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Robert A. Hare, M.D.

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SPECIAL ARTICLES



FIGHTING THE BATTLE OVER AGAIN.

By J. C. HOLLOWAY, M. D., GALESBURG, ILL.

DUWING TO THE SENTIMENTAL AND EFFERVESCENT GUSH from certain sources, one would almost conclude that the allopathic ranks are now clothed in homeopathic uniform and ready to march according to the orders of the great homeopathic commander, Samuel Hahnemann. But regarding this let me disabuse the minds of younger homeopaths. Old ones know better; they know that the most recent developments in the allopathic school have not even the semblance of homeopathy. Their materialistic minds have never yet prescribed any but material doses, based on a conception of material diseases, originating from material causes; and so long as they stand on a platform of this character, they are not even in sight of homeopathy. In all instances where the practice of homeopaths and allopaths seem to converge, a closer investigation will reveal the fact that those so-called homeopaths who never did imitate Hahnemann have deserted their colors and taken their places in allopathic ranks. *By their practice* the people do not know the difference.

I now submit three propositions for your consideration:

1. That the principles of allopathy are the same today as they were a thousand years ago.
2. That the large majority of practitioners in so-called homeopathic practice are mere pretenders, allopathic imitators and deceivers; and the large majority of so-called homeopathic teachers and authors leave their impress of *materiality* on their pages and student minds, and never were representatives of the true healing art.
3. That all the fundamental principles of homeopathy as taught by its founder, are scientific, practical and effective; that these principles never have and never can be overthrown, but are heaven-born, irrefutable and eternal.

Therefore, the battle in which the master gave himself a sacrifice to ridicule, slander, misrepresentation and even persecuting banishment from his native country, that the truth respecting the new system might be handed down to posterity,

must be fought over again by the few. Homeopathy, to be appreciated, must be taught and practiced in its *purity*. The counterfeit article, the spurious and adulterated teaching and practice which the majority who think they have tried homeopathy have sampled, has hindered and retarded the progress of pure homeopathy beyond all calculation. And, the willful divergence is inexcusable. The fifth edition of the *Organon* contains the true principles of matured homeopathy as developed and tested by the most mature thought and the ripest years of its founder; and the whole gist of this incomparable volume of wealth shows homeopathy to be a medical system composed of *immaterial forces*: remedial agents, disease cause, and disease itself, all of a spiritual or dynamic nature. What per cent of those who have embraced homeopathy, or at least labor under that delusion, have been taught this essential feature of the system, and believe it and practice accordingly? When the roll is called on this phase alone, the reader will see the evident necessity of *fighting the battle over again*. The *Organon* further combats and denounces the practice of the generalizing allopath in attempting to formulate conceptions of diseases in individual cases *before hand*, and laying down a fixed method of treatment for all diseases according to their arbitrary names; and in lieu thereof sets up the claim for, and scientific advantages of, the most minute *individualization* in the treatment of every disease, and each and every patient in the *same* disease.

Now what is the attitude of allopaths and the rank and file of so-called homeopaths respecting these undeniable tenets of pure homeopathy?

We shall see:

1. *Disease Cause*. Soon after Hippocrates, when allopathy sprang up simultaneously with many other medical theories and vagaries, she claimed for herself alone the title of "rational medicine," because she strove to remove the cause of disease by "casual treatment," adopting nature's method, which it was thought would make practice easy, namely, instituting an evacuation from the stomach, bowels, skin, urinary organs, salivary glands, trachial and bronchial glands, thus producing exhausting sweats, vomiting, purging, salivation, expectoration and diuresis, under the delusion that the material cause that produced the disease, namely a *material, morbid matter* which was supposed to be in the blood-vessels and lymphatics, might be expelled from the

body. They, of course, became expert in the evacuating art, which has been transmitted even to our day, but instead of curing anybody they rendered thousands and millions incurable by reason of the extreme exhaustion produced. Now allopaths pursue the same course today they did then, moved by the same material conceptions, save actual blood-letting; but they still employ leeches, blistering etc., which show that their conceptions are the same. But here is the worst of it: seven-tenths of so-called homeopaths are imitating them instead of Hahnemann, and with the same material conceptions. Do allopaths scour them out for constipation? So do the seven-tenths. Do allopaths administer an opiate for pain and to suppress vomiting and diarrhoea? So do the seven-tenths. Do allopaths prescribe quinine as the specific for intermittent fever? So do the seven-tenths. Do allopaths prescribe anti-toxin as the specific for diphtheria? So do the seven-tenths. Do allopaths usually prescribe more than one medicine at one time, and often recommend mineral waters, patent medicines, etc.? So do the seven-tenths. Do allopaths contend that a diagnosis must first be made in order to successful treatment? So do the seven-tenths. But the list is too long. Suffice it to say that the reader can certainly see why *the battle must be fought over again*.

Old school and mongrel conceptions of disease and disease cause are just as material as in the days of bleeding. They have material mosquitoes and house-flies carrying *material morbid matter* to healthy people and striking them down with disease! And in many sections they have Sunday school children competing for prizes in the fly-catching business for the good of the human race! In a recent issue of one of their journals they announce with much glee and professional pomp the winner of the most valuable prize, stating that the little fellow caught more than one million flies, and commenting upon the incalculable good he had accomplished in the prevention of disease. But, strange to say, they did not explain how the little fly-catcher himself managed to escape so much *deadly, material, morbid matter*, unharmed!

But, whether microbes, mosquitoes, or house-flies, the idea is that some *material substance* enters the body and becomes the cause of disease. But more than one hundred years before their microbe discovery, the founder of homeopathy portrayed their theory of disease cause as a myth and wholly imaginary. They only *fancy* they can discover the

cause of disease. They have never discovered it and they never will; because, as the founder of homeopathy then told them, *the greater number of diseases have a dynamic (spiritual) origin, and a dynamic (spiritual) nature, and hence disease cause is not perceptible to the senses and not discoverable; and cannot be removed except by dynamic means.* Now please name the allopath or mongrel who believes that, or the real homeopath who does *not* believe it. All materialists (which includes seven-tenths of so-called homeopaths), regard disease as a *material thing* separate from the living organism and the vital force which animates it, while the Hahnemannian believes disease to be a derangement of the vital force, resulting from unknown morbid influences of a dynamic (spiritual) nature, and that abnormal sensations and functions, and organic lesions, are but results.

REMEDIAL AGENTS

It follows as a natural sequence, that said materialists demand *material medicines* with which to combat what they imagine is a *material humor* in the blood; while the Hahnemannian as stoutly demands *dynamic medicines* which act in a spirit-like manner, with which he may restore the always dynamically deranged vital force, by *dynamic means*. This explains why the so-called homeopath wants color, *nasty taste* and the *material elements* in the medicines he employs. He needs conversion. He does not understand homeopathy. And right here is found the most glaring departure from the system, and the strongest reason why *the battle must be fought over again*: BOLD, RANK, ALLOPATHIC MATERIALISM. The average would-be homeopath has overlooked and utterly failed to grasp the spiritual nature of life; the spiritual nature of diseases; the spiritual nature and power of the exciting causes of diseases, and the spiritual nature of all medicinal substances; and many of them have degraded themselves and degraded homeopathy, by joining allopathic scavenger-doctors in an enthusiastic campaign against microbes which never caused disease—no disease, and in an effort to prevent the entrance into the interior of the body of *material, morbid matter*, which never existed.

With such materialistic views respecting the origin and nature of diseases, it is no wonder that the dean of a so-called homeopathic college should publicly announce that the time has come when allopaths and homeopaths should unite. Of course, he meant *his kind* of homeopath; and that is so.

They have no moral right to slander Hahnemann and fool the people by their brazen pretenses toward homeopathy. They should go to their own place; and they *will* as the battle is fought over again.

WHOLESALE PRESCRIBING

Nothing is more common than a fixed method of treatment beforehand for certain cut and dried symptoms divided into groups and known by arbitrary names, concerning which no two writers on pathology agree, and said treatment is administered with a professional air of medical wisdom and a pretense to "rational medicine." Bogus homeopaths are just as deep in this kind of mud as allopaths are in the same kind of mire. They cannot cure homeopathically such disorders as chills, diphtheria, sycotic gonorrhoea, syphilis, etc., and hence, they proceed to suppress them just as allopaths do and by the *same methods*; all because they have no conception of the dynamic (spiritual) phase of homeopathy, and do not know how to practice the system as taught and practiced by its founder. And then such patients will tell their friends they were treated by a "homeopath!"

If there is any one feature of homeopathy more than another, which can be styled the *keystone* of the system; if, among the charms, beauties and fascinations of homeopathy, there is one central rose, one alluring feature, one satisfying advantage, it is *individualization*. Each individual patient must be treated according to the *individual symptoms*. No medicine or compound of medicines can ever become the specific for any disease *per se*; but any given medicine is the specific for any individual sickness, when expressed by a group of symptoms—a symptom image—*similar* to that which the medicine itself is capable of producing in the healthy human organism. Just as often as this, its own image, is found in an individual case of sickness, it is the specific *for that particular case*, and *only* then. So specifics are individual, never general. This therapeutic law is consonant with nature, and its faithful application never fails to cure any curable case if the remedy is administered in the right potency. But to see a bogus homeopath going around with his little squirt-gun, shooting in anti-toxin for diphtheria, just because it is diphtheria, ignoring in true allopathic style the individual, distinguishing symptoms, is enough to make the real homeopath hang his head for very shame! and exclaim with emphasis, *The battle must be fought over again!*

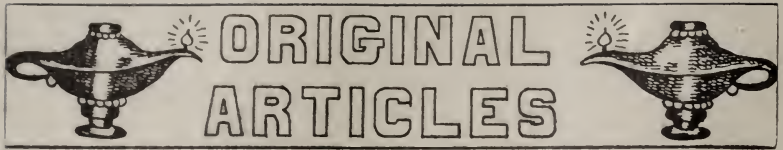
Since the pioneers fell in battle, there has been a constant and growing tendency to just float along as doctors—just doctors, only claiming the glory of homeopathy when they thought it policy; and new families move into your town and mine, stating that they have always had a homeopath—wouldn't have any other kind, but in very few words unconsciously reveal the fact that they have only had these miserable mongrels and abominable pretenders, and had never been taught the first principles of homeopathy.

Now there is but one remedy for all these evils: Let every loyal practitioner, every man and woman who has pure homeopathy at heart, step to the front and take their places in the front rank, resolved as practitioners to never diverge from Hahnemannian principles and to contend by word and pen for homeopathy as outlined in such lucid and concise language in the *Organon of Medicine*; and as patrons, to only employ the true and tried, either as physicians or college teachers. *The laity must be taught until they can no longer be imposed upon by physicians or colleges.* This may be accomplished: (1) By private conversation and handing out of suitable literature. (2) Public lectures. (3) A series of homeopathic cards published in the leading dailies, headed with a cut of Hahnemann; and under the cut these words: "Samuel Hahnemann, the founder of homeopathy and the greatest physician the world has ever known." The writer has employed all these methods and knows by experience that they are practical. One earnest soul can thus teach thousands the pure doctrines of homeopathy and pave the way for those who must follow in the good work. Of course, in every community there are some who *will not learn*. You would just as well try to teach cattle. But on the other hand there are always others who will appreciate the opportunity, and these are the most desirable element. Each month my homeopathic card series appears in our two leading dailies, reaching 15,000 subscribers and over 50,000 readers. Hahnemann's picture always heads each card; and the subject matter is homeopathy—what it is, what it can do, what it has done. Allopathic quacks tell what *they* can do as individuals. These cards tell what homeopathy can do. Anybody can do just what Hahnemann did, if he will but follow Hahnemann. Allopaths do not know what to make of the proposition. They have mustered up courage to attack it but once in nearly six years; and whether my answer to that effort will last them another six years, remains to be seen.

Two physicians, one in Illinois and one in Texas, have paid me the high compliment of publishing these cards in their own city dailies, with Hahnemann's cut at the top; and I would be only too glad to have a hundred or more doing the same. They can have my copy each month free of charge and alter the same as they wish, if not credited to me.

Of course, any one engaging in this education work must see to it that his teaching and practice *agree*. He has a perfect right, every moral and legal right, to employ the methods which I have suggested and which I am now employing and expect to continue. The founder and pioneers employed these methods of educating the people and the sooner genuine homeopaths arouse from their lethargy and by these methods make themselves felt in their respective communities, the sooner will the public mind be disabused and homeopathy will *grow* and *flourish* and *conquer* as never before. I take the time to answer many private letters respecting homeopathy, and am always glad to know that there is one more who wants to be a Hahnemannian, for I have a fraternal fellowship and a hearty hand-shake for the real homeopath; but as to the half-breed, his pretensions are repugnant and his hand feels clammy.





WHAT TO DO FOR THE NERVES.

(CHAPTER 6.)

CONVULSIONS. What are they? What are their causes? How do they end? What *should* we or what *can* we do to ameliorate their severity or prevent their occurrence?

Convulsions may be cataleptic, epileptic, choreic, puerperal, tetanic, hysterical, uraemic, etc., according to the causes and effects. They may be clonic or tonic, according to the manner in which they affect the patient. There may be consciousness or unconsciousness, according to the extent of cerebral involvement. It would be a study of the keenest interest to note, if possible, the various nerve trunks and fibres affected in any or all classes of convulsions, had the busy practitioner, with no hospital or sanitarium facilities, the time to do so. He, however, is more intensely concerned about the prevention and cure rather than the non-pathological phenomena displayed during a convulsion. Nor has he the time, unless he is an accurate, quick and intelligent observer, to interpret the psychical phenomena previous to or following a convulsion. He should know the difference in the various forms of these nerve disturbances, the probable cause, and then *what to do*.

Since the same remedy may be indicated in the various forms of spasms or convulsions, we will be compelled to repeat certain symptoms; this will aid the memory in assimilating the essentials of the various remedies and their application. In a general way, we have seventeen leading remedies in that form of disease known as spasms or convulsions. We will give the leading indications for these seventeen and then proceed to our classifications. These remedies are *artimisia vulgaris*, *atropine*, *belladonna*, *bufo*, *calcareo carbonica*, *causticum*, *chamomilla*, *cicuta*, *cina*, *cuprum*, *hyoscy-*

amus, lobelia, nux moschata, nux vomica, opium, plumbum and stramonium.

Artemisia vulgaris is forcibly indicated in the convulsions of sucklings or teething children or in children suffering from worms; spasms and convulsions resulting from intestinal disturbances somewhat similar to *cina*. It also has epileptic convulsions after cooling off quickly while overheated from violent exercise. The convulsions are marked by episthotonos. Other conditions will be mentioned in their proper order.

Atropine has epileptic and choreic convulsions, resulting from cerebral or meningeal inflammation. The patient throws his limbs about and seems to be in great distress. We find in this remedy involuntary movements of the hands or feet, and the spasms or convulsions seem to attack *single* parts of the body more than the *entire* body.

Belladonna has convulsions, marked with more or less violent congestion. They may be tetanic, hysterical, puerperal, choreic or epileptic, but it finds its greatest sphere in the convulsions of little children while teething. The convulsion commences in the upper extremities, with creeping and feeling of rigidity in the same, twitching of one or more of the extremities, especially the arms; convulsive motions of the heavy facial muscles and eyes; congestion of blood to the head with vertigo; dark red, hot and bloated face, or with pale and cold face and shuddering; there is photophobia; distorted or staring eyes, with dilated pupils; spasms in the larynx and fauces, with inability to swallow and with danger of suffocating; there is much foaming at the mouth; involuntary discharge of faeces or diarrhoeaic stools with undigested food; oppression of the chest and anxious breathing, and the spasms excited or reproduced by the slightest touch or the least contradiction; there is stupefaction or complete loss of consciousness; sleeplessness between the paroxysms, with restless tossing about, or we may have a deep or comatose sleep, with smiling and distortion of the features while asleep; there is sudden starting from sleep with a cry. We often find obstinate weeping, a malicious desire to bite

and tear everything, or we may have great anxiety, fear and frightful visions.

Bufo has both clonic and tonic spasms. It has very severe spasms, followed by a deep sleep; it has spasms with twitchings over the whole body increased rapidly in severity. The entire muscular system becomes violently agitated; it also has spasms of single parts, such as convulsions of the limb during softening of the brain; convulsions from fright, at new moon, after onanism and from sexual excesses.

Calcareo carbonica has convulsions in scrofulous children where the teething process generally is very slow or may be too rapid; the fontanelles are open; the child is easily fatigued and subject to repeated attacks of catarrh.

Causticum has epileptic convulsions, choreic convulsions, convulsions with screams, violent movements of the extremities, grinding of the teeth, laughing or weeping, involuntary or frequent emissions of urine. The drinking of cold water or the plunging into cold water will bring on the convulsion.

Chamomilla has convulsions of children and lying-in females, and these convulsions are characterized by stretching of the limbs, convulsive stretching of the extremities, eyes, eyelids and tongue; convulsive starting during sleep; red, bloated face) or one cheek red and the other pale; dry burning heat of the skin, with burning thirst; hot sweat on the hairy scalp; anguish, moaning and lamenting; anxious, hurried, rattled breathing; dry, rattling, short cough; colicky pains; distended abdomen; diarrhoeic green stools.

Cicuta has clonic and tonic spasms, epilepsy, catalepsy, eclampsia, etc., with pale or yellowish complexion, trismus, distortion of the extremities, crying, frothy saliva, colic as if from worms; one of the first things to be thought of in convulsions resulting from injury to the head.

Cina has convulsions, tonic and clonic, resulting from intestinal worms or intestinal irritation from excess of sweets, and from contradiction. It is especially adapted to children who are peevish, irritable, hard to please, who are often taken suddenly with attacks of fever, restless sleep, abdomen distended, circumscribed redness on both cheeks, paleness about the mouth. Notice particularly that the child during sleep wants to lie on its stomach, and where a convulsive attack is followed by a profuse discharge of milky urine.

Cuprum is full of convulsions of various kinds, and these convulsions commence at the fingers or toes or in the

arms; there is clenching of the thumbs, loss of consciousness and speech; suffocative paroxysms, especially when the patient has been weeping before an attack; frequent emission of turbid urine; red face and eyes; weeping and anguish or strange demeanor, with a disposition to hide oneself; a tendency to anguish. Convulsions recur every month, especially after the menses.

Hyoscyamus has clonic spasms, choreic and epileptic spasms, and is known by its bluish color and bloatedness of the face, foaming at the mouth, protruded eyes, convulsive movements of some parts of the body or of the whole body, violent tossing about and, like *cuprum*, there is clenching of the thumbs and the spasms provoked at every attempt to swallow liquids; there is great anxiety, with cries and grinding of the teeth; loss of consciousness, oppression of the chest; irritation; emission of urine; congestion of blood to the brain; deep and comatose sleep, with stertorous breathing; a feeling of hunger and gnawing at the stomach; dry cough at night; great desire to laugh at everything, and a disposition to run from place to place between the convulsions.

Lobelia. The convulsions of *lobelia* are characterized by extreme weakness; there is a complete muscular relaxation; the patient feels too weak to stretch out the hands or to do anything, and assumes the form of a cataleptic convulsion; there is faintness, great pallor and profuse sweating.

Nux moschata is particularly indicated in hysterical convulsions where we have jactitation of the muscles, jerking and twitching in the inner parts of the muscles, or we may have convulsive motions of the head from behind forwards; throwing the head forward; hysteria excited from the least effort; hysterical spasms from intermittent and typhoid fevers; spasms resulting from disturbed menstrual functions with headache; weariness, pressure in the stomach, water running from the mouth; pain in the region of the liver; all these conditions are associated with an uncontrollable desire to sleep and numbness in the extremities.

Nux vomica has clonic and tonic spasms, epileptic and various forms of convulsions, and these convulsions are characterized by cries episthotonos, trembling or convulsive twitchings of the limbs or muscles, and convulsions excited by chagrin or mortification. During the convulsion there is involuntary discharges of faeces and urine. Subjectively,

there is a feeling of rigidity in the limbs as if they would go to sleep; there is also vomiting, a copious sweat, oppression of the chest, constipation, ill humor and a very disagreeable and irritable disposition.

Opium also has various forms of convulsions. These convulsions set in at night and in the evening, and are characterized by episthotonos or violent motions of the extremities, especially the arms; loss of consciousness; insensibility; cries; clenching of the fists, suffocating paroxysms and *followed by a deep comatose sleep.*

Plumbum has clonic and tonic spasms, epileptic, choreic and hysterical convulsions, and these are characterized by convulsive movements of the limbs and result largely from cerebral sclerosis or tumor. Often before an attack comes on there is vertigo, the legs feel heavy and the tongue is swollen. After an attack there is a long, lasting, stupefying feeling in the head and a prolonged snoring sleep. There is no particular aura—except this, that deep sighing may precede an attack.

Stramonium has nearly all the convulsions in the catalogue. These convulsions are characterized by episthotonos, convulsive motions of the extremities, especially the upper, stuttering and loss of speech; tired worn out; stares with a stupid, friendly look or red and pale face in alternation; loss of consciousness; furious or religious notions; frightful visions; laughter, lamentations, singing; desire to escape; with an aggravation or reproduction of the convulsion from *looking at bright or shining objects.*

G. E. DIENST, *Aurora, Ill.*



THERAPEUTICS OF DERMATOLOGY.

By J. HENRY ALLEN, M. D., PROFESSOR OF DERMATOLOGY,
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CORALLIUM RUBRUM (*Red Coral*). We have no thorough proving of this remedy, yet we have a few skin symptoms of some value. Some of the constitutional symptoms might be mentioned:

All food is tasteless to this patient, even wine tastes like sawdust and beer tastes sweet. He longs for salt. Is subject to great dryness of the mucous membrane of the nose, and the skin bleeds easily. Painful ulcers in the right nostril with

dark red spots; also dark red, flat ulcers are found on the gland penis.

One case that came under my observation was nearly cured with one dose of *c. m.* potency of this remedy, but disappeared finally with *thuja*. The discharge from its ulcers was very thin, yellowish and offensive (sycotic). Small spots appeared on the skin in the proving, that were first a light red color, but later on became dark red, and finally copper colored, and were seen more on the palms of the hands. This remedy also has lardaceous ulcers that are very red; ulcers in the right nostril with a sensation as if the bones were pressed asunder; ulcers very red; flat and sensitive to touch, usually found about the prepuce. Again we may find chancroid, with flat, lardaceous red ulcers, discharging copiously a thin yellow fluid, or we find gonorrhoea and chancroid mixed. It bears the same relation to a venereal infection of gonorrhoea and chancroid as *cinnabaris* does to a mixed infection of gonorrhoea and syphilis. There is great swelling of the prepuce in chancroid, with red, lardaceous base. Edges are white as if a white membrane covered them; ulcers indolent, no reaction or attempt made to heal. Again we find balanitis with a thin, yellowish green offensive discharge.

It also has a pustular eruption resembling varioloid. Try this remedy in *naevi materna* where the spots are raised, shiny and very red. It has proven useful to me also in psoriasis of the palms of the hand and soles of the feet (*phos*). *Lilienthal* found it useful in that form of psoriasis. Phosphorous may also be indicated, but phosphorous does not go through the color changes mentioned, from light red to dark red, then copper colored. *Corallium* antidotes mercury and is complimentary to sulphur.

CONIUM.

Nearly four hundred years before the time of Christ, we are told in history that Socrates, the great Grecian philosopher and reformer, was made to take his own life in his prison at Athens by drinking a cup of hemlock. Plato, speaking of the death of his great friend and teacher, Socrates,

gives us briefly his last words. Speaking to Simmias, Cebes and Crito, he said, "I would not have you sorrow at my hard lot, or say at the burial. 'Thus we lay out Socrates, or, thus we follow him to the grave and bury him,' for false words are evil in themselves, but say, 'you are burying my body only.'" Then he said to Crito, "Have a servant prepare a cup of the poison," and when it was prepared, he drank it: soon he complained of a coldness and numbness beginning in his feet and legs which gradually passed upward to the trunk and he soon died.

Conium acts profoundly on the cerebro-spinal system, and as we have seen in the case of Socrates, the paralysis spreads from the feet upward. First a difficulty in walking is experienced, which is accompanied with a *numbness*; soon the legs cannot be moved. In a clinical case I now have in mind, the patient, an elderly lady with paralysis, had to be helped to her feet and steadied by the nurse when she would walk about the room, dragging her feet after her, always complaining that she could not tell where her feet were so as to move them, they seemed so numb. Conium helped her for many months, curing at the same time, a severe ulceration of the stomach. She was removed from my care and about five months after, the paralysis and numbness gradually worked upward, when she died without pain or suffering. The mind was clear until near the hour of her death, when the cerebro-spinal paralysis set in.

This remedy is useful for old people and in all forms of malignancies, but especially in malignant ulcerations where the exhaustion is great. We seldom see it called for in any illness before the age of forty. I have seldom prescribed it where sycosis was not present. Gonorrhoea suppressed where there is a family history of tuberculosis, is the field for this wonderful remedy; you will find that the patient has combated every acute expression of sycosis by some form of local measure, until a malignant disease of some form is set up in the organism. The life forces were able to prevent its appearance until the beginning of the age of decline, then the two master elements of malignancy combined—the tubercular

and the sycotic—hence its offspring is cancer. In woman we meet with it in schirris of the uterus, or of the mammae; rapid glandular and blood changes then take place. The patient rapidly loses strength and becomes sallow and cachectic. It may be indicated in post-diphtheretic paralysis, gangrene, impetigo, petechia, and bleeding ulcers. The three great centers of attack in conium are the uterus, especially the neck, the mammae, at about the age of forty-five and the pyloric end of the stomach. In women who have never had children, is a rich soil for its action, when the disease often sets in before the fortieth year. Conium diseases are usually accompanied with some form of chronic vertigo, which is worse from lying down and turning in bed. Often its vertigo is due to some spinal trouble, anaemia or some disorder of the brain or spinal cord. The diseases in men calling for this remedy are most frequently enlargement or senile hypertrophy of the prostate gland, malignances of the bladder or stomach (pylorus) and diseases of the spinal cord or cerebro-spinal system. Its discharges are all thin, dark brown or bloody, cancerous-like and horribly offensive, smelling like decayed meat.

DR. H. C. ALLEN calls it the "Balm of Gilead" in diseases of old maids and women at the climatic period. Its locomotor ataxia is like aluminum; they cannot stand or walk in the dark or with their eyes closed. At the same time the patient is losing control over the lower extremities. The turning about in his walk, even the turning of the eyes, induces the vertigo and the tendency to fall. All of the lesions of conium are worse from a sudden jar and by walking. I might say that all of its lesions have that stony hardness peculiar to malignant troubles. The pains are burning, stinging and darting. In a very short time the patient becomes greatly exhausted and day by day feels their strength slipping from them. The life forces seem to be suddenly lowered. There are four symptoms you can often group together in a conium patient: great loss of strength, emaciation, loss of weight, and the increasing sallow complexion or the cachexia of the face. Sometimes in cancer pains you will

have to give apis as an intercurrent remedy. Causticum will at times assimilate its paralytic symptoms, graphite its rectal, phytolacca, silicia and iodine, the glandular. Conium has deep seated infiltrations and indurations in any glandular organ. So many of its complaints are painless in the beginning, and remain so for a long time; especially is this true of its hypertrophies, ulcers, paralysis, cancer of the uterus, and stomach in the beginning; later on they become extremely painful. Most of its diseases are accompanied with loss of energy and sexual vigor; they become unable to sustain any mental effort. The mind becomes fatigued very easily like the muscles. He thinks, talks and acts slowly. Indeed as a whole the conium patient is slow and passive, its physical course ending in paralysis. Mentally he becomes sad, low spirited and mopey when ill. Stimulation only causes trembling and weakness of mind and body.

DR. KENT, speaking of the eye symptoms of this remedy, says, "The eye cannot follow moving things which cause a headache." His accommodation is slow—the pupils work slowly to the different lights. This patient may have great sexual desire, yet at the same time be impotent. A form of paresis is seen in his attempts to stool or urinate. He cannot pass out the stool or he strains to urinate, gets tired and stops; the flow is intermittent.

Skin Symptoms—Cancer (scirrhus) stands foremost in the skin symptoms of this remedy, especially cancer of the lip, breast, prostate gland and stomach. The parotid and submaxillary glands are swollen, hypertrophied, hard as a stone. (Icd. of ars.)

Its eruptions are usually dry, fine scaly eruptions on the face, itching like something creeping under the skin. Eruptions on the mous-veneris which is painful to touch.

Ulcers blue, and bleeding, discharging this watery offensive substance. Ulcers about the margin of the nails, red, inflamed; areola around the finger which throbs and burns (hepar, ars., mer. sol.). Pains in ulcers, shooting and burning like fire or sharp and stinging. Warts or moles become malignant, ulcers break open and burn and sting.

Malignant lesions often begin in the form of large nodules or hardened glands directly under the skin. They begin to ulcerate slowly, infiltrating gradually. The surrounding tissue becomes involved until the whole organism

shows the effect of a malignancy. It has a cartilagenous ring or circle about its ulcers without the syphilitic taint. Its strong curative place is where the syctic, in its tertiary stage, blends with the psoric and tubercular, for out of this blending is the secret of the vast majority of malignancies. Study this carefully and see for yourself.

Conium has globus similar to lachesis, but it has the rising in the throat with the fullness of lachesis, yet it lacks the sensitiveness. In its induration and hardness of its glands, the age of the patient will often help you to decide between it and other remedies. I have cured many cases of cancer of the cervix, even when hemorrhages had well begun, with conium. In the last case cured by this remedy, I had Dr. H. C. Allen in counsel. Conium c. m. Fincke was given. The hemorrhages soon ceased and the menses were restored, which had been suppressed, and all signs of the disease disappeared within three months. It is a good remedy in erysipelas where it has arisen from open cancerous sores. It does wonderful work in the beginning of cancer, in the nodular stage or in the early stage. It generally palliates later on. Most of its inflammations simulate a malignancy. It is not infrequently indicated where there is difficulty in voiding urine in old men, in suppressed sexual desire or over-indulgence, followed by paresis or spinal irritation, and in ovarian irritation from suppressed sexual desire. Patients suffering from malignant diseases perspire profusely as soon as they go to sleep, like china.

Aggravations: Stimulants, putting hands in cold water, turning over in bed, moving the eyes at night, and from celibacy. Phos. follows it well.

COPAIVA.

Copaiva produces an eruption resembling roseola, urticaria, with bright elevated spots like a bee sting. They often become confluent about the ears or on the hands. A chill is followed by fever then an eruption is circumscribed. Lenticular patches similar to measles are found. It is a good remedy in measles where there is intense itching and pricking in the skin with no catarrhal symptoms. The itching is often violent. On the disappearance of the eruption, the skin becomes mottled, with very little if any desquamation. There may be an eruption like scarlet fever or nettle rash over the entire body, appearing first on the face, then forehead, then on the hands.

Copaiva also produces bullae and pemphigus which discharges copiously and have an offensive odor. It has pus-

tuks or pustular eruptions resembling smallpox, which are purplish colored and worse on the forearms. It not infrequently shows petechial blotches throughout it, and is accompanied with burning. The urine passing drop by drop, is very painful and accompanied with constant urging and the passing of blood. Urination like cantharis. There is much itching of the scrotum and tip of the gland. The urine is often frothy and may be full of albumen. It is sometimes said to smell of violets. The gonorrhoeal discharges are yellow and purulent with the urinary symptoms of this remedy.

There may be erysipelas of the face and arms with great redness, much swelling and itching and burning. It comes in between rhus tox and apis. It has itching pustules between the finger and small boils on the pubes. The eruptions are like bedbug bites. Its chronic acne is papular or pustular, due to gastric disturbances. At times the eruption is accompanied with constipation and pains in the extremities. It has also, vesicular eczema of the face in young children whose parents have had gonorrhoea. There is itching, intense heat, and prickling in the skin. The urine is dark with a brick dust sediment. The eruption after drying up is often renewed with a chill, as in its urticarial eruptions which may begin with a chill. Intense itching of the vulva due to gonorrhoeal discharges is often present. The urine is hot and scalding and discharged with a thick brown mucous, and there is much itching, biting and burning in the urethra in both sexes.

Compare with apis and vespa in skin diseases.



GONORRHOEA.*

By WALTER JOEL KING, M.D.

THE RESULTS of violated law are inevitable. The highest and crowning act of creation is procreation. The perpetuation of life is the chief end of life. The sexual nature or sexual life of mankind is, therefore, the center of our being. Of course, as civilized folk and Christians, we keep the body under, having learned to subdue our passions.

On the integrity of the sexual organs depends the future of the race. Hence it is no wonder that any interfer-

*Read before 1911 meeting Colorado Homeopathic Society.

ence with their proper use results in very serious effects. This law of our being is so supremely important that the penalty for its violation must be proportionately severe.

Gonorrhoea, chancroid and syphilis are the three venereal diseases. Gonorrhoea is often considered by the laity, and even by some physicians, as a minor complaint. But such it surely is not! Often its direful results are not seen or realized until months or perhaps years afterward, when the innocent wife is inoculated with the poison and pays the penalty in life-long suffering and invalidism or worse. Ask any gynecologist what proportion of his cases are due to gonorrhoea.

If the numbers of careless and ignorant, but well-intentioned, young men and husbands realized the possible results following impure intercourse, they certainly would not expose themselves, their sweethearts, wives and children, to the awful ravages of this "great red plague." If they could see, as you and I have seen, some of these terrible results, nothing under the sun could induce them to venture to offend against this law of nature and of God. Gonorrhoea is responsible for more blindness, more childless homes, more invalid women and more suffering and sorrow of sinless wives than any other one thing.

I believe that our boys and girls in the grade schools, probably in the seventh and eighth grades, should receive instruction regarding their sexual life. This ought, of course, to be given them by their parents, but unless the State thus imparts this knowledge, they will obtain it in an impure, distorted and false account. Such important, such vital information, should be given them in an honest and pure statement. Among other essentials, they should be taught that virtue and continence do not hurt the young man's health any more than they harm his sister's. Have you ever seen a young man or an older one, who was injured in any possible way as the result of being sexually pure?

Before issuing a marriage license, some states now require a certificate from a reputable physician that the prospective husband and wife are free from tubercular disease. Doubtless this is wise, but no longer should prudery and false modesty permit marriage under a condition a thousand times more serious and far-reaching as affects the two contracting parties, their offspring and society as a whole! An examination and certificate of clean bill of health ought to be required everywhere, else our girls and the daughters of

our friends and neighbors are quite likely to live a hell on earth after marriage. The welfare of our loved ones, and of the whole of mankind, require "the pure life for two."

Gonorrhoea is one of the hardest diseases to treat and cure. It is hard to treat because the patient too often insists on injections that will stop the discharge in a day or two, and hard to cure because he thinks as soon as the discharge is about stopped that the disease is cured. Gonorrhoea may be latent for almost an indefinite length of time.

Begin the treatment of a case of gonorrhoea with a heart-to-heart talk with the patient. Explain to him plainly the seriousness of his complaint and what it means to others as well as himself. Insist that a cure will take time and that at least a month will be required to accomplish it. Inform him that complications are frequent and that unless your directions are faithfully followed, the disease is very likely to become chronic and run a protracted course. Another essential is to demand a good fee and to collect at least a large payment down, with prompt regular payments of the balance. If one has the money to contract the disease, he should be compelled to pay well for its cure. I say he, because it is usually a male who is suffering with specific urethritis. Ordinarily the wife is true to her marriage vows; she is pure and faultless, but in anguish and invalidism must she pay all the rest of her life for the indiscretions or sins of her husband.

Warn against infecting others and against conveying the contagion to his own eyes. Preferably the patient should quit work and go to bed; insist on this if complications develop. Instruct him to drink large quantities of soft water; cystogen or urotropin or lithium carbonate or potassium bicarbonate may be added to the drinking water to render the urine alkaline. Vichy is admirable. Light diet should be ordered; milk is best; avoid meat or greasy foods. Permit no tobacco and no liquors; no tea or coffee; no pepper or other condiment. Under no circumstances should sexual indulgence be allowed; nor dancing nor any lascivious thoughts. Hot sitz baths are often very helpful. A suspensory is a valuable aid. Keep the bowels open by enema or with phenolphthalein or other gentle laxative. A two-grain pill of methylene blue T. I. D. will have a good physiological effect. Protect the clothing from being soiled with discharges by pinning a foot cut from a clean white stocking to the shirt and placing a little cotton in the toe of such

pocket; or you may use a wood-wool gonorrhoeal pouch or cut a hole in a square of sterile gauze, to be worn like a collar just behind the corona, with the foreskin drawn forward to hold it in place.

The prophylactic use within a few hours, or at least before the evidences of infection, or rather of discharge, appear, of silver nitrate, Protargol or Argryol may prevent or abort the discharge, but the use of injections thus may surpress the gonorrhoea and be followed by severe and deep-seated ailments. Injections should not be used during the acute stage, for the bacteria are very likely to be forced backward from the spongy portion of the urethra beyond the compressor urethrae muscle, so that the membranous portion becomes involved and extension to the prostate and bladder more probable. If injections are used, during this stage, in strength sufficient to kill the gonococci, they are strong enough to injure the inflamed mucous membrane and are quite certain to cause strictures.

If you decide that injections are advisable in this patient, always give them yourself. Require the patient to come to your office once or twice a day, as you deem necessary. Before starting to irrigate, have the bladder emptied so as to clear the urethra of retained discharge. Peroxide of hydrogen, diluted with an equal amount of hot water, is a good injection; this, or a hot solution of Acetozone or Alphazone, may be given in a four-dram cone-pointed glass or hard rubber syringe and should be retained for at least five minutes. Some recommend highly a two-quart hot irrigation—110 degrees—of a 1 to 1,000 solution of permanganate of potassium, or 1 to 4,000 solution of permanganate of zinc; for this use a glass catheter attached to a fountain syringe elevated about four feet above the level of the penis. If the discharge continues, a more stringent injection, such as sulphate of zinc, one to three grains to the ounce, may be used. The accompanying stricture will need dilation, or may be treated by electrolysis.

The homeopathic administration of gelsemium, cannabis sativa or merc. sol. will meet most of the cases. Other remedies that may be indicated are merc. corr., copaiba, pulsatilla, cantharis, thuja, sepia, sulphur or natrum sulph. The homeopathic remedies are essential to the successful treatment; they should be prescribed according to the symptoms and need not be given lower than the 3x.

Golden, Colorado.

THE EDUCATION OF THE PATIENT.

TO THE CONSCIENTIOUS PRACTITIONER of the strict, inductive homeopathy of Hahnemann the education of the patient is a matter of more than passing importance, touching, as it does, several salient points; the success of the physician, the welfare of the patient and the advancement of the law of *similia*. One does not have to practice long before he discovers this to be true. It is but a short time before he realizes he and his methods are being critically compared with Dr. Physic, who is noted for his numerous doses and his awe-inspiring instrumental outfit, and with Dr. Alternator, a homœopath (though spelling it home-path) who carries a hypodermic needle and "asks for two or three glasses, while you ask for but one."

Allow me, here, to digress for a moment and register a protest against those who drop the diphthong *œ* in our literature; our good Brother Mastin being a prominent and puissant offender. We are accused of § "having profited and still profiting, wherever the English language is spoken, by the accidental misleading resemblance of the word *homœo*, to the precious word home—'Home, sweet home;' that 'to the laity the first two syllables of the word (homœopathy) suggest the practice of a simple, home or domestic system of medicine.'" So let us be careful to use the word, spelled in Hahnemann's own way, as intelligent, scholarly physicians who would scorn to take advantage of a triviality even though sanctioned by such authority as the *Century Dictionary*.

It is said of us * "that nine out of every ten of those who today long for its sweet nothings, know absolutely naught about the so-called principles and sophistical calculations of homœopathy." Our author may be mistaken in estimating his percentages, but that he is right in the main, is daily brought home to us by hearing or reading that "the two schools are approaching in their practices; they will soon affiliate," or "you will all use the same remedies," "that the homœopath is getting as bad as the old school man, if not

§ *Cathell*: "Book on the Physician Himself," 10 Ed.

* *Ibid.*

a little worse," etc., all of which shows that the conscientious practitioner is derelict in his duty if his efforts cease with the selection of the remedy homœopathically, covering the totality of the symptoms. Let us face the situation squarely. What percentage of your patients or mine, if we were called away by death, would seek for the kind of homœopathy we have been trying so many years to practice and advance; the practice of which has been a matter of principle and not expediency with us? How many would go to Dr. Near-Homeopath on account of his personality, or his large practice among a fashionable clientele, rather than seek out some one who might be temporarily unknown, but who was guided by a spark from that same torch of truth which lighted our own feeble lamp? How many of our patients possess the knowledge to discriminate between the true and the false? To choose the right and discard the wrong? In the honest answer to these questions we can easily see the need of such a propaganda of education in the principles, science and art of homœopathy. For many years much has been written and taught of the teaching, training and practice of the physician; but in the instruction of the patient, like the collection of his bills, he has been left to learn by dire experience. The task seems almost augean, but can be accomplished.

About the first question the intelligent, inquiring proselyte will ask is: "Doctor, what is *the* difference in the two schools?" There need be no hesitancy in replying "*in the proving of the remedy.*" The *sine qua non* of homœopathy is the proving of the remedy on the healthy individual before its use in the sick room. Of course the term "healthy" is relative; but if a drug is given to a number of people until symptoms are produced we are safe in believing that the composite pictures so developed must be produced by that drug. These symptom pictures (provings) are compiled, one after another, as the single drugs are proven, and incorporated in our materia medica, for use according to the law of *similars*. As the remedies are proven singly, one at a time, they must, of necessity, be used singly as the provings do not give any information as to their results in combination; so any physician using more than one remedy, at a time, stands self-acquainted as an imposter, an incompetent artisan or a poor marksman. Our old school confrere does not have any such data to guide him in making his therapeutic choice, but must depend upon the clinical experience of himself, or others (hereditary medicine); upon toxic cases or upon the unre-

liable results, *ab usu in morbus*; and it is well known how unreliable sick people are; how changed in their very natures by their illnesses; and how unsatisfactory and deceptive results must be from such sources, however honest and painstaking the observer may be. Another source of possible information, upon which our old school friend may draw, is the printed formulæ issued by the manufacturing chemists and laboratories from time to time, exploiting some wonderful remedy or combination. These are notoriously unreliable and not untinged by the commercialism which inspires them. So, instead of depending upon the cool-headed judgment and unbiased discrimination of a number of well-nourished, healthy people, the direct antithesis obtains. No wonder, then, a leading light of the old school has said, "He is the most successful physician who places the least dependence on drugs."

The next logical question is: How to apply in the sick room, the knowledge of drug action acquired by drug provings. Old Paracelsus, the father of modern medicine, advanced the theory that "diseases may be cured by similars or by contraries." The efforts of the last five or six centuries have been directed upon the line of *contraries*, from the old leechings, blood-lettings, clysters and setons; to the present plasters, hypodermics, anodynes, cathartics, anti-this and anti-that; with calomel, jalap, ipecac, quinine or a coal tar preparation, which ever happens to be fashionable at the time, thrown in, *ad libitum*, for good measure. It remained for Hahnemann, an old school physician of prominence and a scientist of distinction, to re-discover the first postulate, "similars," and to develop from that our present system of medicine which he named "Homœopathy;" whose tenets have so vastly changed for the better, the principles and practice of the dominant school.

While compiling the effects of the Peruvian bark, the source of quinine, which was then being introduced into Europe, he was impressed by the toxic doses of the bark being similar to the symptoms of the disease, ague, when it was successfully cured. Anxious to learn whether this was only an isolated incident, he began to take singly other remedies, observing their action on himself and his family; the use of these remedies in the sick room followed where the symptom image presented by the patient corresponded to the picture caused by the proving of the remedy. The results were not uncertain; the patient recovered in such a short time from the disease; and from the phenomena, thus ob-

served. Hahnemann formulated the famous law for the selection of our remedies; *similia, similibus curantur*. Constant use by those since then has but demonstrated its universality in its applicability for the healing of the nations. Failure is usually the fault of the one using it. "The gun shoots true, if held straight."

A common application of the law of similars is in burns or frost bites. The hausfrau knows that a burned arm recovers more quickly and less painfully if it is held near the fire. A healthy limb will blister if held too long before the blaze; but heat, applied in moderation, causes the burned arm to heal: "it draws the fire." A frosted hand, foot or ear, will recover much quicker when rubbed with snow (*similia*). Experience has taught that not to use heat or hot applications (*contraria*) in such conditions. These are but crude examples, indeed, but may serve.

Long use and observation of the action of remedies, selected homœopathically, has shown the non-necessity of large doses. This to a great extent is the result of clinical experience and the accuracy of the prescriber. The homœopathic physician in attending a new case observes all the symptoms of the patient, both subjective and objective; both mental and physical. He then selects from his storehouse of provings (*materia medica*) the remedy which has, embodied in its pathogenesis, a train of symptoms similar in their entity to that presented by the patient. A few doses of this remedy, perhaps tasteless or colorless, entirely eradicates the trouble; and the sick man is promptly restored to health. No long, lingering after-effects; no serious change of base of the symptoms (*metathesis*); new "complications" or the driving of the diseased conditions to a different organ or from an external part of the body to a deeper, more serious location; simply a complete return to health. No waiting for days to determine whether to call the disease typhoid or small-pox, as occurred recently in this medical center; or diagnosing the condition tonsilitis and finding it diphtheria; no having to depend upon the *selection of a name* upon which to choose a remedy that some Dr. Jones, Brown or Smith has found more or less "useful" in a similarly called disease. Although he does make a diagnosis, as well as a physical examination, the homœopath, having the symptoms of the patient and also the picture of the drug proving, does not have to depend on the name or classification of the patient's illness for the selection of the remedy. So the much-heralded

remedy of today is not relegated to the medical ash-heap of tomorrow, nor is there, with us, a fashion in remedies which changes as quickly as the style of the ladies' coiffure. A further difference between the two schools has been very aptly and quaintly expressed as follows, by the celebrated Mr. Dooley: "As I figger it out, Himissy, under hoom-eopathy, ye're not sick so long after ye're well."

After our expert therapeutic knowledge has been applied and the remedy selected, the patient naturally wants to know what to expect; as our methods are so different from what he has been accustomed to. It is well at this juncture to explain to him that oftentimes the suppression of some particular persistent pain or symptom would be a most unfortunate thing for him, as nature invariably seeks first, the line of least resistance for the relief of the deeper, more serious conditions. Such a state must be recognized, particularly in chronic conditions, and must be reckoned with. Often the driving away of a rash or a catarrhal discharge, or the removal of some apparently innocent, though possibly annoying, growth, will result in years of suffering for the patient, if not early death. Hence our carefulness not to suppress the external appearance of the disease, and our interdiction of any external applications; no sprays, washes, douches, salves; nothing which might cause the external symptoms to disappear, without first eradicating the causative factors. anything potent enough to change symptoms is able to do harm, and so is dangerous; in other words, if it is able to "do good," it is capable of doing damage! If it is "harmless" it is no good, and so, useless; hence all other medicinal substances must be left entirely alone.

In a short time the patient will notice the return of symptoms from which he has suffered before, either earlier in the present sickness, or in chronic disease, in some former illness. Possibly it may be something he is alarmed over or even ashamed of. Such a reappearance must be promptly reported to the physician, and his attention directed to the fact that this is a reappearance and not a new condition. Often, after years of suppression, old symptoms will come back, seriatim, one after another. The patient must be instructed that this is of untold importance, and presages his ultimate return to health.

Also, along a similar line, he may report that the symptoms have left his head or the upper part of his body, and he now has complaints in the joints or extremities; or con-

ditions which affected the organs are followed by eruptions on the skin or mucous membrane. In whatever way the aroused vitality of the patient throws out these things externally, she must be taught to leave such conditions entirely and severely alone. And it is well to explain the difference and importance of the *direction* the symptoms take; that those going from above downward, or from within outward, are all benign and curative; while any taking a contrary direction are dangerous and destructive. In the former, meddling interference by anyone, physician, patient, friends or members of the family, may be followed by untold suffering, if not death; so we should be particularly careful along this line. Such a need was, unfortunately, shown in the writer's practice recently where a patient came to him from another doctor. The first physician, a most brilliant and able prescriber, did not impress on this patient the necessity of leaving alone a group of humiliating papules which the disease, under the prescribed remedy, had developed on her face. The result was, she applied zinc oxide, and it quickly "cured" the offending eruption. It has taken a number of years of most painstaking effort to restore the original eruption; meanwhile, the patient has gone through a train of symptoms, horrible to contemplate, all for the want of a few words of specific caution and warning.

The patient suffering from chronic troubles will, after a short time, report a cessation in his general advancement; his improvement seems to have ceased, or, perhaps he feels as though he were losing some of his gain (a caesura in the rhythm of health). It is now time to explain to him the manner in which he has to get well; that his improvement is like the incoming tide on an ocean beach; a wave of health sweeps up, lingers a while, and then retreats temporarily, to be followed by others, whose lines are carried further and further up. We must educate him to expect these periods of temporary set-back or slump; this even when under systematic treatment, surrounded by all the safeguards our care and skill can erect. They are bound to come; they must be anticipated and discounted in advance by drawing attention to the increasing longer intervals between their appearance; the decrease in their severity, and the general gain of the patient during the interim. We must teach him the unimportance of minor skirmishes while the bigger battle is being waged, to pay but scant attention to little aches, pains, etc., here and there, while his vital force is being fully engaged

with deeper things; to be patient with the little annoying things to the ultimate benefit of the larger ones. A frank explanation of why we do not think it advisable to interfere with the deep action of the chronic remedy will enlist the co-operation of the earnest patient; he will be willing to wait on the action of the remedy, and vie with the physician in his enthusiasm in the welcoming of the return of old symptoms, as the unhindered drug causes the re-stimulated vital force to throw out the diseased miasm from the center to the circumference.

In this day of living at high pressure with the tendencies away from the simple life, instruction relative to the common things may well be instituted. Improper foods and methods of eating and drinking must be corrected; the reading of exciting or stimulating books must be modified; the attendance upon suggestive plays or moving picture shows must be interdicted; the observance of the rule of common-sense hygiene must be encouraged, especially along the lines of dress, family, social and religious duties; the regularity in the habit of the hours for relaxation, recreation, and sleep; the strict observance of a specified time for the solicitation of a bowel movement, even though the desire does not seem to be present; the proper instructions relative to the sexual functions; the encouragement of the mental "Lock up, not down; out, not in;" all have a marked bearing upon the welfare of the patient, and which must be urged by the physician.

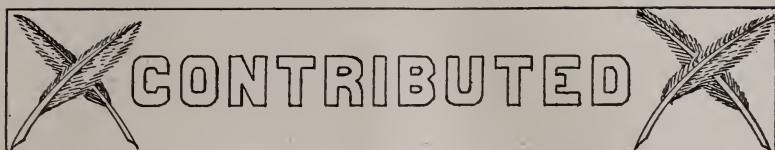
Other patients must be instructed regarding smoking, and the amount of liquors they shall use, together with precautions in the use of tea, coffee, and condiments, etc. In some cases we must inquire into and perhaps prohibit the use of strong odors, scents, etc.; we may even have to give instructions to the hygiene of the bath, the hour for taking, the temperature of the water, and the number of repetitions; little things of themselves, but amounting to much in the aggregate and in their results upon the welfare of the patient.

Personal experience will dictate other lines of procedure in the systematic education of the patient, for his best good; so further elaboration does not seem necessary; enough has been said to direct the attention along the most feasible lines, which, if followed out, will result in the active co-operation of the patient, and his cure will follow, *tuto, cito et jucunde*.

G. H. THACHER, M. D., H. M.

2008 Chestnut St., Philadelphia, Pa.

Read before the Hahnemann Round Table of Philadelphia, Pa.



