the doctor urged concerted action to make the next State society meeting at Dayton a success in every way.

The following officers received the unanimous ballot of the society: Dr. Frank W. Murphy, Dayton, Ohio, President; Dr. Charles Hoyt, Chillicothe, Ohio, Vice-President; Dr. H. W. Dickinson, Dayton, Ohio, Treasurer, and Dr. W. Webster Ensey, Dayton, Ohio, Secretary. Censors—Dr. Mark Pardee, Franklin, Ohio; Dr. J. E. Welliver, Dayton, Ohio, and Dr. R. B. House, Springfield, Ohio. Executive Committee—Dr. H. J. Guy, Dayton, Ohio; Dr. Frank Webster, Dayton, Ohio, and Dr. J. M. Wine, Dayton, Ohio. Legislative Committee—Dr. J. W. Means, Troy, Ohio; Dr. M. P. Hunt, Columbus, Ohio, and Dr. H. E. Beebe, Sidney, Ohio.

It was decided to hold the spring meeting jointly with the Ohio State Society, and to present two papers to be incorporated in the State Society program.

W. WEBSTER ENSEY, M.D., Secretary.

New York State Meeting—The forty-sixth annual meeting of the Homœopathic Medical Society of the State of New York will be held at the Ten Eyck Hotel, Albany, N. Y., February 11 and 12, 1908. The meeting will convene at 10 o'clock on Tuesday, and adjourn in time for the members to take the afternoon train home on Wednesday afternoon. As there is no exciting legislation in sight or likely to be before that time, the business of the annual meeting will be quickly disposed of so that most of the session can be devoted to the reading and discussion of papers. There will be at least twenty-five papers presented, many of which are now in course of preparation. There will be a banquet at the Ten Eyck on the evening of the 11th, upon which the local committee are now finishing the details. Several distinguished guests from outside of the State will be present and discuss papers in the various bureaus.

A Good Record—Another year, and the seventeenth, has passed, and a good report from Dr. Givens' Sanitarium for Nervous and Mental Diseases, at Stamford, Conn., is at hand. Additional cottages have been added and the treatment rooms enlarged, so that increased facilities are provided for electric, hydro-therapeutic and other modern methods of treatment. The number of patients admitted during the past year, and the number sent home well, has been greater than at any time during the history of the sanitarium.

W. P. Saunders Company, of Philadelphia and London, have issued another revised edition of their illustrated catalogue of medical and surgical books. Since the issuance of the last edition, six months ago, the publishers have placed on the market some twenty-five new books and new editions. A copy will be sent to any physician upon request.

Certain general principles of treatment, as good sanitation, suitable diet and thorough elimination, are indispensable to every system of medicine. We shall get better results from our indicated remedies if we use Alkalithia in all our cases showing scanty elimination of the urinary solids.

Washington Homœopathic Medical Society—The tenth annual meeting was held at the Hotel Shoreham on December 13 and 14. On Friday evening the subject for the session was "Arterio-Sclerosis," the following contributing: "Etiology, Pathology,"

Digitized by Google

Gregg Custis Birdsall, M.D.; "Symptomatology, Differential Diagnosis," H. H. Hawxhurst, M.D.; "Characteristics as Applied to Surgery," T. L. MacDonald, M.D.; "Characteristics as Applied to the Eye," Wm. Rufus King, M.D., and "Treatment," Richard Kingsman, M.D. John S. Stearns, M.D.; H. W. Woodward, M.D.; G. W. Emery, M.D., and A. K. P. Harvey, M.D., took part in the discussion. On Saturday evening, in the banquet hall, the program was as follows: Call to order by the president; introductory, L. B. Swormstedt, M.D.; "When Shall the Heart Be 'Treated?' A Fragmentary Consideration of Some 'Home-Made' Basic Principles of Cardiac Therapeusis," Edward R. Snader, M.D., professor of theory and practice, Hahnemann Medical College, Philadelphia; introductory, J. B. Gregg Custis, M.D.; "The Diagnosis and Treatment of Tuberculosis: Old Methods and New," George Frederick Laidlaw, M.D., professor of theory and practice, New York Homœopathic Medical College. At the conclusion of the discussion those present lingered for a social hour, while a buffet lunch was served.

Homœopathic Hospitals in New Jersey—At the semi-annual meeting of the New Jersey State Homœopathic Medical Society a number of informal reports were given from various hospitals. While not complete, as there was no preparation beforehand, yet they show what is being done in New Jersey.

ANN MAY MEMORIAL—Dr. B. H. Garrison reported: "I would like to report that we have a hospital at Spring Lake, the Ann May Memorial Hospital. It has had a very busy summer, caring for anywhere from 30 to 35 patients during the month of August and at least 20 patients during the month of July. It is a very fine institution, equipped for nearly every kind of work, and, of course, in the summertime we take care of a great many of the summer residents. Taking into consideration the work we did last year, this year has gone way ahead, and we are trying to improve it all the time and hope to report more work than we have had this year. The institution has now been running two years."

CAMDEN HOMŒOPATHIC—Dr. E. M. Howard, of Camden, reported: "We have a hospital in Camden that is a growing institution and we think is one that has in it the germs of progress, and that some day the State will be proud of it. We are not very proud of the building now, but we are proud of the work we are doing there. The dispensary work is exceedingly large."

ATLANTIC CITY EMERGENCY—Dr. J. T. Beckwith, of Atlantic City, said: "We have an Emergency Hospital on the beach. Last year on the beach we had four fully-equipped hospitals, which took care of 917 cases."

ESSEX COUNTY HOMŒOPATHIC—Dr. Wintsch, of Newark, reported: "We have a hospital in Newark of 26 beds and have had a very prosperous year. We claim our operating outfit is the most complete of any hospital in the State. We had 284 operations performed last year and have had every kind of an operation that you could think of. The institution is a growing one. We have an endowment fund of $25,000 and as soon as our building fund is increased to $100,000 we hope to erect a new building. The grounds we are now occupying are 80 x 200 feet. We own all our ground and do not have to rent. I think our hospital is known by every one in the City of Newark. We are going to try and show the poor of Newark what a homœopathic hospital will do for them"

Digitized by Google

ST. MARY'S—Dr. Alfred Drury reported on St. Mary's Hospital, of Passaic: "It was through Doctors Church and DeBaun that this well-equipped hospital came under homœopathic control. The Sisters who manage the business interests—the medical interests being exclusively under homœopathic control—became dissatisfied with the old school staff and a few years ago asked Dr. Church to choose a staff. There are a number of good private rooms, which give a capacity, together with the wards, of about 50 beds. There is a well-equipped operating room."

MCKINLEY MEMORIAL—Dr. Atkinson, of Trenton, reported: "We have a McKinley Memorial Hospital which is one of the oldest in the city and more is expected of it than any of the rest in the city. We are renewing ourselves once more, and have started to grow again. We have a hospital of about 75 beds and a dispensary which handles about 6,000 cases a year, and I think we have a lower death rate than any other hospital in Trenton. It is not under religious control and is the first one to which doctors bring their private patients, and of that privilege they have availed themselves very largely. A doctor wishing to attend a private patient there may do so. A private patient is one who pays $5.00 a week or more. No one has a bad word for us except a few of the members of the old school."

Cleaner Streets—New Yorkers often have a good deal in the want of cleanliness of their streets about which to properly complain. Last year, and well into this season, the conditions were simply beyond good-tempered description; but since a distinguished member of our profession, who had previously done good work as a member of the Board of Health—Dr. Walter Bensel, has been made Commissioner of Street Cleaning, say for the past three or four months—New York has been a fairly clean city. Just how much we all suffered from the previous filthy conditions which had existed to a greater or less extent since the days of Waring, we cannot say; but we all know that the limit of uncomfortableness both for walking or driving, had been reached when Dr. Bensel was appointed to his present position. We cannot expect the present Commissioner to devote his life to his present work, but we may hope that he will succeed in convincing our authorities that street cleaning is actually a simple art that may easily be learned, with an intelligent and honest head to see that not only is the dirt removed, but that the removal is sufficiently frequent to prevent great accumulation anywhere. The battle with dirt is always on, and should be constantly fought to a finish.—*The Post-Graduate.*

Improvements at the Massachusetts Hospital—The four operating rooms now completed upon the fourth floor of the surgical wing of the Massachusetts Homœopathic Hospital have been named as follows: H. L. Pierce Amphitheatre, I. T. Talbot Operating Room, Bertram Operating Room and South Operating Room. These, in addition to three rooms for anesthesia, three dressing rooms, one instrument room, one X-ray room, one lecture room, one recovery room, one consultation room and one dining room, make the facilities of this part of the hospital as good as possible in the existing building and equalled by few others in the country.—*New England Medical Gazette.*

"International Homœopathic Review" is the department title in NORTH AMERICAN JOURNAL OF HOMŒOPATHY, conducted by P. W. Shedd, MD., which is one of the most interesting of the many interesting features connected with that publication.—*The Critique.*

Book Reviews

Laboratory Guide for the Modeling of the Human Bones in Clay. By V. P. Blair, A.M., M.D., Associate Professor of Anatomy, Medical Department, Washington University, St. Louis, Mo.

This pamphlet develops a most excellent method of learning anatomy if the teacher be an expert and the student have some ability. Whether the time which would seem necessary to do anatomy this way might not be better spent in—say, philosophy—will bring in the personal equation of the teacher.

Thomas Skinner, M.D. A Biographical Sketch. By Dr. John H. Clarke. London: Homœopathic Publishing Company, 12, Warwick Lane, E. C. 93 pp.

Dr. Clarke has written a brief, inspiriting, lovable biography of Dr. Skinner, the veteran British homœopath, who was brought up and educated in the old school, with Sir James Simpson as perceptor. Some philanthropist might present copies of the book (2 shillings) to some junior or senior classes in medicine to their profit and inspiration—and it is good reading for us all.

The Elements of Homoeopathic Theory, Materia Medica, Practice and Pharmacy. Compiled and arranged from Homoeopathic Text-Books by Dr. F. A. Boericke and E. P. Anshutz. Second revised edition. 218 pages. Cloth, $1 net; potage, 5 cents. Philadelphia: Boericke & Tafel. 1907.

This compilation has come to a second edition and advantage has been taken to make a few additions and put some of the headings in a type that makes them stand out. Possibly because the book is a compilation from different authors, we find camphora strongly recommended for incipient colds, on page 48, and spoken of as being of doubtful value in the same condition on page 140. The book is a good one to present to a confrère in the dominant school who expresses an interest in the elements of homœopathy.

Therapeutics of Vibration. The Healing of the Sick an Exact Science. By Wm. Lawrence Woodruff, M.D., cloth, 144 pp. J. F. Elwell Publishing Co., 247 South Broadway, Los Angeles, Calif.

Dr Woodruff, on the basis of the electron theory, attempts to construct a system of vibration-therapy based on the electrical status of the economy. He pleads for a scientific method for accurately measuring human voltage and cell vibration so that by numerous tests normal voltage and cell-vibration could be ascertained. This desideratum having been achieved disease can be electrically tested and diagnosed and positive or negative electrons added depending on the case and voltage guaged and presto! health must be the inevitable outcome. In lieu of this exact method, Dr. Woodruff substitutes the static machine with varying voltage for adding either a negative or positive charge to his patients, his experience teaching him that positive electrons are usually deficient in disease. When the negative charging is employed he always restores control of the positive electrons by a final positive charge. The role of sulphur as an intercurrent—a negative electron cell-food is shown—and homœopathy is claimed to be applied electron tissue or cell supply therapy, the similimum furnishing the negative or positive electrons or vibrations demanded for normal cell equilibrium.

Dr. Woodruff cites the Prophet Isaiah, Hawley's Goat Lymph, and the Leucodescent Lamp and in his summary delivers an eloquent eulogy to the memory of Samuel Hahnemann, whose principles he maintains, are, after one hundred years, being scientifically verified.

Digitized by Google

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.

NEW YORK NEWS

DR. I. H. FORES has recently returned from an enjoyable trip to Cuba.

DR. AND MRS. PHILIP COOK THOMAS are rightly proud of a typical ten-pound American boy which the stork brought them a few days ago.

THE DANCE held by the nurses of Flower Hospital was a success. The money will be used to endow a bed in the hospital.

DR. and MRS. E. H. PORTER, DR. and MRS. H. P. COLE and DR. HILLS COLE spent the week between Christmas and New Year at the Chalfonte, Atlantic City.

THE NEW YORK COUNTY SOCIETY met in Genealogical Hall, 226 W. 58th Street, Thursday evening, January 9, 1908.

The retiring president, Dr. Mills addressed the meeting, as did the incoming president, Dr. Laidlaw. Both addresses were most interesting.

Dr. John Hutchinson, chairman of the Committee on Materia Medica and Therapeutics, had arranged a discussion of the medical treatment of the present epidemic of la grippe, in which several members of the society took part, the discussion being opened by Drs. Pierce and Janett.

MATERIA MEDICA SOCIETY—Owing to the date of the meeting of the Materia Medica Society falling on December 25th, the meeting for that month was not held.

THE ACADEMY OF PATHOLOGICAL SCIENCE held its regular monthly meeting on Friday evening, December 27th, at 8:30 P. M. The society was entertained by Drs. Boyle, Buchanan, Cocheu, Dawleys, Gaines, Kaufman, Shepard, Sleght, Sloat, Turner and Whitney, at The Royalton, 44 West 44th Street. The program included Korsakoff's Syndrome in Multiple Neuritis (presentation of patient), Reeve Turner, M.D.; Malformation of the Maxillary Bones in relation to the Nasal Cavity, Plaster Casts, Photographs, and Mechanical Apparatus, Fred Bush, D.D.S. (invited); Trau-

Digitized by Google

matic Appendicitis, John H. Schell, M.D.; Corpus Alienum Vesicæ, B. G. Carleton, M.D.

The officers nominated for 1908 are: President, Ralph A. Stewart, M.D., New York City; Vice-President, John Frances Ranken, M.D., Brooklyn; Corresponding Secretary and Treasurer, L. F. Cocheu, M.D.; Recording Secretary, James E. Tytler, M.D., New York City; Pathologist, Harrison G. Sloat, M.D., New York City; Curator, H. G. Keith, M.D., Yonkers, N. Y.

—Reeve Turner, M.D.

BOSTON ITEMS

Massachusetts Surgical and Gynecological Society—The thirty-first annual meeting of the Massachusetts Surgical and Gynecological Society was held on the afternoon and evening of December 11, 1907, at Beckton Hall, American Legion of Honor building, 200 Huntington avenue, Boston. The place of meeting was an innovation as the society has always heretofore meet in one of the up-town hotels.

The president, Frank A. Gardner, M.D., conducted the business meeting. Three new members were admitted to the society and the following staff of officers for the ensuing year was declared elected: president, Edgar A. Fisher, Worcester; vice-presidents, Charles T. Howard, Boston, Mary A. Dakeman, Salem; general secretary, Frederick W. Colbwin, Boston; associate secretary, Herbert H. Boyd, Boston; treasurer, Isabel G. Weston, Wellesley; auditor, Walter H. Flanders, Melrose; censors, Stephen H. Blodgett, Boston. Amelia Burroughs, Boston, John A. Hunt, Taunton.

Following the business session, occurred the report of the Bureau of Gynecology. Dr. Willard A. Paul, chairman, which constituted the scientific session. A good program was presented as follows: 1. "The end results of conservative operations upon the uterus and adnexa," Dr. Nath. W. Emerson. 2. "Local and mechanical treatment in Gynecology," Dr. Lucy Barney-Hall. 3. "The use of medicine locally with the high frequency current in gynecology," Dr. George E. Percy. 4. "The neurologist in gynecology," Dr. Edward P. Colby.

At the close of the business session, dinner was served at seven o'clock in Aldwych Hall by caterer E. J. Seiler. Music was given at intervals during the banquet by the Salem Light Infantry Mandolin club and Miss Isabel Stevens, vocal soloist. After dinner, the president, Dr. Frank A. Gardner gave the annual address. The meeting adjourned at 10 P. M.—Grace E. Cross, M.D.

Boston Homœopathic Medical Society—The annual meeting and Ladies' Night of the Boston Homœopathic Medical Society was held on the evening of January 2, 1908, at the Boston University School of Medicine, Concord Street.

There was a short business meeting during which was announced the election of the following officers for the coming year: president, J. Arnold Rockwell; vice-presidents, B. T. Loring, Mary L. Lakeman; secretary, O. R. Chadwell; associate secretary, W.

Digitized by Google

A. Ham; treasurer, Alonzo G. Howard; auditor, Conrad Smith; censors, S. H. Calderwood, W. M. Wood, N. H. Houghton. Music was furnished during the evening be the Harvard Male Quartette who have delighted the society and their friends on several previous occasions.

Dr. S. H. Calderwood, the retiring president, gave the annual address. This was brief but interesting and considered in Dr. Calderwood's own quiet but incisive way, certain hygienic conditions of the day which stand much in need of correction, and urged the physicians present to do their share of the duty devolving upon the medical profession in remedying these matters.

Following Dr. Calderwood's address, Dr. Horace Packard spoke a few words in eulogy of the very successful administration just closed and moved a rising vote of commendation to the retiring president and the executive committee, whose earnest efforts have made possible the attractive programmes of the past year.

Following adjournment, light refreshments were served and a social hour enjoyed in the physiological laboratory.—DR. GRACE E. CROSS.

CHICAGO ITEMS

DR. WILLIAM GALE FRENCH is located at Brook, Id.

DR. AND MRS. HOWARD R. CHISLETT are spending the winter months in the delightful climate of California. They expect to return early in February.

DR. JESSIE F. SHEARS, 2911 Prairie avenue, is quite in demand as an essayist, having recently appeared before the State Federation of Women's Clubs of Wisconsin and several other similar organizations. "The Beauties and Privileges of Club Membership" is the topic of a paper Dr. Shears will read before the Evanston Woman's Club the latter part of January.

HAHNEMANN COLLEGE opened promptly the second day of January, after the Christmas vacation. One of the features of the coming semester is the formation of quiz classes for the seniors to review their freshman, junior and sophomore work. This will enable them to appear before their respective examining boards with the work of the earlier years freshly before them. The lectures by Prof. J. T. Kent on materia medica are particularly well received by the students. This department is especially strong, including Professors Blackwood and A. E. Taylor, of Watertown, Ill., Drs. Warne, Moth, Cameron, Hullhorst, Baker and Grimmer.

MEDICAL MATTERS are assuming prominence before the various lay societies. The subject of tuberculosis is being exploited on all sides. At the Commercial Club dinner, January 11th, the addresses at least will be in the hands of the doctors, and four are as follows: "The Principles of Infection," "The Social Aspect of Tuberculosis," "Tuberculosis in the Cook County Hospital and How It is Managed," and "What Ought the Health Department in Chicago to do?" This is the 200th meeting of this club. The same subject is being brought up before many organizations, social settlement houses, and even in many of the church organizations. A persistent campaign for the purpose of educating the people is

Digitized by Google

actively in progress.

THE AFTER-DINNER CLUB held its regular monthly meeting at No. 6 East Madison street, Thursday, December 19th, at 6 P. M. "Anesthesia in Obstetrics" was the topic discussed and was of great practical interest to all present. The session adjourned at 8:20, to meet with the Chicago Homœopathic Medical Society.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY—in affiliation with the Clinical Society of Hahnemann Hospital, the Englewood Homœopathic Medical Society and the West Side branch of the C. H. M. S.—met at the Chicago Public Library Building, Randolph Street and Michigan Avenue, Thursday, December 19th, at 8:30 P. M. A special public educational program was in store for "all lovers of Nature's gifts," who availed themselves of the welcome invitation so freely extended by this society. There was first an illustrated stereopticon lecture by Dr. Charles F. Millspaugh, Curator of Botany, Field Museum of Natural History, on "The Wild Flowers that Grow About Chicago," and this was followed by a lecture by our Dr. A. L. Blackwood, of the Board of Education, on "The Medical and Poisonous Effects of Certain Plants Growing About Chicago." The attendance was large and most appreciative.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY, holding its meetings the first Tuesday in each month at 8 P. M., convened in the Chicago Public Library Building January 7th, 1908, presenting the following program:

General Topic—"The Vaccination Problem," by George F. Dienst, of Naperville, Ill.

Topic—"Is Vaccination the Most Safe and Efficient Method of Preventing Smallpox?" by Dr. Charles W. Eaton, of Des Moines, Iowa.

General discussion followed each address. Early in the winter several indignation meetings were held by citizens, as an expression of protest against compulsory vaccination in the public schools and also among employees of large firms. Dr. G. P. Waring was very active in these meetings. A number of the homœopathic profession seriously object to the compulsory use of the crude-poisonous-bovine virus commonly used in vaccination, because it is dangerous, and advocate the use of the non-poisonous remedies which have proven more successful than the old method. The courts in the State of Iowa have sustained homœopaths in their right to practise medicine consistent with their profession and the same contest is about to be made in Chicago.

DURING A RECENT VISIT to the Crerar Library it was interesting to glance through a conspicuously-placed file of the "Leipziger Populare Zeitschrift fur Homœopathie," and of still greater interest to note in the issue of October, 1907, an article entitled "Einige Magenmittel," von W. B. Hinsdale, M.D., Ann Arbor, Mich. This brought to mind a resumé of the development of American literature given by Prof. Earle Sparks, of the University of Chicago, as follows: First, the writings relating to the early struggles for existence; second, the writings relating to friendly relationship; and third, the more finished and complete writings which give evidence of our having become established in the new country and having attained a more unified condition which marks prosperity. As members of the homœopathic profession, it might

Digitized by Google

not be amiss to pause and consider to which of these periods do we, individually and collectively, correspond? How refreshing it will be—if ever?—when the minor questions, from which some seem unable to transfer their attention, and strife for society superiority will give place to a united profession, in order that we may not only be at peace among ourselves, but that we may have time to exchange in a more regular and liberal way with our fraternal societies in other climes, thereby strengthening the cause and hastening the day when the true scientific principles shall prevail!

—CHRISTINE BERGOLTH, M.D.

Recoveries from Inoperable Carcinoma—Dr. Horace Packard, 470 Commonwealth Avenue, Boston, Mass., desires information regarding any alleged recoveries or cures of inoperable or recurrent carcinoma of the mammary gland.

If any case or cases are known to anyone who reads this appeal and can be authenticated by facts as to the history and condition prior to recovery and the length of time which has elapsed since recovery, such information will be much appreciated and duly acknowledged.

Any well-authenticated reports of recoveries from carcinoma located in other than the mammary gland will be welcomed.

Cancer paste cures, X-ray cures, radium cures, or cures as result of surgical operation are not wanted. Hearsay cases are not wanted unless accompanied by name and address of person who may give knowledge first hand.

An Opening in New York State—The widow of a homœopathic physician at Union Springs, N. Y., states that there is a most excellent opening for a capable homœopathic physician willing to locate in this beautiful town on the shores of Cayuga Lake.

Educational Conference—The committee on "Medical College Inspection and Classification" held an adjourned meeting as per announcement previously made, at the Auditorium, Chicago, December 19, 1907.

Chairman B. D. Harrison called the meeting to order at 11 A. M., with Drs. H. E. Beebe, W. A. Spurgeon and J. V. Stevens, members of the committee, present, Dr. A. N. Hamel, the remaining member of the committee, being absent.

Drs. Geo. Royal, of Iowa, and W. A. Dewey, Mich., represented the Council on Medical Education of the American Institute of Homœopathy; E. B. Shewman, of Indiana, and W. N. Mundy, of Ohio, the Council of the National Eclectic Medical Association; J. J. Baker and E. H. Haggard, of Indiana; A. Nyland, of Michigan; R. O. Braswell, of Texas; N. L. Johnson, W. A. Hadley, J. C. McCandless and F. J. Russ, of Chicago, the Council of the American Association of Physico-Medical P. and S.; A. D. Devan and N. P. Colwell, the Council of the American Medical Association, and Drs. Ward, of Nebraska, and F. C. Zapffe, of Chicago, the Association of American Medical Colleges, and Dr. J. C. Scudder, of Ohio, the Association of Eclectic Medical Colleges, and President W. L. Bryan, of the State University of Indiana, representing the committee on "Medical Education of the National Association of State Universities," and Dr. L. A. Thomas, secretary of the Iowa State Board, were present, besides Drs. C. J. Lewis, J. D. Robertson, N. C. Allen, Rogers and J. T. McBride, of Chicago.

As a result of the meeting's deliberations, the following revised inspection schedule was adopted:

Digitized by Google

1. General success before the State Medical Examining Boards of only those who have graduated since examinations in the individual States have been obligatory upon all candidates for licensure. Those States that require examination in materia medica and therapeutics should entitle the candidate, and hence his college, to a better rating than those States where examination in those branches is not required. Individual students failing more than once in the same State, or in two different States, should not discredit their college with more than one failure. State boards are urged to require each applicant for license to certify to every examination before State boards that he may have taken, stating name of the board and the result in each instance. Five counts.

2. The question of requirement and enforcement of a satisfactory preliminary education. This is to be a four years' high school education, or its equivalent. In case the student should not enter on a diploma from a high school that this examination be conducted by the Council of Medical Education of his State, or some similar body, and that the examination papers be kept on file in the office of the secretary of the medical faculty for inspection by the State Examining Board. Fifteen counts.

3. The character and extent of the college curriculum. That provided by the National Association of the School of Medicine which the college represents, to be taken as a standard, modified by the law of the State wherein the college is located. At least forty months should have elapsed between the dates of matriculation and graduation. Fifteen counts.

4. The medical school buildings. The buildings should be sanitary and commodious, allowing ample space, according to the size of classes, for laboratories, amphitheatres, examining and recitation rooms. Five counts.

5. Laboratory facilities and instruction. Ample laboratory facilities and apparatus, according to size of classes, should be provided for the work in the following subjects: Anatomy (including histology and embryology), Physiology, Pharmacology (including drug pathogenesy), Bacteriology and Pathology. Those to be in charge of trained men. Fifteen counts.

6. Dispensary facilities and instruction. The dispensary material available should be in proportion of 100 patients per year to each senior student. Should a patient be presented to the entire senior class or part thereof, it should count one for each student present. The main dispensary should be under the control of the college. Five counts.

7. Hospital facilities and instruction. Hospital standard to be access to and constant use of one bed for each member of the senior class during the year. Fifteen counts.

8. Extent which the school devotes to experimental research in the varied fields of medicine and allied sciences, especially in therapeutic research and the development of drug therapeutics and the methods of teaching experimental drug pathogenesy. Fifteen counts.

9. To what extent does the commercial or scientific spirit dominate with reference to the various chairs, and in the institution as a whole, also extent to which members of the faculty devote their time to teaching. The published requirements of the college should be scrupulously observed, and a complete list of the matriculates published each year. Five counts.

Digitized by Google

10. Supplementary facilities, such as library, charts, electrical apparatus, models, museum, etc., judged according to conditions and use of same by the teaching corps and students. The library should have at least 500 volumes, including modern textbooks and chief periodicals of the school of medicine to which the college belongs. The museum should be kept up to date and specimens properly labeled and indexed. Five counts.

The Red Cross—It would seem that the American National Red Cross has undertaken a somewhat difficult problem in attempting to limit the use of the well-known Red Cross to the medical departments of the army and navy and the authorized volunteer aid society of the government. This familiar emblem has been adopted by hospitals and is a characteristic part of the insignia of many, if not all, medical colleges. It sometimes appears as a part of the trade mark on physicians' supplies. And now that the old "Doctor's buggy" is being replaced by the automobile, many of the profession are having this "ethical advertising sign" imprinted upon their machines. However, the Red Cross Association is right in requesting that the use of the emblem be abandoned by hospitals, health departments, institutions, business firms and corporations. By international agreement, as far back as 1864, in the treaty of Geneva, the red cross was adopted as the emblem of the medical and sanitary departments of the army and navy. Under this standard, fearless and loyal laborers have gained for it merited distinction. Surely they have the right to the exclusive use of their adopted emblem. The association suggests that a green cross be substituted for use as a "Hospital Cross" by the hospitals, health departments and institutions not under government or Association control. Its use by business houses would seem to have no more sanction than the use of the American flag for trade purposes. Let us all co-operate to keep this emblem of beneficence sacred to its original purpose.

Training in Medical Orgainzation—The students of the University of Pennsylvania Medical School have formed an organization the purpose of which is to acquaint the undergraduates with the workings of the American Medical Association after which it is very closely modeled. The various student societies take the place of the State organization and elect members to a House of Delegates which transacts all the business of the association. An annual meeting is held at which papers are read by chosen members thus encouraging original research and a scientific spirit. The organization is named the Undergraduate Medical Association of the University of Pennsylvania and already has over two hundred and fifty members.

New York State Medical Library—The attention of the New York State readers of the NORTH AMERICAN is called to the fact that data for scientific papers, etc., can be procured from the State Public Library at the Capitol in Albany. The Medical Librarian, Miss Ada Bunnell, B.L.S., will gladly furnish a list of the best articles and books on any desired subject. Books are lent to any registered physician in this State on personal application or on a written order, by which full responsibility for books so delivered is assumed. Books will be sent to any part of the State provided that such precautions be taken in packing as to guard against any probability of injury in transportation, and that the State Medical

Digitized by Google

Library shall not pay postage or express either way. Books must be returned or renewed at the end of two weeks. Books can also be borrowed from the Library of the Surgeon General's office, Washington, D. C., through the State Medical Library or any other public library by paying express charges both ways. These books may be kept two weeks.

Physicians having copies of medical journals or books for which they have no further use are requested to place them at the disposal of the New York State Medical Library.

Editorial Amenities—Here is our esteemed friend Fyfe, of the *Eclectic Medical Review*, jumping on the allopaths because they have just "discovered" that belladonna is a prophylactic for scarlet fever. Dr. Fyfe then goes on to say that "more than forty years ago the late Prof. J. M. Scudder published these facts substantially as given above." It might also be added that one Dr. Samuel Hahnemann published the identical facts before Dr. Scudder was born. The allopaths of his day raged at him for his announcement of the prophylactic properties of belladonna in scarlet fever, and today they have "discovered" it. " 'Tis a quare wourld, Hennissy."—*Homœopathic Recorder.*

Some good homœopathic friend, in sending me the foregoing extract, incidentally remarks that some of our best eclectic indications for drugs came from homœopathic sources. Why, bless his dear soul, of course they did, and that is one of our greatest reasons for being so fond of our homœopathic brethren! Well, truly, as Mr. Dooley has often remarked, " 'Tis a quare wourld, Hennissy.—*Eclectic Medical Review.*

Medical Men Lower Rates—The thanks of the physicians of Chicago are due to the committee of the Chicago Medical, Chicago Homœopathic and Chicago Eclectic societies, who, after much hard work, obtained the reduced rates of telephones to physicians which the new ordinance gives. The former flat-rate service classed physicians' houses as business institutions, charging them $125 per year; the new rate lists them as private residences at $72 per year. The members of the committee from the Chicago Homœopathic Medical Society were Drs. Frank Wieland, E. M. Bruce and G. M. McBean. —*The Clinique.*

Indican Color Scale.— Appreciating the diagnostic and clinical importance of the presence of an undue proportion of indoxyl-potassium sulphate (indican) in the urine and believing that anything that will be of practical assistance to the physician in the detection of same will be welcomed by the profession at large, the manufacturers of chologestin have prepared a color scale, graphically illustrating the gradation of color produced in the urine in varying degrees of indicanuria, as the result of the application of the most approved test, which is also fully described. A full and complete interpretation of the reactions accompanies the chart, which is an accurate reproduction, in colors, of actual specimens. The scale is issued on heavy paper, in portfolio form, so that the physician may preserve same for reference. As the edition is limited, the physician who desires a copy should write for same at once to F. H. Strong Company, 58 Warren Street, New York.

Glyco-Heroin (Smith), as a respiratory sedative, is said to be decidedly superior to the preparations of opium, morphine, codeine and other narcotics, as it is devoid of the toxic or depressing

Digitized by Google

effects, which characterize the latter, when given in doses sufficient to reduce the reflex irritability of the bronchial, tracheal and laryngeal mucous membranes.

Eskay's Mercuricide Powder—A dry dressing for body-surfaces or wounds possessing many advantages over iodoform or similar compounds. It contains one part of mercuric iodide as lithiomercuric iodide in 1,000 parts of aluminum silicate of the highest purity and is odorized with thymol. It is a desiccant, germicide and alterative. It absorbs serous exudates and renders them aseptic, reduces local inflammation and promotes cicatrization. It is marketed in bottles, holding three ounces of powder, with nickel perforated tops.

Pepto-Mangan has a great advantage over other forms of iron medication in that it does not constipate. Girls at puberty, however, are notoriously prone to constipation. Therefore, this should receive proper attention, chiefly in the regulation of diet, including a sufficient amount of fruit, raw and cooked, and of cereals giving a large residue of cellulose.

Uterine Tonic—In scanty and irregular menstruation Ergoapiol (Smith), owing to its tonic effect upon the uterus, will often re-establish the regular cycle of menstrual periods. It is to be used in such cases, both between and during the periods.

Dr. Deschambault says: I have been using your preparation "Anasarcin Tablets" during the last four years. With this drug I have treated cases of dropsy caused by heart, renal and hepatic diseases, and I do not hesitate to declare that, in my opinion, no matter what is the cause of dropsy, anasarcin, if properly used, will produce results which cause great satisfaction to patients and to doctors as well.

Remember that the Dripping of the Urine in adult life usually denotes the overflow of a distended bladder, possibly occasioned by muscular relaxation of bladder or the commencement of hypertrophy of the prostate. Sanmetto is often of benefit in this condition.

What is Fango? Fango is a volcanic mud imported from Battaglia, Italy, and contains iron, magnesia, lime, alkalies and phosphates, sulphuric and carbonic acids. It is applied hot and has been found to be particularly useful in all forms of rheumatism, arthritis deformans, gout, neuralgia and neuritis. Physicians desiring such treatments for their patients are recommended to apply to the Fango Institute of New York, 69-71 West 90th Street.

Dr. Stephen L. Strickler of Boggstown, Indiana, favorably comments on the action of cactina pillets as follows: "I have used cactina pillets for ten years and can say they are more to be relied on than most anything in medicine that I know. They surely must be made of the drug gathered at the most favorable time of the year, because the cactus you buy on the market is not reliable."

The Treatment of Alcoholism—The treatment of alcoholism often requires the use of vigorous tonics, and many physicians think that none will give more satisfactory or prompt results than Gray's Glycerine Tonic Comp.

La Grippe is toxemic as well as infectious. Supplement specific treatment by alkalithia in teaspoonful doses every four hours and you will modify the severity and shorten the course of the disease.

Digitized by Google

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.

Dr. O. B. BLACKMAN, Dixon, Iillinois, is making as complete a collection as possible of American homœopathic literature and would like to secure the NORTH AMERICAN, Vol. 18, No. 2., Nov. 1869, and Vol. 23, Nov. 1874. Readers who have old copies of any homœopathic journals which they are willing to dispose of should get in touch with Dr. Blackman.

THE NORTH AMERICAN acknowledges with thanks the receipt of a handsomely illustrated brochure entitled "Loitering in Europe." It is an entertaining account of Dr. H. F. Biggar's trip in the summer of 1885, in company with Mr. J. H. Wade, Col. Wm. Edwards and Senator H. B. Payne.

The POONGTAING CLUB, members, Drs. G. C. Birdsall, L. F. Cocheu, L. R. Kaufmann, M. W. McDuffie, P. W. Shedd, G. H. Taylor, R. L. Wood, held a regular meeting January 21, at the Faust restaurant. The subject of discussion was the welfare of the College.

DR. LEON VANNIER, Paris, France, (190 Boulevard Haussmann), consulting physician to the hospital Saint Jacques, has been recently elected to the secretaryship of the Société Française d'Homœopathie, which carries with it the editorship of the *Revue Française*. The NORTH AMERICAN congratulates both Dr. Vannier and the *Revue* which has so long been in the van of French homœotherapeusis. Dr. Vannier, who is particularly interested in materia medica, and a number of his drug studies have appeared in the International Review and the Library of Homœopathic Classics, is preparing an article especially for the NORTH AMERICAN, which will appear in an early issue.

DR. J. H. HENSLEY, of Oklahoma City, writes to the NORTH AMERICAN:

"I am very sorry indeed I am to be deprived of entertaining the Institute this year. Fate seems to be against me! I fought hard at Atlantic City, and again at Jamestown, and when the vote was made unanimous at Jamestown to come to Oklahoma City I supposed it was settled for good. I had no more than reached home before the rumblings were heard, and I was warned by friends to be on the look out. I never gave much heed to them, thinking the skies were clear. When the committee met here, on the 29th and 30th of De-

Digitized by Google

cember, they never mentioned they had any thought of making the change. You can imagine my surprise when notified, after their meeting at Cleveland, Ohio, on the 8th of January, that the place of meeting had been changed from Oklahoma City to Kansas City. I cannot imagine what caused the change of heart. There must have been some strong influence to bear—you know the power was vested in the Executive Committee by the delegates at Jamestown to change place of meeting if they thought it advisable. I think the members of the committee all honorable men, and men who have the welfare of the Institute at heart, and that they acted with conscientious motives; but I must say I differ with their judgment under the circumstances in making the change.

In many respects. Kansas City is a more desirable place to hold the Convention. Yet they had the privilege of asking for it at the Jamestown Convention, and if they had been in the field I am disposed to think they would have had me supporting them; but instead, they were using their influence for Oklahoma City. Now they get the honors and Oklahoma is humiliated by results.

I am very sure the profession in Kansas City had nothing to do in prevailing on the committee to make the change. I have great respect for the Kansas City doctors; they are a united band of competent workers and have been an honor to our profession in their progressive city and done very much in giving homœopathy standing in the West and Southwest.

The National Lumbermen's Association, The National Press Association, The National Farmer's Association, The Tri-Medical and Bankers Association of Oklahoma, Texas and Arkansas, The National Firemen's Association can all testify to our ability in handling large crowds. But times are hard and Kansas City is nearer medical centers and no doubt will draw larger numbers to the meeting this year.

I realize it would be no credit or help to us to have the meetings here and have only a small attendance. In a city of this size it would be noticed more than in a large city, as it would be "the show." Now I am not one of the grumbling kind; nor do I believe I am infallible in my judgment. I cheerfully acquiese in the action of the committee and shall ever be found at my post, battling for homœopathy and the success of the Institute, and for humanity's sake. Kansas City will find no warmer supporter than myself, and the officers of the Institute will ever find me loyal to them. Friends cannot blame me for feeling disappointed; but I shall live in hopes of yet having the pleasure of entertaining the Institute in Oklahoma City.

Let the friends of homœopathy from all quarters gather at Kansas City and make that a meeting in the history of the Institute, long to be remembered.

NEW YORK NEWS

THE ACADEMY OF PATHOLOGICAL SCIENCE was entertained at Royalton, 44 West 44th Street, N. Y. City, Friday Evening, Jan. 24th, by the following members: Drs. Burt, Chase, Coleman, H. P. Cole, Conklin, Dominick, Garrison, Gennerich, Helfrich and E. G. Rankin.

The program was as follows: (1) Spina Bifida, Louis R. Kaufman, M.D.; (2) Pott's Disease and Tubercular Synovitis in the

Digitized by Google

same patient (presentation of patient), H. P. Cole, M.D.; (3) A paper on recent tests and deductions in Urinalyses, by Dr. H. G. Sloat. Dr. Frank E. Caldwell, of 119 Henry Street, Brooklyn, N. Y., was elected a member.

IT GIVES GREAT PLEASURE to be able to announce the marriage of Dr. Marshall William McDuffie to Miss Wilhelmina Kessler Hellmer at Asbury Park, Feb. 5, 1908.

DR. F. GLYNN announced the removal of his office to 35 West 124th Street. Special attention given to anesthesia, urine and blood analysis.

THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY held its regular monthly meeting in the evening of Jan. 22, 1908, at the office of Dr. Harlan P. Cole, 1748 Broadway, N. Y. City.

The two drugs, phosphorus and phosphoric acid were discussed. Almost every member learns something new and practical at each meeting he attends. The following were elected officers for the ensuing year: President, Dr. E. Wilton Brown, of Mt. Kisco; Vice-President, Dr. Reeve Turner, N. Y. City; Secretary, Dr. Guy B. Stearns. Dr. Stearns having made so satisfactory a secretary there was no hesitation in re-electing him.

THE COUNTY SOCIETY held its monthly meeting in Genealogical Hall, 226 West 58th Street, Thursday evening, Feb. 13, 1908.

The Committee on Clinical Medicine, Dr. J. Perry Seward, Chairman, presented a paper on Amebic Dysentery, by Dr. James D. Miller, Attending Physician to Flower Hospital; and Gastric Ulcer, by Dr. J. Perry Seward, Visiting Physician to the Metropolitan and the Laura Franklin Hospitals. Discussed by Dr. W. H. Van den Burg and Dr. W. F. Honan.

Under the head of Pediatrics, Dr. F. K. Hollister, chairman, Dr. W. T. Talbot, Director of Asquam, The Lake School, Holderness, N. H., spoke on Medical Factors in the Training of Boys: (1) Physioligical conditions underlying concentration, attention and morale. laying special stress upon Eating, Sleeping, Breathing, Sports, and Hours of Study—(a) In Fitting Schools. (b) In Summer Schools or Camps.

Materia Medica Discussion: The Prescription for Incipient Phthisis, by Dr. B. B. Clark, Visiting Physician to Laura Franklin and Hahnemann Hospitals, Assistant Visiting Physician to the Metropolitan Hospital. Discussed by Dr. W. S. Mills and Dr. C. H. Young.

Metropolitan Hospital, New York City, with its 1,300 beds, is the largest homœopathic hospital in the world, and presents to its internes unsurpassed opportunity for obtaining experience in every department of medicine and surgery.

Examinations for appointment to the resident staff will be held at the hospital on Friday, April 3, 1908, at 10 A. M., and simultaneously at Chicago, St. Paul, St. Louis and Cleveland. Eighteen vacancies are to be filled for twelve or eighteen months' service, commencing June 1st or Dec. 1st, 1908. Applications for examination, accompanied by three letters of reference, should be sent to Edward P. Swift, Chairman Examining Committee, No. 170 West 88th Street, New York.

Digitized by Google

New York State Society Meeting—One of the most successful presidential administrations was that which came to an end on Wednesday, Feb. 12th, when Dr. H. D. Schenck, of Brooklyn, relinquished the reins of government to his successor, Dr. W. S. Garnsey, at the close of the semi-annual meeting, held in Albany on Feb. 11th and 12th.

An excellent program was prepared for this meeting, and every paper had been written sufficiently long beforehand to allow of its being placed in the hands of the member who should open the discussion; and this added greatly to the interest of the meeting. The banquet, on the evening of Feb. 11th, was, as customary, a social success, there being a good attendance of ladies and gentlemen present. Dr. J. I. Dowling, as toastmaster, got together a number of able speakers. The president made a very able address in which he took the opportunity to endeavor to clear up a good deal of the misunderstanding which exists in some parts of the state, and very largely outside of the state, with regard to the examination board question, showing that the members of the society could not be held responsible in any way for the change from a three-board system to a single-board system.

Dr. W. S. Garnsey was elected president, Dr. Burt B. Clark secretary, and Dr. R. B. Howland treasurer.

In the exhibit room, besides the customary commercial exhibits, was to be found a small part of the travelling tuberculosis exhibition of the New York State Department of Health.

The papers which were read and discussed at the meeting were as follows: Antointoxication in Mental and Nervous Diseases, John T. Greenleaf, M.D.; Two Cases of Tumor of the Cerebral Nervous System, Arthur S. Moore, M.D.; Traumatic Insanity, Frederick Robbins, M.D.; Suggestion, Frederick W. Seward, M.D.; What Constitutes a Homœopathic Prescription, R. C. Grant, M.D.; Results from the Minor Nerve Remedies, Crawford R. Greene, M.D.; Agaricus Muscaris, Charles E. Alliaume, M.D.; Mechanical Vibration in the Treatment of Some Intractable Forms of Disease, George F. Birdsall, M.D.; Serum Diagnosis of Tuberculosis, George F. Laidlaw, M.D.; The Roentgen Ray in Diagnosing Tuberculosis (Illustrated by Lantern Slides), Arthur Holding, M.D.; Ectopic Pregnancy and the General Practitioner, George E. Gorham, M.D.; Procidentia Uteri, John M. Lee, M.D.; Colloid and Cystic Degeneration of Secondary Pelvic Carcinoma, Edward G. Tuttle, M.D.; Radium Therapy, with Special Reference to Gynecological Applications, William H. Dieffenbach, M.D.; Chronic Appendicitis and High Frequency Currents, William Harvey King, M.D.; The Drainage Problem—An Attempt to Solve it, Horace Packard, M.D.; The Relation of Eye Diseases to General Diseases, Charles C. Boyle, M.D.; The Treatment of Glaucoma, John L. Moffat, M.D.; The Sub-cutaneous Septum Operation, W. H. Doane, M.D.; Prevention and Repair of Lacerations of the Perineum, Louis Faust, M.D.; Obstetrical Technique, E. P. Swift, M.D.; Rheumatism in the Child and Adult; Remedies Plus Adjuvant Treatment, William Lathrop Love, M.D.; The Necessity of Educating Mothers, Roy Alfred Page, M.D.; Public Health Problems, Eugene H. Porter, M.D.; Bovine Tuberculosis and its Relation to the Public Health, Bradford Wykcoff Sherwood, M.D.; Medical Inspection of Schools, G. L. Gannett, M. D.; The Pupil and the Public, E. E. Keeler, M.D.