MARRIAGES NOT MADE IN HEAVEN.

TO THE EDITOR: Rev. Israel Ainsworth, pastor of the Trinity Congregational Church, of Revere, Mass., is the first minister to come out and say that there is nothing in the Scriptures warranting ministers in performing marriage ceremonies, and that his own conscience has often troubled him in doing the same.

It is very true that no minister can truthfully say "what God hath joined." Christianity, as taught by Jesus Christ, compelled the actual abandonment of wives to the convert. God would join only his own. God's own are those who have been "born again," after seeking and finding the kingdom of heaven in themselves. The average applicant for marriage is not one of these.

Marriage should be resolved down to a mere civil contract, and the name of God should not be associated with an act which bears no relation to the doctrines of the new dispensation. Divorce should also be regarded in the same light, and it is only for the preservation of churches and ministers that churchmen assume that divinity shapes our ends in marriage and divorce.

FRANCIS B. LIVESEY, *Clarkson, Maryland.*



SOME COMMENTS UPON THE OPEN LETTER OF DR. LOUIS P. CRUTCHER.

BY DR. FRANCIS B. KELLOGG.

WITH REFERENCE to the open letter addressed to me by Dr. Louis P. Crutcher, I have the following comments to make:

Dr. Crutcher is, I understand, the paid recruiting agent of the National League of Medical Freedom. He is also a homeopath of recognized standing. He has deliberately cast his lot with this league, and it naturally becomes necessary for him to justify his course as a homeopath in so doing. Every member of the homeopathic school is responsible for the reputation and character of that school, which responsibility increases with the prominence of the member. Dr. Crutcher's activity in the organization and support of this

league is naturally taken by the lay community, and by many innocent and uninformed homeopaths, to represent the attitude of the homeopathic school. This fact has, more than anything else, made it necessary for those who, like myself, believe this league to be inimical to the real interests of homeopathic physicians, to declare themselves and state their reasons.

I see nothing in Dr. Crutcher's letter to lead me to materially modify the statements of my address, and I must respectfully decline to enter into a journalistic controversy over them.

The proposition to which my address was mainly devoted was that "the dynamic force behind the National League of Medical Freedom is the Christian Science Church." Since that address was read, U. S. Senator John D. Works, a leading Christian Scientist and reader in the Christian Science Church, in a speech in the Senate in opposition to the Owen Bill, read a letter from a Christian Science authority estimating that the League membership was from one-third to one-half Christian Science, while twenty-five per cent additional was favorable to the cult. The same authority gave the total membership of the League at 200,000, of which number 10,000, or five per cent, were physicians, of whom the plurality were osteopaths, next in number eclectics, then homeopaths and last chiropractics. The Senator then goes on to say that while Christian Scientists have acted as individuals in joining the League, physicians, on the contrary, represent organizations numbering many thousands. This corroborates from an eminent source my statement that Dr. Crutcher is assumed by the laity to represent homeopathy in general. In my address I stated that the evidence in support of my proposition was internal, rather than external. What was internal evidence at that time has since been freely and frankly acknowledged in the above quoted speech, although Dr. Crutcher has apparently overlooked it.

To those who believe, as Dr. Crutcher's letter would imply, that the patent medicine interests are disinterested spectators of the activities of the League, I would suggest that they read *Collier's Weekly* for June 3d. Outside of the patent medicine interests themselves, there is no better authority upon their methods and men. As to their cash contributions to the League, Dr. Crutcher is in a position to know whereof he speaks when he denies their financial support.

Dr. Crutcher denies that any attempt was made to secure the endorsement of the A. I. H. at Pasadena. I happen to know that such an attempt was made, for I was myself approached on that occasion by the secretary of the local branch of the League, who attempted to enlist my efforts to secure such endorsement. I could not understand why this somewhat prominent layman should take such an active interest in the equities of the medical profession. I asked a relative of his, who is an old school physician, if he could enlighten me. He laughed at me. "Why, don't you know," said he, "that Mr. N—— is one of the pillars of the Christian Science Church?" This first opened my eyes to the fact that the homeopathic school was being used to pull Christian Science chestnuts out of the fire. This is only one of a number of similar experiences, since crowned by Senator Work's speech in the Senate, all going to establish beyond a doubt the substantial correctness of my assumption. Let me say that I have no argument against the individual right to believe in and to practice Christian Science, but let there be no mistake; the Christian Science Church is opposed not only to medicine, but (and here is the rub) it is—and logically—opposed to the prevention of disease wherein the hope of humanity rests for deliverance from the ills of the flesh. It would use the homeopathic school, or any other means, to block the wheels of progress along this line, and it is doing it by going into politics. Through this same League of Medical Freedom it defeated the bill in the last Legislature providing for the more effective physical examination of school children, the only aim of which was to remove the physical and mental obstacles from the pathway of suffering childhood.

Which has the physical good of humanity at heart, the medical profession or the Christian Science Church? It is possible for the feeble minded among the laity to have some doubt upon this question, but the physician who doubts must be feeble minded indeed.

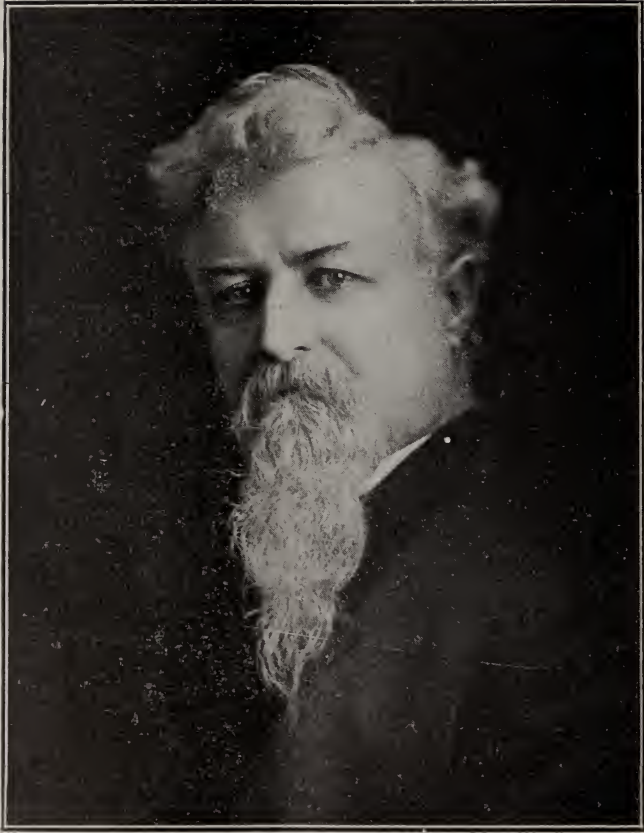
Editor of The Critique:

DEAR SIR: In a recent issue of your journal was published an open letter addressed to me by Dr. Louis P. Crutcher offering some drastic and caustic criticisms upon my president's address at the last meeting of the California State Homeopathic Medical Society. Inasmuch as the address which called forth this letter was never published in THE CRITIQUE, nor in several other homeopathic journals in which Dr. Crutcher published his letter, I herewith send you a copy of the address and respectfully request that you publish the same, together with the accompanying comments upon Dr. Crutcher's letter.

Very respectfully yours,

FRANCIS B. KELLOGG.

*NOTE: Will publish Dr. Kellogg's address later.—*Editor.*



DR. J. C. HOLLOWAY, GALESBURG, ILL.



EDITORIAL SECTION



THE CRITIQUE is entered at Denver Postoffice as Second Class Matter.

JAMES WILLIAM MASTIN, M. D., Editor-Manager, 719 Mack Block
THE DENVER JOURNAL PUBLISHING CO., Publishers.

Address all communications, books for review, remittances, etc., to the Editor-Manager, 719 Mack Block, Denver, Colorado.

No attention whatever will be paid to contributions which do not bear the name and address of author.

Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.



VOLUME NINETEEN. That "Just Because" article in last month's issue has been productive of so many apparently genuine protests against our determination to discontinue THE CRITIQUE, we have decided again to take up what has always been a decidedly pleasant occupation, viz.: the defense of homœopathy and homœopathic principles.

This is our explanation for an appearance of the initial number to volume nineteen and while it is barely possible we have overestimated these protestations, if that prove a fact the only evidence likely to materialize will be so palpable as to make apprehension and correction easy, later on.

We extend the courtesies of this season of good cheer to all patrons, contributors and friends and earnestly solicit a continuance of their much appreciated favors of the past. We are here for business during the year 1912 at least. The policy of the journal is so well known that there is no need for extended declaration of what we hope to do during this period, but as some may surmise incorrectly or prophesy poorly we will give all an opportunity to predict with no slight degree of accuracy what course THE CRITIQUE will pursue from now on:

First and foremost it will stand for homœopathy, all the time, any time and every time.

It contends that separate examining boards should be established in every state in the Union for the examination

and licensing of those who desire to practice this brand of medicine.

It stands, flat-footed, for the retirement of homœopathic members of so-called "mixed" boards, who have joined either the A. M. A. or any of its auxiliary associations; investigation in the future of all aspirants to such honor by homœopathic organizations before recommending any for public position to the end that the homœopathic profession may be spared the humiliation of such complications.

We demand the resignation of any officer in any homœopathic organization in the state who may have affiliated with the A. M. A. or any of its auxiliary associations. Our reason for making this last a "demand" is that one holding membership in the "County" society, must subscribe to the following articles, which are extracts from the by-laws of this association and are printed on the reverse side of every application for membership. Here are the "qualifications" which the said county society has established:

Section 1, Article 1: "Qualifications for Membership—Resident members shall consist of persons residing in the City and County of Denver who are graduates of a recognized and reputable medical school; who are legally qualified to practice medicine, and who do not practice or claim to practice, and agree not to practice sectarian medicine."

Section 5, Article 2: "A Resident or Non-Resident Member-Elect, before being admitted to the full privileges of membership, shall sign the Constitution and By-Laws of the Society, but if he or she shall neglect or refuse to comply with these conditions for the space of three (3) months the election shall be void." (Italics are ours.)

Now these declarations do not apply to any particular individual only insofar as it happens to cover the case of persons liable to the application of the contention. If the homœopathic profession of Colorado is willing to stand for this sort of *representation*, all well and good, but THE CRITIQUE does not believe that the best interests of the school can be conserved by such combination. We have no desire to criticise those who join the A. M. A., *as individuals*, but when by official acts they call attention to their utter disregard for the rights of those they represent, it is not our intention to either be represented by these people or acknowledge that the laws of the state have been complied with in their appointment, or that the society thus infected is entitled to our support.

Lastly, dearly beloved, THE CRITIQUE purposes working for the 1913 meeting of the American Institute of Homœopathy for Denver. The committee in charge of this campaign is headed by an old campaigner in the person of Dr. C. E. Fisher, of Sterling, Colo., whose energetic work as chairman of the transportation committee of the Pasadena meeting was instrumental in bringing a large number of homœopathic physicians and their friends to Denver two years ago, *en route*. The Denver meeting of the A. I. H. in 1894, was a memorable one and eastern people have not entirely forgotten this event, nor are they likely to do so, inasmuch as they realize the right royal welcome accorded them then would be duplicated were the members of this organization to come here in 1913.



OUR MOTTO. How do you like it, dear reader? "Homœopathy Militant" has a sort of scrappy sound, but we assure our readers this will be entirely foreign to our policy—unless, of course, the editor thinks a little of this article, applied where it will do the most good, might benefit the cause of homœopathy hereabouts.

We have received a letter recently that smacks of being taken across someone's knee and a slipper applied to the most exposed part of our anatomy. The writer will withhold his approval of THE CRITIQUE continuing under the present management until he has time to determine just whether we intend being good or not. If not, the threat is implied that another journal will be started in Denver.

NOW THE CRITIQUE is concerned in a venture of that sort just about as much as it was several years ago when a similar spasm convulsed the medical magazine world—referring, of course, more accurately to Denver in particular. It is a perfectly easy matter for most *anyone* to start a medical publication. It is always best, however, to have plenty of money back of the undertaking, besides which it is not wholly inappropriate to suggest that the promoters of such venture first obtain an o. k. other than their own desire

to "start something" in determining whether a sufficient cash-paying patronage is likely to be forthcoming to make the move worth while.

THE CRITIQUE hopes to avoid personalities, but it is not going to run away from a situation of this sort if the editor decides that homœopathic principles, institutions and public positions are being prostituted for the promotion of personal ends and to the detriment of these said principles, institutions and public positions.

Now, if any one has any undecided ideas as to the meaning of our motto, we sincerely deplore the density of their faculties. If they will but await future issues, we feel certain their appearance will dispel all doubts, even though they may not allay all fears.



DR. J. WYLIE ANDERSON. The retirement of Dr. J. Wylie Anderson from active participation in the business management of THE CRITIQUE has no special significance beyond a desire on his part to devote his entire time to personal and professional demands.

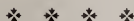
A thorough systemization of the business affairs of this publication by Dr. Anderson during his long service as business manager makes the combination of the two departments under one head a comparatively easy matter, and the editor-manager of THE CRITIQUE takes advantage of this opportunity of acknowledging obligation to Dr. Anderson for assistance in this respect, as well as for his ever-courteous consideration and support during the entire time we have been associated in a business and professional way.

Dr. Anderson is "with" THE CRITIQUE, heart and soul, and will be found in the future as in the past, a staunch supporter of its policy and principles.

THE CRITIQUE deeply regrets the circumstances which make this notice necessary and hopes the record for clean business methods established by Dr. Anderson in the past will be one of its principal assets in future years.

MISCELLANEOUS

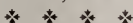
DR. J. W. MASTIN paid a flying visit to Chicago the latter part of November.



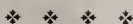
THE CRITIQUE acknowledges a handsome Christmas card from Dr. A. F. Swan, of Colorado Springs.



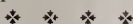
Hereafter the business and editorial offices of THE CRITIQUE will be at room 719 Mack building, Denver, Colorado.



The National League for Medical Freedom has moved its office from 716 Mack building to 631 First National Bank.



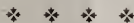
The customary "dull season" pervaded the holiday time in Denver; we refer only to the medical profession however.



THE CRITIQUE stands for *separate examining boards for homeopaths, in every state.* We will keep this before you pretty persistently, if you please.



We will finish publishing the Colorado State Society papers next issue. Those desiring reprints of papers should make their intentions known immediately.



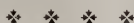
WANTED POSITION:—Lady with considerable experience desires position in either physician's or dentist's office; good references. Address Editor THE CRITIQUE.



The Association of Surgeons at a recent meeting in Kansas City, decided the practice of fee splitting a very pernicious one. Well, well, isn't that too good for any use?



Dr. Grant S. Peck has removed from the Stout block to the Majestic building. The former quarters, which are owned by Dr. Peck, will be converted into a rooming house.



We acknowledge receipt of "transactions of the forty-second session of the Homeopathic Medical Society of the state of Michigan," which convened at Ann Arbor, May 16th, 17th and 18th. Dr. Charles C. Jenkins was the editor.



The December meeting of the Denver Homeopathic Society was a continuation of a most excellent program which promises extension with each meeting held hereafter. Dr. Welch failed to appear, but the meeting was enjoyed by those who attended.



Dr. Weaver, class and roommate of Dr. J. Wylie Anderson during his college days in Philadelphia a considerable number of years ago, paid Denver and his old friend a much appreciated visit the middle of last month. Dr. Weaver is located at Lockport, N. Y., and was returning home from an extended trip west, whither he went in company with

several patients whom he left in Pasadena. THE CRITIQUE acknowledges a call from the doctor and have very much the same feeling Dr. Anderson has of the aforesaid visit, viz.: that it was entirely too short.



We will now have an opportunity of determining just how sincere the numerous declarations of sorrow over the demise of THE CRITIQUE really were. It will be lots of fun to read the numerous obituaries other publications will erupt.



We have received initial number of *The Homoeopathian*, a journal for pure homeopathy and published at Harrisburg, Pa. Drs. James Tyler Kent and Julia C. Loos are the editors and it is published by the Homoeopathian Publishing Company; price \$2.00 per year. This number consisted of sixteen pages and cover and contained a liberal supply of the brand of homeopathy it professes to provide. THE CRITIQUE places it on the x-list with pleasure and wishes it abundant success.



SOUTHERN HOMEOPATHIC MEDICAL SOCIETY.

The Southern Homeopathic Medical Association desires to call your particular attention to the following list of appointments made by the President, Dr. F. A. Reed:

Clinical Medicine—DR. BENJ. F. BAILEY, Lincoln, Neb.

Materia Medica—DR. H. R. STOUT, Jacksonville, Fla.

Pedology—DR. JAMES P. COBB, Chicago, Ill.

Surgery—DR. GEO. A. DAVIES, Jacksonville, Fla.

Obstetrics—DR. F. L. JUETT, Lexington, Ky.

Gynecology—DR. T. H. WILCOXEN, Bowling Green, Mo.

Homeopathic Propagandism—DR. C. E. FISHER, Sterling, Colo.

Sanitary Science—DR. W. H. SCHWARTZ, Houston, Texas

Ophthalmology, Otology and Laryngology—DR. GEO. BAGBY, Richmond, Va.

Board of Censors—DR. EDW. HARPER, New Orleans, La.; DR. H. R. STOUT, Jacksonville, Fla.; DR. W. E. REILEY, Fulton, Mo.; DR. W. L. MCCREARY, Knoxville, Tenn.; DR. WILLIS YOUNG, St. Louis, Mo.

Legislation—DR. LEWIS P. CRUTCHER, New York City; DR. J. B. G. CUSTIS, Washington, D. C.; DR. F. A. REED, Eustis, Fla.

Publication—DR. WM. A. BOIES, Knoxville, Tenn.; DR. W. A. DEWEY, Ann Arbor, Mich.; DR. GEO. ROYAL, Des Moines, Iowa.

Organization, Registration, Statistics—DR. W. E. REILEY, Fulton, Mo.; DR. FRANK HARDENSTIEN, New Orleans, La.; DR. DORA WHEAT, Louisville, Ky.

Resolution of Business—DR. V. H. HALLMAN, Hot Springs, Ark.; DR. G. W. MACKENZIE, Philadelphia, Pa.; DR. M. R. FRENCH, Chicago, Ill.

Necrologist—DR. A. LEIGH MONROE, Miami, Fla.

Arrangements and Transportation—DR. WELLFORD B. LORRAINE, Richmond, Va.

Every physician is most cordially invited to become a member. Your support is needed and we are open for suggestions, which may help us make this coming meeting the greatest ever held.

With so efficient and enthusiastic a worker as Dr. Reed to lead us, we should rally to the cause of homeopathy with renewed earnestness and loyalty.

Our secretary, DR. LEE NORMAN, will be pleased to furnish you with any information desired and application blanks upon request. We hope that all physicians will count it a privilege to assist in this work.

Yours very truly,

LEE NORMAN, *Secretary.*

“infallibility is a word not found in the therapeutic lexicon.

Reliability, however, is a word often looked for and exceedingly necessary in drug therapy. To any remedy whose reputation is based upon reliability, no concern need be given to its infallibility.

Reliability is achieved by compounding a scientific product carefully and uniformly. Antiphlogistine is such a remedy. For years it has given the most satisfactory results in all inflammatory diseases where applied thick and hot and well protected.

Its heat retentive qualities, moisture and hygroscopic action have made it the most reliable of any thermic application for the reduction of inflammation.

For inflammatory throat and chest conditions, rheumatic joints, etc., a thick and hot antiphlogistine dressing will give the doctor and patient the hoped for relief.”

PENNSYLVANIA STATE NOTES FOR JANUARY, 1912.

PENNSYLVANIA'S OPPORTUNITY.—What a splendid opportunity for Pennsylvania to show her loyalty and devotion to the cause of homeopathy at the coming meeting of the American Institute of Homeopathy to be held at Pittsburg in June of 1912. Surely Pennsylvania, with its fourteen hundred physicians—seven hundred of whom at least endorse their State Medical Society, can be depended upon to make a formidable showing at the Institute meeting. It has been said by Pennsylvania's critics, and perhaps justly so, that Pennsylvania in the past has been lacking in its endorsement of the National Society—the Institute. This may have referred entirely to the lack of members in attendance at the Institute meetings. Surely it has not referred to the number of Pennsylvanians endorsing the Institute by their membership. The 1910 report shows that there are at least two hundred and sixty-four names of Pennsylvania homeopaths upon the membership roll, which compares more than favorably with the number upon the roll from Pennsylvania's close state neighbors. There is no reason, however, why Pennsylvania should not out-do all of its neighbors, or all of the states in the Union for that matter, in the number of members upon the roll of the Institute. Surely if there are fifty per cent of them who endorse their State Society, there is no reason why that same fifty per cent should not endorse their National Society. It should be Pennsylvania's aim and pride, between this time and the Institute meeting, to see that such a state of affairs will exist by the coming June. Perhaps it is merely the fact that the membership has not been properly solicited. If such is the case, then Pennsylvania's membership committees in the past have been at fault. Perhaps Pennsylvania's membership committee for this year will see fit to take upon itself to form a thorough organization and outline a campaign for new members for the Institute which will count. Last year's State Society membership committee put in one hundred and twenty-seven new members, which was a record breaker in itself; the best, in fact, in the history of the State Society. Surely this can be done for the Institute, and there is no logical reason why it should not be done.

RALPH BERNSTEIN.

THE NEW MEDICAL EXAMINING BOARD, recently appointed by the governor, will hold its first session presumably in the College in May, examining the juniors for their first two years' work, and the seniors for their final right to practice medicine, acting on the recommendation of the faculty of the College as to those who should be examined. Governor Tener, on December 1st, named the members of the "one board" medical examination organization, officially known as the Bureau of Medical Educational Licensure, as follows: For the homeopathic school, Dr. G. A. Mueller, of Pittsburg, in the West and Dr. Daniel P. Maddux, of Chester, in the East. For the allopathic school, Dr. Adolph Koenig, of Pittsburg, and Dr. John M. Baldy, of Philadelphia. For the eclectic school, Dr. C. L. Johnstonbaugh, of West Bethlehem. Dr. Samuel G. Dixon, Commissioner of Health, and Nathan C. Schaeffer, Superintendent of Public Instruction, were appointed as members *ex-officio*. The new board will succeed the State Medical Council and the examining boards representing three state societies in charge of the supervision of medical education and examination of applicants for licenses to practice medicine and surgery in Pennsylvania. The new board was created by the act of June 3rd, 1911; will have offices in the capitol, and conduct examinations at places it may designate.

RALPH BERNSTEIN.

THE TRAINING SCHOOL FOR NURSES of the Hahnemann Hospital and College, Philadelphia, Pa., held their graduating exercises on the evening of November 28th, 1911, at the Parish House of the Holy Trinity Church. The program was opened by an organ processional; prayer by

the Rev. Floyd W. Tomkins, L.L.D.; tenor solo by Mr. G. Oglesby; the graduation address being delivered by the Rev. Theron Lee; a soprano solo by Mrs. Hubard; the announcement of the names of the graduates was by Dr. J. J. Tuller; the awarding of diplomas by Mr. C. D. Barney, President of the Hospital Corporation; presentation of the class pin by Miss Hood, Superintendent of Nurses; and presentation of prizes by Mr. C. D. Barney. The graduation list consisted of twenty-eight, one of the largest classes in the history of the College and Hospital. The graduates were as follows: Miss Daisy Slater, Cliff-on-Sea, Essex, England; Miss Maude E. Brewster, Huntington, Pa.; Miss Elizabeth B. Krapp, Ashland Pa.; Miss Dorothy L. Cresson, Anneville, Pa.; Miss Dorothy Moir, London, England; Miss Florence L. Bergold, Bloomsburg, Pa.; Miss Marion G. Brennan, Bethlehem, Pa.; Miss Katharine D. McKee, Hagerstown, Md.; Miss Caroline H. Shriver, Waynesboro, Pa.; Miss Anna M. Smith, Philadelphia, Pa.; Miss Minnie G. Ketcham, Carbondale, Pa.; Miss Ella Katharine Burtu, Philadelphia, Pa.; Miss Ella D. Hay, Minersville, Pa.; Miss Estelle L. Motzer, Lebanon, Pa.; Miss Emma L. Browne, Collingswood, N. J.; Miss Catharine Hinken, Minersville, Pa.; Miss Hilda G. Wishart, Huntingdon, Pa.; Miss Edith M. Emery, Philadelphia, Pa.; Miss Violet G. Schellinger, Overbrook, Pa.; Miss Augusta M. Freunsch, Mountain Home, Pa.; J. Allison Hardy, Norfolk, Va.; Miss Beatrice W. Rash, Church Hill, Md.; Miss Alice B. Rigbey, Sudlersville, Md.; Miss Anna R. Borie, Philadelphia, Pa.; Miss Henrietta W. Moehring, New York City; Miss Winifred A. Gibson, Plymouth, Pa.; Miss Lydia P. Boyer, Hatfield, Pa.; and Miss Rachel MacLaughlin, Salem, Mass

RALPH BERNSTEIN.

THE HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College on Thursday evening, November 9th, 1911, at 9 p. m. The program was as follows:

"The Treatment of Pneumonia." DR. G. HARLAN WELLS.

"Diagnosis and Treatment of Empyema," DR. C. S. RAUE.

"Surgical Treatment of Empyema," DR. NELSON HAMMOND.

"The Homeopathic Remedy in a Case of Acute Mania," DR. THOS. H. CARMICHAEL.

"Some Curative Values of Natrum Muriatum," DR. C. S. MIDDLETON..

"The Superiority of the Homeopathic Remedy," DR. C. S. MIDDLETON.

Last three were five-minute papers.

The meeting was unusually well attended, and the subjects heartily discussed.

WM. M. SYLVIS, M. D., *Secretary*.

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College on Saturday evening, November 18th, 1911, at 8:30 o'clock. The first feature of the program for the evening consisted of the presentation of a number of interesting clinical cases, which was followed by the reading of two able papers on the following subjects: "A Case of Linitis," DR. H. L. NORTHROP.

"The Ocular Manifestations of Diabetes." DR. F. O. NAGLE.

B. K. FLETCHER, M. D., *Secretary*.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on Wednesday evening, November 15th, 1911, at the Colonnade Hotel, at 9 p. m., being entertained by Dr. F. B. Quackenbush, the title of whose paper was "Treatment of Rheumatic Fever." Dr. Percy Tindall as well presented a paper on the "Hygiene of the Eye." This meeting was also the occasion of the presidential address.

JOHN F. ROWLAND, M. D., *Secretary*.

THE HOMEOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD, PHILADELPHIA, was entertained by the Secretary of the Society, Dr. John D. Boileau, 804 West Lehigh Ave., on the occasion of its regular monthly meeting on Wednesday November 15th. The paper for discussion pre-

sented by Dr. Boileau was on "Refraction," and hearty discussion was entered into.

THE DELAWARE COUNTY HOMEOPATHIC MEDICAL SOCIETY held its regular monthly meeting on November 9th, 1911, at 3:30 p. m., in the Y. M. C. A. Building, Chester, Pa. Dr. Edward S. Haines, of Morton, Pa., addressed the Society on "Medical Ethics." Dinner was served at 5 p. m.

THE WOMEN'S HOMEOPATHIC MEDICAL ASSOCIATION OF PITTSBURG held its regular meeting at the office of Dr. Mary Coffin, 3823 California Ave., N. S., Pittsburg, on Thursday evening, December 7th, 1911, at 8:30 p. m. The scientific program consisted of a paper on "Coughs and Colds, with Repertorial Study," by Dr. Ella D. Goff, while the subject of Dr. Coffin's address was "Canoll Dunham." The meeting was well attended.

MARY E. COFFIN, M. D., *Secretary*.

THE WOMEN'S SOUTHERN HOMEOPATHIC HOSPITAL, PHILADELPHIA, PA. The Board of Managers held a unique bazar, "The Carnival of the Seasons," in Horticultural Hall on Wednesday and Thursday, November 22nd and 23rd, for the benefit of the new building fund; the new building being in course of erection at Broad and Fitzwater Streets, Philadelphia. Luncheon was served from 12 to 2, and dinner from 6 to 8 p. m. In the evening the Planet Junior Chorus Association furnished music for the occasion.

THE WEST PHILADELPHIA HOMEOPATHIC HOSPITAL. Four nurses were graduated at the fourth commencement of the institution on Tuesday, December 5th, the graduates being MISS HELEN GERTRUDE WEYERS, MISS MIRIM WOLFF, MISS MATILDA M. FISCHER and MISS ANNA M. YEAGER. The exercises were held in the West Park Presbyterian Church, and were opened with Scripture reading by the Rev. C. G. HOPPER. DR. W. M. HILLEGAS, chief of the medical staff, delivered the address of welcome. A vocal solo was rendered by MR. PERCIVAL S. STRAUSS, which was followed by an address to the nurses by DR. LANDRETH W. THOMPSON. MR. WILLIAM E. MARBAKER, president of the Board, made the presentation of diplomas, and MRS. GEORGE P. WHITE, president of the Women's Board of Managers, presented the nurses with their class pins. Following the exercises a reception was held in the hospital for the relatives and friends of the nurses.

MATRIMONIAL. MR. and MRS. FRANK C. JOHNSON announce the marriage of their daughter, MYRTLE MAE, to DR. S. ANSON HILL, Tuesday, December the twentieth, nineteen hundred and ten.

PERSONALS. DR. JOHN P. CRAIG announces the location of his office and residence at 427 East Broad St., Chester, Pa. Hours, 8 to 10 a. m.; 6:30 to 8 p. m., and afternoon hours by appointment.

DR. SAMUEL W. SAPPINGTON, of Philadelphia, has been selected registrar at the College in place of Dr. J. E. BELVILLE, resigned.

MISCELLANEOUS.—MISS ROSE MORTEN, of Paris, has been appointed superintendent of nurses at the Maryland Homeopathic Hospital. At a meeting of the Board of Directors a cablegram was sent offering the position to MISS MORTEN, which was immediately accepted by a cablegram in reply. MISS MORTEN comes to Baltimore highly recommended by DR. DOUGLAS SIBBOLD, Superintendent of the British Homeopathic Hospital, in Paris, at which institution MISS MORTEN had charge of the nurses for the last two years.

Personal and society news items are earnestly solicited for use in various homeopathic medical journals throughout the United States. The secretaries of homeopathic medical societies and those having news items of personal interest are cordially invited to forward the same to Ralph Bernstein, 37 South Nineteenth St., Philadelphia, Pa., so that they can be arranged for publication.

RALPH BERNSTEIN.



ORIGINAL
ARTICLES

*A FEW THINGS EVERY STUDENT OF HOMŒOPATHY
SHOULD REALIZE.

BY W. W. BUTMAN, M.D.

THAT THE HOMŒOPATHIC SYSTEM of medicine is an art, and like any other art, only those adapted for learning it can succeed well at the task.

In prescribing one should differentiate between an acute condition and a constitutional weakness and not expect an acute-acting remedy to correct a constitutional weakness.

That acute and constitutional conditions are unlike, and a physician may be quite successful in treating acute conditions and not understand constitutional weaknesses.

That not more than twenty-five per cent. of those that are able to handle the potencies successfully in acute conditions are capable of handling them with success in constitutional weaknesses.

That the homœopathic system of medicine is far superior to all other systems; that time spent in its study is much more profitable than in trying to substitute anything else.

That the homœopathic system of medicine is capable of restoring a greater percentage of patients to health than other systems, such ailments as typhoid, pneumonia, scarlet fever, diphtheria and tubercular weakness not excepted.

That the higher the dilution the greater the homœopathic strength of a remedy, but if it is desired to give the patient a stronger drug effect administer the remedy in a less diluted state.

That he should treat the patient and not the disease, and not use the term cure but restore to health, or correct the state of illness. Using the term cure leads one to think that the disease is to be treated and not the patient.

That bacteria of all kinds, both morbidic and nonpathogenic, must have a suitable environment and medium for culture in order to thrive. In some situations they will not thrive at all.

However deadly a certain species of bacteria may be, it

*Read at 1911 meeting of Colorado Homœopathic Society.

cannot cause illness in an individual where resistive power is so great that they cannot thrive in his organism. If they enter an individual where resistance is lowered sufficiently for them to thrive they cause a state of illness.

The main thing to be considered then is not so much the bacteria in themselves as the organism in which they thrive and the task is not to combat the bacteria alone, but to restore normal resistance to the organism as well.



*THE USE OF HOMŒOPATHIC REMEDIES IN OBSTETRICAL PRACTICE

BY GROVER PHILLIPS, M.D.

FROM MY LIMITED EXPERIENCE in obstetrical practice, I am convinced that uneasiness, pain and suffering in childbirth may be greatly lessened or facilitated by the proper use of the indicated remedy at the right time. Many times we have cervical and peroneal lacerations because the indicated remedy is not administered at the proper time.

There is no doubt that instruments are used many times when they need not be if the physician had used his remedies as the symptoms called for them. The physician should have charge of his patient at least four or five months before the baby is delivered. During this time he should look after the general health, keeping the skin, kidneys, bowels, all eliminative organs acting freely, thus keeping his patient in good healthy condition, which will greatly facilitate matters when the critical time comes. If the doctor will use his remedies as indicated, he will greatly facilitate labor, and the patient will ever after be his staunch friend, and when other members of the family are sick or she is again confined, he will be the physician called, thus bringing dollars into his own pocket.

I will only notice a few of the more important remedies in this short paper, as every physician is more or less acquainted with his materia medica in these cases. (Note the case of Mrs. Thebert at the Stock Yards). Sabina is an important remedy in these cases, as it has a special action on the uterus and serous and fibrous membranes. This remedy is indicated when the pains run from the sacrum straight through to the pubes. We also have violent pulsation. It is

*Read at 1911 meeting of Colorado Homœopathic Society.

good also when there is a tendency to miscarriage or in certain cases of hemorrhage. The pains pass down into the thighs. It is good also in cases of retained placenta, or when there are intense after pains, or pains of a paralytic nature in the small of the back.

Caulophyllum is an excellent remedy in exhausted conditions, when the pain runs across the lower part of the abdomen and extends into the groin. (*Cimicifuga* is an excellent remedy when the pains are higher up in the abdomen). Caulophyllum is used where there is a lack of tonicity of the uterus. During labor the pains are deficient and the patient is exhausted and fretful, the os uteri is rigid and the pains are of a spasmodic nature, flying in all directions and without progress.

Chamomilla: In this remedy the pains are spasmodic and press upward, the patient is restless and intolerant of pain.

Pulsatilla is also a valuable remedy, but every homœopathic physician is so well acquainted with the indications for this remedy that I need not mention the symptoms for its use here.

Gelsemium is a very important remedy in these cases and one that is used very frequently. When this remedy is indicated we have a rigid os uteri, false labor pains, which pass up the back, extending to the hips, the uterus feels as if it was squeezed. There are various other symptoms which are noticed when this remedy is indicated, with which every physician is acquainted.

Belladonna is also a remedy which is often called for in these cases. The patient is very sensitive, pains forcing downward as if all the viscera would protrude from the genitals, very sensitive to any jar or noise and dryness of the vagina, with pain in the sacrum and a dragging down feeling around the loins.

Cimicifuga is also a remedy which is much called for. In this we have the pains passing from hip to hip and down the anterior surface of the thighs.

There are various other remedies which have a place in the treatment of obstetrics, but I will not take up time at this important meeting, as no doubt every physician here has used these remedies over and over again, and is perhaps more familiar with them than the writer of this paper. There is much that might be said as to the care of the patient after delivery and in cases of hemorrhage, etc., also of the care of the baby, points which I will not mention in this paper.

*CHOLECYSTITIS.

BY JOHN WESLEY HARRIS, M.D.

DURING THE PAST FEW YEARS the medical literature has been very replete with articles on gall bladder disease, and the subject has been covered from every standpoint, but it occurred to me that it might be wise to review a few of those phases; hence, this is not to be a set thesis giving the diagnosis, symptoms and treatment of this malady, but rather looking at it from a few of its angles.

A few years ago, when the pathologist began finding gall stones during his post-mortem, without ever having suspected them anti-mortem, we heard a great deal about innocent gall stones, but after the surgeon began finding them during his abdominal operations for other diseases, and, after recovery, getting a new history of his case, he soon began to find out that it had been a case of innocent diagnostician instead of innocent gall stones, because it is a known fact today that gall stones cannot exist in the gall bladder without producing pathological changes, and the longer they remain there the more serious those changes become.

Lartigan advanced the theory that gall stones had a bacterial cause, which has virtually been proven to be correct; hence the beginning or early stage of gall stones is cholecystitis and infected bile. The route of the infection is usually from the intestine through the portal circulation to the liver and bile ducts. The more common bacteria are the common colon bacillus and the bacillus of typhoid. It is possible that the infection may take place by ascending through the common duct, but this would not be very frequent, as the bile is sterile and antiseptic, and the bile current always being toward the intestine; also, there being few, if any, bacteria in the duodenum. There is also a possibility of the invasion being through the hepatic artery. With this infection, there is but little constitutional disturbance, and perhaps the only symptom is a soreness in the region of the gall bladder, with a marked tenderness or sharp pain produced by making deep pressure with the fingers just under the edge of the ribs and requesting of your patient a quick, deep respiration. The reason for the lack of constitutional disturbances, even though the gall bladder be full of pus, is due to the lack of lymphatics in the gall bladder, and before the poison can extend to those that are in the common or cystic duct, their channels become

filled with protective lymph; hence it is that very serious pathological changes may take place without marked symptoms calling attention thereto. The most frequent changes occurring are a marked dilating, with thinning of the walls of the gall bladder until perforation takes place, followed by septic peritonitis, or a marked thickening of the walls with contraction, thereby destroying the proper function of the gall bladder. That brings us to the question of its function.

A short time ago we would have answered by saying that it was a storehouse for bile, but when we come to understand that the normal gall bladder holds about an ounce, and that the quantity of bile secreted in twenty-four hours is three pints, we readily see that its value as a storehouse is exceedingly small. It has been demonstrated that pure bile injected into the pancreatic ducts produces acute pancreatitis, which in many cases will prove fatal, but bile mixed with mucus has little or no effect on the pancreas. The gall bladder, we know, secretes a large quantity of mucus, which, no doubt, many of you have observed when draining the gall bladder. In one of my own cases, where the cystic duct became closed by the pressure of adhesions, after I had opened the gall bladder I observed the secretion of from eight to twelve ounces of mucus every twenty-four hours. Now, the pancreatic duct and the common duct emptying into the intestine through the ampulla of Vater, you see how readily the pancreas could become affected by the bile if there were not some safeguard, and that safeguard is, first, the production of mucus which mixes with the bile, and destroys its danger to the pancreas; and, second, on account of its elastic tissue, it relieves any pressure off the common and hepatic ducts if the flow through the ampulla in any way becomes obstructed. A very large percentage of cases operated for chronic pancreatitis have been found complicated with gall bladder disease, which probably existed before the pancreas became affected, and the proper surgical procedure for chronic pancreatitis is the drainage of the gall bladder and bile ducts, that the infection from these organs may be removed and their secretions and functions become normal; for this reason it is not good surgery to remove a gall bladder if there is any possibility of restoring to it even a partial function.

One of the complications of cholecystitis which, it seems to me, has not been sufficiently emphasized, is endocarditis.

This complication is more frequent than is often times supposed, and, with each succeeding attack of colic or renewed infection, becomes aggravated, and sooner or later the heart will become permanently injured. I have operated a number of cases where the giving of an anesthetic was the most serious part of the operation, because of the damaged heart, and have seen those hearts improve very materially after the drainage of the gall bladder, although there always remained some evidence of the injury done. Another complication liable to follow these cases if left alone is, that when there are stones in the gall bladder they are liable to pass on into the common duct and become lodged there, and any one accustomed to gall bladder work readily realizes how much more difficult the operation when the stone is in the common duct and how much greater the mortality. Hence, in summing up this subject, let me say that the danger is not in the early operation, where the mortality rate is less than one-half of one per cent, but is in thinking that these cases are more or less innocent and can many times be cured by remedies, thereby fostering delay and adding many complications and a high mortality.



*** REMEDIES FREQUENTLY FOUND FRIENDLY IN THE
MANAGEMENT OF LABOR.**

BY J. W. MASTIN, M.D.

IN THE MANAGEMENT OF LABOR, or at least a great majority of such cases coming under this head, very little is likely to occur which will cause any particular concern; there are exceptions to this rule, however, as in all other affairs of life, and when the exception prevails it is well for all concerned that the physician in charge be in possession of something besides ordinary methods. One is so accustomed to seeing the physician in charge resort to some spectacular surgical stunt, that those who adopt more conservative means not infrequently come in for much unjust criticism, besides being branded as a "behind the times" doctor.

Fortunately, however, for this class of physicians, even though it be exactly the opposite for the patient, surgical procedures invariably consume valuable time; often injure the patient permanently, and, worse still, even as a temporary relief, do not always fill the bill.

*Read at 1911 meeting of Colorado Homoeopathic Society.

I am more and more convinced every day that many well-informed homœopathic physicians practically ignore the oft-times plainly indicated remedy in making a choice of methods whereby obstinate obstetrical obstacles may be overcome, and while the purpose of this paper is not to ignore surgical measures entirely in the management of labor, I shall endeavor to adhere as strictly as possible to my text: "Remedies Frequently Found Friendly in the Management of Labor."

The old adage and saying that the only service to be rendered by a physician during confinement is "to prevent hemorrhage, turn the child and use forceps," does not apply to the modern management of labor any more than other oft-repeated declaratoins sarcastic old ladies take delight in dispensing gratuitously. The apathetic attitude of the medical profession in acquiescence to this assertion, where vigorous protest would be much more appropriate, leads many to accept of this statement as a sort of finality when matters of the sort are taken into consideration.

Let us admit, for the sake of argument, or, rather, for the lack of it, the justness of these restrictions to one's duties; it is barely possible a thorough knowledge of homœopathic therapeutics might make the first two duties less laborious, and the latter makeshift, more often practiced for commercial rather than curative reasons, unnecessary in a great majority of cases.

There is no excuse whatever for making this paper a textbook talk, so I shall omit the customary compilation of commonplace knowledge. This comprises a dissertation on the "Duties of the Physician"; "Duties of the Nurse"; "When to Send for the Nurse and Physician"; "Preparation of the Patient"; "Preparation of the Bed"; "Hand Disinfection"; "Stages of Labor"; "Duration of Labor," etc., etc.

I do believe, however, we all attach too little importance to homœopathic therapeutics. When one has their confidence repeatedly strengthened by examples of practical demonstration, it is not at all surprising they should show their appreciation of the bridge that has "carried them safely over."

It is polite, to say the least, to wait until one is sure labor has commenced before entering into very active "management" of the same; and it is right at this period many times, where both physician and nurse have been hastily summoned for active duty, that homeopathic therapeutics come in strong.

It is not infrequent the alarm proves "false." Take for instance your patient while protesting she is "going to die"

tells you the pains are "across the pelvis, from hip to hip." You know she is in no immediate danger of dying and so long as the pains remain of the character above described that the possibilities of parturition in her case are equally remote. "But what is the answer" you ask? One remedy in particular will correct this condition and that remedy is *cimicifuga*. In making the selection of a remedy one must take into consideration the character of the pain. *Caulophyllum* pains "fly in every which way"; there is usually much shivering, but absolutely no progress. Chamomilla and pulsatilla are two other good remedies in this condition. In the former remedy the pains are spasmodic and press upward; with the latter the patient is a bad actor and very intolerant to pain.

When the pains have toned down and assumed the so-called "true" type it quite often occurs they are weak and ineffectual. This condition will be greatly benefited by many remedies bearing this peculiarity, but personally I have learned to lean pretty heavily upon *nux vomica*, and find it will invariably "help out some."

The distressing condition of rigid os is one accountable for lack of progress and much suffering. It is here the spectacular devotee will fly to his Barns' bags and delay a game that can be beat in quick time by either one of two remedies, and those are *caulophyllum* or *gelsemium*. Personally I prefer the latter because it overcomes the muscular rigidity more rapidly than any other. I give it pretty "low."

Hemorrhage either during or immediately following parturition is of not infrequent occurrence. If extensive it is always alarming and, while mechanical means are almost invariably brought into play, it is not undesirable that one possess a slight knowledge of homœopathic remedies applicable at these trying times.

In case of "flooding" or post-partum hemorrhage, where the flow is red, hot and profuse, one sees two remedies of common knowledge. These are *belladonna* and *ipœcacuanha*. The differentiating points between the two is that the latter is specially indicated where there is a condition of collapse with nausea.

While the actual pain caused by flooding is slight, several remedies have pain at this time. *Cyclamen* has "colicky, bearing down pains," relieved by a gush of blood; *sabina* has pain extending from back to pubes, and the discharge is dark and clotted. There are a number of remedies which are applicable in this condition, such as *cinchona*, *ascetic acid*, *cinna-*

monum, *trillium* and others, but I believe good old *ippecacuanha* will carry you beside still waters and into green pastures oftener than any one other, laying aside "indications."

There are two conditions in confinement cases contrary enough to make a "preacher swear." These are adhered and retained placenta and hourglass contraction. The remedies most often indicated in retained placenta are *arnica*, *ignatia*, *pulsatilla* and *secale*. I have had some experience in these conditions and am willing to be accused of empirical practice when I say that *pulsatilla* has always stood the test. Two cases of hourglass contraction during the past year have increased my faith in this particular remedy in this particularly distressing condition.

No one is more aware of the incompleteness of this paper in covering conditions calling for homœopathic remedies in the management of labor than the writer; my object in making this the basis of a document of this kind was to arouse interest in this particular subject and if possible bring out what others are doing along these lines.



*THE HOMŒOPATHIC PRINCIPLE AND BACTERIAL TOXINES.

BY DR. N. A. BOLLES.

THE PURPOSE OF THIS PAPER is not to present any detailed statement of chemical and microscopic minutiae to demonstrate some fine point in pathology or physiology, and is probably to be considered more philosophical, theoretical, or even visionary than as any statement of immediately available demonstrated practical curative measures. Its purpose is advance rather than review—of prospect rather than retrospect. Reading, reflection, attempted rationalization, laboratory experiment, clinical study—all have had their part in leading the writer to the conclusions here stated: and these are to be taken as purely personal opinions, necessarily imperfect and subject to the most rigid question and criticism. Any seeming truth here stated will be fully capable of sustaining itself under actual test and comparison with other observed facts if it is to find worthy place among them. Proposition, not dogma: research, not authority: scrutiny and progress, not blind adherence to tradition: these are the key-notes of the medical song of the New Day. Medicine is a

*Read at 1911 meeting of Colorado Homœopathic Society.

presumer among the sciences until it can certainly prophesy the recovery sought. Let us recognize its humble station, be thankful for the foundations afforded us in the related sciences, and proceed with unbiased mind to grasp, not only all facts, but even vague theories and faddy notions as they may appear, then subject them all to the most thorough and careful scrutiny and test, lest some factor of vital import escape us. Thus only can medicine become a demonstrable, reliable science.

Under the old idea of inherent specific curative power in drugs or remedies it would seem that insufficient stress had been laid upon the vital character of irritability, or active response to changes in environment, which is so essential a property of living substance.

This response to stimulus is not only and merely objective or directly manifest to external observation. It is profoundly internal, subjective, reactional, as affecting the protoplasm itself. Fatigue, nutritional changes, reproductive tendencies, the power of effecting chemical processes, increase or decrease of any functional power are all as certainly incited, repressed, modified, and otherwise affected by stimuli as are any grosser external, more casually observable phenomena. Not only are certain performances or forms of work presented to our view, but the internal vital ability to do these things increases or diminishes according to the conditions and manner of application of these stimuli.

Thus a general statement may be made to this effect—that departures from accustomed internal or external conditions, of such a nature or degree as either to overstrain or underoccupy the vital irritability or responsiveness thereto, tend respectively by injury to destruction, or by disuse to atrophy and finally to death, by a well-recognized law of natural sequence.

Conversely, departures from accustomed or "normal" or natural conditions, of such nature or degree as to highly, or even severely, yet agreeably engage any function or vital power, alternating such occupation with periods of ample recuperative rest, *tend to promote* health and longevity, with development of the power in question.

This principle is equally true as applied to physical, mental and moral powers, evidently pervading every department of the constitution of man. It has been recognized and elucidated to some extent in these various departments of the human constitution.

Injurious influences mild enough to avoid devitalization, yet severe enough to arouse unquestionable reaction, repeated after recovery with such severity as to certainly again arouse reaction, tend to increase tolerance of such injurious influences. Development of protective powers under this principle may be seen in the toughening of the skin, the hardening of the muscles, the growth of the ligaments, etc., in persons of various physical activities. Food-tastes may be acquired: drug habitues may tolerate doses that would kill others; medicines may become inoperative, and inoculations fail to produce ordinary effects, simply because of this law of progressive increase in powers of resistance or toleration.

Emotional disturbances once seriously enhancing or deteriorating the quality and quantity of secretions and excretions may by suitable adjustment to the present state of the individual entirely cease to affect the same activities.

The spiritual attitudes of good will or hate, of trust or suspicion, of desire, of fear, or of repulsion are equally known to seriously affect the person entertaining them, so that precisely the same things done by a neighbor, welcome or objectionable, may result either beneficially or detrimentally, even counting for the saving of life or the hastening of death in the person affected.

This principle of progressive exercise underlies physical, mental, moral and religious *education* to an extent scarcely appreciated by leaders in these departments of human welfare, but we must not enlarge upon these matters here.

Immunity to certain diseases appears but another particular line of education or development of vital powers, undoubtedly subject to analogous laws. The long-infected patient often lives and recovers while the clean surgeon, now accidentally inoculated by this contagion during operation, may succumb and die. Philadelphians constantly drinking Schuylkill typhoid river water, and always having a few cases of fever in their city, are seldom or never stricken elsewhere; while strangers, blessed at home with pure water, easily contract the fever when visiting Philadelphia. Yellow fever is notorious for the immunity enjoyed by races having a long race history of experience with this disease. Recent work in vaccine therapy clearly demonstrates this educational, developmental, homœopathic-dose method of inducing immunity, and does it so clearly that we begin to wonder when our "regular" friends who have been following this leading in

defense of vaccination will recognize themselves as treading upon homœopathic ground. Chickens are said to come home to roost sometimes, and even young ducklings, hen-hatched, will take to the water. Those who earnestly seek the truth should not falter if in the chase they have to admit propositions they once laughed to scorn. It may even more be true that regulars are becoming homœopathic than that homœopaths are becoming regular!

Not only *may* an unnatural habit-condition become "second-nature," so that forcible deprivation or correction may be dangerous or fatal, but this actually does occur. I have found myself often deceived in earlier investigations and tests in such matters. Careful observations, however, of such cases in comparison with others not so addicted, soon clearly showed the fact that repeated efforts, under genuine persistent desire to succeed would finally accomplish deliverance from such habits, and besides magnificently develop the will power of the weakling, increasing his self-control and self-respect to a remarkable degree. Habit toxemias of physical, chemical, mental and spiritual origins can no longer be denied. Toleration of them and deliverance from them are both now clearly becoming evident, and the methods by which these may be secured are as clearly expressions of natural law as anything we know.

And not only this: If toxemias should be either purposely or incidentally manipulated in accordance with these laws, the powers of elimination and tolerance may both be enhanced, while functional weakness of organs affected may be promoted, so that a subject may continue to live and be useful in certain lines while imbecile in others: e. g., potassium indoxyl sulphate, produced in the intestines by putrefaction of non-absorbed proteins, depresses muscular powers generally, and promotes constipation by this effect upon intestinal musculature: and while this general muscular inefficiency continues, the general power of tolerance and the special power of elimination may continue active, so that the subject may live on and on, only half a muscular man, yet a well-developed consumer of foods which might far better be more equitably distributed among his neighbors, to the magnificent benefit of all concerned. Verily, ignorance, self-love of the short-sighted type, and dense stupidity and bigotry seem unmitigated curses to our race. Were it not that all evil becomes a blessing when studied with intelligence and

foresight, we should be compelled to pronounce "anathema maranatha" upon these characters of the spirit of darkness.