Digitized by Google

The Clinical Club of Buffalo have a very attractive program, gotten up in unique style, for their sessions of this winter. The club meets every alternate Monday, and each evening's program is in charge of one of the members. In addition, members in attendance are supposed to be prepared to report cases, verifications of the law of similars, new remedies, or new foods or dietetic methods. The programs for the remaining meetings of the season are: March 2, Marcy, Charles A. Bentz: Hematology and its relation to Clinical Diagnosis"; March 16, Kendrick Schley, George R. Stearns: "The Opsonic Index"; March 30, F. Park Lewis, "Symposium on Tuberculosis," (a) Jos. T. Cook (Prophylaxis), (b) B. J. Maycock (Early Diagnosis), (c) C. N. Kendrick (Home Treatment); April 30, Root, "Symposium on Tuberculosis"—Continued, (d) E. P. Hussey (Medication in Tuberculosis, (e) F. Park Lewis (Ocular and Meningeal Manifestations), (f) George T. Moseley (Joint and Abdominal Tuberculosis); April 27, Stearns, "Septicemia," (a) George T. Moseley (General Septicemia), (b) George R. Stearns. 1. Puerperal Septicemia. 2. The use of Antitoxins.

Opening for Physician—The people of Brookton, Tompkins Co., N. Y., want a homœopathic physician. Dr. Reed, the only physician who was there, died a few weeks ago. He had a large practice, which could be had by a young man for the asking. Brookton is a suburb of Ithaca, N. Y. For information address—Frank Vorhis or Mrs. D. Reed, Brookton, N. Y.

BOSTON NEWS

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 January 15.

After a short business meeting, the scientific session was given into the charge of Dr. Ida Clapp. The subject for the evening was "Epilepsy." Dr. Clapp gave an exhaustive account of the subject, especially touching upon modern theories concerning the disease and recent suggestions for treatment. The psychical method of dealing with the conditions was spoken of in a favorable manner and some credit given to the suggestive therapeutics of Christian Science. The meeting was thrown open for discussion. A very interesting treatment was detailed by Dr. Helen G. Mack, who was for some time physician to the department stores of Boston. In her work in this capacity she found many epileptics. The following proceedure was found to be most efficacious in improving all and in curing many of these distressing cases:

The treatment is commenced by a thorough cleaning of the intestinal tract. Dr. Mack gives calomel in 1-10 grain doses every hour until 10 doses have been taken. This is followed by two sedlitz powders and the field is then clear for action. The real treatment is then begun. This consists of the administration of Wyeth's elixir of nitro-glycerine, digitalis and strychnia, 15 drops every 4 hours for 3 days, then 30 drops 3 times a day. This may be kept up for some time without ill effects and never fails to brings about improvement.

Boston Homœopathic Medical Society—The February meeting of the Boston Homœopathic Medical Society was held on

Digitized by Google

the evening of February 6, 1908, at the hall of the Boston Society of Natural History. Dr. J. Arnold Rockwell, the society's new president in the chair.

The subject of the scientific session for the evening was: "The Milk Supply of Large Cities," and the matter was handled in an illuminating fashion by Professor Samuel C. Prescott, Professor of Industrial Bacteriology, Massachusetts Institute of Technology. The lecture was finely illustrated by steropticon.

Prof. Prescott emphasized the fact that because of its high food value and its suitableness for infant nourishment, it is used by large classes of people and it is therefore of supreme importance that the supply should be a pure as it is possible to get it. The value in nutrition of this food is twice that of beef for the same expenditure of money, yet people do not realize this when they complain of paying ten cents a quart, which is about as low as a good article can be furnished to the consumer in cities under the present requirements.

While there are some micro-organisms present in what may be called normal mbilk, the putrefactive and pathogenic germs are there from causes which are preventable. Among the means for securing cleanly milk are cleanliness of barns, cleanliness of cows, and cleanliness, in a pathological sense, of the human beings who handle the milk.

Prof. Prescott elaborated and made very clear the various points which he considered and illustrated them thoroughly with the stereopticon. He also showed a number of plates which he made use of in his talks to farmers in which he teaches them how, by easy and inexpensive means, they can greatly improve the quality of their milk.

Discussion followed, during which Dr. Arnold, of Worcester, a brother of the president of the society, who is himself a large milk producer, threw in some interesting side lights on the subject.

At 10 P. M. the meeting was adjourned and light refreshments were served.

GRACE E. CROSS, M.D.

RHODE ISLAND LETTER

In Rhode Island we move along much the same from year to year, but your correspondent is pleased to report a number of items in this letter which may be of interest to readers of the "NORTH AMERICAN."

First, a word about our hospital. We have now completed our third year of service as a general hospital. We do not confine the use of our institution to homœopathic practitioners alone, but invite any physician in good standing to send and treat his cases here. During the past year there have been 312 cases treated, 256 surgical and 56 medical and obstetrical. Our training school is proving a signal success. There are at present 11 pupil nurses on service. We were pleased during the past summer to graduate our first class, which numbered two nurses.

The increase in the nursing department has taxed the capacity of our building. The corporation has met the problem by the lease of a house adjacent to the hospital. The second floor of this structure has been renovated for nurses' apartments, and decision has been made to use the lower floor as a dispensary. The house is admirably adapted, both by location and construction, to this use.

Digitized by Google

The floors are of hard wood, and a liberal treatment of paint to walls has given us a suitable and hygienic place for this work. The corporation has appointed to this department, as superintendent, Dr. C. W. Finch; as medical and surgical attending staff, Drs. James W. Pryor, Dudley A. Williams, Ralph W. Hayman, Thomas H. McNally and Robert S. Phillips, together with Dr. Wm. M. Muncy, in the eye, ear, nose and throat department; and as consulting staff: Surgical, Drs. C. L. Green, H. A. Whitmarsh, G. F. Allison, and J. H. Bennett, Medical, Drs. Robert Hall, A. H. Wood A. W. Hunt, L. D. Lippitt, and H. M. Sanger. Situated as we are, in the very centre of a large city, we feel the dispensary will grow to be an important part of our hospital plant.

The State Medical Society has maintained its meetings during the past year. The annual meeting occurred on Friday, January 10. Three papers of merit were read by Drs. J. Herbert Moore of Brookline, Mass., G. F. Martin of Lowell, Mass., and H. A. Whitmarsh of Providence.

The officers for 1908 were elected, as follows: President, Dr. George F. Allison of East Providence; Vice-President, Dr. Arthur H. Woods; Secretary, Dr. Jeannie O. Arnold; Treasurer, Dr. Dudley A. Williams, the last three residing in Providence; for Censors. Dr. C. H. Finch, Dr. J. H. Bennett and Dr. J. L. Miller.

After the meeting the members with friends enjoyed the annual dinner. As a post prandial, Dr. John P. Sutherland of Boston read a paper of general interest to homœopathists.

The ensuing year promises well. We have voted to hold meetings quarterly rather than monthly, as heretofore, believing by this change to be enabled to prepare more attractive programs, and thus render the society more useful and helpful to the members.

One member has been removed from our roll by death, Dr. John C. Budlong. Dr. Budlong had been a homœopathic practitioner in Providence for many years, and won for himself a creditable and honorable record. At the time of his death he was serving the city as alderman and the state as a member of the State Board of Health.

Providence and vicinity have been pleased to welcome the coming of three new physicians of our school. Dr. Wm. M. Muncy has located in Providence at 309 Benefit Street, for the practice of his specialty, diseases of eye, ear, nose and throat. Dr. Muncy is a graduate of the New York Homœopathic Medical College, in the Class of 1905. After graduation he served an interneship in the Metropolitan Hospital of New York City, and later became a student and graduate of the New York Ophthalmic Hospital. During this course he was appointed Clinical Assistant to the Chair of Pathology, and also House Physician and Surgeon to the Laura Franklin Hospital.

Dr. Ralph W. Hayman has located in Providence, with office and residence at 638 Broad Street. Dr. Hayman graduated from Boston University School of Medicine, in the Class of 1905. He was appointed to hospital service in the Massachusetts Homœopathic Hospital. He subsequently practiced for a short period in Amesbury, Mass., coming then to Providence.

Dr. Thomas H. McNally has located in Central Falls, R. I. Dr. McNally graduated from Boston University, in the Class of 1906.

We note, as items of interest, that Dr. H. M. Langer has recently purchased a house at 90 Waterman Street, which he has

Digitized by Google

renovated, and occupies as residence only. The doctor continues his office in the centre of the city.

Dr. D. A. Williams has removed his office and residence to 129 Angell Street.

Dr. H. C. Crocker has again been elected to the State Legislature and occupies a seat in the House as a Representative from Providence.

During the past summer three of our members visited England and the Continent—Drs. G. F. Allison, Dr. G. H. Bennett and Dr. J. O. Arnold. Dr. Bennett reports interesting visits to the hospitals of England and to the laboratories, where the newer methods of clinical research are pursued.

Dr. H. A. Whitmarsh and Dr. D. A. Williams read papers before the last semi-annual meeting of the Massachusetts Homœopathic Medical Society.

Our proximity to Boston enables the Rhode Island membership to attend with regularity and participate in the meetings of the various Boston societies. The "Surgical and Gynecological" or Boston, is a particularly well-patronized society by Rhode Island men.

ROBERT S. PHILLIPS, M.D.

CHICAGO ITEMS

DR. AND MRS. BURTON HASLETINE are enjoying a brief sojourn in the delightful climate of Mexico.

Dr. A. E. Taylor, of Watertown, Ill., is quite fully recovered from his recent illness and has resumed his lectures at "Old Hahnemann."

DR. J. H. LOW, President of the Clinical Society of Hahnemann College and Hospital, has removed to 3019 Indiana Avenue (the new P. O. building).

DR. J. HENRY ALLEN announces the completion of the second volume of the Chronic Miasms, "Sycosis." The work will be published as soon as a sufficient number of subscribers has been secured to warrant so doing, and the doctor hopes to be able to furnish copies of Vol. II not later than May 1st.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY meets the first Tuesday in each month, in the Chicago Public Library Building, at 8 P. M. The general topic on Feb. 4th was "Intermittent Fever," presented by Dr. T. W. Powell, Dr. K. Ellis, and Dr. Harvey Farington. Cases were presented by Drs. H. C. Allen, E. A. Taylor and F. D. Bloomingston. Every meeting of this society is open to the public.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY will be favored with a talk by Bishop Fallows at the February meeting. Several prominent physicians will be there to discuss the subject. During the past few months Bishop Fallows has been conspicuously before the public as a healer without the use of remedies, and no doubt the public will fully avail itself of this opportunity to hear the Bishop and become acquainted with the scope of his efforts.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting at the office of Dr. A. F. Harris, 6106 Princeton Avenue, Tuesday, Feb. 11, 1908, at 8:30 P. M. The program was provided by the Bureau of Obstetrics, Dr. Helen Willcox, chairman. "The Choice of Operations: Cæsarian Section, Symphyseotomy, or

the Use of the Forceps in Abnormal Labor caused by Pelvic Contraction; and Use of Pelvimeter to Determine Capacity of Pelvis," was most fully presented by Dr. Gilbert Fitzpatrick (Attending Obstetrician to the Cook County and Hahnemann Hospitals).

THE ILLINOIS STATE HOMŒOPATHIC SOCIETY is planning for an unusually attractive meeting this year and a large attendance is expected not only from Illinois but from some of the neighboring states. On "Clinic Day" the society becomes the guest of Hahnemann Medical College, and its members and guests are surfeited with clinics, and in due course with roast beef and ham sandwiches and other suitable refreshments. The exact date of the meeting will be announced later and all visiting members of the profession will be most heartily welcomed by President A. E. Smith (Freeport, Ill.), and the members.

THE CHICAGO TUBERCULOSIS INSTITUTE has recently elected Dr. George F. Shears as one of its directors. This is a local institution, private in character, with the support of a wealthy and influential class of city people. It aims to extend the knowledge of tuberculosis by means of public lectures, by means of the pressure it can bring to bear upon the different state and city officials, and by various other reasonable methods. Heretofore the directors have all been members of the old school, but the election of Dr. Shears was a desire to recognize the work of the homœopaths, and was done without solicitation on the part of Dr. Shears or his friends.

THE PROPOSITION TO CHANGE the place of meeting of the American Institute of Homœopathy from Oklahoma City to Kansas City meets with the approbation of a large share of the traveling profession in this city, especially since the report of the officers, which shows that the real reason for the change was lack of hotel accommodations. The average doctor, who has been up day and night, looks forward to his annual vacation at the American Institute with the expectation that when he retires for the night he will have uninterrupted sleep. If, then, he is obliged, from lack of hotel accommodations, to sleep upon a cot, or six in a room, he is liable to shun that place and devote himself to less strenuous employment, and for this reason there is a general feeling of satisfaction that the Institute is going to a place where the hotel accommodations will be equal to the demand.

THE LINEN SHOWER that has just inundated the Hahnemann Hospital, is the topic of conversation for the present among the ladies who are interested in the hospital and its patients. When the hospital was first organized, each of the different departments organized a Woman's Circle, to contain thirty active members and each member to contribute $10 per year. Although the plan has changed somewhat in the last fifteen years, nevertheless it is substantially as when started, and these circles unite once a year as "The Federated Circles," to carry out some general plan that will benefit the hospital. This year it was the "linen shower," and from all sides came the useful articles so indispensable in hospital work—sheets, pillow cases, bed spreads, blankets, towels, tray cloths, curtaining, and many other useful and needed articles. It is estimated about $500 worth of linen was furnished in this way. An excellent musical and dramatic program and refreshments enhanced the social aspect of this most pleasant gathering.

C. BERGOLTH, M.D.

Digitized by Google

Autotoxemia—The symptoms for which we prescribe are but expressions of a cause. Autotoxemia is a common cause of disease. Alkalithia is ideal as an eliminant of toxic products, and its use is rational under any system of medicine.

The Type of an Ideal Ethical Proprietary—Chologestin, the cholagogue digestive recently introduced to the medical profession, is, in the opinion of the *Critic and Guide*, "the type of an ideal ethical proprietary. Its therapeutic value is beyond question, its complete formula, qualitative and quantitative, is freely published, and every bit of its advertising is so chaste, so dignified, so scientific, that it cannot fail to carry conviction."

Endorsement by an Authority—For twenty years Bovinine has been before the medical profession as a food, tonic and topical application of high ethical standing and quality. Park's Surgery says of it, in the chapter on Ulceration: "Bovinine topically is of great value in all forms of ulceration."

Antiphlogistine and Pneumonia—A Brooklyn physician writes: "In five cases of pneumonia, where the acute trouble did not end in complete resolution, but left circumscribed and affected areas which, in my judgment, were doomed to caseous degeneration, the liberal and persistent use of Antiphlogistine slowly, but surely, caused the absorption of the abnormal patches within the lungs and left them as normal as they were prior to the pneumonitis."

The Fango Institute of New York has issued an attractive booklet telling of the advantages to be derived from treatments by this Italian volcanic substance. Not only does the Institute give the famous mud baths, but all forms of mineral and electric baths as well.

Digestible Remedy—An Ohio physician writes: "In phthis-patients the well known lack of appetite and intolerance of various foods render it imperative to give remedies which will not in any way interfere with the digestive functions, while at the same time controlling or alleviating the cough and other distressing conditions. Glyco-Heroin (Smith) possesses many advantages not shown by any other preparation I have used, and has none of their disagreeable features."

Safe Tonic in Dropsy—A former professor of Pracitice says: "Digitalis and strychnine are powerful drugs, and their effects must be watched constantly. I have had better results with a preparation called anasarcin, which is a combination of several mild tonics, alteratives and diuretics. It is a much safer drug to leave with the patient, and is very reliable in its action; its diuretic effect is one of the best means of reducing the dropsy."

Chronic Rhinitis—Chronic rhinitis is an inflammation of the nasal mucosa, resulting usually from oftrepeated occurrences of the acute disease. The mucous membrane is thickened and interstitial infiltration with more or less complete nasal stenosis results. The treatment is general and local. Regulation of the primæ viæ and the upbuilding of the general system are especially indicated. Locally the nasal passages require the cleansing and purgative effect of alkaline douches. For these purposes glyco-thymoline stands first in the list of remedies. It should be used as a douche in the proportion of one part to three of water, three or four times a day. —*American Journal of Dermatology. Ed.*

Digitized by Google

Book Reviews

A Text-Book of Clinical Medicine—Treatment. By Clarence Bartlett, M.D., Professor of Medical Diagnosis and Clinical Medicine in the Hahnemann Medical College of Philadelphia; Visiting Physician to the Hahnemann Hospital. Cloth, 1223 pages. Philadelphia, Boericke & Gafel, 1908.

The NORTH AMERICAN takes pleasure in welcoming this admirable work to standard homœopathic literature. The book deals particularly with treatment, diagnosis not being considered, and etiology dwelt upon only sufficiently to indicate rational treatment. The therapeutic basis throughout is the homœopathic use of drugs, but other current measures are also considered. In the preparation of sections dealing with diseases of special organs, and with diseases on the medical-surgical border-line, Dr. Bartlett has secured the advice and co-operation of specialists in the various fields. In view of the bearing of Wright's researches into the opsonins on homœopathy, the final chapter on the opsonic theory is of especial interest. The average homœopathic general practitioner will be glad to have this book, and, on the other hand, it is so temperately and rationally written that the publishers can use it to popularize homœopathic treatment among eclectics and old-school practitioners.

One is disappointed in a work dealing with general medicine, in which the author acknowledges the necessity of presenting "numerous subjects not ordinarily considered in medical works," in finding nothing said at all about diseases of the female sexual organs, the treatment of which certainly forms no inconsiderable part of the general practitioner's work. In considering pulmonary tuberculosis, Dr. Bartlett belittles the endeavors of State authorities in controlling the disease; he also insists that all tuberculous animals be destroyed, a measure which is unnecessary and absolutely impractical. No mention is made of the use of the nosode tuberculinum. Similarly, no mention is made of the internal use of variolinum by many homœopathic physicians as a substitute for vaccination as ordinarily understood. It is strange to see the section on "Flat-foot" in the chapters on diseases of the peripheral nerves, and the treatment given for this affection and for metatarsalgia is that commonly advocated, in spite of the fact that it gives little satisfaction, as is not unnatural since it is based on a false etiology.

The publishers have done their part of the work very well, barring numerous typographical errors. Such a practised writer as Dr. Bartlett ought not to have allowed such evidences of careless and hurried work appear as are to be seen in the sentences printed in italic on page 840.

Woman. A Treatise on the Normal and Pathological Emotions of Feminine Love. By DR. BERNARD S. TALMEY, Gynecologist to the Yorkville Hospital. For Physician and Students of Medicine and Jurisprudence. Second enlarged and improved edition. Cloth, 8vo., 258 pp., with 23 drawings in the text. Price $3.00. Practitioners' Publishing Co., 55 W. 126th St., New York.

A second edition of this somewhat unique book has been soon called for, and the author has taken the opportunity to revise and

Digitized by Google

enlarge the text. The first edition received the endorsement of medical book reviewers generally, and the same can be predicted of the second. The only criticism is the rather large price for so small a book.

Hering's Homoeopathischer Hausarzt, 21 Auflage, vollständig umgearbeilet von Dr. Richard Haehl, Redakteur der Homoeopathischen Monatsblätter. Preis M. 4. Fr. Frommans Verlag, Stuttgart, Germany.

That well-tried friend and counselor of the homœopathic household, Hering's Homœopathischer Hausarzt, has been revised, completed, practically rewritten by Dr. Richard Haehl, editor of *Homœopathische Monatsblatter,* Stuttgart, Germany. Too much of good cannot be said of Dr. Haehl's work, which should be in every German household in the U. S., and we are liberally blessed with these Teutonic foci of intelligence and cultivation. Hering's work went through 18 editions; the Hering-Haehl revision is completing the 21st. The essential value of a household treatise is that the family is taught enough of disease and its possibilities to early realize, that, if simple homœopathic remedies do not speedily ameliorate— within 24-36 hours—the doctor should be called. Trifling ailments soon vanish; and when something seemingly trifling does not yield, more skilled service is called for, and the captain, like a good seaman, turns his ship over to the pilot for further guidance.

The text of The Hering-Haehl Hausarzt is concise but illuminative; the publishers have vestured it in clear type and substantial binding, and the book is again cordially commended to our German population.

Essentials of Medical Gynecology. By A. F. Stephens, M.D., Profsor of Medical Gynecology in the American Medical College, St. Louis, Mo. 12mo, 428 pp. Fully illustrated. Cloth, $3. The Scudder Brothers Company, Publishers, Cincinnati, Ohio.

This work presents medical gynecology in all the amplitude of modern science as regards etiology, sypmtomatology, diagnosis and prognosis, and adds thereto the eclectic treatment, which contains a number of useful hints to homœopathic practicians. The plates are satisfactory, and more or less familiar (being taken largely from Hirst and Penrose), and thoroughly elucidate the well-written text.

Essentials of Modern Electro-Therapeutics. By Frederick Finch Strong, M.D., Instructor in Electro-Therapeutics, Tufts Medical School, Boston. Rebman Company, New York. Price $1.00.

Electro therapeutics (including X-ray and high frequency currents) is in such evolutionary state that all new books on this subject are welcome and eagerly scanned for improvements in technique and equipment.

Dr. Strong's little book has many good points—it is concise, clear in expression, and up-to-date. It takes cognizance of the new electron theory and the consequent deductions, which place all the various modalities of electricity into the domain of vibration. As a text-book for beginners, students and practicians, the book is to be highly commended, Dr. Strong's chapters on high frequency being particularly valuable. Errors of omission can be charged to the efforts to have the book as brief as possible, and the text as a whole compares favorably with any similar volume now obtainable.

Digitized by Google

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.

DR. JOHN H. CLARKE has been the recipient of a very unusual honor. The Hahnemannian Institute of Brazil has conferred on him the diploma of Honorary President. This distinction has been bestowed only four times in all, and this is the second occasion on which it has been conferred on a foreigner.

DR. HOWARD P. DEADY announces his removal from Liberty, N. Y., to El Paso, Texas, where he will continue his special work in the treatment of diseases of the lungs and throat

DR. HENRY C. ALDRICH has removed his offices to suite 401-3 in the New Donaldson Building, corner of Nicollet avenue and Seventh street, Minneapolis.

MRS. E. L. KING announces the opening of a Private Sanitarium for the reception of medical and surgical cases at 220 West 45th street, New York City.

DR. THOS. M. STEWART, of Cincinnati, recently issued a letter to the members of the Committee on Organization and Increase of Membership of the Homœopathic Medical Society of Ohio, pointing out that there is a wide field for their labors among the 952 homœopathic physicians of Ohio, only 218 of whom belong to the State Society. He reminded them that the best homœopathic physicians in the old days were made from recruits to the new school from the old school, and history will undoubtedly repeat itself. The annual meeting takes place in Dayton on May 12 and 13.

THE NORTH AMERICAN learns that A. B. NORTON M.D., Professor of ophthalmology and otology at the New York Homœopathic Medical College, handed in his resignation as member of the faculty last November, feeling that his health at that time did not warrant his further work at the college.

Esperanto—The value of an universal language does not need to be argued—not, at least, to an American physician. The majority are confined in their reading and speaking to their mother tongue; few can read easily or speak fluently more than one language in addition. So we have to depend upon the translator for

Digitized by Google

the valuable articles to be found in the Russian, Spanish, Italian, French and German medical journals; and when we make that foreign tour that we all have in mind when we graduate, we are handicapped in our enjoyment of it by the difficulty in making ourselves understood.

There have been several attempts at constructing an universal language; one alone seems to have made a real footing—Esperanto—the conception of Dr. Zamenhof, of Switzerland. Esperanto is taught in many schools in England and the continent, and is one of the subjects listed by more than one of the important organizations of English business men which conduct examinations to test the proficiency of candidates in commercial knowledge.

Esperanto owes its popularity to its simplicity. It is based upon the English, French and Spanish languages, with a very little of Russian, and some German. Common word elements have been used wherever possible, and thought, rather than memory is appealed to. At the three international conventions which have been held the language has been thoroughly tested and found applicable to all needs.

America cannot afford to fall behind any European country in the spread of a knowledge of this language among its people. Surely in no other country is an universal language so badly needed; a large number of our people have no idea what their next door neighbor is saying. American Esperantists are carrying out an active propaganda, and the NORTH AMERICAN is glad to co-operate in the good work. The American Esperantist Company, 1239 Michigan Boulevard, Chicago, Ill., has issued a sixteen-page pamphlet entitled, "Elementary Esperanto," a copy of which can be had by sending a two-cent. stamp to the address named. The same publishers also issue "The American Esperanto Book," a compendium of this international language compiled for the American learner, and *Amerika Esperantisto*, a monthly publication. Each of these costs but a dollar, but, in order to co-operate with the Esperantists, the publishers of the NORTH AMERICAN have arranged for a copy of "The American Esperanto Book," and twelve issues of *Amerika Esperantisto* to be sent for fifty cents to any reader of the NORTH AMERICAN who by May 1st has paid his subscription for the current year. This date is set because the Post Office Department at Washington has recently notified publishers of monthly journals that to entitle them to special postage rates, subscribers must renew their subscriptions within four months of the expiration of the last subscription. The money (50 cents) for the Esperanto publication must be sent to the Journal Publishing Club with the subscription to the NORTH AMERICAN. Readers who have already paid for the current year can obtain the Esperanto books by sending the extra half dollar.

NEW YORK NEWS

THE MATERIA MEDICA SOCIETY held its monthly meeting at Dr. J. P. Seward's office, 200 West 70th Street, Wednesday evening, February 26th.

The members indulged in a discussion of natrum muriaticum. The president, Dr. E. Wilton Brown, gave a description of several cases he had treated with most interesting results.

Digitized by Google

THE ACADEMY OF PATHOLOGICAL SCIENCE was entertained at the Royalton, 44 West 44th Street Friday evening, February 28th, by Drs. Bagg, Benson, Clark, Hills Cole, Croissant, Hassler, Izzard, Kidder, Shepard, R. A. Stewart, J. E. Tytler and Wilson.

Dr. Geo. V. I. Brown, of Milwaukee, read a most interesting paper on the treatment of hair lip and cleft palate, describing the method he employs, using adhesive plaster as early as possible.

Dr. J. H. Fobes described a case of adenocarcinoma of the transverse colon, which he operated in the Volunteer St. Gregory Hospital.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK held its regular meeting Thursday evening, March 12th, in Genealogical Hall, 226 West Fifty-eighth Street. Three most interesting papers were read. The first, entitled "Remarks on Pelvic Deformities, with report of a case of Cæsarian Section," by Dr. Loomis L. Danforth, was, needless to say, well written and full of practical information. It was discussed by Drs. Hamlin and Crump.

The second paper, by Dr. S. H. Blodgett: "Something New in Pernicious Vomiting," described the writer's method in treating this condition. The paper was well worth going a distance to hear. Dr. Blodgett is connected with the Boston University School of Medicine and the Massachusetts Homœopathic Hospital.

The paper was discussed by Dr. A. A. Starbuck, Pathologist of the Wesson Memorial Hospital, Springfield, Mass., and Drs. Danforth, Hamlin and Van den Burg.

The third and final paper: "The Need of Homœopathic Materia Medica that it may meet the Demands of the Specialist in Therapeutics," by Dr. J. B. Gregg Custis, of Washington, D. C., was a masterly exposition of the needs of our materia medica at the present time, now that pathology plays so important a part in the consideration of disease. The paper was listened to with great attention by all present. It was discussed by Drs. Rabe, Hasbrouck and a number of others.

The officers and members of the different committees are to be congratulated and thanked for the excellent program furnished.

Dr. Louise Di Moja, 344 East Fifteenth Street, N. Y. City, was elected a member; Dr. R. W. Moister, Summit, N. J., a corresponding member.—REEVE TURNER, M.D.

Unanimous Club—In response to a notice rhymed out in nine verses by the Secretary, Dr. Alton G. Warner, a goodly company of genial spirits met at the Hotel Manhattan, New York, on February 26th and enjoyed a "Unanimous" time. Eighteen members were present and the following associate members: J. F. Ackerman, Asbury Park; A. W. Baily, Atlantic City; J. L. Coffin, Geo. B. Rice and F. C. Richardson, of Boston; E. B. Hooker, of Hartford; J. H. McClelland, Pittsburg; Wm. R. King, L. B. Swormstedt, Washington, D. C.; C. F. Goodell, Frederick, M.D. G. F. Jackson, Plainfield and a number of invited guests.

Dr. E. H. Porter was, as usual, the toastmaster of the occasion and was at his best, so that the merriment was high and continuous. The speakers were Wm. Alcroft, Mr. Cary, Commissioner Hebbard, Judge Green, Mr. Walker, Dr. Bellows, Dr. Richardson, Dr. McClelland, Dr. Dickinson, Dr. Hooker and Dr. Holmes. Dr. Garrison read some verses relating to the history of

Digitized by Google

the Club, concluding with a verse which was adopted as the Club song. Most delightful music was furnished by the Temple Quartette and by Mr. Fleming, and everybody present had a right good time. A newspaper reporter in some way got wind of some of the incidents of the gathering, and wrote up some rather clever copy which apppeared in the *New York Sun* of February 27th.

BOSTON ITEMS.

AN UNUSUAL EXHIBITION—Used as we are in this day to "motion pictures," it is certainly a novelty to most of us to see the Cinematograph put to use in illustrating the various phases of nervous diseases. But this was done, very much to the edification and instruction of the medical men and women present at the March meeting of the Boston Homœopathic Medical Society, by Dr. Walter G. Chase, on the evening of the 12th inst.

Dr. Chase has certainly introduced a new epoch in the detailed study of nervous diseases which include muscular involvement among their symptoms. He began the pursuit of amateur photography some years ago as a diversion from his serious work. Later he used the camera and still later the idea came to him of using the cinematograph in registering and afterward re-presenting the phenomena of certain nervous diseases.

At the Boston Society meeting, Dr. Chase presented three rolls of films, the whole occupying about twenty-five minutes. Various diseases were represented, notably locomotor ataxia, hemiplegia, paraplegia and progressive paralysis, in which the various gaits of these diseases were represented to even grater advantage than they can be seen in the living subject. The motion picture has also this advantage—that it can be many times repeated and the subject studied as often, whereas the occasional cases which come under observation leave a much less distinct and correct impression.

Interesting and varied as were these pictures, by far the greater number were devoted to epilepsy. Ten or twelve cases, most of which had been photographed at epilepsy colonies under the best conditions, were shown on the sheet, the whole making a panoramic study of the disease, which, it is safe to say no one present will ever forget. So few cases are ever seen by the physician, during the seizure, even in the years of a long practice, that such an exhibition as Dr. Chase provides is of immense value in the study of the disease.

A discussion followed Dr. Chase's remarks in which all concurred in an appreciation of the great addition which his use of the cinematograph makes to the study of certain diseases. Dr. Colby said that in his whole long practice he had seen hardly half a dozen epileptic seizures though many scores of cases had come under his treatment. Dr. Richardson added his tribute to the use of motion pictures in this manner and spoke of it especially in connection with college instruction. On being asked what was his idea as to the practical use of motion pictures for the teaching of students, Dr. Chase said that, as the films were very expensive (what were used at this meeting costing about $600) it would be necessary that there should be a system of exchange between schools in different parts of the world, especially of films representing cases of the rarer nervous diseases. Many physicians joined in the discussion and all present felt that the evening had been full of instruction.

At the scientific session, under the head of "new discoveries or

Digitized by Google

inventions," Dr. Horace Packard demonstrated a new drainage tube which he has recently devised and is using in some of his surgical cases. This tube, while resembling in appearance the ordinary one, is, in reality, triplex in construction. This arrangement gives not one channel for the exit of pus but seven; for the three small tubes are enclosed in one large one (the size of the ordinary drainage tube) and there are thus left four other three-sided channels, one in the middle and three at the edges where the three round tubes come together. Dr. Packard's illustrative apparatus showed the comparative rapidity of drainage of this tube and the old one.

At the business meeting, Dr. Wilkinson Clapp brought up the matter of the present status of homœopathic remedies under the Pure Foods Act. As the U. S. Pharmacopœia and the American Formulary are the standards under the law for medicines, our medicines are ranked with proprietary and quack preparations. Dr. Clapp desired some action taken by the homœopathic profession, and resolutions favorable to his proposition were passed upon by the society.

GRACE E. CROSS, M.D.

TWENTIETH CENTURY MEDICAL CLUB—A postponed meeting of the Twentieth Century Medical Club was held on the evening of February 26, at the office of the president, Dr. Marian Coon, 535 Beacon street. At the business session there was considerable discussion regarding the work which the club is doing along the line of "Sexual Instruction for the Young" and further plans decided upon for the prosecution of its plans. Preliminary plans were also discussed with relation to a reception to be given by the club sometime during the month of May, to women physicians outside of the club and others.

The scientific session was in charge of Dr. Mary L. Swain and the subject under discussion was "Backache." Dr. Swain's paper consisted of a general resumé of the causes of this very common complaint and it was followed by remarks by other members of the club on the various specific causes, such as kidney diseases, spinal lesions, uterine displacements, muscular affections, etc. The meeting was most enjoyable. GRACE E. CROSS, M.D.

BOSTON UNIVERSITY MEDICAL SCHOOL—What seemed at first destined to be a destructive fire was discovered on the morning of March 9th, when a slender coil of smoke was seen issuing from one corner of the pathological laboratory on the fourth floor of the Boston University Medical School, E. Concord Street. Fortunately, it was at an hour when there were students and others about the buildings to assist in the emergency, and as the alarm was rung in from the hospital box, the fire apparatus made their quickest time to the scene. The noiseless work of the firemen and the aid given by the students in removing valuable pathological specimens to places of safety rendered the losses much less than was feared. Some specimens were lost, but none of the most valuable ones, and the damage to the building will probably not exceed $200. The cause of the fire was defective electric wiring between the walls.

EMERSON HOSPITAL—At 5 o'clock in the morning of March 6th, one of the nurses, on arising and going into the corridor of

Digitized by Google

the Nurses' Home of the Emerson Hospital, found the building so full of smoke that she could hardly see. She immediately rang in an alarm and roused the sleeping nurses. By means of rapid work, all the nurses, about sixteen in number, were got out in safety, and a fire which might easily have caused loss of life, resulted only in property damage. Here, as in the medical school fire, the rule silencing all bells, horns and whistles on fire apparatus when working near hospitals was enforced, and the patients in the hospital near by, every room of which was full, knew nothing of the fire. The damage to the building was about $2,000, which is covered by insurance.—GRACE E. CROSS, M.D.

Communication from Dr. Southwick—The many friends of Dr. George R. Southwick will be pleased to read the following letter in the *New England Medical Gazette*:

> My Dear Doctor:—
>
> Kindly announce that the report of my decease in the recently published list of the members of the Mass. Surgical & Gynecological Society is "greatly exaggerated."
>
> Sincerely yours,
>
> (Signed) GEORGE R. SOUTHWICK.

CHICAGO ITEMS

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY meets the first Tuesday in each month in the Chicago Public Library Building, at 8 p. m., March 3d; the general topic was "Homœopathy in Fever," Scarlet Fever," the sub-topics being "Homœopathic Treatment of Scarlet Fever," by Dr. Thomas G. Roberts; "Treatment of Aural, Nasal and Glandular Complications," by Dr. Nettie Campbell; Post-Scarlatinal Nephritis," Dr. W. A. Franklin; and "Hygienic, Dietetic and Prophylactic Treatment," by Dr. J. B. S. King. Every meeting of this society is open to the public, and, of course, every member of the profession should be present.

DR. MARTHA BURRITT, of 1129 Fourteenth Street, N. W., Washington, D. C., is sight-seeing in the Orient, the latest advices being from Malta.

DR. SHELDON LEAVITT, of 100 State Street, is giving a course of six lectures on "Psycho-Therapeutics," in the Auditorium Hall, Sundays, at 3:30 p. m. The subject is being most intelligently presented and the attendance is very gratifying, being wholly of licensed physicians. The consensus of opinion is that the time has come for the organization of a "Medico-Psychological Society," as the subject is a branch of practice which should be held within the control of legitimate medicine.

THE AFTER DINNER CLUB held its regular monthly meeting February 20th, at 6 East Madison Street, at 6:30. Following the dinner, discussions were had upon "Nephrolithiasis, Differentiate from Biliary Colic and Appendicitis," and "Psysic Healing." The attendance was large and most all participated in the discussions.

THE CHICAGO HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting Thursday, February 20th, in the Chicago Public Library Building, at 8:30 p. m. A very attractive public program was presented. The first contribution was on "Christian

Digitized by Google

Psychology," by the Rt. Rev. Samuel Fallows, D.D., LL.D., M.D., Bishop of the Reformed Episcopal Church. Bishop Fallows presented his subject as illustrated by the new movement—new in certain senses but old as the race in some of its aspects—known as the Emanuel Movement, which has been begun in this city as a development of the movement of the Emanuel Church in Boston which was inaugurated about seventeen months ago by the Rev. Mr. Worcester and Dr. McComb, rectors of the church, who began the work of curing persons suffering from functional or nervous disorders as a branch of church work. "After the death of Christ, the Greatest of all woman-born, Who was the Physician of bodies and of souls, and Who reached the soul or the mind so often and so successfully through the body, both in feeding and healing it, the apostles went forth fulfilling their divine commission to teach, to preach and to heal, and that great charter of the minister's work has never been repealed and it is beyond the power of mankind to repeal it." It is estimated by the alienists of this city that they are able to take care of but one-one-hundredth part of all the neurotic patients in this town, and the Emanuel Movement aims to help those who will come to them with a certificate from a licensed physician fully stating the diagnosis. In this way the work of the physician and the work of the minister will be more united, as it was in the beginning. The services of each were necessary when the vocation was created, and when the higher development is attained both will go out together.

Dr. Frank Wieland presented the second paper, "Mental States in their Relation to Pathology," which was pertinent and to the point. Dr. E. H. Pratt, after expressing his esteem for Bishop Fallows for having taken a medical course and being thus supplied with a scientific basis for his work, emphasized the meaning of the word "Metastasis" on the physical basis, as in mumps, in the nervous system, as in lockjaw following wounds from rusty nails, and in the mental realm as the result of shock or emotion. Dr. S. H. Aurand took a most conservative view of the movement, and thinks it is attended by many dangers. Dr. A. C. Tenney, in closing the formal program of the evening, called attention to the need, of paramount importance in working up to these subjects, of wise, sane, dignified, temperate leaders, men who are strong and capable of long, patient study before they arrive at a conclusion or try to outline methods of practice or procedure for physicians or laymen. "Pathology is a subject as broad as biology itself, for everything that is born dies, and pathology is that department of science which deals with life in its abnormal relations." Dr. Tenney expressed himself in favor of the use of suggestive therapeutics by the physician, and advocated the establishment of a chair in medical colleges of "Rational Psychology."

It is needless to say that the hall was filled to overflowing, and many lingered to participate in the informal meeting and to become better acquainted with the work of Bishop Fallows.—CHRISTINE BERGOLTH, M.D.

Hahnemann Medical Association of Louisiana—A large and enthusiastic meeting of this Association was held recently, more members from the country being present than for some years past.

The Clinical Committee reported the Free Dispensary is doing well, and, owing to the demand, the advisability of the attending

Digitized by Google

physicians visiting the sick and poor at their homes was discussed. It was thought best to leave this subject for the Homœopathic Medical Hospital Association to decide.

Dr. Edward Harper stated he had been approached by several doctors in reference to the advisability of amending the medical laws of the State as they now stand. This brought out the fact that many of those present had been approached on the same subject, and the following resolutions were presented:

Whereas, It has come to the knowledge of the Hahnemann State Medical Association of Louisiana that an effort will be made at the next session of the General Assembly of the State of Louisiana to amend Act 49 of 1894 as amended by Act 13 of 1906 and to re-enact the same.

Resolved, That this Association heartily approves any movement which has for its object the raising of the standard of medical education and the suppression of quackery, providing no measure is proposed for adoption which will interfere with existing medical examining boards, who shall pass upon the qualifications of all applicants who desire to practice the healing art in any of its branches in the State of Louisiana as presently required by the existing law.

Be It Further Resolved, That a legislative committee of three be appointed, who shall be empowered to protect the interests of this body.

These resolutions were the means of bringing out a free discussion, which developed the fact all present were in favor of raising the standard of the profession. The resolutions were adopted unanimously.

The chair then appointed on the Legislative Committee the following physicians:: Dr. Edward Harper, Dr. R. S. Moth, Dr. John T. Crebbin.

Dr. Harper, Secretary of the Southern Homœopathic Medical Association, reported this Association had selected New Orleans as their next meeting place in October. The following officers were elected to serve the ensuing year: Dr. C. R. Mayer, of New Orleans, La., President; Dr. M. F. Howe, of Lake Charles, La., Vice-President; Dr. J. T. Crebbin, of New Orleans, La., Secretary; Dr. R. D. Voorhies, of Lafayette, La., Treasurer.

Dr. M. F. Howe and Dr. E. Harper were elected delegates to the Institute of Homœopathy, and Dr. R. A. Bayley and Dr. D. A. Lines to the Southern Homœopathic Medical Association.

In accepting his re-election Dr. Mayer urged more united efforts on the part of the city and country doctors that they forget self and strive to elevate the standing of their calling, urging them to rally to the support of the administration and work to secure new members for the Association and parent institute. The parish delegates were asked to co-operate and attend the sessions regularly.

There is a growing demand for graduates of our school in this State, and there is room for good surgeons in our cities. This State enjoys the distinction of having a board of medical examiners made up of members of our own school.

JOHN T. CREBBIN, *Secretary.*

Wanted an Opening—A physician and surgeon would purchase a location if terms were low and proposition first class. Would consider a long locum tenens or other long engagement. Address M. D. Lucie, c/o Richards & Co., 1 Madison Ave., New York.

Digitized by Google

British Homœopathic Association Essays on Homœopathy—The Essay Committee of the British Homœopathic Association have made their final selection, and have awarded the prize to the writer who styles himself "Not Argument but Effort shall Decide." That fourteen essays should have been sent in, one of them not for competition, shows that some interest was taken in the matter. Though each essay has its good points, none were fully up to requirements; the one chosen promises to be, with some revision a useful and readable pamphlet. By its publication the British Homœopathic Association hopes to bring before all those who, not content with whatever is, strive for better things, a true and clear statement of a subject of vital importance to each and all of us.

Gray's Glycerine Tonic Compound seems to have this very important advantage, it not only aids worn out, tired cells and organs to do their work, but it does more—it helps them to help themselves. The results obtained, therefore, seem to be permanent, not transitory.

Albany Homœopathic Hospital—The medical staff of the Homœopathic Hospital has been re-appointed for the ensuing year. Five new consulting physicians have also been added. They are: C. W. Stratton, of Lee, Mass.; C. L. Mosher, of Chatham; T. Cook Royal, Ballston; Charles B. Welch, Castleton, and R. Crawford Green, Troy.

The special committee on the new hospital building has decided to have the present plans for the completion revised at once and to secure new estimates. A special effort will be made to have the building finished during the summer and ready for occupancy in the fall.

About $20,000 is available for the purpose of continuing work, and a determined effort will be made to secure additional funds.

Sanmetto is said to be of value in vesical irritation and atony; enuresis due to atony; incontinence of urine in children due to a weak bladder; drippling of the urine in the aged, not due to paralysis or growths; urine expelled upon exertion, as coughing; cystitis; catarrhal discharges from bladder or genitalia of male or female; seminal emissions; prostatitis, enlarged prostate and pre-senility.

Cactina Pillets have been on the market for twenty years and testimony of this kind has been heaped upon it by the medical profession. It is said to be of benefit in functional, cardiac and circulatory disturbances and to exhibit no cumulative action.

Benefit for mother and child—Certainly one of the most gratifying effects of Pepto-Mangan (Gude) is the increase of physical strength and buoyancy of spirits which the prospective mother apparently derives from its administration. That the unborn participate in the benefits derivable from Pepto-Mangan (Gude), seems also true, for at birth they present unmistakable evidences of physical robustness, and seem well fortified against those illnesses which are peculiar to infanthood.

The New Jersey State Homœopathic Medical Society will hold its annual meeting at Princeton, on Thursday, May 7th. The sessions will start at 10 A. M. and will close the same day. A number of valuable papers are already promised while the local committee have provided an interesting program for visitors.

Digitized by Google

President Woodrow Wilson of Princeton University will give the address of welcome.

Fewer American Students in German Universities—The number of American students at the University of Berlin has fallen to the smallest figure on record. Only sixty-eight men and twenty-seven women from America are enrolled on the university books as compared with a total of more than two hundred three years ago, and more than four hundred ten years ago. A similar state of affairs is said to exist at Heidelberg, Gottingen, Jena, Leipsic, Halle, and other prominent universities.—*Medical Record.*

On the Use of Drugs in Diseases of the Heart—At a special meeting of the Medical Association of the Greater City of New York, Dr. Reynold Webb Wilcox, in discussing the action of different drugs on the heart said: (*Medical Record*, Feb. 8th, 1908) "There was only one drug which both increased the force and frequency of the pulse, and that was Cactus. It was especially useful in neurotic heart and slow heart. If an active preparation was used, and such was readily found in the shops, brilliant results were obtained in appropriate cases."

Cactina Pillets are manufactured in our laboratory under the personal supervision of a pharmacutical chemist, and we can assure the medical profession that Cactina Pillets express the excellent therapeutic properties of the true Cereus Grandiflorus in the fullest and in the most perfect and convenient form. SULTAN DRUG CO.

Tuberculin Treatment—A bulletin on Tuberculin therapy, giving the gist of the subject in a practical and clear manner, has been issued by the H. K. Mulford Company, and may be obtained, free, from them. They also extend an invitation to visit their new Biological Laboratories at Glenolden, Pa., where a separate building is being erected for tuberculosis products.

Army Medical Service—The Warren bill, to increase the efficiency of the medical department of the army, was passed by the Senate without opposition. The bill is the direct outgrowth of the deficiencies found in the Medical Corps at the time of the war with Spain, and also of the disclosures in the Russo-Japanese war as to the remarkably efficient organization of the medical department of the Japanese army. The Medical Corps under the bill is to consist of one Surgeon-General, with a rank of Brigadier-General, who shall be chief of the Medical Department. There will be sixteen colonels, twenty-four lieutenant-colonels, 110 majors, and 300 captains or first lieutenants, who shall have rank, pay, and allowances of officers of the corresponding grades in the cavalry. The bill is now pending before the House Committee on Military Affairs. If Speaker Cannon could be Oslerized now, this bill might come up for action during the present session of Congress.

Extensive experience has shown therefore that in no condition is Pepto-Mangan more useful or prompt in its results, than in the blood dyscrasias of pregnancy. Its immediate action is not only satisfactory, but its extensive use for some time previous to delivery, as well as subsequently, favors rapid convalescence during the trying post-labor period, with very noticeable effect on the local phenomena of involution.

Digitized by Google

Book Reviews

Progressive Medicine, Vol. X, No. 1, March, 1908. Lea & Febiger, Pubs., Phila. $6.00 per annum.

This able quarterly digest of medicine and surgery contains for March: Surgery of head, neck, thorax—Infectious diseases, including rheumatism and croupous pneumonia—Diseases of children—Rhinology and laryngology—Otology.

It affords, as always, a profitable and up-to-date resumé of modern progress.

An Aid to Materia Medica, by R. H. M. Dawbarn, M.D. Fourth edition, revised and enlarged by E. V. Delphey, M.D. Price $1.75 net. The Macmillan Co., London and New York.

This compend, based upon the last U. S. Pharmacopeia, should be of great assistance to those who think quantitatively instead of qualitatively in the use of drug substances. We can commend its pharmacopeial virtues to any individuals who have to pass an examination in old school materia medica. All the new synthetic compounds are included, many with graphic formulæ, and hence, therapeutically enlightening.

An Index of Treatment by Various Writers. Edited by Robert Hutchinson, M.D., F.R.C.P.; H. S. Collier, F.R.C.S., and revised to conform with American usage by Warren Coleman, M.D. Wm. Wood & Co., New York, Publishers.

This British digest of treatment, medical and surgical, hygienic and dietetic, is a compact, exhaustive guide in a form alphabetically arranged) convenient for reference. The contributors are among the most distinguished English old school physicians and surgeons, and, instead of embarrassing the reader with a large choice of procedures, those only are described which, in the opinion of the respective writers, are considered the simplest and most effective. The book of 888 pages is typed and bound in the Wm. Wood & Co. style and is cordially commended to practicians.

Des Vrais Caractères de la Therapeutique Experimentale par le Dr. Jules Gallavardin, Lyon, France. A Maloine, publisher, Lyon, France. Price 2 francs.

Our Gallic confreres, particularly Dr. Pierre Jousset and Dr. Gallavardin, have in the last year or so been pretty thoroughly threshing out the theory of homœotherapeusis; a laudable task when conducted without personalities, and the above pamphlet presents what may be taken as the representative view of the high dilutionists in France. We consider it of sufficient value to be translated later into the forum of the Library of Homœopathic Classics, so that those unacquainted with French may have the pleasure of reading it.

American Medical Editors' Association.—The annual meeting of this society will be held at the Auditorium Hotel, Chicago, on May 30th and June 1st. An extensive and interesting programme has been prepared and every member of the association is urged to be present, and editors of medical magazines, not now affiliated with the society, are also innvited to meet with them.

Do not forget the date—Saturday, May 30th and Monday, June 1st.

Digitized by Google

Societies and Current Events

Conducted by . . . . . Alfred Drury, A.M., M.D.

Dr. Frank Lee Benedict, aged fifty-two years and six months, died at his home, No. 2 Middle Street, Portsmouth, New Hampshire, March 13, 1908, after a lingering and painful illness. Dr. Benedict was born in Great Barrington, Massachusetts, September 13, 1856. Later his family moved to New York where he received his preliminary education. He graduated in 1879 from the New York Homœopathic Medical College, and immediately thereafter began to practice in Portsmouth, New Hampshire, where he made his home until the time of his death. For many years he was the only homœopathic physician in his section of New Hampshire, and was well known and much appreciated by the hosts of visitors to Portsmouth, Kittery, Isles of Shoals and the other famous resorts on New Hampshire's limited sea coast.

Neurasthenia and School Teachers—Of 345 New York school teachers who have made application for retirement under the pension system during the past three years, 124 applicants gave neurasthenia as the reason, 31 heart disease, 30 rheumatism. As will be seen by these figures, nervous breakdown attacks about 40 per cent. of them.

Oyster Infection—The Health Department of New York City has recently added the supervision of the opster supply to its activities. Shocking conditions were found in many places where oysters were fattened. Hereafter, all such points will be watched and bad conditions corrected. If Health Department rules are not carried out, refusal to permit the sale of oysters in New York City will be the penalty.

BOSTON NEWS.

Boston Homœopathic Medical Society—The regular monthly meeting of the Boston Homœopathic Society was held at the hall of the Boston Society of Natural History, Boylston Street, on the evening of April 2, 1908.

The paper of the evening was, "The Homœopathic Principle in Physical Therapeutics. Hyperemia as a Means of Cure. (Prof. Bier's method.)" by Wm. H. Dieffenbach, M.D., New York Homœopathic Medical College. Dr. Dieffenbach gave in detail the method of the Bier method and compared it, as used in surgical conditions, to the action of the opsonic index in medical diseases. The general discussion which the paper provoked among the leading men of the Boston Society, was as instructive as the original paper.

Grace E. Cross, M.D.

Massachusetts Homœopathic Medical Society—The sixty-eighth annual meeting of the Massachusetts Homœopathic Medical Society was held on Wednesday, April 8, 1908, at Pilgrim Hall, 14 Beacon Street.

At 10:30 a. m. the Committee on Diseases of Children, Alice Bassett, M.D., chairman, submitted the following program:

Digitized by Google

10:30 A. M.

Report of Committee on Diseases of Children, Alice Bassett, M.D., Chairman.

1. "Postural Conditions," Howard Moore, M.D. Discussion opened by Alonzo G. Howard, M.D.

2. "The Prevention of Aural Disease in Children," Howard P. Bellows, M.D. Discussion opened by Frederick W. Colburn, M.D.

The paper by Dr. Moore was exceedingly instructive. He discussed the relative merits of hard and soft plates in the case of flat-foot, and said that where hard plates were used, there should always be four points of support, the posterior arch being the one in which the greater weight should come. Dr. Almyr Howard in his discussion spoke of the great value of the use of gymnastic exercises in treatment of the feet and warned against confounding fallen arch with pronated foot.

Dr. Bellows in his paper spoke of the importance of watching the results of common colds in children and also of being on the look-out for deafness in children who inherit impaired hearing.

At 11:30 occurred the business session, during which various committees reported and seventeen new members were added to the ranks of the society.

After intermission with luncheon, at 1 p. m. the Committee on Insanity and Nervous Diseases, Ellen L. Keith, M.D., chairman, submitted the following report:

2:00 P. M.

Report of Committee on Insanity and Nervous Diseases, Ellen L. Keith, M.D., Chairman.

VI. "The Anarchy of Psychism a Menace to the Throne of Reason," Frank C. Richardson, M.D. Discussion opened by David W. Wells, M.D.

VI. "Clinical Aspects of Neurasthenia," Grace G. Savage, M.D. Discussion opened by Frank W. Patch, M.D.

The specially instructing paper of the program was that of Dr. Richardson, because it touched upon a form of treatment which is much in vogue at present and which threatens to come into the hands of lay practitioners. Dr. Richardson's paper was a general warning against overdoing psychic-therapeutics. He said, in fact: "The object of treatment is to make the patient master of himself; hence we shall aim to educate his reason and his will, to lead to the purposeful formation of healthful habits. Hypnosis is justifiable only in rarest cases, as the benefit derived is not commensurate with the weakening of the will." Let the physician remind people that man is pre-eminently a reasonable and rational being; that he should conserve his mentality and avoid the danger of surrendering his highest endowment.

At 3 p. m. the Committee on Clinical Medicine, John H. Bennett, M.D., chairman, reported with the following program:

3 P. M.

Report of Committee on Clinical Medicine, John H. Bennett, M.D., chairman.

Digitized by Google

VII. "Significance of Abdominal Pain," Henry A. Whitmarsh, M.D. Discussion opened by G. Forrest Martin, M.D.

VIII. "Preventive Medicine—Tuberculosis," John H. Bennett, M.D. Discussion opened by Adelbert M. Hubbell, M.D.

Of this, one of the most important papers was that of Dr. Whitmarsh, which sought to enforce upon the general practitioner the desirability of the earliest possible decision as to the significance of abdominal pain in each case when it is a prominent symptom.

The following is the program presented at 4 p. m. by the Committee on Obstetrics, Frank T. Harvey, M.D., chairman:

4 P. M.

Report of the Committee on Obstetrics, Frank T. Harvey, M.D., Chairman.

IX. "The Induction of Premature Labor as an Operation of Election," George R. Southwick, M.D. Discussion opened by Elizabeth E. Shaw, M.D., and E. Pakenham Ruggles, M.D.

X. "A Paper," George H. Coffin, M.D.

Following this bureau, the meeting adjourned, to meet again for a social hour and banquet at the American House, at 6 p.m. About 225 were present at this time and place, and at 6:30 the guests sat down to dinner. At 8 p. m. the following post-prandial exercises were enjoyed:

8 P. M.

Address of the President, "Homœopathy in Massachusetts," John P. Rand, M.D.

Address, "Recollections of Some of the Old Worthies," Herbert C. Clapp, M.D.

Address, "Homœopathy in the United States," Royal S. Copeland, M.D., President of the American Institute of Homœopathy.

Introduction of the President-Elect.

Dr. Rand's address was, as usual, clever and full of wit, and dealt especially with the desire evident on the part of the old school for affiliation with homœopaths.

Dr. Copeland's address was humorous and sparkling with epigram and was cordially received.

Dr. Clapp, in the course of his remarks, recommended that there be erected in the Boston University School of Medicine, a tablet to the memory of Dr. Hans Gram, who introduced homœopathy into this country. Later on this matter was put to vote and favorably acted upon.

Interesting remarks were also made by Dr. W. A. Dewey, the Secretary of the American Institute of Homœopathy.

The meeting was one of the largest and most enthusiastic which the State Society has held for years and was gratifying in every respect.

GRACE E. CROSS, M.D.

Digitized by Google

CLINICAL WEEK AT BOSTON UNIVERSITY.

In response to many requests from physicians throughout New England, the Faculty of the Medical School of Boston University has decided to arrange for a short course of general clinical instruction. This course will be held during "Commencement Week," June 1 to 6, 1908. It will begin daily at 9 a. m. and continue until 4 p. m., the entire time being fully occupied by clinics, clinical lectures, lectures and demonstrations.

More than thirty different professors and lecturers will participate, each dealing with the particular subject in his own line that he considers of most general value.

General medicine, surgery, gynæcology and the various specialties will all be represented; as well as other miscellaneous subjects. The course will be so arranged that each attendant can be present at every exercise and can thus obtain a survey of a large field in a comparatively short time.

Sessions will be held at the Medical School buildings, at the Out-Patient Department of the Hospital, and in the amphitheatre and the clinical lecture-room of the main building of the Hospital.

Free use will be made of the large amount of clinical material available in these closely connected institutions as well as that from other sources.

The course will be open without fee to graduates of any reputable medical college. The number admitted will be limited, tickets being issued in the order of application.

Further information and tickets admitting to all sessions may be obtained from the Registrar,

Frank C. Richardson, M. D.,
80 East Concord St., Boston, Mass.

Nota Bene! "Die Zeiten, in denen die Wissenschaftlichkeit den Wert eines Buches ausmacht, schwinden mehr and mehr dahin. Die Wissenschaft hat nicht mehr nötig, sich in den eindruckweckenden Mantel der schwerverständlichen und fremdwörterreichen Geheimsprache romischer Auguren zu hüllen und darunter auch das zu verbergen, was sie nicht weiss. Sie ist gross und stark geworden und darf sich frei dem Volke zeigen." DR. C. H. STRATZ. *Der Körper des Kindes.*

"The days when the scientific 'atmosphere' of a book gave it its value are fast vanishing. Science no longer finds it necessary to wrap itself about in the awe-inspiring vesture of the strange, cabalistic nomenclature of Roman augurs, concealing thereunder what it does not know. Science has grown great and strong, and may disclose itself freely to the people."

Another appreciation, from a very foreign source, of the marvelous Organon, whose science the moderns are slowly approaching, yet written in plainly understandable language—"freely disclosing itself to the people."

Digitized by Google

Comparative Statistics. In our esteemed contemporary, the *Revista Homœopathica do Parana* (Brazil), we find an interesting and instructive resumé. In Brazil, the War Department has under its charge (the statistics are official), three military hospitals: The Mallet Hospital (homœpathic; founded by his Excellency, the Marshal Mallet); the Second Hospital (allopathic) and the Third Hospital (allopathic). The military patients are distributed without discrimination among these institutions. The resumé presents the following statistics:

SECOND HOSPITAL (allopathic).

July 1, 1902 *to June* 30, 1907 (4 *years*, 11 *months*, 29 *days*).

Patients received	3,817	
Transferred	440	
Improved or cured	3,203	(83.9%)
Mortality	81	(2.1%)

THIRD HOSPITAL (allopathic).

July 1, 1902 *to June* 30, 1907 (4 *years*, 11 *months*, 29 *days*).

Patients received	3,374	
Transferred	494	
Improved or cured	2,721	(80.6%)
Mortality	83	(2.4%)

MALLET HOSPITAL (homœopathic).

July 16, 1902 *to June* 30, 1907 (4 *years*, 11 *months*, 14 *days*).

Patients received	4,078	
Transferred	328	
Improved or cured	3,681	(90.2%)
Mortality	69	(1.6%)

Furthermore, the War Department, for drugs and treatment, expended *per capita* in the allopathic institutions during the period of five years, the sum of $139.85; in the homœopathic institution, the sum of $6.57.

If we compare the allopathic death rate of 2.25% with the homœopathic of 1.6%, and also consider the relative *per capita* cost in the allopathic and homœopathic institutions, we arrive at some educative conclusions as to the benefit to the State in men and money from the practice of homœotherapeusis.

1m, not 1st—In Dr. Hawkes' interesting article on asthma in the March issue of the NORTH AMERICAN, the author was inadvertently represented to have prescribed lycopodium in the 1st potency. It should have been the 1m. As Dr. Hawkes says in calling attention to this slip: "Nobody ever uses the 1st of lycopodium except to powder chafed babies."

For Sale—Established homœopathic practice in Western New York town of 2,800 inhabitants, paying $4,000 yearly. Owner moving to city. Address R. P., c./o. North American Journal of Homœopathy, 1748 Broadway, New York.

For Sale.—To a recent graduate or any reliable homoeopathic physician young or middle aged, who has $15,000 to invest in the purchase of a physician's home, continuing his excellent practice established over twenty years, in a beautiful high class, prosperous suburb of Philadelphia, located in New Jersey.

A splendid opportunity at a very reasonable price, $10,000 cash, and $5,000 on mortgage if desired. All exchange offers rejected. Particulars given. Address, Physician. Sub. P. O. Station 26, Philadelphia, Pa.

Digitized by Google

Book Reviews

Saunders' Forthcoming Books.—Messrs. W. B. Saunders Company announce the early publication of the following works:

Bandler's Medical Gynecology—Treating exclusively of the medical side of this subject; Bonney's Tuberculosis; Volume II, Kelly and Noble's Gynecology and Abdominal Surgery; Volume IV, Keen's Surgery; Gant's Constipation and Intestinal Obstruction; Schamberg's Diseases of the Skin and the Eruptive Fevers; John C. DaCosta, Jr.'s, Physical Diagnosis; Todd's Clinical Diagnosis; Camac's Epoch-making Contributions in Medicine and Surgery.

Diseases of the Nose, Throat and Ear. Medical and Surgical. By William Lincoln Ballenger, M.D., Professor of Otology, Rhinology and Larynology, College of Physicians and Surgeons, of Chicago University of Illinois. Octavo, 896 pages, with 467 engravings and 16 plates. Cloth, $5.50 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This work covers the whole of its three subjects, instead of dealing with the nose and throat fully and with the ear only fractionally, which has been the general custom heretofore; it also deals fully with the surgical as well as the medical treatment of these regions, and of the accessory sinues also. It is lavishly illustrated with original drawings, nearly every one of the five hundred engravings being new and specially prepared for this work. There are many series of engravings illustrating as many operations, and depicting their successive steps, so that the reader has a clinic before him in these pages. The same fulness is true of the medical treatment, which forms the larger share of the daily practice in these specialities. As a step in its preparation the author gathered about three thousand monographs by corresponding with leading specialists in America and Europe.

The Clinic Repertory. By P. W. Shedd, M.D., New York. Including a Repertory of Time Modalities, by Dr. Ide, of Stettin, Germany. 240 pages. Cloth, $1.50. Postage, 8 cents. Philadelphia. Boericke & Tafel. 1908.

We greet with much pleasure this little classic by Dr. Shedd, who has been indefatigable in bringing the repertory to date by incorporating the newer drugs and arranging established pathogenic and clinical verifications. The book is well printed, the arrangement of type into Roman and capital to distinguish the valence of the drugs being preferable to the more numerous differentation in other works of this character. Some new chapters are noted—dynamic antidotes; antidotes for poisons; a special chapter on keynotes of fifty polychrests and the translation of the time modalities from Dr. Ide's compilation in the Berliner Zeitschrift Homœopathischer Aerzte Band XXV. Hefte 3 and 4, which chapter alone should justify the purchase of the book. Dr. Shedd inscribes his work to "Old School Men" "as giving insight into the delicate reactions of the human organism; as a means of deliverance from therapeutic nihilism and as an introdction to a greater science of therapy in conditions amenable to cure by the use of drugs."

The author deserves the gratitude of the profession for his labor of love in this compilation, and the book should become a pocket companion of every active homœopathic prescriber. Its value at the bedside or while making the rounds from patient to patient will increase with usage, and the author's efforts will be repaid by the knowledge that the little book has been an active aid in practice and the means of saving precious lives.

Digitized by Google

A Nursery Manual. The Care and Feeding of Children in Health and Disease. By Reuel A. Benson, M.D., Lecturer on Diseases of Children, New York Homœopathic Medical College, etc. 184 pages. Cloth, $1.00. Postage, 5 cents. Philadelphia. Boericke & Tafel. 1908.

Dr. Benson has written an admirable nursery manual, concise, yet ample, with a wise avoidance of much drug therapy, and great attention to hygiene, diet and general regimen. We say "wise avoidance of drug therapy," for there is altogether too much laic prescribing, even among non-castor-oilists. A homœopathic drug, if it be an agent of good, may also become an agent of evil, and the prescription in any child's disease should be chiefly left to the physician. Dr. Benson's book should be in every homœopathic household, and the way to get it there is for the family physician to prescribe it.

Nursing the Insane. By Clara Barrus, M.D., Woman Assistant Physician in the Middletown State Homœopathic Hospital, Middletown, N. Y. Cloth, 409 pp. Price, $2.00 net. New York, The Macmillan Company, 1908.

The insane patient differs from the ordinary person who claims the attention of a nurse, and there is a good deal for the ordinary nurse to learn before she is fully competent to take charge of such a case. Dr. Barrus has had fifteen years' experience in the hospital care of the insane, and is more than ordinarily qualified to speak on the nursing of the insane. A wide range of subjects is covered in this work, including occupation and amusement of patients, sleep and the conditions which favor it, psychology, the power of habit, mental hygiene, nursing the insane in private households and sanitaria. The book is well and entertainingly written, and would seem to be an indispensable part of the equipment of any one having the care of a mental invalid. The work is provided with a carefully prepared index which makes references easy.

Knaves or Fools? An Essay on the Place of Homœopathy in the Practice of Medicine. By C. E. Wheeler, M.D., B.S., B.Sc. Crown 8vo., 104 pp. Price, 60 cents. Postage, 5 cents. London: John Hogg, 13 Paternoster Row, E. C. Supplied in the United States by Boericke & Tafel.

The idea of the author of this little book has been to show why the unity of the medical profession, if it is to be brought about, should be based, not on passive and silent tolerance, but upon the fact that the followers of Hahnemann have contributed something to medicine as it is to-day, and that it is the duty of every medical man to determine for himself by personal investigation the extent to which the interests of his patient demand that he make use of what they have contributed. Thus it is an appeal to the members of the orthodox school, and it is to be hoped that it will fall into the hands of a number of them. A reader of the NORTH AMERICAN could not be doing better missionary work than by presenting or loaning this little book to his medical neighbors.

A Call from Texas—The editor of the *Daily and Weekly Index of Mineral Wells,* Texas, writes to the NORTH AMERICAN to call attention to the fact that that place is a city of 8,000 people, a watering place and health resort where some 150,000 people visit during the year. There is room there for a competent, experienced homœopathist, and a *demand* for one.

Digitized by Google

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. B. 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.

DR. ALFRED DRURY, of Paterson, N. J., was married to Miss Adrienne Holmes, of that city, on April 20th. Dr. Drury's office and residence will be at 552 Fourteenth avenue. 'Phone: 1895—L.

DR. CATHERINE ARENDS has finished her interneship in the Laura Franklin Free Hospital for Children and is now located at 2708 Broadway, near 103d street, New York. Hours: 11-1, 5-7. 'Phone: Riverside 9523.

DR. BENJ. F. BAILEY, of Green Gables, Lincoln, Neb., is mourning the death of his father, who died at the age of ninety-one years in February last.

DR. C. E. SAWYER, of Marion, O., we are pleased to announce, is fully recovered from his accident and protracted illness and has resumed his professional and sanitarium work at the C. E. Sawyer Sanitarium.

DR. D. HENRY CHANDLER, N. Y. H. M. C., '92, died of pneumonia at his residence, "The Cedars," in Cornwall-on-Hudson, N. Y., on the morning of Thursday, March 19, 1908. During the past decade, the doctor has practised in Cornwall, and, notwithstanding the limited field, he was eminently successful. Dr. Chandler was born on February 21, 1861, in Little Britain, Orange County, N. Y., and received his early education there. In 1886, he graduated from Brown University. Six years later, having completed a course in the New York Homœopathic Medical College, he received the degree of M.D., and entered upon the practice of his chosen work. Indefatigable in his thirst for knowedge, he availed himself of every opportunity of adding to his learning, so that it was no infrequent sight to see him in New York attending some post-graduate course of study. In 1894, the doctor married Miss Antoinette C. Howell, of Newburgh, who, with two daughters and his brother, Oren J. Chandler, of Little Britain, survive him.

DR. CHARLES WOODHULL EATON, of Des Moines, Ill., died last March. He won distinction for himself and the homœopathic profession, not only in Des Moines, but all through the world. It will be recalled that he presented the exhaustive study upon internal vaccination at the last meeting of the American Institute.

Digitized by Google

The following resolutions were unanimously adopted at a special meeting of the Des Moines Homœopathic Medical Society, March 28, 1908:

Report of Committee on Resolutions on the Death of Dr. Charles Woodhull Eaton.

At the noon day of a noble life, in the midst of his labor, and at the zenith of his success and usefulness, our honored associate and co-worker, Dr. Charles Woodhull Eaton, has been translated to life eternal.

We recognize in his death the loss of one who has been a tower of strength to the Des Moines Homœopathic Medical Society and an influential support to the cause of homœopathy.

It may be said of him, his personality was the charm that endeared him, his earnestness the inspiration to others, his humor the magnet, and his faithfulness to the end his victory; parting with him is like bidding good-bye to sunshine.

We revere and cherish his memory. His invisible presence will long continue to be a blessing to us all, and we pray that the influence of his life may inspire us to higher purposes and larger faithfulness in our work.

DR. VAN ALSTYNE H. CORNELL of Trenton, N. J., announces his removal on may 11th, to 41 West State Street.

DR. CLARENCE C. HOWARD announces the removal of his office and residence to the Madrid, 180 West 59th Street, New York City. Office hours, 11 to 1 and 5 to 6.30.

C. GURNEE FELLOWS, M.D., has removed his office to the Marshall Field Annex, 31 Washington Street, Chicago.

DR. HILLS COLE returned from a brief business trip to England on May 11th. During the fortnight he was in London, in addition to other business, he made preliminary arrangements for the manufacture and sale of Anatomik Footwear in England.

NEW YORK NEWS

COMMENCEMENT WEEK IN NEW YORK CITY.—Another commencement week for the New York Homœopathic Medical College and Flower Hospital has departed, and the Class of 1908 has entered upon real work. One week's free practitioner's course was a successful novelty, which will probably be continued from year to year. A programme of "Therapeutic Week" is printed below:

MONDAY

1. Treatment of Bright's Disease.....Prof. Van den Burg
2. Grippe, General Management.....Prof. Rankin
3. Grippe, Homœopathic Therapeutics.....Prof. Howard
4. Treatment of Iritis and Glaucoma.....Prof. Norton
5. Homœopathic Therapeutics in Relation to Pregnancy. Prof. Hamlin

TUESDAY

6. Typhoid Fever, General Care.....Prof. Laidlaw
7. Typhoid Fever, Homœopathic Therapeutics....Prof. Pierce
8 and 9. High Frequency Currents.....Prof. King
10. Hyperæmia as a Method of Cure. The Bier Method. Prof. Dieffenbach

WEDNESDAY

Entire afternoon at Metropolitan Hospital, Blackwell's Island, Clinics.

Digitized by Google

2 p. m. Gonorrhœal Ophthalmia, Ophthalmia Neonatorum and Trachoma, Prof. Boyle.
3 p. m. The Medicinal Treatment of Female Pelvic Diseases, Prof. Bagg.
4 p. m. The Management and Therapeutics of Spinal Sclerosis and Hemipelgia, Prof. Howard.

THURSDAY

12. Alumni Day Exercises, Clinics, Commencement and Banquet.

FRIDAY

13. Scarlet Fever, Therapeutics and Management. Prof. Simonson
14. Eczema, etc., Treatment.....Prof. Dearborn
15. Treatment of Running Ears.....Prof. McDowell
16, 17. Treatment of Burns and Infected Wounds...Prof. Bishop
18. Bronchitis and Pneumonia, Homœopathic Therapeutics. Prof. Paul Allen

SATURDAY

19. Treatment of Multiple Neuritis.....Prof. Wilson
20. Genito-Urinary Diseases, Treatment.....Prof. Carleton
21. Diphtheria, Homœopathic Therapeutics and General Management.....Prof. J. W. Allen
22. Treatment of Epistaxis.....Prof. Teets

Thursday, May 14th, was the day of days. It was opened at 9 a. m. by Dr. King's address of welcome to the Alumni. A clinic on Orthopedic Surgery followed, conducted by Dr. Bingham.

At 10.30 Prof. J. T. Simonson described the principles underlying the food prescription for infants.

11.30 a. m. Dr. F. M. Dearborn held a clinic on diseases of the skin.

At 1 p. m. the members took luncheon in the Alumni Laboratory of the College. Three o'clock saw the Faculty of the College, many of the Alumni, the Graduating Class and friends assembled at Mendelssohn Hall, 40th Street, near 6th Avenue, to take part in the graduation exercises.

Dean King made the introductory address. Mr. Anson R. Flower, President of the Board of Trustees, presented diplomas to the following members of the graduating class:

Percival D. Bailey, Stacey W. Boyle, Arthur Whitton Buell, B.S.; Lloyd H. Clarke, Walter Estus Duel, Jr., Lyman Driesbach, Hubert Ellis, Harlan Grosvenor Farmer, B.S.; Louis W. Harnisch, Gedney Jenks, George E. Lane, John S. Maeder, Leonard F. Nearon, A.B.; H. B. Safford, A.B.; Philip J. Sheridan, Frank C. Shipman, A.B.; Ralph Walter Thompson, A.B.; George Starr White.

Dr. Clinton L. Bagg next awarded the clinic certificates of the Metropolitan Hospital.

As is usual, the excitement of the afternoon came with the announcement of the prize and honor men. The first Faculty Prize was awarded to Dr. Harlan G. Farmer. The prize consisted of a microscope. The second prize, also a microscope, was awarded to Dr. Frank C. Shipman. Dean King stated that only a small fraction of one per cent. separated the two prize winners.

The Alumnus Trustee Prize, an instrument case, awarded for the highest standing in all the Freshman, Sophomore and Junior studies, was conferred by Dr. Wm. W. Blackman upon Mr. Walter E. Hoffman, '09.

Digitized by Google

The honor men are the following: Leonard F. Nearon, Stacey W. Boyle, Lloyd H. Clarke, George E. Lane,

Prof. John W. Dowling, Secretary of the Faculty, announced the hospital appointments.

The afternoon's exercises terminated with an address to the Graduating Class by Rev. Archibald L. Love, D.D., Assistant Pastor of the Manhattan Congregational Church.

The meeting of the Alumni Association was held Thursday evening, May 14, at the Waldorf-Astoria. Dr. Wm. Tod Helmuth presiding.

This meeting was followed by the annual banquet at eight o'clock.

The good things on the menu disposed of, those present sat back and listened to the good things in the bill of air. First came Dr. Helmuth's address to the Alumni. It was a good address by a good man.

Dr. Ralph I. Lloyd, the toastmaster, was warmly greeted, a greeting not surpassed, he said, by any "except the one you receive when the baby gets there before you do."

Dr. King responded to the toast "The Present Status of the Homœopathic School," in the course of which he described how we have been "Oslerized."

Judge C. A. Moore responded to the toast of "Dixie" and made a decided hit. His description of the different boundaries of Dixie was very humorous, and one was delicately complimentary to his Northern brothers.

Mr. Cresswell McLaughlin responded to the toast "The Art of Saying Nothing Briefly." We are sorry he was unable to tell those "best jokes in the world;" but as it was a mixed gathering he was afraid the scientific points might be misunderstood.

The Rev. Geo. F. Dowling followed, speaking of "D.D. and M.D." He said the Dowling family might be able, as David Warfield in the "Music Master" said, to catch them "coming and going."

Dr. John E. Wilson, '83, responded to the toast "The Class of '83." He told many jokes at the expense of his classmates and described their early struggles. His description of one of his first patients, who had swallowed an apple core and who would not respond to the indicated remedy, but who did respond to an emetic administered by another doctor, was a good story; but we question the personal application.

Dr. Ralph W. Thompson, '08 held forth upon the toast "The Class of 1908." After a very interesting address he finished with the hope that the Alumni might be "hung, drawn and quartered"—hung with diamonds, drawn by a coach and four and quartered in mansions."

The banquet ended with a short address by our incoming President, Dr. J. P. Rand, '83.

On May 7th occurred the monthly meeting of the Homoeopathic Medical Society of the County of New York. An excellent program had been prepared, and without one exception was carried out to the satisfaction of those present. The downpour that had persisted throughout the day, evinced a determination to make a night of it, with the result that many seats were vacant that would otherwise have been filled.

Dr. Wm. Harvey King had prepared a paper on "Fulguration Discharges." Owing to his inability to be present, the paper was

Digitized by Google

read by the chairman of the committee on physical therapeutics, Dr. W. H. Dieffenbach, who read of the "dry" and French "wet" methods of treatment, and the great possibilities of this form of electrical therapeusis in the reduction of the size of tonsils and adenoids; also in the cure of chronic ulcerations—in fact in innumerable conditions.

Dr. Charles F. Boldman, Bacteriologist of the Research Laboratory of the New York City Health Department, described the methods pursued by that department in dealing with cases of cerebrospinal meningitis.

He was followed by Dr. James W. Jubling, of the Rockefeller Institute for Medical Research, who described the serum treatment for this terrible disease.

Both papers were listened to with great attention by those present, and a vote of thanks was given to the two visiting doctors.

The Committee on Materia Medica had a long list of doctors down to discuss the Homœopathic Therapeutics of Epidemic Cerebro-Spinal Meningitis, but through one reason and another all but Dr. J. T. Simonson were absent, but he ably sustained the reputation of the homœopaths by giving his experience with potencies of strychnia. He was very conservative in his statements, but certainly had some grounds for thinking that strychnia had done some good.

Dr. Howard A. Foster was elected an active member.

Dr. H. L. Fifield of Southington, Conn., was elected a corresponding member.

The Academy of Pathological Science held its regular monthly meeting on Friday evening, April the twenty-fourth, at the Cumberland, 54th Street and Broadway. The Society was entertained by Drs. Bingham, Danforth, Dowling, Holden, House, Ives, Kellogg, King, Laidlaw and J. C. Miller.

A most interesting paper by Dr. C. H. Duncan on the treatment of trifacial neuralgia by the injection of alcohol was illustrated by the performance of the operation on the head of a cadaver. Dr. J. H. Fobes discussed the paper.

Dr. W. H. Dieffenbach presented a paper on the differential diagnosis of diseases of the osseous system, by means of the Roentgen rays, giving lantern slide demonstrations of Osteoma, Osteomyelitis, Osteosarcoma, Enchondroma, Cysts, Tuberculosis, Syphilis, etc. Being by Dr. Dieffenbach, it is needless to say the paper was well worth taking a pilgrimage to hear.

Dr. A. Birch of White Plains and Dr. G. S. Ritch of Brooklyn were elected to membership in the Society.

The New York Homoeopathic Materia Medica Society held its regular monthly meeting at the home of its President, Dr. E. Wilton Brown, at Mt. Kisco, Wednesday evening, April the twenty-second. As was anticipated, a most successful evening was the result. After an informal reception, supper was served, following which the members indulged in a spirited discussion of the drugs gelsemium and glonoine. Graphites was on the list for discussion, but owing to the interest displayed in the drugs preceding it, the lateness of the hour made it necessary for the president to postpone the discussion of this remedy to the next meeting.

Those anxious for a renaissance in the study of homœopathic therapeutics should help its coming by renewing their interest in this society.

Digitized by Google

Below is an outline of the program for the coming year:

The president, Dr. E. Wilton Brown, has formulated a plan whereby the work of the society will be made much more valuable. He will send to each member cards on which they are to report clinical uses and verifications of the drugs under discussion. These are to be mailed to the secretary by the members who cannot be present, and they will be read at the meeting, and then kept as permanent records.

The following is the list of drugs which will be discussed during the year: May 27th, graphites, hepar sulph, mezereum; October 28th, nux vomica, Paris quad; November 25th, psorinum, pulsatilla; Dec. 23rd, rhus tox, rhodendron.—REEVE TURNER, M.D.

Kings County (N. Y.) Society—The 419th regular meeting was held in the Medical Library Building on May 12th, when two very interesting papers were read and discussed: The Sanatorium Treatment of Tuberculosis (illustrated by over 100 lantern slides), by Prof. Herbert C. Clapp, M.D., of Boston University School of Medicine, and the Principles of Homœopathy, by John P. Rand, M.D., of Worcester, Mass.

BOSTON ITEMS

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The regular monthly meeting of the Boston Homœopathic Medical Society was held at the Boston Society of Natural History Building on the evening of May 7, 1908.

The chief paper of the evening was one given by Dr. Arthur H. Ring, of the Arlington Health Resort. Subject, "Mind Physiologically Interpreted." This was a most interesting paper, and its discussion was participated in by some of the most prominent physicians of the society. The following conclusions as expressed in Dr. Ring's summing up will serve to give an idea of his treatment of the subject.

(1.) That psycho-physics and psycho-pathology are as yet infant sciences and that their importance justifies us in giving them careful scientific attention, both through the synthetic methods of physiology and the analytic scheme of psychology. Also that we should master it ourselves before committing it to the scrutiny of the laity.

(2.) That advance lies in a study of brain physiology and pathology. That we must begin with the fibrillated neuron and build with it three systems of reflex arcs viz: (a) the spinal, (b) the sensory motor and (c) the idea motor, association arcs, and combine these into a conscious volition and rational being.

(3.) That all the higher brain functions, reasoning judgment, attention, will, etc., may be explained by various syntheses of these association fibers and that this conception gives us a basis upon which to formulate and study the various normal and abnormal states of consciousness, and

(4.) That the first step towards this study is the establishment of instructions and clinics where students may be taught methods and the mind practically studied.

A CORRECTION. This correspondent wishes to correct an error in the report of the Annual Meeting of the Massachusetts Homœopathic Medical Society by which Dr. H. C. Clapp was credited with having proposed the erection of a tablet in Boston University Medical School to the memory of Dr. Hans Gram, the pioneer of homœopathy in this country. The idea originated with the retiring

president, John P. Rand, M.D., who has had the matter under consideration for some time and suggested it to the State Society in the course of his presidential address. Later the motion to put Dr. Rand's idea into effect was made by Dr. H. E. Spalding and was unanimously carried by the society.

THE TWENTIETH CENTURY MEDICAL CLUB (WOMAN'S) is planning to celebrate its tenth anniversary by a reception to members and other women physicians at Hotel Charlesgate on the evening of May 20th. A most enjoyable occasion is anticipated.

CLINICAL WEEK—Schedules are already out for the clinical week at Boston University School of Medicine, June 6. The hours are so arranged to give an opportunity for visitors to see work in those specialities in which they may be interested, and some of our best specialists will give their services. There is every indication that the clinics will be well attended.

CHICAGO ITEMS

PROF. AND MRS. GEORGE F. SHEARS are having a spring vacation.

DR. AND MRS. MAXILIAN J. HUBENY have taken up their permanent abode at 1725 Wellington Avenue, corner Evanston Avenue.

DR. E. H. PRATT announces a most interesting free surgical clinic for May 19, 20 and 21, at Hering Medical College, corner Wood and York Streets.

DR. WILLIAM E. BOYNTON has opened an office in the Marshall Field Building, 31 Washington Street, Suite No. 935, hours 3 to 5. The doctor continues his Englewood office in the Merrick Building, Corner 63d Street and Stewart Avenue.

THE FIFTY-THIRD ANNUAL CONVENTION OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCITION was called to order by the President, Dr. E. A. Smith, of Freeport, Ill., at 9.30 the morning of May 12th, under most favorable conditions. The weather, which was rainy continuously for two weeks, had cleared and the temperature was that of summer rather than of spring. About 150 physicians registered the first day, and many more came later. Quoting from the President's address, there are 1,450 homœopathic physicians in this State. "Organization" is the watchword, and no effort is being spared to have every physician affiliate with his local society. "Better have one obstreperous-minded president of a local society than six physicians without local affiliation." The enrolment of the American Institute of Homœopathy is 2,207. President Smith made a most rational and urgent appeal to the physicians to work for the good of the cause, in order that there may be a perpetuation of the principles for the observance of which the Association was organized. Vice-President Cobb appointed Drs. Blackwood and McDonald a committee to report on the President's address.

Wednesday afternoon the Bureau of Pediatrics was proved to be a most interesting meeting. Prof. J. R. Angell, of the University of Chicago, and Dr. Daniel P. MacMillan, director of the Child Study of the Public Schools of Chicago, gave interesting and instructive addresses. "The Effects of Physical Deformities on Mental Development," by Dr. Joseph P. Cobb was discussed in a very appreciative and practical manner. Dr. Anson Cameron was chairman of the bureau.

Digitized by Google

On the 12th and 13th, the Wisconsin Homœopathic State Society met in Milwaukee, Wis., and on the 14th and 15th, the last two days of the Illinois Association session, the members of the two State Societies met jointly in Chicago. Thursday afternoon Dr. Royal S. Copeland, President of the American Institute of Homœopathy, addressed the members of both societies on "The Relation of Homœopathy to the 'New Thought' in Medicine," and in the evening there was a meeting at Handel Hall, 40 Randolph Street, when Dr. Copeland gave a popular address entitled "What is Homœopathy?" to which the public was invited and attended in numbers.

On Friday the societies were the guests of the faculty of the Hahnemann Medical College and Hospital, where the entire day was devoted to clinics in every department. The Chicago meeting was not only a very important event in itself, but it was also a grand rallying point for the national meeting in Kansas City six weeks later.

THE AFTER DINNER CLUB, as usual, entertained the women members of the Illinois and Wisconsin societies at a six o'clock dinner Thursday evening, adjourning in time to attend the evening meeting and hear Dr. Copeland.

The Woman's Athletic Club of this city, through Dr. Mary E. Hanks, extended the courtesies of the club to the women attending the convention.

At the April meeting of the After Dinner Club discussion was had upon "Dr. Kraft's Paper, published in the previous issue of *The Clinique*.—CHRISTIAN BERGOLTH, M.D.

Woodside Cottages at Framingham, Mass., on Indian Head Hill, are designed to afford an opportunity for careful study and individual treatment of chronic diseases. Especially adapted to functional nervous troubles, convalescent and rest cases. A perfectly hygienic and simple environment is provided where especial attention is paid to the intellectual and physical needs of each patient.

It is reported that suit has been entered in the U. S. Courts, by the Borden's Condensed Milk Co., a corporation of New Jersey, against Horlick's Malted Milk Co., of Racine, Wis., for the sum of $50,000 damages, on the ground that the business methods of the latter company have interfered with the sale of the Borden's malted milk, seeing that the Horlick's Malted Milk Company claim their product to be the original and only genuine.

Infant Feeding—Cow's milk, alone, however pure, is neither an adequate nor a well-balanced food for continued feeding. It is always desirable, therefore, to increase its digestibility and augment its nutritive value by the addition of other food substances, and this is the particular mission of Benger's Food. This valuable product has been found of very great service in solving the dietetic problems of child feeding, and extensive clinical experience has shown that it is assimilated, and thus able to promote bodily nutrition.

Chronic Constipation—"Chologestin was administered with most satisfactory results; the patient, a gentleman age sixty-eight, suffering from chronic constipation, vertiginous attacks and extreme flatulence—complete recovery."

Digitized by Google

Book Reviews

The Diagnosis and Treatment of Pulmonary Tuberculosis, by Francis M. Pottenger, A.M., M.D. Monrovia, California, Medical Director of Pottenger Sanitorium for Diseases of the Lungs, Professor of Clinical Medicine, Medical Department, University of Southern California, etc., etc., 377 pp., $3.50 net. New York, William Wood & Co., 1907.

Many books on tuberculosis have recently appeared, most of them with but distinctive value. Few of them have presented satisfactory treatment of the early and late diagnosis of tuberculosis, and very seldom has any author taken that broad view of the subject demanded by recent advancement. Dr. Pottenger discusses very clearly the measures which are of greatest value in bringing about improvement or cure. He describes remedial measures in six classes, viz.:

1. Those which aid in bringing about immunity,—as fresh air, hygienic measures, diet, hydrotherapy and tonics.

2. Immunity, produced by artificially stimulating the body cells. Here we find vaccination or treatment by injection of the specific products of the bacillus.

3. The various antitoxic sera.

4. Those measures which cause an increased flow of blood to the seat of infection. Bier's hyperemia, Finsen light and poulticing are found in this class.

5. Remedies and measures which relieve symptoms.

6. Those which are directed towards the cure of accompanying mixed infection. The last chapters deal with "The Duty of the State in the Prevention of Tuberculosis," "A Study of Tuberculous Infection," "Culture Products in the Treatment of Tuberculosis" and "A Critical Study of Tuberculosis." The book is well worth careful reading.

A Text-Book of the Practice of Medicine, by James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Eighth Revised Edition. Octavo of 1317 pp., fully illustrated. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; Half Morocco, $7.00 net.

Eight large editions of this excellent work are sufficient evidence of its value. The rapid exhaustion of each edition has made it possible to keep the book absolutely abreast of the times, so that Anders' Practice has become justly celebrated as the most up-to-date work on practice. In this edition extensive changes have been made throughout the entire work, many of the sections having been practically rewritten. Particular care has been taken in the revision of the large group of infectious diseases, incorporating the knowledge gained from recent investigations. Tropical and sub-tropical diseases have received special consideration. It is one of the best single volume works now before the profession and one of the best text-books for medical students.

Modern Medicine: Its Theory and Practice. An original contribution by American and foreign authors, collected by William Osler, M.D., Regius Professor of Medicine in Oxford University, England; Honorary Professor of Medicine in Johns Hopkins University, Baltimore, etc., etc. Assisted by Thomas McCrae, M.D., Associate Professor of Medicine, Johns Hopkins University, Volume III., Infectious Diseases Continued—Diseases of the Respiratory Organs. Illustrated, Lea Brothers, Philadelphia and New York.

Digitized by Google

Volume third of Osler's System of Medicine fully sustains the great reputation gained by previous issues. In scientific and practical value the contributions to volume third are noteworthy and will satisfy the most critical. The subjects treated and the authors are as follows:

"Malta Fever, by Col. David Bruce, C.B., F.R.S., D.Sc.

"Beriberi (Kakke)," by Maximilian Herzog, M.D., Pathologist to the Michael Reese Hospital, Chicago, Ill., etc.