For emphasis I repeat an observation here which first became clear to me in 1906, that effective rest-periods, alternated with short but strenuous activity of any function, promotes development of this power and its organs. The reactive power of our own bodies against bacterial toxins may be cultivated and enhanced under this law far better than to use this power in cattle and sheep, developing self-protection in them while weakening our own similar powers by inoculating ourselves with these stolen protective proteids. Would we not better ourselves have developed the power to produce them?

May not the supposed variations of virulence in bacteria and their toxins be questions rather of susceptibility in the affected subjects?

I really believe so, while not denying degrees in virulence. It does seem as if the proneness of would-be leadership to assume explanations which involve continued dependence upon the doctor for service were prompted by a desire for revenues. Yet these untenable solutions are doubtless a good thing in that the inevitable later retreat affords contrasting demonstration of worth in theories timidly advanced by more humble yet certainly as earnest seekers after valuable truth. I believe the greatest values in medical research are to be found under theories looking to the patient's vital independence rather than under those which call for repeated recourse to the doctor for service.

And now, if it be clear that introduction of bacterial products into the blood or lymph becomes under suitable regulation a means of enhancing vital powers rather than of death, it seems proper to sound a note of warning as to the channels and methods of this introduction. Does speed of reaction fully justify the hypodermic injective method whereby the integrity of body structure is forcibly invaded? Have not aconite strychnia, tuberculinum and syphilinum been absorbed by way of the alimentary route and other intact mucous surfaces in time honored homœopathic practice or incidental circumstance without intentional abrasions, which, while they do facilitate absorption, yet certainly foster actual infection of forcibly devitalized tissue in case living bacteria find access? Even living pathogenic bacteria in contact with healthy surfaces do not necessarily penetrate and

infect, while moderate absorption of their toxins may effectually arouse the natural protective antitoxic reactive powers which may reside in the lymphatic glands and in the leucocytes that perambulate through the tissues. I believe natural absorption to be preferable to violence and injurious invasion.

Tuberculin R, studied by Koch, is readily absorbed, as are other soluble toxins. The "per orem" administration of vaccine virus formerly used as a method of vaccination instead of inoculation may yet be well justified and revived in the recognition of this law. The dogs that came and licked the sore boils for Job may have served him and themselves better purposes than our present civilized disgust might allow us to realize! May not the inevitable swallowing of some of his own sputum by a tubercular case be a natural process tending to immunity and cure, if his alimentary canal be intact and reasonably unburdened by appropriate short fasts and intelligent food-selection? I unhesitatingly pronounce for full investigation of the principles that may be involved in this suggestion, utterly unmindful of any intolerant or scornful spirit in which this statement may be received. Let us find better than invasive methods if we can. Diet and intelligent medication may enormously enlarge our armamentarium as we learn the difference between habits which may be changed and really indispensable natural material needs which we seem unwarranted in hoping to change.

Is it not possible—nay, is it not almost certain, that our race has for centuries been developing powers along self-injurious, unnecessary and useless lines? And has it not progressed so far in these developments as to reach limits at which certain secondary powers may be so strenuously and constantly occupied as to impair vital recuperative powers and to neglect or altogether ignore self-preservative powers? I really believe so, and take this occasion to register my protest and warning. Food-drugging, both primarily by poisons introduced and secondarily by putrefactions, medicine drugging, the auto-drugging of mental strains and spiritual passions, all these must be investigated both as to homœopathicity or immunity-development and as to real destructiveness. Candid research must inquire whether supercleanliness and isolation from misunderstood bacterial friends may not have gone to well-nigh insane extremes before the physician can hope to effectually magnify his office by demonstrating actual conquest of the Last Great Enemy.

AUTOGENOUS VACCINES AS APPLYING TO THE LAW OF HOMŒOPATHY, WITH REPORT OF CASES.

BY A. M. MOORE, M. D.

INOCULATIONS with dead, attenuated and even fully virulent bacteria, and extracts of their cells have been employed to some extent as prophylactic and curative measures in combatting the ravages of certain infectious diseases during the past quarter of a century or more.

In spite of the accumulated experimental evidence demonstrating the value of these agents in inducing immunity, their employment was not at all general. Comparatively little attention was directed toward this phase of therapeutics by the practitioner until Wright of London advanced a new theory regarding immunity, namely the opsonic, and advocated the employment of bacterial vaccines in the treatment of certain infections, and Wright with other investigators are developing prophylactic measures against various diseases, advancing at the same time the ingenious method of checking the results by determining the opsonic value of the serum. This gives something tangible as regards when, where, and how to employ bacterial vaccines as therapeutic agents, and the attention of the profession was attracted and the medical journals were filled with reports of clinical results. Many attended Wright's clinic to study under his direction, and the enterprising pharmaceutical manufacturer placed such vaccines upon the market in great numbers which were used in a haste to be early in the publication of results, and that frequently with little knowledge or forethought on the part of the physician as to the nature of the disease or the organism responsible for its existence: then negative results dampened their ardor and we are settling down to the real value of such vaccines and their field of usefulness. Particularly has it been shown that the stock vaccines are of doubtful value, and the greatest therapeutic results are to be had from the vaccine prepared from the products of the pathological process in the individual patient. This should appeal to the homœopath with greater force than to those not knowing from experience of the law of Similars.

Wright's theory is to immunize the patient, as it were, after the onset of the acute infection, as well as in chronic cases applicable to such treatment by producing in the blood an excess of that element which he found to prepare the invading pathogenic germs and their products for the more

ready digestion by the phagocytes of the patient's blood. This he terms "opsonins," with which you are all familiar, and which is demonstrable by control methods, the details of which are set down in text books upon this subject and which it is not my purpose to enter into at this time. It was soon learned that most of the stock vaccines upon the market had an uncertain value in the treatment of disease, for the reason that the bacteria invading the blood of the patient were not always similar, even though they behaved the same when cultivated, stained, etc. The most striking example of this is set forth in the works on the practice of medicine where it is shown that there are true diphtheretic bacillus (Klebs-Loeffler), and also a pseudo-diphtheretic bacillus, resembling so closely that the true nature of the organism can only be positively determined by clinical symptoms and animal inoculation. Stock vaccines as prepared carry the individuality of the animal or humane source from which derived, and the number of organisms present in the blood in such cases is relatively few; but inasmuch as opsonin and, probably other protective substances, are not elaborated in the blood stream, the presence of the organisms in the blood has no power of exciting the production of the protective substances which are lacking. The introduction of the dead culture into the subcutaneous tissues has, however, this effect, and the substances so elaborated are rapidly carried into the general circulation to make up the defect therein present. This being Wright's theory, how important it is that the particular element lacking should be supplied from the individual requiring that particular immunity and not a vaccine derived from another source, as all vaccines stocked on the market must of necessity be. It is true there are some vaccines so difficult of preparation that the stock must be used, but in most cases twenty-four hours will produce the autogenous vaccine.

The aopathic school have the honors for developing this new therapeutic agency, but none the less some of their men admit that it is homœopathy, and it is to be hoped that the advocates of and adherents to the law of Similars will take up and aid in the perfecting of this new system of therapeutics.

I have two most interesting cases to report bearing upon this principle: Case 1. Mrs. M., age 36, normal delivery May 5th, 1911, perineum not torn nor was the patient handled by myself after placenta delivered. Uneventful course until

seventh day, when there was a rise of temperature and pulse, 104 and 140. The old lady attendant admitted giving four rectal injections on the fourth day and immediately thereafter a vaginal douch. A special nurse took the case at 9 p. m., May 12th, and at 2 a. m., May 13th, delirium, collapse, imperceptible pulse, etc. I had explored the cavity of the uterus with negative results. Fowler position, saline per rectum, drop method, strychnia and nitroglycerine hypodermically, and at 8 a. m. patient rational. Surgeon called who explored the uterus and confirmed my diagnosis of tubal abscess. 7 a. m., May 14th, the previous normal lochia changed to pus. 9 a. m., chills, green emesis, tympanitis and a heavy purulent lochia soon followed, temperature 105.2, pulse 108, respirations 24. 1 p. m., face puffed, eyes rolling, breath fetid, hands and feet began swelling. Quinine with turpentine stupes were added to above with negative results, except as the saline was absorbed there was some improvement. I soon began the use of arsenicum album 3x and took a specimen of the uterine discharge for preparing autogenous vaccine, which was used first at 10 p. m., May 15th, and at 3 a. m., May 16th, temperature 101.6, pulse 96. 6 p. m. same day the highest temperature as recorded was 103, pulse 100, no more chills, vomiting ceased and four hours' normal sleep during the night. May 17th, 7 a. m., temperature normal, pulse 80; 4 p. m. temperature 100.2, pulse 84. The right iliac fossa filled with firm sensitive tumor. Hepar 3x and baptisia tincture alternated. May 19th, 1 p. m., temperature 101, pulse 96, and a second vaccination double the first was given. May 20th, 8 a. m., temperature normal, pulse 80. There was not a rise of temperature above 100, and on May 23rd a third vaccination was given; further improvement followed, and May 27th the patient ate dinner with the family and, aside from a cystitis due to the colon bacillus, the recovery was uneventful and complete when June 24th the last vaccination was given. The tumor entirely absorbed and the pelvic examination negative.

I feel no hesitation in saying this patient could not have withstood the absorption twenty-four hours longer, and the immediate reaction to the first vaccination was so marked that no fair-minded observer could question the efficiency of the vaccination, which upon examination proved to contain colon bacillus in great numbers, staphylococci and a diplococci not isolated.

No such vaccine could have been had in the market,

therefore the results must have been different, and I say *simalia simalibus curanter* is here vindicated.

Case No. 2. J. A. S., present age 36, came under my care October 13th, 1906, giving a history of eleven years' stomach trouble, or since 21 years of age, vomited glary mucous, later abdominal cramps developed, much gas, constipated. I put him through much symptomatic treatment with good results until April, 1907, when he was fairly comfortable until October, 1907. It has been shown since that these attacks recurred spring and fall. He was visiting in Iowa October, 1907, and had the most severe spell, jaundice being added to the old group of symptoms. Upon his return to Colorado I resumed treating him and sought consultation. Stomach analysis showed total acidity 74, free HCl normal, and I was assured that gastric ulcer could be excluded. The diagnosis being gall bladder disease, operation was refused and the patient had the spring and fall aggravations until October, 1910. The attack of abdominal pain was so severe as to require morphia. There also developed a palpable tumor to the right of and on a line with the umbilicus, very sensitive and at times a local peritonitis over said spot. I advised exploratory operation, consultation was requested, stomach contents analyzed, showing free HCl 36, total acidity 84, no lactic acid, no Opplar-Boas bacillus, and a diagnosis made of adhesions which were said to involve the gall bladder, pylorus and appendix. Exploratory operation December 13th, 1910, showed gall bladder and appendix normal, but a large infiltrated mass on the posterior and lesser curvature with the crater of an old ulcer for a center. The lymphatic glands enlarged and matted together, involving the superior wall of the stomach to cardia and oesophagus to diaphragm. Doctors Freeman, Lyman, Tennant, Arniel and myself saw the condition, and all admitted the microscopic evidences were carcinomatous. One of the largest glands was removed, sent to the Peckles Institute for microscopical examination, and the preparation of a vaccine. The latter being my personal direction against the judgment of the surgeon. The report came "Carcinoma." The vaccinations were begun at once, the slide was submitted for examination at Johns Hopkins' Institute, also to a pathologist of national repute at Detroit, Michigan. Both said "not carcinoma," but so similar their statements meant the border line is at hand. The vaccinations were made weekly from December 15th, 1910, to February 6th, 1911, when the second operation was made, and the

change in the stomach was a revelation to all who had seen it December 13th. The infiltrated mass had vanished, there remained none of the enlarged lymphatic glands, and only the crater of the original ulcer to mark the location of the original pathological basis for our prognosis of "death in six months," which was unanimous on December 13th, 1910. The ulcer was excised, the abdomen closed, and the patient had an uneventful recovery, resumed his former avocation of farming, and has directed and assisted in the work until the present time. Vaccinations were continued at intervals of one to two weeks until May 8th, 1911, when they were discontinued except as needed. This because our stock of vaccine was being exhausted. There have since been vaccinations June 27th, July 3rd, 10th, 22nd and 29th, August 5th, and to this date, September 21st, the patient has not required medical attention other than Carlsbad salts, magnesia, etc., to lessen acidity and move the bowels.

In view of this one experience, I am of the opinion that a cure for the malignant growths will be worked out through autogenous vaccines, and in this connection it is proper to say that those doing this class of work depend upon general conditions, temperature, pulse, etc., and not upon opsonic indices as the guide for the repeating the vaccinations in acute conditions.

I do not wish to be understood as discrediting the use of all stock vaccines, for many of us are removed from the medical centers and cannot enjoy the facilities for preparing the fresh vaccines.

Much good has resulted from diphtheretic and tetanus antitoxines, the tuberculin and gonorrhoeal serums, or vaccines, as stocked on the markets, but there can be but little doubt of the more uniform therapeutic value were such vaccines prepared in every instance from the diseased products of the individual patient, and as the medical millennium is nearer each year I wish to add my voice to the plea for the advancement of medical science, regardless of the source or the name by which it is branded. Too much credit cannot be given the A. M. A. for the good that has been accomplished by the educational work done through that organization, even though our journals are filled with alarming predictions for homœopathy. We must push for a higher standard of education for medical men, and homœopaths in particular, to the end that the distrust felt by the public toward

the science of medicine, or rather the absence of science in the practice of medicine, may be removed, and we as homœopaths must identify ourselves with and aid in working out these new therapeutic agencies, not losing sight of the fact that *simalia cimilibus curanter* is the foundation for much more of therapeutic application than is now admitted, but slowly all medical men are recognizing this "law," if you please, and the more intimate we become with our contemporaries the more they will respect us and our law if we are successful in its application, but in the name of Hahnemann and homœopathy do not parade the Trade Mark, but as physicians practice the healing art and homœopathy will take care of itself.

Brighton, Colorado, September 21st.



*CAUSE AND TREATMENT OF SEPTIC PERITONITIS.

BY DR. CLINTON ENOS.

SEPTIC PERITONITIS is due to infection of the peritoneum by any one of the various pathogenic bacteria. Depending upon the gross appearance of the changes wrought by the infection, there are various types, as sercus, fibrinous, purulent, gangrenous, etc. However, more than one type is usually present, and the distinction between the various types is rarely a sharp one. The peritonitis may be local or general; sometimes the diffuse or spreading types are spoken of when the peritonitis is too extensive for local and yet not extensive enough to be general.

Inflammation of the appendix and bile passages, ulcerations and perforations of the gastro-intestinal tract, the passage of infections through the Fallopian tubes, thrombosis of any portion of the intestinal tract secondary to mechanical disturbances, the rupture of abscesses of any of the organs in relation to the peritoneum, and wounds of the abdominal wall are among the usual sources of septic peritonitis. While bacteria are capable of traveling through the walls into the peritoneum without a perforation as is seen in cases of intestinal twists, kinks from bands, certain cases of appendicitis, intersusception, etc., yet in the great majority of cases of septic peritonitis the infection enters a perforation.

The danger in septic peritonitis is from absorption of the toxins or bacterial poisoning. Some parts of the peri-

toréal cavity absorb faster than others. The diaphragm, abdominal walls and omentum absorb the toxins and bacteria much more rapidly than the small intestines or mesentery, The toxins poured into the general circulation poison the vasomotor and respiratory centers, the first being attended by an engorgement of the peritoneal veins. This pressure in the blood and lymph capillaries serves to check absorption for a time, but later the engorgement reduces the natural resistance and then it acts in a manner to aid absorption. Therefore, in certain stages the absorption may be so impeded that there is, practically, absence of such symptoms as fever, hyperleukocytosis, etc., although both preceding and following this stage there are plenty of such symptoms present. In advanced acute septic peritonitis the intestinal paralysis is from toxic or bacterial poisoning of the intestinal walls. As distention increases the gut becomes more easily penetrable to bacteria and thus a continuous reinfection is produced. Furthermore, the general systemic infection is added to by absorption of toxins from within the parietic gut, toxins that are most virulent in themselves.

The severity of the peritonitis also depends upon the kind of bacteria that causes the sepsis. Any one of a dozen kind may be present or any combination of them, but in the vast majority of cases the most common bacteria to be found are the colon bacillus, the staphylococcus and the streptococcus. The colon bacillus is usually present either alone or in combination with others when the septic peritonitis is due to intestinal perforation. This bacillus has a great tendency to produce a local septic peritonitis with very offensive pus of fecal odor. The colon bacillus is not very severe on the peritoneum but is a great destroyer of the fascia. The staphylococcus is mild in its action on the peritoneum. Pus found about an unperforated appendix is usually of this kind. The great tendency is for localized abscesses. The streptococcus is the most violent of all. It blisters and makes the peritoneum raw. The cause of death in the large majority of septic peritonitis cases, properly treated, is due to the presence of this bacteria either alone or in combination. When I spoke of the action of the colon bacillus and the staphylococcus as being mild, it was in comparison with the streptococcus.

The limit placed upon my paper prohibits me from going into a discussion of the symptoms of septic peritonitis or the symptoms of the various diseased conditions that may produce the resultant peritonitis. However, I will say that the

cardinal symptoms of a peritonitis are abdominal pain, spasm and tenderness, nausea or vomiting, and changes in the pulse and temperature. Variable as these may be, relatively, they are practically always present in a septic peritonitis at some stage. In septic peritonitis it is very important to remember that there is a "lesion of origin." If one properly understands the symptoms of the various diseases that usually produce peritonitis and can make an early and accurate diagnosis, there is a chance to eliminate the source of infection which, in the majority of cases, can be done safely and easily, if undertaken before the peritonitis attains primary importance. While we can combat general septic peritonitis much more successfully than four or five years ago, still the best surgery in all cases of peritonitis is preventive surgery.

In the treatment of these cases of septic peritonitis there is a great diversity of opinion. You will find that most operators, whether they have had one or a thousand cases of this nature, have very fixed ideas of their own as to the best method of treatment. Let us not be prejudiced but look at all sides of the different methods of treatment and select that method or combination of methods which reason and experience prove to be the best for the patient. Not all cases of septic peritonitis should be necessarily treated alike, the difference depending upon the origin of the lesion, the stage of peritonitis, the kind of infection, the strength of the patient, the mechanical ability to do the work most desirable, etc.

Let us look at the history of the different methods of treatment of septic peritonitis of the last few years. Years ago it became customary to wait, in cases of tubal infection, for the pelvic abscess to become firmly walled off before operative measures were used. Many more patients recovered by this treatment than by any other method. Following this, about ten years ago now, Ochsner devised his method of treating appendicitis. At that time operative procedure for septic peritonitis did not offer very brilliant results. Diffuse or general septic peritonitis gave a mortality of nearly one hundred per cent in the hands of most surgeons. Ochsner attempted to produce a walled off abscess, a local peritonitis, and then incise and drain as one would do in any other abscess. A few years later Murphy gave his celebrated dictum; get in and get out. About that time Blake got in and stayed in with his cumbersome irrigator and washed out the abdominal cavity *ad libitum*. Clark lowered the patient's head to drain the abdominal cavity through the diaphragm and Fowler sat the patient up to drain the pus into the pelvis. About this time

it was recognized that a septic patient improved if copious and frequent internal baths could be given to flush the system of toxins. Years before all this, more than thirty years ago now, the late Joseph Price devised his method of treatment for general septic peritonitis. It consisted in complete evisceration, separation of adhesions, thorough washing of the intestines and abdominal cavity and placing a coffer dam in the pelvis after replacing the intestines. A couple years ago, his assistant reported five hundred cases of general septic peritonitis that Price had treated thus with a mortality of only nine.

These are the principal methods of treatment for these cases. Let us see how different surgeons view these theories. The Ochsner method has been violently assailed for it is seldom properly carried out and consequently too many cases of appendicitis die or cause general septic peritonitis. Murphy's terrific onslaught on the Blake method is well known. The Murphy method of getting in and getting out again as quickly has given license to many lesser lights for simply cutting through the abdominal wall and inserting a drainage tube—an almost useless procedure. Most surgeons never use the Price method for such elaborate abdominal toilet is very seldom necessary.

Out of all this mass of theories there are a few essential procedures that I have adopted and endeavor to carry out in all these cases. Other surgeons may differ with me, but my study of the literature, observation of other surgeons' work and my own experience has led me to these conclusions. There is nothing new in this work; it is merely following the path trodden by many other surgeons.

There is one thing I do not do and that is to wait in cases of septic peritonitis except in certain pelvic troubles, for a more favorable time for operation. Under the present technique many more patients can be saved by operating immediately after the diagnosis is made than by waiting. The vast majority of surgeons is agreed on this point. For those patients who will not submit to operation or are so situated that a competent surgeon cannot be had, the only hope lies in getting a local peritonitis—a walled off abscess—and subsequent drainage. In these cases you must make an early and correct diagnosis of the disease which is the cause of the septic peritonitis; withhold all food and cathartics; wash out the stomach if vomiting is persistent, and keep the patient absolutely quiet with the possible use of morphine. If these rules are rigidly enforced you will get a walled off abscess in

many more cases than when carthartics are prescribed and water or food permitted.

I have not used abdominal flushing or irrigation at the time of the operation. Formerly much importance was attached to this procedure. Patients, however, do as well without it as with it and perhaps better. Those with general peritonitis get well if the cause is removed and drainage is properly used. Those with one or more pockets of pus should have a drainage tube leading from each pocket. Properly placed drainage tubes are far more important than abdominal flushing at the time of the operation.

There is one thing that I always do in these cases of septic peritonitis and that is to remove the cause of the supuration or wall it off from the general abdominal cavity. All perforations of the gastro-intestinal tract must be closed and the ruptured appendix removed. The operation should be as rapid as thoroughness will permit.

As a rule drainage should be used. One tube should be placed where the seat of the trouble is and unless the pus is walled off by adhesions another should lead from the Douglass cul-de-sac. In a few cases of appendicitis where there was a small quantity of mild pus around the unperforated appendix, the pus was mopped out and no drainage used. All these cases recovered without any disturbance.

Rectal injection of normal salt solution is very essential in treating these operated cases. If absorption does not take place, hypodermoclysis or intravenous method should be used. In desperate cases of general septic peritonitis, I sew a small drainage tube into the cecum and irrigate the colon thoroughly every two hours. It is surprising the amount of good this does.

The Fowler position is extensively used and evidently has much merit. Some surgeons rarely ever use it. I always use it when there is a tendency for the pus to gravitate toward the diaphragm.

In those cases in which the diagnosis is made and consent to the operation is given and the patient has to be transported to the hospital and there is severe pain or shock, it may be justifiable to give morphine before the operation, but, with the rarest exception, it should not be given after the operation. In these cases we want elimination and we cannot secure it to its fullest extent when morphine is being repeated. In all these cases unless a drainage tube has been placed in the cecum, we give purgative enemata and as soon as the patient

passes gas we give by the mouth cascaria, oil, salts, etc., and free elimination is kept till sepsis disappears. At the operation if a portion of the intestine is greatly distended from the sepsis it is best to puncture it and drain out the contents and close with suture. It is now realized that toxins inside the intestines play a very important part in these cases. In gastrointestinal perforation, free catharsis before the operation kills your patient; after the operation it saves him.

If you recall the first part of this paper where it discusses the cause and conditions that make up septic peritonitis, you will readily see the reason for these surgical and therapeutic measures.

I wish to report those cases of septic peritonitis that I have operated upon. Of this number two were general, nine were spreading and the remainder were local.

There was one case of localized septic peritonitis in the lower abdomen from a kick of a horse. It was opened and drained of six ounces of pus. Patient recovered.

There were twenty-seven cases of pus in the abdomen from the appendix. In seven there was no visible rupture of the appendix; in the remaining twenty all the appendices were perforated and some of them were almost completely gangrened. There were eighteen cases of local, seven of spreading and two of general septic peritonitis. In twenty-two cases drainage was used. In the five cases not drained the pus was of a bland-like appearance. In the two cases drained without perforation, the pus of an acrid serous appearance. All of the perforated cases were drained. Irrigation was not used in any of these cases at the time of the operation, but most of the drainage tubes were irrigated subsequently. The appendix was removed in all of these cases at the operation.

Of the two cases of general septic peritonitis one was a girl of twenty. The attack was of thirty-one hours duration; the appendix was badly ruptured, and the whole abdomen full of a muddy fluid. Pulse was 150; temperature 96° ; and the patient was vomiting every five minutes. The appendix was removed and three rubber drainage tubes inserted through the rectus incision. A rubber tube was placed in the cecum. The patient was put in the Fowler position and 750 c. c. of normal salt solution poured into the cecum every two hours. Uninterrupted recovery. Last drain removed in forty-eight hours. In seventeen days patient walked out of the hospital.

The other case of general septic peritonitis was also from appendicitis in a girl of five years. There was evidently a localized abscess at the appendix for a week and twenty

hours before the operation it had ruptured into the general peritoneum cavity. When the incision was made above the tubes a muddy serous fluid spurted out about a foot. The appendix was sought and about two ounces of thick, offensive pus escaped as the fingers were inserted in that direction. The whole abdomen was full of that muddy fluid. The remains of the rotten appendix were removed through a right inguinal incision. Two drainage tubes were used and one was also put into the cecum. The after treatment consisted in the Fowler position and quantities of the normal salt solution poured into the cecum. The patient made a slow but perfect recovery. The child was apparently dying when she was placed on the operating table.

Of the twenty-seven cases of septic peritonitis from appendicitis, one died. (She was a girl of thirteen years and had been treated six days for ptomaine poisoning. At the operation a large local abscess was opened and the perforated appendix was removed. The patient gained and was considered out of danger, but a profuse hemorrhage occurred ten days after the operation and the patient died a few hours later.

There were three cases of septic peritonitis from perforated gastric ulcers. Of these, two died. One was a man of sixty-eight with spreading septic peritonitis of two or three days' standing. He died ten hours after the operation of shock. The other death occurred in a woman of forty-one years. The diagnosis was made by the attending physician in time to have had a cure by an operation, but doctors were changed in rapid succession till one was found who suited the husband's idea of the case. The last three hours before the operation and thirty-six after the perforation this physician had a flax seed poultice on the abdomen and a diagnosis of fecal impaction of the ascending colon! The patient was so far advanced with spreading septic peritonitis from the perforation that the operation failed to save her. The other case had a mild local septic peritonitis from the gastric ulcer perforation. He recovered after the perforation was repaired and a gastro-enterostomy made.

There were two cases of septic peritonitis originating from the gall-bladder. In one, the peritonitis was from a small ruptured hepatic abscess about an inch from the gall-bladder. No perforation was found in the other although pus was discovered when the adhesions were freed from the gall-bladder. The pus and stones were removed from the gall-bladders and drainage tubes introduced. A tube was also

placed in the abscess cavity. Gauze packing was used around the fundus of the gall-bladders. Both patients recovered.

There were twenty-three cases of septic peritonitis from pelvic trouble. Twenty were tubal and three were tubo-ovarian. Fourteen of these were operated through the vagina and of the nine who were operated through the abdomen, five were drained through the vagina; four were not drained. Of these twenty-three cases one died. This patient had a large pelvic mass when I saw her and she had been intensely septic for several days. The vaginal operation was attempted but so much blood was encountered that I opened the abdomen above the pubes. There was a right ruptured tubal pregnancy and about a dram of pus on the left side. The patient was so exhausted that she died on the operating table.

This makes a total of fifty-six cases of septic peritonitis. Of this number four died. The appendix patient might have been saved had the danger been recognized earlier. I was not notified till six hours after the hemorrhage started. I then ligated the artery but it was too late to save her. The two gastric ulcer perforation cases that died were operated on as a last desperate attempt to save life. I would not have operated upon that pelvic case that died, had I fully realized the real condition for she was far too weak to undergo an abdominal operation.

Conclusions in septic peritonitis:

The infection most frequently comes from the outside into the peritoneal cavity through a visible opening.

Operate as soon as the diagnosis is assured; the earlier the operation the less important is the septic peritonitis.

If unavoidable give morphine before, but, with the rarest exception, not after operation.

Give no carthartics before operation but always after—as soon as enemata produce results.

Operate carefully and rapidly, but—

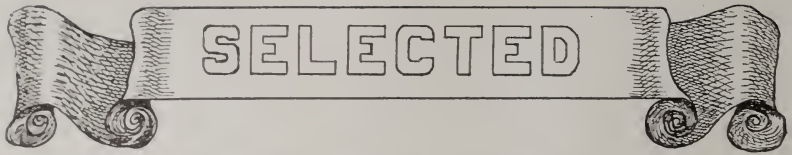
Remove the cause of suppuration or close any existing leak.

Drain from seat of infection and pus pockets and from the pelvis unless pus is localized by adhesions.

Use the Fowler position when the pus is likely to gravitate toward the diaphragm.

Induce absorption of large quantities of water by rectum or otherwise.

Perform gastric lavage if vomiting is persistent either before or after operation.



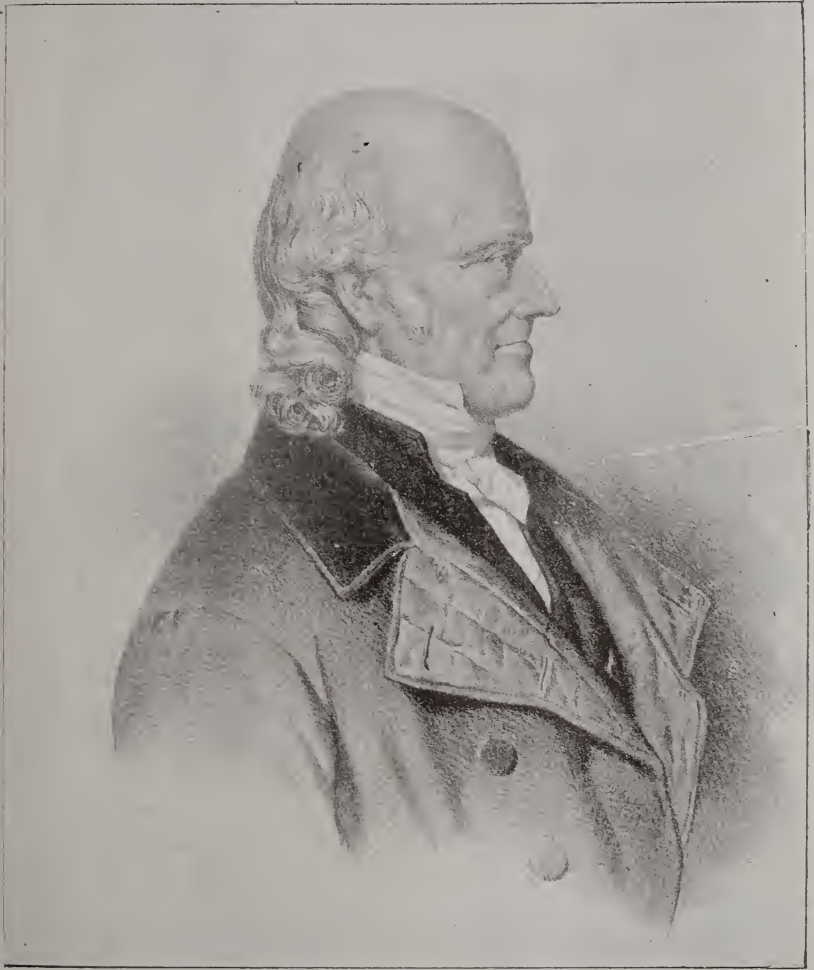
PASSING OF THE CRITIQUE.

WITH the issuance of the December number, **THE CRITIQUE** of Denver announced its discontinuance in an editorial entitled "Just Because."

Among the "because" given was one that the editor and business manager had become tired of doing work for which there was no noticeable compensation, another was "the limited amount of interest manifested in Homœopathy hereabouts is certainly not of sufficient strength to either support or make a continuation practical."

Thus **THE CRITIQUE** passes into the great army of "has been" periodicals, but we wish to say right here that **THE CRITIQUE** *has been* one of the best and liveliest periodicals of our school, one (no matter what it has said that has at times been said to displease us) we have always welcomed to our table for the good that it has done, and especially for its stand in ever carrying the banner of good Homœopathy aloft, for its outspoken abhorrence of shams and its clear insight into the dangers that beset our school of medicine. One of these is given in the second "because" above referred to—lack of interest in Homœopathy by our own men.

There was a time when Colorado, with its less than two hundred homœopathic physicians, had a good college, two good periodicals, and the homœopathic light was kept bright and shining. We do not know all the causes that have contributed to a dimming of this light; it may be the importation of disturbing elements into the state, it may be that there were enough of these without importation, but we do know that **THE CRITIQUE** has been on the right side every time, and we regret heartily that Drs. Mastin and Anderson have become discouraged at a time when their services and those of all their kind are needed most. The *Medical Century* extends to these gentlemen an invitation to its pages whenever they may desire to reach the profession and promulgate some of the same kind of good matter that was ever a feature of **THE CRITIQUE**.—*Medical Century*.



SAMUEL HAHNEMANN,

The Founder of Homœopathy and the Greatest Physician the World has ever known



EDITORIAL SECTION



THE CRITIQUE is entered at Denver Postoffice as Second Class Matter.

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THE DENVER JOURNAL PUBLISHING CO., Publishers.

Address all communications, books for review, remittances, etc., to the Editor-Manager, 719 Mack Block, Denver, Colorado.

No attention whatever will be paid to contributions which do not bear the name and address of author.

Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.



AHNEMANN. The picture of Hahnemann, printed on another page, is to remind you, dear reader, of the founder of homœopathy. We trust it will cause you to think more of Hahnemann, practice better homœopathy, and as a result guarantee better health to your patrons. The practice of the law *similia, similibus, curantur* is the only safeguard surrounding all classes of people, and applies to all conditions. It will prevent disease by placing the system in condition to withstand influences inimical to health. Begin homœopathic treatment with your children and give them some assurance that as they grow older their inheritance of good health will be guaranteed by a system that outclasses "compulsory" methods from any viewpoint one may see fit to observe it.



"MIXED" BOARDS FROM AN ECLECTIC STANDPOINT. Members of the eclectic school of medicine have had about the same experience with the so-called "mixed" boards as have homœopaths. They realize the foolishness of monkeying with a buzz saw, so to speak, no matter how smoothly this instrument of destruction may be adjusted. The following from the pen of Dr. Webster, in January issue of the *Eclectic Medical Journal* refers to conditions in the state of great presidential possibilities, Ohio. He says: "In our own state a powerful effort was made to create a single examining board, under

allopathic control, and defeated. But this did not deter further effort, and flattery, several years afterward, finally accomplished what more open measures failed to bring about. Eclectics and homœopaths sold out for the price of a little "soft soap," when they might have still had separate boards and a fair administration of legal rights. It behooves the advocates of medical freedom to always keep an eye open for tricks."

While the so-called regular school has no majority on the Indiana board, to all appearances, the secretary of this organization, a so-called homœopath, has a playful way of referring inquirers to the *Journal of the A. M. A.* "for requirements to practice" in the great state where poets and other artistic temperaments are nurtured. THE CRITIQUE contends that no homœopathic member on any "mixed" board in any state should be permitted to rest easy until he has either withdrawn from his official position or given up his A. M. A. affinity.



HOLLOWAY CARD SYSTEM. Commencing in our March issue will begin the publication of what is known as the Holloway Homœopathic Card System. These articles on homœopathy are by Dr. J. C. Holloway, and will appear under a specially designed heading each month. Dr. Holloway heretofore carried on this work by issuing specially prepared cards, which were distributed through different mediums. About six months ago, however, he adopted the system of publication in the two papers of Galesburg, Illinois, and in this way reached twenty or thirty thousand lay readers, thus interesting people in this particular method of medical practice who otherwise would be at the mercy of nothing better than old school procedures. This method is doing a world of good for homœopathy as a system and for the men and women who practice it as individuals.

As we said at the commencement of the article, these cards will appear every month in THE CRITIQUE, and no one could make a better investment, insofar as advertising homœopathy, than by subscribing for and having a copy of THE CRITIQUE on their reception room table to be read by the laity. You may rely upon the thorough homœopathic teaching in these cards; they are written in such a comprehensive and convincing style that he or she who reads, no matter in how much of a hurry they may be at the time, will understand the theme presented thoroughly.

SOMETHING DOING IN THE SEPARATE BOARD LINE.

"The sooner we cut loose from the entire outfit of the A. M. A. and stand upon our own bottom, the sooner we make our own directories and 'educational numbers,' the sooner we insist in every State of the Union that we have our own examining boards the better it will be for our school of medicine. Then, and only then, will we prosper as we should do. We have a system of therapeutics that will command the respect of the laity and legislators, and the first thing we should do is to undo the injustice and harm that is done us by having single examining boards. The very fact that one of the first things the A. M. A. sought to do was to unify examining boards should have been enough to show us what the end would be."—*Medical Century*.

The foregoing is the parting paragraph of an editorial by Dr. Dewey, *re* "The Number of Homœopathic Physicians in the United States." In reproducing it in these pages we do so merely to carry out the contention that there is something doing in the *separate board* line.

Colorado has two members on the state board of medical examiners, and it is reported upon pretty good authority that the senior member, who has held down this job for the past ten years, and who received his appointment through the recommendation of the State Society and the fact of his being a *homocopath*, is now a member of the "County" Society in good standing, thus reducing our representation on this board, which goodness knows is small enough, by at least one-half.

A very easy way for this offending member to purge himself of contempt, so to speak, is for him to either resign from the "County" or give Governor Shafroth an opportunity to comply with the law in the appointment of another *homocopath* upon the state board of medical examiners.



"SOME HOMOEOPATHIC STATISTICS." The foregoing is the subject of Dr. W. A. Dewey's paper read at a meeting of the Southern Homœopathic Society. In it Dr. Dewey demonstrates the superiority of homœopathic treatment of diphtheria over any other procedure. He makes it clear to the most prejudiced even that "the best statistics of antitoxin have never equaled the worst mortality rate of homœopathic treatment." You need a few copies of this piece of literature in the education of your patients. THE CRITIQUE will publish the article as a special feature of its March issue.

MISCELLANEOUS

Dr. W. M. Dake has moved his offices to the Metropolitan building.

* * * *

"Gentlemen will please keep hats on in the elevator," is a sign in a Texas city skyscraper. Some sensible that, eh?

* * * *

Dr. J. T. Bass has been elected president of the Colorado branch of the National League for Medical Freedom.

* * * *

If you like the looks of *THE CRITIQUE* pass it along to your friends. The subscription price is one dollar the year, *in advance*.

* * * *

Dr. H. C. Kehoe, Flemingsburg, Ky., in remitting for *THE CRITIQUE* for 1912, says: "Glad you didn't; journal is too good to die."

* * * *

Please do not overlook the fact: *CRITIQUE* stands for separate examining boards for homœopaths. Put that in your pipe and smoke it.

* * * *

Dr. Clinton Enos has been appointed on the surgical staff at St. Anthony's Hospital, this city. *THE CRITIQUE* is pleased to make mention of this recognition.

* * * *

Dr. J. D. Burns, Grundy Center, Iowa, had a very excellent article in the December issue of *Iowa Homœopathic Journal* on the subject of "Diagnosis."

* * * *

"Homœopathy Militant" is bound to make *THE CRITIQUE* a winner in the long run. Send in your subscriptions now and keep the good work going.

* * * *

WANTED—Position by lady as assistant in either doctor's or dentist's office: has had experience in these lines; references. Address Editor, *THE CRITIQUE*, 719 Mack building, Denver.

* * * *

FOR SALE—Large physician's or surgeon's desk; glass top; good as new; cost originally \$230; will sell for \$75 cash. Inquire at 1647 Champa street, Denver, Colo., or telephone Main 4594.

* * * *

THE CRITIQUE will be pleased to print news items concerning members of the homœopathic profession, including families, in its Miscellaneous Department. Births, marriages, removals, out-of-town notices, etc., are particularly solicited. Drop us a postal and we will attend to details.

* * * *

Justice Ed. Morris has decided that anyone has a right to cure rheumatism, provided they are able to do so, and dismissed a suit instituted recently by the State Board of Medical Examiners against Charles E. Rigsby, an Indian herb doctor, clairvoyant and itinerant minister, whom Drs. McKelvey and Strickler of the said board charged with practicing

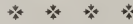
medicine without license. There is something radically wrong with the Colorado medical laws; a conviction seems impossible.



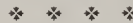
Four thousand "Dagos" were vaccinated in Philadelphia December the 29th. It took two hundred policemen, a large number of doctors, and cost, the Lord only knows how many dollars, to accomplish this undertaking. Poor old Philadelphia.



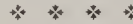
Mayor Gaynor of New York City has forbidden compulsory vaccination in his town. An effort is being made in Pennsylvania to have Governor Tener stamp out the compulsion in his State. You all know that the Governor generally *hits the ball*, so look out for old Pennsy.



And now the A. M. A. is endeavoring to have a bill passed in Congress prohibiting the sale of any patent medicine excepting upon prescription from a physician. The "regulars" should not kick about a small matter of that sort, inasmuch as they are responsible for 99 per cent of such stuff and are the most liberal purchasers.



Dr. George B. Fisher has sent us a copy of his book entitled, "Murdering God." We withhold comment until same has been thoroughly digested. The book is now in the third edition and has evidently interested not a few.



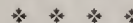
Judging by the number of cash contributions and the many encouraging words received at this office during the past month, our motto, "Homœopathy Militant," is not likely to scare anyone away from this publication owing to its *belligerent* attitude.



THE CRITIQUE greatly regrets to announce the death of Mrs. Caroline M. Walker, beloved wife of Dr. J. M. Walker of this city, which occurred Wednesday morning, January 10th. The profession at large extends sincerest sympathy to Dr. Walker.



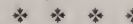
WASHINGTON, Dec. 26.—President Taft, who makes the laws for the Panama Canal zone, today amended a recent executive order regarding the practice of medicine in the zone so as to explicitly sanction the use of Christian Science and other non-medicinal methods.



Henry K. Wampole & Co., Philadelphia, Pa., have issued a very handsome card containing pictures of Surgeons-General of the Army and Navy up to the present time. THE CRITIQUE acknowledges arrival of copy sent this office.



No. 6615, in the Supreme Court of the State of Colorado, is a story of intense and thrilling interest. It is, legally, entitled, "Ralph M. Jones, Plaintiff in Error, *versus* the People of the State of Colorado, Defendants in Error." Some of Attorney John Rush's remarks concerning medical practice are particularly refreshing.

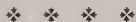


Innoculation with anti-typhoid serum, which was made compulsory in the army, following the maneuvers along the Mexican border, has now been made compulsory in the navy. In addition all members of the Seventy-first Regiment of the New York National Guard have been innoculated and there is reason to believe that other regiments of the

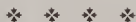
guard, both within and without New York, will follow suit. Perhaps it is but a step from this to compulsory inoculation of the public at large.—*Philadelphia Evening Bulletin.*



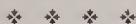
The Medical Society of the City and County of Denver held a "Good Fellowship" meeting in the Ordinary of the Brown Palace Hotel, Tuesday evening, January 9th. Just what this jollification indicated is not clearly understood by THE CRITIQUE. Wonder how many of the loyal homœopaths were present?



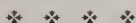
The Cleveland Medical and Surgical Reporter has undergone a complete change in its editorial department. Dr. Jessie L. Sadler is the managing editor. His staff consists of an editorial editor, two associate editors and a business manager. THE CRITIQUE hopes it may accomplish all it has set out to do.



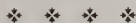
A physician is wanted at Eastlake, Colorado, a new town fourteen miles north of Denver on the new U. P. extension from Denver to Boulder. The closest physician, now, is nine miles and there is a large country unsupplied in this immediate vicinity. Some man who can put in a small stock of drugs will find this a very desirable location. Address A. M. Patten, 1161 York street, Denver, for further information.



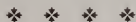
Denver newspapers worked overtime a short while back telling of a wonderful cure which was being brought about in the case of one of Colorado's Railroad Commissioners. The fact of there having been a noticeable cessation in this class of current comment leads one to believe either the commissioner escaped or has applied his official authority to the treatment and sidetracked it somewhere.



With its customary enterprise and generosity, the Denver Chemical Manufacturing Company of New York City has remembered the medical magazine editors by presenting many with an enduring token of regard in the shape of an elegant brass desk tray. THE CRITIQUE acknowledges further obligation in receipt of same. The public receives its enduring token of benefit from this company in its privilege of purchasing and using *Antiphlogistine*.



According to the *Ann Arbor Times* the number of medical students in the University of Michigan this year, allopathic, as for the past four years, shows a marked decrease, 72, while the homœopathic department shows a slight increase, 7. Five years ago there were five times as many allopathic students as there were homœopathic, while at present there are only twice as many. Guess Homœopathy isn't "dying" very much.—*Homœopathic Recorder.*



One of the *advertising kind* in Denver announces in a flaring ad, surmounted by a picture which he proclaims genuine, as well as the name under which he conducts business, "I give '606' (Salvarsan) for Blood Poison." To make the matter more binding, he offers "to prove that I do I will prepare it for use in the patient's presence." Seldom one has a line of clients who are capable of determining the dependability of any such demonstration.



Colorado's State Board of Health proposes *injuncting* (good word) the city health board to prevent the latter renewing its present garbage

contract. If the State board does no more in this direction than it has in exposing the large number of "society" doctors whom it claims are doing unlawful things, and whom one pauLL, something or other, proposes putting out of business, the probabilities are that nothing more serious will happen than a continuation of the newspaper notoriety certain members of this same State board seem to thrive upon.



Dr. H. W. Wiley, the pure food prodigy, was badly needed by the Attorney General's office some time ago. The public prosecutor particularly desired his testimony *as an expert*, but the wiley Wiley reniged and stated he *could not* qualify as a physiologist, a chemist, a pharmacologist, a toxicologist, a physiological chemist or a doctor. That's no fair to ask a man of his sort concerning what they know. With them it is how much they can get in the papers which will neither divulge their defects nor defeat their aim in life. The aforesaid aim generally leads to a good fat Federal job; to hades with the public.



DENVER HOMOEOPATHIC MEDICAL SOCIETY.

The few who attended the January meeting of the Denver Homœopathic Society were amply repaid in the excellent talk given by Dr. Wm. R. Welch, the subject of which was "Metritis and Endometritis." The doctor's remarks were elaborated by charts and other modern methods, and were heartily appreciated by all. We were unable to remain for the discussions, but are sure they were interesting and instructive. The next meeting of the society will be at The Shirley, third Friday evening in February.



A TRIBUTE TO CAROLINE M. WALKER BY HELEN RING ROBINSON

She had learned the art of living—this dear woman who has so lately passed to where, beyond these earthly voices, there remains still, as we believe, "the glory of going on."

She had learned on sunlit summits as in shadowy places what are the true essentials of happiness. And she found them in the dear human joys of wifehood and motherhood, of friendship and companionship.

Wealth might leave her. There was no bitterness of regret since those delights remained. Youth might vanish. She turned her face serenely toward triumphant age. Health departed. But never the light in her eyes or the smile in her heart; never the vividness of her interest in all that concerned her church and her clubs and her friends.

There were three gifts which she brought into this world, and now that the "vague guest and comrade of the body we call the soul" has departed, it has not fared forth lonely, for still these three gifts abide.

She had the gift of humor. And because of this gift she could smile at life's tangles. She could be merry as she faced the day. She could be brave as she faced the night.

This was the gift of flowers.

She had the gift of loyalty, whose other name is sincerity. And the only people in the world whom she could not excuse were those who hid treachery under smiles and shams.

This was the gift of stars.

She had the supreme gift of loving, not merely the lesser gift of arousing love

This was the gift of the rainbow, set by God Himself as a sign in the heavens.

So it is that those who have looked their last on her dear face may rejoice in the blessed trinity of gifts she has left behind her as a memory, and yet has taken with her for her next and higher round of being.

"The wages of sin is death; if the wages of virtue be dust,

Would she have heart to endure for the life of the worm or the fly? She desires no isles of the blest, no quiet seats of the just,

To rest in a golden grove, or to bask in a summer sky; Give her the wages of going on and not to die."

Denver *News*, January 13th.



HOMOEOPATHY'S LARGEST HOSPITAL.

The Metropolitan Hospital, on Blackwell's Island, New York, now enjoys the one advantage it has hitherto lacked to make its service of the greatest value. A Reception Hospital with a motor ambulance, which in six months answered 1908 calls, brings every variety of acute and surgical case to the wards. No hospital can now offer a more attractive service for internes. Its eighteen months' course is divided so that each man serves in each division in rotation. Last year the 11,138 patients were divided as follows: Surgical, 1802; medical, 2803; genito-urinary, 604; mental and nervous, 291; children, 376; eye and ear, 196; nose and throat, 57; obstetrical, 218; gynecological, 104; tubercular, 4687.

One thousand and twenty surgical operations were performed. A hint of the pathological treasures that abound is given by the number of autopsies, 194, performed in the year.

This hospital, maintained by the Department of Charities of New York, has recently opened several new buildings. The new staff house resembles a well-appointed club. The pathological building is perfect in arrangement for the utilization of the vast supply of morbid material. The two new pavilions for tuberculosis are equal in design and equipment to any yet built. Service by internes in the tuberculosis division is salaried.



RESOLUTIONS AGAINST OWEN BILL BY MACHINIST HELPERS OF DENVER.

We, a committee appointed by the Machinist Helpers' Lodge, No. 12764, of Denver, Colorado, to investigate the bill now before Congress known as the Owens Bill, to establish a National Department of Health, after carefully investigating it, have come to the conclusion that it is class legislation, and thereby infringes upon the liberties of the people in the free choice of medical adviser, and of the school of medicine by which they shall be treated.

We believe that a person should have the free and unlimited right to select his own method of healing. We, therefore, ask you to use your influence and vote to defeat this bill.

(Signed) O. B. JACOBSON,
 (Signed) PATRICK COYLE,
 (Signed) T. F. HAMILTON,
 (Signed) ED. WALSH,
 (Signed) GEORGE GREENWAY,

Committee.

Denver, January 9, 1912.

RESOLUTIONS BY TOBACCO STRIPPERS' UNION NO. 10,422 OF DENVER.

WHEREAS, The American Medical Association is endeavoring to secure the enactment of a law by Congress of the United States, providing for the establishment of a department of the Government to be known as the Department of Public Health, the head of which department will be a cabinet officer; and

WHEREAS, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose—and would compel us to submit to the dictation of a Government doctor; and

WHEREAS, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights—the right of every man to select the practitioner of his choice in the hour of sickness; and

WHEREAS, The National League for Medical Freedom will seek through publicity and education to unmask and oppose any legislation which endeavors to put into power any one system of healing, and use the government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing; now, therefore, be it hereby

RESOLVED, That we, the members of Tobacco Strippers' Local Union, No. 10,422, American Federation of Labor, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

TOBACCO STRIPPERS' LOCAL UNION, NO. 10,422.

(Signed) JENNIE STRELTZER, *President*.

(Signed) BESS MILLER, *Secretary*.



PENNSYLVANIA STATE NOTES FOR FEBRUARY.