"Anthrax, Rabies, Glanders," by Mazzek P. Ravenel, M.D., Professor of Bacteriology in the University of Wisconsin, etc.

"Tetanus," by James W. Anders, M.D., Professor of Theory and Practice of Medicine, Medico-Chirurgical College, Phila, etc.

"Gonococcus Infection," by Rufus L. Cole, M.D., Associate in Medicine in Johns Hopkins University.

"Leprosy," by Isadore Dyer, Ph.D., M.D., Professor Diseases Skin, Trelane University, New Orleans.

"Tuberculosis: History and Etiology," by Edward R. Baldwin, M.D., Saranac Laboratory for Study of Tuberculosis, Saranac Lake, N. Y.

"The Pathology of Tuberculosis," by W. G. MacCullum, M.D., Associate Professor of Pathology Johns Hopkins.

"The Symptoms of Tuberculosis," by Lawrason Brown, M.D., Adirondack Cottage Sanitarium, Saranac Lake.

"The Diagnosis and Prognosis of Tuberculosis," by Lawrason Brown, M.D.

"The Prophylaxis and Treatment of Tuberculosis," by Lawrason Brown, M.D.

"Syphilis," by William Osler, M.D., and John W. Churchman, M.D.

"Infectious Diseases of Doubtful Nature," by James R. Boggs, M.D., Associate of Johns Hopkins.

In Part II we find:

"The Mechanics of Respiration and of the Respiratory Tract," by Thomas R. Brown, M.D., Associate in Medicine in Johns Hopkins.

"Diseases of the Naso-Pharynx, Pharynx and Tonsils," by Francis R. Packard, M.D., Professor of Diseases of Nose and Throat in Phila. Polyclinic.

Hay Fever," by W. P. Dunbar, M.D., Director of Hygienic Institute, Hamburg, Germany.

"Diseases of the Larynx," by H. S. Berkett, M.D., Professor of Laryngology, McGill University.

"Diseases of the Bronchi," by A. McPherson, M.D., Professor of Medicine University of Toronto, Canada.

"Diseases of the Lungs," by Herbert Amory Hare, M.D., Professor of Therapeutics and Materia Medica, Jefferson Medical College.

"Diseases of the Pleura," by Frederick T. Love, M.D.

"Pneumothorax," by Walter B. James, M.D.; and "Diseases of the Mediastinum," by Henry A. Christian, A.M., M.D.

Digitized by Google

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., 552 14th avenue, 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 Bergoltb, 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.

NEW YORK NEWS.

The doctors of New York City are beginning to look vacation-ward:

Dr. A. B. Norton, Dr. Walter Gray Crump and Dr. W. H. Diffenbach will indulge in the reprehensible practice of spending their money in Europe. Others there are who will go across the sizable stretch of H_2O, but up to date we have not ascertained their names.

DR. HOMER I. OSTROM will spend the Summer at his beautiful country place, "Wonder-Strand," on Cape Cod.

Dr. A. B. NORTON, 16 West 45th Street, New York, will sail for Europe July 3d, to return September 22d. Dr. WILLIAM MCLEAN, who has been associated with Dr. Norton for the last four years, will be in his office daily during his absence.

Dr. W. H. VAN DEN BURG, 30 West 48th Street, New York, will be out of town from June 30th to September 15th. During his absence patients are referred to Dr. P. C. THOMAS, 243 West 99th Street, or to Dr. H. C. SAYRE, at the same address. (Hours, 9 to 11; 5.30 to 7. Telephone, 6627 Riverside.)

Dr. H. WORTHINGTON PAIGE, of Oneonta, N. Y., contributed an article on Local or Absorbent Treatment to a Symposium on Adenoids and Diseases of the Tonsils, which was one of the features of the program of the Senm-annual Meeting of the Oneonta County Medical Society, held in the Court House, Cooperstown, on June 9. Another evidence of the breaking down of the old barriers.

Dr. ROYAL D. COPELAND, of Ann Arbor, has been appointed dean of the New York Homœopathic Medical College, to take the place of Dr. Wm. Harvey King, who resigned after six years' service. It is rumored that Dr. Copeland is bringing with him "a big stick," cut from Michigan forests, and that "harmony and homœopathy" are to be the dominant features of the institution under his regime, or the new dean will want to know the reason why.

DR. CHARLES H. DUNCAN is assistant at the Polyclinic in this city. He is in the surgical department, and while working in this branch of medicine he is making converts to homœopathy.

Digitized by Google

Two books by two good homœopaths are to be noted: A book on Nervous Diseases by Dr. John Eastman Wilson, well illustrated and up-to-date; a book invaluable both for students and practising physicians. Just the right size, not too brief nor too prolix. Dr. Reuel Benson has written and has had published a book on the care of infants, for the use of mothers, nurses and all who care for the little people. This, too, is the right book at the right time. Dr. Benson is to be congratulated, also, on starting a milk station where mothers can get the proper milk for their nursing infants. A trained nurse is in attendance and all necessaries are supplied for ten cents daily. Each case is given personal attention and modified milk supplied. This is not a Pasteurized milk station; and we believe there is not another like it in the city.

More activity like the labove among homœopaths in New York City please!

THE NEW YORK HOMŒOPATHIC MATERIA MEDICA SOCIETY held its monthly meeting Wednesday evening, May 27th, at the residence of Dr. O. R. Von Bonnewitz, 311 West 95th Street.

The drugs discussed were geraphites, heparsulfur and mezercum.

The following were elected to membership:

Dr. G. Carlton Dominick, Hotel Devon, 70 W. 55th Street;

Dr. L. St. Clair Hitchcock, Hotel Marie Antoinette, 67th Street and Broadway;

Dr. E. Kingsland Johnson, 144 W. 127th Street;

Dr. J. Monroe Liebermann, 27 W. 114th Street.

THE ACADEMY OF PATHOLOGICAL SCIENCE was entertained by Dr. Walter Gray Crump at his home, 837 Madison Avenue, Friday evening, May 29th.

An interesting program was presented.

Dr. Leonard W. Ely described a new theory of the mechanism of Colles fracture.

Dr. Nathaniel H. Ives described a case of acute yellow atrophy of the liver in a pregnant woman.

Drs. Ephraim D. Klotz and Bond Stow presented the history of a case of chronic myocarditis, resulting in sudden death from cardiac rupture. Dr. Stow exhibited the pathological specimenss relating to the case.

Dr. Crump exhibited a child with congenital occlusion of the vaginal orifice.

All of the papers were interesting and were well discussed.

The following were elected to membership:

St. Clair Hitchcock, M. D., Hotel Marie Antoinette, N. Y. C.;

John B. Campbell, M.D., 435 Putnam Avenue, Brooklyn, N. Y.;

Charles Lehman, M.D., Long Island City.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK held itss regular monthly meeting in Gynealogical Hall, 226 West 58th Street, Thursday evening, June 11th.

The following program was an interesting finale to the season:

COMMITTEE ON CL'NICAL MEDICINE,
Dr. J. Perry Seward, Chairman.

I. Ergot as a Remedy in the Treatment of Gangrene, by Dr. John Hudson Storer, Visiting Physician to Hahnemann and Metropolitan hospitals; discussed by Dr. George E. Tyler, Dr. George W. Whitney, and Dr. Rudolph F. Rabe.

Digitized by Google

II. Diagnosis of Early Pulmonary Tuberculosis by Clinical Examination, by Dr. Walter Sands Mills, Visiting Physician to Metropolitan Hospital; discussed by Dr. H. G. Sloat, Dr. Jas. D. Miller, and Dr. R. A. Benson.

The New York College.— Dr. W. H. Blackman, the alumnus trustee, sent out last February a circular to all alumni of the college, asking them how they thought the college could be improved. The response to this circular was very gratifying, over 400 replies being receivved. The opinion of all seemed to be that a homœopathic college should teach homœopathy, so that when their students graduate, they will not only know why they are homœopaths, but will stand as loyal exponents of this system of practice. This report was submitted to the Alumni Association at its annual meeting on May 14th, and as a result the following committee was appointed to confer with the trustees for the betterment of the college: Drs. Herbert D. Schenck and Daniel Simmons of Brooylyn, J. B. Gregg Curtis of Washington, John P. Rand of Worcester, Mass., Edwin H. Wolcott. of Rochester, N. Y., and W. S. Garnsey of Gloversville, N. Y.

Dr. Wm. Harvey King, who has been the efficient Dean of the College for the past six years, resigned the Deanship, and refused to reconsider his determination. After a careful consideration of men available for this important position, the trustees are fortunate in being able to announce the appointment of Dr. Royal S. Copeland, of Ann Arbor. Dr. Copeland will devote almost his entire time to the upbuilding of the College. Those alumni who know this energetic and popular worker—and who in the profession does not know the popular President of the American Institute—may congratulate themselves that the college is to obtain the services of so able an executive and so good a homœopath.

New York State Society.—The Homœopathic Medical Society of the State of New York will hold its semi-annual meeting at Elmira on the 22d and 23d of September. Efficient bureau chairmen have been appointed, so that a good scientific session is probable. The entertainment committee have arranged a fine program for the ladies, including a trip to Watkins Glen. President Wm. S. Garnsey and Charles T. Haines, M.D., the Chairman of the Committee on Increasing Membership, are anxious to obtain as many new members as possible, and so ask that all old members assist by obtaining at least one application. Blanks may be obtained from Dr. Haines of Utica, or the Secretary of the Society, Dr. Bert B. Clark, 6 West 129th Street, New York.

Wanted.—Homœopathic Resident Physician (lady) in high-grade Sanatorium. State qualifications. Address reply to Alpha, North American Journal of Homœopathy, 1748 Broadway, New York.

Wanted: A physician in an old and established sanitarium for nervous and mental invalids. Preference for a college graduate, single, experienced in general practice. Address "Private Hospital," care of North American Journal of Homœopathy.

Digitized by Google

CHICAGO ITEMS.

DR. WM. C. BRIDGE, of Elgin, Ill. (Chicago Homœopathic College, '86), had a pleasant vacation in Chicago the first week in June.

THE PATHOLOGICAL EXHIBIT of the A. M. A., early in June, attracted large numbers of the profession irrespective of schools or 'pathy.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY introduced an innovation at its meeting, June 9th, designated "Ladies' Night." The address of the evening was delivered by Prof. N. B. Delamater, entitled "the Pathology of Temperament." It was most instructive, valuable and interesting, notwithstanding it is a difficult subject to present. To many of the physicians present it was a new consideration. Light refreshments were served at the close of the program.

THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION at its annual session in May, elected the following officers: Dr. Joseph Pettee Cobb, Chicago, president; Dr. W. R. Armstrong, Springfield, first vice-president; Dr. Charles E. Kahlke, Chicago, second vice-president; Dr. Burton Haseltine, Chicago, secretary; Dr. R. H. Street, Chicago, provisional secretary; Dr. E. C. Sweet, Chicago, treasurer.

THE BUFFALO TENT ROCK COLONY, three miles west of Ottawa, Ill., is now open to patients suffering from neurasthenia, mild dementia, drug habits and tuberculosis in its incipiency, and for convalescents from operations and acute diseases. Dr. Joseph P. Cobb, of Chicago, is president. Dr. W. E. Taylor, superintendent of the Western Illinois Hospital for the Insane, is consulting physician and Dr. E. Don Taylor, his son, is resident physician. Tents of the Colorado-House type are being installed; there is also a series of open-air cottages, arranged on a curve, wind-proof and fire-proof, in which people may live with all the advantages of the tent dwellers. Each cottage is a single room fronted by a glass-roofed porch. All are connected by a corridor. The enterprise is backed by a number of well-known Chicago physicians and business men in co-operation with several citizens of Ottawa, and has the support of the Illinois Homœopathic Medical Association.—C. BERGOLTH, M.D.

Utah State Society.—At a meeting held at the Wilson Hotel in Salt Lake City, on the 14th of May, a start was made at the organization of the Utah State Homœopathic Medical Society. Dr. Dart, of Salt Lake, is temporary president, and Dr. Wherry, of the same city, is temporary secretary. A date in the early part of July has been set as the time at which the organization is to be perfected. Dr. Mills, of Ogden, is expected to represent the state at the Kansas City meeting of the American Institute. Already three applications are in sight for membership in the national organization.

The number of practitioners of similia is not very many out here in the inter-mountain region, but there are some of the best opportunities anywhere in the world for new graduates or any one who is seeking a location. This section of the country is growing very rapidly, climatic conditions are ideal, and newcomers are welcome.—E. P. MILLS.

Digitized by Google

BOSTON NOTES.

CLASS DAY AND FACULTY RECEPTION.—The evening of June 1, 1908, found the graduating class of the Boston University Medical School enthusiastically entertaining their guests at the Medical School buildings. The early part of the evening was given up to the more formal part of the program, which consisted of class history, valedictory, a presentation of a class photograph to the college, and the "Address for the Faculty," by Prof. Arthur W. Weysse, Ph.D., M.D., on "The Immediate Future in Medicine."

The special feature of the program was the presentation to the College of a "Mural Tablet in Membory of Hans Burch Gramm, M.D.," who introduced homœopathy into America. This presentation was in accordance with the suggestion made by Dr. J. P. Rand, the retiring President of the Massachusetts Homœopathic Medical Society, at the annual meeting in April last, and acted upon enthusiastically by the society. The presentation was made by Dr. Nathaniel R. Perkins, the present president of the State Society. The tablet is a very handsome one of bronze.

After the exercises in the amphitheatre were concluded, there was an adjournment to the Microscopical Laboratory, where a reception was held by the Faculty of the College, and dancing was enjoyed. A collation was served in another apartment. Nineteen members constituted the graduating class, of whom seven were women.

TENTH ANNIVERSARY OF THE TWENTIETH CENTURY MEDICAL CLUB.—On the evening of May 20, 1908, an interesting occasion was observed at Hotel Charlesgate, Beacon Street, it being the tenth anniversary of the Twentieth Century (Women's) Medical Club. Physicians not of the society were present as guests, and a good number of the members were in attendance. Eight of the nine ex-presidents were in the receiving line and the present president, Dr. Marian Coon, acted as hostess.

The event was held in the music room of the hotel, opening out of which is the beautiful "moated garden." The rooms presented a fine appearance and the greeneries made an effective background for the evening gowns of the ladies.

Two women to whom the club owes much of its prosperity deserve special mention: Dr. Clara E. Gary, its founder and Dr. Caroline Hastings, its first president. After refreshments had been served, the members and their gusts listned to remarks from each of these and from others who have the welfare of the club at heart. It was in every respect a pleasant occasion, but was especially happy as giving us an opportunity to meet and clasp by the hand some of our professional sisters of the other school.

CLINICAL WEEK AT BOSTON UNIVERSITY SCHOOL OF MEDICINE.—A clinical week has become something of a fad within the past few years at some of the medical schools. This year the scheme was put into successful operation at the Boston University School of Medicine. About two hundred and fifty medical men applied for tickets to the course, and of these the majority were of the old school. The clinics were extremely well attended and everything moved smoothly and well, the program being carried out almost without alteration.

Digitized by Google

There were so many interesting operations and exhibitions of cases that it is not easy to choose among them for special mention, and the fact that more than thirty professors of note contributed material insured variety and value in the work done.

To mention a very few events of especial interest, the operation performed by Dr. G. H. Earl, by the Lorenz method, was of interest, especially to some who had had no previous opportunity to witness this operation. There was a fine showing at one of the clinics of various forms of cataracts, some of which were operated; and Dr. Winfield Smith did a lumbar puncture in a case of meningitis which was under the care of Dr. Frank C. Richardson.

The physicians who arranged the Clinical Week are to be congratulated upon the quality of the program presented and the interest with which it was received.

MASSACHUSETTS SURGICAL AND GYNECOLOGICAL SOCIETY.—The Seventieth session of the Massachusetts Surgical and Gynecological Society was held in Pilgrim Hall, Beacon Street, on the afternoon of Wednesday, June 10, 1908. This was the occasion of the report of the Bureau of Surgery; James P. Stedman, M.D., chairman. The meeting having been opened by the president, Dr. Edgar A. Fisher, and the preliminary business attended to, Dr. Stedman presented the following program: 1. "Report of a few cases observed during winter service at the Massachusetts Homœopathic Hospital," Winfield Smith, M.D.,; 2. "Some Deductions drawn from the History and Treatment of One Hundred Fibroids," Waldo H. Stone, M.D.; 3. "Opsonic Therapy in its Relation to Surgery," William H. Watters, M.D.; 4. ("Embolism following Operations," Nath. W. Emerson, M.D.

Dr. Winfield Smith presented some interesting cases and exploited the short incision and the early getting-up of patients after operations for abdominal conditions. Many of his patients are gotten up on the third day, some even on the second after operation. In connection with the discussion on this paper, an animated exchange of opinion took place as to the necessity for the abdominal belt after cases of appendicitis, etc. Several expressed themselves decidedly as opposed to its application, feeling that the condition of the patient is much better in the end if allowed to get up free from all restraint. Some gave a theoretical opinion against the use of the belt, but confessed to a lack of courage to do away with it entirely. The consensus of opinion seemed to be that in emaciated patients it is practically of no value as it is not possible to get sufficient pressure over the abdominal wall to produce any effect, while in patients with full abdomens, it is at least precautionary and can do no harm to apply a light belt for a short time after operation.

The paper of Dr. Stone was unique and, aside from its intrinsic value,, was of use in inducing earnest discussion. Dr. Stone gave a partial history of one hundred cases of fibroid tumor of the uterus which had been treated medically with most satisfactory results. He feels that his record compares favorably with an equal number of cases treated operatively, and so is inclined to keep most of such patients from the surgeon's knife. Many of the surgeons joined in the discussion which followed. Dr. Stone's treatment consists in the use of calcarea carb., and calcarea iod., usually in 3x to 6x attenuations. He also uses in some of his cases the Longstreet corset, which is an invention of Dr. Longstreet of Philadelphia, and

Digitized by Google

is peculiar in having a band of stout webbing attached to the lower edge of the corset which can be so adjusted as to fit over and raise up the rounded abdomen of a patient with a fibroid tumor. It is claimed that the tendency of the pressure so exerted is to favor absorption and that under its continued application these growths sometimes entirely disappear.

Dr. Watters' paper on the Relation of the Opsonic Therapy to Surgery, opened with a resumé of the theory of opsonic treatment. Dr. Watters then gave a brief history of certain cases which had been under this treatment and had recovered apparently better and more rapidly than under the ordinary means of cure. Among these cases were serious and persistent furunculosis, one of septic finger which threatened amputation of the fore-arm, and several grave cases of peritonitis. The charts of these cases showed a decided fall in temperature and relief of symptoms under the opsonic treatment, and the results obtained even thus early seem to indicate that a decidedly valuable adjunct to present treatment is being developed.

A very pleasant feature of the occasion was the discussion of Dr. Watters' paper by Dr. George P. Sanborn, of the Boston City Hospital Pathological Department, who is doing for the City Hospital a similar work to that of Dr. Watters at the Massachusetts Homœopathic Hospital.

Dr. Emerson's paper on Embolism was very instructive, and was drawn from a series of 342 cases, under his own observation, of uterine fibroid in which this condition oftenest arises. His description of a patient in the state of rapid collapse which follows the occurrence of embolism was most graphic and induced reminiscences from other surgeons present who had had similar experiences.

At 6:30 p. m., the meeting was adjourned to Young's Hotel, where at 7 p. m. dinner was served to about 200 members of the society and guests. After dinner, popular songs and old-time melodies were played, those present joining in singing, and a sociable time was enjoyed by all.—GRACE CROSS, M.D.

The New Jersey State Homoeopathic Medical Society held its fifty-fifth annual session at Princeton on May 7th. President Ella P. Upham, M.D., of Asbury Park, called the Society to order at 10.45 a. m., and the Rev. Brenton Greene, D.D., Professor of Apologetics in Princeton Theological Seminary, gave the invocation. The Society were welcomed to Princeton by Professor A. H. Garfield, Professor of Politics in Princeton University and President-elect of Williams College. First Vice-President Charles F. Adams, M.D., of Hackensack, replied for the Society. Dr. Upham then gave the annual address of the president upon the subject Women in Medicine. This was an extremely valuable paper, and upon recommendation of the committee on the president's address, it was voted that it be printed and sent to all members of the society, and a copy be sent to the leading periodicals of the school. Several interesting reports were presented from the different homœopathic hospitals of the state. At noon luncheon was served at the Princeton Inn, and in spite of the storm it was found that over fifty were in attendance. The scientific session occupied the full afternon. The principal paper was presented by Dr. Lewis Gregory Cole of New York, on the subject of The Early Diagnosis of Pulmonary Tuberculosis by means of the X-Ray. This was illustrated in a graphic manner with the stereopticon, and proved to be of great

Digitized by Google

interest and value. Dr. George F. Laidlaw of New York also gave an up-to-date paper upon the Curative Powers of Medicine in Tuberculosis. Other papers of value were presented by Drs. George W. Roberts of New York, who spoke of the Treatment of Retro-displacements of the Uterus with Special Reference to Operative Methods, "Gynecology from a General Practitioner's Standpoint," by Dr. W. J. Barrett of Camden, and a paper on Acute Otitis Media, by Dr. L. E. Hetrick of Asbury Park. The following officers were elected: President, Dr. Charles F. Adams of Hackensack; Vice-Presidents, Drs. L. E. Griscom of Camden, C. H. Wintsch of Newark and A. W. Atkinson of Trenton; Recording Secretary, Dr. Alfred Drury of Paterson; Corresponding Secretary, Dr. C. F. Hadley of Camden; Treasurer, Dr. Llewllyn E. Hetrick, of Asbury Park. Censors: Drs. B. H. Garrison H. Ivins, J. H. McCullough, E. B. Allen and I. E. Cronk. The next meeting will probably be held at Lake Hopatcong in October.

Oklahoma Institute of Homœopathy—A call meeting of the Oklahoma Medical Institute of Homœopathy was held at Oklahoma City, April 15 and 16. This meeting was called for the purpose of hearing a report from the Legislative Committee, of which Dr. Hensley is chairman. The doctor made a very elaborate and interesting report, and through his efforts we expect homœopathy to be placed on an equal footing with all other schools. We also had two interesting papers, one on theory and practice, and one on obstetrics. We took in seven new members and received a goodly number of applications for membership in the American Institute. Kansas City may look out for a goodly number of physicians from this State. Three Delegates were elected to represent this State at the meeting of the American Institute at Kansas City. All in attendance displayed more zeal and enthusiasm than shown at any previous meeting.—MARY E. RAY, Secretary and Treasurer.

California Homœopathic Society— The 32nd annual session of the California State Homœopathic Medical Society was convened on May 13th at Riverside. A very interesting collection of papers was presented to the meeting, among the more original subjects being: Snake Poisons in the Plague, by Dr. Geo. H. Martin, San Francisco; Light: The Why of Its Influence Over Life, by Wm. Lawrence Woodruff, Long Beach; Croupous Pneumonia not Inflammation of the Lungs, by Thos. G. McConkey, San Francisco; Out of Door Sleeping, by Dr. Francis B. Kellogg, Los Angeles, and Infant Feeding Brought Up to Date, by Mary Stoltz, Redlands.

The customary business of the society was duly transacted, and opportunity was afforded for social affairs, including an automobile ride through Riverside and surrounding country, and a banquet to visiting members given by the Southern California members.

Michigan Homoeopathic Society—The 39th annual meeting of the Homœopathic Medical Society of the State of Michigan was held on Tuesday and Wednesday, May 19th and 20th, in Ann Arbor, Michigan. The program called for an early start, a Polyclinic being held at the University Hospital, Homœopathic, from 8 to 10 A. M. One of the most interesting features of the program was a Symposium on the Social Evil. Dr. S. H. Knight, Detroit, spoke of its relation to paternity; Dr. M. C. Sinclair, Grand Rapids, discussed its relation to maternity, and Dr. E. Louise Olerman, Detroit, dwelt upon its relation to infancy. A sign of the times was a contribution

Digitized by Google

to the Bureau of Mental and Nervous Diseases in the form of a paper on Religion and Medicine, by the Rev. Samuel S. Marquise, Detroit.

The Ann Arbor homœopathic physicians entertained the members of the Society at dinner at the Michigan Union Club House on May 19th. The remainder of the evening being given up to an illustrated talk by Dr. W. B. Hinsdale of Ann Arbor, in which many interesting phases of various diseases were presented by means of the stereopticon.

Connecticut Homœopathic Society—The 58th annual meeting of this society was held in Hartford on May 19th. A number of papers by visitors were presented, including one on Pernicious Vomiting Due to Acetone and Diacetic Acid in the Urine, by S. H. Blodgett, M.D., Boston, and The Preparation for and After-care of Abdominal Sections, by Grove S. Harrington, M.D., New York. Dr. H. A. Roberts, of Derby, Conn., read an interesting paper on the Homœopathic Treatment of Leucorrhea.

U. of M. Commencement.—An interesting series of functions marked Commencement Week at the University of Michigan. The seniors of the Homœopathic Medical Department held a Camp Fire Banquet in the woods west of Ann Arbor on Tuesday afternoon, June 16, addresses being made by members of the faculty and the class president; and the graduating class held a reception in the evening. Quinquennial reunions of medical classes were held on Wednesday. The commencement exercises were held in University Hall on University Hall on Thursday morning, June 18, and the Commencement Dinner followed. At 3 p. m. there was an informal reception to the faculty, the graduating class, and the friends of the Homœopathic Department, by Dr. and Mrs. Hinsdale.

The American Medical Association—More than six thousand physicians attended the annual meeting of the A. M. A. in Chicago during the first week in June. A new note was sounded when Dr. Herbert L. Burrell, president of the Association, took as the subject of his address the necessity of educating the public in scientific medicine for the purpose of creating a safe public opinion and co-operation in the altruistic work of the profession for the betterment of public health. The lines suggested for this educational effort were newspaper and magazine articles to be prepared by a publicity bureau, free public lectures, and the wise and discreet counsel and advice of the sound-minded family practitioner. Dr. Burrell expressed the opinion that the reaction from the habit of rushing off to this, that or the other specialist had already set in.

The oration in medicine, contributed by Dr. Wm. Sidney Thayer of Baltimore, dealt very largely with the part hitherto and hereafter to be played in sanitary science by the physician. This speaker, referring to the atmosphere of mystery with which the laity so often surround the art of healing, could not refrain from indulging in a veiled fling at homœopathy as follows: "People speak of belief in this, that or the other system of medicine, and on the basis of such belief recklessly hand over their bodies to some individual who asserts that his practice is based on a theory or system revealed as by inspiration to some fortunate mortal, perhaps yesterday, perhaps two hundred years ago."

The oration in surgery, by Crile of Cleveland, dealt with the

Digitized by Google

cancer problem, and Harrington of Boston, in the oration on state medicine, pointed out the need for constitutional amendments which will enable the national government to show as much concern for the health of the people as for their commercial privileges.

The election of Col. Gorgas to the presidency of the Association was a well-deserved tribute both to the personality and the professional ability of the one man upon whom depends the successful completion of the Panama Canal.

American Medical Editors' Association—One of the best gatherings of medical men is that which attends the annual meeting of the American Medical Editors' Association, which meets just prior to the A. M. A. Membership in this association is open to all engaged in medical journalism, and at its gatherings are heard the thoughts of some of the brainiest thinkers and writers in the medical profession. Last year for the first time homœopathic publications were represented, members of the staff of the *Homœopathic Eye, Ear, Nose and Throat Journal* and the NORTH AMETICAN JOURNAL OF HOMŒOPATHY being present. At the recent meeting in Chicago a homœopathic physician for the first time read an essay before the Association, taking as his subject a Plea for a Square Deal. The essayist pointed out the opportunity to the medical editor to improve the relationship between the separated sections of the medical community and chiefly by advising their readers to prove all things and hold fast to that which was good. On the whole the paper was remarkably well received, one well-known editor stating in discussion that it was his opinion an epoch-making contribution to the proceedings of the society. Another editor urged that the reader present the same paper to a gathering of homœopathic editors. There were one or two editors present who started in to attack homœopathy, but the president of the Association, Dr. C. F. Taylor, of the *Medical World*, recalled them to a discussion of the paper before them. It seemed the sense of the majority of those present that the essay contributed to a better understanding.

An Error of Omission.—Will you please inform your readers that the omission of the name of the Homœopathic Medical College of the University of Minnesota, at Minnesota, from the Annual Announcement and Program of the American Institute of Homœopathy, was an accident discovered too late for correction. Diligent search thus far has not disclosed how this error of omission occurred. It was an unusually unfortunate mistake, and no one regrets it more sincerely than FRANK KRAFT, M.D., Secretary, A. I. H.

Bromide Insurance— Among the chemists who have testified to the purity of the salts entering the composition of Peacock's Bromides, particularly as to its extraordinary freedom from chlorides and the absence of other usual impurities, are names of such eminent men as Edward H. Keiser, Ph.D.; H. Helbing, F.C.S.; F. W. Passmore, Ph.D.; Charles E. Caspari, Ph.D., and Edward Gudeman, Ph.D. Thus when a physician prescribes Peacocks Bromides he has the benefit of Bromide Insurance, as the preparation can be depended on to give the best possible results obtainable from bromides.

Digitized by Google

Book Reviews

Regional Leaders, by E. B. Nash, M.D., author of "Leaders in Homœopathic Therapeutics," "Leaders in Typhoid," "Leaders for the Use of Sulphur" and "How to Take the Case." Second edition. Revised and enlarged. 315 pages. Flexible leather, $1.50 net. Postage, 7 cents. Philadelphia. Boericke & Tafel. 1908.

Dr. Nash's name has become a household word among the practitioners of homœopathy, and his various "Leaders" have proved of great help to many a prescriber. It is not strange, therefore, that a second edition of "Regional Leaders" is called for. Keynotes as indications for drugs have stood the test, and medical students especially can hardly be expected to memorize much more than these leading symptoms. The arrangement of the names of the drugs and the indications in distinct columns makes it possible to use the book as a test of the reader's familiarity with its contents.

A Clinical Materia Medica. A course of lectures delivered at Hahnemann Medical College of Philadelphia by the late E. A. Farrington, M.D. Reported phonographically by Clarence Bartlett, M.D. With a memorial sketch of the author by Aug. Korndœrfer, M.D. Fourth edition revised and enlarged by Harvey Farrington, M.D. 826 pages. 8 vo. Cloth, $6.00 net. Half Morocco, $7.00 net. Postage, 40 cents. Philadelphia. Boericke & Tafel. 1908.

Farrington's Clinical Materia Medica needs no introduction to our readers. Published first in 1887, it has now reached a fourth edition. For the past few years the volume has been out of print, and it has been missed, especially by the newer accessions to the homœopathic profession. Dr. Farrington taught comparative materia medica, so that while his lectures nominally dealt with comparatively few drugs, he introduced into his teaching the indications for nearly every drug the average prescriber is likely to use. The publication of this edition is timely, for those outside the ranks are beginning to inquire for just such a book as Farrington's Materia Medica. Over forty pages of new matter have been added, including a full lecture on natrum arsenicatum. The indexes have been carefully revised and enlarged.

State Board Questions and Answers, by R. Max Goepp, M.D., Professor of Clinical Medicine at the Philadelphia Polyclinic. Octavo volume of 684 pages. Philadelphia and ondon: W. B. Saunders Company, 1908. Cloth, $4.00 net; Half Morocco, $5.50 net.

The questions here answered have been drawn from examinations conducted by various state boards during the past four years. They have been grouped and aranged, so that the book as a whole is a digest of the knowledge supposed by medical examiners to be essential to the practice of medicine. For anyone contemplating sitting for a licensing examination the book will prove very valuable.

A Text-Book of Surgical Anatomy, by William Francis Campbell, M.D., Professor of Anatomy at the Long Island College Hospital. Octavo of 675 pages, with 319 original illustrations. Philadelphia and Lon- W. B. Saunders Company, 1908. Cloth,, $5.00 net; Half Morocco, $6.50 net.

The object of the author of this book is to set forth anatomical facts only as they refer to that knowledge of the subject essential to the practice of surgery. The various regions are taken, one by one, and their important structures and landmarks sufficiently described. There is an abundance of good illustrations to elucidate the text. Interspersed here and there are surgical

Digitized by Google

suggestions based upon the anatomy of the region. The writer has not adopted the modern view that flat foot is a pronation of the foot due to muscular weakness. In this book all the blame is laid upon stretched ligaments. Yet the book as a whole is good enough and will prove of sufficient practical helpfulness to warrant its purchase.

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., Emeritus Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Phila. Volume III. Octavo of 1132 pages, with 562 text-illustrations and 10 colored plates. Philadelphia and London: W. B. Saunders Company. 1908. Per volume: Cloth, $7.00 net; Half Morocco, $8.00 net.

As each succeeding volume appears and is offered to the profession it is received with increasing appreciation. The general plan of the series is admirable and each individual volume fille its allotted place in a most satisfactory manner. It is seldom that a system of surgery is so cordially welcomed as has been Keen's. Some of the chapters in Volume III deal with surgery of the head, neck and nose. Elsewhere we find the ,'Surgery of the Breast," "Technic of Abdominal Surgery," Surgery of the Abdominal Wall," "Surgery of the Stomach," "Surgery of the Liver, Gall Bladder and the Biliary Ducts," and "Surgery of the Pancreas and Spleen." These titles give, of course, a very imperfect idea of the scientific value of the volume. Some of the notable contributors to this volume are Edward Wyllys Andrews, A.M., M.D., Professor of Surgery Northwestern, University Medical School; George Emerson Brewer, M.D., Professor of Clinical Surgery, Physicians and Surgeons' Columbia University; Harvey Cushing, A.M., M.D., Associate Professor Surgery, Johns Hopkins; John Chalmers Da Costa, M.D., Professors of Surgery, Jefferson Medical College; John F. T. Fenney, M.D., Associate Professor Surgery, Johns Hopkins; Dr. George Gottstein, Breslau, Germany; Dr. Albert Kecher, University of Berne, Switzerland; Charles H. Mayo and William J. Mayo, Surgeons to St. Mary's Hospital, Rochester, Minn.

Besides these distinguished writers there are a number of eminent contributions from England. Keen's Surgery should be in every physician's library and is simply indispensable to every surgeon.

Bier's Hyperemic Treatment in Surgery, Medicine and all the Specialties. A Manual of Its Practical Application. By Willy Meyer, M.D., Professor of Surgery at the New York Post-Graduate Medical School and Hospital, and Professor Dr. Victor Schmieden, Assistant to Professor Bier at Berlin University, Germany. Octavo of 209 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth. $3.00 net.

While it may not be exactly true to say that the now-popular hyperemic treatment was unheard of until practised or taught by Bier, it is sufficiently a new thing to the great bulk of the American medical profession as to create a need for a practical manual on the subject such as is here presented by Dr. Meyer, who has used Biers' method for the past fifteen years, and Dr. Schmieden, Dr. Bier's assistant. The book is well illustrated and the technique is clearly indicated.

Digitized by Google

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., 552 14th avenue, 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 Bergoltz, 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. C. R. STEVENS is now located at 233 West Forty-fourth Street, New York City.

DR. P. W. SHEDD has sent out cards bearing his new address: 204 West Seventy-eighth Street, New York City.

J. PERRY SEWARD, M.D., spends the summer from July 24th to September 18th at Monument Beach, Mass., referring his patients to Dr. GUY B. STEARNS, 119 West Eighty-second Street, New York.

DR. J. P. RAND has purchased the estate at No. 5 Benefit Street, Worcester, for an office and residence.

DR. HERBERT DANA SCHENCK, of 75 Halsey Street, Brooklyn, announces that from August 4th to September 1st he will be out of town, after which his regular office hours will be resumed. During his absence patients are referred to Dr. Charles E. Paine, 653 St. Mark's Avenue.

DR. ANDREW J. RICHARDSON, of 39 East Eighty-third Street, New York, desires to announce that he will be out of town until September 15th, except on Tuesday between 11 and 1 P. M. During his absence at Good Ground Dr. Arthur H. Richardson, of 55 East Ninety-third Street, will have charge of his practice.

DR. W. S. LANSING, formely of Hicksville, O., is now located at Somerville, N. J.

Deaths.—As we go to press word has been received of the decease of Dr. J. McE. Wetmore, one of New York City's oldest physicians, and for many years a prominent member of the New York County Homœopathic Medical College; and also of Dr. Frank Kraft, of Cleveland, O., secretary of the American Institutoe of Homœopathy and editor of the *American Physician*.

DR. MOSES T. RUNNELLS has been appointed Secretary of the American Institute by President Foster, on account of the death of Dr. Kraft.

Leo Tolstoy will celebrate his eightieth birthday on August 2. Arrangements are being made on a huge scale to adequately observe the day. Many physicians have been converted to the advantages of peace by a perusal of his great work on "War and Peace." His position in literature is of the highest, as, of course, everybody knows.—*Lancet-Clinic*.

Digitized by Google

MR. ANDREW CARNEGIE is said to intend giving $100,000, the amount necesary to complete the sum required for the Koch Institute in Berlin for the study of tuberculosis.

California State Board.—The eclectics now have the presidency of the California State Board of Medical Examiners in the person of Dr. J. Park Dougall of Los Angeles. The Homœopathists still continue to hold the Secretaryship of the Board, Dr. Tisdale having been re-elected. Dr. Chas. L. Tisdale graduated from the Hahnemann Medical College, Chicago, in 1878.—*Southern California Practitioner.*

New Jersey State Society.—At a meeting of the Executive Committee of the New Jersey State Homœopathic Medical Society it was decided to hold the semi-annual meeting at the Hotel Marlborough, Asbury Park, on October 6th and 7th, 1908, and the annual meeting at Cape May Hotel, Cape May, June 3d and 4th, 1909. Dr. H. F. Datesman, of Passaic, was appointed necrologist, and Dr. V. A. H. Cornell, of Trenton, was appointed chairman of the Legislative Committee. The following bureau chairmen were appointed: Materia Medica, Dr. Samual Long, of New Brunswick; Practice, Dr. Porter S. Kinne, of Paterson; Surgery, Dr. Charles A. Church, of Passaic; Obstetrics, Dr. Edwin DeBaun, of Passaic; Gynecology, Dr. Sara D. Smalley, of Newark; Pediatrics, Dr. W. H. Phillips, of Cape May; Sanitary Science, Dr. J. F. Beckwith, of Atlantic City; O. O. & L., Dr. L. E. Hetrick, of Asbury Park.

Leeds Homœopathic Dispensary.—The new premises of the Leeds Homœopathic Dispensary were recently opened by Mrs. Lowther at the new location, 4 Woodhouse Square. For the past thirteen years the dispensary has been housed in quarters both inconvenient and unsuitable. The new premises are bright and cheerful, and the committee feel encouraged over the outlook. Nearly $800 has been received toward the cost of removal, while the board room was completely furnished through the generosity of Miss Bulmer. The dispensary is doing a useful work in Leeds, while the volunteer medical staff are much appreciated. Mrs. Lowther was thanked for her help, and a silver brooch, representing the wand of Esculapius, was presented to her as a memento of the occasion. The fifteenth annual meeting of the institution was held at the conclusion of the above exercises. It was reported that nearly 5,000 patients had been treated during the year, among them many eye cases, which were attracted by the opening of this department, while in addition many visits had been made by the medical staff to patients who could not attend.—*British Homœopathic Review.*

Professional Building in Cleveland—A sixteen-story building, capable of providing office room for 400 physicians, with an emergency hospital, drug-store, assembly roof and library, is being planned by a number of Cleveland (O.) doctors. Already over fifty doctors and dentists have signified their willingness to have stock in the company and locate in the new building. An elaborate building, such as planned, will cost in the neighborhood of $1,000,000. The plan will be to have doctors take much of the stock themselves, with outside capital furnishing what further will be needed. The first three floors will be devoted to stores and allied trades of the profession. A drug-store will be located on the ground floor, while other trades catering to doctors will have warerooms on the second and third floors.

Digitized by Google

CHICAGO ITEMS.

PROF. AND MRS. GEORGE F. SHEARS are spending the summer in Pasadena, Cal.

IT IS SAID that at the '08 meeting of the A. M. A. in Chicago 2,000 resignations were received.

DR. JOHN V. LYNN, Hahnemann '05, is now permanently located in the Argyle Building, Kansas City, Mo.

PROF. AND MRS. BURTON HASELTINE rusticated among the Ozark Mountains after leaving the meeting of the A. I. H. in Kansas City.

DR. G. M. CUSHING announces that in the future his practice will be confined to surgery and surgical gynecology. Consultation may be had at the office, 422 West Sixty-third Street, or residence, 6507 Stewart Avenue.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY, July 14th, issued invitations to a lake trip to Benton Harbor, Mich. The weather was most fair, and a charming day was spent by those who were able to get away.

THE AFTER DINNER CLUB held its midsummer meeting at Jackson Park Wednesday afternoon, July 15th. A launch ride on the lagoon or to the crib by tug were features of the day, and at five o'clock the club adjourned to the German Building for a basket supper. The newly elected officers of this society are: Dr. A. B. Morgan, 1765 West One Hundred and Third Street, Washington Heights, President; Dr. Helen E. Wilcox, 484 East Sixty-third Street, Chicago, Secretary.

UNDER THE AUSPICES OF THE Clinical Society of Hahnemann College and Hospital a special meeting was held in the college Friday evening, July 10th, at which time Dr. A. S. Arnulphy, of Nice, France, presented "The Therapeutic Application of Isotomic Sea Water." Many of the older alumni availed themselves of this auspicionus occasion to renew acquaintance with their former profession in theory and practice. As it is impossible to do justice to the subject by giving extracts it will repay to read the article in its entirety when it appears in the official organ of the society, "The Clinique." The water, properly prepared, is injected hypodermically, the quantity varying according to age, and it seems to have a special affinity for the extremes of life. It exerts a powerful influence on the gastro-intestinal tract and produces most wonderful results in all skin diseases, particularly lupus in its various forms, and also the different forms of tuberculosis. In his concluding remarks Dr. Arnulphy said: "We are stepping into the sphere of cosmic therapeutics. Marine serum is not pathogenic. We are making history to-night because I hope it will be the starting-point of some very beneficent experiments. The American mothers ought to awaken to a sense of their duties and responsibilities in this matter, inasmuch as it is absolutely sure for all baby troubles." The treatment is also said to be an excellent clarifier of the complexion, and, from a cosmetic standpoint, should be in great demand. A "smoker" at the Ustion fraternity house followed the lecture.

The International Hahnemannian Association held its 29th annual meeting at the Chicago Beach Hotel, Chicago, June 29, 30 and July 1, 1908. The average attendance was about 55.

Digitized by Google

The Bureau of Homœopathy was in charge of Dr. J. Henry Allen, Chicago, whose address was entitled "Chronic Miasms." Dr. J. B. S. King, of Chicago, presented "The Law of Influx and of Similars." Dr. G. P. Waring, also of Chicago, read a paper on "Metallic Dentistry and Chronic Invalidism."

The Bureau of Clinical Medicine was presided over by Dr. Margaret E. Burgess, of Philadelphia, whose paper was entitled "The Relation of Pyrogen and Lycopodium." The other papers presented were: "Thoughts from Daily Practice," by C. M. Boger; "Cases and Comments," by Dr. E. A. Taylor, Chicago; "(a) Marasmus, Complicated by Mastoid Abscess (b) Cancer-Hydratis, and (c) Inflammatory Rheumatism- Kalmia," by Dr. P. E. Krichbaum; "The Wisdom of the Remedy," Dr. Fredericka E. Gladwin; "A Glonoin Verification," Dr. J. B. S. King; "The Homœopathic Remedy as an Aid to Diagnosis," Dr. R. F. Rabe; "Clinical Cases," Dr. H. H. Baker, of Chicago.

The Bureau of Surgery claimed as chairman Dr. Volney A. Hoard, of Rochester, N. Y. The following papers were read: "The Last Illness of Joseph A. Biegler, M.D.," Dr. Edmond Carleton; (a) "Tarsal Tumors—Trombidium, (b) Double Fissure of the Antrum (c) Gangrenous Appendix," by Dr. P. E. Krichbaum; "Surgical Cases," Dr. E. A. Taylor, of Chicago; "Surgical Cases Cured Therapeutically," Dr. Nettle Campbell, Chicago.

Bureau of Materia Medica was in charge of Dr. Lee Norman, of Louisville, Ky. The following papers were presented: "The Study of Materia Medica," Dr. C. M. Boger; "Radium," by Dr. H. C. Allen; "Iodium," by Dr. T. G. Roberts, of Chicago; "A Review of Opium," Dr. H. H. Baker, Chicago; "Sarsaparilla," Dr. E. A. Taylor, and the chairman's address and paper, "Relief of Mental Trouble by the Homœopathic Remedy."

The Bureau of Obstetrics, with Dr. Florence Barnes, of Chicago, as chairman, presented the following program: "Some Homœopathic Remedies for Puerperal Infection," Dr. T. G. Roberts, Chicago; "Physical Aspects and Prevention of Puerperal Infection," Dr. C. E. Sayre.

A contribution of $100 was received from Dr. Thornhill, with a promise of $100 yearly as may be necessary, for the promulgation of homœopathy, which was received with expressions of appreciation. Dr. H. C. Allen told of the excellent work done by Dr. H. F. Biggar at the meeting of the American Institute of Homœopathy in Kansas City, which resulted in securing subscriptions to the amount of $5,250, in addition to the $1,000 appropriated by the national body. A commmittee of five was appointed on the propagandism of homœopathy, to report at the next meeting.