MEMBERSHIP IN THE INSTITUTE: The strength of any organization is measured by the number of members on its membership roll. Pennsylvania proudly boasts of 700 members who endorse their State Medical Society, which is at least 50 per cent of the number of homœopaths within the State. Surely this is something to be proud of, and which at once makes Pennsylvania stand out pre-eminently and profoundly as having the best organized State medical society in the Union. This has been made possible by the assistance of active membership committees who in the past few years have proposed as many as 300 members; last year's committee being a record-breaker in itself, having totaled for the year's work 130 new members. Two years previous to that time the membership committee, with the active co-operation of all upon it, totaled 100 new members. At this ratio of proportion Pennsylvania cannot help but continue her lead and continue her boast as the "Keystone State of Homœopathy."

It is the duty of every homœopathy physician, whether he endorses his State medical society or not, to indorse his national society—The American Institute of Homœopathy. While unfortunately this year there are not available funds within the institute to carry on an active campaign within this State, nevertheless at least those of the 700 who do not already endorse their national society, of which there are about 500, should at once make application for membership in the same; so that Pennsylvania can extend her boast within the domains of the national

“while the paramount serviceability of a remedy is its therapeutic value, its adaptability is an item of no small import.

This is particularly true in the application of hot moist heat, the generally accepted treatment for inflammatory conditions, where its continued application is so essential for results.

To subject a patient to frequent and unnecessary dressings and exposure, as is the case where poultices, moist packs, etc., are used, not only retards the progress of treatment, but disturbs and annoys the patient and is not in keeping with advanced therapeutics.

The serviceability of antiphlogistine as a therapeutic agent is best attested by the preference accorded it by the medical profession in the treatment of Congested or Inflammatory conditions where hot moist heat is called for.

The adaptability of antiphlogistine indicates it as the best medium for the employment of hot moist heat, as it is easy to apply, holds its heat for hours and thus does not disturb or annoy the patient.”

society. Surely, from the latest statistics, she is not very far behind her close State neighbors, and it should be her aim within this year, even though the institute is unable to assist financially in an active campaign, to see to it that as many new members as possible be gotten for the institute.

Now that the national government has officially recognized homœopathy, surely the loyalty and devotion of every homœopath within the State of Pennsylvania should be of sufficient caliber to want to make him endorse his national society by his membership. Those desiring application blanks can have the same by applying to the president of the institute, a fellow Pennsylvanian, Dr. Thos. H. Carmichael, 7127 German-town avenue, Philadelphia, Pa., who will see that they are promptly supplied.

Since the institute has seen fit to honor Pennsylvania by electing Dr. Carmichael as its president, and as well having further honored the State by deciding to meet within its confines during the coming year at Pittsburg in June, surely this should be incentive enough for the homœopathic loyalists to want to not only endorse the institute with their membership, but their presence as well. Pennsylvania must make a formidable showing, so it is up to Pennsylvania homœopaths to do what is merely their duty.

RALPH BERNSTEIN.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting on the evening of December 14th, 1911, at 9 o'clock, at Hahnemann Medical College. The following scientific programme was presented:

"A Plea for the Surgical Treatment of Hernia"....Dr. G. A. Van Lennep
 "Secale Cornutum in Entero Colitis".....Dr. T. C. Imes
 "Some Experiences with Arsenicum".....Dr. R. E. Tomlin
 "Colocynthis, an Obscure Intestinal Case".....Dr. I. B. Gilbert

The meeting, being the last of the year, was unusually well attended, and the subjects were heartily discussed.

WM. M. SYLVIS, M.D., *Secy.*

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting on Monday, December 8th, 1911, at 9 P. M., at the Union League. Dr. Willard D. Bigelow addressed the society on "Some of the Results of the Food and Drug Act." The censors reported favorably upon the name of Dr. Samuel W. Reeves of Philadelphia, a graduate of Hahnemann Medical College, Philadelphia, class of 1909. Officers for 1912 were nominated, and six members of the entertainment board were also nominated and elected.

LANDRETH W. THOMPSON, M.D., *Secy.*

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College on Saturday evening, December 16th, 1911, at 8:30 o'clock. The first part of the programme was occupied by the presentation of clinical cases, which was followed by the presentation of the following papers:

"The Ocular Manifestations of Diabetes"....F. O. Nagle, M.D., Phila.
 "A Case of Lymphatism".....R. S. Leopold, M.D., Phila.
 "A Case of Hemorrhagic Pancreatitis with Fat Necrosis".....
S. W. Sappington, M.D., Phila.
 "Double Malignancy in the Same Organ; a Note on Two Cases"....
J. D. Elliott, M.D., Phila.

Officers for the ensuing year were nominated. The meeting was well attended and hearty discussion entered into.

BENJ. K. FLETCHER, M.D., *Secy.*

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on the evening of December 20th, 1911, being entertained by Dr. Ralph Bernstein, 37 S. 19th street, Philadelphia. The subject of Dr. Bernstein's paper was "Recent Advances in the Successful Treatment of Epithelioma." The meeting was well attended.

WALTER J. SNYDER, M.D., *Secy.*

THE WOMEN'S HOMOEOPATHIC MEDICAL ASSOCIATION OF PITTSBURG held its regular monthly meeting at the office of Dr. Anna D. Varner, 616 Wood street, Wilkensburg, Pa., on Thursday, January 4th, 1912, at 8 p. m. Mrs. Lizzie Foster of Waterville, Me., who has just returned from an extended tour of the Orient, visiting mission stations in India, Burmah, China and Japan, was the guest of honor, and her address was not only exceedingly instructive, but much enjoyed by the large number of members in attendance.

MARY E. COFFIN, M.D., *Secy.*

THE LEHIGH VALLEY HOMOEOPATHIC MEDICAL SOCIETY held its regular meeting at the Hotel Karlton, Easton, Pa., on January 4th, 1912. Dr. O. S. Haines, Professor of Materia Medica of Hahnemann Medical College of Philadelphia, was present and delivered one of his interesting and instructive papers, his subject being "Chronic Myocarditis." Two other interesting papers were presented, as follows: "Valvular Heart Disease," by Dr. E. D. Doolittle; "The Nervous and Hemorrhagic Types of Typhoid Fever," by Dr. A. L. Kistler. Dinner was served at 1 p. m.

S. C. SWARTZ, M.D., *Secy.*

THE HOMOEOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES held its Holiday meeting at the Colonnade Hotel, Philadelphia, Pa., on Tuesday, December 12th, 1911, at 1 p. m. Dr. J. W. Mullin of Wilmington, Del., read a short paper on "That Sacred Prescription." President J. W. Pratt, M. D., of Coatesville, Pa., opened the discussion and delivered his inaugural address. H. P. Leopold, M.D., of Philadelphia, presented a paper on "Post Operative Treatment in Abdominal Cases," the discussion being opened by Dr. D. P. Maddux, Chester, Pa. A special luncheon with music was served at 1:30 sharp, at which time the new president of the State Medical Society, G. J. Palen, M.D., and William W. Speakman, M.D., both of Philadelphia, made brief remarks. This meeting was unusually well attended and voted quite a success by all who had the pleasure of being present.

ISAAC CROWTHER, M.D., *Secy.*

THE REGULAR MONTHLY MEETING OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE 23RD WARD, PHILADELPHIA, was held on Wednesday, December 20th, 1911, at the office of Dr. A. D. Krewson, 4013 Paul street, Frankford, Philadelphia, Pa. The subject which Dr. Krewson presented for discussion was a paper on "Biliary Calculi." The meeting was well attended and hearty discussion entered into.

J. D. BOILEAU, M.D., *Secy.*

THE DELAWARE COUNTY HOMOEOPATHIC MEDICAL SOCIETY held its January meeting on the 11th inst., in the Y. M. C. A. building, Chester, Pa., at 3:30 p. m. The scientific programme was as follows:

"Psycho-Therapy".....G. Harlan Wells, M.D., Phila.
 "Leprosy".....J. Percy Craig, Chester, Pa.

These papers were ably presented and heartily discussed. Dinner was served at 5 o'clock. The meeting was well attended.

G. C. WEBSTER, M.D., *Secy.*

MISCELLANEOUS—Officials of the Maryland Homœopathic Hospital of Baltimore, Md., are desirous of securing a resident physician to fill an unexpired term until June 1st, 1912, and should be pleased to hear from anyone caring to apply for the position.

READING NOTICES

HOPE FOR THE TUBERCULOSIS PATIENT. When demonstrable lesions of tuberculosis show the steady progress being made by the infection, the physician owes it to his patient as well as to himself, to put at the unfortunate one's command whatever advantages may be open to him. Right living, sleeping in the open and the choice of a proper dietary, coupled with such drug therapy as may be indicated, offer the most hope to the tubercular patient who is not in position to seek another climate and lung specialists. The indications for drugs are met by Cord. Ext. Ol. Morrhuæ Comp. (Hagee), for in it are properties well calculated to soothe the irritated mucosae, make the cough more bearable and maintain strength and resistance of the hard pressed tissues. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) possesses the added advantage of not disturbing nutritional processes, as do so many agents of its class, rendering them a hindrance instead of an aid.



PREVALENT DISEASES. Each change of season brings with it its diseases seemingly peculiar to the time.

Summer with its Intestinal Disorders, Sunburn, Insect Bites, Ivy Poisoning, etc.

Fall presents for the attention of the physician its Typhoid cases and Winter and early Spring its regular quota of Pneumonic, Bronchial, Throat and other chest conditions.

At this season, when Pneumonia and Bronchitis demand the call of the physician, literature presenting the experience of fellow practitioners, in the successful handling of these cases, would seem most apropos.

The Bloodless Phlebotomist for January reflects the experience of many physicians upon this timely subject.

Dr. Charles Buck of Cincinnati presents his experience in handling cases of Pneumonia, also relates some facts in the treatment of Lumbago, which might also be considered as an affliction prominently manifesting itself at this season.

"Broncho-Pneumonia," with supportive as well as local treatment in all its details, is the subject of the paper of F. A. Kautz, also of Cincinnati.

Dr. E. Clinton Murray of Houston, Texas, relates his experience and treatment in a case of Pneumonia in an eighteen months old baby, and Dr. J. C. Klippinger of Independence, Kansas, presents a "Different Technique in Pneumonia," which is decidedly original. In abstract his method is to apply the local dressing in a manner which gives the intercostal muscles a chance to functionate without restriction from bandages. This symposium is closed with a paper from Dr. W. A. Radue of Union Hill, N. J., upon "Acute Pleurisy and a Successful Abortive Treatment."

Besides the papers referred to, upon the subject of Chest and Throat diseases, much additional information is given. The one in particular we would have you note is the "Rational Influence of Hot Applications," by that well-known Therapeutist, Dr. Finley Ellingwood, of Chicago, Ill.

A postal card addressed to the Bloodless Phlebotomist, 57 Lighthouse Street, New York, will bring you a copy of the January issue.



ORIGINAL ARTICLES

SOME DIPHTHÉRIA STATISTICS.

BY W. A. DEWEY, M. D. *Ann Arbor, Mich.*

HOMŒOPATHIC.

IN THE COMPILATION of the following statistics the writer has made a careful and critical examination of the periodical literature of the homœopathic school in all languages. No case is included in which anything was employed save homœopathic remedies in homœopathic doses. The major part of the cases were taken from the records of our German confreres for two reasons: First, legal rules in Germany require particular attention to the reporting of cases, and, second, each physician is a graduate of some German university; therefore educated in the same way as his allopathic confrere and thus no more likely to make mistakes in diagnosis.

	Cases.	Deaths.	<i>Mortality, Per Cent.</i>
1883-1884-1885.			
Dr. Sulzer, Berlin	289	29	10.
Dr. Burkhardt, Berlin	257	12	4.6
Dr. Windelband, Berlin	491	13	2.6
Dr. Trager, Berlin	209	12	5.7
1869 to 1891.			
Dr. Szontagh, Buda-Pesth	106	6	5.6
1888-1889-1890.			
Dr. Bilfinger, Stuttgart	186	6	3.2
Dr. Eberle, Nuremberg	165	11	6.6
Dr. Donner, Heilbronn	205	11	5.3
1880 to 1887.			
Dr. Eberle, Nuremberg	521	23	4.4
1883.			
Dr. Heyberger, Protowin	53	3	5.6
Dr. Kafka, Jr., Prague	11	0	0.
Dr. Kronig, Cassel	135	10	7.4
Dr. Matthes, Ravensburg	132	2	1.5
Dr. Nothlichs, Aachen	11	0	0.
Dr. Schlegel, Tübingen	24	0	0.
Dr. Schwenke, Coethen	23	0	0.
Dr. Siegmundt, Spaichingen	73	4	5.4
Dr. Sirech, Olmutz	73	0	0.
Dr. Stiff, Leiszig	33	2	6.
Dr. Wagner, Baran	10	1	10.
Dr. Wuek, Königsburg	43	0	0.
Dr. Hochceker, Hildesheim	40	4	10.
Dr. Kleinschmidt, Berlin	22	2	9.

1886.			
Dr. Schlegel, Tubingen	16	0	0.
1884.			
Dr. Fischer, Berlin	22	0	0.
Dr. Kroner, Potsdam	62	2	3.2
Dr. Villers, St. Petersburg	100	0	0.
1905.			
Dr. A. P. Hanchett, U. S.	73	2	2.7
Dr. Beebe, U. S.	3	0	0.
45 Physicians Cook Co., Ill.	315	23	4.5
Dr. Martin, U. S.	16	0	..
Total	3,629	178	
Average Mortality			4.5

Allopathic Statistics. Pre-Antitoxin Days.

	Cases.	Deaths.	Mortality, Per Cent.
1883, Berlin	8,628	2,655	30.8
1884, Berlin	8,965	2,644	29.5
1879 to 1889, Strasburg Clinic.....	938	439	46.7
1893, Boston City Hospital.....	419	204	48.4
1894, Boston City Hospital.....	598	266	44.4
1890 to 1894, Massachusetts Board of Health	13,332	3,768	23.8
Total	32,880	9,986	
Average Mortality			34.

Allopathic Statistics. Antitoxin Days.

	Cases.	Deaths.	Mortality, Per Cent.
1894-1895, Boston City Hospital.....	1,566	207	13.2
1895 to 1907, Mass. Board of Health....	96,980	11,398	11.8
1896-1897, Municipal Hospital, Phila....	1,746	410	23.4
1899-1900, 4 months, N. Y. Dept. of Health	3,838	723	18.8
1902, Dr. Shurley, Detroit	230	54	23.4
1902, Dr. Stanley, Brit. Med. Journal....	500	80	16.
1908, New York Dept. of Health.....	20,683	2,285	11.
1909, New York Dept. of Health.....	20,759	2,468	11.5
Total	146,302	17,625	
Average Mortality			12.

These statistics might be extended, but they are sufficient to show:

First: That the allopathic mortality in diphtheria has decreased over 50 per cent since the advent of antitoxin, which dates from 1895-1896. Whether this decrease in mortality is due wholly to antitoxin may be well doubted for the reason that during this period the mortality in all other infectious diseases in which there is no serum used has been very markedly decreased. Hygienic measures have doubtless contributed in no small degree to decrease mortality in diphtheria as well as in other infectious diseases. Again setting aside the fact that antitoxin contains carbolic acid or trikresol or other like preservative, known to be powerful drugs and in whose provings we find malignancy, prostration and the production of a membrane in the throat, to an amount equaling our 3x dilution, it is not

at all improbable that there is some homœopathicity in the procedure, either due to the presence of the preservative or the similarity of the antitoxin itself to the disease. There could be no antitoxin without diphtheria. It is *similia*, rather than *contraria*. Then, too, the abandonment of the procedures in pre-antitoxin days may account in a large degree for the betterment of the statistics.

Second: That the best statistics of antitoxin have never equaled the worst mortality rate of homœopathic treatment. Homœopathic physicians who are careful prescribers all over the world aver that their mortality rate in diphtheria never exceeds 10 per cent, and most of them acknowledge only a death rate of from 4 to 7 per cent, and all acknowledge that no additional benefit is derived from a combination of antitoxin and homœopathic remedies. Dr. Kroner, of Potsdam, Germany, treated 69 cases of diphtheria. Sixty-one of these he treated homœopathically and but two died. He treated eight cases homœopathically at the same time, using the antitoxin, and of these eight three died.

Third: That homœopathic physicians should not use antitoxin. In the face of the foregoing statistics from careful prescribers, showing the superiority of homœopathic treatment in this disease, a homœopathic physician who would use antitoxin either does not understand his birth-right or else from ignorance of its benefits allows himself to be swept along by the popular clamor for antitoxin. The allopathic school, elated by the results of this near-homœopathic procedure, have captured the public ear and are willing to make it compulsory by legal enactment. It is the duty of the homœopathic profession to turn the tables upon them and make it compulsory for a patient suffering from diphtheria to call a homœopathic physician. If the allopathic statistics of antitoxin are 22 per cent better than those before antitoxin days and warrant its compulsory administration, surely homœopathic statistics which are 30 per cent better than pre-antitoxin days and 7.5 per cent better than those of antitoxin itself are entitled to not only a hearing, but legal protection, if such be feasible.

It may be interesting here to note the discovery of one of our greatest remedies in diphtheria by the allopathic school and the results of its use applied empirically. In the *Allgemeine Medicinische Zeitung*, of Berlin, in 1888 appeared an extract from an article by Dr. H. Sellden, of Goteborg, Sweden, referring to the use of Mercury cyanide in diphtheria. Dr. Sellden, from 1879 to 1882, treated 564 patients with genuine diphtheria with the ordinary measures of the time, Chlorate of potash, etc., and lost 523 cases, a mortality of 92 per cent. In 1883 he treated 160 cases; 132 of these he treated with Mercury cyanide and only one died; the other 28 cases he treated in the old way and all died. In all, up to 1888, he treated about 400 cases with the cyanide with a mortality of 4 per cent. He used the remedy in doses of from 1-500 to 1-1000 of a grain. Other Swedish physicians reported a total of 1,400 cases treated with Mercury cyanide, with a mortality of 4.0 per cent.

Dr. Luddeckens, of Leignitz, in the *Therapeutische Monatshefte*, reported that he and his father treated 110 cases with Mercury cyanide, or 4.5 per cent.

Dr. v. Villers, of St. Petersburg, a homœopathic physician, used it under strictly homœopathic indications in 100 cases and lost none.

Dr. Erichsen, an allopath, of St. Petersburg, used it in 25 cases and lost but 3.

Thus it is seen that the use of Mercury cyanide, even in allopathic hands, gives a general mortality statistic of about 5 per cent, and unlike antitoxin it is useful in fully developed cases and even those of the most malignant type. It was probably too homœopathic to be generally adopted by the allopathic school.

The adherents of antitoxin claim that it is excellent in the onset of the disease, not so good the second day, of questionable value the third day and practically useless after that. Such a claim might be made of any treatment in any disease. Homœopathy has remedies suitable for all stages and will cure cases that have been abandoned by antitoxin enthusiasts.

It may be of interest to review briefly the pathogenic action of these remedies, namely, Carbolic acid and *Mercurius cyanatus*.

Carbolic Acid. There have been many cases of poisoning with this drug in varying strengths, from the crude article to weak solutions, and also some homœopathic provings. The symptoms may be summarized as follows:

1. Profound prostration and a rapid sinking of the forces.
2. Fetid discharges and tendency to tissue destruction.
3. Dark dusky face, a membrane involving the nose and mouth and great accumulation of exudate.
4. Low adynamic fever, thready pulse, cold hands and feet.
5. Uvula whitened and shriveled, fauces covered with a mucous exudation.

These symptoms are very similar to many cases of diphtheria and doubtless could a careful proving of carbolic acid be made many more symptoms similar to the disease would be elicited. The drug, however taken, seems to have an affinity for the throat, nose and larynx, and while some of the effects above given are manifestly due to its local action, its elective affinity would show itself, however taken or in whatever dose.

The remedy classes with *arsenicum*, *lachesis* and *crotalus*.

Mercurius Cyanatus. This drug seems to get most of its symptoms from the hydrocyanic acid of its composition. Thus we have:

1. Great and sudden prostration with very high pulse. The extreme weakness is most characteristic.
2. Exudation in the throat, first whitish, turning to greenish and threatening to become gangrenous. Glands tender and inflamed.
3. Fetidity of discharges from the throat and nose.
4. Nosebleed, brown blackish tongue, nostrils invaded by the disease.
5. Malignancy and extreme prostration are the watchwords.

There is no closer comparison than such symptoms to many cases of advanced diphtheria.

The remedy classes with *kali permanganate*, *baptisia* and *muriatic acid*.

One of the latest works on Bacteriology gives the following as the procedure in making antitoxin: 0.5 c.c. of toxin and 0.5 c.c. Iodine-potassium iodide solution (Lugol's solution). This is injected into a horse in increasing doses for two or three months. The blood is then drawn off from the jugular vein and stood for two or three days in a cool place. Then the serum is pipetted off and to preserve the same .05 per cent of Carbolic acid or .04 per cent of Trikresol added.

There are methods of concentrating the antitoxin which further complicate the substance by the addition of Ammonium sulphate, Sodium chloride, Acetic acid and Sodium carbonate, making it from a homœopathic conception a truly wonderful mixture from which to expect a scientific deduction of drug action.

Carbolic acid and Trikresol are not the only preservatives that might be added to antitoxin. It is our belief that were Mercuric cyanide in a solution equaling 1 to 1,000 or even weaker used as the preservative the results of antitoxin would show far less than a 12 per cent mortality, for it could then be used in cases that are advanced beyond the third day with success.

It is very interesting and significant to note that one of the leading lights of the medical faculty of Rome, Professor Guido Baccelli, has abandoned the use of anti-tetanic serum in tetanus and substituted therefor injections of Phenol, and claims that his results are better.

It would seem that such substances as Cresol, Trikresol, Phenol or Carbolic acid should receive a thorough homœopathic proving. We can then approach the questions of vaccines, tuberculins and antitoxins, all of which are preserved with some one of these in a sufficient quantity to be strongly perceptible to the sense of smell in a truly scientific manner. At present those of our school who are carried away with the idea that these serums have something of homœopathy in them are perhaps as unscientific in their researches as is possible for them to be. Surely there is no sense significance nor science in a result had from a vaccine toxin or tuberculin when these substances are contaminated with the phenols or cresols in amounts that constitute a physiological dosage.—Southern Association.—*Medical Century*.

BALDNESS—ITS PREVENTION AND TREATMENT.

(Written Specially for the Critique.)

BY RALPH BERNSTEIN, M.D., PHILADELPHIA, PENN.

Clinical Instructor in Skin Diseases, Hahnemann Medical College, Philadelphia, Pa.; Consulting Dermatologist to the Women's Southern Homocopathic Hospital, Philadelphia, Pa.; Consulting Dermatologist to the J. Lewis Crozer Hospital and Home for Incurables, Chester, Pa.; Consulting Dermatologist to the House of Detention for Juveniles, Philadelphia, Pa.; Dermatologist to the West Philadelphia General Homocopathic Hospital and Dispensary; Dermatologist to Hahnemann Hospital Dispensary, Philadelphia, Pa., etc.

LET US BEGIN the prevention of baldness at the very hour of birth. Too great care and attention cannot be given to the scalp of the new-born. Immediately after birth the scalp should be gently oiled with pure olive oil to assist in the removal of the vernix caseosa. It is the very failure of the proper removal of the vernix caseosa which causes so much scalp trouble in the later days of the baby's existence and often in later life.

The greatest care and gentleness must be used so that the tender and sensitive scalp should not be injured, and under no circumstances is the fine tooth comb to be used for such a procedure. After the baby's body has been washed the scalp is to receive its first cleansing. Plenty of warm water and pure castile soap are to be used. If some of the vernix caseosa still remains, the scalp is again to be oiled, and the shampoo repeated on the next day, when all of the remainder is usually easily removed; and again I must make the precaution that under no circumstances is the fine tooth comb to be used.

Daily for several weeks the baby's scalp should be gently oiled. This will prevent the collection of sebaceous matter and will protect the scalp from atmospheric influences. The scalp should be washed daily while the oil is being applied. When there is a good development of hair the scalp should be washed but once in a month. The scalps of children and adults should not be shampooed oftener than once in six to eight weeks; this depending, however, upon the occupation and environment. The pernicious habit of daily wetting the

hair in order to comb it is to be absolutely interdicted; not that the wetting is harmful, but that the scalp is never thoroughly dried, and there is, therefore, a constant maceration going on, and, together with the heat of the scalp and the collected detritus, there is an excellent and fertile field for the bacteria of baldness (the micro-bacillus of seborrhoea) to have full sway.

After having carefully given the baby's scalp its proper and necessary care, we must next consider the child from ten to fourteen years of age, during which time there is a furfuraceous scaly condition of the scalp, which continues for several years; there is constant exfoliation going on, the scales being dry, fine and powdery in character. There is slight itching of the scalp, and the child takes great delight in making the so-called dandruff fly. There is usually no falling of the hair now, and this condition is known as pityriasis simplex, a simple scaling of the scalp, as it were. Who of us have not seen, in our earlier days, on the collars of our school-fellows sitting in front of us, just such scales thickly piled one upon the other? Then again, who of us have not seen the collars of our fellow students at college just as thickly covered with such scales? And who of us today, perhaps, do not have just such scales upon our collars and shoulders? Here, then, is the really true beginning of baldness.

Let us collect some of these very scales and put them beneath the microscope, and let us see what will be unfolded to us. Numerous flask-shaped bacilli present themselves, the so-called bottle bacilli of Unna, so named in 1892 and described by Malassez as early as 1874. They vary considerably in shape, usually, however, they appear as a gourd, perhaps at times best described as being the shape of a peanut, having a short, narrow neck with clubbed extremities, and they are usually arranged in groups or may appear singly. It stains with the usual dyes, is not decolorized by Gram's iodine solution and grows in ordinary media.

There are, as well, to be found numerous micro-bacilli of seborrhoea, which present themselves as myriads of very

fine rod-shaped bacilli which have a slight resemblance to the tubercle bacilli.

Here, then, we have factors of much importance, and which no doubt have much to do with the later baldness which is to follow. Let us bear strongly in mind that it behooves us, each and every one of us, to correct this condition in early youth with just as much care and attention as we would remove existing comedoes to prevent acne, if we would spare the bald heads of future generations, especially so if there be a tendency to baldness in the family.

Let us follow onward then to the next process in the evolution of baldness. About the fifteenth or sixteenth year the squams, which were so dry and powdery in character at the tenth or twelfth year, are dry and powdery no longer, and they cease to fall; but instead they are thick and yellow and greasy, and now it is that the hairs begin to fall. Gradually at first, more profuse later, and usually worse during the summer time. Here we have a condition known as pityriasis steatoides, a fatty pityriasis, as it were, occurring diffusely on the vertex and the temples. The hair which falls at this time comes out with its bulb intact; new ones take its place, only to be lost again.

We now have a chronic inflammatory condition. There is imperfect cornification, especially about the mouths of the follicles; there is more or less vascular dilation, and the hairs before they fall seem to have a peculiar opaque appearance and lose their luster. The mouths of the follicles are widely dilated and there is a slight degree of parenchymatous oedema present about them.

We are now ready to consider the final stage of baldness. As early as the eighteenth year there is a gradual supplanting of the steatoid pityriasis with a condition of true seborrhoeic dermatitis of the scalp; that is, an increased secretion of sebaceous fat. Hairs are now rapidly falling, and the younger the subject the quicker is the process which leads to total baldness. If baldness should begin at the eighteenth year, the probabilities are that by the twenty-fifth year there will be a marked condition existing, with a fall of from three to four hundred hairs daily. If the process should not begin until the twenty-fifth year, then the probabilities are that complete baldness will not follow until about the fiftieth or sixtieth

year, with a loss of from fifty to sixty hairs daily. As in the condition of pityriasis steatiodes, the hairs fall out with their bulbs complete; new hairs follow the same course, until finally there is nothing left but a fine downy growth which likewise in time gradually disappears, leaving nothing of this once vast army but a bald, shiny top, with perhaps a few odd hairs struggling bravely for existence, and thus we have the final stage in the evolution of baldness.

With reference to the prevention of baldness, we are all well aware of the close relationship which exists between bodily health and hair health, so that it is of just as much importance to carefully regulate the bodily hygiene, and if both are carefully attended to there is no reason why baldness should not be prevented.

As to a proper routine for good hair health, let us next consider the use of the brush and comb. Firstly, the proper kind of a brush and comb are to be used. The proper brush has its rows of bristles wide apart, and the individual bristles of each group are longer in the center and shorter about the periphery. The proper comb likewise has its teeth set wide apart, the ends are round and not pointed, and there is an absence of rough edges to the teeth. There should be two brushes—a stiff one and a soft one. The stiff one should be used the first thing in the morning, brushing the scalp thoroughly to increase the circulation and until a decided feeling of warmth is produced, to remove the existing dandruff and foreign matter. The soft brush is then to be used to assist the comb in parting the hair. The comb has but one use, and that is to part the hair. It should never, never be used for the removal of dandruff and the scales, and the fine tooth comb only for the removal of nits.

Hats with tight constricting bands should never be worn because of their interference with the circulation, and it is also of decided advantage and benefit to give the scalp and hair air baths as frequently as permissible with existing conditions of weather and surroundings. The hat should be worn as little as possible during the summer time, and the hands should be passed through the hair occasionally so as to permit free circulation of air through the same. The soft felt hat or cap should be preferred, and same should have vent holes for aeration at sides and top.

If there is present the so-called condition of dandruff, properly termed pityriasis simplex or steatoides of the fat element have entered into the same, then I would suggest the

following hair lotion, which has been more than par excellent in both private and clinical experience in the hundreds of cases treated. It can be definitely stated that it will absolutely remove the existing so-called dandruff within a very short period of time, even within a week or two; but the condition will surely return if the use of the lotion is not persisted in indefinitely. It should be kept upon the dressing table and rubbed thoroughly and briskly into the scalp with the finger tips at least for several minutes each morning, preceding its use with the brisk brushing with the proper kind of brush, as aforesaid.

It is often of decided advantage, if there is much existing seborrhoeic detretus upon the scalp, to remove the same by thoroughly shampooing with the tincture of green soap, and then not forgetting that water is not to be again used upon the scalp for at least six or eight weeks. The hair lotion is made up as follows: resorcin, tr. cantharides, glycerine, of each a half a drachm, to equal parts of spts. myrciæ and spts. vini recti, aa. q.s.a.d. to make six or eight fluid ounces.

This makes a simple and decidedly effective tonic. The resorcin is used because of its absolutely antagonistic attitude towards the micro-bacillus of seborrhea. The glycerine is used in place of olive oil because of its tendency not to become rancid and does not thicken the hair; and it is well known that glycerine in such small quantities acts precisely as an oil. and therefore is an admirable substitute for olive oil which is usually used. The tr. cantharides, bay rum and the alcohol act as admirable stimulants.

Hard massage, vibratory massage, high frequency currents, faradic electricity and the blue violet light are all of decided advantage in the treatment of existing conditions or oncoming baldness. And last, but not least by no means at all, is the indicated internal homœopathic remedy, which by its ability to increase the opsonic index, to increase the antibodies, if you please, or the antagonistic serums for this particular type of bacilli, if you care to have it so, and as well making the soil unfertile for the bacteria at this particular location because of their selective influence. Among the more important homœopathic remedies which have been found of more than paramount importance in the successful treatment of these conditions are: sulphur, kali carb., kali sulph., kali mur., mezereum, kreosot., phosphorus; the potencies used being either 6-x or 12-x.

ANTITOXIN AND HOMŒOPATHIC REMEDIES IN COMBINATION.

BY JAMES B. BROWN, M.D.

EDITORIAL NOTICE: *In presenting this paper by Dr. Brown THE CRITIQUE is aware that many homœopaths will criticise the treatment inasmuch as the Doctor has, in their opinion, violated certain canons of homœopathic practice. Dr. Brown's wide experience in treating diphtheria and the excellent showing made by his mixed treatment forms an excellent basis for comparison when placed in apposition to so-called pure homœopathy. We asked Dr. Brown specially to write this paper as a sort of complimentary contribution in connection with the one presented in this issue from the pen of Dr. W. A. Dewey, and believe our readers will appreciate the same very much and derive a great deal of benefit therefrom.*

HURSUANT TO YOUR REQUEST I herewith submit you a report of my experience with the use of Antitoxin in the treatment of diphtheria. It has been my privilege to test out the antitoxic as well as the homœopathic treatment of diphtheria during the past ten years, and since learning to use them have found the mortality to be about 2 per cent. Were I called upon to treat an epidemic with homœopathic remedies alone, should feel only partially prepared for the task; on the other hand, should I be called upon to treat it with Antitoxin only, should feel uncertain as to the results unless I could see them during the first stages of the disease. To get the best results in treating diphtheria in all of its stages I should want Antitoxin and homœopathic remedies as well; the judicious use of these agents will save about ninety-eight out of every one hundred cases.

I believe Antitoxin to be as nearly a perfect antidote to diphtheritic poison as we shall ever find, and if it is administered early in the disease it will cure, practically, every case. I have proven this time and again, but as we do not always see the case until it is far advanced, we need other adjuvants and here is where our remedies come in. Very often the patient is saturated or practically moribund from septic intoxication when we are called. Our remedies will not, cannot, act quickly enough to overcome the toxemia before death ensues. A large dose of Antitoxin, to be repeated in six to eight hours with such remedies as *mercurius cyanatus* or *cor-*

rosivus, lachesis, arsenicum, rhus toxicodendron, phytolacca, etc., will very often save them.

It is true that some of such cases get well when either remedies or Antitoxin are used, but the two combined will save double the number.

It is believed that Antitoxin prevents post-diphtheritic paralysis, which theory seems plausible. I have also noticed many times that the germs disappear more quickly from the throat when the remedies are used, than when Antitoxin alone is prescribed.

During the year 1911 there were sixty-six cases of diphtheria (the diagnosis confirmed by the Board of Health) at the Denver Orphans' Home. About sixty of these cases were treated by the writer, the balance being sent to the City Hospital. Of this number (sixty) there was but one death, this being a tubercular babe of fourteen months. The case being among the first, escaped notice until the disease was well advanced. Antitoxin was administered to all, some receiving small doses, as the ages ran from four months to twelve years. One received as high as 18,000 units. About one-eighth of the number received 6,000 units, the majority 3,000 units, and a few 2,000 units. By using the indicated remedy after administering the initial dose of Antitoxin, I found it unnecessary to repeat the dose, and the result was a quick recovery and no bad sequela.

About one-fifth of the cases showed the erythema, but no cases of anaphylaxis. There were two cases, very mild, of throat paralysis, but no serious effects from Antitoxin whatever.

Eight years ago an epidemic occurred at the same institution; being thoroughly imbued with the idea that our remedies could do more than Antitoxin, I proceeded upon that principle. After losing three patients in as many days, and having from four to eight new cases developing daily, some of them being the laryngeal form, I was soon forced to realize that more strenuous measures, if possible, must be used, hence intubation and Antitoxin were resorted to, and no further deaths occurred. I do not believe any other treatment would have saved some of those cases.

When we see a case of laryngeal diphtheria, the little one cyanotic, throwing itself over the bed and fighting for breath, with no visible membrane in the throat, but gradually shutting off the trachea, such cases usually demand intubation; but I have seen the little one, after struggling and fighting for

breath for twelve hours or more, after the administration of Antitoxin, calmly and quietly drop off to sleep in a few minutes, and recover without further dosage. If there is any other treatment that will save such cases I have failed to find it.

Antitoxin simply antidotes the diphtheritic poison and the dosage should be gauged by its action. When the membrane disappears or melts away, it shows we are giving the desired dosage, and when the throat is clear there is no more diphtheritic toxin being produced. Then why give more Antitoxin? In my opinion it is useless if not dangerous to do so.

We have no way of knowing how much Antitoxin to use except by watching the symptoms and the disappearance of the membrane.

Various remedies we know have a specific action upon the throat, stimulating cell action and increasing the antibodies of the blood, thereby effecting a cure. Sprays and throat washes are entirely useless and I have discarded them entirely.

To summarize: Antitoxin should be used in every case of diphtheria and is practically a *specific*, if used in the first stages; that the dose and repetition must be determined by the age of the child and the disappearance of the membrane; that it should not be given after the membrane has disappeared, except in neglected cases resulting in paralysis; that such remedies as belladonna, the mercuries, lachesis, cinnabaris, phytolacca, rhus tox., etc., if used in connection with Antitoxin, will better sustain the patient, make a quicker and more perfect recovery and lower the death rate than either one alone.

510 Wyoming Building, Denver, Colo.





SPECIAL ARTICLES



WHAT TO DO FOR THE NERVES.

(CHAPTER 7—CONVULSIONS—Continued.)

CONVULSIONS IN CHILDREN. What terrors they are and the poor mother's heart almost ceases to beat when she sees her child in a convulsion; they are dreadful things. There is little to do during a convulsion except to loosen all the clothing, put the child into a hot bath and make it as comfortable as possible until the attack ceases. To attempt to give medicine per mouth during an attack is worse than doing nothing at all; the best time to give a remedy is when the child has recovered from an attack and before it has a second.

Our materia medica is rich in true and tried remedies for convulsions in children. Let us turn our attention first of all to the most important or most frequently indicated remedies in this complaint. They are *artimesia vulgaris*, *belladonna*, *cina*, *helleborus niger*, *opium*, *stramonium*, *veratrum album* and *zincum*.

Care must be taken in all cases to remove the cause first. If it results from an impaction of the bowels see that the bowels are clear first. Careful attention must be given to the manner in which the child is clothed and fed, as well as its constitutional tendency to disease.

Artimesia Vulgaris is a remedy that has convulsions resulting from irritation caused by worms; this is also true of *cina* and *stannum*. The peculiar feature about *artimesia* is that convulsions are in *rapid succession for a short time*; then there is a long interval before another succession of convulsions appear. You will also remember that the child having convulsions calling for *artimesia* has a peculiarly offensive sweat, the odor of which is not only fetid, but is very similar to the odor of garlic. Then, again, the convulsions calling for this remedy are found most frequently in sucklings or teething children.

Belladonna has convulsions from cerebral involvement. Here we find constant starting from sleep with a wild and maniacal look, the pupils are dilated, the head and hands are very hot and the eyes are red and staring with a flushed face.

Spasms or convulsions are followed by sopor or deep sleep, the convulsions usually commence in one of the arms, then spreads over the body which is thrown backward and forward. During the interim of a convulsion the child is very drowsy, but cannot sleep; there is often sudden twitchings and jerking of the muscles, whether asleep or awake, and with this there is much screaming and crying, sometimes for hours without any perceptible cause.

Cina, like *artimesia*, has convulsions resulting from irritation caused by worms; this child is feeble, lax and always ailing; it is very fond of sweets and sweet things; there is a painful sensitiveness in the limbs and of the whole body to motion or touch; the attacks usually come on early in the morning or in the evening, and are most violent after eating. The child, during the convulsion, throws its arms from side to side; the extensor muscles become convulsed and the child suddenly becomes stiff, and this is followed by trembling of the whole body with blue lips and whining. Before a convulsion, the child complains of pain in the throat, chest and in all the limbs; during the convulsion there is a clucking noise in the throat as if water were poured out of a pail from the throat down into the abdomen. The child is peevish, cross, cannot be pleased, is irritable, strikes those that are around it and is often taken with sudden attacks of fever; one or both cheeks become very red with marked paleness around the mouth.

Helleborus Niger. The real cause of convulsions calling for *helleborus* lies deeply in the brain centers and those centers controlling the renal track. Nursing children are often taken with these convulsions, during which the body is extremely cold, the urine is very dark with a sediment like coffee grounds; the child complains of an intense and intolerable pain in the head as if an electric shock passed through it. This pain in the head and electric shock-like sensation usually precedes a spasm. •

Opium is especially indicated in convulsions resulting from fright or fear; the child wakes up apparently frightened, crying, screaming and finally the spasms set in; the child jerks from head to foot, throws its head back, the eyes are upturned, the mouth open, the chin quivers, legs and arms are spread out and after the paroxysm is over the child falls into a deep sleep. These are the characteristics and when they result from fright or anger or the approach of strangers, you will know exactly what to give to prevent recurrence of the

spasms. Then, again, in spasms of new-born babes where there seems to be no symptom except screaming during the spasm you will think of *opium*.

Stramonium. This remedy is indicated in convulsions resulting from a sur-charged system with toxins from suppressed or recession of an exanthem or in case where the exanthem or eruption does not appear as it should. Now, the child seems to be afraid and sinks back from objects on first seeing them; the convulsions are episthotonic from bright dazzling objects, water or touch; the abdomen is puffed, body thrown backward and the spasms continually change their character. The child itself is better in the light, worse in a dark room; ordinarily it wants company, is fond of play, but cries out as if it were frightened as soon as it falls asleep.

Veratrum Album. The convulsions of this remedy are usually associated with some digestive or intestinal disturbance. Children needing this remedy are usually very pale with a cold sweat on the forehead. Now the strange characteristic of the spasm is this, *that it is either preceded or followed by a cough*; ordinarily the child is nervous and trembles all over after sudden or violent emotion.

Zincum. This remedy is thought of in convulsions resulting from suppressed scarlatina, though we may need it in convulsions resulting from other causes. The child cries out during sleep and if awakened expresses great fear and rolls its head anxiously from side to side; there is marked twitching in the various muscles; the whole body of the child jerks during sleep and when the convulsion is impending; the child seems to be cross and irritable for days previous; its motions are all hurried; the abdomen is distended and there is more frequent urination than usual. This is a useful remedy in the pale child during teething who is subject to convulsions; in the weak child who does not seem to be strong enough to bring out an eruption to the surface and those whose nerve centers are loaded with poisonous toxins. It is also to be thought of when old eruptions suddenly disappear and the child is thrown into convulsions.

These remedies seem to cover the ground of convulsions almost entirely, but we have other remedies very characteristic of certain convulsions that one needs in a busy practice.

These remedies are *aethusa*, *ambra grisea*, *apis*, *calcarca carbonica*, *camphor*, *chamomilla*, *cicuta*, *coffea*, *cuprum*, *gelsemium*, *hepar*, *hyoscyamus*, *ignatia*, *ippecac*, *lachesis*, *lycopo-*

dium, magnesia phosphoricum, nux vomica, silica and sulphur.

The indications will be given as briefly as possible:

Aethusa. This remedy has spasms with stupor or delirium, *the eyes are turned downward*, the convulsions are epileptiform with clinched thumbs and red face, episthotonus, great weakness; children can neither stand nor hold their heads up.

Ambra Grisca has convulsions which are largely reflex; they are characterized by a sensation of strangling with great difficulty in swallowing; the child is aggravated by warmth or getting warm and is relieved by being cool or cold; this is especially true in nervous children.

Apis is usually recognized by trembling and jerking of the limbs, loud shrieking, and boring the head into the pillow. Convulsions from brain affections with these symptoms cannot be mistaken.

Calcaria Carbonica has primarily, scrofulous diathesis, open fontanelles, teething either too slow or too rapid and marked perspiration about the face and head.

Camphor has spasms from suppression of catarrh in the head or chest. It also has trismus and tetanus neonatorum originating in some wound. Of course this wound affects either the nervous or venous system.

Chamomilla has irritation, anger; the child stretches or bends itself backward, kicks, fights and screams, and during the convulsion the legs, one or the other or both, are moved up and down, grasping and reaching with the hands, mouth drawn from side to side, hot sweat about the head and face, eyes staring, jerking, twitching even in sleep. These convulsions often follow anger or emotions of the mother or wet nurse.

Cicuta. This is one of the first remedies to think of in convulsions brought on by injury. It is characterized by violent shocks to the head, arms and legs which causes the child to jerk them suddenly; it seems to be well and in great spirits when suddenly it becomes rigid, then relaxation sets in and is followed by great prostration; its spasms are renewed from the slightest touch or the least walking or talking.

Coffea. This is particularly useful in teething children who are very nervous and who grind their teeth at night after some over excitement, especially useful in weakly and excitable children.

Cuprum has spasms which begin in the fingers and toes. Now these spasms are often preceded by violent vomiting of

phlegm with marked blueness of the face and mouth, and any attempt to swallow fluids causes a gurgling in the throat. After a convulsion the child screams, turns and twists until another spasm begins, particularly useful in spasms during dentition, whooping cough or retrocession of some inflammatory eruption.

Gelsemium has convulsions from reflex irritation; during the convulsion the face is a deep red and when the child can express itself it says its head feels very large.

Hyoscyamus. This is characterized by angular motions, that is to say, that there is sudden twitching and starting of the muscles in one part of the body and then in another. These twitchings and convulsions are usually worse after eating, during the convulsion there is loud shrieking, frothing at the mouth, the muscles seem to be agitated and this is followed by a profound sleep. The causes are usually fright, fear and worms.

Ignatia. The particular feature about the spasms of this remedy is that the spasms *return at the same hour daily*; they generally occur at the commencement of eruptive fevers, during dentition with frothing at the mouth, kicking of the legs; after punishment of the child it screams and trembles violently all over and then has a spasm, or after fright or prolonged grief of the mother or nurse the child has a spasm. The spasms are usually preceded by very hasty drinking and, as a rule, the children are extremely timid and nervous.

Ipecac. This remedy has spasms resulting from over-indulgence in mixed food; there is much nausea and vomiting before or even during a spasm; the body is rigid, stretched out, followed by spasmodic jerking of the arms; it is often indicated in convulsions from suppressed eruptions.

Lachesis. This is a remedy to be thought of in convulsions which come on during sleep; there is trembling of the tongue, cold feet, the body is stretched backward with screaming.

Lycobodium. This is to be thought of in convulsions resulting from incarcerated flatus; the spasm is accompanied with screaming, foaming at the mouth, unconscious and throwing the arms about.

Magnesia Phosphorus. This remedy is very similar in some respects to *belladonna*; the spasms come on early in the morning and it is also found especially useful during dentition, especially so if the child is very sensitive to every impression, even to touch and particularly to noises.

Nux Vomica. The great remedy in convulsions resulting from indigestion, high living or bad temper of the mother or nurse. You will notice particularly that the convulsions are renewed by the slightest touch and followed by a deep sleep.

Silica. To be thought of in convulsions resulting from vaccination or convulsions returning at the change of the moon; the attacks are preceded by coldness of the left side, shaking and twisting of the left arm and perspiration of the scalp.

Sulphur: This is the sheet anchor in convulsions of scrofulous children, convulsions following suppressed eruptions and often needed to remove the underlying causes leading to these spasmodic outbreaks.

Now then, more particularly, let me call your attention to the great importance of *calcareo carbonica* and *chamomille* in convulsions during dentition. It is true any remedy in the *Materia Medica* may be indicated by the totality of symptoms, but these two remedies seem to take precedence in the majority of cases.

G. F. DIENST, *Aurora, Ill.*



TWO KINDS OF AGGRAVATION.

“**F**VERY AGGRAVATION by the production of new symptoms—when nothing untoward has occurred in the mental or physical regimen—invariably proves unsuitableness on the part of the medicine formerly given in the case of disease before us, but never indicates that the dose has been too weak.”—*Organon, foot note, page 177.*

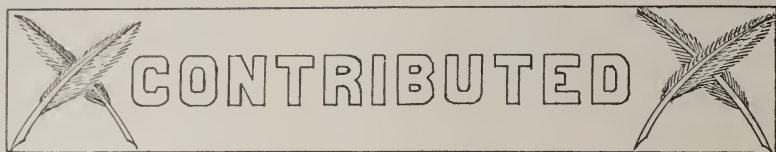
There are two kinds of aggravation with which the homœopathician has to contend:

1. The homœopathic aggravation, or that which is produced by the medicine which is homœopathic to the case. This is not an aggravation of the patient's original sickness, but is in fact the extremely similar *medicinal* disease, which exceeds in strength the original affection.

2. The aggravation which comes by the production of new symptoms. This is more serious, for the patient will grow worse and worse if the error is not corrected; while in the former case he will soon show improvement when the medicine is discontinued.

Summary: (1) The homœopathic aggravation is caused by *too large a dose of the right remedy.* (2) Aggravation by the production of new symptoms is caused by the administration of the *wrong medicine*—unhomœopathic to the case; but the return of *old* symptoms must not be mistaken for new ones.

J. C. HOLLOWAY, *M.D., Galesburg, Ill.*



EDUCATORS AND DOCTORS.

NO REFORM FOR PUBLIC SCHOOLS—ABOLITION THE ONLY WORD FOR THE HOUR.

TO THE EDITOR: Dr. Woods Hutchinson, a writer of national repute, has come out in the *Boston Sunday American* of January 7th in a demand for the *abolition of the public school system*. Good for him! For more reasons than one it is time to abolish it. Who will second the motion?

For some years past practical people have been calling for a return to the three R's in the public schools. The educators, conscious that such a return would mean a humiliating reduction in equipment and teachers, are heartily opposed to it. At a New England conference of educators the subject was mentioned and it was dismissed in disgust with the resolution that "we will give them another fad for every reform proposed."

In 1902, when the people of Chicago were demanding reform, President Nicholas Murray Butler of Columbia University, New York City, journeyed all the way to Chicago to stimulate the people in the retention of fads. He is a recognized authority as one of the university presidents who dictate in large part the policies of the public schools, seeking ever to make them feeders of the colleges and universities, rather than preparers for the duties of practical life.

Dr. Butler said in part, in Chicago: "The three R's, in themselves, are hardly worth having. As a whole equipment they are totally inadequate in the fundamental education and development of the child. Some of the 'fads,' as they are called, are fundamental elements that get hold of the American boy or girl and bring them out." So there we have it! Dr. Butler voices the will of leading educators generally, and proves, as the New England educators said, that reform means only the introduction of more and more fads.

One of the leading Chicago dailies said of Dr. Butler's address: "We do not need any of this sort of preachment in this fad-ridden city. We have had somewhat too much of it already." The same paper followed this up with a description of the disgust evinced by the business men of Chicago over the disabilities of the public school offshoots to properly fill the lower positions open to them in their establishments. Since that time all the other large cities have seen business men complaining in the same strain.

Public schools were originally intended to teach the three R's to the children of the poor at State expense. The children of well-to-do parents were not in it; neither was compulsory education—this was condemned from the first by "the father of the public school system," Horace Mann. As the original three R's have been ignored, so has the warning against compulsory education. Self-seeking educators have aspired to add to the original system at both ends and have therefore brought out the kindergarten at the baby end and the State university at the manhood end.

In addition to the ordinary fads introduced by the educators, we now see the educators forming alliances with the doctors of the allopathic schools, in which the latter are becoming allowed to introduce as many medical fads as the educators have of educational fads, and they also are preparing, through State and national bills, to make them likewise compulsory. Thus we see that the public schools are made stepping stones to fads and tyrannies of every description.

Nothing, therefore, short of absolute public school abolition, as demanded by the great Herbert Spencer, will bring relief from the growing dangers that are attaching themselves to the public school system. Home training and private schools must be the recourse of the people of the country. Children must be trained to work, not as a fad in the schools, but as a reality in the home, in the shop and on the farm. It is time that every man and woman who preaches reform, see that the educators are impervious to it and that abolition is the only word for the home.

FRANCIS BUCK LIVESEY.

West Friendship, Maryland.



EDITORIAL SECTION



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“**A.** I. H., DENVER, 1913.” Someone wrote us recently regarding the “slogan” adopted by the State Homœopathic Society at its last meeting, intimating at the same time that something must have happened it, as *THE CRITIQUE* was noticeably reticent regarding the matter, and asking the customary “Why”? We were prepared to push this proposition to the limit, but “all of a sudden something happened, don’ cher know,” and nothing has been said about it since. Will someone kindly inform us as to the exact whereabouts of this boomlet?



J. C. HOLLOWAY, M.D., ASSOCIATE EDITOR OF *THE CRITIQUE*. With the next issue of this publication, Dr. J. C. Holloway, of Galesburg, Illinois, will assume the associate editorship of *THE CRITIQUE*, signing all articles with his own name or the initial thereof, just as he may decide. Readers of *THE CRITIQUE* are too well acquainted with Dr. Holloway’s ability as a writer upon homœopathic topics to question the wisdom of this move, and we consider this addition to our staff an acquisition of the highest importance. Those desiring a strictly homœopathic publication will feel this move to be one in the right direction towards accomplishing an end much desired by all concerned.



COLORADO’S HEALTH BOARD. The *Denver Republican* of recent date gave a very correct account of the situation insofar as the Colorado Health Board is concerned. Since this organization was perfected under

its present condition of absolute infallibility, Denver papers have overworked themselves in giving space to what the State Board of Health intended doing, and, incidentally, questioned the standing of every physician in the city. At a recent hearing, however, in which one of this same board was present as star witness for the prosecution of a midwife for criminal acts, the said star witness was obliged to call loudly for "protection" from the court owing to a very annoying habit the lawyer for the defense had of making the matter a personal affair. Anyhow, *The Republican* comes closer to the exact state of affairs than any of its colleagues so far, hence the following quotation:

While the medical fraternity is indulging in mirth at their expense, the members of the State Board of Health are threatened with suits for slander and two physicians who it is said are planning to bring the actions are declared by attorneys to have a good cause. From the present appearance of things, the notoriety-seeking board is not going to do so much talking hereafter.

When two physicians went to the board with the story that two colleagues had performed an illegal operation on a woman, the board did not stop to investigate. It saw a chance for rushing into print and was not at all reluctant in giving the newspapers full particulars, not even withholding the names of the physicians concerned, and it went so far as to file complaint against them with the district attorney.

The woman on whom the alleged illegal operation was performed was Mrs. Pearl Kilday. Drs. J. E. Thompson and Bennett Graff, who attended her, filed with the Health Department a certificate that her death was due to stenosis of the stomach. Drs. T. Mitchell Burns and A. L. Bennett informed the Health Board and the City Health Department that they believed her death to be due to a criminal operation.

Health Commissioner Sharpley made an investigation and learned enough to give him reason to think that neighborhood gossip and professional jealousy might have something to do with the charges.

But not so with the State Health Board. After telling the papers all about the charges and making public the names of Drs. Thompson and Graff, it announced that the woman's body would be exhumed. The woman's husband made a strenuous protest against the charges, but finally became so provoked that he went to the District Attorney's office and insisted that the body be exhumed.

Yesterday the body was exhumed at Riverside cemetery and the post mortem held. The result has made the Health Board the laughing stock of the medical fraternity and the whole thing is regarded as a huge joke by everybody except the board. Even Drs. Thompson and Graff can't help smiling.

Dr. T. J. Carlin and Dr. H. R. McGraw performed the post mortem in the presence of Dr. Sherman Williams, president of the State Board of Health; Dr. Paull Hunter, secretary of the board; Dr. W. K. Berlin, member of the board; the husband of the woman, Dr. Graff, Dr. Thompson, Coroner W. P. Horan and Deputy District Attorney Edgar McComp.

The post mortem showed that the woman died of stenosis of the stomach. That's just what Dr. Thompson and Dr. Graff said she died of.

Dr. Graff stated last night that he and Dr. Thompson had consulted an attorney and were preparing to bring suits against Dr. Williams, Dr. S. R. McKelvey, Dr. Burns, Dr. Bennett and Dr. Paull Hunter.

Since the foregoing was put in type we learn from the secular press, notwithstanding the high professional standing of both Dr. Carlin and Dr. McGraw, that Secretary Hunter has declined to accept the health certificate as given, unless changed, to suit his ideas of the case. It is too bad Drs. Thompson and Graff cannot sue the State for damages; one or two object lessons of that sort might convince the Governor that Colorado would be better off if it had no State Board of Health.



BENEVOLENT ASSIMILATION AND OTHER BUNCOMBE. The expression "benevolent assimilation" has been applied so frequently in describing the apparently disinterested doings of our erstwhile and persistent patronizers who pretend, in public at least, to place the homœopathic profession upon a plane of equality with themselves that many look upon their antics in the light of a highest and purest desire to promote the welfare of all mankind, homœopaths included. To those, however, even though but meagerly informed as to the duplicity of the regulars in their dealings with homœopaths, this horseplay has no more harmful effect than to stimulate a latent inclination to laugh.

Laying aside thoughtlessness, horseplay and inclinations, the fact still remains uppermost that unless every member of the homœopathic profession, every homœopathic journal, every public official holding position through homœopathic influences, as well as instructors in homœopathic institutions, declare themselves uncompromisingly for *homœopathy*, instead of being, as the dictionary declares, one of "our ornamental grammatical terms covering a large mass of phonetic phenomena," *assimilation*, deprived of its descriptive term "benevolent," will develop beligerent proportions calculated to cause more or less concern on part of those whose complacency at the present time is offensively conspicuous.

This, of course, does not apply to those who have joined the A. M. A. for purely protective purposes as well as to obtain *standing* as doctors. This class have surrendered without firing a shot, and you know with what contempt soldiers in any cause are considered who do a weak-kneed stunt of that sort.

While it is altogether probable the A. M. A. is responsible for much of the mismanagement of municipal and other public matters, that it is responsible also for organization of mixed boards and other bad mixtures, the cause of collapse

of homœopathic institutions is not due wholly to this source. Much of the mischief is done in an unconscious way by enthusiasts who fail to consider facts; by those who fail to practice what they preach.

Many of the lotty flights of fancy indulged in by air-disrupting disciples of Hahnemann show allegiance by lip service only. Papers read before State and other societies, the subjects of which are, among others, "Hurrah for Homœopathy," "Homœopathy to the Front," etc., etc., usually go hand in hand with the perennial nuisance who answers his own interrogation of "Who pulls the silver doorbells"? with the solemn and evidently sincere reply, "The Homœopath."

Now it matters little whether there is a doorbell to the domicile to which you are called or not; the question of importance is whether you benefit your patient and, in benefiting him, demonstrate your knowledge of the law of cure. The technique employed should be of your own choosing, as it is about the only thing connected with the case you can conscientiously claim, inasmuch as the principle of cure is the property of the people who employ you.

Homœopathy has not cured all cases of disease, but it has come nearer doing so than any other method. If it is to be continued as a part of the scientific side of medicine and recognized as a progressive feature connected therewith, let us at least insist upon recognition by the public and the old school profession, as well as maintain our organizations, institutions and individuality. If we are satisfied with the mere fact that we are *doctors* and the question of method is to be jacked-potted, there is no more reason for different schools, examining boards and permanent institutions than there would be for different church organizations, if everyone thought similarly along religious lines.



OSTEOPATHS AND THE STATE BOARD OF MEDICAL EXAMINERS. Ever since the osteopathic profession of this State gave the A. M. A. and the Colorado State Board of Medical Examiners that painful sensation felt so keenly by both just prior to adjournment of the Legislature last year, there has been a marked tendency on part of the latter and others to form more friendly relations with the aforesaid osteopathic profession. Under ordinary circumstances, say when there was "nothing in it," any

move of this sort would be considered very much beneath the dignity of the so-called ethical ones.

Now, however, that indications point to renewal and increased effort on part of the osteopaths to secure that which was denied them by the last Legislature, the State Board of Medical Examiners, and those more or less interested in monopolizing medical matters of the State, have begun a campaign of concession, the activity of which, compared with osteopathic energy, places the latter in the light of nervous prostration.

We learn that osteopaths have been approached with the proposition to give them representation on the present "mixed" board. The homœopaths have that and—what does it amount to?

Osteopaths have been assured, if they will take the State Board examinations (paying the fee therefor, of course), that the said examinations will be satisfactory, etc., etc. Several homœopaths, graduates from accredited homœopathic institutions, have been *denied license*. Yes, but that is different; the homœopaths have a *representation* on the board. Marvelous!

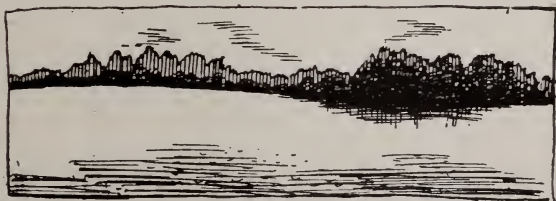
So far very few osteopaths have taken the bait thrown out by the State Board, the object of which is to head off further effort towards securing a separate board of examiners. The homœopaths, at one time, had a separate board in Colorado, but it was submission to just such solicitude on the part of the old school, now being worked overtime on the osteopaths, that brought about the downfall of homœopathy in this state. There is no further need for placating the homœopaths; they have swallowed bait, rod, reel, line and all and have been "landed."

Just whether the State Board of Medical Examiners has authorized Mr. Geo. W. Sibbald, 1414 Tremont street, Denver, to act as its agent or not we are unable to say, but we have heard that this gentleman has solicited members of the osteopathic profession in Denver to take a course under his direction, the object of which was to familiarize those participating in this program and paying the stipulated fee of fifty dollars, with State Board requirements, and assuring all such that none of his students *were ever turned down* by the said State Board.

Osteopaths do not pretend to use or understand the action of drugs; this they will admit, and why anyone should desire a license to practice *medicine* under these conditions is almost as much of a mystery as why any State Board should pros-

titute its high position by issuing a license to those whom they know utterly unprepared for such public service. There is some little excuse for the latter, however; examination of applicants on subjects pertaining to *medicine* does not enter into the game, as this feature has been entirely eliminated from the inquisition. This is another brilliant example of what "mixed" boards have accomplished; the only fault in the mixing being that the principle most prominent in homœopathic practice has been dispensed with entirely to suit—the other fellow. But, you say, "wha'cher kickin' about; haven't the homœopaths a *representation* on all mixed boards?"

THE CRITIQUE is glad to know that the more conservative element of the osteopathic profession look upon the loving-cup exhibitions of the State Board with more or less suspicion, having observed with no small degree of penetration that what has been the undoing of the homœopaths in this State, if accepted by themselves, is quite likely to prove equally disastrous to them in the long run. We do not look for them to "bite."



MISCELLANEOUS

THE CRITIQUE would like the address of Dr. J. E. Clayton.

❖ ❖ ❖ ❖

Send your news items to this office; we will be glad to publish them.

❖ ❖ ❖ ❖

Read Dr. Dewey's article in another part of this issue. Homœopathic remedies as applied in diphtheretic cases.

❖ ❖ ❖ ❖

The *News* of February 17th made the startling statement that "8,000 Denver working girls are living on \$5 a week." Well?

❖ ❖ ❖ ❖

Dr. C. M. Worth, secretary of the Colorado Homœopathic Society, and prominent in the profession, has removed from the city.

❖ ❖ ❖ ❖

The issue of the *Cleveland Medical and Surgical Reporter* for December reached this office February 2d. Something decidedly wrong with the postal arrangements between Denver and Cleveland?

❖ ❖ ❖ ❖

Dr. Birdsey T. Peck, Eaton, Colo., was one of the out-of-town callers in Denver the fore part of last month. Dr. Peck seems prosperous and may be numbered among the successful ones who graduated from the Denver Homœopathic Medical College.

❖ ❖ ❖ ❖

Send us the names of good *homœopathic* physicians; not the lip-service sort, but the ones who *do* things homœopathically. We believe there are a lot of such who would be pleased to receive a copy of THE CRITIQUE. We will take great pleasure in providing for their wants in this direction.

❖ ❖ ❖ ❖

Medical Counselor, Detroit, Mich., has succumbed to the inevitable and suspended publication. It was one of the best journals of our school and Dr. Dale M. King an exceptionally bright editorial writer. The *Cleveland Medical and Surgical Reporter* has fallen heir to the *Counselor's* subscription list and other business.

❖ ❖ ❖ ❖

LOCATION: Editor of THE CRITIQUE is in possession of information concerning a most excellent location which is for sale. It will require but little ready money; there is a guaranteed income from one source alone of fifty dollars per month, besides a very good practice. The location is an unusually desirable one and THE CRITIQUE will be very glad to give all information upon request. Cause for selling—poor health.

❖ ❖ ❖ ❖

It is very evident our former mention of *The Homœopathian* was made from a sort of model of this journal, instead of the real thing. The January issue reached us the fore part of last month, and certainly places a different aspect upon the case. The number now before us is a credit to its editors and publishers, and a decidedly different looking publication than the one sent us some time ago. In its "Greeting," by Dr. Kent, the writer declares: "This journal will not be found in the

'middle of the road' at any time, nor any time willing to compromise for the sake of peace. The principles for which we stand are not ours." That listens good to THE CRITIQUE, and we believe *The Homocopathician* is in the hands of people who will carry out what they have undertaken. Success to *The Homocopathician*, and more success.

* * * *

We are glad to announce the speedy resurrection of our esteemed contemporary, THE CRITIQUE. Whatever the causes that led to the discouraging decision to stop its publication with the last volume, they are evidently removed, for No. 1 of the new volume comes with a smile and promising garb. We congratulate the profession of Colorado, and wish THE CRITIQUE a continued successful career.—*Pacific Coast Journal of Homocopathy.*

* * * *

"They say" the Colorado Branch of the National League for Medical Freedom propose proceeding against the Denver School Board for violation of the provisions of an act providing for the examination and care of children in the public schools and making an appropriation in connection therewith. The death of a child in a Denver doctor's office whose tonsils were being removed should set all parents thinking as to who should judge of such things, parent or politician.

* * * *

Mr. Glenn Q. Smith, manager of the motor car department of the Denver Omnibus and Cab Co., was a recent caller at the offices of THE CRITIQUE, and from him we learn that his company has inaugurated a system of taxi tolls, for night service especially, that should appeal to physicians in making calls during this time. The rates are based upon a mileage charge, seventy cents for the first mile and forty cents for each additional mile. Editor of THE CRITIQUE has had occasion to use this service and considers it not only reasonable as to cost, but from the class of employes participating in its performance, the promptness of serving and other essential details, as highly satisfactory.

* * * *

Word was received in Denver yesterday of the death of Mrs. Elizabeth Arns Hart, wife of Dr. Charles N. Hart, a pioneer physician of Denver. Mrs. Hart died Saturday night of pneumonia. Her husband and two children were with her at the time of her death. The children, R. A. Hart and Mrs. Sidney Moore, of Denver, left this city a week ago when they received word that their mother was ill.

For many years Mrs. Hart was prominent in Denver society. Last fall Dr. Hart purchased a farm at Marshfield, Mass., and two months ago the doctor and Mrs. Hart took up their residence on the farm.—*News*, February 5, 1912.

Mrs. Hart was buried in Denver the fore part of last month, services being held from St. John's Cathedral. THE CRITIQUE extends sympathy to Dr. Hart and family.

* * * *

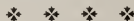
Something has happened! THE CRITIQUE passed into the ranks of the "has beens" "Just because," as announced by its editors in the December issue, and before the printer's ink was fairly dry, on December 26, to be exact, came the announcement that "THE CRITIQUE will be continued during the year 1912," and it "will be bigger, better and broader than ever."

And why? "The numerous protests against its suspension show too plainly the necessity for just such a publication as it pretends to be." "Pretends"—what an unhappy word for the editor-manager to use!

But if you want to know the real reason why the dead has been quickened into life, it is "just because" "there is going to be some lively

work hereabouts between now and the 1913 meeting of the American Institute of Homœopathy; Denver is going to make a bid for this gathering, and you know Denver generally gets what it goes after."

The *North American* congratulates its contemporary upon securing the financial assistance of the Chamber of Commerce, the Business Men's Club, or whatever organization wants to bring the Institute to Denver in 1913.—*North American Journal of Homœopathy.*



Most of the homœopathic medical journals, in their January numbers, noted with regret and sorrow the announcement that appeared in the December number of THE CRITIQUE, to the effect that that periodical ceased its publication at the end of the year. It was therefore with some surprise that we received the January number of this journal. We looked with much interest at its rehabilitation. It is stated by the editor, Dr. J. W. Mastin, to be on account of the many expressions of good will and esteem that the former had brought forth. He also states that the journal will continue during the present year at least.

Dr. J. W. Anderson, who has for years filled the position of business manager, retires, leaving the entire field to Dr. Mastin.

In the past we had always anticipated the appearance of each monthly number, and have read it with benefit. While not always agreeing with the sentiments brought forward in the paper or at times by the editor, we have learned to respect him as being a fearless and earnest upholder of that which he believes to be right and just. As such, therefore, we are glad that he continues with us in the field. May his efforts be crowned with success!—*The New England Medical Gazette.*



On January 30th the Denver First New Church Society, of which he has been president for the past thirty-five years, paid a glowing tribute to Dr. B. A. Wheeler, prominent homœopathic physician of this city. It was the occasion of his seventieth birthday. About one hundred people were present, and the following program bears testimony to the thorough good feeling which prevailed:

Remarks by toastmaster, the Rev. Howard C. Dunham, pastor of the society.

Song, "Auld Lang Syne."

"Dr. Wheeler as a Religious Teacher," the Rev. Alexander Henry.

"Dr. Wheeler as the Steadfast Friend of the Denver Society, of the New Church and of All Connected Therewith," Mrs. R. G. Seymour.

Song, "Old Oaken Bucket."

"Dr. Wheeler as a Physician and Citizen," Dr. J. C. Irvine.

"Dr. Wheeler as a Teacher of Medical Science," Dr. Lillian Pollock.

Song, "Juanita."

"Dr. Wheeler as a Christian Friend," the Rev. B. T. Vincent.

"Dr. Wheeler as Father of a Family," Dr. Pearl Wheeler Dorr, daughter of Dr. Wheeler.

Song, "Home, Sweet Home"

General remarks by Dr. B. A. Wheeler.

Song, "God Be With You Till We Meet Again."



In our last issue we chronicled the demise of the Denver CRITIQUE, it having been announced in the December issue of that periodical that it was to appear no more forever. It has been born again, and we welcome it back. Its editor will know at least how we took its death. We said nothing but good of the dead, as it is our custom, and we think nothing but good of the living. The new CRITIQUE, which is the counterpart of the old in style, has two demands with which we heartily agree. One of these we mentioned in our January issue. It demands that there be a

separate examining board for the homœopathic school in every state of the Union, and it demands the resignation of any officer in any homœopathic organization in Colorado who may have affiliated with the A. M. A. or any of its auxiliary associations. This demand ought to be heard all over the country. We have men in the American Institute on bureaus and committees, we have men holding professorships in our colleges, and we have men prominent in state organizations all over the country who are members of the A. M. A., and the sooner we get rid of them the sooner we can show the world that we are making progress. They are the kind of men we do not need in our school, and the A. M. A. is welcome to them. We shall certainly uphold THE CRITIQUE in these demands.—*Medical Century*.



DEATH OF DR. WALTER JOEL KING, OF GOLDEN, COLO.

THE CRITIQUE regrets to announce the death of Dr. WALTER JOEL KING, which sad event occurred at the Park Avenue Hospital, Wednesday, February 28th, Bright's disease being the cause.

Dr. KING has been located at Golden for the past eight or ten years; was physician in charge at the State Industrial School and had a large following in private practice.

He leaves a wife and two children, father, mother and sister, besides a large circle of friends, with whom THE CRITIQUE joins in expressions of sincerest sorrow.

Dr. KING was a son of Dr. E. H. KING, one of the old guard in the homœopathic ranks of Colorado, and was about forty years of age. He was a graduate of the Denver Homœopathic Medical College. THE CRITIQUE regrets its inability to give more accurate and detailed facts concerning the deceased.



DENVER HOMŒOPATHIC SOCIETY.

The sixth regular meeting of the Denver Homœopathic Medical Society was held at the Shirley Hotel on Friday evening, February 16th.

The attendance was good, and the interest manifested was more earnest than it has been in the past.

If all the members would attend regularly and bury their little petty differences of opinions, a strong political body could be organized, which would be a factor in giving us almost anything we asked for.

Dr. Clinton Enos talked for over one hour, in his modest, pleasing and also instructive manner, on "Endo-Metritis and Cellulitis," and the members were well repaid for their attention.

The next meeting will be held on the third Friday in March at the same place, and Dr. D. A. Strickler will entertain. As he is a past master of the art, a large attendance may be assured.

H. T. DODGE, *Secy.*



THE ESPERANTO ASSOCIATION OF NORTH AMERICA

TO THE EDITOR: Because of the interest and discussion aroused by the introduction of House Resolution 220 into the United States House of Representatives by the Hon. Richard Bartholdt, the Esperanto Association of North America is going to distribute free one million copies of "A Glimpse of Esperanto" (a pamphlet outlining the purpose of the international language and giving a general synopsis of the grammar). This will be sent to any of your readers sending name, address and stamp to The Esperanto Office, Washington, D. C.

House Resolution 220 reads as follows:

"RESOLVED, That the Committee on Education be, and the same is, hereby authorized and directed to cause an investigation to be made by the Committee on Education, or a subcommittee thereof, touching the practicability of the study of Esperanto as an auxiliary language and a means of facilitating the social and commercial intercourse of the people of the United States and those of other countries, the committee to submit its report at the second session of the Sixty-second Congress."

This resolution, passed by the House of Representatives, is now before the Committee on Education. Yours very truly,

EDWIN C. REED,

General Secretary, Esperanto Association of North America.



CHICAGO LETTER.

Dr. Frank Rogers, Heringill, is in Rochester, N. Y.

The National League for Medical Freedom is wide awake in Chicago.

Dr. H. R. Chislitt is spending his usual winter vacation in California.

Dr. R. H. Farley, Heringill, has located in the State of Washington.

Dr. J. F. O'Neill, 214 West 61st place, died recently, after quite a long illness.

We extend our sympathy to Dr. J. F. Harris, 6106 Princeton avenue, in the death of his wife.

Dr. N. H. Lowry has located at 929 Belmont avenue, Chicago, and is lecturing in Hering Medical College.

Doctor, be on the lookout for a student for next year; and be sure you enter him in a *homoeopathic* college.

Kappa Chapter Alpha Sigma (Hahnemann College) is preparing for a dance to be given Friday evening, March 1st.

The February meeting of the Regular Homœopathic Medical Society was entertained with papers by Dr. J. B. S. King and Dr. M. Kuznik.

The Englewood Homœopathic Medical Society met February 13th. A paper was presented by Dr. Frances Bloomington on "The Nosodes."

Iota Chapter Alpha Sigma (Hering College) gave a banquet at the Auditorium Hotel, February 14th. Dr. G. E. Dienst was the speaker of the occasion.

Dr. C. A. Dewey, 813 East 41st street, died recently, after a short illness. Mr. Dewey graduated from Hahnemann Medical College in 1881. February 22, 1912.

This has been a hard winter on some Chicago physicians. Drs. E. A. Taylor, Frances Bloomington and C. E. Sayre have all suffered broken bones, due to falling on the ice.

The Chicago Homœopathic Medical Society met with the West Side Homœopathic Medical Society in February at the Oak Park Club. Papers by Drs. McBurney, Beebe and Schoch on the stomach were presented.



Resolutions in Opposition to Department of Public Health, by Barber's International Local Union No. 205, Garment Workers of America Local Union No. 139, and Painters, Decorators and Paper Hangers' Local Union No. 79.

Whereas, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States, providing for the establishment of a department of the Government to be

known as the Department of Public Health, the head of which department will be a cabinet officer; and,

Whereas, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose, and would compel us to submit to the dictation of a Government doctor; and,

Whereas, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights—the right of every man to select the practitioner of his choice in the hour of sickness; and,

Whereas, The National League for Medical Freedom will seek, through publicity and education, to unmask and oppose any legislation which endeavors to put into power any one system of healing and use the Government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing; now, therefore, be it hereby

RESOLVED, That we, the members of Journeymen Barbers' International Union, Local No. 205, of Denver, Colo., do announce ourselves as opposed to the establishment by the Government of the United States of a Department of Public Health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

JOURNEYMEN BARBERS' INTERNATIONAL UNION,
LOCAL NO. 205,

(Signed) J. M. WALLACE, *President*.

(Signed) JOHN E. CONNOLEY, *Secretary*.

UNITED GARMENT WORKERS OF AMERICA,
LOCAL UNION NO. 139,

(Signed) WILLIAM HAAS, *President*.

(Signed) FANNIE GOTCHY, *Secretary*.

BROTHERHOOD PAINTERS, DECORATORS AND PAPER-
HANGERS OF AMERICA, LOCAL UNION NO. 79,

(Signed) T. W. TAYLOR, *President*.

(Signed) GEO. D. BRICKER, *Secretary*.

BINDERY WOMEN'S UNION, LOCAL NO. 58,

(Signed) AUGUSTA J. FRINCKE, *President*.

(Signed) MATTIE HOFFMAN, *Secretary*.

BARTENDERS' UNION, LOCAL NO. 8,

(Signed) ERNEST STABENON, *President*.

(Signed) FRED WESSEL, *Secretary*.

WAITERS' UNION, NO. 14,

(Signed) CLARENCE COX, *President*.

(Signed) J. M. OSBORN, *Secretary*.



OPEN LETTER TO DENVER'S SCHOOL BOARD.

Denver, Colo., February 1, 1912.

TO THE MEMBERS OF THE SCHOOL BOARD OF SCHOOL DISTRICT NO. 1,
DENVER, COLO.

Gentlemen: On January 6th we addressed a letter to your president, in which we asked that you set a date when a committee from this League might meet with the Board to discuss matters of interest to the public. Our letter not having been answered, we venture to again address you, and as we believe the matters involved are of general interest, we are submitting this in the form of an open letter, copies of which will be furnished to the daily press.

We desire to formally protest to the Board against the manner in which the provisions of the statute for the physical examination of

school children are being carried out by your Board, and respectfully insist that the Board conform its practice in this regard to the statute, which in part is as follows:

Session Laws of Colorado, 1909, page 490:

"The teacher or principal in every public school, or where there is no principal the county superintendent, shall, *during the first month of each school year*, test the *sight, hearing and breathing* of all pupils under his charge, *such examination to be made by observation, without using drugs or instruments, and without coming in contact with said child*; and keep a record of such examinations according to the instructions furnished, and make a written report of such examinations to the State Superintendent of Public Instruction as he may require," etc.

We are advised that the Board has, and is authorizing and having enforced, an examination of school pupils by persons other than teachers, and that you have employed, at public expense, to make this examination, a physician who is proceeding to subject children to physical tests in which the child is compelled to come in personal contact with the examiner, and during which examination drugs and instruments are used, and, furthermore, that the examination is not limited to the sight, hearing and breathing, but has been extended to examination of other portions of the body, all of which is expressly beyond the limits of the authority conferred by law, and therefore, in our opinion, a serious violation of said law.

Further, children are being compelled to undergo examinations under threats of expulsion, and they, or their parents, have been coerced into submitting them to operations; and children have been compelled to secure and wear glasses, in spite of the fact that in some cases reputable opticians have advised that they did not need glasses, and have advised against their use.

The further fact that two fatalities have occurred in Denver within the last thirty days as the result of operations for the removal of adenoids, which operations are frequently recommended as a result of the examinations authorized by the School Board, is justification for serious inquiry as to the propriety of the exercise by your Board of coercive measures, which jeopardize the lives of children.

The entire question of compulsory examination of children is one of great public concern. We believe that a large majority of the parents of children are opposed to any examination of that nature.

Aside from objection to the actual physical examination, the introduction of doctors who are strangers to the children acts on those of sensitive nervous organizations in a very injurious manner, unfits them for school work and is, indeed, a most acute form of mental cruelty. Most of the children examined are young and susceptible, and the mental impressions created may require years to eradicate.

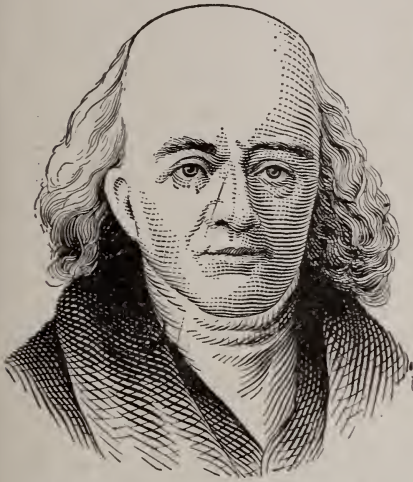
We protest emphatically against spending the taxpayers' money in carrying out theories without warrant of law. Before proceeding any further in the matter, we have thought it best to call the attention of the Board to what we believe to be illegal acts on its part, and shall be glad of an opportunity of appearing personally, through our officers, to further add to the written protest herein contained.

Hoping that the League will not be compelled to resort to legal measures in its endeavors to correct these wrongs, and assuring you of our desire to promote the welfare of our children in every way consistent with liberty, we remain,

Yours sincerely,

COLORADO BRANCH THE NATIONAL LEAGUE FOR
MEDICAL FREEDOM.

(Signed) By J. T. BASS, D.D., *Chairman*.



SAMUEL HAHNEMANN

The Founder of Homeopathy
and the Greatest Physician
the World Has Ever Known

Homeopathic Card Series

for the
Education of the People

Appearing Monthly

BY

J. C. HOLLOWAY, M. D.

Over People's Trust and Savings Bank

Galesburg, Illinois

"Though I shall be no longer here below, a future generation of mankind will do justice to this gift of a gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings."—Hahnemann.

OLD SCHOOL THERAPEUTIC SCEPTICISM.

The most striking features observable in the allopathic school of medicine are its *utter want of confidence in the curative value of drugs* and its *loudest of all claims to "scientific medicine."* "Like priest, like people"; and the promoters of no-medicine cults are those who have been influenced by allopathy. The reaction of therapeutic scepticism is now being keenly felt by so-called "regular" practitioners, and the question of remuneration for doling out drugs in which they have no confidence is one of common interest. They all strive to be surgeons who can cut, while homeopaths labor to be physicians who can *cure*.

Our fathers denounced state religion and made it impossible under the Constitution of the United States; and now faithless, sceptical doctors are striving to inaugurate, through a National Health Bureau, *state medicine*. They seem to think legislation more promising than reason and demonstration. The following quotations, chiefly from *The North American Journal of Homoeopathy*, are not the sayings of cross roads doctors, but are the words of the most eminent men in allopathy today; and their own statements verify the truth of my present caption. *Hear the healers of the sick*: "He is the best physician who knows the worthlessness of most medicine."—Dr. William Osler, now Regius Professor of Medicine at Oxford. "The death blow came first to polypharmacy; today, with many, pharmaco-therapy as a whole is almost moribund."—Osler's successor at John Hopkins. "Drugs, with the exception of quinine in malaria, and mercury in syphilis, are valueless as cures."—Dr. Frank Billings, of Chicago, when president of the American Medical Association in 1903. "One sees less and less of the use of drugs."—Dr. John H. Musser, Phil-

adelphia, when president of the American Medical Association in 1905. "I doubt if you gentlemen realize how large a proportion of our patients are treated without any drugs at all, and how little faith we have today in the curative power of drugs."—Dr. Cabot, of Harvard Medical School, in an address to the Boston Homœopathic Medical Society in 1906. "I do not propose to discuss the merits of the various plans of treatment which have been proposed for the management of membranous croup, for under every plan the disease has proved fatal in the majority of cases. * * * As regards internal medication, I have little confidence in any of the so-called specifics."—Alford L. Loomis, M.D., LL.D., author of "Practical Medicine," and for eighteen years professor in the medical department of the University of the City of New York. An original thinker, an allopath, commenting on this critical situation in his school, says: "It now becomes a question whether the practice of medicine can under such conditions be regarded as a laudable occupation, one, in fact, compatible with the dictates of an honest man's conscience." And we add that to impose on the public knowingly, especially in a matter of life and death, *is worse than high treason*. Does the reader now wonder that *tens of thousands* who have been reared under allopathy have deserted and denounced that system and joined the no-medicine ranks? Only those of ripe experience and superior advantages have learned to *not* give "heroic" doses of crude drugs. The rank and file, however, have not learned that lesson. If the patient does not improve they pour in the poisonous stuff a little stronger, and still a little stronger. Hence, the millions who are suffering from drug affections often more difficult to remove than the original disease. What a pity that all do not know the curative power and harmlessness of *potentized drugs*. The longer the skilled homœopathician is engaged in active practice, the more trustworthy the system and the more fixed and deeprooted his faith. Let us step into an experience meeting of homœopaths and mark the contrast: C. G. Rane, M.D., author and professor, Philadelphia, said: "The prognosis of true croup is a great deal more favorable under homœopathic treatment than under allopathic." "While practitioners of the old school of known ability and honesty confess to the most dreadful losses (Steiner), we of the Hahnemanian school have a *right* to boast of brilliant cures, if boasting it be when physicians of 'known ability and honesty' state their successes." The late Henry N. Guernsey, M.D., author and professor, Philadelphia, said: "Increased experience has only served to add to the author's faith in the efficiency of homœopathic medication in the greatest exigencies of life, and this faith has been additionally strengthened by the related experience of many of the most eminent and skillful practitioners of the homœopathic school." Again, J. T. Kent, A.M., M.D., author and professor, Chicago, says: "Our principles have never changed, they cannot change, they have always been the same and will remain the same. To become acquainted with these principles and doctrines, with fixed knowledges, with exactitude of method, to become acquainted with medicines that never change their properties, and to become acquainted with their action, is the all-important aim in homœopathic study. When one has learned these principles, and continues to practice them, they grow brighter and stronger. The use of these fixed principles is the removal of disease, the restoration to health in a mild, prompt and permanent manner."

Why this radical difference? Because homœopathy has *principles* of cure, has a *chart*, has a *compass*, has a *reliable therapeutic law*; while allopathy admittedly has none of these. The longer the allopath practices, the more befogged and disgusted he becomes; and the longer the homœopath practices, the more exact his knowledge and efficient his services. Nothing but faith, assurance and implicit confidence ever escaped the pen or lips of a real homœopath. He believes the system to be divine in origin and therefore wholly true and always effective in curable cases.

PENNSYLVANIA NEWS NOTES FOR MARCH.

NEW MEMBERS FOR THE INSTITUTE.—Pennsylvania always finds a way—a way to do things. Pennsylvania never fails in her duty; she must not fail now. Her paramount duty at present is to produce new members for the American Institute of Homœopathy. It had been stated previously that there was little money in the institute to devote to an active campaign for new members in Pennsylvania. Since that time, however, Pennsylvania has found a way; they are going to have an active membership committee, which will make every possible effort to make a formidable showing in new members for the institute by the June meeting.

The State Medical Society has seen fit to appoint the undersigned as chairman of the institute membership committee for the State of Pennsylvania, which appointment has been endorsed by the field secretary, Dr. H. R. Arndt.

Dr. Gilbert J. Palen, president of the State Medical Society, is actively at work in appointing a committee composed of representatives of all the homœopathic county medical societies throughout the State of Pennsylvania, and surely, with their active co-operation and support, results should be produced.

While perhaps Pennsylvania has but two hundred and sixty-three members in the institute, this may be accounted for because of the fact that at no time has a thorough and systematic canvass been made for new members for the institute from Pennsylvania. This committee proposes such a campaign. You will hear from them shortly, and you will receive membership blanks from them; and it is your duty as a Pennsylvania homœopath, if you are not already a member of the institute, to become one; and if you are a member, then it is just as much your duty to see that someone else becomes a member. There is no reason why the seven hundred homœopaths who endorse their state medical society should not endorse their national society—the institute; and if it is because their membership has never been solicited, surely it will be solicited now.

The institute this year meets in our own state; the president of the institute this year is from our own state, and surely every homœopath of our State of Pennsylvania should make good, showing his loyalty and devotion to the cause of homœopathy by joining the institute. Your committee will do its work, the rest of it is up to you; so let it be.

RALPH BERNSTEIN.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann Medical College, Philadelphia, Pa., on Thursday evening, January 11, 1912. The scientific program of the evening consisted of the following papers:

“Diagnosis and Treatment of Chronic Bronchitis,” Dr. W. R. Williams.

“Clinical Report of a Case Where Lachesis Was Used,” Dr. George MacKenzie.

“Report of Two Cases of Skin Lesions Cured by Arsenicum,” Dr. William H. Yeager.

“A Few Approved Characteristics in Materia Medica,” Dr. Augustus Korndoerfer.

The papers were ably presented and heartily discussed by the large number of members in attendance, indicating an interest which, it is hoped and believed, will continue throughout the year.

WM. M. SYLVIS, M.D., Secy.

BUREAU OF MEDICAL EDUCATION AND LICENSURE—The new Bureau of Medical Education and Licensure is now an accomplished fact in this state, and while the law contains some things that are

impractical of literal execution, it, at the same time, embodies certain other features that will render possible the maintenance of a higher standard of medical training in this state, and the creation of reciprocal medical relations with other states.

The bureau has started with the dominating thought of rigid impartiality; it proposes to have the papers of all the candidates only identified by an officially conferred number, and they will be marked and rated without the members of the bureau having the slightest indication of the personality of the individual whose papers they are marking; and except in papers upon *Materia Medica* and *Therapeutics*, there will not be any method of determining to which "school" or practice the candidate belongs.

It has been found impractical to hold the examinations in the several institutions in which the candidates are students, and one or two central halls will be selected.

A careful study of the curriculum of our own college confirms the opinion that it has nothing to fear from the proposed enactments of the bureau, and it is gratifying to know how this same opinion is shared and expressed by some other members of the bureau, who are associated with other medical institutions.

D. P. M.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its February meeting on Thursday evening, the 8th instant, at Hahnemann Medical College, Philadelphia, Pa., at nine o'clock. The scientific program presented was as follows:

"The Applicability of the Homœopathic Remedy in Gynecological and Obstetrical Cases," Dr. Augustus Korndoerfer, Jr.

"Spongia in a Case of Aneurism," Dr. Ellen Woodward Howell.

"Indicated Remedy in Nausea and Vomiting of Pregnancy," Dr. John E. James, Jr.

"The Medical Treatment of Uterine Hemorrhage," Dr. N. F. Lane.

The meeting was well attended and the papers thoroughly and heartily discussed.

WM. M. SYLVIS, M.D., *Secy.*

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the Hotel Walton, Philadelphia, Pa., on Monday evening, January 15, 1912, at nine o'clock. This was the occasion of the annual election of officers, which resulted as follows: President, Dr. G. J. Palen; vice-president, Dr. F. L. Abbott; recording secretary, Dr. W. H. A. Fritz; corresponding secretary, Dr. L. W. Thompson; treasurer, Dr. K. B. Gilbert; judiciary committee: Drs. J. D. Boileau, W. H. Senderling, B. M. E. Peters, T. J. Gramm, W. Rile, C. W. Gessler, J. W. Thatcher, C. M. Brooks, P. H. Ealer and Warren Mercer; censors: Drs. N. F. Lane, E. F. Humphreys and L. W. Reading.

LANDRETH W. THOMPSON, M.D., *Secy.*

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann Medical College on Saturday evening, January 20, 1912, at 8.30 o'clock. The program was as follows:

Clinical Cases, thirty minutes.

Papers: "Oesophageal Stricture; Presentation of a Case" (ten minutes), Dr. F. W. Smith.

"Treatment, Stricture of Male Urethra" (ten minutes), Dr. William C. Hunsicker.

"Report of a Case of Ruptured Uterus" (ten minutes), Dr. J. E. James.

Officers for the ensuing year were elected at this meeting, which was well attended.

BENJ. K. FLETCHER, M.D., *Secy.*

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting at the office of Dr. M. W. Sloan, 4825 Baltimore avenue, Philadelphia, Pa., on January 17, 1912, at nine p. m. The paper presented

“overconfidence frequently begets carelessness, and as Spring approaches with its semblance of balminess so with it come those cases of Chest, Bronchial and Inflammatory Throat affections as a result of exposure from rushing the season.

That hot moist heat, most conveniently, agreeably and effectively applied in the form of antiphlogistine thick and hot, not only affords relief from pain but hastens resolution of inflammatory processes, is conceded by the sum total of clinical experience.

Chilling by exposure in frequent changing of dressings counteracts the beneficial effect of hot applications, but by the use of antiphlogistine the part may be kept for hours continuously under the influence of heat and definite results can be expected.”

for discussion by Dr. Sloan was entitled "The Iodides." Dr. F. W. Emrey, of Philadelphia, also presented an interesting paper. The meeting was followed by a collation, Dr. Sloan acting as the host.

WALTER J. SNYDER, M.D., *Secy.*

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD OF PHILADELPHIA was entertained by Dr. Ralph Bernstein on Wednesday, January 17, 1912, at the Colonnade Hotel, 15th and Chestnut streets, Philadelphia, Pa., who held a stereoscopic skin clinic, in which he showed numerous skin diseases, and as well delivered an address on "Office Routine in the Successful Treatment of Some of the More Common Skin Diseases." The meeting was well attended.

JOHN D. BOILEAU, M.D., *Secy.*

THE WOMEN'S HOMŒOPATHIC MEDICAL CLUB OF PHILADELPHIA met on Tuesday evening, February 6, 1912, at the office of Dr. Hess, 1911 Mt. Vernon street, Philadelphia, Pa., the guest of honor being Dr. Hannali B. Mulford, who gave an interesting talk on her experiences in India. The meeting was well attended and enjoyed by all present.

DR. V. REEL, M.D., *Secy.*

THE WOMEN'S HOMŒOPATHIC MEDICAL ASSOCIATION OF PITTSBURGH held its regular meeting at the office of Dr. Ella D. Goff, Library place, Allegheny, Pa., on February 1, 1912, at eight p. m. The subject for discussion was a paper by Dr. Anna D. Varner on "Enuresis."

DR. MARY E. COFFIN, M.D., *Secy.*

THE WEST BRANCH HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the office of Dr. W. H. Follmer's office, Williamsport, Pa., on February 1st, at 3.30 p. m. The guest of honor was Dr. Gilbert J. Palen, of Philadelphia, president of the Homœopathic Medical Society of the State of Pennsylvania, who addressed the society on "Aureal Diagnosis." In the evening a banquet was held at the Williamsport County Club. Dr. Follmer spoke on "Our Society," and Dr. Palen talked on matters pertaining to the State Society. The meeting was a very enthusiastic one.

THE BERKS COUNTY HOMŒOPATHIC MEDICAL SOCIETY held its regular meeting at Reading, Pa., on January 2, 1912. A very interesting paper was presented by Dr. H. P. Leopold, of Philadelphia, on "The After Treatment of Surgical Cases," which created great discussion. Dr. G. J. Palen, president of the Homœopathic State Medical Society, who was also presented, addressed the society on State Society matters. There was a large attendance.

PERSONALS: It is to be regretted that Dr. G. A. Mueller, of Pittsburgh, was detained from a recent meeting of the Bureau of Medical Education and Licensure by a severe attack of neuritis; and at the time of that meeting was a patient in the Hahnemann Hospital at Pittsburgh.

Dr. H. S. Weaver, of Philadelphia, Pa., attended the recent meeting of the Mercer County Homœopathic Medical Society, held at Trenton, N. J., and presented a paper on "Acute Otitis Mediae."

Dr. Frank J. Slough, of Allentown, Pa., was recently elected a member of the board of trustees of the new Rittersville Homœopathic Hospital for the Insane, which is now practically completed and which will be opened in the spring. Dr. Slough, who was born in 1842, was the first Lehigh County graduate of Hahnemann College, Philadelphia, and will this year celebrate the fiftieth anniversary of his becoming a practitioner. Dr. Slough, who has served as health officer of Allentown, county poor physician and a pension examiner, is the nestor of the homœopaths of the Lehigh Valley. He was long an advocate of a homœopathic insane

asylum, believing his school peculiarly fitted for treatment of certain mental diseases, and it is regarded as most appropriate that he was recognized.

OBITUARIES: Dr. Edward F. Fornias, a widely known homœopathic physician of Philadelphia, Pa., died from heart failure at his home, 2435 North Eighth street, on January 22, 1912. Dr. Fornias was sixty-nine years old, and was a graduate of Hahnemann College, Philadelphia, in 1888. He was born in Havana, but came to Philadelphia when a boy. For a time he represented the Government of Uruguay and was acting vice-consul for Spain.

Dr. Perry Hall Dudley, son of the late Dr. Pemberton Dudley, one time dean of the Hahnemann Medical College, Philadelphia, died on January 15th, after a long illness. Dr. Dudley was graduated from Hahnemann in 1892, and up until four years ago was connected with the Hahnemann College and Hospital, the Children's Homœopathic Hospital and the West Philadelphia Homœopathic Hospital. After the death of his father he severed his connections with these institutions and entered private practice.

Dr. James Samuel Hickey, philanthropist, physician and professor, who had been ill at his home, 1839 North 11th street, Philadelphia, Pa., since October last, died on January 26, 1912, from inflammation of the heart. Dr. Hickey, who was fifty-six years old, was professor of anatomy at Hahnemann College, and widely known in his profession. Dr. Hickey was born in Cincinnati, November 7, 1855, and during his school days was a classmate of President Taft.

RALPH BERNSTEIN.

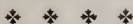


READING NOTICES

RHEUMATISM.—There are few diseases in which iodia is more serviceable than rheumatism. In some of the chronic types, characterized by the depressing joint affections that make life a burden, iodia will be found well nigh specific. It relieves pain and soreness in a manner quite remarkable, and gives the patient more comfort than has been known for months.

Likewise, many of the myalgic forms respond at once to iodia, and lumbago usually clears up rapidly under its use.

Iodia does not conflict with other anti-rheumatic remedies. On the contrary, it is a powerful synergist and greatly augments the action of the salicylates and similar remedies. Iodia should be given in two teaspoonful doses three or four times a day.

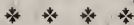


FUEL FOR THE BODY.—One of the best means of supplying the body with fuel is cod liver oil, for in it are the elements needed by the tissues to take the place of those lost in the phenomenon of energy-production. This is the reason that cod liver oil is widely resorted to for the purpose of restoring strength and energy to an organism, reduced in

vigor as a consequence of a protracted illness. In the selection of a special preparation of the oil, the two determining factors should be: First, efficiency; second, palatability, and since these two requirements are clearly met by Cord. Ext. Ol. Morrhuæ Comp. (Hagee), it is in a vast majority of cases the agent of choice. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) contains in pleasant form the active principles of the oil, reinforced by the hypophosphites of soda and calcium, and may be ordered with every confidence in its power to charge the tissues with needed fuel.



THE TEST OF A TONIC.—The field and function of a systematic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to “tone,” but, on the contrary, to ultimately depress. A real tonic is not a mere “pick-me-up,” but some agent that adds genuine strength, force and vigor to the organism. The genuine tonic is a builder or reconstructor of both blood and tissue. Any agent which will increase the power of the blood to carry and distribute the life-giving oxygen is a tonic in the best and truest sense of the word. Iron in some form is an ideal tonic, as it builds up the vital red cells of the blood and the hemoglobin which is their essential oxygen-carrying element. Of all forms of iron, none is quite as generally acceptable and readily tolerable and assimilable as pepto-mangan (gude). It creates appetite, tones up the absorbents, builds the blood, and thus is a real tonic and reconstructive of high order. It is especially desirable because of its freedom from irritant properties, and because it never causes a constipated habit.



WHAT IS BEST IN TONICS?—Many people, and perhaps a few physicians, are inclined to consider the terms “tonic” and “stimulant” as more or less synonymous and interchangeable. This, of course, is not the case, although some agents employed medicinally may partake of the properties of both and be properly known as “tono-stimulants.” Strychnia, for instance, is a heart stimulant, but may also be considered as a general nerve and systemic tonic when given in small and frequently repeated doses. While a stimulant alone is sometimes indicated in conditions of emergency, its long continuance almost certainly produces an after depression. It is sometimes advisable, however, to give stimulant and tonic together in conditions of serious general depression, the first to “boost” the vitality and the second to hold it at the point to which it has been raised and to restore the general tone of the organism. An ideal combination of this nature is pepto-mangan (gude) to which has been added the proper dose of strychnia, according to indications. This combination is especially serviceable in the convalescence of exhausting diseases such as typhoid fever, pneumonia, la grippe, etc. It is also of much value when the heart needs support and the general system requires upbuilding. Pepto-mangan restores vitality to the blood by increasing the number of red cells and the percentage of hemoglobin, and the strychnia assists in rendering the combination a peculiarly efficient general bracer and permanent reconstituent.



DEAFNESS, ITS CAUSE AND NEWEST TREATMENT.

BY DR. H. E. COOK.

Formerly Chief of Clinic, St. Bartholomew's Ear Department, Attending Surgeon New Amsterdam Eye and Ear Hospital, Assistant Surgeon Ear Department, Cornell University Dispensary.

IN PRESENTING THIS SUBJECT it is my earnest purpose to impress upon the general profession and the general public the enormous importance of the correct treatment and also the correct preventive method of treatment for catarrhal deafness.

While credit must be given for the least advance, the general profession will bear me out that aurists as a rule are dismal failures as regards the treatment of chronic deafness. The ear specialist of today offers practically nothing to the person suffering from catarrhal deafness, notwithstanding the fact that nineteen out of every twenty cases of ear trouble is chronic catarrhal deafness.

The fact that so little has ever been accomplished by the specialist gives the charlatan a splendid opportunity.

Hearing, which is next to sight in importance, has gained absolutely nothing as regards beneficial treatment. Cases are being treated exactly the same as was advocated thirty-five years ago and that brings us back to the time of Professor Politzer, who introduced the Politzer bag for the treatment of middle ear deafness. It was and still is in a measure, as far as relates to the present methods employed by aurists, the only real and successful means of treating the ear. Even this, though very meager in its results and slight in its scope, has accomplished much.

To mention the hundreds of useless instruments that have been thrown upon the market and introduced to the public simply for a monetary return would be a waste of valuable time.

The person who reads this article will be one who is sufficiently interested and knows the absolute uselessness of the present methods of treatment and the ineffective instruments that have been imposed upon the public. The laity are disheartened with the various unsuccessful methods used to give

them relief. The ear specialists themselves are actually in despair. Any honest specialist, if you demand a frank and decisive statement, will say that he despairs of ever producing any material results in these cases. It is a great misfortune that conditions are allowed to exist which encourages the suffering public in their eagerness to get relief to be so easily imposed upon by the charlatan and irresponsible medical man.

To make my arguments a little clearer I will enter into a little more detail on:

What is deafness?

What is the cause of deafness?

What can we do with a patient who has acquired deafness?

We find these conditions in young and old. *Most cases start with infancy as a rule.*

The young infant may be born with abnormal conditions which I shall state later. This would predestine the child to catarrhal deafness. The infant may be born with all the organs perfectly normal, but through a series of nasal involvement develop a condition called adenoids, which is practically hypertrophy of lymphoid tissue at the back of the nasal cavity, also enlargement of the mucous membrane lining of the nose. This condition can result even after the most careful attention given by the parents of the child. A diagnosis can be readily made, even by the merest tyro, on medical subjects. The child would breathe with his mouth open, snore at night, toss and become worried during sleep. Dullness of intellect as well as dullness of hearing and running ears develop. These conditions may or may not accompany or precede scarlet fever, measles and diphtheria. The hard palate (roof of the mouth) will show a very high arch. There will be a broadening at the base of the nose, producing a condition known later in life as "frog face." In the older child the teacher will notice the child appears listless and inattentive, and takes him to be dull of intellect. His speech will be interfered with, giving a nasal twang.

The mechanical effect produced by the adenoids will be to obstruct the orifice of the eustachian tubes, preventing a proper drainage of the fluid of the mucous membrane lining of the middle ear and of the eustachian tubes and at the same time preventing an equality of air pressure in the middle ear which is absolutely essential so the ear drum may remain highly sensitive and responsive to the most minute vibrations, and this is necessary for most acute hearing.

If a condition of adenoids does not exist, but an overgrowth (hypertrophy of the turbinate bones) has existed at any time during youth or childhood, or a spur of the septum, a similar condition of affairs may result, possibly not immediately, but gradually, and will simulate a condition that will be produced by adenoids itself.