The following officers were elected: President, Dr. P. E. Krichbaum, Montclair, N. J.; Vice-President, Dr. G. P. Waring, Chicago; Secretary, Dr. J. B. S. King, Chicago; Treasurer, Dr. P. E. Krichbaum; Corresponding Secretary, Dr. R. F. Rabe.

Board of Censors: Dr. C. M. Boger, chairman, Parkersburg, W. Va.; Dr. Julia C. Loos, Harrisburg, Pr.; Dr. A. E. Taylor, Chicago, Ill.; Dr. Fredericka E. Gladwin, Philadelphia, Pa., and Dr. Stuart Close, Brooklyn, N. Y.

Digitized by Google

Publication Committee: Drs. Roberts, Waring and King, all of Chicago.

The 1909 meeting will be held in Pittsburg, just before the meeting of the A. I. H., the latter being held in Detroit.

C. BERGOLTH, M.D.

Maine Momoeopathic Medical Society.—The forty-second annual meeting of this Society was held in Portland, June 9th, with the President, R. S. Graves, M.D., of Saco, presiding.

The morning session was held in the Lafayette Hotel, where the greater part of the business was transacted. Among other questions it was voted to unanimously indorse the homœopathic pharmacapœa of the United States. A committee was appointed to look after the openings for homœopathic physicians in the various cities and towns of the State, and an appropriation was made to defray necessary expenses.

The question of most importance was that whereby it was suggested to transform the Trull Hospital into a distinct homœopathic hospital, owned and controlled by the society. Possibilities of moving the hospital from Biddeford to Portland were also discussed and generally favored.

It was voted to hold the next meeting in Augusta on the second Tuesday in June, 1909.

The officers for the ensuing year are: President, John T. Palmer, M.D., Portland; Vice-Presidents, W. H. Kennison, M.D., Madison; George H. Rand, M.D., Livermore Falls; Recording Secretary, Luther A. Brown, M.D., Portland; Corresponding Secretary, Carrie E. Newton, M.D., Brewer; Treasurer, William S. Thompson, M.D., Augusta; Board of Censors, Drs. C. M. Foss, J. F. Trull, N. S. Holmes, M. F. Cushing; Committee on Legislation, Drs. W. S. Hill, W. S. Thompson, A. I. Harvey, F. A. Ferguson, E. S. Abbott.

At 1:45 P. M. a special car conveyed the members to the Wayland House in Dunston, where the Scientific Session was held. The program was as follows:

President's Address, R. S. Graves, M.D., Saco; "Medical and and Adjunct Treatment for Diphtheria," E. F. Vose, M.D.; "Medical Inspection of School Children," F. A. Ferguson, M.D.; "Maternal Impressions," Annette Bennett, M. D.; "Marasmus in Infants," a paper by J. M. King, M.D., read by A. O. Fogg, M.D.

The annual banquet was held at 6:30, consisting of a typical and most luxurious Maine coast dinner.

Following the banquet Dr. W. H. Watters gave a paper upon "Opsonic Therapy."

The meeting adjourned at 10 P. M. after a most interesting and instructive session.

Acute cystitis in the Female is caused by various pathogenic bacteria, foreign bodies, traumatism, retention of the urine, unclean catheters, exposure to cold, etc. The symptoms are frequent urination, with tenesmus and a burning sensation in the urethra; later on, pain in the bladder, hematuria, and the urine contains pus and epithelial cells. Chills, rapid pulse, fever and headache may also be present. The treatment includes rest, administration of sanmetto, plenty of cold water or milk, bland and mild food, laxatives, hot sitz baths or vaginal douches, irrigation of the bladder with antiseptic solution followed by solution of nitrate of silver.

Digitized by Google

Southern Homoeopathic Medical Association.—That organizing and traveling secretary of the American Institute that we heard so much about at Kansas City needs to get busy right away down in the Southland. The Southern Homœopathic Medical Association is on its last legs, if it is not already dead and buried. The following letter has been sent to the NORTH AMERICAN by Drs. Hallman and Harper, in order that the profession throughout the country may be apprised of the part they have played in this unfortunate turn of affairs, and why, without confessing to any neglect or lack of interest in homœopathy, they have felt it useless to hold office in the organization:

June 20, 1908.

DR. W. L. MCCREARY, EX. PRESIDENT,

Knoxville, Tenn.

DEAR DOCTOR:

It is with sincere regret that we resign the offices of President and Secretary to which we were elected at the last meeting of the Southern Homœopathic Medical Association, held in Louisville, Ky., October 28, 1907.

While we appreciate the honor conferred upon us, no successful meeting can be held without the hearty co-operation of the homœopathic physicians located in the South; this we have not received. The last meeting was held more than seven months ago, and as yet no records or list of the membership has been sent to the newly elected secretary. It was suggested that he make up a list from Polk's Medical Directory, but, unfortunately, this directory does not in any way indicate whether physicians are members of the society or not, and neither the president nor the secretary has the time, even if he had the inclination, to go through this list of names, State by State, and select the names of all the homœopathic physicians located in the Southern States and make inquiries as to their membership in the organization.

There are no funds in the treasury; no battles can be won without ammunition, and the ammunition in this instance is money; and every ex-officer of this organization will bear us out in the statement that it would require a siege to have a successful meeting of the Southern.

Neither of us is averse to work; in fact, we delight in it; both would do anything in our power to advance the cause of homœopathy in the South, and we are both sorry, very sorry, to see the Southern die; but without co-operation, without money and no records or list of membership, our hands are tied, we are helpless; we can do nothing toward even the semblance of a meeting. Under such circumstances we are unwilling to sign the death certificate. We therefore resign our respective offices and leave the organization in the hands of Dr. H. C. Clendenin, Vice-President, and Dr. J. T. Bryan, Treasurer, both of Louisville, Ky., who presumably have all the records in hand, and if they can revivify and bring the organization to life again we will be the first to doff our hats and cry "All hail!"

We would also call your attention to a resolution sent the Secretary by the Hahnemann Medical Association of Louisiana, adopted at its last meeting:

Digitized by Google

"Resolved, That it is the sense of this Association that it is not feasible to entertain the Southern Homœopathic Medical Association at New Orleans this year."

(Signed) V. H. HALLMAN, M.D., President,
Hot Springs, Ark.

(Signed) EDWARD HARPER, M.D., Secretary,
New Orleans, La.

Dietetics.—Under this title we have received the first number of a quarterly review of current literature upon dietetics with special reference to the substitute feeding of infants and invalids. This first number contains a special article, "The Ready Determination of Percentages in Top-Milk Formulas," by Joseph W. England; an editorial on "The Function of Starch When Used to Modify Milk," and a digest of dietetic literature. This quarterly will be sent free to members of the medical profession by Smith, Kline & Fresh Co., 429 Arch Street, Philadelphia.

An Opportunity for Physicians.—The special attention of the readers of the NORTH AMERICAN is called to the open letter to the medical profession printed on page xxi. The subject matter of the letter has the endorsement of the editors.

Dysentery consecutive to an attack of typhoid fever. This case was very interesting as the prevailing complication that occurred two weeks after an attack of typhoid was attributed by the attending physician to non-healing of the typhoidal ulcerations. The principal symptom was in the nature of diarrhea, with tormina or tenesmus and the passage of some blood. There was a recurrence of the febrile phenomena, which was believed by the physician in attendance to be a recurrence of the typhoid. I satisfied myself from the nature of the attack that it was in realty dysenteric and that it was produced by an error in diet. Accordingly, I recommended the use of peptonized milk internally as a food, tablespoonful doses of Glyco-Thymoline in a little water every four hours and wash out the bowels with a solution of about two ounces of Glyco-Thymoline to the pint, using in this case water just as hot as could be tolerated by the patient. In twenty-four hours the fever was gone, the diarrhea stopped and the bloody discharge became checked. The patient, very much to the surprise of the doctor who was in attendance, was completely relieved of the dysenteric phenomena in twenty-four hours, and recovery in other directions from that time forward was uneventful. C. H. POWELL, M.D., Barnes' Medical College, St. Louis.

Among the Exhibitors—An excellent collection of commercial exhibits was displayed in the lobby of the Coates House. The Anatomik Footwear Co., of Shelton, Conn., demonstrates rational shoes for children and adults, perfectly distributing the body weight, and thus preventing and relieving flat-foot, or falling arch, and all strain without the use of supports of any kind. A large number of doctors gave the names of shoe dealers in their own towns whom they wished to have handle this line of shoes.

Eskay's Food was represented, and many physicians also became practically acquainted with the estimable qualities of Horslick's

Digitized by Google

Malted Milk through the malted milk ice cream, which was eagerly sought after by those present.

Boericke and Tafel and Boericke and Runyon had a display of homœopathic books. Burtman & Co., of Chicago, had on exhibition X-Ray coils and high frequency apparatus. W. D. Allison & Co. made a display of physicians' tables and cabinets. E. Fougera & Co. of New York City, demonstrated their various imported therapeutic specialties. The Denver Chemical Co. was once more in evidence with their well-known antidote to inflammation—Antiphlogistine.

Summer Intestinal Disorders.—It is of course a well-known fact that lack of care in selecting a suitable diet is largely responsible for much of the suffering and mortality during the summer months among those of immature or impaired digestive power. At this time more than any other Benger's Food, whether used as a complete diet in itself or simply as a supplementary food, undeniably furnishes the most efficient means of nourishing the sick, feeble or convalescent. It is highly nutritious and strength sustaining, and possesses the specific advantage that the degree of digestion can be adapted to the immediate requirements of the individual patient.

The Treatment of Narcotic Drug Addictions—A treatment which has become generally recognized by the profession for narcotic drug addictions, known as the hyoscine (scopolamine) treatment, is regarded by many practitioners as almost a specific. The treatment can be said to have but three objectionable features, viz.: the sudden withdrawal of opiates, the thirty-six to seventy-two hours of delirium and the disagreeable symptoms experienced by the patient during that period. Hyos-sco-phine Tablets is a combination which puts the treatment of all narcotic drug addictions on a more humane and scientific basis.

The blood dycrasias, particularly the anemias, because they are most easily demonstrable, call for early correction in pregnancy. Vigorous treatment is necessary and among the really effective therapeutic measures at the command of the profession, Pepto-Mangan (Gude) is especially worthy of prominence. This widely known and widely used product is said to possess marked hematopoietic properties, and its effect on the increment of new blood cells should give valuable aid in promoting rapid and effective elimination.

Vaginitis may be treated first by douching the parts with a solution of Glyco-Thymoline, one ounce to a quart of hot water, applying strips of cotton or gauze saturated with the solution and left in place for twelve hours even, may be repeated more frequently than twice a day. In other and severe forms of vaginitis, douching and irrigation of the parts with Glyco-Thymoline may be practiced with advantage and after the application of stronger caustic and other remedies.

Prostatic Irritation.—The influence of residual urine in setting up prostatic inflammation is well known. When the urine is concentrated or unduly acid it becomes doubly irritating. To induce a bland, free, unirritating urine is to remove a common exciting cause of the trouble. For this purpose there is no better remedy than alkalithia. Shut off the use of rhubarb, tomatoes and strawberries.

Digitized by Google

Homoeopathy and Therapeutic Nihilism—A curious example of putting the care before the horse has recently come under the observation of the NORTH AMERICAN . In an editorial entitled "Rational Therapeutics as Opposed to Therapeutic Nihilism," the readers of the May issue of the *Therapeutic Gazette* were informed that " Many years ago as the result of the abuse of drugs therapeutic nihilism developed, and this, in turn, was followed by the development of homœopathy and the so-called law of infinitesimals, a fad illustrative of the revulsion of feeling against excessive drug administration." In a very restricted sense the above statement may be true. In the midst of widespread abuse of drugs one man alone stood forth as a therapeutic nihilist—Samuel Hahnemann. History tells us that he gave up the practice of medicine and supported himself by medico-literary work because there was nothing rational in the therapeutic art in his day. Out of his therapeutic nihilism developed his therapeutic rationalism, in which law—the law of similars, not the law of infinitesimals, was substituted for chaos. The therapeutic nihilism of to-day is a following in Hahnemann's footsteps of the many whom he far outdistanced in the march of therapeutic progress and left still entangled in the morass of polypharmacy and empiricism. And the rational therapeutics of Hahnemann bids fair to be the goal of the therapeutic nihilists of to-day, in spite of the fact that we are told in this same editorial that this "fad (homœopathy), in view of the better education of its followers, and in view of the wiping out by better prescribing of the reason for its existence, has now practically ceased to exist."

Climate in Tuberculosis—The search for the ideal climate for the victim of tuberculosis is aptly characterized in the following from a pamphlet recently issued by the Illinois State Board of Health: "Climate in consumption is a will-o'-the-wisp. It is the end of the rainbow with its pot of gold. It is ever just a little beyond. It rests in Colorado, New Mexico, Arizona, California. Like children in their simple faith, chasing the rainbow's vanishing end and delving for treasures where once it stood, our patient pursues his phantom till worn and wasted, weary, but hopeful still, he falls asleep and awakes to learn that the magic end of the bow of promise rests upon the mystic shores of the spirit land."

The Nostrum Evil.—Among the suggestions made by Dr. Bernard Fantus, of Chicago, for the suppression of the nostrum evil, which, he says, all will agree has its root in improper and insufficient training in pharmacy, materia medica and prescription writing in the medical schools of this country, are a reformation of the teachers of surgery, medicine and the specialities so that they will not undo the good work started by the teacher of materia medica. How familiar this sounds. Query: Is a similar reformation needed in certain homœopathic colleges to suppress the indulgence of their graduates in polypharmacy, alternationism and various other substitutes for good, and therefore effective, homœopathic prescribing? Another suggestion from Dr. Fantus was the holding of monthly medico-pharmaceutic conferences for the discussion and demonstration of the best methods of administering important drugs. The NORTH AMERICAN has hopes of the results from a serious consideration of this question of the use of drugs. May the glad day soon dawn when these reforms are instituted!

Digitized by Google

Infant Hygiene Classes—Tuberculosis classes have been demonstrated to be one of the best means for improving the condition of ambulant cases of tuberculosis. Here the patients gather weekly, are weighed, examined by the attending physician and progress noted. Dr. Wilbur C. Phillips believes that we need classes in the hygiene of infancy to which mothers can bring their babies at stated intervals for medical consultation and inspection, where advice as to feeding would be given, and by the friendly rivalry between the mothers the care of infants increased. This is certainly an excellent idea, and can be carried out by similar agencies to those which are now conducting tuberculosis classes. Dr. Phillips estimates the maximum cost of maintaining such a class, including rent and the services of a trained nurse as superintendent, at $1,500. This would be a small expenditure to accomplish the improvement in infant mortality statistics that followed the establishment of *consultations de nourissons* in a number of French municipalities, e. g., from 61 to 0 per 1,000 births at Blénean, from 703 to 0 per 1,000 births at Bris, from 112 to 0 per 1,000 birth at St. Cyr-les-Colons, from 40 to 0 at Hercy, from 74 to 0 at Monetean, and from 180 to 0 per 1,000 births atAugy.

Infantile diarrhea.—A three months' old bottle-fed baby in the month of August, 1906, had a chronic infantile diarrhea and inanition. His mouth got so inflamed that even water seemed to irritate it, and he could not retain anything. He was a bunch of small bones—everything but dead. I then began to give him the following treatment: ℞ Glyco-Thymoline ʒi, Mel. Despumatum ʒi ss, Aquae dist. q. s. a. d. ʒiv. M. Sig.—One teaspoonful every two hours. The baby made a rapid and complete recovery and is to-day the finest little patient I have ever had.

The Sick Baby.—A considerable number of physicians have grown to recognize in Benger's Food the ideal food for infant feeding—not only in health, but in the presence of disease. It is a farinaceous food of high nutritive power, to which active digestive substances have been added. It is always prepared for use with milk and such water as may be needed to secure a proper dilution and proportion of the food constituents. Gentle heat starts the process of digestion, which can be carried just as far as is desired and stopped at any stage by the simple expedient of bringing the whole to the point ofboiling.

A Financial "Simile."—To avert an impending physical bankruptcy, there is urgent need for the adoption of prompt measures to increase the deposit of the necessary erythrocytes. Pepto-Mangan (Gude) quickly adds to the circulating medium, by constructing new red cells and reconstructing those that have retrograded because of over-drafts of force and energy.

Treatment of Dysmenorrhea.—In the treatment of all varieties of dysmenorrhea it is possible to relieve the pain at once, normalize the pelvic circulation, restore the uterine contractile power and correctively affect the acting cause by the administration of Ergoapiol (Smith) in doses of one capsule four times daily during the menstrual period. Whilst hot sitz-baths, vaginal injections and similar measures may be advantageously employed in conjunction with Ergoapiol (Smith), their use is not essential.

Digitized by Google

Book Reviews

Metabolism and Practical Medicine, by Carl Von Noorden, Professor of the First University Clinic, Vienna. Volume III., The Pathology of Metabolism, by Carl Von Noorden, H. Solomon, A. Schmidt, A. Czerny, H. Steinetz and others. Anglo-American issue under the authorship of I. Waller Hall, Professor of Pathology, University College, Bristol. Chicago: W. T. Keenes & Co.

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 in this branch of medical science. In his preface to the first German edition, von Noorden acknowledged the encouragement and assistance of Gerhardt, von Jurgensen and Riegel; in his introduction to the second edition, he expresses his grateful thanks to the collaborators, "whose unflagging and zealous work alone has made it possible to bring out, instead of a second edition of my text-book, a hand-book of the pathology of metabolism," worthy of the extent and importance of the subject.

The length and style of the German original has restricted the addition of the more recent work in detail. The additions made to both the text and bibliography have conformed to the general principle of the work in presenting a compilation of facts and a critical discussion of hypothesis rather than the enunciation of theories; they have also been selected in harmony with the view of von Noorden and others, that experiments upon animals should be cited only in connection with acute conditions; as it is so difficult to compare them with the conditions which obtain in the chronic diseases of human beings, these addenda have been incorporated in the text.

Atlas and Text-Book of Human Anatomy. Volume III, completing the work. By Prof. J. Sobotta, of Wurzburg. Edited, with additions, by J. Playfair McMurrich, A.M., Ph.D., Professor of Anatomy at the University of Toronto, Canada. Quarto of 342 pages, containing 297 illustrations, mostly all in colors. Philadelphia and ondon: W. B. Saunders Company, 1907. Cloth, $6.00 net; Half Morocco, $7.50 net.

We have had nothing but good words to say of the two preceding volumes of Sobotta's Atlas of Human Anatomy, and this concluding volume equals its forerunners in every respect. In this volume are included illustrations with text descriptions of part of the vascular system not previously taken up, all the nervous system, and the organs of special sense. In an appendix the anatomy of the various regions of the body is considered.

Gray's Anatomy. Messrs. Lea & Febiger announce an early publication of a new edition of the well-known classic, Gray's Anatomy, in the revision of which Professors J. Chalmers Da Costa and Edward A. Spitzka have been actively engaged for some time.

The Principles and Practice of Modern Otology, by John F. Barnhill, M.D., Professor of Otology, Laryngology, and Rhinology, Indiana University School of Medicine; and Ernest de W. Wales, B.S., M.D., Associate Professor of Otology, Laryngology and Rhinology, Indiana University School f Medicine. Octavo of 575 pages, with 305 original illustrations, many in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $5.50 net; half morocco, $7.00 net.

Although the subject of this book would seem to indicate that it was primarily for the specialist, yet it has been the aim of the authors to prepare a complete and authoritative work for the use of the general practitioner. Five distinct objects have been at-

Digitized by Google

tempted, and, we believe, pretty well attained. To modernize the subject, to correct certain traditional beliefs, to advocate the earliest possible prophylaxis or treatment, to emphasize the importance of a thorough examination and a definite diagnosis as a basis for rational treatment, and to thoroughly illustrate the text. The authors have the aid of such specialists as J. E. Sheppard, of New York; Dundas Grant and Percy Jakins, of London; Jansen, of Berlin, and Alt, of Vienna, together with their own wide experience as practitioners and teachers, so the book is thoroughly modern and reliable. The treatment is based upon a more thorough knowledge of the anatomical structures and upon more accurate diagnostic methods, as well as upon more nearly correct medical and surgical methods than have heretofore been possible, although we fail to find any suggestions for treatment by homœopathic drugs, in spite of the fact that these have given substantial benefit in affections of the ear. The illustrations are plentiful as well as practical, many of them being from actual cases, while the instruments shown are those in daily use by the authors. All in all, while the book makes no pretensions of being a complete digest, it lacks only the hemœopathic therapeutics to make it a complete text-book for the student or general practitioner.

Diseases of the Nose and Throat, by D. Braden Kyle, M. D., Professor of Laryngology and Rhinology, Jefferson Medical College, Philadelphia. Fourth Edition, Thoroughly Revised and Enlarged. Octavo volume of 725 pages, with 215 illustrations, 28 in colors. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $4.00 net; half morocco, $5.50 net.

This work of Dr. Kyle is so well known that it needs no introduction to the specialist or to the practising physician. The fourth edition has been much enlarged and a number of new chapters have been added. As in the previous editions, it has been the author's aim to take up each subject from a general standpoint and to consider diagnosis, pathology, and treatment of all systemic conditions in their relation to the special diseases of the throat and nose, as the same fundamental principles involved in general medicine are applicable in this specialty. Dr. Kyle has in a number of instances quoted directly from articles, especially where operations and methods were described. As in other editions, the illustrations are a valuable feature, being made from specimens prepared in the author's own laboratory. A number of new illustrations have been added and many old ones replaced by new.

Whooping Cough Cured with Coqueluchin, Its Homœopathic Nosode, by John H. Clarke, M.D., 90 pages. Cloth, 2s. net. Postage, 2d. extra (American and Canada, 54 cents, post free). The Homœopathic Publishing Co., Warwick Lane, London, E. C.

Reviewed some time ago under the name of "Pertussin," now "Coqueluchin," a change necessitated by the legal rights of a German firm to the epithet. Some new cases have been added.

Radium as an Internal Remedy Especially Exemplified in Cases of Skin Disease and Cancer, by John H. Clarke, M.D., 136 pages. Cloth, 2s. 6d. net. Postage, 2d. extra ,America and Canada, 66 cents, post free. The Homœopathic Publishing Co., 12 Warwick Lane, London, E. C.

Based upon a paper read by the author before the British Homœopathic Society. Provings (extremely scant), and some clinical cases are given, chiefly dermatologic.

Digitized by Google

The Lesser Writings of C. M. F. von Boennighausen. Compiled by Thomas Lindsley Bradford, M.D., author of "Life of Hahnemann," "Homœopathic Bibliography," "Index of Provings," "Pioneers of Homœopathy," etc., etc. Translated from the original German by Professor L. E. Tafel. 350 pages. 8 vo. Cloth $1.50. Postage, 15 cents. Philadelphia: Boericke & Tafel, 1908.

Every homœopathic physician should welcome the chance here offered to get in touch with the thought of von Boenninghausen, and this collection of his Lesser Writings is certainly a happy idea. The volume is believed by the compiler to include all the magazine articles by Boenninghausen, and a few of the smaller pamphlets written by him.

Medical Gynecology, by S. Wyllis Bandler, M. D., Adjunct Professor of Diseases of Women, New York Post-Graduate Medical School and Hospital. Octavo of 675 pages, with 135 original illustrations. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $5.00 net; half morocco, $6.50 net.

Prof. Blander has written a thoroughly good, practical, and well-illustrated treatise on medical gynecology from the old school viewpoint. The technic of manipulation and treatment is clear and free of divagations, and the volume altogether is extremely commendable.

The Ready-Reference Handbook of Diseases of the Skin, by George Thomas Jackson, M.D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons, New York. Sixth edition. 12mo., 737 pages, with 99 engravings and 4 plates, in colors, and monochrome. Cloth $3.00, net. Lea & Febiger, Publishers Philadelphia and New York, 1908.

The author clears the ground in his opening sections on Anatomy, Physiology, General Diagnosis and Therapeutics, and disposes of the moot subject of classification and nomenclature in the briefest and clearest way by means of a table, displaying the various diseases arranged in a very rational system, with the prominent primary lesion mentioned. Each disease is consndered in full, beginning with synonyms and proceeding through the symptoms to the etiology, pathology and diagnosis, and to especially full sections on treatment covering all varieties and complications. Answering the needs of students, as well as physicians, this work has merited the demand for six editions in sixteen years.

The Principles of Pathology, by J. George Adami, M.A., M.D., LL.D., F.R.S., Professor of Pathology in McGill University, and Pathologist to the Royal Victoria Hospital, Mountreal; Late Fellow of Jesus College, Cambridge, England. Volume I. General Pathology. With 322 Engravings and 16 Plates. Philadelphia and New York: Lea & Febiger, 1908; pp. 950. Price, per volume—cloth, $6; sheep, $7.

This is the first volume of a work by a master. Professor Adami is recognized as one of the greatest of living pathologists, and he has given the medical profession a most valuable exposition of the Principles of Patholgy. The volume under consideration treats of General Patholgy. Volume II will treat of Systemic Pathology.

In his preface the author states that he believes with Virchow that all patholgical study must be based on the cell. He has therefore begun his treatise with a section devoted to the cell and its changes. This matter takes up 164 pages, and comprises what is known regarding not only cell development, but regeneration and heredity.

Section II discusses the Causes of Disease, covering more than

Digitized by Google

two hundred pages. It treats, among other thigs, of inherited conditions, and of acquired conditions, whether prenatal or postnatal. It also takes up bodily states, including predisposition and susceptibility.

Section III is divided into Part I—The Morbid and Reactive Processes Proper. These include inflammation, reaction and immunity. Consideration is given to Ehrlich's work, to the question of toxins and antitoxins, to Wright's opinion, and to the vast amount of recent investigation along these ond cognate lies.

Part II takes up in detail Tissue Changes. Among other topics in this part are hypertrophy, regeneration, neoplasms, regressive changes, calcification, necrosis, and death.

Space prevents more than a bare outline of the contents of this great work. It would require an essay to do justice to it. It is the most complete exposition of the science of patholgy in the English language, so far as the reviewer knows. The style in which it is written makes the book easy to read, and it is as fascinating as a novel.

Pulmonary Tuberculosis and All Complications, by Sherman G. Bonney, M.D., Professor of Medicine, Denverand Gross College of Medicine, Denver. Octavo of 778 pages, with 189 original illustrations, including 20 in colors and 60 X-ray photographs. Philadelphia and London: W. B. Saunders Company 1908. Cloth, $7.00 net; half-morocco, $8.50 net.

Dr. Bonney has written quite an exhaustive work on pulmonary tuberculosis. Living and practising in Denver, Colorado, where so many consumptives are sent for the climatic advantages, Dr. Bonney has had exceptional opportunities for the observation and study of this class of cases. He says that tuberculosis is not increasing among the native population of Colrado, notwithstanding the large number of lung invalids who go there in search of health. The book concludes with a chapter on vaccines in the treatment of tuberculosis, the cases so treated all being benefited.

The entire field of pulmoary tuberculosis from its etiology to its treatment is considered by the author. The text abounds in references to the literature, with comments thereon. Altogether the book gives an excellent account of what is known regarding pulmonary tuberculosis, based on a large practical experience, together with a knowledge of what has been done the world over.

The Treatment of Fractures: With Notes Upon a Few Common Dislocations. By Charles L. Scudder, M.D., Surgeon to the Massachusetts General Hospital. Sixth Edition, Revised and Enlarged. Octavo volume of 635 pages with 854 original illustrations. Philadelphia and London: W. B. Saunders Company, 1907. Polished buckam, $5.50 net; half-morocco, $7.00 net.

The most striking feature of this volume is the great number of illustrations. Treatment of fractures can hardly be learned by description alone. There must be some visual picture. If a patient is not at hand, then some clear illustrations of the various steps of reduction are necessary. It is hard to see how it would be possible to improve on that part of this book. Special features in the text are the effect of head injuries on the brain and nervous system, and also the consideration of fractures of the new born. The book is clearly and concisely written. The publishers have done their part well.

Digitized by Google

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., 552 14th avenue, 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.

DR. A. P. WILLIAMSON will retire from the superintendency of the Southern California State Hospital at Patton, California, on the experation of the term of four years for which he was appointed on September 1, 1908. After that date his address will be Santa Monica, California.

Dr. Frank Kraft—As briefly announced in the last NORTH AMERICAN, Dr. Frank Kraft, of Cleveland, editor of *The American Physician*, Professor of Materia Medica in the Cleveland Homœopathic Medical College and Secretary of the American Institute of Homœopathy, died at the home of his brother, August Kraft, in St. Louis on the 19th of July.

Dr. Kraft went to his brother's after the meeting of the Institute in the hope of gaining a needed rest. As is well known, he has suffered for the past two years with paraplegia, the result of a fall. He was improving from this affection, but when in St. Louis he was a victim of uremic poisoning, and although attended by such able physicians as Drs. W. John Harris, Gibson and Luyties, his system was too weakened to stand the added burden, and he died from its effects.

Before studying medicine he held the position of court stenographer in St. Louis, and later was in the railroad mail service. He completed his course of medicine in the St. Louis Homœopathic Medical College in 1886. He was always prominent in literature, having been the editor of the *Periscope*, the student publication of his medical college while a student, and going immediately to Ann Arbor after his graduation, where he assisted Dr. H. C. Allen in the editorship of the *Medical Advance*.

Soon after leaving here, in 1888, he took charge of the *American Physician*, or the *American Homœopathist*, as it was then known. In 1890 he was called to the chair of Materia Medica in Cleveland Homœopathic Medical College, which chair he still occupied at the time of his death. His manner of teaching was unique, but very impressive, so that the points he made were likely to be held by the hearer.

Dr. Kraft was an ardent and loyal homœopath, practising and preaching from a thorough belief in the tents of his school. He joined the American Institute in the year of his graduation, 1886,

Digitized by Google

and was for nearly the entire length of his membership its official stenographer. From 1895 to 1900 he was recording secretary, and was elected secretary in 1906 at the Atlantic City meeting, being re-elected at each of the two succeeding meetings. He was a member of the International Homœopathic Congresses of 1891, 1896 and 1900, and was only kept from the session of 1906 through illness.

Dr. Kraft was born in Cincinnati on January 8, 1851, and received his early education there. He was a Scottish Rite Mason, Knight Templar and Shriner. He was buried with full Masonic honors, the ceremony at St. Louis being in charge of the Masons. At the funeral Dr. James A. Campbell, a life-long friend, paid the following tribute to him, which we quote from the *Medical Century:*

"Friends, we are assembled here to pay tribute to love and respect to our friend and colleague, Dr. Frank Kraft. To mourn with those who mourn and grieve with those who grieve over the passing of this lovable and brilliant man, whose whole life was so full of work, so full of promise, so full of success in the directions he labored, so manfully and so strenuously. We may indeed, with truth say that here lies another victim of the insatiable demands made by the world upon those who can and will. Surely, no better example of ability, ceaseless, unrelenting industry has ever come before us. We who have known him from his boyhood days can bear testimony to this.

When, three years ago, he met with the accident which resulted in the paralysis of his lower limbs, it was thought by some that his days of usefulness were gone. In physical helplessness, in constant pain and mental anguish, dreading a possible interference with his plans and work, he fought on, seemingly, with added zeal. And the amount of work he accomplished since then, in spite of this terrible calamity has been simply phenomenal. For the last two years he has been secretary of the American Institute of Homœopathy, editing and arranging the annual issue of its proceedings, which last year alone was a book of 1,175 pages. Think of the enormous work, the correspondence and interviews with the many interested in it. There is stands, a splendid monument to his industry and genius.

"But this was not all. At the same time and for many years he was editor of the *American Physician,* one of the best of our medical journals, and Dr. Kraft's editorials were always unique, brilliant, spicy and unequalled in their way. More than this, wonderful to relate, it was only three days ago that I received notice from the publishers of a new book on a most interesting topic by Dr. Kraft. Think of these remarkable evidences of intellect, industry and toil under the most adverse circumstances.

"That he has worn his poor body into dissolution and destruction who can doubt? But, after all, is it not better to fall on the ramparts, in the forefront, with flag in hand and with a shout of victory in the air, than to be a forgotten and contemned skulker in the rear; to wear out in good works rather than to rust out in oblivion? Oh, my friends, what an example for emulation, for us to do our best while we can.

"The sadness of such an event as this lies largely in the sudden breaking of the loving and friendly ties of near association. All of us feel this, saddened over the thought that never again shall we take his friendly hand nor hear his cheery voice. But it is the

Digitized by Google

snapping of those nearer and dearer ties that makes the saddest and most discordant notes; and our hearts go out in sympathy for the dear ones whom he loved so fondly, and for whom he labored so willingly. And yet, friends, when we think of his trials, his pain and anguish, which could not be ended in any other way, can they, or we, not truly rejoice to know that to him has at last come that peace and rest which was the only solution of the problem for him?

"A few days after his return from Kansas City I saw him prostrated and helpless, in pain, unable to sleep, exhausted, and yet not a word of complaint came from his lips. He was cheery and bright, full of his old-time wit. And when I last saw him, only a few hours before his fretted spirit left his tortured frame, he could not speak, but as I took his hand his lips moved, but without sound, and, gasping for a few more breaths of earth's pure air, he looked at me through his trembling lids, not with eyes of fear, but with a brave, soft glance of friendship; and as he pressed my hand I knew that his battle was nearly over, and that peace and rest would soon be his—brave to the last."

Interesting Statistics.—The Guia Homœopathic Brazileiro, which recently appeared, contains material that should provide food for thought to those reading it. In one section it describes the work of the various homœopathic hospitals and among these includes a number where both the "regular" and the homœopathic schools are represented. Here, under similar conditions, a test of the efficiency of the two methods of treatment can be made. The mortality of each is given, among other statistics, and is as follows:

Hospital da Sociedada Portugueza, Homœopathic Department founded in 1859: Mortality, 1859-1882—Homœopathic, 4.57; allopathic, 5.6. Mortality, 1880-1900—Homœopathic, 6.59; allopathic, 10.73.

Hospital da Veneraved Ordem Terceira, founded in 1859: Mortality, 1859-1882—Homœopathic, 5.56; allopathic, 6.86. Mortality, 1880-1900—Homœopathic, 6.92; allopaehic, 11.69. Mortality, 1859-1900—Homœopathic, 6.24; allopathic, 9.27.

Our fellow-workers in South America seem to be having the opportunity for comparative tests ehat we in the northern hemisphere have so long desired. The successful seizure of this opportunity seems to be abundantly proven by the above figures. Let us all extend to them our compliments and congratulations.—*New England Medical Gazette.*

N. Y. H. M. C Faculty—Among the appointments that have reached the ears of the NORTH AMERICAN are that of Dr. H. B. Minton, head of the department of Practice; Drs. W. T. Helmuth and W. H. Bishop, in charge of the department of Surgery; Dr. George W. Roberts, head of the department of Gynecology; Dr. R. F. Rabe, acting-head of the department of Materia Medica; and Dr. George McDowell, in charge of the department of Eye, Ear, Nose and Throat. It is understood that Dr. Rabe accepted with the understanding that he might later have the co-operation of an eminent materia medicist.

Digitized by Google

CHICAGO ITEMS

THE HERING MEDICAL COLLEGE will be favored by Dr. E. H. Pratt with a course in surgery, preceding the opening of the college, early in September.

DR. MINNIE RIDGEWAY BISHOP and family are sightseeing in Italy at present, and will spend the month of October at the Kenilworth Inn, Kenilworth, Ill., before returning to their permanent abode at the Chicago Beach Hotel.

THE HAHNEMANN MEDICAL COLLEGE will hold its opening exercises in the college on the evening of September 21st, when Dr. Shears is expected to be in the city and extend his annual welcome to the students. The opening address will be given by Dr. A. R. Taylor, president of the James Milliken University, Decatur, Illinois.

THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY held a regular meeting at Dr. Ingersoll's residence, 648 West Sixty-first Street, Tuesday, August 11th, at 8:30 o'clock. After the preliminary business meeting, Dr. C. Guy Cushing, as chairman of the Bureau of Surgery, presided. Dr. Peter Clark presented the subject of "Gonorrhea in Women" in his well-known scholarly manner, and all present participated in the discussion.

THE DEPARTMENT OF HEALTH OF THE CITY OF CHICAGO suggests to the physicians: "Why not use tuberculin and diagnose your case of consumption now? Why wait until there is no hope? Which policy is best for your patient—for the community—for you? The Department will give you tuberculin." That the art of prevention is greater than the art of cure is quite generally recognized in all lines of practice, and is particularly being demonstrated in the homœopathic school by the use of tuberculinum as a means of diagnosis and cure of consumption, and it would undoubtedly be still better for the patient, the community and the physician if tuberculinum could be had for this purpose for the asking.

Council on Medical Education—Drs. George Royal, W. A. Dewey, J. B. Garrison and J. P. Sutherland met in Boston recently and organized for the work of the year. The Council, it will be remembered, is charged with the work of propaganderizing, and Dr. Dewey was appointed Field Secretary and given the task of collecting data and shaping plans. Dr. Garrison was elected treasurer of the Council.

An Opportunity for Physicians.—The special attention of the readers of the NORTH AMERICAN is called to the open letter to the medical profession printed on page xxi. The subject matter of the letter has the endorsement of the editors.

Symptomatology furnishes us the indications for our homœopathic remedies. So does etiology, if well understood. A vital principle with all systems of medicine is to remove the cause, if possible. Faulty metabolism is a common cause for both acute and chronic ailments, and becomes an indication for the use of Alkalithia, which makes the treatment of symptoms unnecessary. Keasbey & Mattison Company, Ambler, Pa.

British Homœopathic Congress—The forty-fourth annual British Homœopathic Congress was held at the London Homœopathic Hospital on July 3d. Dr. J. Murray Moore presided and

Digitized by Google

opened the Congress with his presidential address on the "Foreshadowings of Homœopathy from Hippocrates to Hahnemann." This address will be found in the body of the NORTH AMERICAN of this month.

A paper was read by Dr. E. A. Neatby, Physician for Diseases of Women to the London Homœopathic Hospital, on "The Bearing of Modern Pathology on the Treatment of Cancer," this being followed by a paper by Dr. James Johnstone, who is Assistant Physician at the London Homœopathic Hospital, on "The Modern Treatment of Cancer."

In the afternoon Mr. Thomas Wesley Burwood, Consulting Physician to the Earling and West Middlesex Homœopathic Dispensary, contributed a technical paper on "The Homœopathic Treatment of Cancer."

The annual dinner of the association took place at the Holborn Restaurant in the evening, Dr. J. Murray Moore, president, being in the chair.

Among those present were Dr. T. G. Stonham, Mr. William Willett (of Daylight Saving fame), Dr. Dyce Brown (honorary secretary), Dr. Barford, Dr. Burwood (president for 1909), Dr. E. A. Neatby, Dr. J. W. Hayward, Dr. Blackley, Dr. Midgley Cash, Dr. Nicholson, Dr. Cash Reed, Dr. Proctor, Dr. George Clifton and Dr. Charles Wheeler. The toast of the evening was "The Memory of Hahnemann," which was proposed by Dr. Proctor. During the evening a handsome silver vase was presented to Dr. J. W. Hayward as a mark of appreciation of his life-long services to the cause of homœopathy.

Southern Homœopathic Medical Association—We are pleased to note that the Southern Homœopathic Medical Association has a chance of resuscitation. Dr. Harper and Dr. Hallman, who, as reported in last month's NORTH AMERICAN, resigned as secretary and president, have, at the request of Dr. Foster, president of the American Institute, reconsidered their action, and have decided that, since the propaganda was started by the Institute, they will try to stand by the attempt to revivify the association. An effort will be made to have a meeting in New Orleans about the time of the Mardi Gras, as there will be cut rates to the South at that time, and they hope that, in addition to the physicians of the South, they may be aided by the presence of some physicians from the North. They need all the help they can get. Dr. Harper says that a delegation or even a visit from a few Northern, Eastern or Western men will aid in infusing new life into the corpse of the Southern Association—it will help them, it will help the visitors, and will benefit the cause of homœopathy. The doctor adds that there are numberless good openings for physicians in the Southern States, and especially in New Orleans, where he claims the climate is never so hot as it is at times in New York.

United States Army Medical Reserve Corps—A Medical Reserve Corps, as a constituent part of the Medical Department of the Army, is authorized by an act of Congress approved April 23, 1908, entitled "An Act to increase the efficiency of the Medical Department of the United States Army."

Officers of the Medical Reserve Corps have the rank of first lieutenant, mounted, and, when on active duty, receive the pay of

Digitized by Google

that grade, namely, $2,000 per annum. At the end of five years' active service an increase of ten per cent. is received, making $2,200 annually. This 10 per cent. increase is given for each period of five years active service, until at the end of twenty years the maximum increase of 40 per cent. is received, making $2,800 per year.

Officers of the Medical Reserve Corps on active duty, in addition to their pay, are furnished with quarters either in kind or by commutation at the rate of $36 per month. Fuel and light are also provided. When traveling on duty, mileage is allowed, the amount usually being sufficient to cover all expenses of the journey.

On changing station they are entitled to transportation for professionaol books and papers, and baggage, including household effects.

Being mounted officers, they are provided woth horses and horse equipments when necessary. Groceries and other articles may be purchased from the commissary. Instruments and appliances and professional books and journals are liberally supplied for the use of all medical officers in the performance of their duties.

Leave of absence on full pay may be allowed at the discretion of the proper superior authority at the rate of one month per year. Absence from duty on account of sickness involves no loss of pay.

In addition to a limited number of officers of the Medical Reserve Corps who are on active duty with the Army in time of peace, it is desired to maintain a list of qualified men all over the country who are willing to serve as medical officers in time of emergency. To such men the President is authorized to issue commissions, and it is expected that, as long as they are under commission, they may be relied upon to give service when called. Officers of the Medical Reserve Corps cannot be compelled to accept active service, but should it be declined when offered the commission will be vacated. Nothing prevents Medical Reserve Corps officers serving with the militia, or with the volunteer trops of the United States, or in the service of the United States in any other capaciity, and when so serving or employed they are not subject to call for active duty with the Army. Officers of the Medical Reserve Corps who make application for active service may receive such assignment when the necessity exists. Appointmnet to the Medical Reserve Corps of the Army is made by the President after the applicant has passed a successful examination before an examining board detailed from the Medical Corps of the Army and has been recommended by the Surgeon-General. An applicant for appointment in the Medical Reserve Corps must be between twenty-two and forty-five years of age, a citizen of the United States, a graduate of a reputable medical school authorized to confer the degree of doctor of medicine, and must have qualified to practice medicine in the State in which he resides. The examination for appointment in the Medical Reserve Corps will be held from time to time at convenient places throughout the country, and successful candidates will be recommended to the President for commission.

It is especially hoped that medical officers of the militia of the various States may be sufficiently interested to secure positions on the Medical Reserve Corps list.

It is recognized that except for the limited number of Medical Reserve Corps officers who are now on active duty in the Army in time of peace there are few material inducements for representative physicians to apply for appointment in the corps. The possession of a commision from the President of the United Staes setting

Digitized by Google

forth his confidence in the patriotism, fidelity, and abilities of the holder is, however, something that anyone might be proud of, and the contact that the War Department will be able to maintain with the best class of young medical men throughout the land will, it is expected, be of great value in emergency.—R. M. O'Reilly, Surgeon-General, U. S. A., in *Southern California Practitioner.*

Cardiac Tonic—"I have prescribed Cactina Pillets in a number of cases of heart trouble and find them a reliable cardiac tonic, especially in weak heart with small, frequent, intermittent pulse. They are a specific in functional heart trouble."—R. A. Clopton, M.D., Milan, Tenn.

Measured by every standard of purity, Peacock's Bromides is never successfully imitated. This is why it is necessary for the physician to see that the genuine is dispensed. He thus insures his results in all bromide treatment, particularly in those instances in which the prolonged use of the salts seems indicated and desirable. Neurologists have called especial attention to this feature of the preparation of Peacock's Bromides, and therefore it is extensively prescribed and dispensed in epilepsy. This is the severest therapeutic test to which the bromides can be put, and there is no doubt that purity is of great importance in such cases.

Typhoid Treatment—As the successful treatment of typhoid is largely a matter of diet, we deem it opportune to direct attention to the successful use of Horlick's Malted Milk for many years in this prevalent disease. There is sufficient malted cereal nourishment combined with pure milk in the manufacture of Horlick's Malted Milk to ensure a food for these patients that is agreeable, easily assimilated, and that supports the strength without any danger of setting-up complications. The casein of the milk is sufficiently prediges'ted to form fine, flocculent curds in the stomach, very easily assimilated. It is retained by the weakest stomach, and can be served in the form of different delivious food-drinks that add much to the comfort of the invalid, and prove very efficient in hastening convalescence.

The Sultan Drug Company desire to reassure their friends in the medical profession that Cactina Pillets contain only the therapeutic principles of cereus grandiflorus. No other species of cactus is employed in their manufacture, nor does any other medicinal ingredient enter their composition.

Bedside Experience—The best test, both pharmacological and ethical, for a medicine is bedside experience. For what avail is a laboratory product based upon a fine-spun theory in chemistry if it does not work out results in the laboratory of Nature, the human body? Or why wrangle over the "ethics" of a remedy which accomplishes results in healing disease? To heal one's patient is the best ethics. Send to Od Chem. Co., 61 Barrow St., New York City, for "Laboratory Results Supported by Bedside Experience."