Granting that this condition of adenoids, hypertrophied turbinates and spurs of the septum, and with the subsequent nasal catarrh which follows, have existed with the child for a year or a number of years or with an adult without their removal by operative measure, the patient will exhibit the following symptoms as regards catarrhal deafness: Head noises, such as tinnitus, parecusis, "hearing better in a noise," diplacusis, conversational deafness which the layman associates with deafness and with which the general physician is fully acquainted. In some instances splendid hearing on the telephone, but partial loss of conversational hearing. An examination of the ear in these cases will show partial or complete retraction of the ear drum, partial or complete absence of the drum due to suppurative processes, a thickened or thinned drum membrane, contracted or collapsed condition of the eustachian tube, partial fixation of the stapes, etc. Any of these pathological conditions may be present and still the patient may show what is known as excellent bone conduction, signifying a perfect or nearly perfect perceptive apparatus (an auditory never undamaged).

What does the aurist do? What can he do? If adenoids are present it is absolutely essential to remove that condition by operative methods. In my opinion there is no operation in the whole domain of medicine that is attended by happier results than this simple operation for the removal of lymphoid tissue or adenoids. If there is a condition of overgrowth of the turbinate bodies in the nose their partial removal is followed by gratifying results, also the same results follow in cases of hypertrophied tonsils.

With all the *causes directly or indirectly responsible for deafness* removed as far as possible, treatment then resolves itself into the proper method of producing the long neglected but natural vibrations of the middle and internal ear.

The ear feeds on sound the same as the muscle does on exercise or the body on food. Take away exercise from the muscle and it atrophies. For example, place a fractured arm for six months, or better still, place an arm in a splint for six months that has had no injury, and after removal of the

bandage and splint it is found physically impossible to use that arm in any way and it requires months of constant massage to bring it back anywhere near its former condition.

The same condition exists in the ear relatively; take away sound from the ear by mechanical means or otherwise and an atrophy of the integral parts of the middle and internal ear results. The chain of ossicles become stiffened, the ear drum becomes thickened and inactive and the vibrations which should be sent directly to the perilymph of the internal ear do not reach their destination in their proper intensity. When the perilymph is made to vibrate normally it has the appearance, for example, of throwing a pebble upon a pond of water, but if the vibration that is sent in is diminished in quantity the series of concentric vibrations are limited in their scope and the diminishing of these vibrations are similar, for example, to pressing your finger on the sound box of a phonograph though ever so lightly. This would cause the pin which plays upon the record to come into too close contact with the record, thereby altering the sound and slowing the transmission of the sound. In the ear we have a similar effect. The pressing of the ear drum ever so lightly upon the ossicles causes a stiffening of the joints of the ossicles and its mechanism, producing a pressure upon the oval window which leads to the internal ear, thereby rendering it necessary to have a greater amount of sound to set the drum, the ossicles and the perilymph in action. This will be noted from the simple fact that when a person is deaf from catarrhal deafness you must speak louder to make them hear or make them hear well. Also you will note that persons suffering from catarrhal deafness hear better in a noise, for instance on a train. This is caused simply from the fact that the ossicles and perilymph are set ready for action by the vibrations as they should be normally, then the sound is transmitted without interference and the person hears perfectly, whereas persons of normal hearing do not hear at all or very slightly. The fluid that is in the internal ear called perilymph becomes inactive in turn, thereby not performing its proper function.

The primary cause of a contracted ear drum then is a contraction or closure of the eustachian tube. The closure of this tube shuts off the air that is in the middle ear from the nose. The mucous membrane lining the middle ear has the distinctive property of absorbing oxygen from the air. In the instance of closure of the tube the oxygen is absorbed leaving only part of the original air in the middle ear, thereby pro-

ducing a partial vacuum. If this condition is allowed to remain for many months the ear drum is pushed in by the external atmospheric pressure, which is greater than the pressure in the middle ear.

Then the most important thing is to equalize the pressure on either side of the ear drum, to supply the proper amount of oxygen to the mucous membrane lining the middle ear, to send in air and oxygen in a heated form, that is, at least the body temperature, on account of the extreme sensitiveness of the organ of hearing, to produce a visible and mechanical movement by means of air vibration of the ear drum and the chain of ossicles, and the visible and positive vibration of the perilymph in the internal ear.

This visible and positive vibration of the perilymph must imitate the natural vibration which takes place in the internal ear following sounds of all varieties. In other words, we must produce vibrations of the ear which will influence the internal ear the same as all tones, all natural voice tones, all musical tones and all external vibrations which correspond with ordinary every-day sounds; in other words, producing vibrations practically from thirty-six to five hundred or even one thousand per second.

To accomplish this result I have devised and perfected a series of instruments which now work automatically, positively and effectually, producing these results and *through the eustachian catheter*. I will gladly demonstrate the immense value of this instrument at any time.

With this arrangement air or oxygen or both can be sent through the eustachian catheter in a heated form at the body temperature or even higher, being vibrated at the same time.

At the same time we are able to produce a positive pressure, increasing the intensity of the waves and a positive suction or suction and pressure automatically rarefying the air in part and producing different sound waves. The pressure or suction can be sent in at any speed or pressure, producing certain required results.

The results obtained are true sound waves of varied intensity. High and low tones corresponding to the surrounding natural sounds are sent directly into the middle ear, producing a complete and harmless vibration of the round and oval windows and finally vibration of the fluid in the internal ear.

The results following the treatment are definite and positive. A frequent statement of my patients receiving this treatment is that "The vibration seems to have reached the spot."

Head noises are influenced almost immediately. It produces clearness and general sense of improvement that inspires the patient.

Following this treatment there is usually a dullness of all hearing for several hours, which is followed by decided improvement, that is in the mild class. In the more severe cases the dullness may remain for twelve or twenty-four hours, but after a few treatments this dullness entirely disappears and is followed by decided improvement.

It would give me great pleasure to demonstrate to any of the medical profession the working of these instruments and to demonstrate their availability for the treatment of catarrhal deafness. It is not a patented article and is available to the medical profession.

501 Fifth Ave., New York City.



*THE MILK DIET AS APPLIED TO THERAPEUTICS

THE "MILK DIET" as a treatment for chronic diseases is not well understood, even though its value as a food is accredited throughout the civilized world.

A good food is a good remedy, and as disease is only a disturbance of the mechanism of nutrition, it is only natural that the use of milk in ill health should be almost as old as its use as a food in health. Hippocrates advised consumptives to drink large quantities of asses' milk. Camels' milk and whey cures were practised by the Arabian physicians. In recent times the popularity of the milk treatment has been due to the efforts of the Russian and German physicians. In the United States, as early as 1868, Donkin called the profession's attention to the cure of diabetes with large quantities of milk.

Wier Mitchell, who has had the largest experience of American physicians in the treatment of chronic diseases, says, "It is difficult to treat these cases without resorting to milk at some period of the treatment. Milk is recommended by almost all textbooks for certain diseases."

Dr. C. S. Porter of Burnett, Cal., is the first to give us a definite plan of preparing the patient and carrying out a scientifically regulated milk diet. The proper preparation of the patient, with the best milk for the purpose, is very important in getting the best results. A fast of twenty-four hours from ordinary food, with a good cleaning out of the bowels, is absolutely necessary to assure a successful treatment. The only

*Prepared for 1911 meeting Colorado Homoeopathic Society.

cases where the fast may be omitted is a consumptive or neurasthenic, who are very anemic and the bowels moving two or three times a day. This class of patients usually soak it up like a sponge; it quickly stimulates the circulation and there is no initial stage of nausea and constipation, but is quickly eliminated through the kidneys and bowels. The amount largely depends on the size of the patient, male or female. Individuals weighing from 100 to 125 pounds can take from five to seven quarts per day; from 125 to 150, seven to eight quarts; from 150 to 175, eight to ten quarts. The average amount for the female is six quarts, although many have taken eight quarts in my own institution, depending on the height and weight. The male usually takes a little more. This quantity is taken at half-hour intervals from 7 A. M. to 8 P. M. The amount taken at each drink is regulated by the amount set apart for the day. In all events a sufficient quantity must be ingested to stimulate the circulation to the extent of rebuilding, or the time has been wasted and perhaps the patient injured.

Milk may be taken as a food indefinitely. A Dr. Renle in the East has lived on milk for 35 years. He drinks three and four gallons a day. He is past 80 years of age and is said to not look over 60. We have many records of persons living on milk alone for several years. I have three under my care who have practically lived on it for more than a year, who have gone about their usual work in a wonderfully improved condition.

The rest in starting the patient is of sterling value in getting curative results. Nature must conserve all forces for the repair and rebuilding of tissue. If old age is the result of the death of the cellular structure of the economy, I really think by stopping at the declining periods we might note, and taking the milk diet, we would prolong our days of usefulness as well as youthfulness. The more perfect the rest especially of the mind, forgetting all business and duties, the greater the gain and more lasting the results. This rest should cover a period of at least four weeks, in many cases prolonged even for months. The patient is allowed to walk to their bath, attend the calls of nature, comb their hair, read and write so long as it is not carried to the point of fatigue.

A daily bath is given for the purpose of relaxation, cleansing the skin of dried cuticle, and for free elimination. This bath is commenced at about body heat and raised to 100 in the last, beginning the first day with an interval of fifteen minutes and increasing it ten minutes a day until sixty min-

utes has been reached and maintained throughout the treatment; no soap, no massage; simply wipe the body dry and quickly retire for the relaxation which follows.

The milk treatment may be regarded very simple, even too simple and near to nature to do any harm; however, we encounter some very difficult reactions, making it impractical to give in the ordinary home.

The normal or physiological reaction is first the effect on the circulation. This is noted by an accelerated pulse, increasing 6 to 12 beats in twenty-four hours until a normal milk pulse of 80 is reached and maintained throughout the treatment. If it should reach 90 and remain, there is pressure somewhere in the alimentary tract which must be removed. On the other hand a rapid pulse, caused by absorption of some poison or highly nervous strain, will decrease at the same rate until 80 is reached.

You may entertain a question here how an already weak and irregular heart, as so frequently exists in these run-down cases, can stand this rapid stimulation. The condition is quickly met by the new blood supply to the heart muscle itself through the coronary arteries. I have had a number of cases who note the difference themselves in a very few days. A valvular lesion cannot be cured, but the walls are so substantially thickened and strengthened that very little trouble is realized from the lesion.

There is a marked change in the skin, hair and nails. In the skin this change is noted by the end of the first or second day; a decided moisture is noted. This may increase to a profuse perspiration, even in individuals, who have not perspired for years. This does not herald the same alarm as the "night sweats" encountered in the weak while on ordinary food. It means the flood gates are thrown open for the quick elimination of stored up poisons; a peculiar odor, especially of rheumatism, is noticeable to this perspiration. A measly eruption may appear on the chest and thighs; also pimples on the face and shoulders. This will clear up in a week or ten days. This increased capillary circulation is shown by a decided pink to the nails and a beautiful gloss to the hair.

All the high places are surely touched. No matter where the local congestion or atrophy, the new blood will find it. The breaking up of any local condition is usually attended by periods of exacerbations, these periods decreasing in severeness, with longer interval of amelioration between until they entirely cease, showing healing has taken place. On account

of this every one is a law unto self as to the time they should continue the rest and milk. By no means quitting either until healing is complete.

In all chronic diseases attended with malnutrition, there is a relaxed condition of the whole musculature of the economy, noted by the sunken cheeks, hollow eyes and soft flabby external muscles. We are sure the same condition exists internally, as is noted on palpation. With this sagging of the stomach, colon, kidneys and all the viscera, there is usually destruction of the peritoneal fat, causing a general ptosis of the abdominal contents, thus inhibiting peristaltic movement, which causes retention of fecal matter, producing stagnation, fermentation, auto-intoxication, the foundation of almost all our diseases. With this condition there is a thickening of the mucous membrane, withholding the normal juices of the alimentary tract, producing constipation or diarrhoea. With the ingestion of from five to eight quarts of milk per day, there is a great distension of the abdomen which is maintained until repair of the muscles takes place and fat is filled in, the result all organs are crowded back to their normal position, nature has anchored the viscera which remains as long as health continues, constipation is broken up. We are sure of the result when we see the external muscles plump and solid; the same must exist throughout internally.

Milk as a diuretic is a well-established fact; there is a great flushing of the kidneys. The first few days the amount of urine voided is often equal to or in excess of the amount of milk ingested. This may even cause some disagreeable symptoms if there is or has existed any cystitis, but will not last over 36 hours. After the first ten days or two weeks there is a decrease in the amount of urine as well as the micturitions.

The reactions on the bowels have been touched, but will say further, milk produces a very large amount of fecal matter, which is expelled with some difficulty the first few days, often requiring the use of water or oil enema to soften the mass. If large quantities are well taken there is little or no trouble with constipation, usually two good stools a day.

The change in the external muscles is so easily noted from week to week that it has a very favorable psychic effect. The gain is almost unbelievable in some cases. Ten pounds the first week has been reached by two patients in my own institution. Thirteen pounds in five days is the greatest on record, occurring in Dr. Porter's Sanitarium. This great gain is not maintained through the entire period; if they have a day

of nausea and pain they may even lose a little. Any mental excitement or too much company will have the same effect, but a gain of from 15 to 20 pounds in the average for a four weeks' treatment. This is well distributed over the body, the muscular parts showing the greatest increase. The order of increase is as follows: First the thighs, buttox, hips, arms, chest, neck and face. I will give it from the chart of an average patient for a period of four weeks: Neck, 1 in.; arm, 1½ in.; forearm, ¾ in.; chest, 2 in.; inspiration, 2 in.; expiration is decreased 1 in.; waist, 3 in.; hips, 2 in.; thigh, 3 in.; weight, 16 pounds. You will note a very clear skin with a soft velvety, healthy touch, red lips, bright eyes and pink nails at the end of the treatment, the ideal for the aesthetic.

Fresh air is a part of the treatment; sleeping porches are preferable where they can be arranged. There is no danger of taking cold when once thoroughly stimulated. The body heat is so quickly raised that excess covers are discarded during the first week by most individuals.

I practically use no drugs. In several cases I have found some of our homœopathic remedies valuable, as well as cacodylate of sodium useful. Normal salt solution for both nausea and constipation seem to meet all requirements most effectively.

Milk in four cases under my care produced a most stubborn diarrhoea. In these cases the quantity has to be reduced. They only make about half the gain of other patients. Bernarr McFadden recommends that they quit after three days; my experience has been very gratifying where they have fought it to the finish, which was from two to five weeks.

I have had very beneficial results in cases of liver and stomach troubles, autointoxication, mucous colitis, rheumatism, diabetes, nervous and generally run-down conditions. Sorry I have never had a case of Bright's disease, as it is almost specific according to Dr. Porter's experience. I had a very interesting case of gall stones of thirty years' standing. Man 64 years of age, jaundiced for six months, attacks of colic every few days. I put him on six quarts of milk per day; the jaundice was even increased, with much soreness around the seat of trouble, but no real attack of colic until the third week. About seven hours following the attack a stone two and three-eighths inches was passed from the bowels. After about three days the jaundice began to decrease and the patient made a rapid recovery. Almost a year has elapsed with no return of any of the former symptoms. I have had

cases of mucous colitis where large flakes of mucous were passed; also mucous casts 4 to 18 inches long. These cases have all remained healed so far as I know.

I do not have an opportunity of catching anything in its incipency, as they go the rounds first and come to me pretty well drugged and much reduced. My work is so new and not well known. Many do not stay long enough to effect a cure, but all are very much benefitted and can go on to a permanent cure if they will only adhere to the diet after leaving me. Nothing to my knowledge will give so great a gain in so short a time.

The patient breaks the rest with very little difficulty. I gradually reduce the baths to 15 minutes; at the same time reduce the quantity of milk about one-half to allow the stomach to empty and give a meal, consisting of soft boiled eggs, graham bread and butter, baked potato, a salad of ground carrots, fruit either raw or cooked, at 6 o'clock in the evening. I allow them to exercise around the house the first day, dress and walk around the block the second day, and leave for their homes the third day. Many return to their work at once, but I find they tire easily after the prolonged stimulation, so I recommend they take a week or two of moderate exercise first. They are by no means weak; many come in carriages and have to be helped to their beds, and return at the end of four or five weeks by street car, feeling strong and well.

The great essential of nutrition is to supply the blood with sufficient albumen to replace that which is converted into urea each day in the production of force. One quart of milk contains 52½ grs. of albumin, thus supplying the greatest amount with the least work. Milk cannot be tolerated by some individuals on account of their dislike and the disagreeable symptoms it produces. This I have overcome, thus far, in every case. The special preparation of the patient, the leaving off all food and the favorable environment has met all difficulties. Many even learn to take it with a relish where there has been an actual repulsion to it.

I use the pure Holstein milk, the freshest I can get. It runs about 3.2 per cent butter fat and 9 per cent other solids. It contains more of the muscle-building material, as well as contributes much vitality which is characteristic of the animal. I require it handled in the latest sanitary methods. Milk may be taken hot or cold. I always heat by setting glass in hot water, never cook next to the fire. Hot milk is less nutritious, so recommend it be taken about the temperature of the room, which seems to give the best results.

Sept. 20, 1911.

LIDA B. RUSSELL, M.D.

1529 Gaylord St., Denver.



SPECIAL ARTICLES



THE TECHNIQUE OF PRESCRIBING.

HOMOEOPATHIC PRESCRIBING is a science and an art. The therapeutic artist must be able to perceive what is morbid in the patient by the totality of the symptoms; by the symptom image; by those signs and symptoms which express the individual disorder. There is no other way by which we can know individual disease, and unless we can perceive the sickness as it presents itself in *each individual patient*, we cannot cure—except by a lucky hit. The homœopath should not infringe upon allopaths by depending on luck, for he has a therapeutic law and fixed rules by which to prescribe. This, then, is the first lesson the homœopathic prescriber must learn, namely, to perceive *individual* sickness. When he has removed Nature's signals, the signs and symptoms of individual disease, he has filled his mission. He has done all a physician can do and all that needs to be done, for "it is not conceivable, nor can it be proved by any experience in the world, that, after removal of all the symptoms of the disease and of the entire collection of the perceptible phenomena, there should or could remain anything else besides health, or that the morbid alteration in the interior could remain uneradicated." (*Organon*, Par. 8.)

But all symptoms do not reveal the *individuality* of the patient, and it is the sick *patient* who must be treated and cured, not a sick heart or stomach or liver. The latter will get along very well in all curable cases if the patient's vital force, the dynamis of his system, is once righted. If, as disease results, structural changes have taken place, still the physician has completed his work when he has cured the perceptible symptoms. The professional quack (who is always an allopath or a mongrel), in order to get extra fees, takes advantage of the prevalent ignorance which has resulted from old school doctrines and says, "I'll first cure your stomach and then your liver; and by and by we will take up your headache and cure that." The poor fellow is diseased and drugged and duped. The homœopath says, "The totality of your symptoms form the image of your sickness, and when these are all cured you will be well. If some symptoms have been suppressed, then your case must be developed; and if this cannot be accomplished, you cannot be cured; for there

is nothing to guide any man to a cure but the symptoms, and where there are no symptoms there will be no cure." Not only must symptoms be present, but the prescriber must find the symptoms which clearly reveal the *individual* sickness.

ILLUSTRATIVE CASES.

I recently treated two cases, men who were suffering from asthma, and each was nearly fatal. When I came to the first man, what I wanted to know most of all was, *the symptoms which distinguished that particular case of asthma from all others*; and when I came to the second, the same question confronted me. Or, in other words, the symptoms which reveal the present disorder of this individual patient. I found them. Both had aggravation from cold. The least cool air let into the room even from another room would nearly choke them to death. Both had aggravation from lying and had to sit up in a chair or in bed. Both had labored and difficult breathing. So far I could only prescribe for asthma; but in each case I wanted to prescribe for the *man*. So I continued to ask questions. By and by, in the first case, I learned that there was *some vomiting of bile and much nausea*, and that *cold water relieved the spasmodic cough and made him breathe easier*; that he was *always worse in warm, south winds*. Ipecac 1-m cured like magic and in a few days put him right out in the bitter cold without asthma. You ask, Did you cure the asthma? No, I cured the *man*.

Case two, in a general way, looked just like case one. One thing sure, they both had asthma. But this man *always got relief in rainy, wet weather*. This, together with some mental symptoms, decided for nux vomica. And this grand old remedy in the 1-m and c.m. brought equally quick and curative results and put this man also out in the cold without asthma. Both had been down for weeks suffering more than words can tell, and their good wives had been firing at night in order that the temperature of the room might not get even a degree lower and cause another "bad spell." Again the *man* was cured, not the asthma; and all that expressed the sickness of that man, including the asthma, were driven out together. Ipecac, in its pathogenetic power, met one of these sick men at the right place and the right time, and nux v. the other. Now, ipecac would not and could not have cured the second man, nor nux v. the first. Still, they both had asthma—no question about that.

In each individual case of sickness, whatever the diagnostic name, the careful prescriber thrashes and sifts and fans

until he finds the odd, peculiar and unusual symptoms of that patient. *These reveal the nature of the individual sickness as they reveal the nature of each medicine when tested*, and the medicine which covers the *individualizing* symptoms covers the *image*. If these symptoms are particulars, that is, refer to some particular part of the body, they are important. If they are generals, that is, refer to the patient himself as a whole, they are more important. If they are the last which have developed in the case and stand out in bold relief, they are most important. But above all, the technique of successful prescribing makes it indispensable that the prescriber shall find those symptoms which distinguish *this* case of asthma, if it is asthma, from all other cases; or *this* case of pneumonia, if it is pneumonia, from all other cases; or *this* case of rheumatism, if it is rheumatism, from all other cases; or *this* case of diphtheria, if it is diphtheria, from all other cases. In no other way can any man expect to prescribe with accuracy and success.

When the symptoms which distinguish the individual sickness are once perceived, and when we then find the medicine which in its proving is equally distinguished by those symptoms, the cure is easy if we employ the right potency and know when to repeat or go higher.

NOT A PROVING, BUT A CURE.

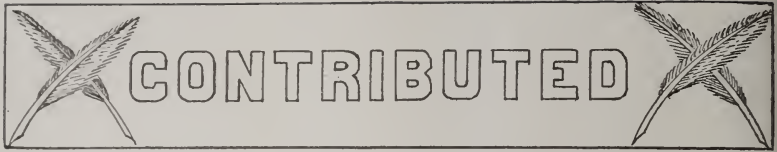
The technique of homœopathic prescribing will not allow the medicine to be repeated every two, four or six hours regardless of improvement, for by so doing we get, in case the right remedy has been chosen, an *aggravation*, and if the wrong medicine has been selected we get a *proving*. How many homœopathic physicians have had this experience: Under a given medicine the patient improves for a time, but suddenly becomes worse while taking the same medicine right along. Now what is the matter? He is getting an aggravation on account of *too much medicine*. Or, he failed to improve after the medicine was administered, and the doctor gives it a little stronger and more of it, and new symptoms, numerous and prominent, make their appearance. Now what is the matter? He is getting a proving on account of *the wrong medicine administered*. Thousands of patients every day get drug provings, and the doctors repeatedly prescribe for the drug symptoms and do not seem to know it. Old school drugging and mongrel doping are void of science and art and only cure by accident; but scientific homœopathic prescribing, employing the carefully chosen homœopathic rem-

edy in the smallest possible dose and in the most suitable potency, recognizing its mighty power and waiting for the reaction, is quite a different proposition. How many have decided to "try the high potencies" and proceeded by giving the 1-m or 10-m or 50-m every few hours or three times per day, then wonder why they cannot cure as Hahnemann cured. That is not the way Hahnemann prescribed even when he used the 30th or higher. These are the gentlemen who think the homœopathic remedies need help, such as antitoxin, in such disorders as diphtheria, and even suggest the use of antitoxin and the homœopathic remedies at the same time! They forget the master's injunction, "One single, simple medicinal substance at one time." In all such cases the help needed is a competent homœopathic teacher; for it is the doctor who needs the help, not the homœopathic remedies.

The writer has been through three epidemics of diphtheria as malignant as anyone could experience, and he never yet let even one die with membrane in the throat. He never lost but three cases in his life, and they died with perfectly clean throats from heart failure—as all will do who will not take nourishment. And he never employed anything in the treatment of this dreaded disease but the indicated remedy. Anybody can cure such cases in the same manner if he will get his Hahnemannian lessons. It so happens that helter-skelter methods and lucky hits are very disappointing in such disorders as diphtheria, chronic cutaneous eruptions, sycotic gonorrhœa, syphilis, etc. But when the application of homœopathic *principles* is witnessed, such disorders are cured gently, harmlessly and with certainty.

Herein lies the power of homœopathy: *Finding the symptoms which distinguish the individual case of sickness, then the medicine which has produced similar peculiarities when tested in healthy human subjects, and fitting that medicine to that particular sickness in the potency suited to the patient's susceptibility, in a dose of the minimum size, and repeated when improvement ceases, to be followed by a higher potency when the former no longer seems effective.* The homœopathist who learns to thus *coax* disease, instead of relying upon physiological force and therapeutic awkwardness, will make many marvelous cures and demonstrate the power and science of pure homœopathy.

When you are called to a case in which there are more drug symptoms than disease symptoms, are you going to accurately "take the case" and successfully prescribe? Never! You must clear up the case with such remedies as sulphur, pulsatilla, cinchona, sepia; and when the case reverts to its former self, then find *the* remedy and cure. HOLLOWAY.



VACCINATION AT PASSAIC, N. J.

HEALTH COMMISSIONER DEFIES IT—DOCTORS IMITATING
EDUCATORS—SHALL WE HAVE COMPULSORY MEDICINE?

TO THE EDITOR: Press dispatches are flying over the country with the news that Mr. George Michaels, of Passaic, has been arrested at the instance of the Board of Education for refusing to have his public school daughter vaccinated. He has had some sad experience from it already and says he will move out of the State rather than submit to it. Right he is!

This question of vaccination in the public schools has now seen added to it the compulsory medical inspection of all school children, whereby, added to one vaccination, there may be as many more as experimental doctors may choose to inflict. All the States are witnessing a well-concocted movement for this inspection, and it has in some places shook the public school system to its foundation.

I have laid it down that the compulsory education system has been responsible for these compulsory advances along medical lines, and of late the doctors most desperate in the matter have confessed that they have, indeed, taken their cue from educators, public schools and compulsory education. They say that the State-paid doctors, with compulsory laws to back them, are as essential for the bodies of children as are State-paid teachers with compulsory laws for the minds of children.

But, from the children, the matter has gone farther than this. There is also now out a demand that all grown people be put under compulsory medical service and that the doctors be paid by the State. This is full-fledged Socialism. Homer Folks, the rich "sociologist," of New York, has come out endorsing it. With him we can class also the six or seven thousand men and women registered in the New York Charities Directory. J. P. Morgan is one of them. What are we coming to?

It is evidently time that the public school system should be abolished, inasmuch as it is preparing the country for this work of "the doctors' trust" and nation-wide Socialism. That great philosopher, Herbert Spencer, saw all the Socialistic

leanings of the public schools and called for their abolition. He also condemned vaccination, as do many of the leading scientists of the day. *The Philadelphia Item* has taken up this medical tyranny of the times and in long leaders condemns it. It says, with me, that the public school system had better be abolished if these are its fruits.

The National League for Medical Freedom, 315 Fourth avenue, New York, has over 300,000 prominent Americans enrolled to fight the doctors' trust and their Owen bill in Congress. If Mr. Michaels is not one of them, he should be. Luck to him!

FRANCIS BUCK LIVESEY.

West Friendship, Maryland.



THE HOMŒOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES held a great scientific and social meeting at the Colonnade Hotel, Chestnut and 15th streets, Philadelphia, Pa., on Tuesday, February 13th, at 12.30 noon, a special lunch being served at one o'clock. This was the occasion of a reception to T. H. CARMICHAEL, M.D., Philadelphia, Pa., president of the American Institute of Homœopathy. The scientific program consisted of an address on "Bronchoscopy and Oesophagoscopy, with Demonstration of Cases." by FREDERICK W. SMITH, M.D., of Philadelphia; "Breast Tumors and Demonstrations by the Reflectoscope." by W. NELSON HAMMOND, M.D., of Philadelphia. There was a large attendance and the meeting was voted a great success by all.

PERSONALS: DR. WALTER H. HATFIELD, a recent graduate of the Hahnemann Medical College, Philadelphia, Pa., has opened his offices in "The Dexter," Woodburn and Dexter avenues, Cincinnati, Ohio.

DR. W. NELSON HAMMOND announces the removal of his offices to the Weightman building, 1524 Chestnut street, Philadelphia, Pa. Hours: 9 to 11 a. m.; 5 to 6 p. m.

DR. ARTHUR HARTLEY announces the opening of his office at 1302 Spruce street, Philadelphia. Rectal diseases. Hours: 10 to 11.30 a. m.

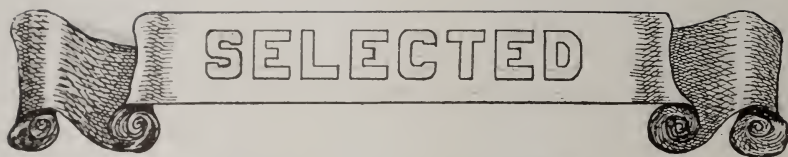
DR. HENRY I. KLOPP, a graduate of Hahnemann Medical College, Philadelphia, at a recent meeting of the trustees of the State Homœopathic Insane Asylum at Rittersville, Pa., was chosen superintendent. DR. KLOPP is a native of Lebanon, Pa., and for the past seventeen years has been connected with the management of the Massachusetts Homœopathic Asylum at Westborough. DR. KLOPP was at the meeting, having come on from Massachusetts by invitation. He will take charge of the asylum March 18th.

NEWS ITEMS: The proposed new Homœopathic Hospital in West Chester, Pa., now seems assured, as more than the fund required has already been pledged by residents. The promoters have decided to buy a suitable site and erect thereon a convenient building for their patients.

A meeting of the caffeine testers and provers was held in the Hering laboratory, Hahnemann College, Philadelphia, on Wednesday, February 28, 1912. at eight p. m.

OBITUARY: DR. ROBERT G. WHINNA died on February 2, 1912. at the home of his son, Dr. Elmer G. Whinna, 320 North 41st st., Philadelphia. Dr. Whinna, who was a noted Methodist minister, took up the study of medicine with his son at the Hahnemann Medical College, Philadelphia, and they were graduated together in 1891. Dr. Whinna was seventy-three years of age.

RALPH BERNSTEIN.



ETERNAL HOMOEOPATHY.

IF HOMOEOPATHY WAS true in the time of Hahnemann, it is true now. If drugs have in the past cured diseases when they have been given in accordance with the law of similars, they will still produce similar results under similar circumstances. Were homœopathy but a dogma this could not possibly be true. To the inexperienced theorist homœopathy may simulate a dogma, but to the practitioner of the art it is a law; homœopathy is eternal.

The fact that medicine has continuously and steadily marched further and further away from the Aristotelian philosophy which made standards of the figments of cloud-land, and has become more and more completely surrounded by the definite, demonstrable, utilitarian philosophy of the far-seeing Bacon, is but evidence of a logical and irresistible evolution by and through which false assumptions and misleading hypotheses, which have obscured a correct understanding of the law of similars are being assigned their true valuation and from which homœopathy will emerge purged of all adventitious dross. This day is possibly not as far distant as many of us may believe.

At this juncture it may occur to the interested to inquire into the means through which this ultimate vindication of homœopathy will be executed, and upon close investigation a surprise may await the superficial observer to find that more is being done in the laboratory to bring about this end than has been accomplished by any other agency. In fact, even those who are eminently ignorant of the vital significance of the law of similars recognize that homœopathy is scientific or it is nothing, and that if it is a great truth it legitimately belongs with that which constitutes scientific medicine. No less an authority than the accredited voice of the "Carnegie Foundation" tells us, on pages 161-163 of his tremendous "Report," that "everything of proved value in homœopathy belongs of right to scientific medicine and it is at this moment incorporate in it." That he is not a medical man and that he has no practical knowledge of the subject does not vitiate his conclusion that homœopathy belongs with things scientific. This has always been the contention of the

believers in homœopathy who think, and in due time the scoffing words of Mr. Abraham Flexner will be accepted as truly prophetic of the sober belief of all medical men who are qualified to adopt correct discriminative conclusions.

It is quite in point to call attention to the difference between the chaotic therapeutic conditions of Hahnemann's day, and the much more rational methods now regnant in the dominant medical school. It is true that the injection of so mild a system as that of homœopathy in the medical world was in the manner of a startling reform, and it is also true that there is less at the present time to reform than in the older days, but this does not mean either that the work of homœopathy is finished, or that its share of usefulness is being better filled by any other of the various more modern ways of healing the sick. Homœopathy has always had its definite place in medical science, and it will always hold this place. It is true there are few remaining of what may be called the "old line" homœopathic prescribers. Modern methods of elementary study, in which may be included histology, pathology, bacteriology and surgery, have opened new paths to the goal of the physician; have showed us that it is possible, under certain circumstances, to restore lost health in more ways than one. But this does not in the slightest militate against the truth or usefulness of homœopathy; on the contrary, it makes the physician broad minded and gives him the ability to use all there is of good in therapeutics intelligently, and clothes both homœopathy and the practitioner of the art in the habiliments of a dignity that is unknown to the less liberal.

To him who really has a practical knowledge upon which his belief rests, the field of clinical medicine merely serves to make stronger the faith that is within him, but to the fair-minded though unbelieving student of science the results of laboratory experimentation offer proof that appeals to him as nothing else can do, and it is from this field the irrefutable truth of the law of similars is gradually developing with irresistible convincing power.

The microscope is one of the most powerful allies in this work of vindication, and from it we learn that in the minutest histological research—whether physiological or pathological—nothing is found to controvert homœopathy; but, on the other hand, the necessity for minute dosage becomes obvious through the striking fact that all changes in the human organism are microscopic, and to appeal to meta-

bolism all agents must be reduced to microscopic proportions.

Again, even the most modern and widely accepted theories of the masters in science offer nothing to the injury of our great law. Wright's most beautiful ingenious hypothesis is no exception, for does it not furnish homœopathy with the profoundest explanation of its *modus operandi* yet offered?

Suppose it be definitely proven that the most dreaded of the many classified forms of disease are due to some form of bacterial life, or some serum derived therefrom, homœopathy is not injured thereby; on the contrary, an obvious field is here offered for the further vindication of the great law. Nor need electricity be regarded as a menace; and from the variety of aids given the physician through the contrivance of mechano-therapeutics, homœopathy has nothing to fear.

One of the fundamental duties of all physicians is to remove the removable cause of disease, and until this is done no method of healing will have an opportunity for fair demonstration. Many of the modern methods of therapeutics may be regarded simply as cause removers, and such methods are of incalculable value to the practical physician, but they are not inimical to homœopathy. As a matter of fact, they render its application not only more effective but distinctly more rational, and more intelligible to the average medical mind.

That the great majority of believers in homœopathy are today utilizing all the various methods generally accepted by the "allopathic" school proves nothing as to the future of homœopathy; but it does prove that the practitioner of homœopathy is more liberal than is he who denies the possibility of good in the laws of similars. And it does much more—it makes a broad, thorough, resourceful physician, whose aim is neither to prove nor to disprove a theory, law or dogma, but whose constant endeavor is to do the best that can be done for his patient.

From the impersonal standpoint of science, it is of small moment what one's particular "pathy" may be. When the grave responsibilities of the practitioner are assumed, the organization of which he perforce becomes a member is a great brotherhood of men who are trying to heal the sick. If he be honest, he will become a perpetual illustration of the first section of Hahnemann's great classic; and if he be

fair, the basic truth of homœopathy will sooner or later claim him for its own.

Whether or not there will always continue to be a distinctive school of homœopathy is a question, but that it is right to fight for continuance of our individuality we have no doubt. That we will succeed in holding out against the wiles of the magnificently organized foe is for the future to determine. Were we fairly granted the right to believe in and practice homœopathy without concealing the fact, as the homœopath grants the right to other men to a difference of opinion, there would be no point in resisting the unification of the medical profession; but until this time arrives the homœopathic profession will be justified in resisting all attempts to obliterate its individuality. For the survival of the great truth, however, to which Hahnemann so forcefully called the attention of the medical profession, there need be no fear. Homœopathy as a law, by whatever name it may be called, is safe, for has it not been said, even by its most bitter of opponents, that it forms an integral part of scientific medicine, and as the things of science are the things of truth, so is homœopathy true now just as it was in the days of its arch exponent, so will it continue to be to the end of time.—ELDRIDGE C. PRICE, *North American Journal of Homœopathy*.



A NEW NAME FOR AN OLD SUBJECT.

BY REA P. MCGEE, M.D., D.D.S., Denver, Colo.

A little humor now and then
Appeals to even professional men.
What though the shafts of satire keen
Glint on the armor of Oral Hygiene.

—EDITOR.

FROM ITS EARLIEST DAYS the dental profession has had one object in view, namely, the health of the mouth.

Our splendid progress has been due to slow, careful thought and experiment, and not to a sudden acceptance of a luminous idea. Many times there have been deviations from the old path, but the stragglers have always returned. We have remained a united profession. With childlike innocence we are always ready to rush to the support of the plausible new departure. Our latest is oral hygiene. The heralds of the "up-to-date" have been able to enlist the most enthusiastic recruits in this cause.

The old facts that we long have known have been clothed anew; publicity has been called in; the race is about to be saved; the wellspring of all bodily afflictions has been found; and high above the hullabaloo we hear the leaders crying for authority.

What are these old facts? They are simply plain old dentistry.

Is there anyone who does not realize that perfect health requires a perfect body, or that a diseased mouth is a detriment to the development of the child? Does anyone deserve credit for the discovery that an adult, who cannot masticate and insalivate his food, is shooting the chutes for the undertaker? In this movement two kinds of facts seem to predominate: first, the plain, common, or garden variety of facts, such as I have already stated; and, second, those fancy statistical facts, those lovely dreams in figures, that start on a basis of supposition, and end on a scale of perfection that is entirely too good for this world.

Our journals have been flooded with pages of tabulated percentages which are just as clear to the reader as to the man who wrote them, and are just as clear to both as the Chinese declaration of independence, written in the native hieroglyphics.

Anything can be proved by statistics. At the last session of the National Dental Association statistics were presented to show that in one school where the teeth had been placed in proper condition the children advanced 99½ per cent in mental efficiency. Think of it—99½ per cent advance in mental efficiency! What must have been the mental caliber of these children with cavities and one-half of 1 per cent ability? They must have resembled the high school student who reported to his father that the dentist said he had a large cavity to be filled; the father inquired what course of study the doctor had suggested.

Such reports make us ridiculous. We, who are innocent of this palpable rot, must suffer with those who are guilty. It is desired that every means of publicity shall be used, lectures, exhibits, newspapers, pamphlets and complimentary copies of a free magazine, issued through the supply house, to say nothing of the widespread advertisements of every alleged pyorrhea cure, mouth wash and dentifrice in creation.

This campaign is called the Campaign of Education. Men who are in the pay of manufacturnig concerns go about

delivering lectures written by someone else upon a subject that they profess to know nothing about.

Then we have exhibits—specimens in a case—so much per case—that can be sent from town to town to show the awful results—before and after. Then the newspapers—you all know the kindly interest that newspapers have always taken in our profession.

Pamphlets—like the old-fashioned tract—you can even get these with your name and address printed, as the author—only one man supplied in each town. And last, but not least, that little tid-bit, “Oral Hygiene,” issued monthly, complimentary. It is issued gratis to stimulate interest in the various preparations that can be used in this work. This little missionary effort has now reached the point where each advertising page brings one hundred dollars per issue. Not bad, to indicate that Oral Hygiene pays someone.

When certain of our contemporaries, who are outside the pale, embark upon this enlightenment of the public, we call it advertising.

That is unethical. Ethics is the science of morals, and what are morals? They are those rules of right living that have come to us as our heritage from the experience of the race, the cold hard facts, that have been gleaned from the mistakes of our kind, through the countless centuries of their existence.

There are few facts. A man, or a set of men, may with the best intentions in the world, herald a new fact, or a few old facts, with a new coat of paint on them, to the uninitiated public. The new information comes as a surprise; more surprises are called for, not more information—more surprises. A new reputation for cleverness has been made. There is a mental intoxication both in giving and in receiving a surprise.

To meet the newly created demand, more facts must be supplied; if they are not at hand, they must be invented, exaggeration is resorted to, extravagant claims are set up, remarkable calculations are indulged in, and the man who started out with real information and an honest purpose becomes either a convert to his own fancies or he degenerates into a wilful falsifier.

Our conclusion and our teaching, since the early days of our profession, have been that the man who advertises cannot remain trustworthy. This has been the experience of dentistry; this is the contribution that we may give to the science of morals.

We have then Oral Hygiene composed of Dentistry, plus publicity; I almost said advertisements.

And now we hear the clamor for authority—the energy of the movement. The people are enlightened, the believers come to us, anyway, the unbelievers must be forced to come through. The wheels of progress must move. We have turned our steam into the cylinders. What is steam? Steam is water crazy with the heat. This demand for authority is made upon the school boards. We are to become a part of the general hygiene movement. Laws have been passed in many States compelling all public school children to submit to a physical examination.

This sounds well enough on the mere announcement; but has it occurred to you that these laws may become oppressive?

Do you desire to retain the right of having your children examined by whom you choose, or are you satisfied to have every misguided enthusiast, who goes slumming, pounce upon your poor little kid and examine her as a subject?

In Boston the superintendent of schools is quoted as saying the law allows the examination of every child from the top of his head to the soles of his feet, by whom the superintendent shall designate. This includes the high school pupils, male and female. Quite pleasant for a parent to contemplate, isn't it?

In Denver we are more polite; the wicked little microbe that is looked for here must reside somewhere above the collarbone. Most of the examinations are made by the teachers themselves—the eyes, ears, nose, mouth and throat are examined. It takes us a long time to qualify as experts in the examination of the eye, ear, nose, throat or mouth, but, fortunately, the school board in its wisdom may, by the laying on of hands, convert a school teacher into a diagnostician—*presto*—just that quick.

Our ancestors fought for civil and religious liberty, and for years we dentists have fought for professional recognition. Now that we have reached the open country, why should we join this movement of political medicine, that has for its object the compulsory patronage of an overcrowded calling?

Our patients come entirely from the middle and upper classes—the intelligent people. The lower strata do not consult the dentist and the intelligent classes will not long stand for this unsolicited service. I could spend the evening telling

you of the ridiculous cases of physical examination in the schools—ridiculous if they were not so dangerous. The same dirty fingers were used in mouth after mouth in one Denver school, examining the teeth and throat. Were the hands even washed? No, the germs were left to fight it out among themselves.

Of course, none of us would do it that way—no—but we don't always make the examination.

Now we have Oral Hygiene, which is Dentistry plus publicity or advertising, plus authority or force, and, last but not least, the root of evil—cash.

After the death of Doctor Harris, who founded the Baltimore Dental College, an effort was made, on behalf of his widow, to present some token in appreciation of Dr. Harris' services to the profession. A subscription was started and \$1,000 pledged. Old Dr. Wayden, of New York, was selected by the committee to present the purse to Mrs. Harris. The committee got their statistics together and deducted from the \$1,000 the expense of collection. The remainder, consisting of \$80, was presented to Mrs. Harris and promptly spurned by her. The collection of \$1,000 cost \$920. I believe we have about \$1,000 in our Hygiene fund. I am quite certain that our committee will be able to handle the funds better than the one I just mentioned. But why is it necessary to make the Oral Hygiene committee the most important in the association? Are not the other branches, the older and more stable parts of our profession, just as necessary?

By all means, let us endeavor to lessen the liability of the entrance of disease through the mouth. Let us work honestly to benefit the children, let us instruct those who wish instruction. Let those children who have a regular dentist go to him and get a certificate; and let the public examiner look over the rest; but, for goodness' sake, don't force your services where they are not wanted.—*The Dental Digest*.



THE GERMANTOWN HOMOEOPATHIC MEDICAL SOCIETY held a regular meeting on February 19, 1912, at the Hotel Walton, Philadelphia, Pa., at nine o'clock in the evening. The paper for discussion was presented by DR. D. ROMAN, his subject being "Cancer of the Large Intestine—Its Radical Treatment." The censors reported favorably upon the name of DR. DUDLEY MORTON, class '07, Hahnemann Medical College, Philadelphia.

LANDRETH W. THOMPSON, M.D., Secy.



EDITORIAL SECTION



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Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

DR. HOLLOWAY SICK. We regret to announce the illness of DR. HOLLOWAY, associate editor of THE CRITIQUE. A letter under date of March 22d informed us he had been ill for the preceding three weeks, but was at the time of writing able to attend to office duties. This accounts for the scarcity of HOLLOWAY material, so essential to good reading, in this issue. We look forward to a full supply for the May issue.



WHAT POTENCY? We are obliged to forego publication of an excellent article upon this subject from Dr. G. H. THACHER, M.D., H.M., of Philadelphia, which arrived too late for publication in this issue. Fortunately it is one of those products of the pen that is "good enough to keep," and our readers will be all the better repaid for a display of fortitude in awaiting its publication, which will be in the next issue.



A NEW NAME FOR AN OLD SUBJECT. Under the foregoing caption Dr. Rae P. McGee, M.D., D.D.S., has a very capable and convincing article in the March issue of *The Dental Digest*, the same having been read before the Denver Dental Association, November 9th, 1911. Dr. McGee is one of the progressive dentists who proposes that people be permitted to choose their own dental and medical service. The better class in this profession, as in the

medical line, are willing to permit their "make good" ability to determine their choice by the public instead of "make you anyhow," as proposed by a limited number who have but little else to do. THE CRITIQUE takes great pleasure in reprinting Dr. McGee's paper elsewhere.



UNION ENDORSEMENTS. Up to the present writing twelve Denver unions have endorsed the National League for Medical Freedom, thus denouncing in no uncertain manner the attempt to force compulsory medical measures upon liberty-loving American citizens. It might not be unwise for certain political parties to pay some attention to the particular direction in which the wind is blowing at the present time; candidates may be required to make a declaration of intentions along these lines before ten or twelve thousand voters in this State will look with any particular favor upon their qualifications for official position. The two old parties would expose more wisdom than has been exhibited in a long while if they but allow a little of this warning to soak into their systems in choosing candidates for the various legislative offices. Selah.



CONCERNING MEDICAL LICENSING BOARDS AND THEIR MEMBERS.—*The Journal of the A. M. A.* for January 13 has an editorial on this topic, which opens as follows: "Far above the necessity of better medical practice laws in this country comes the need for good men to enforce them," and this because "the board" stands as "the only legal barrier" between the people and the horde of "doctors" of this, that or the other "system" of treatment. This "horde" embraces every one outside of the "regular" pale who dares to treat the sick. That the present "boards" are incompetent is evidenced by the following quotation from the editorial in question: "Only a few states, apparently, have realized how serious is the menace to the public health of incompetent doctors." Hence those states have bum boards—mixed. To one who has not dabbled in logic this seems serious, but the tyro in logic at once sees the fallacy in the statement. It is true that "incompetent" doctors are a menace to those they treat, but the argument of *The Journal* assumes the real question at issue, and argues from that assumption—begs the question, in other words. It assumes that the men of its own sect, the allopathic (to use a broad term), are the only "competent" men and builds its whole argument on this proposition, as do all others who contend for medical laws, that the allopath only can fill out.—*The Homoeopathic Recorder*, February, 1912.

Homœopathic journals in several States, one noticeable exception being the *Journal of the America Institute of Homocopathy*, are devoting more space to the subject of licensing boards than formerly; the reason of this is readily

accounted for by those who have sufficient interest in the matter to observe certain signs and omens. "The American Medical Association has accidentally rang the burglar alarm," as Dr. Stephens remarked in *The Eclectic Medical Journal* while referring to another matter, and homœopaths should wake up to the fact that the integrity of the so-called "mixed" boards is quite likely to be tampered with. When the A. M. A. condescended to commingle with representatives of other schools on "mixed" boards, it did so because it needed the other fellow's assistance. Now that it has succeeded in securing the assistance so much desired, as well as the cooperation of both the homœopathic and eclectic element necessary to a thoroughly acceptable mixture, the promoters of this branch of the public service propose procuring complete control of medical examinations, so will confine appointments hereafter to those only who come within the charmed circle of "competent doctors," which, on being correctly described, means members of the A. M. A.



IS THE STATE BOARD OF HEALTH GREATER THAN THE PEOPLE AND THE GOVERNOR COMBINED? At its last session a bill passed the Legislature known as "H. B. 253." Mr. Hasty, the member from Lamar County, was the parent of the proposition; it was marked *by request*. By request of who? Inasmuch as most bills of similar nature may be traced to but one source, namely, the American Medical Association, we hardly feel disposed to place the credit elsewhere. It was a "bill for an act defining the powers and duties of local health officers and boards of health, in the matter of protection of the people of the State of Colorado, from the disease known as tuberculosis; to provide penalties for the violation thereof, and to repeal all acts or parts of acts inconsistent therewith, *and to make an appropriation for carrying the same into effect.* (We have *italicized* the last sentence, unnecessarily perhaps, as few would associate a bill of this sort with anything outside of political grafting of the worst kind.)

Section 1 of this bill provided for frequent examinations and reports by physicians; declared tuberculosis an infectious and communicable disease and required physicians to report all cases, giving name, nativity, age, sex, color, occupation, place last employed, as well as the address of everyone know by said physician to have tuberculosis; made ex-

aminations of sputum compulsory; provided a fine for causing *offense* or danger to any person occupying the same room, in fact making life such a correct imitation of hell on earth to the unfortunate having the white plague, that a two weeks' sojourn in Colorado would put the average individual thus afflicted either in the insane asylum or the poorhouse; both perhaps if these institutions were housed under one roof.

The protests against this proposition were so pronounced that notwithstanding it passed both branches of the Legislature, Governor Shafroth vetoed the measure and it never became a law.

And now comes the State Board of Health (hat off, Mr. Governor, and put the soft pedal on hard Mr. Vox Populi) ordering all physicians and hotels in the State to do just what Governor Shafroth declared by his veto should not be done.

This is but another way the American Medical Association has of carrying out its purposes; it cracks the whip and the average State Board of Health does the dance act.

Just why a State should go to the trouble of electing a legislative body and conform to all recognized forms of government is a mystery to one who witnesses such procedures on the part of appointive officers.

THE CRITIQUE is unfamiliar with the pains and penalties provided for failure to comply with this late reform spasm on part of the State Board of Health, but believes its circular will be respected about equally with much that emanates from this eminently eminent body of eminent nothingness.

No State in the Union is likely to get so much unenviable notoriety out of nothing as "poor old Colorado" (a term applied to this State by a Kansas paper last year when this same bill was under discussion) from its State Board of Medical Examiners and State Board of Health. The one by peddling permits to practice *medicine* to people who neither pretend nor desire to use drugs and the latter in assuming authority utterly unproportionate to either its usefulness or purpose.

If the hotel men and others whom this last order from the State Board of Health most seriously affects do not fight the thing in the courts if necessary, they are extremely foolish, as, taking into consideration legislative doings of not too remote date, this State board has about as much right to issue such an order as they have to order everyone shot. If the American Medical Association directed them to do the latter, however, there is no doubt they would do their—best to carry out instructions.

EDITORIAL RESPONSIBILITIES. In assuming associate editorial responsibilities, not the financial but the homœopathic phase, I want it understood that I am not to pose as "boss" and shall not be responsible for what may appear by other writers, for I shall see but few copies of manuscript, if any. To edit means to superintend the publication, and when I associate myself with DR. MASTIN in this good work, I merely agree to assist in such superintendence when my advice is sought, and to promote the interests of THE CRITIQUE by my own pen so far as I may be able.