Small Doses—Homœopathic doses are getting larger, allopathic smaller, so that our materia medica will have to be rewritten. Those that doubt this truth can determine the question by trying 1-134 of a grain of aconite every hour in tonsillitis or fever, and

Digitized by Google

a ½-grain dose of podophyllin three times a day in constipation. Think of the older school of doctors—those that gave four times these doses.

The fact seems to be that we people of this twentieth century cannot be purged, bled, or vomited; we have not the power of resistance our ancestors had. We are weaker and wiser. We rush too much, eat too much, drink too much, and dose too much, and in consequence we die before our time. These are the days of small doses frequently repeated.—*The Medical Summary.*

Could Not Read It—Among the out-patients at an ophthalmic hospital one was an old man. He was turned over to one of the younger specialists, who began to test in the usual manner.

"Can you read that?" he asked, as he pointed to the card placed on the wall.

"No, sir," replied the old man.

The doctor then put on stronger glasses.

"Well," he inquired, "can you read it now?"

The old fellow shook his head, saying, "No, not a word."

After repeating this performance several times the doctor was about to turn him over in despair to his more experienced superior, when the old man quietly exclaimed: "You see, doctor, I never learned to read."

Among the prominent passengers who landed from the *Baltic* recently was W. Boulton Conyngham, Ph.C., F.C.S., who comes here in the interest of Benger's Food, Ltd., Manchester, England.

Benger's Food for twenty-five years has held the approval and confidence of the medical profession in England. Although the Food has already gained the support of many of the leaders among the profession here, the manufacturers propose to make it equally well known to doctors in every section of this country.

Don't say, "It is all in your head." The man knows better. Eighty per cent. of men past 30, some younger, have chronic prostatitis or urethritis (not hypertrophy), that suffer with all forms of neuroses or metastasic as a result. Dr. Overall's book on the non-operative treatment of those troubles has many new and effective methods of cure. For sale by the Rowe Pub. Co., Chicago, Ill. Price, $2.00.

Recent Work in Infant Feeding.—Henri Nestlé, of 73 Warren Street, New York, has issued through the Cheltenham Press a dainty brochure bearing the foregoing title. This little work lays special stress upon the use of starch in infant feeding, showing that the trend of expert pediatric opinion is in that direction. An extensive bibliography has been drawn in writing this essay and physicians are advised to apply to Henri Nestlé for a copy of the same.

Digitized by Google

Book Reviews

The Baby: Its Care and Development. For the use of mothers, by Le Grand Ker, M. D., author of "Diagnostics of the Diseases of Children," Professor of the Diseases of Children in the Brooklyn Post-Graduate Medical School, etc. Bound in flexible green cloth, 21 illustrations; 12 mo, of 160 pages. Price, $1.00 net post paid. Brooklyn, New York: Albert T. Huntington, 1908.

This book is designed for the use of mothers and to secure their intelligent co-operation with the physician. There is the avoidance of anything which would suggest either the diagnosis or the treatment of disease. The food formulas are given with the repeated advice that they are for temporary use only, until the family physician can be consulted. The book handles the subject very practically; and the chronologic arrangement of the chapters enables the busy mother to get the information she needs without reading the whole book. In referring to the infant's attempts at talking, the author loses sight of the fact that the habit is acquired by imitating the mother's voice, and that it is just as easy for the baby to learn "cat" and "dog," for instance, as "meow" and "bow-wow." Physicians can recommend this book to their patients without reserve. We are particularly pleased with the author's advice to begin the training of the child as soon as it evidences that it has a will of its own.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., late lecturer on Anatomy at St. George's Hospital, London. New American edition, enlarged and thoroughly revised, by J. Chalmers Da Costa, M.D., Professor of Surgery and Clinical Surgery, and Edward Anthony Spitzka, M.D., Professor of Anatomy in the Jefferson Medical College of Philadelphia. Imperial octavo, 1625 pages, with 1149 large and elaborate engravings. Price, with illustrations in colors, cloth, $6.00, net; leather, $7.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

"Gray" has shown its rank among volumes on anatomy by coming to seventeen editions in its first fifty years, and it now enters upon its second half-century stronger and better than ever. This new edition is the best of all the line. It has been thoroughly revised, every page bearing alteration and improvement, and the whole section on the Nerve System has been rewritten in conformity with recent revolutionary changes in methods of approaching and viewing it. Professor Spitzka, who has done this section, has made the subject a special field of study, and to the qualifications of an anatomist of the first rank he adds the skill of an artist as well, so that his own hand conveys his knowledge directly to the eye of his reader. Professor Da Costa is both an anatomist and surgeon, and the editorial combination, therefore, unites what is required for the revision of a work on this subject. The use of colors is another valuable aid initinated by "Gray," and it is developed even further than before in this new edition.

Hygiene for Nurses. By Isabel McIsaac Author of "Primary Nursing Technique"; formerly Superintendent of the Illinois Training School for Nurses, etc., etc. Cloth, 208 pp. Price, $1.25 net. The Macmillan Company New York. 1908.

The author and publishers of this volume are to be congratulated, for both have done their work well, and the result is a textbook that should be in great demand. The information given in very clear and concise language is all that the first year nurse should be taught, all that she can assimilate and use. The subjects dis-

Digitized by Google

cussed include food, air, soil, water, sewage, garbage, causes and disssemination of disease, personal hygiene, household hygiene, school hygiene and medical inspection of schools, hygiene of occupation and employment of women and children, disinfection and quarantine. We believe it is an exaggeration to state, as the author does, that "several epidemics of typhoid fever have been traced to ice cut from polluted ponds and rivers." The reports of such instances rarely bear scientific investigation.

Pocket Manual of Homoeopathic Materia Medica. Comprising the characteristic and guiding symptoms of all remedies. By William Boericke, M.D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco, Author of "A Compend of the Principles of Homœopathy," etc., etc. Fourth edition, revised and enlarged, with the addition of a Repertory by Oscar E. Boericke, M.D., Lecturer on Materia Medica at the Hahnemann Medical College of Philadelphia. Cloth, 981 pp.; printed on India paper. Price, $3.50. Published by Boericke & Runyon, New York. 1908.

The use of imported India papers has enabled the publishers to bring the 981 pages of this book into the size of a pocket volume, so that in from as well as in contents Boericke's Manual is in truth, the homœopathic physician's *vade mecum*, a therapeutic companion for the practitioner, embracing a clearly arranged repertory and a list of the characteristics and guiding symptoms of all drugs in schema form. It is no exaggeration to say that this book should find a place in the equipment of every physician.

A Manual of Practical Obstetrics. By Frederick W. Hamlin, M.D., Professor of Obstetrics, New York Homœopathic Medical College and Hospital; Obstetrician to the Flower Hospital; Obstetrician to the Hahnemann Hospital. Cloth, 480 pp. Price, $2.50, net. Boericke & Runyon, New York. 1908.

The clearness in teaching that have appealed to class after class of his students at the New York College, makes this little work compiled by Dr. Hamlin. The various subjects are treated in alphabetical order. No attempt has been made to discuss them in detail, the book being intended chiefly as a ready-reference handbook. The inclusion of Dr. Blodgett's treatment of pernicious vomiting, dependent on acidosis, by the administration of bicarbonate of soda, would supply an omission. What system of spelling permits "anæmia," "hemorrhage," and "anesthetic" in the same volume?

A Treatise on the Principles and Practice of Gynecology. By E. C. Dudley, A.M., M.D., Professor of Gynecology in the Northwestern University Medical School, Chicago. Fifth edition, thoroughly revised. Octavo, 806 pages, with 431 illustrations, of which 75 are in colors, and 20 full-page colored plates. Cloth, $5.00, net; leather, $6.00, net; half morocco, $6.50. Lea & Febiger, Publishers, Philadelphia and New York. 1908.

Dr. Dudley's work is characterized by an arrangement that enables a reader to follow the steps of a disease in the female pelvic organs, instead of discussing, chapter by chapter, the diseases affecting particular organs. That the plan has proved acceptable can be judged by the fact that the book has come to a fifth edition in ten years. In the preparation of this edition much of the text has been rewritten, condensed and re-arranged. Two new chapters have been added—one by way of introduction and one on Incontinence of Urine in Women; and forty new illustrations help to elucidate the text.

Progressive Medicine. A Quarterly Digest of the Medical and Surgical Sciences. Edited by H. A. Hare, M.D. Vol. II. June, 1908. Lea & Febiger, Philadelphia and New York. $6.00 yearly.

This is a particularly good number of this always valuable series. The chapter on cancer, included under gynecology, formulates the year's knowledge of the affection, and is admirable.

Google

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., 552 14th avenue, 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.—Della M. Mac Mullen, 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. WILLIAM H. BISHOP, of 667 Madison Avenue, New York, desires to announce that he has returned and resumed work at his office.

The NORTH AMERICAN regrets to hear that Editor Lee J. Vance, of the *American Wine Press*, one of the experts of the New York State Department of Health, and known personally to a number of the readers of the NORTH AMERICAN, has for some time been suffering from detachment of the retina. Mr. Vance has our sympathies and hearty wishes for a speedy restoration to his editorial chair.

DR. WILLIAM H. WATSON, of Utica, mourns the loss of his son, William Livingston Watson, who died early in the summer. Mr. Watson was born in 1856, and was a graduate of Harvard. For 28 years he was the leading real estate dealer in Utica, and in his career contributed not a little to the development and healthy progress of his native city. His sudden death from cerebral hemorrhage was a shock to the community, and a great blow to all the members of his family.

DR. WM. H. VAN DEN BURG has announced his return to his office, 30 West 48th street New York. His announcement card states that patients will not be seen in the office on Sundays except by appointment.

DR. BURK G. CARLETON, 75 West 50th street, New York, opened his office for the fall on Sept. 14. Dr. BUKK CARLETON sees patients from 9 to 1, Dr. SPRAGUE CARLETON is in the office in the evening and on Sunday morning.

DR. L. T. ASHCRAFT has removed his office from the Professional Building to 2103 Chestnut street, Philadelphia.

DR. CHRISTINE BERGOLTH, of Chicago, who has for more than three years so ably represented the NORTH AMERICAN in that city, and whose letter was always appreciated, has been compelled by the increase of work to hand over this work to another. We welcome Dr. Della MacMullen to the Correspondence Staff of the NORTH AMERICAN, believing she will maintain the high standard set by her predecessor.

Digitized by Google

The New York Society—The semi-annual meetiing of the Homœopathic Medical Society, held at Elmira on Sept. 22, 23, proved to be unique in more than one way. The local fraternity offered exceptional entertainment, and it will be a long time before the trip to Watkins Glen, the tramp through this wonderful specimen of Nature's handiwork, and the dinner at the Glen Park Hotel, will pass out of memory. It was a time of renewing of pledges of loyalty to their alma mater by the alumni of the New York College. At the smoker the general sentiment was that a turning point in the history of the institution had been reached, and that, under Dean Copeland, the college would use its unsurpassed facilities for the training of loyal and true homœopathic physicians. The remarkable paper by Dr. John T. Wheeler of the State Department of Health, and its discussion by Dr. Park Lewis, stirred those present to individually sign cards pledging themselves to use some approved prophylactic measure for the prevention of ophthalmia of the new born. The group of papers on the teaching of homœopathy from the student's standpoint, the teacher's standpoint, and the practitioner's standpoint, was of exceptional interest. The bureau of clinical medicine presented series of able papers, that on Diabetes by Dr. H. B. Minton, being conclusive evidence of the ability of the new head of the department of practice, at the New York College. Dr. W. A. Dewey, the American Institute's organizing secretary, was on hand to justify by statistics the scolding he gave New York State for the lack of interest shown by its homœopaths in organization, and to outline his excellent plans for the securing of more students for homœopathic colleges. There was a good attendance and all had a good time in every sense of the word.

Blackwell's Island Home for Nurses—The new Home for Nurses on Blackwell's Island is now opened and ready for service. It is situated on the northern end of the Island, near the immense Metropolitan Hospital, on one of the finest sites in New York City, in the midst of spacious grounds and surrounded by trees. The building has a spacious entrance hall, library and sitting rooms. All bed rooms are single. The School for Nurses is registered and has a three-years' course of training. An allowance is made each month to the nurses in training for current expenses. Classes are formed every two months. All applications should be made to Miss Agnes S. Ward, Superintendent.

CHICAGO ITEMS

Dr. F. H. Honberger, 330 Oakwood Boulevard, is in Northern Minnesota, and will return early in October.

Dr. Hulbert, of Glen Ellyn, Ill., was a visitor at the meeting of the Englewood Homœopathic Medical Society in September.

Dr. F. W. Wood, 3901 Cottage Grove Avenue, will combine study with pleasure by visiting the clinics of the Mayo Brothers in Rochester, Minn., during October.

The Buffalo Tent Rock Villa, Ottawa, Ill., is the mecca to which the busy summer practitioners of Chicago and vicinity turn for week-end periods of rest.

Dr. and Mrs. C. V. Martin, 3901 Cottage Grove Avenue, are taking an extended tour along the Pacific Coast and intervening country, expecting to return about October 1st.

Dr. Katharine Clapp, 6222 Woodlawn Avenue, is the leading

Digitized by Google

spirit in a group of congenial professional people who have organized themselves into a society known as "The Little Academy," for the purpose of considering what is the latest and most advanced thought in medicine, literature, art, etc.

THE PROPAGANDISM OF HOMŒOPATHY: The medical and surgical clinics in the Hope M. E. Church, corner of Wabash Avenue and 14th Street (First Ward), are now conducted by three homœopathic physicians: Dr. Laura Maclaren, Hahnemann '05; Dr. Nettie Campbell, Hering, '05, and Dr. Willoughby W. Sherwood, Hahnemann, '07.

DR. A. C. TENNEY, 453 63d Street, it has been discovered, is devoting himself during the time available for that purpose to the investigation of the merits of the therapeutic application of isotonic sea water, the results of which will be given to the profession by the Doctor in due time. Dr. B. S. Arnulphy, of Nice, France, invited attention to this subject at a recent meeting of the Clinical Society of the Hahnemann Medical Hospital and College.

THE MONTHLY MEETING OF THE ENGLEWOOD HOMŒOPATHIC MEDICAL SOCIETY was held September 8th at Dr. H. H. Davis, 6428 Greenwood Avenue. The papers for the evening were: Diarrhea in Children, by Dr. R. L. Van Dellen, and Treatment, by Dr. L. F. Ingersoll.

DELLA M. MACMULLEN, M.D.

McKinley Hospital—At a meeting of the Medical Board of the McKinley Hospital, Trenton, N. J., held on Thursday, July 2nd, the following officers and chiefs of staff were chosen:

Medical Board.—President, Dr. Chester A. Leigh; Vice-President, Dr. David Posey Brown; Secretary-Treasurer, Dr. Van Alstyne Cornell.

Chiefs of Departments.—Surgical, Dr. John H. McCullough; Medical, Dr. William G. McCullough; Gynecological, Dr. A. W. Atkinson; Obstetrical, Dr. Van Alstyne H. Cornell; Opthalmological, Dr. Howard Ivins.

The hospital is in need of two residents, for a term of one year each, terms of service to begin at once. The hospital has a capacity of 100 beds, and there is a large amount of surgical work and a dispensary, which treats between 5,000 and 6,000 yearly. Applicants apply to Dr. D. P. Brown, P. O. Box 13, Crosswicks, N. J.

Southern Homœopathic Medical Association.—An attempt is to be made to revive the Southern. The following circular letter has been mailed to over 600 physicians registered as homœopaths in Polk's Directory:

Dear Doctor:

Your assistance for homœopathy is needed at once RIGHT NOW.

The Southern Homœopathic Association the most important interstate or sectional Society of our School, has reached a seriously critical period. Then pending question is: Will it continue to exist or, go out of existence for want of support.

Can we afford to sacrifice this one-time prosperous organization? We need its influence for the progress and defense of homœopathy. Now, especially that the American Institute has started a propaganda to advance our cause in every section of our country, it would be little less than criminal to allow it to die.

By the first of October at latest the Secretary must know whether or not sufficient support is pledged to warrant the undertaking of a meeting. In the meantime all preliminary arrangements will be made for active work, and if reports are favorable you will be informed of the exact dates of the meeting.

Digitized by Google

ANSWER AT ONCE. Your co-operation must be secured. If you are in arrears pay in your dues for 1908, or if you wish to make a contribution send either to the Treasurer, Dr. R. S. Moth, Macheca Bldg., New Orleans, La.

If you are not a member, notify the Secretary that you will join the organization. Every recipient of this notice is expected to inform him that he or she is getting busy and determined to help in every way possible. SUCCESS DEPENDS ON EACH OF YOU INDIVIDUALLY.

Fraternally,
V. H. HALLMAN, M.D., President.
EDWARD HARPER, M.D., Secretary.

N.B.—No initiation fee.
Annual Dues, $2.00.

It is to be hoped that interest in this revival will be immediate and practical. The society should not be allowed to die a lingering death. Northern men can help the movement. An attractive program will promote. It is not too early, too, to decide to get away from the rigors of a northren climate and enjoy a few days at the delightful Mardi Gras season in Old New Orleans. Those who can go can be assured of a welcome and the experience of a submission to true southern hospitality.

Serum of the Eel.—Dr. Fornias, whose article on the Serum of the Eel appears in this issue, states that through the kindness of Boericke & Runyon, of New York, he has obtained from France the serum of the eel, and these gentlemen have volunteered to make the necessary attenuations according to our methods, and have written that they can now supply the medical profession.

Stenographer-Secretary—The editors of the NORTH AMERICAN can heartily recommend to a physician seeking the services of an office assistant, a young lady thoroughly familiar with such work.

Honyman Gillespie Lectureships in Medicine.—Announcement has been made of two courses of lectures and clinical demonstrations under the Honeyman Gillespie foundation. Course 1, on Homœopathic Materia Medica, will be given at Chalmers House, 43 Russell Square, London, the headquarters of the British Homœopathic Association, on Mondays and Thursdays at 5 p. m., Oct. 19 to Dec. 17, 1908; Jan. 25 to Mar. 25, 1909, the lecturer being Chas. E. Wheeler, M.D., B.S., B.Sc., Assistant Physician London Homœopathic Hospital. Course 2, on Homœopathic Therapeutics with Clinical Demonstrations will be given at the London Homœopathic Hospitnal on Tuesdays and Fridays, Oct. 20 to Dec. 18, Jan. 26 to Mar. 26, the lecturer being James Searson, M.D., Assistant Physician London Homœopathic Hospital. Dr. George Burford will deliver an introductory address at Chalmers House on "Some Values, Fractional and Other, in Recent Science and Their Bearings on Medicine."

Benger's Food is distinguished by these important characteristics: Perfect adaptability, digestibility and high nutritive power. Through the pancreatic enzymes incorporated in the substance of Benger's Food any necessary degree of predigestion can be readily accomplished, a feature of the utmost importance in promoting assimilation and nutrition under adverse circumstances. Physicians generally regard Benger's Food as one of the most admirable and most adaptable of prepared foods.

An Advanced Ethical Platform.—Chologestion, in addition to its therapeutic merits, deserves the consideration of the physician because: 1. It has been accepted by The Council on Pharmacy

Digitized by Google

and Chemistry of the American Medical Association. (See New and Non-Official Remedies, 3d edition, p. 32). 2. Open formula, freely published. 3. No name blown in the bottle. 4. No distinctive shape or style of bottle. 5. No cap or seal on cork. 6. No names of diseases or therapeutic indications on label. 7. No back label of any kind. 8. No circular surrounding the bottle. 9. No gratuitous information of any kind for the enlightenment or instruction of the patient. Samples and literature description of Chologestion may be had from the manufacturers, F. N. Strang Co., 58 Warren St., New York.

A New Proving.—To prove that the ordinary type of chorea is a manifestation of the "rheumatic diathesis," prescribe alkalithia made by the Keasbey & Mattison Co., Ambler, Pa.

America's Progress in Medicine.—Reed & Carnrick, of Jersey City, N. J., have issued a little brochure in which is set forth, in illustration and text, the part the United States has played in the advancement of medicine. Most of the illustrations are miniatures of a series prepared for Reed & Carnrick for the purpose of distribution to the medical profession. Among the subjects are the Home of J. Marion Sims, Mt. Meigs, Ala.; College of Physicians and Surgeons, 1813; Old Charity Hospital, New Orleans, 1815; Rockefeller Institute for Medical Research, Massachusetts General Hospital and the Pennsylvania Hospital. When framed these pictures make very appropriate and attractive decorations for the office walls.

A Well Merited Compliment.—Samuel W. Fairchild, of New York, treasurer of Fairchild Bros. & Foster, was one of five upon whom the Philadelphia Pharmacy College conferred the degree of Master of Pharmacy for distinction in the art of preparing medicines and drugs.

School of Sanitary Science in New York State—The need of facilities for the better training of health officers and sanitary inspectors has been felt by the Department of Health of New York State for a long time, and it has endeavored to meet it in a small way by its Sanitary Institutes held in various parts of the State. While the time is perhaps not yet ripe for a regular school for health officers, sentiment in this State and among the leaders in public health work in other states is gradually crystallizing in this direction. As a first step, Commissioner Eugene H. Porter, of the Department, some time ago consulted President Schurman of Cornell University with regard to the establishment of a series of lectures, to be offered by Cornell, with the co-operation of the State Department of Health, which in itself would constitute tthe first course of a School for Sanitary Science and Public Hygiene. These negotiations have now been completed, and the course will open at Cornell on October 8, 1908, with an address by President Schurman.

Commissioner Porter feels that the inauguration of this course by Cornell marks one of the most important advances in the work that has ever been made in America, and will do more to advance Sanitary Science in this country and educate our people in Public Health than anything that has been done in recent years.

President Jacob Gould Schurman of Cornell writes to the Commissioner: "Let me express my satisfaction with this plan of co-operation between Cornell University and the State Department of Health for the education of our people in Sanitary Science and Public Health. When I consider the vast importance of this

Digitized by Google

subject for the health and lives of our people I am disposed to believe that this tentative course, which you are establishing, may in time develop into a great State School for Sanitary Science and Public Hygiene."

The lecturers have been appointed from the University faculty and from the staff of the State Department of Health in about equal numbers. In addition, several eminent specialists from Europe have been invited to present lectures on special topics. The subjects have been carefully selected to make the course a logical development and a complete whole. It is expected that the course will appeal particularly to students in medicine, in sanitary engineering and in political social science, qualifying them to a higher degree than heretofore, for positions as health officers and sanitary inspectors.

It is believed that the course of lectures is one preliminary to a broader and more comprehensive training, since there can be no doubt of the importance of the subject and the growing importance of having properly trained men for this work.

Cornell University, true to her tradition of offering instruction in any subect for which public need may exist, will through this course diffuse each year throughout the country a large body of men who have been thoroughly instructed in the latest scientific methods for the preservation of the public health and will lay the foundation for that progress and sanitary development which will lift New York to the front rank among the states where the health of all citizens is properly protected.

Reciprocity Between the Licensing Boards of the Different States—Medical graduates who have not located, and physicians who are contemplating a change of location, are constantly making inquiry concerning the matter of reciprocity between the different State Licensing Boards. The following facts answer the larger proportion of inquiries made. They are taken from the *State Board Journal of America,* and are therefore probably reliable:

Colorado reciprocates with States offering equal standards of education and moral qualifications.

Connecticut reciprocates with States giving an examination equivalent to its own requirements.

Delaware reciprocates with New Jersey, Virginia, Illinois and Maryland.

District of Columbia reciprocates with States of equal requirements.

Georgia reciprocates with States requiring same standard and recognizing Georgia certificates.

Illinois reciprocates with Iowa, Indiana, Kansas, Maine, Michigan, Minnesota, Nebraska, New Jersey, Ohio, North Dakota, South Carolina, Wisconsin and Virginia.

Indiana reciprocates with Michigan, Wisconsin, Nebraska, Nevada, Ohio, Iowa, Kansas, Illinois, Maine, Kentucky, Maryland and New Jersey.

Iowa reciprocates with Colorado, Wyoming, Nevada, Kansas, Nebraska, New Jersey, Maine, Delaware, Maryland, Virginia, South Carolina, Georgia, Michigan, Illinois, Indiana, Ohio, Missouri, Kentucky, South Dakota, North Dakota, Michigan and Wisconsin.

Kansas reciprocates with States whose standards for qualifications for practice are euivalent to her own.

Kentucky reciprocates with District of Columbia, Georgia, Illinois, Indiana, Iowa, Oklahoma, South Carolina and Wisconsin.

Digitized by Google

Maine reciprocates with States whose standards of education are equivalent to her own in all respects.

Maryland reciprocates with Delaware, District of Columbia, Georgia, Illinois, Iowa, Indiana, Kansas, Maine, Michigan, New Hampshire, Nebraska, Ohio, Oregon, South Carolina, Texas, Vermont, Virginia, Wyoming and Wisconsin.

Michigan reciprocates with Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New York, North Dakota, Ohio, South Carolina, Virginia, Wisconsin and Wyoming.

Minnesota reciprocates with Illinois, Iowa, Kansas, Michigan, Maine, Maryland, Missouri, Nevada, New Jersey, Nebraska, Ohio, South Carolina, South Dakota, Wisconsin and Wyoming.

Missouri reciprocates with States whose standards or requirements are equal to her own.

Nebraska reciprocates with Michigan, Indiana, Iowa, Maryland, Minnesota, Georgia, Wisconsin, Kansas, Illinois, Ohio and Wyoming.

Nevada reciprocates with Indiana and Texas.

New Hampshire reciprocates with States whose standards are equal to her own.

New Jersey reciprocates with States whose education, examining and licensing requirements are equal or excel her own.

New Mexico reciprocates with States having like requirements.

New York, New Jersey, Michigan and Ohio have made a reciprocity arrangement based on an examintaion made by any one of these State Boards.

North Dakota reciprocates with States maintaining standards not lower than her own.

Ohio reciprocates with Illinois, Indiana, Maine, Maryland, Michigan, Minnesota, Nebraska, New Jersey and Wisconsin.

South Carolina reciprocates with States of equal requirements.

South Dakota reciprocates with States having equal requirements.

Utah reciprocates with States having an equal standard.

Vermont reciprocates with Maine, Maryland, Michigan, New Jersey, North Dakota and Wyoming.

Virginia reciprocates with District of Columbia, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, New Mexico, North Dakota, Ohio, Oklahoma and South Carolina.

Wyoming reciprocates with States having equal requirements and issuing licenses on the same terms.

The British Medical Association and Homœopathy—At the Annual Representative Meeting of the British Medical Association, held at Sheffield, a discussion took place on presentation of the report of the "Central Ethical Committee" as to the "ethics of medical consultation," in which the subject of consultations with homœopathists was considered. In clause 4 of this report it was stated that "it is the duty of a practitioner to refuse to meet in consultation a practitioner whose exclusive profession of any peculiar system of treatment would render consultation futile." To this it was proposed to add the words, "except for the purpose of diagnosis." This amendment was lost, and in the discussion upon it, it was admitted by the Chairman that homœopaths were not excluded from the Association. Several speakers expressed the opinion that homœopaths ought to be altogether excluded from membership in the Association. Dr. E. T.

Digitized by Google

Davies, of Liverpool, objected to homœopaths because they assumed that title, and had a special directory, and because they pretended to be something superior to the ordinary practitioner. He thought that so long as they adhered to their special distinctions, they ought most positively to be excluded from the Association altogether. This had been done by the Lancashire and Cheshire Branch of the Association.

The *British Homœopathic Review* says of this:

"The last charge' that 'homœopaths pretended to be something superior to the ordinary practioner,' is so badly expressed as to be partly unintelligible—we presume that the words are correctly reported. A person cannot pretend to be a thing, nor can a homœopath pretend to be *something* superior to others. If the idea intended to be expressed was that the homœopath pretends to be a superior practitioner to others, we deny it. That is a personal question that does not affect homœopathy and has nothing to do with it. A homœopath may be conceited and arrogant, and so may an allopath. We do not usually find the latter afraid to assert an alleged superiority over homœopathic practitioners. Dr. Davies might pretend to be 'something superior' to other practitioners in his neighborhood, but that would not prejudice the truth of any scientific cause he advocated in our eyes. We presume, then, that the objection intended to be stated was that homœopaths pretended that homœopathy was a something superior to what the ordinary practitioner employed or professed." If that was the idea, we cordially agree. When a man has got hold of a good thing we do not respect him for keeping it to himself. Every homœopath knows that he has a 'something superior,' and he is anxious that others should test the matter and find it out for themselves. There is no pretence about it. Indeed, there is far more pretence about the ordinary practitioner. For does not he often prescribe half a dozen drugs in one mixture, of the combined effect of which he knows nothing, and *pretend* to the patient that it will do him good? Compore this with the scientific precision of homœopathy. The homœopath, in accordance with a natural law, selects a single remedy which he knows, if the case is at all amenable to medical treatment, will do for that case all that a drug can do. And it does it. There is no pretence about that, as our patients daily testify."

Abdominal Applications in Typhoid Fever.—Local application prove efficacious elsewhere in inflammation—why not here? Applications with hygroscopic properties reduce inflammation in other tissues of the body and will do likewise in typhoid fever. The best of these is Antiphlogistine, and its use in typhoid fever is demonstrable. It will tend to reduce the inflammation and thus contribute in making the typhoid patient comfortable and assist him in his return to health.

The Frequent, Urgent Desire to Urinate in old men, with some mucus discharge, is relieved by a teaspoonful of sanmetto every three or four hours.

Cardiac Tonics.—The expressions of the medical profession on Cereus Grandiflorous and Cactina Pillets, which truly presents the therapeutic properties of the drug in the highes tform, are said to be very encouraging. It seems that any drgu that offers assistance in cardiac complications, and especially if it is devoid of the objectionable features of stronger cardiac remedies, should command the earnest attention of the bedside practitioner.

Digitized by Google

Book Reviews

A Text Book of Physiology for Students and Practitioners, by Isaac Ott, A.M., M.D., Professor of Physiology in the Medico-Chirurgical College of Philadelphia, etc. Second Edition. Thoroughly Revised and Greatly Enlarged. Illustrated with 393 Half-tone and Photo-engravings, many in colors, and a large number Entirely Original. Royal Octavo. 815 pages. Extra Cloth. Price, net, $3.50. F. A. Davis & Co., Philadelphia.

In preparing this new edition, the author has kept steadily before him the urgent need of medical and dental students for a thoroughly modern, elementary, and at the same time comprehensive manual of physiology.

Already well known in the previous edition, this work has promptly taken rank as in every particular one of the most satisfactory, available text-books on this important branch for the use of students in medicine and dentistry. In it the practitioner will also find that the application of physiology to practical medicine has been made the chief point of the work.

More than 250 engravings have been added to this edition. Several of these are full-page plates and a large number are in colors. The number of pages has been increased from a little over 560 in the former edition to 815 in the present edition.

The entire work since the publication of the first edition has been most carefully and fully revised by the author for this new edition. The chapters upon Electro-Physiology and the Sympathetic Nervous System have been much extended. The latest researches of Langley upon the Sympathetic have been inserted. The recent work upon Peristalsis in the laboratory of the Medico-Chirurgical College has been incorporated. Special effort has been made to include the latest work of physiological chemists on the Polypeptids, the toxic principles found in beef-tea, etc. The new and the old nomenclature of the proteids have been placed side by side.

In the circulation the cardiac bundle of His and its relation to the disease of Stokes-Adams has been discussed. The most recent discoveries of physical chemistry have been noted, with their application in the explanation of the phenomena of osmotic pressure, cryoscopy, and ionic action. The Internal Secretions have been treated in the most complete manner as regards the latest facts and the recent researches of the author.

Intestinal Auto-Intoxication, by Prof. A. Combe (University of Lausanne). Translated by W. G. States, M.D. 460 pp. Rebman Co., 1123 Broadway, N. Y.

This book by Combe goes fundamentally into the subject of auto-intoxication, presenting all that is valuable in modern literature plus the wide clinical experience of the author. We consider the work of considerable importance and desire to call the attention of homœopathic practicians to its great scientific and practiaal value.

Pathogenic Micro-organisms, including Bacteria and Protozoa. A Practical Manual for Students, Physicians and Health Officers. By William H. Park, M.D., Professor of Bacteriology and Hygiene in the University and Bellevue Hospital Medical College, New York. New (third) edition, thoroughly revised and much enlarged Octavo, 648 pages, with 176 illustrations and 5 full-page plates. Cloth, $3.75, net. Lea & Febiger, Philadelphia and New York, 1908.

Dr. Park was the first to give concrete recognition in book-form to the fact that diseases caused by animal organisms are almost as

Digitized by Google

important to the human race as those resulting from low forms of vegetable life.

In a subject of such intense activity, growth is very great, and accordingly the changes in this new edition are extremely thoroughgoing.

Such subjects as the opsonic index, the normal bacteriology of the intestines, and the elimination of the non-antitoxic substances in protective sera are fully considered in this edition, and the portion of the book devoted to protozoa has been thoroughly revised.

Progressive Medicine, Vol. III, September, 1908. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, 285 pages, with 30 engravings. Per annum, in four cloth-bound volumes, $9.00; in paper binding, $6.00, carriage paid to any address. Lea & Febiger, Publishers, Philadelphia and New York.

The September volume of *Progressive Medicine* deals with four topics of great practical importance. Under the title of Diseases of the Thorax and its Viscera, Professor Ewart gives an admirable summary of the recent advances in our knowledge of tuberculosis. Dr. Gottheil's contribution covers Dermatology and Syphilis. The advance in our knowledge of Obstetrics has been very comp'etely covered by Dr. Davis. The department of Nervous Diseases concludes the volume. The author, Dr. William G. Spiller, has produced a very complete and lucid review of the advances in this rather obtruse department of medicine.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, M.D., Clinical Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New (4th) edition, 12mo., 604 pages, with 126 engravings and 7 colored plates. Cloth, $2.75 net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

This is the fourth edition in nine years of this valuable little book. The book is well arranged, well printed, and well illustrated. The directions for treatment are clear and explicit. In diphtheria the author advocates the use of antitoxin, but says the remedies that proved of value before the days of antitoxin must be used with it. He does not seem to be very enthusiastic over the use of antitoxin for immunizing purposes. To quote *verbatim*:—"Immunity against the disease is claimed to be produced by the injection of the diphtheria antitoxin in doses varying from 200 to 1,000 units, according to the age of the patient. While this renders the individual immune in the great majority of cases, it does not always do so, for we have known of supposedly immunized children becoming infected about a week after the antitoxin injection."

A Common-Sense View of The Mind Cure. By Laura M. Westall. 12 mo; Cloth, 75c. net. Funk & Wagnalls Company, New York.

The reviewer finds little in this book that appeals to him as common-sense; of nonsense there is plenty. The final chapter deals with "a few practical applications," and here we learn that both leanness and obesity may be cured by fixing the mind on the desired weight, and mind cure is suggested as worth a trial for "outstanding ears, round shoulders, or a misshapen nose."

Digitized by Google

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., 552 14th avenue, 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.—Della M. Mac Mullen, 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.

NEW YORK NEWS

THE HOMEWARD RUSH from Europe has about ended and Drs. Van den Burg, Crump, Dieffenbach, Butler, Dearborn, Sprague Carleton, and others whose names we have not, have returned to be with us again.

DR. JOHN E. WILSON made Lake Placid his place of recreation.

DR. DEARBORN toured Europe in an automobile, and had an ideal outing.

SOME OF THE GLOBE TROTTERS unexpectedly ran across one another, showing again how small this pill of ours really is.

PERHAPS IT IS A LITTLE LATE to say anything more about the State Society meeting at Elmira, but we had such a good time that to say "thank you" again to the Southern Tier folks comes as easily as sliding down the hills around Watkin's Glen.

DR. REVEL BENSON is away on vacation.

DR. FOBES has returned from a short staay in Canada, where he devoted a little time to gunning for deer. The air was too smoky for good shooting, so all we can report is that Dr. Fobes got some near-shots.

DR. RUDOLPH F. RABE has returned to the United States, and can be found at 616 Madison Avenue—"The Sydenham"—from ten until twelve and from five until six. He still thinks New Jersey is all right.

DR. J. PERRY SEWARD announces his return to the city and resumption of work. Between 8 a. m. and 7 p. m. he my be reached at his office, 200 West 10th Street. At other times he may be phoned at his residence, 195 Columbus.

DR. A. B. NORTON has returned to and resumed work at his office, 16 West 45th Street.

DR. RUDDEROW announces the removal of his office to 180 West 59th Street.

DR. PHILIP COOK THOMAS is in temporary quarters at 50 West 77th Street. On December 1st he will remove to his new offices in the Manhattan Square Apartments, 44 West 77th Street.

COLLEGE OPENING—Tuesday evening, October 6th, the Faculty

Digitized by Google

of the New York Homœopathic Medical College and Flower Hospital gave its annual reception to the students and welcomed the Freshman Class. A large gathering was present to shake hands with friends, old and new. It is reported that the Freshman Class numbers in the neighborhood of thirty men.

AMONG THE INSTRUCTORS is Dr. A. E. Hinsdale of Pontiac, Mich., who will pursue further scientific investigations, while filling the chair of chemistry at the College.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK held its first meeting of the season on the evening of October 8th in room forty-four of the New York Academy of Medicine.

Dr. Jacobi made an address of welcome to the members of the Society.

The program for the evening was most entertaining and instructive, Bureau of Clinical Medicine, Dr. J. Seward, Chairman, reporting two papers.

Dr. Francis M. Pottenger, of Pottenger Sanitorium, Monrovia, California, and Director of the National Association for the Study and Prevention of Tuberculosis, read a paper entitled "Practical Suggestions in the Administration of Tuberculin."

Prof. Dr. J. Denys, Professor at the University of Louvain, Director of the Institute of Bacteriology and Chief Delegate of the Government of Belgium to the International Congress on Tuberculosis, read a paper on the subject, "The Filtered Bouillon of the Bacillus of Human Tuberculosis as an Agent in the Specific Treatment of Tuberculosis in Man." This paper was illustrated by stereopticon.

The meeting was well attended and was a fitting inaugural for our new quarters.

Dr. Chas. McDowell, of Brooklyn, New York, was transferred from active to corresponding membership.

The following were elected to active membership: Dr. H. G. Farmer, 657 Park Avenue; Dr. Chas. Hastings, Flower Hospital; Dr. A. W. F. Manifold, 726 St. Nicholas Avenue.

DR. L. F. COCHEU has opened a new office in the Central Studios Building, 39 West 67th Street.

Dr. Laidlaw is to be congratulated on having secured such good quarters in the New York Academy of Medicine for the meetings of the New York County Homœopathic Society.

DR. COPELAND, Dean of the New York Homœopathic Medical College and Flower Hospital, has been busy all summer getting ready for the college session, and now has everything well started.

CHICAGO ITEMS

DR. E. H. PRATT held a three days "Free Clinic in Orificial Surgery and Suggestive Therapeutics" at Hering Medical College, September 22, 23, and 24. It was well attended and all were well repaid. Dr. Pratt haas had quite a rest from public teaching and he came into the clinic with all his old time vigor and enthusiasm.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL of Chicago held its opening exercises September 22nd. The annual address was delivered by Dr. A. R. Taylor, President of the James Millikin University.

THE AMERICAN ASSOCIATION OF ORIFICIAL SURGEONS held its

Digitized by Google

Twenty-first Annual Session at the Sherman House, September 23 and 24. Dr. John A. Lenfesty, of Mt. Clemens, Mich., was re-elected Secretary and Treasurer.

SOCIAL HYGIENE was the subject discussed at the October meeting of the Chicago Homœopathic Medical Society. The speakers were Dr. Frank Wieland, Dr. A. C. Tenney, Dr. Annie Hungerford White and Mr. Wirt D. Hallam, corresponding secretary of the Society of Social Hygiene.

THE REGULAR HOMŒOPATHIC MEDICAL SOCIETY met Tuesday, October 6, 1908, at the Chicago Public Library. The topics for the evening were: "Why, the Regular Homœopathic Medical Society?" and "Our Society—Its Worth and Work."

THE AFTER DINNER CLUB held its regular monthly meeting October 15. Holiday stories from the members of the club were the order of the evening.

BOSTON ITEMS

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.—The Sixty-eighth semi-annual meeting of the Massachusetts Homœopathic Medical Society took place on the afternoon and evening of Wednesday, October 14, 1908, at Jacob Sleeper Hall, in the B. U. Liberal Arts Building.

Both of the papers in Materia Medica were scholarly, Dr. Tompkins' being a clear exposition of the benefits of the repertory to the busy practitioner, and Dr. Wesselhœft's a masterly resumé of the Homœopathic philosophy of drug action as applied specifically to indications for remedies.

The paper of Dr. Powers on The Treatment of Nævi was of especial interest because of his experience in the use of solidified carbon-dioxide for freezing the affected part for removal of the nævus. The old methods by electricity, ligation, vaccination, collodion, the knife, the actual cautery, and freezing by ethyl chloride or liquid air were all taken up and discussed. For most cases, Dr. Powers prefers the method of freezing by means of solid carbon-dioxide to all others, though he concedes the value of the collodion treatment for certain nævi of large extent. The chief advantages of the dioxide are the normal condition in which it leaves the skin and the comparative ease with which the agent may be obtained. Dr. Powers showed two cases which were in process of treatment, and the results certainly seem to be most gratifying.

The series of papers, presented by the Committee on Ophthalmology, etc., was novel as well as interesting because it called attention to and discussed certain neurotic conditions occurring in locations where we are not so accustomed to look for such manifestations as in other quarters, namely, in the sensory organs, eye, ear, nose, and throat. The required treatment for such conditions, as given in these papers, seems to be along the lines of treatment for similar neurotic states as elsewhere exhibited, the use of suggestion having its share in the handling of nearly all the class of cases under discussion.

A buffet supper was served at 6 P. M. in another hall of the building, and at 7 P. M. the members reassembled to listen to the Annual Oration by Carl Crisand, M.D., of Worcester, Mass. His subject was, "The Art of Healing." Dr. Crisand spoke of the

Digitized by Google

title of his address as being threadbare, but his treatment of his subject was up-to-date. Dr. Crisand said in part:

We should be broad-minded enough to adopt all means of healing or relieving the patient, though we never forswear the law of similars. This is a world of evolution, and the art of healing has been evolving for ages. There have been great changes in all theories of pathologicaal processes. The tendency in medicine as in religion and other modes of thought is toward rationalism. There has come to be recognized in the latter days as never before the necessity for the personal sympathy of the physician, and there is an increased appreciation of the advantages of treating both the mind and the body of the patient. The celrgy are teaching us now to do what we should have done of our own accord long ago. Psychiatry should be a recognized branch of medical treatment and should be a part of the curriculum of the medical school. The anarchy of psychism is in full swing to-day, but psychiatry is not a new thing. It is, however, an agent of great beneficent power, in harness, but out of it may work vast destruction.

The old monasteries had their hospitals. Why should not each modern hospital have a chapel that medicine and religion may go hand in hand? For, if depressing thought wreak such havoc as we know it can, how much good may uplifting and encouraging thought accomplish? There is no overestimating the importance of suggestion in connection with medical treatment.

Following the oration, the Committee on Surgery reported.

This was one of the most satisfactory bureaus of the meeting. Dr. Briggs' paper on the treatment of bunions and Dr. Packard's on fractures of the hip were most lucid and helpful for the general practitioner.

In the bureau of Gynecology, Dr. Barney-Hall's paper on Painful Cicatrices was novel and of special interest, and did the good office of setting members to thinking, with a view to the possible clearing up of certain obscure cases.

GRACE E. CROSS, M.D.

THE JOHN C. HAYNES HOSPITAL.—The opening on October 19th of the contagious department of the Massachusetts Homœopathic Hospital, which was made possible by the bequest of $175,000 under the wi'l of the late John C. Haynes of Boston, fills a need of long standing in our city and gives also to homœopathy an added opportunity of demonstrating in this locality its efficacy in this field of therapeutics. The hospital was on view for two days to physicians, and two days to the general public.

Situated on the slope of Corey Hill, its good elevation gives it the sweep of air so desirable, and the seven acres of ground in which it stands give comparative freedom from noise and dust. The site was obtained at a cost of $50,000 and the equipment required $50,000 more, while the $175,000 of the bequest was put into the buildings. Of these, there are five, the administration building, flanked on either side by the scarlet fever and the diphtheria wings, with which it is connected by bridges; the laundry, and the garage.

In the administration building are the offices, pharmacies, dining-rooms, etc.; on the lower floor and on the upper floors are the nurses' rooms. Each of the adjacent buildings has wards for adults and for children, and private rooms. In the basements beside the heating plants are the sterilizing plants, the kitchens, bath-rooms, etc.

Digitized by Google

The sterilizing equipment is complete and so planned as to do the work most efficiently, and modern appliances are installed in the cook rooms.

In the garage stands an up-to-date electric ambulance, with two stretchers, all ready for its call, with room for other automobiles and stalls for horses. The laundry has all the labor-saving machinery of a first-class establishment, including electric irons.

The buildings are plainly but solidly built of brick and stone, and within all is arranged with a view to the greatest possible simplicity and aseptic cleanliness and, at the same time, is cheerful and attractive.

There are at present accommodations for about 100 patients, one-third of whom may be adults; there are twenty nurses' rooms and about that number of nurses will be employed upon the regular staff.

Boston and the Massachusetts Homœopathic Hospital are to be congratulated upon the possession of this splendid addition to its present accommodations for the sick. GRACE E. CROSS, M.D.

BOSTON HOMŒOPATHIC MEDICAL SOCIETY.—The first regular meeting for the season was held on the evening of October 1, 1908, at the Boston Natural History rooms, Boylston Street, Boston. The program consisted of a paper by Dr. Benjamin T. Loring, on the "Development and Use of Electricity in Medicine," and one by Ariel M. George, M.D., on the "Use of the Roentgen Ray in Medicine and Surgery."

At the close of the scientific session the Society adjourned for a social half hour, with refreshments, during which the members enjoyed a reunion after the vacation months. GRACE E. CROSS, M.D.

The New Jersey State Homœopathic Medical Society.—The New Jersey State Homœopathic Medical Society held its fifty-fifth semi-annual session at the Hotel Marlborough, Asbury Park, on October 6th and 7th. About sixty members and visitors were in attendance. The business session was called to order on Tuesday morning by President Charles F. Adams, M.D., of Hackensack, and after the invocation by Rev. C. M. Giffen, of Asbury Park. Mr. Wm. H. Bannard, councilman-at-large, welcomed the society to the city. Dr. A. W. Atkinson, of Trenton, the third vice-president, responded for the society. The president, in a few words, told of the effort made to bring more homœopathic physicians into membership. (About 70 per cent. of the practitioners of the state are members of the State Society.) He also recommended that the society have but one meeting a year, and appointed a committee to provide for certain changes in the constitution. The committee, in its report, recommended the following changes. and they will be voted upon at the next regular meeting: That the society shall hold an annual meeting only; that the following bureaus shall be appointed by the president—Materia Medica and Therapeutics, Clinical Medicine and Pathology, Surgery and Gynecology, Obstetrics, Physical Therapeutics, Pedology, Sanitary Science and Public Health, Ophthalmology, Otology and Laryngology, Homœopathy and Drug Proving; that the members shall be considered seniors after twenty-five instead of after thirty years of continuous membership.

Digitized by Google

Upon recommendation of the board of censors the following were elected members: Drs. Henry H. Carr, of Mullica Hill; Wm. T. Hillard, of Salem; Allan S. Ironside, of Camden; Chester A. Leigh, of Trenton; Robert P. Miller, of Hopewell; Lester H. Sparks, of Lakewood; Howard J. Westney and Maurice D. Youngman, both of Atlantic City. Dr. Royal S. Copeland, of New York, was proposed for honorary membership and will be voted upon at the next regular meeting. The only honorary member at present, Dr. H. C. Allen, of Chicago, was present at this session.

Dr. John B. Garrison, of New York, of the the Committee on Medical Education of the American Institute of Homœopathy, was present and told of the work of the committee and urged all members to send their students to homœopathic colleges. Dr. Rabe reported that at the last meeting of the Institute, the representatives of the State Society had pledged $100 for this fund of homœopathic propaganda. The State Society approved this action and will give the $100 to the Institute fund.

The necrologist, Dr. H. F. Datesman, reported the deaths of two members—Dr. E. H. Phillips, of Cape May, a Senior, and Dr. James Hoffman, of Jersey City.

At the scientific session the following papers were read and enthusiastically discussed: "Sanguinaria in La Grippe," "Neuritis and Diseases of the Chest," by Wallace McGeorge, M.D.; "Sinapis Nigra," by P. E. Krichbaum." "The Care of Mental Cases," by David M. Gardner, M.D.; "Conservatism in Surgery,' by E. B. Witte, M.D.; "Intestinal Obstruction," by Arthur F. Thompson; "Asthma as a Nasal Reflex," by C. C. Straugn, M.D.; "Headaches of Ocular and Nasal Origin," by W. F. Beggs, and "Sewers and Sewage Disposal as Applied to Cities of the Sea Shore," by J. T. Beckwith, of Atlantic City.

On Tuesday evening the Monmouth County Homœopathic Medical Society tendered a dinner to the members and friends of the State Society at the Hotel Marlborough. Nearly sixty sat down to the well-spread board. After the dinner, Dr. L. E. Hetrick, the efficient chairman of the local committee presided as toastmaster and introduced the speakers. Those at the tables heard an unusually fine set of speeches from Drs. J. E. Wilson and Wm. F. Honan of New York; President Charles F. Adams,, M.D., of Hackensack, and Rev. C. M. Giffen,of Asbury Park. In the afternoon a reception was tendered to the members and guests by Dr. Ella P. Upham, of Asbury Park, who was president of the society last year.

The society adjourned on Wednesday, after an unusually good session, to meet at Cape May for the regular annual meeting, on June 3d, 4th and 5th, 1909.

COLORADO NOTES

Colorado Homœopathic Medical Society.—What was pronounced the largest and most enthusiastic meeting that the Colorado Society has had for years was recently held in Denver. The officers elected were: President, E. A. Darby, M.D.; First Vice-President, Otto S. Vineland, M. D.; Second Vice-President, J. B. Kinley, M.D.; Secretary, C. M. Worth, M.D.; Treasurer, J. B. Brown. All of the officers are of Denver.

Digitized by Google

THE COLLEGE OF PHYSICIANS AND SURGEONS, the homœopathic college of Denver owns its own building, which is well equipped and nicely located. A larger attendance than usual is reported this year.

DR. FRANK A. GUSTAFSON, formerly of Hering Medical College of Chicago, is now lecturing most acceptably in the College of Physicians and Surgeons.

WANTED—To purchase practice. Location immaterial if proposition is good. No real estate, but may purchase outfit. Address Metropolitan, c/o NORTH AMERICAN JOURNAL OF HOMEOPATHY, 1748 Broadway, New York.

ENGAGEMENT—Mrs. Fred. S. Fulton, of Buffalo, N. Y., recently announced the engagement of her daughter Margery to the Reverend Robert Freeman. Miss Fulton is the daughter of the late Dr. Fred. S. Fulton, Class of '85, N. Y. Hom. Med. Col. & Hosp., who will be remembered by many in New York City, where he practiced while he lived. Congratulations are hereby tendered to the happy couple.

At a special meeting of the Executive Committee of the American Institute of Homœopathy, held in the Coates House, Kansas City, Mo., on Monday, August 17th, 1908, the following Preamble and Resolutions were adopted:

Whereas, Our beloved Secretary, Frank Kraft, M.D., has entered into the great transition from his earthly labors into his eternal rest, therefore be it.

Resolved, That the Executive Committee of the American Institute of Homœopathy would place on record the very great loss we have sustained. His hearty belief in the principles of homœopathy, combined with his clear cut ability to express those beliefs made him, at all times a fearless and uncompromising antagonist. His genial and lovable nature made him the lasting friend of all who came to really know him.

Resolved, That these resolutions be placed upon the minutes of the American Institute of Homœopathy and a copy be sent to the family of Dr. Kraft and also published in the medical journals.

It is better treatment, in any system of medicine, to remove the cause of disease than to ignore it while trying to overcome its results. The gouty diathesis is the generic cause of many so-called separate diseases. Alkalithia is the indicated remedy in all gouty states, as gouty bronchitis, with or without asthma, gouty eczema, gouty nephritis migraine and rheumatism.

Another Appeal from Dr. Harper.—A call was sent recently to all Southern homœopaths pleading for assistance for homœopathy at once. Comparatively few answers have been received. What is the matter with the Southern homœopaths? Are we to understand by your silence that you are in favor of sacrificing the Southern in the face of the propaganda started at he Kansas City meeting of the American Institute? We beg you not to do so. It is the duty of every recipient of both these appeals to support the Southern morally and financially as well as to attend its metings whenever it is possible for him to do so, just as much as it is to support his local or state society and the American Institute. That you do not need its influence personally because you live near strong Homœopathic centers, or the near north and can attend meetings

there does not release you from this duty. Awake from your apathy and come to the support of homœopathy, the Southern and the propaganda. Do it right now.

EDWARD HARPER, M.D., Secretary.

Post-Hemorrhagic Anemia.—Feeling is one of the most important details in post-hemorrhagic treatment. A good reliable hematic is early necessary, one that materially hastens hematosis without endangering the digestive and assimilative functions in any way, shape, or fashion. Pepto-Mangan (Gude) is one of the most dependable remedies of this class and its hematopoietic properties are well-known. Under its use the cellular elements of the blood are rapidly increased, and the whole physical condition is greatly improved. The various organs resume their functions and the distressing and dangerous effects of hemorrhage are safely and properly overcome.

Tonsillitis.—A local remedy for tonsillitis to be successful must fill two requirements: A detergent antiseptic and a degree of permanency of effect. Many of the remedies are antiseptic, but they are not exosmotic enough to increase the circulation or else their effect is too transient and their use tires the patient. Locally I have grown to use but one remedy and that is Glyco-Thymoline. I prescribe equal parts of Glyco-Thymoline and water to be used in an atomizer. I get better results with this than anything else I have used.—*Charles J. Drucck, M.D.*

The Fango Institute desires to call your attention to the fact that the institution is run on a thorough ethical basis, and only caters to the medical profession, and as physical therapy treatments are now a recognized factor in treatment of diseases, they desire to have any physician call and inspect this institution, and let them take care of any patients who require the same.

Woodside Cottages.—Woodside has two distinct aims, divergent yet not inharmonious. The first is, in simple terms, to care for the sick. Woodside offers a place where appropriately selected cases of chronic illness may receive as tender care as could be given in their own homes, with the added protection from many of the trying features of the ordinary household, for one who is not well. The second aim at Woodside is to provide a delightful and peaceful haven for a class of people whom we often characterize familiarly as "well patients." This includes many who would be justly indignant were we to speak of them as sick, yet many such require a certain sort of protection.

Indicanuria.—The early detection of a pronounced indicanuria is of great importance to both patient and physician, as it affords the latter a key to efficient treatment designed to check the putrefactive changes in the bowel and thus prevent the formation and absorption of the toxic products and the consequent intoxication therefrom. Chologestin is said to cause the disappearance of urinary indican, by relieving the functional errors causative of same, i. e., hepatic insufficiency and biliary stasis, combined with proteolytic inactivity of the digestive juices and undue putrefactive changes in the bowel. Chologestin exercises cholagogus, digestive, antiseptic and natural laxative properties. Samples, full formula, complete literature and "Indican Color Scale" with approved test and interpretation, will be sent to any physician who may apply for same to F. H. Strong Co., 58 Warren St., New York.

Digitized by Google

Book Reviews

Diseases of the Skin and the Eruptive Fevers. By Jay Frank Schamberg, M.D., Professor of Dermatology and Infectious Eruptive Diseases in the Philadelphia Polyclinic and College for Graduates in Medicine. Octavo of 534 pages, profusely illustrated. Published by W. B. Saunders Co., 1908., Philadelphia and London. Cloth, $3.00 net.

This latest book on dermatology presents the subject in a concise and practical manner. The classification does not differ from the usual arrangement and the remarks on the physiology of the skin are particularly brief. The text is embellished with excellent photographs of the lessions described and the therapeutic recommendations are not too voluminous. The author recommends physical agents, particularly Roentgen rays, in quite a few lesions and shows his familiarity with this agent by careful discrimination as to its use and dangers. The chapters on eruptive infectious diseases are very complete and well illustrated and are a welcome addition to the usual dermatological hand-book.

As one of the most recent additions to medical literature on the subject of dermatology, this volume is to be highly recommended to the general practician.

Applied Surgical Anatomy, Regionally Presented. For the use of Students and Practitioners of Medicine. By George Woolsey, A.B., M.D., Professor of Anatomy and Clinical Surgery in Cornell University Medical Collegs, New York. New (2d) edition, enlarged and thoroughly revised. In one very handsome octavo volume of 601 pages, with 200 illustrations in black and colors. Cloth, $4.50 net. Lea & Febiger, Philadelphia and New York, 1908.

In this work we have a practical as distinguished from a theoretical work on anatomy. While the practice of surgery is dependent upon a knowledge of regional anatomy, so also is the practice of medicine. So such a book as this is needed by the practitioner seeking basis for diagnosis and prognosis of many non-surgical diseases. To the general practitioner called upon to do a certain amount of surgery himself or to decide whether a patient's condition warrants the assistance of a surgical consultant, this book can be recommended. This second edition has been carefully revised and several sections have been rewritten or amplified.

Diseases of the Nervous System. By John Eastman Wilson, A.B., M.D.,Professor of Diseases of the Nervous System in the New York Homoeopathic College and Hospital; Neuralgist to the Flower Hospital, Hahnemann Hospital and Laura Franklin Free Hospital for Children, New York, etc., etc. 500 pages. Cloth, $3.50; half morocco, $4.50. Boericke & Runyon, Homoeopathic Publishers, New York and Philadelphia.

Dr. Wilson's previous contributions to medical literature leaders to expect what we find in this book, a discussion of the subject of diseases of the nervous system, sufficiently full for the needs of the average medical student and practitioner, without the many tectionical details which so often make reading up in this branch of medicine almost provocative of nightmare. Under theraputics the author gives the customary adjuvant treatment, and such physiological remedies as are necessary for palliation, but the homoeopathic remedy is emphasized throughout, yet the indications given do not always seem to be as clear as they might be; thus in chorea asafetida is advised "for very delicate and nervous children, phosphorus" on general indications, veratrum air, "in plethoric girls." The arrangement of the text could be improved; thus all the reasures discussed under the heading "treatment" are put into

Digitized by Google

one paragraph, and the result is often hard reading, as for instance, the paragraph that begins on the 12th line on page 324, runs right through page 325, and ends on the 3rd line of page 326—86 lines of solid type without a break! These are minor points, however, and not enough to warrant neglect on the part of any homœopathic phyiscian in putting this book on a convenient shelf.

Hospital Training-School Methods and the Head Nurse. By Charlotte A. Aikens, late Director of Sibley Memori Hospital, Washington, D. C.; Associate Editor of the National Hospital Record. 12 mo of 267 pages. Philadelphia and London: W. B. Saunders Company, 1907. Cloth, $1.50 net.

This work, from the experience of a practical Head Nurse, is probably designed for the nurse rather than the physician. But any phyiscian who is a lecturer in a training school, may read with profit the views of Miss Aikens. To a head head nurse it will be an invaluable boon. It is probably the first book of the sort to be published, but altho the author has to blaze her own way, the path that she points out is a good one, and the way through is easy. The handbook deals exclusively with the training school. But the problem of how to make this the most effective is handled in the light of the author's experience, while plans that have been tested are given and suggestions outlined for the help of those who are beginning the work of teaching or supervising in hospitals. The book is neatly printed and is a fitting companion to the other valuable volumes of the Saunders Books for nurses.

Obstetrics for Nurses. By Joseph B. DeLee, M.D., Professor of Obstetrics in the Northwestern University Medical School, Chicago. Third Revised Edition. 12mo. of 500 pages, fully ilustrated. Philadelphia and London: W. B. Saunders Company, 1908. Cloth, $2.50 net.

A third edition of this valuable book is sufficient proof of the popularity of this standard work for nurses. It seems as tho it must be appreciated by many physicians as well, judging from the widness of its distribution and extent of its sales. And in view of its merit and modern exposition of methods. it would not be surprising if this were the case. Few changes have been made in the edition. Bier's congestion method for the treatment of mastitis is described and mention is made of the latest practice in infant feeding. The volume is one of Saunders' Books for Nurses, and the original edition was among the first to set the high standard which has been maintained throughout the series.

The Exploits of a Physician Detective. By Geo. F. Butler, M.D., Professor of Terapeutics and Chemical Medicine, Chicago College of Medicine and Surgery. Authr of "The Isle of Content," "Love and It's Affinities." Chicago; Clinic Publishing Co., 1401 E. Ravenswood Park, 1908.

Dr. Butler, one of the ablest and brightest of medical writers, has here made another essay into popular literature. Dr. Turnivall is the Sherlock Holmes of these stories, a man wielding an "occult force which compels a man always to speak the truth." Most of the stories are of a medico-legal nature and therefore of particular interest to the medical reader.

Practical Points in Anesthesia. By Frederick-Emil Neef, B. S., B. L., M.L., M.D., New York. Price Semi-De Luxe-Cloth 60 cents, post paid. Library. Le Duxe Ooze Flexible leather $150 post paid Surgery Publishing Co., 92 William St., N. Y. U. S. A.

This very practical monograph presents the author's impressions on the correct use of chloroform, ether, etc., and is a simple and coherent working method. Among the subjevts covered are: Induction of Anesthesia, Cardiac and Respirotory Collapse. When shall the Patient be Declared Ready for Operation, Maintenance

Digitized by Google

of the Surgical Plane of Anesthesia, Important Reflexes, Vomiting during Anesthesia, Obstructed Breathing, Use of the Breathing Tube, Indications for Stimulation, Influence of Morphine on Narosis, General Course of Anesthesia, Awakening, Recession of Tongue after Narcosis, Post-Operative Distress, Minor Anesthesia with Ethyl Chloride, Intubation Anesthesia, etc., etc.

Diseases and Surgery of the Genito-Urinary System. By Francis S. Watson, M.D., Senior Visiting Surgeon to the Boston City Hospital, Lecturer on Genito-Urinary Surgery in the Harvard Medical School, Boston, City Hospital, Lecturer on Genito-Urinary Surgery in the Harvard Medical School, Boston, anl John H. Cunningham, Jr., M.D., Assistant Visiting Surgeon to the Boston City Hospital, Members of the American Association of Genito-Urinary Surgeons. In two very handsome octavo volumes containing 1101 pages, with 454 engravings ahd 47 full-page colored plates, mostly from original drawings. Price for the complete work: Extra cloth, $12.00, net; Half Persian Morocco, gilt tops, *de luxe*, $17.00, net. Lea & Febiger, Publishers, Philadelphia and New York, 1908.

Messrs. Lea & Febiger have reached the maximum of scientific utility and beauty in the work on Genito-Urinary Diseases offered to the professional public. Sumptuous is the only word which expresses its artistic and typographic merit, whilst the text is an expression of the careful daring of the American surgeon, speaking with the highest authority but simply and plainly and with directions as to treatment. In contrast with many other works, the details are given, so that not only the genito-urinary specialist, but also the general surgeon and practician, are supplied with the essential minor directions which lead to successful treatment. The work is original, not a re-hash of the labors of others, and represents years of patient labor. There is no book like it in the literature of any other language, and again we are reminded that we need not go abroad for enlightenment and progress. We should say that for his highest efficiency, the work is indispensable to the practician of medicine and surgery.

A Text-Book of Operative Surgery, covering the Surgical Anatomy and Operative Technic Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar.M., M. D. Visiting Surgeon to Charity and Touro Hospitals, New Orleans. Third Revised Edition. Octavo of 1206 pages, with 854 illustrations, entirely original. Philadelphia and London: W. B. Saunders Co., 1908. Cloth $.60, net; Half Morocco $8.00, net.

The many changes made by the author, in this third edition, for the purpose of bringing the work up to date, will warant those who possess and appreciate the value of a former edition, in purchasing the present volume. Text descriptive of 106 operations has been added, together with 331 new illustrations. This wealth of illustrations is one of the valuable features of the book. The clinical side of surgery is not dwelt upon, but the book goes thoroughly into the anatomy of the surgical procedure and, and fully and succinctly details the steps of the operation.

Pathological Technique. Including directions for the performance of Autopsies and for Clinical Diagnosis by Laboratory Methods. By F. B. Mallory, M. D., Associate Professor of Pathology, Harvard Medical School, and J. H. Wright, M. D., Director of the Pathological Laboratory, Massachusetts General Hospital, Fourth Revised Edition, Octavo of 480 pages, Illustrated, Philadelphia and London: W. B. Saunders Co., 1908. Cloth, $3.00 net.

In the volume are given full directions for the making of postmorten examinations, including both macroscopic and microscopic work. Bacteriological and histological methods are covered very fully, and in this edition have been included in both these departments many procedures which have stood the test of time. The differentiation of the typhoid bacillus has been dwelt upon,

Digitized by Google

and there is a full description of Sir A. E. Wright's method of preparing bacterial vaccines.

A Text-Book of Diseases of Women. By Chas. B Penrose, M.D., Ph.D., formerly Professor of Gynecology in the University of Pennsylvania. Sixth Revised Edition Octavo of 500 pages, with 225 original illustrations. Philadelphia and London: W. B. Saunders Co., 1908. Cloth $3.75, net; Half Morocco $5.25, net.

This is an eminently practical book by one who can say clearly and concisely what he has to say. The book is one that has shown its worth by reaching a sixth edition. The preface says the books was written for students, but it is also of great value to the general practitioner. One exceedingly good chapter is that on gonorrhea in women

The Tuberculosis Infirmary of the Metropolitan Hospital, Department of Public Charities, New York City. By Walter Sands Mills, A.B., M.D., Chairman of the Tuberculosis Committee of the Medical Board, etc. New York, 1908.

This monograph was prepared for the International Congress on Tuberculosis, and describes the buildings and hospital management, and the dietetic and other treatment of the patients. It is abundantly illustrated with views of the buildings, and a number of ingenious colored charts graphically illustrate some of the statistics given in the text.

Messre. Boericke & Tafel announce two very interesting books in press: *Diseases of the Respiratory Organs,* by E. B. Nash, M. D., and *The Food-tracts its Diseases,* by A. L. Blackwood, M. D. Dr. Nash confines himself to the homœopathic treatment of the diseases of the respiratory organs, which he does in his attractive, able and effective manner. Dr. Blackwood takes up every disease of the food-tract from mouth to rectum, "follow the food," in his usual concise, yet lucid style, giving everything concerning the subject that the student needs to learn and the practitioner to remember, including homœopathic and accessory treatment.

The Indication for a remedy may be the suppression of perversion of function of some important organ, instead of a mere sympton of it. Imperfect renal elimination, for instance, is an indication for a renal eliminant. Alkalithia then becomes the indicated remedy and is curative of the condition. Try it as a general remedy.

Chronic Constipation.—Chologestin efficiently exercises a desirable cholagogue action, as it supplies, in palatable and tolerable form, a sufficient dosage of the amorphous salt of the natural bile acid ,glycocholic acid) to stimulate hepatic activity, and thus promote both bile and bowel drainage. To produce appreciable results, Chologestin must be given regularly for some little time, as it is not an immediate laxative or cathartic.

The Best Alkaline Wash.—W. Harpur Sloan, M. D., Chief Ear Department, Medico-Chirugical College, Philadelphia, Pa. I have tried most of them many alkaline preparations on the market and I am compelled to say that the preparation known as "Glyco-Thymoline," made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use the ingredients being of an antiseptic and non-irritating nature.

W. Harpur Sloan, M. D.

Digitized by Google

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., 552 14th avenue, 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.—Della M. Mac Mullen, 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.

Publisher's Notice—The Post Office Department at Washington has recently ruled that monthly publications sent to subscriptions are renewable in January, and all such will be renewed at higher rates than to those who pay promptly. The burden of this extra postage must, of course, fall upon the subscriber. The publishers of the NORTH AMERICAN JOURNAL OF HOMOEOPATHY therefore give notice that the subscription rate to residents of the United States and foreign countries alike will in future be three dollars and fifty cents per year, but residents of the United States paying within the first four months of the current subscription year will be entitled to a discount of fifty cents. The great majority of subscriptions are renewable in January, and all such will be renewed at the three dollar rate if paid before May 1.

For those willing to renew this subscriptions before January 1, and at the same time provide the reception room table with attractive general literature, the publishers offer the NORTH AMERICAN JOURNAL OF HOMOEOPATHY ($3.50), Review of Reviews ($3.00), Woman's Home Companion ($1.25) and McClure's ($1.50) for $6.00, cash with order.

NEW YORK NEWS

DR. D. E. S. COLEMAN, and Miss Elizabeth Russell Donnelly, were wedded on October thirty-first, at the Church of the Holy Trinity, New York City.

DR. GEORGE W. LUTTON has his glass sign at 168 East 161st St., where he may be seen as follows: "until 9, 11 to 1, 6 to 8, or heard as follows "Phone., 6352 Plaza."

DR. JOHN W. DOWLING has removed his offices to the Sydenham Building, 616 Madison Avenue, corner of 58th Street.

DR. CHARLES F. HASTINGS, announces his removal from Flower Hospital to Wates Court, 161 West 140th St. He addressess the following to those seeking surcease from misery. "Office hours until 10 a. m.; 5 to 7 p. m. Sundays until 10 a. m., only. Telephone Audobon 1230.

DR. RALPH A. STEWART has returned to the city. Hours 11 to 1. Mondays, 1 to 3 p. m. After hours by appointment. Telephone, office, 1470 Plaza. Home, 4985 Morningside. It is good

Digitized by Google

to make this report, as the ripples caused by the doctors' disappearance had almost ceased rippling.

THE ACADEMY OF PATHOLOGICAL SCIENCE held its meeting at The Royalton, 44 West 44th St., Friday evening, Oct. 23rd. Program: 1. A case Pernicious Anæmia, Philip Cook Thomas, M. D.; Demonstration of slides, William H. Vanden Burg, M. D.

2. (*a*) Resection of descending colon for Fæcal Fistulia.
(*b*) Traumatic rupture of kidney.

JOSEPH H. FOBES, M. D.

Dr Harry C. Sage, of 44 West 72st St., was elected to membership.

THE NEW YORK HOMOEOPATHIC MATERIA MEDICA SOCIETY, held its meeting at the office of the secretary, Dr. Ery B. Sterns, 119 West 82nd St., Wednesday evening, October 28th, Dr. E. E. O'Donald of 132 West 97th St., was elected to membership. The drugs discussed were Mezereum, Nux Vornica, Paris Quad and Hepar Sulf. The programme for November 25th, is Psorinum, Pulsatilltiea; for December 23rd, Rhus Tox. Rhodeniron.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF NEW YORK, held its November meeting on the evening of the twelfth, in room forty-four, of the New York Academy of Medicine, 17 West 43rd St. The following were elected to active membership: Dr R. S. Copeland, 616 Madison Ave.; Dr. Grace Kahrs, 19 West 101st St.; Dr. Grace Powell, 19 West 101st St.; Dr. H. C. Sayre, 44 West 77th St.;. The programe of papers etc., follows:—

Bureau of Obstetrics, Dr. M. Belle Brown, Chairman; I. Pyelitis as a Complication of Pregnancy and Puerperium, Dr. L. L. Danforth; Discussion opened by Drs. Wm. F. Honah and E. P. Smith; Bureau of Materia Medica and Therapeutics, Dr. John Hutchinson, Chairman. II. Dual Action of Drugs and Homœopathy, by Prof. Oliver Sloan Haines, Philadelphia, Pa.; Discussion opened by Drs. T. M. Dillingham, J. Perry Seward and Jno E. Wilson; Report of Necrologist upon the death of Dr. Jno. McEvers Wetmore, and Dr. Alexander Hamilton Laidlaw; Report of Special Committees on the death of Dr. Jno. McEvers Wetmore; Dr. W. H. Bishop, Or. N. A. Mossman, Dr. S. F. Wilcox, Dr. Alexander Hamilton Laidlaw, Dr. Jno Hutchinson, Dr. L. L. Danforth, Dr. St. Clair Smith; Report of the Committee on Nominations, Dr. Jno B. Garrison, Chairman.—REEVE TURNER, *M.D.*

Ward's Island Metropolitan Hospital Alumni Association.—The Alumni Association of the Ward's Island Metroplitan Hospital held its twelfth annual meeting and dinner at Shanley's on the evening of Wednesday, November 11th, 1908. The meeting was presided over by Dr. Leonard W. Ely, the president for 1908. The election for the ensuing year resulted as follows: President, Dr. W. S. Mills, of New York; first vice-president, Dr. H. M. Patton, of Montreal; second vice-president, Dr. Perkins, of Princeton; third vice-president, Dr. H. A. Foster; secretary, Dr. S. B. Moore, of New York; treasurer, Dr. G. T. Stewart; historian, Dr. DeW Hallett.

Dr. C. H. Montgomery was toast master at the dinner. The speakers were Commissioner of Public Charities Robert W. Hebberd, Dr. Walter Sands Mills, Dr. W. F. Honan, Dr. G. S. Harrington, Dr. C. L. Bagg and Dr. J. A. Buckwalter. Others present were Drs. Beckwith, H. A. Foster, Perkins, McKnight, Strowger, Rogers, Ley, Browne, McAdam, Moyer, Harrington, Cornwell,

Digitized by Google

Dearborn, J. B. Palmer, A. W. Palmer, Seward, Rudderow, Helfrich, Patton, Boyle, Royle, Sleght, Moore, Hassler, Roberts, Stewart, Root, Carleton, Klots, Wallin, Heaton. Haverstock, Fobes.

Brooklyn Homœopathic Hospital—The annual meeting and dinner of the Alumni Association of the Cumberland Street and Brooklyn Homœopathic Hospital was held at the Union League Club, Brooklyn, on the evening of Friday, November 6th, 1908. Among those present were Drs. H. C. Allen, Appleton, C. A. Brown, W. M. Butler, Bacon, Burnham, W. W. Blackman, Bedford, Bings, B. W. Bierbauer, Chapin, H. P. Cole, J. I. Dowling, Durrin, E. R. Fiske, Fitzgerald, Dean R. S. Copeland, Comptroller Herman A. Metz of New York City, Commissioner of Public Charities Robert W. Hebberd, Rev. Dr. Waters, Drs. Given, Hopke, Honan, Ingalls, Iszard, Johnston, Knight, Col. Kline, Drs. J. L. Keep, Latimer, Lazarus, Love, W. S. Mills, Meeks, H. B. Minton, J. L. Moffat, Ogden, H. J. Pierron, A. W. Palmer, C. E. Paine, Prince, Ranken, O. S. Ritch, A. M. Ritch, N. Robinson, Sanders, Shipman, Shoemaker, Simmons, Thompson, Upham, W. B. Winchell, Wood, A. G. Warner, Walmsley and Van Schoonhoven.

The dinner was presided over by Dr. Daniel Simmons, who made an interesting address. Speeches were made by the new dean of the New York Homœopathic College, Dr. Royal S. Copeland, who bespoke the support of the Brooklyn profession for the college; by the Rev. Dr. N. McGee Waters; by the Hon. Robert W. Hebberd, Commissioner of Public Charities. who spoke of the needs of the Cumberland Street Hospital, and who promised to do all he could to enlarge and improve it. He paid an eloquent tribute to the city authorities, particularly Comptroller Metz, for their liberality in providing for the sick poor. He asked for the united support of those present in carrying out his plans for the betterment of the hospital. Comptroller Metz spoke for the city and pledged his support as far as possible.

..**Alumni of the New York College to Celebrate.**—Dr. Royal S. Copelond the new dean, has begun his administration with vigor and enthusiasm. The freshman class is much large than for a number of years. The faculty has been reorganised, and is undertaking the work with renewed zeal. Recent evidences of the support and sympathy of the alumni are most encouraging. To signalize the opening of the new regime, to welcome Dean Copeland to his new field and give him an opportunity to meet the alumni and receive their good wishes, a dinner will be given under the auspices of the Alumni Association of the New York Homœopathic Medical College and Flower Hospital, at the Hotel Astor on Friday Evening December the 4th. A reception to the new dean will be held between 6:30 and 7:30 P. M., after which dinner will be served. The speakers will be the following deans of our sister colleges: John P. Sutherland of the Boston University; H. L. Northrup of Hahnemann; Philadelphia; G. F. Shears of Hahnemann; H. C. Allen of Hering; C. E. Walton of Pulte; W. B. Hinsdale of the University of Michigan; George Royal, '82, of Iowa State University; and H. C. Palmer of the Women's College, New York. Dr. H. F. Bigger of Cleveland. Honorary President of the American Institute of Homœopathy will also speak. All members of the profession are cordially invited to be present with their wives, and poin the Alumni Association in welcome to our dean.

The visiting doctors are cordially invited to spend the following day, Saturday, inspecting the hospital facilities offered by the college

to its students. In the morning clinics will be held at the college and Flower Hospital, to be followed by a luncheon at the college. In the afternoon our guests are invited by its medical board and the Commissioner of Charities to visit Metropolitan Hospital. The Tuberculosis Exhibit which was displayed at Washington during the sessions of the International Congress on Tuberculosis last month will be on view at the Museum of Natural History, and will be an additional attraction to guests from out of town.

Besides welcoming and holding up the hands of Dean Copeland, the Executive Committee of the Alumni Association plans this winter much work of importance in drawing closer the bond between the college and its graduates. A new edition of the Alumni Directory is to be published in March by the Alumni ssociation, and a copy sent to every alumnus. Information regarding the retirement or death of our graduates in your neighborhood will be helpful to the editors. The correspondence of last spring and the interest manifested at the annual banquet made the Alumni Association a power in the affairs of the college. Much responsibility for the new regime and its success rests upon it.

Physicians to Discuss Tuberculosis.—The International Exhibit which was shown at Washington, in connection with the International Congress has been put on free show for six weeks, beginning Nov. 30th, in the American Museum of Natural History, 79th Street and Columbus Avenue, New York. The cost of the exhibit is met by an appropriation of $13,000 by the City of New York, and a large additional fund raised among public spirited citizens by the Committee on Tuberculosis, of the Charity Organization Society, which is holding the exhibit. In addition to the exhibits of preventative and curative measures shown by fifteen foreign governments, the United States and some 200 states, cities and societies, which fill nearly 200,000 feet of space, there will be on exhibition a model barn in which two certified cows will be kept and milked, and a model dairy for handling the milk.

The exhibition will be open daily from 10 A. M. to 11 P. M., and on Sundays from 1 to 5 P. M., and no tickets are required. Besides the exhibit work on the three floors of the museum, there will be a number of special conferences for the medical profession, churches, Y. M. C. A.'s. labor unions, telephone operators, street railway employees and others. These conferences taken in connection with 40,000 posters to be displayed, street car cards, and more than one million pamphlets to be distributed or mailed, will, it is believed interest nearly one million people in the subject, and constitute the greatest battle against disease ever waged in an American City.

Physicians are taking an active part in the campaign and will hold a series of conferences.

Following are the dates of the medical conferences, and the speakers as far as announced:

DEC. 4TH.—Mass Meeting of Physicians, 8:15. Speakers: Drs. Lawrence F. Flick, Edward L. Trudeau, Frank Billings, Simon Flexner, Joseph D. Bryant, and Mr. Edward T. Devine.

DEC. 8TH, 4:30 P. M.—Mass Meeting of Medical Students. Speakers: Drs. G. F. Laidlaw, H. M. Biggs, W. B. James, Woods Hutchinson, W. Gilman Thompson, John B. Hubor and S. A. Knopf.

Digitized by Google

DEC. 11TH.—Special Medical Meeting, under auspices of Public Health Section of the Academy of Medicine, Dr. John A. Wyeth presiding, Dr. Walter F. Wilcox.

DEC. 18TH.—General Mass Meeting, under auspices of the Homœopathic Medical Society of the County of New York. Dr. Geo. F. Laidlaw, presiding. Speakers: Dr. Thomas Darlington, Hon. Robert Hebberd, Hon. Eugene H. Porter, and Dr. H. D. Pease.

DR. DEWITT G. WILCOX, after 22 years residence in Buffalo, during 18 of which he has conducted the Lexington Heights Hospital, and has also been surgeon to the Buffalo Homœopathic Hospital and other institutions, has accepted an invitation to cooperate with Dr. Nathaniel W. Emerson in private surgical hospital work in Boston. Dr. Emerson's hospital, which has been running for four years, will be enlarged to a capaicty of sixty or more beds. Dr. Wilcox has also received an appointment as Dr. Emerson's associate in the chair of gynecology on the faculty of Boston University Medical School, and expects to make the change in location about January 1.

Lachesis.—It gives us great pleasure to announce that we have secured another live snake, a *Lachesis Mutus*, in fine condition from which a quantity of venom has been extracted. This fact it attested by Professor L. Ditmars, Curator of the Reptile House, Zoological Gardens in this city. We are therefore prepared to furnish the profession with fresh triturations and dilutions of the various potencies of the *Lachesis Mutus*, (Bush-master) and Lachesis Trigonocephalus (Lance-headed Viper), under seal, whichever the physician may desire. We have no inclination to enter into a discussion in regard to the statements which have been made as to the correctness of the facts given in the *American Homœopathic Pharmacopoeia*, and other works, our next aim being to furnish the profession with fresh preparations of exactly the remedies called for.

Respectfully,

BOERICKE & RUNYON, Homœopathic Chemists,
11 West 42nd St., N. Y.

November 12th, 1908.

Dr. Richey Horner not Associate Editor.—Dr. J. Richey Horner, of Cleveland, announces that he has not found it expedient to accept the position of Associate Editor of the forthcoming Journal of the American Institute of Homœopathy, offered him by the Journal Committee.

Eighth Annual Conference.—The eighth Annual Conference o fthe Sanitary Officers of the State of New York will be held in the Assembly chamber at the Capitol in Albany on Tuesday, Wednesday and Thursday, December 1, 2 and 3.

This conference is to be distinctly "home" affair, that is, invitations to contribute papers or take part in discussions will be almost entirely limited to health officers, members of the Tuberculosis Advisory Board, medical experts of the Department and members of the Department's staff. This idea is in accordance with a wish expressed by a large number of health officers at former conferences, and there is every reason to believe that we shall have an exceptionally interesting and proétable meeting.

Digitized by Google

BOSTON HOMOEOPATHIC MEDICAL SOCIETY. The regular monthly meeting of the Boston Homœopathic Medical Society, was held at the Natural History Hall, Boylston St., on the evening of nov. 5, 1908.

The whole program was devoted to the consideration of cancer, Dr. Wm. H. Watters giving a paper on its Etiology; Dr. Henry E. Spalding reporting certain experimental treatment of the growths, and Dr. Horace Packard detailing recent cancer studies.

Dr. Watters' paper was a scholarly one as would have been expected, and made a fitting ground-work for those which followed.

Dr. Spalding's account of certain nonoperable cases, which he had treated satisfactorily, was very interesting. The two methods to which he gave special mention was the treatment with Chelodonium by Cataphoresis and the use of Salycilic Acid internally and locally.

Dr. Packard spoke at some length, and was very prouounced in his opinion upon certain points, namly that Cancer is distinctly contagious, through we have not yet succeeded in isolating its peculiar germ, and that when the growth is once manifest, total extirpation of the nuclens of infection provides the most favorable condition for attest of the invalid process in the system.

GRACE E. CROSS, M.D.

THE TWENTIETH CENTURY MEDICAL CLUB was entertained at supper on the evening of Wednesday, October 21st, by Dr. Clara D. Whitman Reed, one of the members, at her home, 140 Church St., Newton. Preceeding the social affair, a few minutes was occupied by the in-coming president, Dr. Mary E. Mosher, of Roxbury, in briefly outlining a plan for the scientific work of the club, during the coming season.

Just before going to the dining room, the ladies present were presented with pinks of various colors, by means of which they chose their companions at supper, and also their tables in the dining-room, the decorations corresponding in hue. The dining-room was lighted with candles and the covers for twenty were arranged at small tables for two and four. A dainty repast was served, and during coffee, were read the tracts which were written upon the place-cards. A spirit of gaiety, and hopefulness in the work of the coming year, added zest to the charm of Dr. Reed's delightful hospitality, and the members and their friends spent the time until a late hour in reviewing the vacation months and looking forward to the society's winter work, as well as in social intercourse.

GRACE E. CROSS, M.D.

CINCINNATI NOTES.

THE CINCINNATI HOMOEOPATHIC LYCEUM opened its course of meetings Oct. 14th. Special attention has been paid in securing classification of papers which insures a most valuable course of meetings.

Dr C. E. Walton opend the session with a very valuable paper on 'Surgical Diseases of the Kidneys'; Dr. C. E. Geiser followed with an interesting paper on the 'Treatment of Cystitis.' Dr. Florence M. Pollack gave an interesting Kidney Case.

On Oct. 28th, Dr. W. H. Smith gave a very valuable paper on the diagnosis of chronic brights disease; Dr. J. D. Buck gave a very practical talk upon the treatment of chronic brights disease.

Digitized by Google

Nov. 11th, Dr. W. N. Gracely's paper on the symptons and diagnosis of pneumonia. Dr. F. M. Fischback gave the treatment of pneumonia. Dr. E. B. Schneider related a pneumonia case. These meetings have been very profitable and considerable enthusiasm is being displayed therein.

Dr. Lee Good is back attending to his practice after six weeks visit with his father in Wyoming.

Dr. W. M. Merchant of Ironton, Ohio, was in town attending to business.

The Alpha Sigma Fraternity, held their annual Banquet at Schulers, Nov. 14th 1908. Dr. Merchant presided.

A Number of the Southern Ohio Physicians are contemplating attending the Southern Homoeopathic Medical Society, to be held at New Orleans this coming spring. It would be a good plan if some of the northern states would send men to attend same, as Homoeopathy needs all the assistance that her northern friends can lend.

Dr. E. B. Schneider has left the Bethesda Hospital and has opened up an office in Norwood, Ohio.

Dr. Paul Kerkow has finished service at the Union Bethel, and is now practicing in Covington, Kentucky.

Dr. Eha, has the appointment as Asst. Intern at the Bethesda Hospital.

The Physicians in charge of the medical work at the Union Bethel, are advocating a new hospital. The medical increase in cases is overtaxing the limited space therein.

Dr. Ralph Reed has moved his office from Hyde Park to the City.

Dr. H. H. Wiggers has moved his office from Armory Ave., to the Mercantile Library Building. The doctor can certainly be congratulated in this step, and especially in equipting same with all the modern ideas for better service.

Dr. Varney has moved to Greenfield, Ohio.

Dr. Florence M. Pollock, is quite sick with appendicitis, at the present (11-13-09.) she is reported much better.

J. R. McCleary, M. D.

An Appreciation of Dr. James Hoffman: It is over twenty years ago that I first met Dr. James Hoffman.

And that first meeting resulted in the formation of what was called, a little fancifully perhaps, The Communipaw Medical Club. It was a club of limited membership, three only, and that number was never added to nor taken from for twenty-three years. At our first meeting Dr. Hoffman impressed me as an honest and straightforward man, a man who had nothing to be ashamed of and who could look all the world in the face without fear.

In those early days the meetings of the club were frequent and the more and better I knew him the stronger grew the bond of attachment.

These were days of hope and inspiration rather than of accomplishment. Days when we looked forward to success and planned how best to achieve it. Among us no one quite equalled the constant cheerfulness and serenity of Hoffman. He had a kindly humor that was delightful, his laugh had a subtle quality that made it infectious and his chuckles of quiet enjoyment over some of the troubles that often then confronted us as young doctors got us over many difficulties.

Digitized by Google

Some of us may think of Dr. Hoffman as a skilled and successful physician, an experienced and valued consultant and an ornament to his profession. It is true he was all this, but he was also much more. He was one of nature's noblemen, true-hearted, loyal, brave. He never did a mean thing, he did not know how. He was not confined and cramped by his profession, he went beyond its limitations. His interests were numerous, for he was a large-minded man; not only medical research but the labors of investigations in other fields of science, questions concerning public life and welfare, religious development and business problems, in all these he had an active, intelligent and sympathetic interest.

It seems but yesterday that I saw him, and it is quite useless to try to give expression to my sense of the great loss I have experienced, when I realize that he is dead. But in his life we may find fresh inspiration and renewed courage. In his honor, which was unsullied; his absolute loyalty to his home, his friends and his beliefs; his courage which never failed; his constant charity for others and his living out each day all the truth that he knew, these are indeed things for us all to remember and to profit by. And as the old Roman Frontinus wrote to Pliny 2,000 years ago, and his remark seems peculiarly applicable to our friend whom we knew so well, "Remembrance shall endure if the life shall have merited it."

The American Institute of Homœopathy—It will be of interest to members of the Institute to know that on October 30th there was held at Cleveland, Ohio, a meeting of a number of its committees. The entire Executive Committee was present, consisting of President Foster, Vice-Presidents Carmichael and Hensley, Treasurer Smith, Registrar Ball and Secretary Horner. The Journal Committee was represented by Drs. Bailey, Royal, Copeland and Sawyer; the Incorporators by Drs. Custis, McClelland and Smith; the Council of Medical Education by Drs. Royal, Dewey, Sutherland and Gates; the Institute of Drug Provings by Drs. Custis, Sutherland, Wolcott, Bailey, Dewey, McClelland and Royal; the Pharmacopeia Committee by Drs. Carmichael and Sutherland, while the Monument Committee had present a majority of its members in Drs. McClelland, Custis and Smith. These two latter committees did not convene for the transaction of business, their members being present in connection with work on other committees.

The Executive Committee held a meeting in the morning at which were transacted a number of items of business. Secretary Horner and Registrar Ball were appointed a special committee to co-operate with the Local Committee of Arrangements at Detroit in the preparations for the Institute meeting in June.

The Journal Committee also was in session all morning, the other committees being called for the afternoon.

At two o'clock the Executive Committee held an open meeting to which were invited by the president all those who were in attendance at the meetings. The principal business presented was the report of the Journal Committee. Preceding this, Dr. Custis, for the Incorporators, reported that incorporation had been accomplished by Drs. W. R. King, J. H. McClelland, Swormstedt, Smith and himself. Dr. B. F. Bailey, chairman of the Journal Committee, reported their recommendations. The first was that the journal be made a monthly instead of a weekly. The second was that a proposition made by the Medical Century Publishing Company be adopted. This provided that the Medical Century should be made the Journal of the American Institute of Homœopathy, the Medi-

Digitized by Google

cal Century Company being the publishers and Dr. W. A. Dewey the editor, with Dr. J. Richey Horner as associate.

The committee also recommended that a small volume conforming in shape and appearance with the former volumes of Institute Transactions be issued, this volume to contain the minutes of the business session, the report of the committee or organization, registration, and statistics, the memorial report, the constitution and by-laws, the lists of officers, members and committees and such other matters as are of importance from the standpoint of permanency and reference.