The readers of this journal know that I am a stickler for pure, unadulterated homœopathy. I not only teach the doctrine, but practice it to the letter and cure my patients. What I may contribute, then, will not be mere theory, but the *principles* of homœopathy reduced to practice. Some who do not understand these principles are prone to read the doctrine with some scepticism; but if they once become imbued with the true philosophy and filled with pure homœopathic knowledge, they can make true homœopathic cures with the same ease and accuracy with which others now make them. We need qualified and loyal homœopaths in the general field of practice; we need them in our medical colleges; we need them as authors of the homœopathic literature for students and practitioners. It shall be the purpose of this journal to contribute, in its modest way, to this crying necessity. We shall urge men to read Hahnemann, Kent, Hering *et al.*, and warn them against spurious and doubtful literature labeled "homœopathy." We shall try to indoctrinate those who want to learn so they shall be able to know the true from the false, both in literature and in practice.

While I have not had the pleasure of meeting DR. MASTIN personally, I know him by his writings and through good homœopaths and know he is in sympathy with Hahnemannian doctrines. Hence, we can co-operate in an effort to make THE CRITIQUE more and more the representative of what the founder of homœopathy taught. I am aware that the vast majority who are ostensibly practicing homœopathy do not understand homœopathic tenets and *do not want to learn*; but a great many are honestly striving and struggling for the knowledge whereby they may prescribe with art and certainty and cure as an *everyday rule*, and not occasionally as a lucky hit. But many of these have not enjoyed the advantages which make the Organon clear and practical, and hence they read it with little profit. The Organon and

Chronic Diseases constitute the New Covenant in medicine, and he who would succeed by gently, scientifically and permanently curing the many cases of sickness which non-Hahnemannians *cannot cure*, must understand and implicitly follow these unparalleled works of the master. I have therefore reluctantly accepted the associate editorship of this journal, on account of time required, in order to assist the honest homœopathic student, old or young, who would like to be a consistent homœopathician and cure as the founder cured.

I shall have but little to say in answer to the bickerings of those who have departed from the homœopathic faith or who have refused to be admonished by the founder whom they profess to follow, owing to a maxim I once read in an old book about "casting pearls before swine." We ask the hearty co-operation of all lovers of truth, that we may be instrumental through this medium in teaching homœopathy in such a manner that men may understand it and practice it, and directly and indirectly bring health and joy and happiness to thousands and tens of thousands of our fellow beings.

HOLLOWAY.



SOME INSIDE HISTORY. During a recent trial, in which the State Board of Medical Examiners attempted conviction of a member of a drugless cult for the unlawful *practice of medicine*, the following inside facts regarding the inner workings of the board were brought to light by its legal representative, and we are perfectly willing to believe he told the truth and nothing but the truth. It was in the case of RALPH M. JONES, *Plaintiff in Error*, vs. THE PEOPLE OF THE STATE OF COLORADO, *Defendants in Error* (No. 6615), and on page 5 of the counsel's brief appears the following startling statement:

"Licenses to practice medicine are granted upon examination in some instances and *without examination in other instances*. Any person who is not disqualified upon moral grounds may take the examination for a license to practice medicine in this state *absolutely without regard to whether he has or has not attended school or college*. *College education, or school instruction of any kind, is not required.*"

No wonder the Denver Homœopathic Medical College gave up the ghost: the only wonder we have is why others have not followed suit, inasmuch as "*college education or school instruction of any kind is not required*" in order that one may be turned loose on the community "to protect the public health."

A further astounding acknowledgment of the imbecility of the medical practice act in the State of Colorado may be found on page 3 of the legal document previously referred to:

"The statute takes no account of drugs or medicines, or any other therapeutic agency, and prohibits the examiners from interrogating an applicant for a license of any school upon drugs or medicines."

And at page 5 it says:

"The examiners are prohibited expressly by the statute from examining applicants upon drugs or medicines, or any other healing agency. * * * The law assumes that they (the applicants granted a license) will not use drugs unless they are familiar with their action, or apply any other healing agency of which they know nothing."

We will admit our absolute ignorance heretofore of the actual workings of the State Board of Medical Examiners. That the people have been buncoed into believing this organization a bulwark of absolute protection against assault and annihilation by ignorant pretenders to heal the sick applies no more correctly than to the medical man, who, complying with all requirements, finds the document permitting him to practice medicine in Colorado has been lowered to the dignity of a peanut peddler's permit, by rulings of a purely political body which has protection of the public no more in view than their tactics tend to elevate the medical profession.

This board is continually spending public money in prosecuting people for the illegal *practice of medicine* and still no favorable results follow these displays of official fervor; no one is ever convicted. If the money for prosecution came out of the pockets of the plaintiffs in such cases a private individual might have some heart to protect his interests with his pocketbook, but knowing as he does that the "other fellow's" expenses are being paid by the State he hardly presumes to be powerful enough financially to buck such a game, no matter how pugnacious he may be or well grounded his position. The following shows who can practice medicine in Colorado:

"Our statute recognizes that any healing science, or principle, or remedial agent, can be applied by a man *who never attended a school, or took a degree, and permits such a man to receive a license, under the statute to practice as a doctor, physician and surgeon.*"

Go to it, everybody.

If the people ever needed protection in this direction they need it right now, dear Lord; and if there ever existed an opportune time for homœopaths to demand a separate examining board, a State Board of *Medical Examiners*, that time, dear reader, is also *right now*.

MISCELLANEOUS

Dr. C. M. Worth has located at Box Elder, Nebraska.



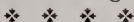
Dr. William Edmundson has taken offices with Dr. J. Wylie Anderson, in the Mack building.



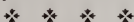
Send your news notes to the editor; he will do the editing. All that is needed are the facts in the case.



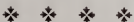
Dr. Ewing, a graduate of the Denver Homœopathic College, is now located in Colorado Springs and is doing well.



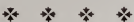
Dr. J. W. Mastin paid a professional visit to Colorado Springs the 17th of last month. Irish? Just a trifle.



Dr. J. E. Clayton has cast his lot with the people of Craig, Colo., and THE CRITIQUE recommends him to this community without reservations of any sort.



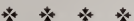
Dr. Ellen M. Oviatt, formerly one of the prominent women homœopathic physicians of Denver, died at Okalona, Ark., Sunday, March 10th, and was buried in Denver Saturday, March 15th.



The forty-third annual meeting of the Hahnemann Medical Association of Iowa will be held at Des Moines May 7th and 8th. Dr. S. W. Staads is the president, and the program predicates a pleasing and profitable meeting.



THE CRITIQUE regrets to chronicle a painful accident which happened to Dr. J. D. Nye, of this city, the 7th of last month. He slipped and fell on the icy steps of St. Luke's Hospital and was out of commission in consequence for some time.



Dr. L. B. Wheeler has been selected secretary of the Colorado Homœopathic Society, vice C. M. Worth, M.D., who resigned to locate elsewhere. THE CRITIQUE congratulates the society on its good fortune in selecting so capable a person as Dr. Wheeler to fill this position.

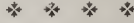


With the February issue of *American Practitioner and News*, Louisville, Ky., Dr. Lee Kahn retired as editor and was succeeded by Dr. John W. Wainwright, of New York, who will move the publication office to the latter city. Under Dr. Kahn's guidance the P. and N. has been an efficient and enthusiastic expounder of scientific medical topics, and we hate to see him retire from the field, but welcome his successor most cordially.

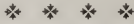


The Denver Omnibus and Cab Company has added recently to its already well-nigh complete equipment, a 60-horsepower automobile ambulance, which it offers the medical profession and those requiring such service at a very reasonable service charge, either night or day. This machine contains all the latest devices for comfort and convenience, and

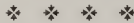
the service will be prompt and up to the standard usually maintained by this company. It will be worth while for physicians to look into this feature beforehand, that they may understand its merits in case of emergency needs. Mr. Glenn Q. Smith, manager of this department, will take great pleasure in giving all necessary information on application.



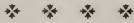
Dr. F. A. Faust and family, of Colorado Springs, left that city the first of March for a rather extended trip to Europe. During their sojourn Dr. Faust, in addition to enjoying himself, will take in some of the larger medical centers and will, no doubt, return better equipped than ever to meet the needs of his large and constantly increasing practice. Dr. Faust is one of the homœopaths who works at it all the time and under all circumstances.



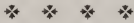
The Annual Spring Clinic in Orificial Surgery will be held by Dr. E. H. Pratt in Hering Medical College, corner of Wood and York streets, Chicago, Illinois, April 2, 3 and 4, 1912. Clinical work will begin promptly at nine o'clock each morning, and continue until twelve or one. Medical practitioners of all schools are welcome. There is no fee for attendance, and all operations are free. Only poor patients are expected to apply for treatment.



Between two heavy black lines, the *Iowa Journal of Homœopathy* says: "The Board of Education abolished all the chairs of the College of Homœopathic Medicine at the State University March 1st and gave notice to the professors accordingly. No notice or hearing was given the faculty that the action was even contemplated. The patrons of homœopathy over the state will see by this that their interest is not considered in the least by the State University." Thus one by one the roses fall.



There are resolutions and likewise resolutions. In this issue we are printing several sets from labor organizations in Denver, favoring the National League for Medical Freedom. Not far from these may be found two, accompanied by a letter from Dr. T. DEWITT WILCOX, both highly condemnatory of the League. "You pays your money and takes your choice." It is no more likely that all homœopathic organizations and Baptist Bible schools oppose this organization than that all unions favor it, so there you are.



Word reached Denver recently from Dr. Margaret H. Beeler, the letter bearing Minneapolis, Minn., postmark, in which she signifies her intention of locating in this northwestern metropolis for the practice of medicine. Dr. Beeler is one of the many creditable products of the Denver Homœopathic Medical College, and should she decide upon this move definitely, THE CRITIQUE takes great pleasure in recommending her to the consideration of the profession and laity of the community above stated. We wish her unbounded success in her new location.



Since the first of the year THE CRITIQUE has broken all previous records for promptness (?) in mailing its publication; last month was worst of all, when we were ten days late. We have always prided ourselves we were the most punctual in matters of this kind of any medical journal in the country, and will try in the future to so conduct ourselves in this respect as to regain this good opinion, if for no other reason than that it is "business." Our print shop has been simply swamped during the past three months, and we were not the only ones to suffer.

LABOR UNION RESOLUTION AGAINST THE OWEN BILL.

WHEREAS, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States, providing for the establishment of a department of the Government to be known as the Department of Public Health, the head of which department will be a cabinet officer, and

WHEREAS, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose, and would compel us to submit to the dictation of a Government doctor, and

WHEREAS, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights—the right of every man to select the practitioner of his choice, in the hour of sickness; and

WHEREAS, The National League for Medical Freedom will seek, through publicity and education, to unmask and oppose any legislation which endeavors to put into power any one system of healing and use the Government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing; now, therefore, be it hereby

RESOLVED, That we, the members of Denver Musical Protective Association Local No. 20 of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Denver Musical Protective Association Local No. 20,
(Signed) P. J. DEVAULT, *President.*
(Signed) F. J. LEIBOLD, *Secretary.*

Journeyman Cooks Union No. 18 of Denver,
(Signed) A. J. TRANEL, *President.*
(Signed) W. YOUNG, *Secretary.*

Denver Teamsters' Local Union No. 108,
(Signed) M. J. CANNON, *President.*
(Signed) BOB PETERS, *Secretary.*

Denver Bookbinders Local Union No. 29,
(Signed) CHAS. E. DUFFY, *President.*
(Signed) R. Y. HARRISON, *Secy.*

Carpenters and Joiners Union No. 55,
(Signed) J. W. WAREHAM, *Pres.*
(Signed) TOM RODDY, *Secretary.*

Horseshoers' Local Union No. 29,
(Signed) S. J. CARMODY, *President.*
(Signed) J. F. WELSH, *Secretary.*



NOT FAVORABLE TO N. L. M. F.

THE CRITIQUE,
Denver, Colo.

Dear Sirs: Please find enclosed copy of certain resolutions which may be interesting to the readers of your publication. The one protesting against patent medicine has had the effect of cleaning up the advertising columns of three religious publications. The other one has done much toward placing the homœopathic physicians of New England in the right light on the question of the League for Medical Freedom. It seems to me we cannot give too much publicity to the fact that we, as homœo-

pathic physicians, have nothing whatsoever to do with this Patent Medicine-Christian Science-Humbug Producing League.

Yours truly,

DEWITT G. WILCOX.

BOSTON HOMŒOPATHS: At a meeting of the Boston Section of the Homœopathic Medical Society, the following resolution was offered and unanimously adopted: "*Resolved*, That we, the Boston Section of the Massachusetts Homœopathic Medical Society, in session assembled, declare ourselves as having no allegiance or sympathy with the League for Medical Freedom; that we are opposed to its methods and aims, and we further protest against the use of our name as a school by the said League for its propogandistic work.

"(Signed) WILLIAM A. HAM, *Secretary*."

THE BROOKLINE BAPTIST BIBLE SCHOOL, BROOKLINE, MASS.: At a special session of the teachers and officers of the Brookline Baptist Bible School, held Monday evening, January 29th, the following resolution was offered and unanimously adopted: "*Resolved*, That we, the teachers and officers of the Brookline Baptist Sunday School, in session assembled, do protest against any of our Baptist publications carrying patent medicine advertisements in the columns of any of their religious publications. We especially protest against the appearance of those medical advertisements against whose proprietors there has been issued a fraud order by the United States Government.

"(Signed) MILDRED S. THIELSCHER, *Secretary*."



RESOLUTIONS BY DENVER HOMŒOPATHIC SOCIETY.

It having been the will of an all-wise Providence to remove from our midst our beloved brother and fellow practitioner, DR. WALTER JOEL KING, and realizing that through an infinite mercy nothing does happen which is not for ultimate good, be it

Resolved, That while we deplore the loss of one so highly esteemed, and miss the continued pleasant association of the past, we humbly acknowledge our submission to the Divine will.

DR. KING will always be remembered as a conscientious physician, an upright and honorable man, a kindly gentleman and a staunch and true friend of homœopathy. His memory retains a warm place, cherished in the hearts of his associates. Be it further

Resolved, That a copy of these resolutions be read at the next meeting of the Denver Homœopathic Medical Society, spread upon the minutes and also copies be sent to the address of his parents, Dr. and Mrs. E. H. KING, and his wife, Mrs. WALTER J. KING.

(Signed) L. B. WHEELER,

(Signed) WM. R. WELCH,

(Signed) H. T. DODGE.

It having been the will of Divine Providence to call away the wife and companion of our fellow practitioner, DR. CHARLES N. HART, be it

Resolved, That we extend our heartfelt sympathy to him in this, the hour of affliction, and send to his address this message of condolence. Be it further

Resolved, That a copy of this resolution be read at the next meeting of the Denver Homœopathic Medical Society, spread upon the minutes and sent to THE CRITIQUE.

(Signed) L. B. WHEELER,

(Signed) WM. R. WELCH,

(Signed) H. T. DODGE.

It having been the will of Divine Providence to call away the wife and companion of our brother practitioner, DR. JAMES M. WALKER, be it

Resolved, That we extend our sincere sympathy in this, the hour of his affliction, and send to him this message of condolence. And be it further

Resolved, That this resolution be read at the next meeting of the Denver Homœopathic Medical Society, spread upon the minutes and also a copy be sent to THE CRITIQUE.

(Signed) L. B. WHEELER,

(Signed) WM. R. WELCH,

(Signed) H. T. DODGE.



CHICAGO LETTER.

Dr. A. L. Blackwood is on the sick list.

Dr. L. F. Ingersoll is suffering from an attack of pneumonia.

Dr. R. G. Knapp has recovered from a severe attack of pneumonia.

Dr. Catherine Ellis Bryant, formerly of Chicago, is now located in Brethren, Mich.

The Alpha Sigma, Kappa Chapter, dance on the evening of March 1st was a great success.

Dr. L. C. Bassett, Hahnemann, '10, has changed his location from Farina, Ill., to Effingham, Ill.

Dr. A. H. Waterman, Hahnemann, '06, is now the house physician at the Sherman House Hotel, Chicago.

Dr. E. S. Bailey has returned to Chicago, after spending several months in Europe doing radium research work.

Dr. Alice A. Flanders, Glencoe, Ill., died March 2d. She graduated from Hahnemann Medical College, Chicago, 1886.

Dr. W. C. Allen, Hahnemann, '10, was a recent visitor in Chicago. He has gone to Rochester, N. Y., to do some hospital work.

Dr. C. C. Burlingame, Hahnemann, '08, has accepted a position in the Minnesota State Insane Hospital, Fergus Falls, Minn.

Dr. A. C. Hall, 7526 Ellis avenue, Chicago, died in February. He graduated from Hahnemann Medical College, Chicago, 1889.

Hering Medical College, Chicago, has elected the following officers: Dean, Dr. E. E. Vaughn; treasurer, Dr. E. T. White; registrar, Dr. E. B. Beckwith; asst. registrar, Dr. W. W. Sherwood. If you know of a prospective student who wishes *homœopathic* training, send him to Hering next year.

Hahnemann Hospital, Chicago, has recently been quarantined on account of scarlet fever. We are glad to report quarantine is now lifted.

Drs. Harvey Farrington and J. W. Hingston announce that after May 1st their offices will be in the Mallers building, Madison street and Wabash avenue.

Dr. F. H. Stone, Hering, 11, has joined the Married Men's Club. He took a Rochester nurse for his life partner. Dr. Stone has returned to Chicago for the present.

The March meeting of the Englewood Homœopathic Medical Society was an unusually interesting one. Dr. E. E. Vaughn spoke on "Collie's Fractures and Their Treatment."

Dr. H. C. Boyer has returned to his old post at New Albin, Iowa, after two years of post-graduate work in Hahnemann Medical College, Chicago, and Metropolitan Hospital, New York.

A dinner was given on the evening of March 4th, at the Sherman House, by the City and State Homœopathic Medical Societies, to hear a report from the committee that fought the University Bill through the Supreme Court.

The Supreme Court of Illinois has rendered a decision in the matter of the appropriation of funds for the University of Illinois and the P. and S. College. The court decided against the use of state funds for

such purpose. The bill was fought by the Illinois State Homœopathic Medical Society.

The Hahnemann Hospital, Rochester, N. Y., is in need of a few internes. Any physician desiring a few months hospital work will find a good opportunity here. Write to Dr. V. A. Hoard, 691 East Main street, Rochester, N. Y.

The March meeting of the Regular Homœopathic Medical Society was a very profitable one. The entire meeting was devoted to the subject of pneumonia. Dr. G. E. Dienst, of Aurora, Ill., read a very fine paper on "The Therapeutics of Pneumonia."



PENNSYLVANIA STATE NOTES FOR APRIL, 1912

AMERICAN INSTITUTE OF HOMŒOPATHY—SPECIAL MEMBERSHIP COMMITTEE: The special membership committee, appointed by Dr. G. J. Palen, president of the Homœopathic Medical Society of the State of Pennsylvania, consisting of Dr. Francis Boyer of Pottsville, Pa., Dr. J. P. Craig of Chester, Pa., W. A. Hamen of Reading, Pa., H. F. Heilner of Scranton, Pa., T. M. Johnson of Pittston, Pa., I. D. Metzger of Tyrone, Pa., T. Pratt of Media, Pa., J. H. Swick of Beaver Falls, Pa., H. F. Schantz of Reading, Pa., W. A. Stewart of Pittsburg, Pa., E. L. Nesbit of Bryn Mawr, Pa., and Ralph Bernstein, chairman, of Philadelphia, Pa., hereby earnestly solicits your membership for the American Institute of Homœopathy.

Pennsylvania's loyalty and devotion to the cause has never been questioned, and her state society, with its seven hundred members, stands pre-eminently as the best organized homœopathic state medical society in the Union.

Pennsylvania's endorsement of the Institute has been sadly neglected. There are somewhat less than three hundred Pennsylvania homœopaths who endorse the national society, "The Institute," with their membership. It is, therefore, up to Pennsylvania to establish her reputation as a supporter and endorser of our national organization.

It may be perhaps that your membership has never been properly solicited. If such is the case, the membership committee is endeavoring to make a systematic canvass of this state for new members for the Institute, which meets in our state at Pittsburgh in June next, 16th to 22d. Application blanks have already been mailed you. If you are already a member, the committee congratulates you for endorsing your national society, and would beg of you to use the application blank in seeing that someone else becomes a member. If you are not a member of the Institute, the committee still hopes to be able to congratulate you for your loyalty to the cause.

Fill out application blank, sign and forward same to the chairman, with check for \$5, which includes everything for the first year, reminding you of the *Institute Journal*, which comes to you monthly.

RALPH BERNSTEIN, *Chairman*,
No. 37 South 19th St., Philadelphia, Pa.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA—POST-GRADUATE COURSES: A post-graduate course in clinical medicine for the general practitioner will be given at Hahnemann College and Hospital, May 20th to June 15th, 1912. The course will be divided into three parts, any one of which may be taken separately. It will be entirely practical in character and is designed to meet the needs of the general practitioner who desires an opportunity to acquaint himself with the more recent methods employed in the diagnosis and treatment of diseases.

Course in Clinical Medicine: Nine a. m. to eleven a. m. Drs. G. M. Golden, W. H. Yeager and G. Harlan Wells will be in charge of

“in the treatment of muscular cramps, hot applications according to S. Solis Cohen, lessens the excitability and energy of the voluntary muscles and relieves the excruciating pains accompanying these attacks.

In neuralgias as shown by Du Bois Raymond, where there is compression of the nerve trunk by the over filling of blood vessels in contiguous areas, hot applications relieve the congestion and pain by diversion of the blood to other parts.

In the use of hot moist heat as a therapeutic agent in the treatment of muscular spasms and neuralgias, antiphlogistine seems to be particularly indicated. It relieves muscular tension, stimulates capillary and arterial circulation, thus removing the congestion and its accompanying pain.

Antiphlogistine is the most convenient, sanitary and satisfactory method of applying hot moist heat. It retains its thermic value for hours, a feature of recognized importance in the treatment of inflammatory and congestive conditions.”

the work in the hospital wards and in the clinical laboratory. It will include the taking of case histories, the physical examination of patients, and such laboratory examinations of blood, sputum, urine, gastric contents, etc., as may be necessary to establish a full and accurate diagnosis of the case under consideration. Special attention will also be given to the study of the case from a therapeutic standpoint, and the most practical and satisfactory methods of arriving at the indicated remedy will be demonstrated.

Eleven a. m. to twelve m. This time will be devoted to clinical talks and conferences on the cases previously studied, conducted by Drs. Clarence Bartlett, O. S. Haines and O. H. Paxson. In these talks special emphasis will be laid upon the diagnostic features of the case, together with a comprehensive review of the most recent information on the subject under discussion.

Physical Diagnosis Course, One P. M. to Three P. M., Five Days Weekly: DRs. WILLIAMS and STEELE. This will be a practical course in physical examination. The physical signs of the normal chest and abdomen will first be studied. There will be personal instruction in the technique of percussion and auscultation, with a study of the mechanical causes of the various normal and abnormal sounds. All practical methods of examination will be demonstrated. After this the abundant material in the hospital wards and the out-patient department will be drawn upon to illustrate the findings in diseased conditions of the lungs, heart and abdomen. Patients will be assigned to members of the course for diagnostic investigation, the findings carefully reviewed and analyzed by the instructor, and their clinical significance discussed in a short talk.

Laboratory Course, Three P. M. to Four P. M., Five Days Weekly: DRs. S. W. SAPPINGTON and JOHN G. WURTZ. This will consist of a routine drill in the various laboratory methods of diagnosis, especially those essential and practical for the general practitioner's daily use. Theory will be followed by practice, the members of the course being allowed to work out their own cases, applying laboratory methods at the bedside. This course fully covers urinalysis, blood counting and smears, sputum, bacteriology and general clinical microscopy. Serology (especially the Wasserman test) and the preparation and use of vaccines will be demonstrated.

In addition to the foregoing, live clinics for all of the members will be given on Saturdays at one p. m., as follows:

May 25, "Surgical Clinic," DR. WM. B. VAN LENNEP.

June 1st, "Neurological Clinic," DR. JOHN J. TULLER.

June 8th, "Pediatric Clinic," DR. C. S. RAUE.

June 15th, "Therapeutic Clinic," DR. O. S. HAINES.

Each member of the course will provide himself with a stethoscope. Microscopes and laboratory apparatus will be supplied at a small charge.

Fee, for the entire course, \$30. For each part, \$10.

Post-graduate work in any of the specialties may be arranged in conjunction with part of the practitioner's course.

The college is prepared to give regular post-graduate work in any branch at any time during the calendar year.

For further particulars address the dean, DR. WM. B. VAN LENNEP.
RALPH BERNSTEIN.

THE OXFORD MEDICAL CLUB of Philadelphia was entertained by DR. J. ALLEN HARRISON at the Majestic, Broad street and Girard avenue, on Friday evening, February 2, 1912, at nine o'clock. The subject presented for discussion was a paper by DR. HARRISON entitled, "A Case of Dystocia." The meeting was a very interesting one and much enjoyed by all present.

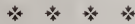
C. W. SIMMONS, M.D., Secy.

READING NOTICES

DISLOCATION CHARTS.—Battle & Co. have just issued No. 18 of the Dislocation Charts which completes the set. They will be sent free to physicians on request. Also Fracture and Tumor Charts, if desired.



THE SUPERIORITY OF COD LIVER OIL IN PALATABLE FORM.—Whilst none questions the nutritional and therapeutic properties of cod liver oil, yet what avails it when its administration provokes gastric disturbance. If the gastric function be interfered with by the oil, it were better not to give it. Chemists long ago began endeavors to overcome the undesirable features of the oil, and how well they have succeeded is shown in that most palatable, and yet efficient product, Cord. Ext. Ol. Morrhuæ Comp. (Hagee), which, while possessing all of the food and medicinal virtues of the plain oil, is agreeable to the most exacting stomachs, even when continued over long periods of time. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a reconstructive will prove highly serviceable in the many debilitated conditions, in which it is indicated, and the physician ordering it will be gratified at the results produced.



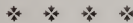
A "SLIGHT ERROR."—There appeared in the *Journal of the American Medical Association* of March 9th an article by Wm. Allen Pusey, M.D., of Chicago, regarding Thoremadin, and an editorial note on the same subject. In both these writings our good name has been attacked. We shall publish in due course a complete reply, which will present the matter in an entirely different light, and will convince the unbiased reader that our position has been correct and ethical in every particular. Meantime, however, we wish to assure THE CRITIQUE that a grievous error has been committed by Dr. Pusey and the editorial writer who based himself upon Dr. Pusey's article.

With this prompt notification from us before you, we feel confident that as a matter of justice you will defer your comment until our side has been presented.

We are, dear sir,

Faithfully yours,

E. R. SQUIBB & SONS,
THEODORE WEICKLER, *Vice-President.*



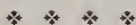
A VALUABLE TONIC IN CHILDHOOD.—It is a fact that cannot fail to interest the practitioner that one of the most useful and valuable remedies in childhood is Gray's Glycerine Tonic Comp. The reason for this is quickly found in its palatability, freedom from contra-indications and pronounced efficacy in the diseases common to child-

hood. Even the littlest children will take Gray's Glycerine Tonic Comp. without objection, and no matter how run down and debilitated a child may be, this eligible remedy can be freely administered with no other than the most beneficial effect on the stomach and other digestive organs.

While broadly indicated in all forms of malnutrition and inanition, it is in convalescence from measles, scarlet fever, pneumonia, acute bronchitis and other affections that it accomplishes its most conspicuous benefits. Gray's Glycerine Tonic Comp. restores the appetite, stimulates digestion, promotes assimilation and quickly places the patient on the highway of health and bodily vigor. Finally, one of the great advantages of this exceedingly useful remedy is that it can always be relied upon to do all that cod liver oil can, with none of its objectionable or disagreeable features.



THE POST-TYPHOID TONIC.—It is usually at this season of the year that Typhoid Fever exhibits its maximum incidence, especially in the larger cities. One probable reason for this is the return of the army of families to city homes from the many more or less unsanitary summer resorts in country districts during the stage of incubation, and the subsequent development of the characteristic symptoms of the disease. As every physician realizes, the systemic poisoning is usually profound and the duration of the infection is such that the organism is almost always distinctly depreciated and devitalized after the four, five or six weeks febrile period. This condition of general systemic depression at the beginning of convalescence certainly indicates the necessity of reconstructive measures. As soon as it is safe to gradually increase the patient's dietary, it is also wise to commence tonic and hematinic treatment. Care must be taken, however, to avoid derangement of the digestion, and for this reason Pepto-Mangan (Gude) is especially indicated as the most efficient, readily tolerable and generally efficient reconstructive and hematic. This organic combination of the peptonates of iron and manganese never creates aversion, destroys the appetite nor causes gastro-intestinal irritation. Through its regular use Typhoid Convalescence is promoted and distinctly hastened.



POST-GRIPPAL COMPLICATIONS.—If there is one particular feature which characterizes the genuine influenzal attack, it is the decided and sometimes intense prostration that remains after the subsidence of the acute symptoms of the disease. This general vital "set back" is oftentimes entirely out of proportion to the severity of the original gripal attack, and the most robust patients are sometimes the most severely prostrated. In addition to the general devitalization, La Grippe is extremely likely to be accompanied with or followed by such troublesome complications as otitis, neuritis, sinus inflammation, gastro-intestinal derangements, resistant and obstinate bronchial catarrhs and, more dangerous than all, a peculiar, more or less characteristic, asthenic, form of lobular pneumonia. The skill of the physician and the vital resistance of the patient are often taxed to the utmost in a combined effort to induce final recovery. Anemia, to some degree, is almost always brought about by the combined devitalizing power of the disease and its complications, and convalescence is likely to be tardy and tedious. An easily borne, readily assimilable hematinic does much to hasten recovery and Pepto-Mangan (Gude) is an especially eligible method of introducing the much needed ferric and manganic elements, without producing or increasing digestive difficulty. In no condition does this well tried hematic remedy evidence its undoubted reconstructive power more certainly than in the treatment of post-grippal convalescence.



ORIGINAL
ARTICLES

“WHAT POTENCY?”

BY G. H. THACHER, M.D., H.M.

IN THE ENTIRE APPLICATION of the healing art of homœopathy there is, perhaps, no question so schismatic as this apparently simple though ubiquitous one of “what potency.” Only two words, yet pregnant with the results of paramount importance! Ask this question at any meeting of representative homœopathic physicians and almost invariably the entente cordial is interrupted; acrimonious dispute is followed by recriminations and reprisals, and what might have been a love feast becomes a bear garden or a Donnybrook fair. Sides are immediately taken; on the one hand the materialist, who believes nothing that he cannot see, smell or taste, and absolutely nothing he hears; and on the other hand the transcendentalist, whose most heinous sin, barring him from companionship of his fellows, is his desire to “fertilize a ten-acre field with a little H_2S , expelled via rectum.” Old-time grudges, of a more or less personal nature, are enlisted, and so the tempest in the teapot begins; potency is the shibboleth of the merry war, and meanwhile the unanswered, naive question of *what* potency remains the *causa belli*, much to the amusement and delectation of the common enemy, the old school; with discord, heart burnings and malevolence of the contestants as the result. Alas!—

“Little hands were never made to scratch each other’s eyes.”

If the reader thinks this is overdrawn, let him some time make the experiment for himself; and if by weight of conviction and, incidentally, avoirdupois, a specific answer be insisted upon what foolish arguments are offered us? One of our most strenuous belligerents *knows* there is nothing in the little pills. How does he know it? Well, his old college professor, Dr. Nogood, said so, and what Professor Nogood says is good enough for him; or his old teacher of clinical medicine, Professor Sneerer, says there is nothing in potency; and the only way to “cure a cold” is to give aconite,

bryonia, causticum and phosphorous in combination.* "They ought to know, they are professors!" Another one who, perhaps, has not taken such a vociferous part in the war of words, finally succeeds in being heard and says he has tried high potencies and has found them wanting. Inquiry elicits the fact that the high potency was tried where the low failed and, in fact, an entirely new remedy was indicated; and our friend made the mistake in thinking that the C.M. potency of the incorrect remedy made it the similia. Another one, who is perhaps more scientific in his materialism, seems to put up a good argument. He is an agnostic pure and simple. He claims, with apparent good sense, that a part cannot be equal to the whole; that a tenth of a grain of arsenic in nine grains of sugar of milk cannot be as potent for cure as a whole grain of the crude drug; and he opines that anyone thinking results can be accomplished by such means is self-deluded; and all claims for relief under such procedure are based on the error of mistaken premises; the patient imagines his bad feelings and the doctor makes a mistake in his diagnosis.

Our iconoclast seems at first to have the best of the argument, because, calling science to his aid, he finds that he gets no results from a spectrum analysis of sodium chloride above the thirtieth potency, and he bases the limitation of his potencies on this argument, believing that he has reached the limit of subdivision of matter; but his same science of physics will teach him that there are great forces (potencies) which are entirely imponderable: heat, light, etc. How can our friend determine the potency of the angry word which causes a bilious fever; or of the afflicting news that can kill an affectionate mother when she hears of the death of an only son; or how minutely potentized is the infective simple substance that has flowed into the interior of that same son, causing his death, from the chance contagion? As Hahnemann suggests, let some weakling of this class allow the pit of his stomach to be lightly touched for a few minutes by the thumb of some strong-willed mesmerist; the intolerable sensations produced by this process will cause him to repent of having set the limits to the activity of boundless nature. See to what extent matter is being divided and subdivided nowadays as instruments and technique become refined; so much so that even the atomic theory is beginning to be

*The writer saw this combination in the pocket case of one of the "professors" at one of our homoeopathic colleges.

looked at askance. Has the doctor tried the potentized drug? "No, it is absurd; everybody knows that if a little is good a good deal is better," and so it goes. What little reason so many have for the faith they profess!

Even our high potency man may not be able to give concrete reasons for what he does; although this must be said to his credit, that in his wing of the combatants you find no alternators or users of adjuvants; and he has the courage of his convictions to resist the pressure of modern scientific (?) practice or anything which leads toward "recognition" by the enemy; but he is apt to simply follow the example of his preceptor, who was a "high potency man."

The "moonshiner" knows, however, what he sees and believes that his knowledge and sight is as good as that of his medical confrere, and his potencies work where the "mongrel" falls down; and so on, *ad infinitum et nauseam*.

How shall we decide? Who is the Moses to lead us out of this dreary desert of theorizing? Let us turn to the founder of our faith, Hahnemann, and see if with his prescience he has foreseen the difficulties thus enumerated, or has found a remedy for them. In the fifth edition of his "Organon of the Art of Healing," in Section 275, he says: "The fitness of a medicine in the given case of disease does not depend alone upon its accurate homœopathic selection, but also upon the requisite and proper size, or, rather, the potentization of the drug. Too strong a dose of medicine, though quite homœopathic, notwithstanding its remedial nature, will necessarily produce an injurious effect. Its quantity, as well as its homœopathic similitude, will produce an unnecessary surplus of effect upon the over-excited vital force." In Section 277: "For this reason, and also because a medicine is of great efficacy when it is quite homœopathic to the case, its curative power will be wonderfully increased in proportion to the reduction of the dose to that degree of minuteness at which it will exert a *gentle* curative influence." Section 278: "Also, the question arises as to the proper degree of reduction at which a medicine will procure a certain as well as gentle relief; * * * but to determine the dose of each particular medicine for this purpose and how to render this dose so small as to accomplish its purpose gently and rapidly, at the same time, is a problem which, obviously, is never to be solved by theoretical conjecture nor by sophistic reasoning." And here he gives us the thing in a nutshell, "Pure experiment and accurate observation alone can solve the question."

Now, how does he proceed to carry out this experiment? What is the touchstone that discovers the pure gold? Let us read further: Section 279: "Experience proves that the dose of a homœopathically selected remedy cannot be potentized so far as to be inferior in its strength to the natural disease * * * provided that this dose, immediately after having been taken, is capable of giving a slight intensification of the symptoms of the similar natural disease" (homœopathic aggravation).

How, then, shall we refute the argument so often advanced, and that, too, by physicians of long experience, that there is no "homœopathic aggravation" from the exhibition of the drug? So many times we hear men, experienced in the science but shy on the art, say that they never see this aggravation of which so much is expected. They don't believe! Fortunately, belief or unbelief has no place in the practice of our healing art; it is a question of knowledge from use. The scoffers did not believe when Columbus made his startling proposition, nor when Newton propounded his hypothesis in the "Principia," and yet results have demonstrated the truth of their theories. Skeptics nowadays "don't believe," and yet how often results refute their unbelief; so when a man falls back on saying he does not believe in the homœopathic aggravation we are pretty safe in thinking he is either an unskilled artisan or that his dogmatic unbelief shuts his eyes to the observation of phenomena, and, like old Pyrrho, he believes nothing.

Now, for the sake of argument, suppose we admit that there *is* something in potentization; how can we prove it? It is a fact well known by the veriest neophyte that a number of the most active drugs in our system of therapeutics are, curatively, practically inert in their crude substance; as for instance, natrum muriaticum, lycopodium, plumbum, and a number of others that are in daily domestic use. Who, having used any of these drugs after they are potentized, will think that their action or reliability can be questioned? But our materialist may still claim there is a limit to the potentizing of them. Applying the instructions that Hahnemann has given us above, we can ask him to go the limit.

Then, too, in the use of these, or any other of our indicated remedies, the careful prescriber and accurate observer will note that in time, after more or less repetition of the remedy (as required by the indication of the symptoms

and condition of the case), the action of the drug becomes lessened; but a review of the anamnesis shows that the same remedy is still indicated. Now, if we are limited in our choice of potencies, being bound arbitrarily to the sixth, tenth or thirtieth dilutions, what is to be done? We either must go higher or else change our remedy. The latter is impossible, because a further study of the drug still shows that it is the *similimum*, although its action has stopped; so the only thing that remains for us to do is to go higher—from the thirtieth, say, to the two hundredth; if the sixth and thirtieth have given relief, and our choice is surely the *similimum*, we undoubtedly shall see the “*homœopathic aggravation*” from the use of this higher potency. So, in successive steps, demonstrated by clinical use, the drug mounts higher and higher. These conditions are better observed in chronic diseases than simply limiting the use of the higher potencies to acute cases; because the latter, being self-limited, with their tendency for prodrome, asserbation and decline, may get well *in spite* of the physician and his remedies, and so not require the range of potencies. Chronic diseases, on the other hand, with their prodrome, asserbation and *no* period of decline, give us better opportunity for the “pure experiment and accurate observation” that Hahnemann enjoins; until finally the unprejudiced mind must admit that potentization is the magic key which unlocks the Aladdin storehouse of the curative action of drugs.

But still our question of “*what* potency” remains unanswered. Here again pure experiment comes in and clinical experience is the crucial test; and here is the only place in our entire therapeutic system in which the patient is utilized for the purpose of experimentation. One does not have to practice long before he comes in contact with people who are so sensitive that they apparently get a proving from every drug given them; or we may find others in whom the lack of the correct remedy for so long a time has resulted in serious tissue changes. By serious tissue change I mean pathological results have come on which, in their orderly line of removal, incident to cure, would make for the death of the patient, rather than for relief. My experience, confirmed by numerous others, shows that in this class of patients we must confine ourselves to the lower potencies: sixth, thirtieth, etc. At least we must begin with these low potencies and cautiously feel our way upward, being ready with an antidote if necessary.

There will be other cases in which these unfortunate serious conditions do not obtain; where we may run the entire gamut of potency. Here clinical experience, whose alias is pure experimentation, demonstrates that the best range is the two hundredth, one thousandth, 10-M., 50-M., C.M., 5-C.M. and M.M. These jumps are not arbitrary, nor will the writer deny that there are intermediate potencies that do not work, or are not as active in their curative results as the nearest higher potency. Every practitioner has his own tried and proven "pet potency," which may be between these I have mentioned; but from long and careful observation I have found that I get the longest curative action when I use this specific scale of potency. It has been my privilege to see that these potencies do work; because, on the repetition of the prescription, after a longer or shorter interval, the "homœopathic aggravation" has manifested itself, and with the increase in potency attendant amelioration of symptoms has been increasingly prolonged; and the patient finally restored to health; and, with but few exceptions, this goal has been attained before the limit of potency has been reached.

In this course of clinical observation I have noted that with the repetition of each specific potency there has been less and less of aggravation, and the curative action of the drug has been more and more limited as regards the length of time it holds and the diminution of the severity of the symptoms; until finally I have been forced to go higher; and I have also found that in the majority of cases the best use of a particular potency is limited to three times. There are cases where it may go four, five or six times; and others where the action ceases with the second prescription; but I have learned to be doubtful of the curability of the case if the latter condition obtains.

It was very gratifying when, in Chicago last June, at the meeting of the Homœopaths, to find that other observers, guided by the same law as laid down by Hahnemann and set forth by our revered instructor, were obtaining the same results and reaching practically the same conclusions that I had while carrying on investigation by myself; and in reply to a direct question as to "what potencies," our master put his stamp of approval on my clinical experience by saying that the above potencies gave him the best results without recourse to intermediary steps; that he found the greatest improvement, both as regards intensity and length, followed the use of this range of potencies; and who,

knowing him or his work, can doubt the accuracy of his prescribing or his results?

So, after all, the proof of the pudding is in the eating thereof; but before beginning to eat and passing judgment on the piece de resistance, we must be sure of what we are eating and not mistake our premise. If our honest inquirer will make sure of the homœopathicity of the selected remedy, it is the writer's experience that he need have no fear in going higher and higher in the scale of potency, as may be required; provided, that this dose, "immediately after having been taken, is capable of causing a slight intensification of the symptoms of the natural disease, an homœopathic aggravation."

Philadelphia, Pa., 2008 Chestnut Street.

NOTE: *Read before the Hahnemann Round Table of Philadelphia.*



HOMŒOPATHIC PROPAGANDISM.

(WRITTEN FOR THE HAHNEMANN ROUND TABLE, PHILADELPHIA, PA. BY REQUEST OF ITS PRESIDENT,

G. H. THACHER, M.D.)

PROPAGATING HOMŒOPATHIC philosophy involves the inculcation of homœopathic *principles*. The people must learn that homœopathy rests on *law*; that to palliate a headache with "headache powders" at the expense of the heart, without law and without reason, is radically different from curing gently and without harm by the indicated homœopathic potency; that wholesale prescribing for an arbitrary diagnostic name, giving everybody the same treatment because they are supposed to have the same so-called disease, is the exact opposite to *individualizing* and giving each individual patient the remedy which is indicated by his *individual symptoms*. Once the people become thus indoctrinated, they themselves will become propagandists, and the teachable, intelligent classes everywhere will become the patrons and advocates of the only system of cure that will bear investigation and stand the test of science and experience. Traditional policy has long and rudely pushed the layman back and given him to understand that he has no part nor lot in this matter of curing; that he can not comprehend anything that would look to a cure; that he must not even attempt to explain in detail his own symptoms and

sensations, because the allopath has been taught to ignore them, and that he is to venerate his family physician as his medical autocrat and unhesitatingly swallow what he puts into his mouth.

HOMŒOPATHY COURTS INVESTIGATION.

On the other hand homœopathy courts investigation; willingly answers all the reasonable questions; raises the layman to the rank of intelligence, free speech and personal liberty; advises the closest self-observation and encourages him in telling all he can, *in the most minute detail*, concerning his bodily symptoms and mental state; teaches him that he is a co-worker in the cure of his own malady; reposes confidence in him and makes him feel that his words are *believed* and *considered*; elevates him to the dignity of a homœopathic patient by teaching him that *he alone* can impart to his physician the information that will lead to a cure of *his* disorder.

The propagation or diffusion of homœopathy cannot cover a larger area than the inculcation of its principles. The former is contingent upon the latter. The sooner this fact is understood and appreciated, the sooner will homœopathy become the dominant system of cure; and to this end the *masses* must be taught. Among other things the people should learn, is the fact that the real homœopath does not rely upon political medicine and commercialism, but that he is imbued with homœopathic philosophy and filled with confidence and pride in the realization that he *can cure*; and that he is willing to relieve suffering humanity for humanity's sake, and the demonstration of truth.

EMPHASIZE THE SYSTEM.

If A recommends you to B and B calls you to treat him, though you cure him satisfactorily and also several members of his family, that does not make B an advocate of homœopathy, though he may thus become *your* advocate. He cannot advocate and defend the *system* until he is conversant with its principles. So long as patients praise the doctor to the neglect of the system, homœopathy is left in the background. Homœopathic physicians should teach their patients to keep homœopathy in the forefront, and this feature alone will prove a practical propagandism, far reaching in its effects. I never count on one as a convert to homœopathy until he has a fair understanding of its tenets: until he

knows something of its philosophy. Then he is soundly and safely converted. Until then it is the doctor, not the system. And too often the name "homœopathic physician" is a misnomer. When taught, he can no longer be imposed upon by pretenders. Then, if death should come into his family, as it must inevitably come to all, he will not lay the blame at the door of homœopathy, though he may sympathize with the human weakness and shortcomings of the prescriber.

THE CAREFUL PRESCRIBER.

I know of no one item more important and which carries more homœopathic prestige in a community than *careful prescribing*. Every family observes the precision, accuracy and good results. This begets confidence and the feeling that the homœopathician can cure if anybody can. Especially in serious cases is this carefulness appreciated; and they learn to appreciate the fact that it *prevents* serious cases.

The careful prescriber has a respectable looking leather bag, in which he carries Kent's or Knerr's repertory, a condensed Materia Medica (Kent's), and "Characteristic Conditions of Aggravation and Amelioration," edited by E. Jennings Lee, M.D. (A reprint of the latter may be secured by writing George A. Taber, M.D., Richmond, Va.) Also a copy of "Accoucheur's Emergency Manual," by W. A. Yingling, M.D., Nonchalanta, Kan. Nowhere does homœopathy show herself more brilliantly than in obstetrics. The right remedy is generally the substitute for the forceps; and the poor woman prefers the *substitute*. These books the writer carries all the time. Then, at certain seasons, "Allen on Intermittent Fever" and "Bell on Diarrhœa" may be slipped into the bag. Then the prescriber does not *guess* that the medicine chosen is homœopathic to the case, he *knows*; and the fact that he can cure *every curable case*, arms homœopathy with its own propagandistic power.

It may interest the Hahnemann Round Table to know that the writer has lost but four cases in the last six years of busy practice, and three of these were past seventy-five years of age. Not a child nor a babe. Any trained homœopath can thus succeed in curing his patients who will go to the bedside prepared. Like the skilled mechanic, the trained homœopathician must have his tools. The people look on and praise homœopathy. When comparing allopathy or

mongrelism, both as to method and results, they note the contrast; and if they chance to see one of these using a "Prescription Manual" while pretending to look after his horse or auto, trying to find what somebody gave "for typhoid fever," they smile. They have learned that the homœopathician prescribes for his *patient*; and this inspires confidence that whatever the peculiar nature of the individual sickness, pure homœopathy is able to meet it and conquer.

Now, I submit that the influence of the careful prescriber is *lasting*; and by his systematic work homœopathy will live in his community when he is forgotten.

FUNDAMENTAL PRINCIPLES.

The fundamental principles so necessary as propagandistic teaching are as follows:

1.—The curative power of any medicine is hidden in its inner nature, and is known as its dynamis.

2.—This dynamis is unfolded and developed by dilution and potentization, a process peculiar to homœopathy.

3.—The dynamis, when thus unfolded and prepared for use, is immaterial or destitute of sensible matter, and hence has a "spirit-like" action.

4.—No medicine, when thus prepared, can irritate the stomach, drug the system, accidentally kill, or form the drug habit.

5.—These dynamic medicines must first be tested in healthy human subjects, in order to ascertain their peculiar action on the mind and body, or the kind of artificial sickness which each is capable of producing.

6.—Disease results from a deranged vital force, and hence is dynamic; and disease cause is of a dynamic (spiritual) origin and nature, and hence is not perceptible to the senses and is not discoverable like material germs, and can only be removed by dynamic means. Of course, allopaths have at least twice announced that they have discovered the cause of disease (always a *material* cause), and so have inventors often announced the discovery of perpetual motion. But in each case they only *fancied* they had made such discovery. They have never discovered the cause of disease, and they never will, for disease cause, like disease itself, is dynamic (spiritual), and not something one can feel with the fingers nor see with the microscope. Allopaths have been floundering for two thousand years in a vain search for

the material cause of disease, and in a vain effort to discover specifics that will remove that cause according to the classification of diseases which they have so cleverly devised. But when the people learn that disease, disorder of mind or body, or both, which we call sickness, and which always results from a deranged vital force caused by unknown morbid influences of a dynamic (spiritual) nature, which men have divided and subdivided under arbitrary names, can be most successfully treated and extinguished without labeling it with a lot of terrifying, technical, classified names; in fact, *without naming it at all*, merely by choosing for each individual patient, according to the totality of the symptoms, the medicine, in dynamic form, which itself is capable of producing a similar totality of symptoms, then homœopathy will be universally acknowledged and warmly welcomed as God's own law of cure.

7.—The beauty of harmony is seen in the conception of disease of a dynamic (spiritual) nature, resulting from a deranged vital force which is itself a dynamis, said derangement being caused by unknown morbid influences of a dynamic (spiritual) nature, and extinguished by medicinal powers having a dynamic (spirit-like) action.

8.—Every derangement of the unseen, spirit-like vital force finds expression in symptoms, subjective and objective; and where there are no symptoms, there is no disease. Only by these can any man know that the human system is in a state of disorder. Whether these be produced by unknown morbid influences resulting in natural disease, or by the spirit-like action of some dynamic medicine resulting in artificial sickness, the totality of the symptoms, the symptom image, is the only evidence.

9.—The therapeutic application is made by *the law of similars*. That is to say, if the image of natural sickness in the patient is similar to the image of artificial sickness in the prover; or if the totality of the symptoms of the patient are similar to the totality of the symptoms of the prover, which the medicine itself has produced when tested, that medicine is homœopathic to the case and will cure.

10.—Said prover must exercise the closest self-observation and be able to define the character, location, aggravation and amelioration of every sign and symptom produced during the experiment. He must observe the time, position, weather conditions, motion, rest and every action of the

body by which this or that symptom is made better or worse; and the patient to be treated and cured must be equally observing. Every patient properly educated in homœopathic principles is careful to observe how his ailment is affected by cold air or the warm room; by eating or drinking, by cold or hot food or drinks; by lying on the painful part; by beginning to move and continued motion; by flexing the thigh; by slow or rapid motion; whether this occurred before or after midnight, morning, forenoon, afternoon or evening; whether after a fright, a fall, a serious illness, or a long siege of old school drugging; whether from excessive joy, jealousy, personal affront, or unhappy love, whether he perspires when asleep and how it stains the linen; whether the sweat is general or only a part, and what part; whether the sweat ameliorates; whether it has any odor, and what it is like. All these and a thousand more he is mindful of and is ready and willing to communicate to his physician upon his arrival. Then the homœopathician says to himself, "What medicine, when tested, produced an image of sickness having similar odd, peculiar, unusual and distinguishing symptoms? That medicine will cure, or start the cure."

The same homœopathician, when called to treat the most intelligent patient trained under allopathy, despite his most skillful questioning, finds he does not know anything definitely, only that he needs a physic! And the same patient, if asked to describe his suffering, will knowingly grin and say, "That's what I want *you* to tell!" The people must be taught homœopathic principles until they realize that no one in the world can know that the pain is better by lying on the painful side but the patient himself; and that this is true of all subjective symptoms. They must learn that the physician who pretends that he can tell "what is the matter" and exactly what medicine to give merely by looking at the patient is a fake—always.