A very free discussion then took place, the president inviting expressions of opinion from each one present. There was united opinion that it was for the best interest of the Institute that the report of the journal committee should be adopted by the Executive Committee.

This latter committee then went into executive session and on motion of Dr. Hensley, seconded by Dr. Ball, adopted the following resolution: "That the Executive Committee adopts the report of the Journal Committee and empowers that committee to make immediate arrangements with a reliable publishing company to issue an official journal, monthly instead of weekly."

The president reported the resignation of Dr. R. F. Rabe, of New York City, as chairman of the Bureau of Homœopathy, and the appointment of Dr. J. B. Kinley, of Denver, to fill the vacancy. He reported also the resignation of Dr. Annie W. Spencer, of Batavia, Ill., as chairman of the Bureau of Pedology, and the appointment of Dr. Sarah M. Hobson, of Chicago, to fill the vacancy.

There being no further business, the committee adjourned to meet at the call of the president.

J. RICHEY HORNER,
Secretary, A. I. H.

The Institute of Drug Proving met under the chairmanship of Dr. J. B. Gregg Custis. Dr. W. A. Dewey was elected secretary pro-tem. Dr. J. H. McClelland was announced as the member of the Board of Trustees, succeeding Dr. Charles Mohr, deceased.

Dr. E. H. Wolcott was elected secretary and treasurer of the Board.

On motion of Dr. Royal it was recorded as the sense of the Board that the sympathy and co-operation of all colleges and other institutions in affiliation with the Institute assist in proving the drug or drugs selected by the Board.

On motion of Dr. Bailey, Dr. Royal was constituted the director in charge of provings with the understanding that he is to co-operate with college faculties in securing competent directors for the work.

In addition to the general business, Dr. Custis announced that the active co-operation on the part of the Bureau of Plant Industry of the Government Agricultural Department had been secured and that all remedies hereafter proven would be of preparations standardized by the government. He announced also that a drug had been selected to be proven this year and it is now under course of preparation. Many of the colleges had agreed to take up the work.

All those present attending the meetings of the various committees were entertained at luncheon by Dr. J. C. Wood and at dinner in the evening by the honorary president of the Institute, Dr. H. F. Biggar.

Digitized by Google

Lodge House for Tuberculosis.—To the physicians who are members of the Modern Woodman of America, an organization comprising a million members, the fact that its sanatorium at Colorado Springs, in process of construction, is making rapid progress is not a matter of news. But it will be of interest to others to learn that sixty tent cottages and other auxiliary buildings will be erected and ready fo rthe reception of tuberculous patients belonging to the order by January 1. Seventy-five thousand dollars have already been contributed b ythe members towards the necessary running expenses. The five hundred patients which it is believed can be accompanied when the institution is completed will receive every reasonable comfort that can be procured. The society has almost three quarter million dollars in its general fund to provide for curent expenses, and can therefore amply sustain this magnificent enterprise. It is believed other great benefit societies will follow the lead taken by the Modern Woodmen. The International Typographical Union already has a fine sanatorium and home for aged or tuberculous printers at Colorado Springs.

Diet in Typhoid Fever.—Striking results of the use of Benger's Food during the Boer War, where is was routine treament in the Military Field Hospitals, for enteric fever and dysentary, are borne out by the authorities. Dr. W. Gilman Thomson speaks well of Benger's Food as being palatable, nourishing and digestible.

Where There is a Burning sensation when urinating, sensation when urinating, sanmetto in teaspoonful doses, three or four times a day often gives relief. If the urine is alkaline ammonium benzoate in connection with sanmetto may prove helpful, and citrate of potash when the urine is acid.

After Typhoid Fever.—The convalescent period after typhoid fever is always a trying one. Weakened functions must be coaxed back to normal activity, and every effort made to promote proper nutrition. For many years Gray's Glycerine Tonic Comp. has enjoyed the confidence of the medical profession as a most efficient and satisfactory reconstructive for aiding convalescence. It increases the appetite, raises digestive capacity, and rapidly improves the absorptive and assimilative powers. Thus it offers the most tangible aid to the organism at the time when it needs help the most.

Sexual Depravity Often Due to the Diseased Prostate.—As shown by the fact that many cases of morbid conditions of the prostate could be recited in which by the use of sanmetto the prostate was equalized, the irritation and difficult micturition removed and the sexual instinct normalized. And it may be said that in prostatic hypertrophy it is always better to give sanmetto a fair trial before resorting to the knife, the results of which are accompanied with doubt and danger.

Medical Marriage Law—There is a bill now before the legislators of Alabama, that if passed, will require all applicants for marriage licenses to present certificates from reputable physicians as to the physicial condition of the applicants before a license can be granted. The bill has the endorsement of at least one Alabama County Medical Society.

R. MILTON RICHARDS, M.D., has sent out cards announcing the removal of his office to Rooms 601, 602 and 603, Gas Office Building, Clifford St. and Washington Boulevard, Detroit.

Digitized by Google

AMERICAN INSTITUTE OF HOMŒOPATHY

64TH ANNUAL MEETING

ADVANCE HOMŒOPATHY!

THE sixty-fourth annual meeting of the American Institute of Homœopathy, which closed its sessions in Kansas City on June 26th, seems destined to prove epochal in the history of the organization.

The attendance was not large. The great concourse of physicians from the West and Southwest that was promised for a meeting held west of the Mississippi was not in evidence. Only 271 members registered, and 300 visitors; and not more than ten per cent. of these latter accompanied the visiting members. The East was very poorly represented; New England, New York and Pennsylvania did not contribute more than a score to the attendance.

But if the numbers were small the enthusiasm ran high. A missionary zeal to spread the benefits of homœopathic practice more widely among the American people pervaded the meetings. This culminated, of course, in the extraordinary meeting held on Thursday, June 25th. After the Institute had voted $1,000 from its funds for the work of the Council on Medical Education, Dr. H. F. Biggar, "bishop" of Cleveland, supported the plea of President Copeland that the sum to be placed at the disposal of the Council be increased to at least $2,500 by pledging $100 and calling for other contributions. Then began a scene the like of which can hardly be paralleled in the history of the Institute; individuals and organizations were pledged in quick succession until these voluntary contributions amounted to the sum of $5,100. The scope of the Council was enlarged to include the strengthening of homœopathic societies, the spreading of a knowledge of homœopathy among practitioners of medicine and the securing of increased numbers of students for our homœopathic colleges; and, indicative of this widening of its field of labor, it was officially constituted a Board for the Promulgation of Homœopathy. Dr. Biggar's gallantry with the ladies, who took an active part in the morning's proceedings, justly earned for him the greater opportunities for the exercise of his peculiar gifts that he will enjoy as Bishop of Utah. His transfer was announced by the President before the close of the meeting.

Digitized by Google

Thus Dr. Copeland gained the wish that has dominated his tenure of the highest office in America's national organization of homœopathic physicians, for the accomplishment of which he gave freely of his time, his energies and his money. The possibilities for good of such a Board have already been demonstrated by the work of the Council on Medical Education, so that due credit should also be given to Dr. A. B. Norton, of New York, who was principally responsible for the formation of the Council at last year's Institute meeting at Jamestown.

It is to be noted that the purpose of the Board for the Promulgation of Homœopathy is not political. As the NORTH AMERICAN understands it, the money placed at its disposal was not pledged as a war fund, but as a missionary fund. Homœopathic colleges, institutions and societies are natural centers for the diffiusion of homœopathy, and the Board will rightly co-operate with them for the protection of their interests and the extension of their usefulness. The contributions to the fund were made as an expression of the donors' belief that American physicians and their patients need homœopathy.

With regard to the project for an Institute journal, the expected happened. It needed no prophetic vision to foresee that the first meeting of the organization west of the Mississippi would see the accomplishment of the pet scheme of Dr. Benjamin F. Bailey, who has pursued the one aim steadily for ten years. And a handful of 250 members, by no means representative of the Institute as a whole, has committed the body to a hazardous experiment, provided the Journal Committee can find a publisher willing to make a contract that will have to be terminated next year should the Institute at its next annual meeting decide to reject the proposed amendments to the by-laws that govern the issuance of its transactions. For one year these by-laws have been suspended; and the committee and the putative publisher will have to satisfy themselves of the legality of suspending a by-law for a longer period than the duration of the meeting at which the suspension is voted.

The scientific sessions of the Institute and its affiliated and cooperating societies were a credit to homœopathy.

Many able papers were presented and good discussions were the rule. Dr. Copeland's presidential address was marked by the forcefulness and incisiveness characteristic of him. He believes that now—the age of therapeutic nihilism—is the appointed time for homœopathy, and no one with a broad vision can deny that he is right. The Institute did well to endorse his suggestion that the incoming president appoint his own cabinet, his own committees and chairmen of bureaux; and the removal of the selection

Digitized by Google

of the next place of meeting from the floor of the Institute to the Executive Committee room was also a good piece of work.

And so the meeting at Kansas City—beautiful, progressive, flooded Kansas City—has gone down to history. An eventful year for homœopathy in America has begun. What will be the burden of the tale to be told at Detroit in June, 1909?

REPORT OF PROCEEDINGS

Business Sessions—The Sixty-fourth Annual Meeting of the American Institute of Homœopathy was called to order by President Copeland in the Casino, Kansas City, Mo., Monday, June 22d, 1908, at 3 p. m.

The invocation was pronounced by the Rev. J. Stuart Smith, rector of St. Mary's Episcopal Church of Kansas City, a homœopathic physician.

At the opening of the session there were present between 90 and 100 members.

Dr. Perce, of Long Beach, Cal., ex-President of the National Eclectic Medical Society, gave a short address, reciprocating for Dr. Copeland's address before their annual convention the previous week. Dr. Perce expressed the hope that in matters pertaining to individual as well as humanitarian welfare at large we might work harmoniously at all times.

THE REPORT OF THE TREASURER showed a deficit of $185 in addition to some unpaid bills, with an asset in the hands of the Knickerbocker Trust Company of about $1,313, drawing interest at the rate of about 3 per cent. to 4 per cent. per annum. It is expected this amount will be paid within eighteen months. The auditing committee examined the accounts and reported them sorrect.

THE COMMITTEE ON PUBLICATION reported that the publication of the transactions was delayed partly because of the failure to receive within the time limit copies of papers and discussions as well as reports of committees, and also by the printers' strike in Cleveland.

THE TRANSPORTATION COMMITTEE reported its inability to get special rates for the Institute, but called attention to the fact that the two-cent per mile rate is really equivalent to the fare and one-third rate which was granted to the Institute in previous years.

AMENDMENTS TO THE BY-LAWS were made in accordance with the suggestions received at the Jamestown meeting last year, the most important being Sec. II, article 9, that the incoming executive committee shall determine the place of meeting and report the same to the Institute within thirty days.

WAYS AND MEANS COMMITTEE—In view of the fact that resolutions often come before the Institute which involve the payment of money out of the treasury, it was deemed advisable to appoint a Ways and Means Committee, to which shall be referred all the

Digitized by Google

various resolutions involving expenditures, and an amendment to the by-laws was offered, to be acted upon next year, which will make such a Ways and Means Committee one of the standing committees of the Institute.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS, consisting of Dr. J. Richey Horner, Dr. E. H. Pratt and Dr. W. John Harris, after referring to the able and untiring work of President Copeland in behalf of homœopathy during the past year, recommended to the Institute the passage of the various changes and procedures the President had referred to in his address.

THE COMMITTEE ON THE PROMULGATION OF HOMŒOPATHY reported that in its opinion the Institute should employ the services of a paid organizer or field secretary whose duties shall be to organize new local societies and also to help those already organized to keep in touch with their educational interests.

THE COMMITTEE ON THE INSTITUTE JOURNAL, through Dr. Royal, recommended the Institute,

First, to secure the immediate incorporation of the American Institute of Homœopathy, which is necessary for the other steps.

Second, to make, in the name of the Institute, a contract for not more than five years with some reliable publishing house to publish a weekly journal of not less than 48 pages, to be known as the Journal of the American Institute of Homœopathy.

Third, the contract to obligate the Institute to no financial responsibility beyond the amount of $2.50 per annum for each member in good standing of the Institute, each such member to receive a copy of the journal without additional expense.

Fourth, to elect an editor for a term of not more than five years, who shall be satisfactory to and whose salary shall be paid by the publishers with whom the contract is made.

The Ways and Means Committee, consisting of the Treasurer, Dr. T. Franklin Smith of New York, Dr. J. Richey Horner of Cleveland, Dr. W. B. Hinsdale of Ann Arbor, Dr. J. P. Cobb of Chicago and Dr. A. B. Norton of New York, reported that they had considered this subject from the financial standpoint of the Institute, and that it was their unanimous opinion that the expense of the Institute would not be increased by the establishment of an Institute journal along the lines indicated.

After a lengthy discussion the Institute decided to pass the resolutions, and a committee consisting of Dr. George Royal, Dr. Benjamin F. Bailey, Dr. Royal S. Copeland, Dr. J. P. Cobb and Dr. C. E. Sawyer was subsequently appointed to procure the incorporation of the Institute and authorized to make a contract with a publisher, with the understanding that should it be impossible to accomplish this matter without unduly delaying the publishing of the transactions, the Executive Committee should take charge of the matter of publishing the same. And the above members, together with Dr. W. D. Foster of Kansas City, were chosen by the Institute to be the trustees for the first year, to be designated in the articles of incorporation. Five hundred dollars was appropriated by the Institute for the preliminary expenses of the Committee in the establishment of the Institute journal.

SELECTION OF PLACE OF MEETING.—Provision was made in the

Digitized by Google

by-laws of the Institute whereby the selection of the place of meeting of the Institute for the ensuing year shall be left to the incoming Executive Committee, who shall report their decision to the Institute within thirty days of the adjournment. It was decided to consider Michigan the dividing line between the East and West, one place to be named west of the dividing line and two east, thereby putting Illinois in the Western group. In accordance with this change of procedure it was announced before the close of the Institute session that the next meeting would be held in Detroit, Mich.

At the request of Dr. W. E. Nichols, of Pasadena, Cal., the Institute voted that it was the sense of the meeting that California should be the place of meeting in 1910.

INTERNATIONAL CONGRESS ON TUBERCULOSIS—In accordance with the suggestion of Dr. W. B. Hinsdale, chairman of the committee appointed in 1907 to secure the representation of the Institute in the forthcoming meeting of the International Congress on Tuberculosis, the President appointed as delegates to the Congress Dr. W. B. Hinsdale and a number of members who are particularly interested in the anti-tuberculosis crusade.

BOARD OF CENSORS—The following amendment to Article IV, Section 2, of the By-laws, was received and ordered printed: That the President, Secretary and Treasurer shall be members ex-officio of the Board of Censors. The entire Board shall continue in service during the year. They shall be empowered to receive applications for membership at any time, and after publishing the same in the *Journal of the American Institute of Homœopathy* for one month, shall be empowered to elect them by a unanimous vote of the Board. The motion prevailed.

CONFERENCE WITH THE A. M. A. ON DRUG PROVING—In accordance with a suggestion from the New York State Homœopathic Medical Society, a committee was appointed to confer with the A. M. A., with the idea of securing its co-operation in the proving of drugs on the human organism, with the suggestion that such proving be undertaken under the direction of a committee consisting of twenty representatives of the A. M. A. and twenty representatives of the A. I. H.

COUNCIL ON MEDICAL EDUCATION—Dr. George Royal, Chairman, reported that during the past year the council had been instrumental in preserving the recognition by various state boards of certain homœopathic colleges which had been placed under the ban of the Council of Medical Education of the A. M. A. That all the homœopathic colleges had been visited during the past year and various recommendations had been made by the council, looking to improvements where such were necessary. While making such visitations, the members of the council had taken the opportunity to further the general interests of the Institute and had been instrumental in securing upwards of eighty applications for membership. An assistant council had been appointed, consisting of three representatives from each state, whose function it was to keep track, first, of the representation of homœopathy in the state examining boards, and, second, to keep watch over matters of legislation in the various states.

Digitized by Google

Dr. Royal drew attention to the fact that in spite of the assistance that is being rendered to colleges by the Institute, a very large percentage of the members of most of the various faculties have not membership in the Institute.

By a subsequent vote of the Institute, a sum not to exceed $1,000 was placed at the disposal of the Council on Medical Education for the purpose of securing students for our schools and for other necessary duties pertaining to the work of the council, and the Council of Medical Education was constituted by the Institute a Committee on the Promulgation of Homœopathy. It being thought that the sum appropriated would be far too small for effective work, while it was all that the Institute could afford to expend at this time, it was decided to apply for subscriptions from medical organizations as well as individuals, and upwards of $5,000 was pledged for this purpose, making a total of about $6,000.

THE INTERCOLLEGIATE COMMITTEE reported the total number of graduates from homœopathic colleges in 1908 to be 244, as against 227 for 1907, and a decrease in the freshman classes for that year.

THE COMMITTEE ON PHARMACOPŒIA, Dr. T. H. Carmichael, chairman, reported that the effort to obtain an amendment of the National Food and Drug Act, by the insertion of the Institute's official pharmacopœia as an authorized standard, was frustrated by certain homœopathic pharmacies. During the year a number of state societies had accepted the pharmacopœia as an official standard. The committee was ordered to continue its work along these lines, and Drs. T. H. Carmichael, of Germantown, J. W. Clapp, of Boston, and J. B. Cregg Custis, of Washington, were appointed a special committee to prosecute this effort before the House of Representatives.

The following resolutions offered by the Pharmacpœia Committee were adopted by the Institute:

Resolved, That in order to obtain the benefits of the uniformity of preparation which the pharmacopœia secures and at the same time to give homœopathic pharmacists further opportunity to comply with the obvious demands of the profession, all homœopathic pharmacists are requested to prepare their remedies on and after January 1, 1909, according to the Homœopathic Pharmacopœia of the United States, and to state the fact that they are so prepared upon the label placed upon the box, bottle or other container so that physicians may know the official preparations of homœopathy from the numerous unofficial remedies of varying strengths that have hitherto been in use.

Resolved, That physicians are urged to demand of their pharmacists remedies prepared according to the Homœopathic Pharmacopœia of the United States, so that with remedies of a known uniform strength we may have a more scientific and useful literature.

Resolved, That copies of the above resolutions shall be sent to every homœopathic pharmacist and to every homœopathic college, hospital and medical society in the United States.

Digitized by Google

Resolved, That the American Institute of Homœopathy—the national society of the homœopathic medical profession of the United States—in meeting assembled would respectfully demand of Congress when it again assembles the passage of an amendment to the Food and Drugs Act which would add the words "or in the Homœopathic Pharmacopœia of the United States" after the words "National Formulary" wherever they occur in the law. We would demand this in order that the standards in the Food and Drugs Act may be complete by providing for the uniform strength and preparation of nearly three hundred fresh plant tinctures which are at present unprovided for, and also that justice may be done to thousands of physicians whose scientific remedies are classed among the proprietary or quack remedies.

Resolved, That the Interstate Committee and the Committee on Medical Examining Boards and Medical Legislature be instructed to render all possible aid to the Committee on Pharmacopœia to secure the passage by Congress of the proposed amendments to place the Homœopathic Pharmacopœia of the United States in the Food and Drugs Act.

COMMITTEE ON NEW MEMBERS—Dr. W. A. Paul, chairman, reported to the Institute 220 applications for membership as a result of the efforts on their part during the past year. These applicants were elected to membership.

Dr. Julio F. Converse, of Columbia, South America, was elected honorary member.

THE NATIONAL BOARD OF HEALTH—The Institute endorsed the work of the Committee of One Hundred of the American Association for the Advancement of Science, looking to the establishment of a National Board of Health. The Legislative Committee of the Institute was instructed to look after the interests of homœopathy should such a board of health be established.

Various resolutions of thanks and appreciation were passed to the local committee, proprietors of the Coates House and all others who in any way contributed to the success of the meeting.

A rising vote of thanks was given to President Copeland for his able administration and untiring efforts during his year of office in behalf of the Institute in particular and homœopathy in America in general.

Dr. A. M. Duffield, of Citronelle, Ala., presented to the Institute a gavel made of the wood of a tree, famous because under its shadow occurred the last surrender of arms and ammunition during the late civil war. The gavel was received by the President with appropriate expressions of thanks and appreciation.

ELECTION OF OFFICERS—Two nominations for the presidency were made, Dr. J. Richley Homer, of Cleveland, and Dr. Wm. Davis Foster, of Kansas City. The latter was elected. The other offices were filled, without contests, as follows: Honorary president (nominated by the Seniors), Dr. H. F. Biggar, Cleveland; first vice-president, T. H. Carmichael, Germaintown, Pa.; second vice-president, J. Hensley, Oklahoma City; secretary, Frank Kraft, Cleveland; treasurer, T. Franklin Smith, New York; registrar, T. H. Ball, Bay City, Mich.; necrologist, Geo. T. Shower, Baltimore.

Digitized by Google

Opening Exercises—The formal opening exercises of the Institute were held in the handsome Willis Wood Theatre. The officers were supported on the platform by the ex-presidents present and presidents of state societies.

The call to order was given by Dr. W. J. Gates, the chairman of the local committee, and after the invocation by the Rev. L. G. Morony, Rector St. Paul's Church, Kansas City, Kansas, Mayor Crittenton was introduced and gave a warm word of welcome and of eulogy to the medical profession. Speaking of his city then being honored by the Institute's visit, he prophesied that most of those present would live to see Kansas City second only in size to Chicago in the West. And it will be a city beautiful, of which the present park and boulevard system, constructed at a cost of $8,000,000, is an earnest. The Mayor also promised that this should be the last time that delegates to a convention should find the waters of the Kaw and the Missouri spread over a section of the city, for the citizens would rise to the occasion and protect themselves from such inundations. Pleasing allusion was made by the speaker to the fact that the President of the Institute was an ex-mayor of Ann Arbor. Dr. Gates then spoke on behalf of the local profession, expressing its appreciation of the visit of the Institute.

The Institute's reply to these addresses of welcome was given by Second Vice-President J. Richey Horner.

Dr. William Davis Foster, of Kansas City, announced that it had been his idea to commemorate the holding of the sixty-fourth annual sessions in his city by the presentation of a gavel composed of pieces of wood, each of which had had some connection with the introduction of homœopathy into the several states of the Union or were mementoes of well-known pioneers of homœopathy. The time at his disposal for the collection of these relics had proved, however, too short for the completion of the gavel in time for the meeting. He had recently received from a son of Constantine Hering a gavel made from wood taken from the building at Allentown, Pa., in which in 1835 the first school of homœopathy in America was opened.

The President's Address as usual consisted of certain business recommendations made at the first business session, and the more formal address to the members and friends at this meeting. Dr. Copeland recommended that there should be a standing committee on ways and means to which should be referred all resolutions calling for the expenditure of money by the Institute. He also thought that the chairmen of committees and bureaux should be appointed by the incoming president instead of the one just going out of office. The earnest consideration of the members was bespoken for the report of the Committee on the Promulgation of Homœopathy. The work done by the Council on Medical Education was highly commended, and the practice of homœopathy was declared to be on the upgrade.

The evening address was devoted to Homœopathy and Its Mission. A new system of therapeutics saw the light daily, and among the laity was widespread distrust of the physician. The reason for this was largely the decreasing faith in medication of so many of the members of the dominant school. The sanitarian had

Digitized by Google

done great work, and mankind was under a great debt to him. The surgeon had advanced his art to a high degree of perfection, and the laity had learned to look to him for a speedy relief from long suffering. But while vital statistics showed decreased mortality in infancy and old age, the outlook for those in middle life was not so cheerful. There was an increased number of deaths from pneumonia, heart disease, affections of the kidney, apoplexy, diabetes, cancer and disorder of the stomach. Much better statistics of pulmonary tuberculosis were now available, and no wonder that much was made of it, when all around was unsuccess. The use of diphtheria antitoxin was a second monument to scientific medicine. Deaths from typhoid were increasing, and the typhoid carrier had been discovered, a perpetual menace to the community.

The reason for these discouraging statistics Dr. Copeland believed to lie in the bowing down, on the part of the general practitioner, to the laboratory. The clinician deals with a personal problem. The patient wants to know what can be done for him. In spite of the crusade against patent medicines, their use is increasing. The lack of confidence in drug therapy in the dominant school developed among those who recognized the dangers of physiological doses. The physician of to-day is an abstract scientist instead of a follower of the therapeutic art. Meanwhile the shrub of homœopathic truth has become a great oak, but its misssion will not be fulfilled until the theory enunciated by Hahnemann has been universally accepted as a therapeutic law. Organizations of medical men should exist to assist the doctor in his professional work and make him of more benefit to his patients and not solely nor chiefly for the advancement of the material welfare or political status of their members. The old systems of medicine are passing away into innocuous desuetude; homœpathy is being re-discovered every day, and homœopathic ideas, if not its nomenclature, are permeating medical thought and literature. Homœopathy is free to all, and the American Institute of Homœopathy extends a cordial invitation to every physician to make it his own and use it.

The proceedings were made the more interesting by some musical items.

Bureau of Materia Medica—The Bureau of Materia Medica, under the chairmanship of James T. Kent, M.D., presented an excellent series of papers. The chairman's contribution consisted of a study of carbon bisulphide. Dr. L. P. Crutcher, of Kansas City, offered a paper entitled "A Scientific Materia Medica," in which he sought to distinguish between materia medica and therapeutics, maintaining that the distinction of the so-ca'led homœopathic materia medica was not that it was homœopathic, but that it was based upon provings upon the healthy human organism, and that to be really scientific, only those symptoms elicited through provings should be included in our materia medica books. Dr. I. C. Fahnstock, of Piqua, Ohio, distributed samples of a preparation of Lecithin, and gave a short review of a preliminary proving of the same, indicating its probable usefulness in cases of nervous breakdown.

Dr. J. W. Mastin, of Denver, Colo., spoke of the Repertory and its Relation to the Indicated Remedy, claiming that the use of a repertory was absolutely necessary in prescribing, and that we need a more thorough teaching of its use in our medical colleges.

Digitized by Google

Dr. Fredericka E. Gladwin, of Philadelphia, contributed one of her characteristic materia medica sketches, under the title of the Reunion of the Phosphorous Family. Dr. Andrew H. Starcke, of Kansas City, gave a study of Phytolacca Decandra. Homœopathic Materia Medica an Exact Science was an essay offered by Dr. A. E. Austin of New York, in which it was suggested that physicians fail because they are not trained to recognize symptoms and find the corresponding remedy, and that in consequence the homœopathic materia medica receives the blame when in fact those who thus excuse themselves are their own accusers. Dr. M. A. Royal, of Des Moines, presented a schema and summary of the proving of strychnia phos., which has been undertaken by a number of different colleges.

Bureau of Clinical Medicine and Pathology was presided over by Dr. A. M. Duffield, Citronelle, Ala. In his opening address the chairman referred to the laxity of so many homœopathic physicians, including many members of college faculties.

Dr. Jos. Hensley, of Oklahoma City, read a paper on malaria. The comparative therapeutics of typho-malarial fever and acute miliary tuberculosis were discussed by Dr. W. A. Dewey, of Ann Arbor, Mich.

Dr. C. E. Fisher, of Chicago and elsewhere, made some practical observations on typhoid fever based upon the successful management of upwards of 150 cases. He claimed that typhoid fever is not necessarily a self-limited disease, that forced drugging is unsafe, that treatment by the Brand method is unnecessarily fatal, that proper hydro-therapy is a good adjuvant, that diet is of the utmost importance throughout, that the disease is not necessarily self-limited nor necessarily an interminably protracted ailment, nor necessarily desperately fatal, and was greatly modified under intelligent homœopathic treatment.

Dr. J. P. Cobb, of Chicago, contributed a valuable paper dealing with pneumonia, with especial reference to the increase in its frequency and mortality. He believed this to be due first to the unusual prevalence in the last few years of the grippe with its depressing influence, and second to the habit of using coal-tar preparations to relieve pain, cold, headache, etc.

Dr. C. E. Sawyer, of Marion, Ohio, in a carefully studied paper, insisted upon the importance of care in diagnosis, dwelling upon the necessity of taking careful histories and carrying out laboratory investigations. Mucous Colitis and its Relation to the Nervous System was the title of a contribution by Dr.. B. F. Bailey, of Lincoln, Neb.

Bureau of Homœopathy—Under the chairmanship of such a leader as Dr. R. F. Rabe, of New York, the Bureau of Homœopathy was bound to present an excellent series of papers. In his opening address the chairman spoke of some of the needs of the student of homœopathic medicine to-day. Dr. Geo. Royal, of Des Moines, discussed the part that pathogenesis should take in prescribing, showing the necessity of its being subordinated to subjective symptomatic prescribing. Dr. T. H. Hudson, of Kansas City, discussed the part diagnosis should play in the homœopathic prescription and also told how the homœopathic prescriber should take

Digitized by Google

the case. Dr. H. C. Allen, of Chicago, explained the use of the repertory to find the simillimum in the acute case and in the chronic case. Dr. J. B. S. King, of Chicago, defined homœopathic aggravations, and spoke of their causes and management, and of the influences which interfere with the action of the remedy.

Dr. Thos. G. McConkey, of San Francisco, read a paper in which he discussed the miasms of Hahnemann as a matter for consideration in the treatment of diseases.

Bureau of Pedology—Only three of the papers on the program for this bureau were read in addition to the address of the chairman, Dr. W. B. Hinsdale, Ann Arbor. Dr. E. L. Mann, of St. Paul, in a paper entitled the Ear in Childhood, appealed to the general practitioner as the guardian of the public health for a more careful treatment of inflammations of the middle ear in children, especially after the stage of fever pain, laying it down that all cases of acute purulent inflammation of the middle ear demand a free opening of the membrana tympana for purposes of drainage and cleansing; that no case of purulent inflammation should be allowed to pass from treatment until the discharge has ceased absolutely and the membrana tympana healed, and that no case of catarrhal inflammation of the middle ear should be discharged from treatment until the membrana tympana is in position, the eustachian tube patulous and the mucous membrane of the middle ear cavity normal.

A well written paper on Cardiac Diseases in Childhood was contributed by Dr. H. V. Halbert, of Chicago, in which the author laid great stress upon watching for cardiac symptoms in the young who are exposed to the acute infectious diseases, particularly diphtheria. Dr. F. F. Teal, of Omaha, discussed the diagnostic points in the chest diseases of children, claiming that the diagnosis of chest diseases in infants and children is apt to be carelessly made, so that an apparently harmless condition often develops into a fatal illness.

Bureau of Sanitary Science—In the absence of the regular chairman the meetings of this bureau were in charge of Dr. H. F. Staples, of Cleveland. The first paper presented was by Mr. W. W. Rose, Kansas City, Kans., presenting an Architect's View on the Building of a Modern Hospital. The sanitation of certain public utilities was discussed under three heads: Dr. H. J. Ravold, St. Louis, speaking of the sanitation of street cars, Dr. Carolyn Putnam, Kansas City, discussed the sanitation of public sidewalks, and Dr. Sarah H. Hobson giving her views on the sanitation of the modern sleeping car. Dr. Hobson advised the use of a close twisted tapestry instead of plush in sleeping cars, and asked for more attention to the water and ice supplies, and to the ventilation, particularly of the lower berths. Dr. Putnam advocated the cleansing of sidewalks by the municipal authority that looks after the streets.

Dr. H. F. Staples, of Cleveland, discussed the prevention of tuberculosis, narrating the different steps to be taken for the suppression of the disease as their importance had impressed itself upon him in connection with his public health work in Cleveland. Dr. J. Richey Horner, of Cleveland, spoke of the subject of school cleanliness. Dr. Horner is a member of a special committee on municipal

Digitized by Google

sanitation of the Cleveland Chamber of Commerce, and has had considerable experience in school hygiene. He advocated the substitution of latrines for individual closets, and a system of ventilation under control of the janitor. In the discussion which followed two or three members expressed opinions that no system of ventilation yet introduced compared in efficiency with the open window.

Surgical and Gynecological Assn. of the A. I. H.—Under the presidency of Dr. H. F. Biggar, of Cleveland, this society, as usual, held a number of well attended and interesting meetings. Space forbids the mention of all papers read. Dr. C. E. Fisher, of Chicago, recited a considerable number of unusual cases following premature dynamite explosions, gun-shot and stabbing affrays, and various other accidents incident to railroad construction work.

Dr. E. C. Kinsman, of Saginaw, Mich., made a plea for the early diagnosis and treatment of congestion of the liver due especially to infection from the gall bladder.

Dr. W. D. Foster, of Kansas City, read a paper on Foreign Bodies in the Bladder, in which he cited some remarkable examples, one in which the nucleus of a calculus was found to be three caudal vertebræ of a squirrel; another a button hook found in the bladder but which was originally introduced into the rectum, and still another of a female in whom a tumor suspected to be pregnancy proved to be a urinary concretion formed about the handle of a toothbrush.

Dr. N. W. Emerson, of Boston, insisted upon the importance of reporting cases in which he impressed upon the homœopathic physicians the necessity of keeping exact records of all instructive and interesting cases treated and operated upon, because such cases are not included in old school literature.

Dr. Harlan P. Cole, of New York, gave a brief resumé of twenty-five years' work in orthopedics without the use of braces. The writer claimed that braces are unnecessary, that they do not accomplish the purpose for which they are employed, and that in the majority of cases they are actually injurious, and parcticularly that they are unnecessary because there is a better means of treatment, namely, the use of shoes that will bring the line of weight within that part of the shoe that touches the ground, and vibration and massage to remove plastic adhesions and thus free the muscles and let them develop to the greatest possible extent.

The Society of Neurology and Pyschiatrics of the A. I. H.—This society met under the presidency of Dr. Frank C. Richardson, of Boston. The president's address was an able and scholarly effort characteristic of the author, and dealt with the prevailing epidemic of psychism as consituting a menace to mental stability, to a domination of the higher centers of the intellect by the lower, and a plea was made for a direct appeal to the intelligence rather than to the faith of the laity.

Dr. J. Richey Horner, of Cleveland, spoke of medico-legal duties of the alienist, deploring the present low status of the medical expert, and suggesting that commissions of experts named by members of medical societies be substituted for the present methods.

Dr. W. A. Dewey, of Ann Arbor, drew attention to the value

Digitized by Google

of Lathyrus Sativus in Spastic Spinal Conditions. Others papers were Everyday Suggestions, by Dr. A. E. Smith, of Freeport, Ill., and Two Cases of Paralysis Agitans Without Tremor, by Dr. N. B. Delamater, Chicago.

National Society of Physical Therapeutics—The sessions of this society were in charge of the President, Dr. Rollin H. Stevens, of Detroit, Mich., who opened the program with an able address on Progress in the Use of Solar and Roentgen Rays in Diagnosis and Therapeutics. Papers read and discussed were the High Frequency Current Therapeutically Considered, by B. F. Bailey, M.D., Lincoln, Neb.; Electricity and Light in the Treatment of Diseases of the Stomach, by Dr. Maclay Lyon, of Kansas City; Physical Therapy in Spasmodic Torticollis, by Dr. N. B. Delamater, Chicago; The Theory of Cell Vibration and its Relation to Physical Therapeutics, by Dr. A. E. Smith, Freeport.

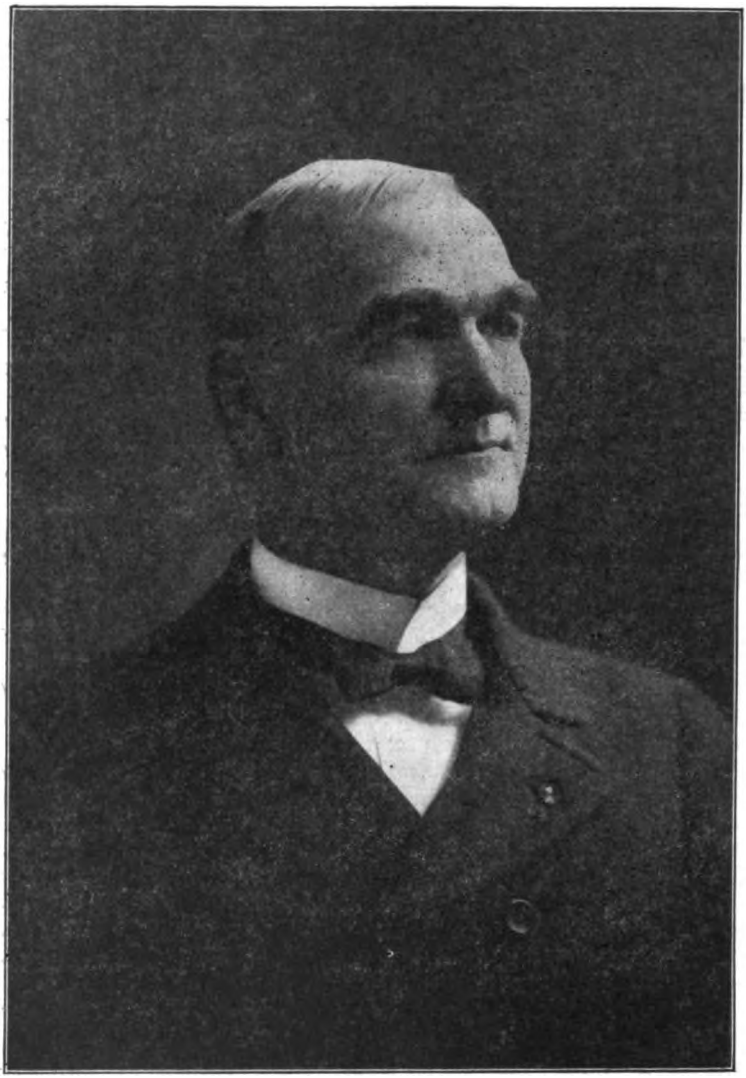
A number of papers whose authors were not present were read by title. Dr. E. H. Skinner, of Kansas City, gave some demonstrations of the actions of the respiratory organs, heart and chest walls as they occur in life. The demonstration was made by a series of moving pictures originally made by Dr. Koller, of Weisbaden, Germany. This demonstration was very largely attended and thoroughly appreciated.

The officers for the coming year are, President, Dr. Wm. H. Dieffenbach, New York; First Vice-President, Dr. A. E. Smith, Freeport, Ill.; Second Vice-President, N. A. Pennoyer, Kenosha, Wis.; Secretary, Dr. E. P. Mills, Ogden, Utah; Treasurer, Dr. C. Bergolth, Chicago. Other members of the executive committee are Dr. Clara E. Gary, Boston, and Dr. W. H. King, New York.

The Meissen Society, which has for its purpose the care of the wives and daughters of the members of the American Institute when they attend the Institute sessions, whether they are members of the profession or not, had many delightful gatherings in Kansas City. Mrs. H. M. Hitchcock, of Greenwich, Conn., presided in the absence of the President, Mrs. J. P. Cobb, of Chicago. There were several automobile rides, a card party and a trip to the electric park with the members of the Institute Thursday evening. A number of new members were received.

The Institute Fraternity was organized at Niagara Falls in 1904. It is composed of the women physicians who are members of the A. I. H. Its objects are to promote sociability and mutual acquaintance among women physicians attending the Institute and to second the efforts of the local and national societies in promulgating the principles of homœopathy and securing new members. On the third day of the session the annual dinner is given, followed by election of officers and a social hour. The influence of this organization was thoroughly evidenced by the genial sphere of good fellowship which prevailed during the recent meeting. The officers for the ensuing year are: President, Dr. M. Margaret Hassler Schantz, of Reading, Pa.; Vice-President, Dr. Enz, of Kansas City, Mo.; Secretary-Treasurer, Dr. Marcena S. Ricker, Rochester, N. Y.

Digitized by Google



Wm. Davis Foster

WILLIAM DAVIS FOSTER, the new President of the American Institute of Homœopathy, and an eminent leader in Western homœopathy, was born September 7, 1841, in Van Buren County, Iowa. He was educated in the public schools and an academy in his native town. When sixteen years of age he began the study of medicine at Jacksonville, Illinois, under the tutorship of Dr. David Prince. Obliged to make his own way, his studies were interrupted at times. In 1860 he entered the medical department of the University of Pennsylvania. He abandoned his studies at the outbreak of the Civil War and attached himself to the Seventh Regiment, Missouri

Digitized by Google

Volunteer Cavalry. In August, 1862, after the battle of Lone Jack, he assisted in the establishment of the hospital at Lexington, and in December following, after the battle of Prairie Grove, he was similarly engaged at Fayetteville, Arkansas. In 1863 he was commissioned surgeon of his regiment, and served in that capacity until the close of the war. He was present at the capture of Little Rock, and after the occupation was there engaged in hospital service. At various times he was a member of boards of operating surgeons, and to him was committed the examination of those alleging disability and asking for discharge, for furlough, for leave of absence and for transfer to the invalid corps. This service afforded him opportunity for wide observation and broad practical experience, which, at a later day, enabled him to take rank with the leaders in his profession, and to attain recognized pre-eminence in the field of surgery. After the close of the war he located in Hannibal, Missouri, and entered into practice in association with Dr. George B. Birch. While so engaged his attention was directed to homœopathy, and he entered upon an exhaustive investigation of its principles and practice. Becoming convinced of its superiority over the old system, he adopted it as his practice, and with entire success, but being desirous of attaining deeper knowledge, he entered upon a systematic course of study, and in 1869 was graduated from the Homœopathic Medical College of Missouri, in St. Louis. At Hannibal he resumed a practice which was at once useful and remunerative, while at the same time without excess of zeal or attempt to proselyte, he won many to his side and soon came to be recognized as an able and discreet leader in his school. In 1873 he assisted in organizing the Mississippi Valley Medical Association, the first homœopathic body in the State outside of St. Louis. The following year, at special solicitation of the faculty, he delivered a short course of lectures on "Diseases of the Thorax" before the Homœopathic Medical College of Missouri at St. Louis. In 1881 he became a resident of Kansas City, where he has since been located, and has long been recognized as one of the most skillful of exponents of homœopathy in the United States. For the first five years of its existence, he was associate editor of the *Arena,* the first and only homœopathic organ in the Missouri Valley, and the work of his pen served a good purpose in proper presentation of the principles and practice of his branch of the medical profession. In 1889 he was called to his present position as professor of surgery in the Kansas City Homœopathic Medical College, and in 1894 he was elected dean of the faculty. The unexampled growth of the school is largely due to his energy and personal influence. He is a senior member of the American Institute of Homœopathy, with which he became connected in 1867, and holds membership in the Missouri Institute of Homœopathy, in the Kansas State Homœopathic Medical Society, and in the International Association of Railway Surgeons. He is chief surgeon of the Kansas City, Osceola and Southern Railway. In 1886 he was a delegate to the International Homœopathic Medical Congress at Basle, Switzerland. Surgery claims his principal attention, and in addition to his private practice he is frequently called to all parts of the Middle West in consultation.

Digitized by Google

A PROVING OF THE KISSING MICROBE

(Read by the author as a parting word to the Kansas City meeting)

Some doctors have a fashion
  Of proving drugs, you know,
And publishing the records
  Of what their provings show.

So wishing to be useful
  Somewhere beneath the sun,
I joined the provers' union
  To see what could be done.

I chose that ancient microbe,
  That sets up lip-tomaine,
And queers its willing victims,
  And makes them all insane.

I also chose a maiden
  With sweet, delicious lips,
Who had the gift of gladness
  Clear to her finger tips.

And, since all kinds of microbes
  Thrive better in the dark,
I took my chosen victim
  One evening to the park.

And there amid the shadows
  That lent the evening grace,
I scanned her smiling dimples
  To find the lurking place

Of that prolific microbe,
  That dreaded microzyme,
That causes lipto-mania
  In every age and clime.

I held her hand a moment,
  And then with thrills of bliss
I stole up close behind her
  And stole one little kiss.

And then in half a minute,
  I felt my senses reel,
And knew that I was tainted
  Beyond all power to heal.

My nerves began to tingle,
  My heart began to thrill,
My brain was all aquiver,
  I thought I had a chill.

I just sat there and shivered,
  In ecstasy supreme,
And felt a rush of rapture
  Beyond my wildest dreams.

I felt that awful impulse,
  That crowds the shattered brain
Of one who does a murder,
  To do the like again.

And so I stole another
  And still another kiss,
And felt the added rapture
  Of still increasing bliss.

Meanwhile, I noticed something
  Had crossed the lady's mood,
And changed her lively manner
  To dreamy solitude.

She ceased her breezy chatter
  About the stars and moon,
Nor talked of birds and blossoms
  That make us glad in June.

She glanced in my direction,
  And now and then a sigh
Escaped her heaving bosom
  Like one about to die.

She shuddered just a little,
  And it was plain to see
That she had been infected
  Right there along with me.

We felt the subtle poison
  Creep through our blood and brains,
But neither of us murmured
  About our blissful pains.

We had no fear of bogies,
  Although the hour was late,
Nor did we dream of dying
  In that ecstatic state.

For scientists had stated
  That always, late or soon,
From frequent re-infection
  Mankind becomes immune.

But scientists are mortal
  And very prone to err;
They blundered very badly
  In making rules for her.

The more she was infected
  The more she seemed to crave,
Until at last her symptoms
  Became pronounced and grave.

Like one who takes to morphine,
  His sorrows to beguile,
She welcomed re-infection
  Just every little while.

And dark or light, no matter,
  More proving must be done,
While I sat there and wondered
  How long such symptoms run.

HENRY W. ROBY, M.D.,
Topeka, Kansas.

Digitized by Google

Digitized by Google

Digitized by Google