II.—Modalities, as illustrated by the foregoing, and the testing of medicines on healthy human subjects, make possible individualization in actual practice; and the people should learn that each patient must be treated according to his individual symptoms, and not the generalizing method of selecting the medicine according to the diagnostic name of the malady; that the best diagnostician and reader of pathology has no advantage whatever, outside the domain of surgery, in curing the sick; that what he must know is, the

symptom image of the individual patient; then the individual medicine which has produced a similar image; then how to administer that medicine when properly prepared. Without this knowledge, whatever he may know about pathology and diagnosis, he cannot cure. And our Master has said that a physician's only mission is to cure. The public must learn these facts, and then the wholesale treatment to all patients afflicted with "diphtheria," wholly ignoring the distinguishing symptoms of each individual, will no longer be tolerated. The People Can Learn—8Barn ey, s-

Laymen are not all fools by any means. They are highly capable of learning these things if given an opportunity. But how can they learn without a teacher? Throw out the life line of pure homœopathy by the dissemination of proper literature; by a clear explanation of homœopathic tenets; by implanting the unadulterated homœopathic principles, and the question of effective propagandism will have been settled. And by these doctrines the Hahnemann Round Table may become the homœopathic propaganda in Philadelphia and bless all whom it can influence.

METHODS.

As to the methods by which this may be accomplished, I would suggest private conversation, public lectures, the public press, reliable homœopathic journals, cards, pamphlets, etc. Anything which does not impinge upon the rights of a fellow-practitioner of the true healing art. The timid should be reminded that the code of allopathic ethics was made for *them*, not us.

When the people learn and become convinced; when they are able to distinguish between palliation and cure; when they are taught that every principle in homœopathy coincides with nature; that the small dose of potentized medicine is just as effective in the adult as in the babe, that under the mild and gentle methods of homœopathy miasmatic, chronic diseases can be permanently extinguished, which is not possible under any other system, thus securing for men the normal functions of body and mind and fitting them for health, happiness and the stern duties of life, then all the people will rise up and exclaim, *Gloria in excelsis!*

J. C. HOLLOWAY, M.D.



SPECIAL ARTICLES



THE TECHNIQUE OF PRESCRIBING.

(No. 2.)

THE MORE I STUDY this question, the more I reflect upon ordinary practice and methods, the more manifest its importance. My first article on this subject appeared in the April issue; and I have decided to write a series of articles under this caption with a view of making plain the technique of homœopathic prescribing and possibly assist those who want to learn, by didactic hints and clinical cases, how to cure any curable case simply with the indicated remedy, and without any so-called "adjuvants" of any kind. Adjuvant means help, aid; and those who do not understand the technique of homœopathic prescribing are forever hunting for aids and help to assist the remedy prescribed. The first lesson to be learned is, the remedy which is homœopathic to the case, when properly administered, NEVER NEEDS ANY HELP. In fact, such help borrowed from allopathic sources often *prevents* a cure. The reason so many physicians of the homœopathic persuasion daily follow the allopathic pattern in the way of adjuvants is, they have never learned how to employ the law of *individualization* and find for each individual case of sickness the indicated remedy, nor the law of *administration* whereby the remedy is wisely administered when found.

How many so-called homœopathic physicians all over this country even pretend to cure chronic vaginal or uterine catarrh, chronic cutaneous eruptions, acute or chronic gonorrhœa or syphilis, chronic hæmorrhoids, etc., merely and only by administering the indicated remedy internally? Can it be done? Most certainly. And this is the *only* way in which it can be done. All other methods simply suppress.

Take a case of chronic leucorrhœa. Topical treatments to assist the remedy is the rule of the day. This is a great mistake and wholly unnecessary. The poor woman will learn eventually that such treatment will terminate only with her patience and bank roll. True, she may be told finally

that she is "cured," but she will later learn that the cure was a suppression. Such treatments have for their chief aim *the stopping of the leucorrhœal flow*; while under rational treatment the *patient* is cured and the leucorrhœal flow disappears incidentally. See the difference? Except in dislocations below the promontory, local measures are not needed. The right remedy exhibited at the right time, in the right potency, will do the work. In the event that such patients do not find a real homœopath, they continue to suffer.

ILLUSTRATIVE CASE.

Married woman, age thirty-eight, one child ten years old. For several months had been irregular as to the monthly flux. Face covered with ugly pimples and she was much depressed and of an ill humor. Now, I cured that woman with *crocus sativus* c.m. more than a year ago and she has been in the best of health ever since. Her face is clear and smooth and of a healthy hue. Nothing used but the *crocus* internally. But, so far, I have not given you *one thing* by which you could cure a similar case with that remedy, nor by which you could tell *why* I prescribed that remedy. "Experimental medicine" might find a female patient despondent, menses irregular, married, and even the mother of one child ten years old, and relying upon my clinical report, prescribe *crocus* and make a miserable failure. And this is the weakness of too many reports of brilliant cures. We learn nothing; and any report of a cure *which does not give the reader a clear conception of the image which made the curative agent homœopathic to the case, is worthless*. Even if I should add the classified diagnostic name, still you would have no more knowledge as to the use of *crocus* than before I reported my case. The next case, though precisely the same diagnosis, may call for an entirely different drug.

WHY CROCUS CURED.

Now I shall give you the reasons for prescribing *crocus* in this case, and if you will take the pains to read the proving of that remedy, and understand that in any case the curative agent must itself be able to produce in the healthy human organism an artificial sickness similar to the morbid condition to be cured, you will see at once why this remedy cured; and you will further know under what circumstances it will cure for you.

1.—Her menses were *too early* and *too profuse*, often recurring every two weeks.

2.—The blood was *dark, stringy* and *foul-smelling*; and the discharge always aggravated by the *least motion*.

3.—Before menstruation there was great sexual excitement and much dragging-down pain in the sexual region. She said, "I have the feeling all the time like I would come around."

4.—There was, during menstruation, a profuse flow of *long black strings*. Though flowing, she felt sure her highest ambition would be gratified and her ten-year-old boy would have a baby brother; for, said she, "*I can feel something alive in my abdomen.*"

5.—Her husband said, "About every other day she is in good humor." This meant *changeable disposition*—depression and a lively mood alternating.

Note.—When you have a case with *changeable disposition*; menses *profuse, dark* or *black* and *stringy*; even a leucorrhœal flow coming away in *long strings*; a sensation as if *something living were in a given part*, especially the stomach or abdomen, your attention should at once be called to crocus.

HOW TO ADMINISTER.

But you must know how to administer the right remedy, and have the courage to be governed by that knowledge, in order to cure. I took a case the other day in Dayton, Ohio, to be treated by correspondence. The patient said a homœopath had been giving her graphites, 500, every two hours for some time! Such a "homœopath" has much to learn. We do not want a proving in a patient, nor an excessive aggravation of the existing condition, but merely a cure; and the most minute dose of a highly diluted and potentized remedy, when indicated, once swallowed or inhaled, is gone—gone into the hidden depths of the unseen interior, there to perform its mighty work by exhibiting its mighty power. Let it alone in the performance of its sacred task! Give it a chance and watch for results. Never repeat while amelioration holds. If improvement does not continue long, give a higher potency.

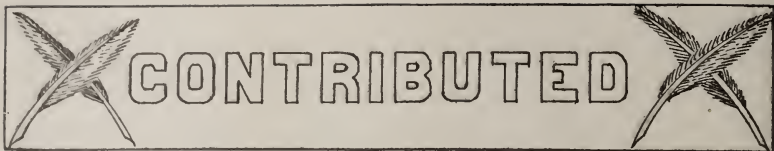
My patient received, at long intervals, three doses of crocus c.m.; but she took quite a good deal of another splen-

did remedy, namely, *saccharum lactis*. The latter I usually give every four hours until better, then direct with emphasis that it is not to be repeated oftener than twelve to twenty-four hours. Finally, when improvement ceases, if the duration has been all that could be expected according to the nature of the medicine and the disorder, the same potency is repeated; if the duration has been too short, a higher potency is administered. If the symptoms change, showing that the remedy chosen was not the *similimum*, then a new remedy must be chosen. This policy, recommended by the master, works admirably when the *doctor_himself* can be satisfied.

Now I hear a doctor's wife, who has been listening attentively to the reading of this article, saying to her husband, "Don't you remember, dear, how crocus helped me that time when we lived on the hill?" "Yes," her husband replies, "it always helps when indicated and when administered in the right potency; and that is a peculiar habit all drugs have!"

HOLLOWAY.





INTERNATIONAL LIST OF CAUSE OF DEATH.

CENSUS BUREAU Will Issue Manual Based on Second Decennial Revision. Washington, D. C., Sept. 6, 1911.—Census Director Durand will submit in the near future, to Secretary Nagel, of the Department of Commerce and Labor, the manual of the International List of Causes of Death, based on the second decennial revision by the International Commission which sat in Paris in 1909. In his letter of transmittal the director states that it contains many additional terms not found in the original translation of the report of that commission, and will be of special service to American registration offices whose returns supply the material upon which the mortality statistics published by the Bureau of the Census are based. It was prepared under the direction of Dr. Cressy L. Wilbur, chief statistician for vital statistics of this bureau.

REMARKABLE PROGRESS OF CLASSIFICATION.

In the introduction of the manual it is stated that the progress of what is known as the International Classification of Diseases and Causes of Death is most remarkable. It can be explained only by the fact that there was a widely recognized need for national and international uniformity of classification, and that the system proposed met fairly well the demands of registration offices and of the users of mortality statistics, and proved capable of progressive development as those demands changed with the advance of medical knowledge.

As late as 1893 no two countries in the world employed precisely the same forms and methods for the statistical classification of causes of death, the compilation of which is universally regarded as of the utmost importance for the advancement of sanitary science and practice. This lack of uniformity rendered the statistical results of such classification incomparable, and it was imperative that an effort be made to remedy this defect.

The past eighteen years have seen the successful accomplishment of this task, at least to a degree that warrants the most sanguine hopes of ultimate success and of the early ap-

proach of the time when all nations shall be in agreement in this respect.

The measure of this success may be inferred from the large number of countries represented at the sessions of the International Commission in 1900 and 1909, as given in the official reports of the proceedings, although all countries that employ the classification were not represented by delegates in 1909. In a paper before the Fourteenth International Congress of Hygiene and Demography, held at Berlin in 1907, Dr. Bertillon estimated that the system was in effect for over 212 millions of population. This estimate was a very conservative one, the United States being credited with only the population (33.1 millions) shown for the registration area in 1904. Since the meeting of 1909 the very important accession of Great Britain has been received.

THE COUNTRIES CO-OPERATING.

Many countries, among them the United States, that have expressed their cordial approval of the International list and have adopted it for practical use, so far as material is available for the statistical compilation of causes of death, do not enforce the complete registration of deaths throughout their entire territory. This is not the case, however, in the British possessions, for as an almost invariable rule there is thorough registration of vital statistics wherever the British flag flies. The addition of the British Empire is thus a most important one.

All the English-speaking and Spanish-speaking countries of the world are now united in the adoption of the International list. The entire western hemisphere, including North, Central and South America; Australia and New Zealand; China, Japan and British India in Asia; Egypt, Algeria and South Africa in Africa, and many countries of Europe are now, or soon will be, represented among those thus seeking International uniformity. Progress during the present decade should be even more gratifying, and by the time of the Third Decennial Revision, which is to be made in 1919, it may be hoped that all countries will join in the movement.

The manual states that the International List of Causes of Death makes no pretension of being a proper nomenclature of diseases or of including a scientific classification of diseases. It is only a practical working list whereby statistical compilers can assign medical terms reported by physicians as causes of death to certain more or less definite titles representing individual diseases or groups of diseases of sim-

ilar character. Statistics of causes of death are vitiated to a considerable extent, and sometimes to a very large extent, by the fact that many deaths are reported under what the Committee on Nomenclature of the American Medical Association very graphically calls certain blind returns. How applicable this phrase is can be appreciated most fully by those who have puzzled over returns as received in registration offices, and an inspection of the many unsatisfactory and indefinite causes included in the manual will make it clear that reform is necessary in order to place our statistics of causes of death upon a satisfactory basis.

IMPORTANCE OF EXACT STATEMENTS.

Satisfactory statements of causes of death can be obtained only by means of a high degree of co-operation between members of the medical profession and the registration authorities. It is desirable that physicians appreciate the importance of exact statements of causes of death and realize, by means of study of the statistical results, how certain forms of reports may lead to misunderstanding and inaccuracy. An essential requirement is that the blanks employed for the statement of causes of death be uniform, as otherwise specific instructions can not readily be given. A very satisfactory result of the general adoption of the United States standard certificate of death, as recommended by the American Public Health Association and approved by the Bureau of the Census, is that uniform instructions can be employed for a very large proportion of the registration area.

In order to familiarize physicians with the general statement of the International List of Causes of Death, a vest-pocket booklet was prepared and distributed directly by the Census Bureau each year to all physicians of the United States, as well as to many thousands of local registrars through their state registration offices.

HISTORY OF NOSOLOGY.

Nosology, or the scientific classification of diseases, was cultivated with fervor a hundred years ago, and was believed to be a necessary part of the knowledge required for the practical treatment of disease. The system devised by Cullen in his "First Lines of the Practice of Physic" came to be the predominant one, although many other systems were presented, among them those of Sauvages, Linnæus, Vogel, Sagar, Macbride, Young and Mason Good. All these systems have vanished; the subject is almost entirely neglected

at the present day, but its influence may be traced in the forms of statistical lists in present use. Dr. William Farr found the Cullenian system in general use in the public services at the time of the establishment of the modern system of registration of deaths in England. It had not, however, been revised to meet the demand of the advances of medical science and was not suited to statistical purposes. One of Dr. Farr's first duties, therefore, was to prepare a "Statistical Nosology," which had a marked effect upon subsequent classifications, including that of the second revision of the International list.

As a result of his practical experience with this system, Dr. Farr was selected, together with Dr. Marc d'Espine of Geneva, by the First Statistical Congress, Brussels, 1853, to prepare a report upon a classification that might be used in all countries for the statistics of causes of death. The resolution to this effect was introduced by Dr. Achille Gullard, a distinguished botanist and statistician, creator of the word "demography," and maternal grandfather of Dr. Jacques Bertillon, to whose efforts the present success of the International list is chiefly due.

This was the beginning of the present International list. The classification was adopted in Paris in 1855, in Vienna in 1857, and was translated into six languages. Again revised at Paris in 1864, 1874, 1880 and 1886, the final form was substantially that which was recommended by the International Statistical Institute, the successor of the old Statistical Congress, at Chicago in 1893, and which, after the first decennial revision of 1900 and the second decennial revision of 1909, is now the International list in force in a large number of countries for the decade beginning January 1, 1910, and ending December 31, 1919.





EDITORIAL SECTION



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Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

SOMETHING DIFFERENT. THE CRITIQUE acknowledges obligation to H. PETRIE HOYLE, M.D., for "Transactions of the Eighth Quinquennial Homœopathic Congress," held at London, England, July 17th to 22d, 1911. There are two volumes of this interesting bit of homœopathic literature, each one so different from the usual run of "transactions" that we would recommend the much-boasted A. I. H. to follow the pattern set by our English editor. For instance, it tells, on page 227, how

"Two Homœopathic Hospitals were the direct outcome of a professional Allopathic boycott, the laity forming an Indignation Committee; how they actually organized and successfully maintained these two Hospitals 'from the simple love of fair play,' many becoming solid assistants and patrons of Homœopathy."



WONDERFUL WORKINGS OF THE LAW. A recent example of the wonderful manner in which the "law" may be worked to suit special purposes can be no more clearly demonstrated than by citing the case of Cook, the alleged murderer of a Denver police officer, and a private citizen of Arvada. The law could not *compel* Cook to be operated upon to determine, if possible, his guilt in the matter of the murder aforesaid. The "law," however, can compel parents to have their children operated upon, whether or no, provided some inspector in the school declares them deficient in breathing, hearing, sight, etc. The people of Denver are about due to give this system a severe shock and the sooner they get busy the better. About the most expedi-

tious manner in which to accomplish this is by selecting a school board which will not overstep the bounds of common decency by employing any one and every one at the behest of the American Medical Association.



AN INQUIRY.

HEAR DOCTOR HOLLOWAY: Would you advise a young physician to use a repertory at the bedside and in the presence of patients in the office? I want to pursue the best course if I can find out what that is. Still, I know the people are so educated to allopathic methods and customs, I feel timid in adopting a radical course. A reply will be appreciated.

Fraternally,

J. G. S.

Answer: Yes, if the young physician knows how to use a repertory successfully. The average patient who seeks relief admires your intelligent and diligent efforts to cure, more than a pose of "looking wise" and guessing at his remedy.

I must tell you of one family I visited with my large leather bag, containing repertory, etc. The mother eyed the bag suspiciously, looked at me and then at the bag. The children tried to get on the inside of it, and the father said nothing. The father was the patient, and a very sick man. It was a well-to-do family. Finally, when I took my big book out and began to search for his remedy, which I do not always have to do, the mother said, "Oh, that is what you keep in there. Allopathic doctors carry their medical knowledge in their heads." "Yes," I replied, "and without damaging their heads very much either; but they could not carry this book in their heads. There are many single truths in here that would split an allopathic head wide open." I found the right remedy, and *that is what counts*, no difference how you find it. My dear young doctor, if you would succeed as an homœopathician, do not adopt allopathic methods.

HOLLOWAY.



HLIRTING WITH OSTEOPATHY. The first appointment of a woman to a medical board in Colorado will be contested. Mrs. Jenette Hubbard Bolles, doctor of osteopathy, was named by Governor Shafroth yesterday to succeed Dr. Van Meter on the state board of medical examiners, but she will not be permitted to fill the position, say members of that board. Mrs. Bolles is the first osteopathist to be recognized officially.

The appointment will be contested on the ground that Mrs. Bolles is not a licensed physician and therefore cannot serve on the board of examiners. Dr. David A. Strickler, president of the medical board, declared last night that he was of the opinion that she was not eligible on account of not being licensed. Harry E. Kelly, attorney for the board, expressed the same opinion.

The appointment of a woman and an osteopath to the state board surprised the other members. No intimation had come to them of the governor's choice for Dr. Van Meter's successor. The board has been in conflict with osteopaths for years and recently prosecuted a suit in the state courts to deprive these practitioners of the use of "doctor" in Colorado. The lower court found against osteopaths but the supreme court modified the order by permitting the use of the phrase "doctor of osteopathy."

"The appointment of an osteopath to the state board strikes me as a wise move," said President Strickler, last night. "Of course I am aware that the presence of one on the state board which examines and licenses physicians, would be very distasteful to many allopaths and practitioners of other schools.

"Individually I feel that there should be a single standard for the healing art in this state and the appointment of an osteopath is a step in that direction."

The governor says he named an osteopath in answer to the demand of that branch of the profession for representation on the board that had control over them.

"The osteopaths attempted to secure a separate board in the last legislature, but their measure failed of passage," said the governor. "I suggested then that they be given representation on the present board of medical examiners and have taken advantage of the resignation of Dr. Van Meter to carry out that design."

Mrs. Bolles is a well known club woman. She served as chairman of the home and education department of the Woman's club for two years. Last year she was president of the Clio club. She is also active in the Congress of Mothers and the Daughters of the Revolution.

The foregoing from *The News* of Sunday, April 21st, simply substantiates our story in the March issue regarding the little flirtation between the state board of medical examiners and the osteopathic profession of Colorado.

We have been informed upon reliable authority that Dr. STRICKLER has been unusually busy in bringing about a "concession" to the osteopaths, and that an entirely different individual than the one appointed by Governor Shafroth had been chosen by the aforesaid board to take the place of Dr. VAN METER. Now that the Governor has appointed a really capable person, a dyed-in-the-wool osteopath, a woman of education and social standing, the "board" proposes protesting against the appointment.

There is going to be some fun before the fur quits flying over this matter, because the osteopathic profession of Colorado are, to a man (or woman), satisfied with the selection of Dr. BOLLES, and if the state board of medical examiners succeed in defeating the appointment and still persist in appointing an osteopath, the State Osteopathic So-

ciety propose it shall be some one of its selecting and not a pick-up for purely political purposes.

If the homœopaths of Colorado had one-half the nerve the osteopaths have displayed thus far, they would urge Governor Shafroth to retire Dr. D. A. STRICKLER, or else demand the appointment of another homœopath and permit that gentleman to perform his duties as a member of the "regular" profession, seeing that he belongs to the "County" association and in no way represents homœopathy on the board.

The homœopaths of Colorado are entitled to an examining board of their own; part of the present representation neither represents nor respects homœopathy, and there is no reason why such members of the school as see fit to demonstrate their loyalty thereto should be subjected to the numerous indignities which have been heaped upon them during the past few years by the senior representative of their school on the Colorado state board of medical examiners, who owes his position thereon to the Homœopathic Society of the state, and his present professional standing to homœopaths of Denver and Colorado.



WAKING UP TO THE SITUATION. A pretty general awakening of homœopaths is noticeable all over the country. That the old school is not at all likely to fool all homœopaths all the time is becoming more apparent every day, and THE CRITIQUE looks for a general and systematic opposition to their methods when the proper time arrives. We take pleasure in publishing an article from the editorial section of the *Iowa Homœopathic Journal*, by Dr. R. W. HOMAN, urging all homœopaths to join the Iowa State Society. It is too bad we have not more HOMANS in the profession today; Colorado needs a goodly number and we hope to see them materialize later on. Here is what Dr. HOMAN says:

"If there ever was a time in the history of homœopathy in the United States when it behooved the careless homœopathist to pause and consider, that time is right now. A great many of us have treated our inheritance with easy-going indifference, seemingly taking it for granted that what has been always will be. The pioneers of homœopathy put up a fight and as a result homœopathic physicians have since enjoyed the legal right to teach and practice their system of healing. As long as we were openly antagonized it was but natural to retaliate and we all fought to maintain the rights that the struggles of the pioneers gave us.

"But finally the dominant school awoke to the fact that their opposition openly expressed was the best kind of advertising we could get.

So they changed their methods and began carefully to lay their plans to destroy us by 'benevolent assimilation.' Their bars were gradually let down and certain thoughtless homoeopathic physicians were admitted to membership in old school societies, under certain conditions. This 'looked good' to the homoeopath thus incorporated. He was now a fellow-member among the adherents of 'scientific medicine' and was prompted by his new associates to look upon his neighbor homoeopath, who had not joined, as being 'narrow-minded' and 'hide-bound.' A little later the 'incorporated' homoeopath was president of the local society and his heart was filled with pleasure when he thought what a brotherly feeling had come about. But now, should he stop to think, he is in no position to offend his old school associates by defending homoeopathy for they have honored him with office and he must not show ingratitude. So there he is, classed as a 'regular' and listed as such in the directories. For every such case as this the 'regulars' have gained one and homoeopathy has lost one in local and national influence. The report was then circulated here in the west that homoeopathy was 'dying out' in the east. No doubt the same report was circulated in the east as to the status of homoeopathy out here. The next move was the elimination of the subject of *materia medica* and therapeutics from state board examinations. Since this is done in some states the old school men tell us that there is now no need of homoeopathic physicians on state boards. The late Dr. Joseph Hensley of Oklahoma City, a man of keen insight and wide experience in state board matters, made the following statement while discussing a paper at the Institute meeting at Los Angeles: 'You know that in many states the law requires no examination in *materia medica* and theory and practice. They are trying to inject that into every state in this union. Why is it? They have something further in view. When they abolish that they go before the legislature and say, there is no use of having a mixed board of examiners or a homoeopathic member of the board. We are all one. We do not require any examination in homoeopathic *materia medica*, consequently it doesn't make any difference. It is not necessary to have a mixed board. It is an additional expense.—The most of these mixed boards are made up of the different schools in proportion to the membership of the different state medical societies. Here is a homoeopathic physician; he joins the old school society and they count him as one of them. He belongs to the state society, and when you get the proportion of members of the board they count our member as a member of their society and get representation on the state boards accordingly.'

"Such a statement, coming from a man like Dr. Hensley, furnishes food for thought. It is clear that the plan of the American Medical Association is that the homoeopathic physicians be squeezed out of official positions so that it can be said that homoeopathy is no longer recognized in the United States. It takes but an earnest glance at the ill-fitting 'sheep's clothing' to determine the nature of the animal within. Any homoeopathic physician has but to make comparison from his own practice to show the superiority of our medical therapeutics. Does he want to see it ruled out of existence? If not he should support our homoeopathic organizations. Every homoeopathic physician in the state should be a member of the Hahnemann Medical Association of Iowa. You need the Association; the Association needs you. Join now.—R. H. Homan, M. D.



HOMOEOPATHIC TREATMENT ONLY. Just so long as institutions are designated as *homoeopathic*, it is no more than right that patients entering the same for medical attention should be given such treatment as only

homœopathy can provide. The question of opening homœopathic hospitals to non-homœopathic practitioners has caused considerable comment in England, especially at Southport Cottage Hospital, and a firm stand has been taken there for exclusively homœopathic treatment *by homœopaths*, anything *non-homœopathic* being discouraged, and *non-homœopathic* practitioners are not allowed to practice in the hospital, although their patients will not be refused admission.

That is practically the handicap homœopathy confronts in all public and semi-public institutions in the United States which are now controlled by the dominant school.

Hats off to Southport, say we! Commenting upon the conditions at the Cottage Hospital, *The Homœopathic World*, London, England, is rather inclined to "hedge" when it says, speaking of non-homœopathic patrons of the institution previously mentioned, "if their own facilities are lacking, then it would be churlish to refuse, but, as a rule, they have their own institutions, and might be expected not to send patients to homœopathic hospitals unless anxious to experiment in homœopathy, for which purpose they would be more than welcome."

We take emphatic exception to the *World* in the matter of permitting old school practitioners *experimenting* in homœopathy at a homœopathic institution. If the institution in question is to receive credit or otherwise for the treatment provided therein, let that treatment be administered by experts, not experimenters.

No one thing has contributed so much to the downfall of homœopathic institutions in the United States as the afore-said *experimenting* of inexperienced dabblers with homœopathic remedies and the adoption of old school methods in homœopathic institutions.

The report of the Massachusetts Homœopathic Hospital is of such pleasing outlines as to make it absolutely essential to the well being of homœopaths all over the country. In all kinds of ailments the fatalities under homœopathic treatment, as compared with old school experimentation, was from $33\frac{1}{3}$ to 50 per cent less. This is only one example, and should be sufficient inducement for homœopaths all over the world to enter into competition with the dominant school in treating the sick and making the treatment a matter of record and careful comparison. This cannot be done provided non-homœopathic and homœopathic practices are permitted in every institution.

The following is Dr. Lowe's letter to *The World*, and we hope it will result in the removal of all non-homœopathic interference with homœopathic treatment in the English hospitals, inasmuch as the revived interest in homœopathy in that country has been such as to encourage THE CRITIQUE in hoping that the same sentiment will soon prevail in all institutions providing care and attention to the sick in all countries, to the end that homœopathy will assume its rightful position as a curative agent. The communication in question follows:

To the Editor of the "*Homœopathic World*."

DEAR SIR: I am sure all readers of the *World* join with you in "Good Luck to Leicester." May Leicester's new Hospital be a great success.

A very interesting point, however, in your notice of the opening of this Hospital, in January number, is the statement that its beds are to be available for the patients of non-homœopathic practitioners who may attend them in the hospital,

This raises a very important point, for since such homœopathic hospitals are springing up throughout the country, should there not be some sort of conformity of opinion as to the advisability of such admission into the wards, of practice which must be expected in all probability to be non-homœopathic? I believe, but am open to correction, that Leicester in this, is following the example of St. Leonards, Bromley and perhaps other homœopathic hospitals. At Southport the Cottage Hospital stands for exclusive homœopathy, anything non-homœopathic is not encouraged, and no non-homœopathic practitioner is allowed to practice in the hospitals, although his patients will not be refused admission.

May I suggest that the columns of the *World* would be very valuably employed if some of your numerous lay and professional readers would express their opinions as to whether such collusion of homœopathic and non-homœopathic medical work in the same Cottage Hospital is not bound to bring disaster upon the institution which allows it, or disrepute upon the Homœopathy for which it stands.

It is worthy of a homœopathic institution to obtain support from the results of practice which is not wholly and only homœopathic?

Is it detrimental to Homœopathy that its practitioners should work along side non-homœopathic men in the same institution?

Can such an institution which does not stand for Homœopathy alone and only, expect the support of any true homœopath?

Why should any such homœopath subscribe to an institution where admittedly non-homœopathic measures may be employed?

In the work and support of our Cottage Hospitals which should be considered first, Homœopathy or hospital?

Surely amongst your readers there must be many lay and medical whose past experience upon the management and ultimate progress of the numerous Homœopathic Cottage Hospitals of the kingdom would qualify them to make valuable and definite statements upon such a question. It is a question which must certainly rise before everyone who appeals to a mixed local public for support to a hospital which stands for a special mode of treatment, and the opinion of those who must have faced and to some extent answered the question would surely be very valuable to obtain.

I am, dear sir, merely asking questions, not expressing personal opinions. Yours truly,

Southport.

E. CRONIN LOWE.

MISCELLANEOUS

Dr. Elliott M. Clark has taken over the practice of the late Dr. Walter Joel King at Golden. He was located formerly at Alamosa, Colo.

♦ ♦ ♦ ♦

Dr. H. W. Kirby of Georgetown has been appointed to the state board of health by Governor Shafroth. He succeeds Dr. B. F. Wooding, who was removed from the board last October.

♦ ♦ ♦ ♦

Several communications have been sent this office requesting reprints of Dr. Dewey's article in March issue of *THE CRITIQUE*. We hope Dr. Dewey will issue a supply; the article merits careful perusal and preservation for future use.

♦ ♦ ♦ ♦

Writing us the 25th of March, a gentleman requesting copy of our March issue, said: "It is good for that bald spot, page 90." He wanted a copy of Dr. Bernstein's paper on "Baldness," etc. It pays to have your papers printed in *THE CRITIQUE*.

♦ ♦ ♦ ♦

An interesting communication may be found in another part of this publication from Dr. Costain, of the Transportation Committee of the American Institute. Those contemplating attendance on this event will find something worth while in this communication.

♦ ♦ ♦ ♦

THE CRITIQUE would suggest the name of Dr. Hinsdals, of Ann Arbor, Mich., for the presidency of the American Institute of Homœopathy. He is a *homœopath*, at least; that should go a great way toward making his candidacy a popular one. Think it over.

♦ ♦ ♦ ♦

Drs. N. G. Burnham and G. W. Palmer have formed a partnership for the practice of medicine and opened offices in the Mack building, rooms 317-18-9. Dr. Burnham has leased his old residence and office location for a term of ninety-nine years, hence his removal from the old place, which has become a sort of landmark for many.

♦ ♦ ♦ ♦

THE CRITIQUE has evidently lost sight of what it denominated very aptly the "boomlet" for the A. I. H. at Denver in 1913. It would appear that there is some doubt about the matter and one is led to enquire whether the "boomlet" was of the homœopathic profession of Colorado or in the interest of some itinerant promotor of "boomlets."—Colorado Notes, *Medical Century*.

♦ ♦ ♦ ♦

We generally rate a journal by the manner in which it treats its associates. Some of our more ponderous publications, noticeably *The Hahnemannian Monthly*, has the rather unfortunate habit of clipping things from this publication without giving proper credit and if there is one thing more than another that brands one as a buccaneer it is this same remarkably bad habit. Its latest lapse from the straight and narrow in this respect is in the March issue, 1912, in which Dr. J. H. Allen's entire article, "Therapeutics of Dermatology," published by us in our October, 1911, issue was "swiped." We are inclined to be in the "good

fellow" class but this is one form of piracy that we will not stand for without speaking out in meetin'!



The April meeting of the Denver Homœopathic Society was so poorly patronized no business whatever was transacted. A communication was in the hands of President Palmer from the committee on next meeting place, of the A. I. H. but of course received no consideration. The same was passed on to the chamber of commerce and complete information forwarded President Mann by that body. The annual election of officers of the Denver Homœopathic Society will occur at the next meeting. Get busy now, you political wire pullers.



CLEVELAND-PULTE MEDICAL COLLEGE.

The Cleveland-Pulte Medical College is now a part of Baldwin University at Bera, Ohio. Bera is a suburb of Cleveland, within short riding distance of the center of that thriving town, thus insuring ample clinical material so necessary to medical education. THE CRITIQUE congratulates the Cleveland institution upon this arrangement and believes both Baldwin and Cleveland-Pulte institutions will greatly benefit thereby.



DR. GIVENS' SANITARIUM.

The following document was a voluntary testimonial from every doctor in Stamford, Conn.; to the high character of the Dr. Amos J. Givens' sanitarium, situated in that city. It was dated August 7th, 1909, and reads as follows: "I have for years known of Dr. Givens' Sanitarium and the special care and treatment afforded patients. I have visited all parts of the Institution many times and can recommend and endorse the place in the highest manner." Here follows the names of thirty-five physicians, including Dr. T. J. Briggs, health officer of the city.



VACANCIES TO BE FILLED ON HOSPITAL STAFF.

JAMES WILLIAM MASTIN, M. D., *Editor of THE CRITIQUE*:

During May and June several vacancies in the House Staff of Grace Hospital, Detroit, will be filled. Grace Hospital since its addition was completed is the newest and best equipped Homœopathic Hospital in the United States. Last year there were treated in the hospital 3,615 cases, medical, surgical, obstetrical; 580 more than in 1910. The average daily number is 175. A small remuneration is given to some of the House Staff. Applicants should write Stephen H. Knight, M. D., 37 East Willis Ave., Detroit, chairman of Exam. Committee.

Detroit, Mich., April 11, 1912.



STATE BOARD DOINGS.

At a stormy meeting of the state board of medical examiners last night that nearly resulted in a fist fight the license of Dr. J. E. Thompson was revoked on a charge brought by the state board of health.

Dr. Thompson was accused of performing a criminal operation upon Mrs. Pearl Kilday, who died several days later. At the autopsy Dr. Thompson and Dr. Bennett Graff declared death due to stenosis of the stomach. The state health board refused to accept the death certificate and filed charges with the medical examiners.

Nine physicians gave testimony before the board last evening, supporting the charges of the health board.

Attorney Ed. Smith represented Drs. Graff and Thompson, and when Dr. Sherman Williams, president of the state health board, took the stand the fireworks began to fly.

"Are you a practicing physician?" asked the attorney of Dr. Williams.

"I am," was the reply.

"Do you practice upon people or horses?" was the next question.

"That's an insult," shouted Dr. Williams. "If you want to insult me just come outside."

Attorney Smith said he would be glad to go outside, and the combatants were ditching their coats when others' present interfered.—*Times*, April 3d.



HOMŒOPATHY VS. ALLOPATHY.

Homeopathy Dominant. Recent statistics in Pneumonia, Diphtheria, Typhoid Fever, Tuberculosis and Insanity, compiled by Dr. W. A. Dewey from allopathic and homeopathic hospitals in France, England and United States.

Pneumonia: Homeopathic: Homeopathic Hospitals in the United States. Cases, 9385; Deaths, 363; Average mortality, 3.9 per cent.; Allopathic: Cases, 6063; Deaths, 1790; Average mortality, 29.5 per cent.

Typhoid Fever: The Massachusetts Homeopathic Hospital: Average mortality, 38 per cent. The Massachusetts General Hospital (Allopathic): Average mortality, 8.65 per cent.

Diphtheria: Homeopathic: Cases, 3629; Deaths, 178; Mortality, 4.5 per cent. Allopathic (Pre-antitoxin days): Cases, 32880; Deaths, 9986; Mortality, 34 per cent. Allopathic (Antitoxin days): Cases, 146302; Deaths, 17629; Mortality, 12 per cent.

Insanity: Percentage of recoveries: Homeopathic, 27.61 per cent; Allopathic, 15.72 per cent.

Tuberculosis: For 111-2 years 6000 cases were treated at Massachusetts State Sanitarium, and homeopathic medication proved *superior* to the allopathic.

The duration of all diseases, even those running a specified course, is shortened either in the acute or in the convalescing period by homeopathic medication.—*Medical and Surgical Reporter*.



AMERICAN ROAD CONGRESS.

For the purpose of determining what city can offer the best facilities for holding the American Road Congress, which is to be the consolidation of the conventions of all the important bodies in the United States working for the improvement of public roads, the executive committee of the congress, headed by Charles Henry Davis, chairman, has just appointed a committee on time and place to investigate the whole subject.

When it became known at the Richmond convention of the American Association for Highway Improvement last year that the next meeting of that body would be held in connection with the conventions of the American Road Builders Association, the American Automobile Association and the National Association of Road Material and Machinery Manufacturers, all of which had previously been holding individual conventions, a score of big cities immediately put in bids for the united congress. When the various associations were holding separate conventions the attendance at each was exceedingly large. United as they will be this year, the attendance undoubtedly will be the greatest that the country has even known. Millions of persons are affected by the

improvement of public highways and it is expected that all those directly affected, in every state in the Union, will be present at the first united road congress ever held in the United States.

While there may be changes in the program, the probability is that the committee on time and place, appointed by Chairman Davis, will visit Chicago, Atlanta, New Orleans, Detroit, Kansas City, St. Louis, Atlantic City, Buffalo and Washington, D. C. All these cities have put in bids for the congress and the facilities offered by each will be given careful consideration. Bids have also been received from Milwaukee, Philadelphia, Cincinnati, Cleveland, San Francisco, Denver, Colorado Springs, and Mountain Lake Park, Maryland. Some of these cities may be visited but at the present time they are not on the visiting list.

Until the committee on time and place has visited Chicago, Atlanta, New Orleans, Detroit, Kansas City, St. Louis, Atlantic City, Buffalo and Washington, D. C., the executive committee intends to keep an open mind on the matter of selecting the city where the convention will meet.



INTERNATIONAL RED CROSS CONFERENCE.

The American Red Cross desires again to invite attention to the exhibition in connection with the Ninth International Red Cross Conference, which will be held in Washington, D. C., from May 7 to 17, 1912.

The exhibition will be divided into two sections, which will be styled Marie Feodorovna and General. The former is a prize competition, with prizes aggregating 18,000 rubles, or approximately \$9,000, divided into nine prizes, one of 6,000 rubles, approximately \$3,000; two of 3,000 rubles each, and six of 1,000 rubles each.

The subjects of this competition are as follows:

1. A scheme for the removal of wounded from the battlefield with the minimum number of stretcher bearers.
2. Portable (surgeons') washstands, for use in the field.
3. The best method of packing dressings for use at first aid and dressing stations.
4. Wheeled stretchers.
5. Transport of stretchers on mule back.
6. Easily folding portable stretchers.
7. Transport of the wounded between warships and hospital ships and the coast.
8. The best method of heating railway cars by a system independent of steam from the locomotive.
9. The best model of portable Roentgen apparatus, permitting utilization of X-rays on the battlefield and at first aid stations.

The maximum prize will be awarded to the best exhibit, irrespective of the subject, and so on.

The General exhibit is again divided into two parts; the first will be an exhibition by the various Red Cross associations of the world. The second will be devoted to exhibits by individuals or business houses of any articles having to do with the amelioration of the sufferings of sick and wounded in war, which are not covered by the Marie Feodorovna Prize Competition for the year. While the American Red Cross will be glad to have any articles pertaining to medical and surgical practice in the field, it is especially anxious to secure a full exhibit relating to preventive measures in campaign. Such articles will be classified as follows:

1. Apparatus for furnishing good water in the field.
2. Field apparatus for the disposal of wastes.

3. Shelter such as portable huts, tents and the like, for hospital purposes.

4. Transport apparatus (to prevent the suffering of sick and wounded) exclusive of such apparatus as specified for the Marie Feodorovna Prize Competition.

As with the Marie Feodorovna Prize Competition, for this country only articles having the approval of the Central Committee of the American Red Cross will be accepted.

Diplomas will be awarded for exhibits in this section of the exhibition as approved and recommended by the jury.

Further information may be obtained from the chairman, Exhibition Committee, American Red Cross, Washington, D. C.

It is perhaps to apparatus having to do with prevention of disease in armies that the energies of Americans have been specially directed since the Spanish-American war. Therefor, the last mentioned section of the exhibition should make an appeal to them.



A. I. H. TRANSPORTATION.

The Transportation Committee has selected the Pennsylvania lines as being the most direct from Chicago, and we are sure every one will agree with us in this selection.

We have arranged for special sleeping cars of modern steel type, to be placed at the disposal of our party on the train leaving Chicago at 8:00 p. m., June 16th, arriving Pittsburg 8:15 the following morning. Let us all go together. The Committee extends a cordial invitation to you to join our party in Chicago and go in a body. In this way our trip can be made more enjoyable.

From Chicago, the fares will be as follows:

One way	\$10.50
Round trip	20.00
Lower berth	2.50
Upper berth	2.00
Drawing room	9.00

Thirty-day round trip summer tourist tickets to New York at \$30.00, and Atlantic City at \$29.25, will be on sale at the time our delegation moves, permitting of stop-over at Pittsburg, and it would be well for those who contemplate going East after our convention to call on their local railroad ticket agents.

As the New York City and Atlantic Coast point tickets will not be good on the 8:00 o'clock train, it will be necessary for those who purchase them to arrange to use some other train from Chicago.

It is important for all those who expect to join us to make application for reservation in advance, in order that the necessary cars may be arranged for.

Application for Pullman space may be made to Mr. E. K. Bixby, District Passenger Agent, Pennsylvania company, Room 846 Insurance Exchange Building, Chicago, Ill., who will also be glad to furnish any additional information.

DR. T. E. COSTAIN, *Chairman*,
29 East Madison Street, Chicago, Ill.

Chicago, Ill., April 15, 1912.



BOSTON UNIVERSITY SCHOOL OF MEDICINE.

Clinical Week, June 4 to 9, inclusive. The favorable reception which has been accorded "Clinical Week" by the profession since its in-

ception several years ago, encourages the Faculty of Boston University School of Medicine once more to offer a week of special clinical lectures and didactic exercises to the graduates of the school and to the profession generally. The objects of clinical work are:

I. To present to all who may be interested an opportunity to acquaint themselves with the facilities possessed by Boston University School of Medicine to impart the essentials of a sound and practical medical education, and an opportunity to all who desire to familiarize themselves with the latest advancements in medical science and art.

II. To give the graduates of the school, to whom clinical week is a sort of "Old Home Week," an opportunity to revisit the scenes of their student life and to note the changes which the intervening years have wrought—to renew old and familiar associations—to meet the newer generation of graduates—and to study the latest developments in diagnostic, therapeutic and surgical methods.

The close affiliation of Boston University School of Medicine and the Massachusetts Homoeopathic Hospital, with its superb opportunities for in-patient and out-patient experiences, results in a combination of educational privileges equalled by only a few of the more fortunate medical schools of the country.

The exercises of Clinical Week will be held in the Medical School of Boston University, in the main Hospital and in the Out-Patient Department. Opportunity will be offered during the week to inspect the equipment of the latest addition to the Hospital, the Evans Memorial Building for Clinical Research and Preventive Medicine.

The course will be given during the week beginning Monday, June 4, 1912, and will consist of six exercises each day. As on previous occasions, the exercises will be open to such members of the medical profession as may wish to attend. No fee will be charged. All are cordially invited to attend.

Applications should be addressed to

FRANK C. RICHARDSON, M. D., *Registrar*,
80 East Concord Street, Boston, Mass.

Programs will be mailed to any address upon application to the Registrar.



AMERICAN INSTITUTE OF HOMŒOPATHY.

The Transportation Committee has decided to utilize the Pennsylvania lines both from New York and Chicago. We have obtained a rate of one fare and three-fifths on the Trunk Lines Association, which means the territory east of Buffalo and Pittsburg, west of the Hudson River, north of the Potomac River, and south of the Canadian line, also New England Passenger Association, which includes all of New England.

This is on the certificate plan and all members asking for a certificate as they buy their ticket, can avail themselves of this rate. Remember, that a receipt is not a certificate. On previous occasions people who have gotten a receipt for their ticket have not been able to take advantage of the rate, due to the fact that a receipt is not recognized by a railroad.

Dr. J. B. Garrison, Suite 26, 618 Madison Avenue, New York, will take charge of the eastern end and make the arrangements for the New York and eastern route. From Chicago we propose to leave Saturday, July 15th, at 8 P. M. Special cars will be placed on that train to take care of the people going from Chicago to Pittsburg. I hope all who go through Chicago to Pittsburg will take advantage of this so that we can all go together. The train reaches Pittsburg Sunday morning, which is a nice hour with a minimum loss of time from office hours and other things, giving us plenty of time in Pittsburg to arrange ourselves so we can attend the evening meeting. Those who have summer tourist rates

reading beyond Pittsburg will be obliged to take the train at 5:30 or one earlier in the day, as the eight o'clock train will not honor tickets beyond Pittsburg, but all other tickets from whatever point going as far as Pittsburg only, will be honored on that train.

The fare from Chicago will be \$10.50 one way, or \$20.00 a round trip. This is practically on a two-cent basis. The Central Passenger Association have refused any special convention rates this year due to the fact that the Interstate Commerce Committee is, at the present, considering the question of further reductions on their lines. We have had no communication or report from the Trans-Continental Association, but we hope that we may be included in whatever rates are made.

First-class, up-to-date sleepers will be provided and if a sufficient number go through from Chicago, a special train will be provided to follow the eight o'clock train immediately after it leaves. We feel that there is an advantage in going on our own cars, as it gives the new members an opportunity of becoming acquainted with the older ones, at the same time assuring us the best equipment and the newest up-to-date cars. Those beyond Chicago from the south or west who are to take advantage of the train going with the crowd, can have accommodations reserved for them by addressing the Chairman of the Committee.

With kind regards, I am, *Fraternally yours,*

J. E. COSTAIN.



RESOLUTIONS ENDORSING N. L. M. F.

Whereas, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States, providing for the establishment of a department of the Government to be known as the Department of Public Health, the head of which department will be a cabinet officer, and

Whereas, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose, and would compel us to submit to the dictation of a government doctor, and

Whereas, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights—the right of every man to select the practitioner of his choice, in the hour of sickness, and

Whereas, The National League for Medical Freedom will seek through publicity and education to unmask and oppose any legislation which endeavors to put into power any one system of healing and use the government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing, now, therefore, be it hereby

RESOLVED, That we, the members of Women's Trade Union League, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

(Signed)

Women's Trade Union League.

(Signed)

MARY C. C. BRADFORD, *President.*

MRS. ELLA ANTOR, *Secretary.*

RESOLVED, That we the members of Machinists' Union Local No. 47, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and to further announce ourselves as in sympathy with the National

League for Medical Freedom in its efforts to prevent the establishment of such a department.

(Signed)

(Signed)

Machinists' Local Union No. 47.

GEO. W. McLELLAN, President.

H. B. PFEIFFER, Secretary.

RESOLVED, That we the members of Beer Drivers, Stablemen and Firemen Local Union No. 56, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Beer Drivers, Stablemen and Firemen's Local Union No. 56.

(Signed)

(Signed)

WILLIAM KOCK, President.

ERNEST KEMMLER, Secretary.

RESOLVED, That we the members of Stonecutters' Local Union No. 1, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

(Signed)

(Signed)

Stonecutters' Local Union No. 1.

ERNEST EDELER, President.

JAS. LINDSAY, Secretary.

RESOLVED, That we the members of Iron Moulders' Union Local No. 188, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Denver Iron Moulders' Local Union No. 188.

(Signed)

(Signed)

L. R. YOUNG, President.

J. G. KLEEN, Secretary.

RESOLVED, That we the members of Steamfitters' Local Union No. 208, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Steamfitters' Local Union No. 208.

(Signed)

(Signed)

C. J. COMMON, President.

J. E. MUNIN, Secretary.

RESOLVED, That we, the members of Bakers' and Confectionery Workers' Local Union No. 26, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Bakers' and Confectionery Workers, No. 26.

V. STEPHEN WIRT, President.

RAY E. LOUDERBACK, Secretary.

RESOLVED, That we the members of Denver Trades and Labor Assembly, Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Denver Trades and Labor Assembly.

JAMES A. CONKLE, President.

J. F. BEDFORD, Secretary.

RESOLVED, That we, the members of Retail Clerks Local Union No. 7, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Retail Clerks Local Union No. 7.

H. R. SPRIGGS, *President.*

H. G. BLACKWELL, *Secretary.*

RESOLVED, That we, the members of Sheet Metal Workers' Union No. 9, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Sheet Metal Workers' Union No. 9.

WALTER E. THOMAS, *President.*

ELMER O. ANDERSON, *Secretary.*

RESOLVED, That we, the members of the Amalgamated Glass Workers, No. 53, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Amalgamated Glass Workers, No. 53.

GEORGE R. TEED, *President.*

C. V. ATKINSON, *Secretary.*

RESOLVED, That we, the members of Sign Painters' Local Union No. 1044, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Sign Painters' Local Union No. 1044.

W. O. RAGER, *President.*

H. P. JEWELL, *Secretary.*

RESOLVED, That we the members of Steam Engineers' Local Union No. 1 of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Steam Engineers' Local Union No 1.

(Signed)

E. F. STANLEY, *President.*

(Signed)

H. S. PEREGRINE, *Secretary.*

RESOLVED, That we the members of Carpenters' Local Union No. 1874 of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Carpenters' Local Union No. 1874.

(Signed)

H. H. PEACEY, *President.*

(Signed)

J. T. CLAPP, *Secretary.*

RESOLVED, That we the members of Electric Workers' Local Union No. 68, of Denver, Colorado, do announce ourselves as opposed to the

establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

(Signed)

(Signed)

Electric Workers' Local Union No. 68.

W. J. HACKETT, *President.*

C. A. BUSTON, *Secretary.*

RESOLVED, That we the members of Stonecutters' Local Union No. 1, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

(Signed)

(Signed)

Stonecutters' Local Union No. 1.

ERNEST EDELER, *President.*

JAMES LINDSAY, *Secretary.*



PENNSYLVANIA STATE NOTES FOR MAY.

NEW MEMBERS FOR THE INSTITUTE: The special Pennsylvania state committee on new members for the institute want you to join The American Institute of Homeopathy, and will be after you until the meeting takes place at Pittsburg, June 16-22.

If you are a member of the institute they will still keep after you, because they want you to secure another member for the institute, and then after having secured that new member for the committee they want you still to procure another one. If you are not a member of the institute the special committee will be all the more after you, because they want you to become one, and are going to keep right after you until you do. Join the institute now, Doctor, and save the committee the trouble of still keeping after you, because, surely, they want you to join the institute, and meet with them at Pittsburg.

Mail your application blank with \$5.00 to the chairman of the membership committee, which will include everything for the first year, including the official journal, which comes to you monthly. If you have lost the application blank, which has already been forwarded to you, you may have another one for the asking by addressing the undersigned.

RALPH BERNSTEIN, *Chairman,*

37 So. 19th St., Philadelphia.

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann Medical College, Saturday evening, March 16th, 1912. The scientific program of the evening consisted of the following papers:

"Some Interesting Surgical Cases," Dr. D. ROMAN.

"Nasal Reflexes," Dr. H. S. WEAVER.

"Glandular Fever," Dr. C. F. RAUE.

BENJ. K. FLETCHER, M. D., *Secy.*

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD OF PHILADELPHIA held its regular monthly meeting at the office of Dr. Robert S. Summers, 2610 No. Twenty-First Street, Philadelphia, Pa. An interesting paper on "Colic" was read. The meeting was well attended, and enjoyed by all present.

JOHN D. BOILEAU, M. D., *Secy.*

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting at the office of Dr. Wm. M. Sylvius, 1903 So. Broad

“while professional endorsement of a remedy is a compliment to the honest effort of the manufacturer, it is in reality an acknowledgment of its remedial value, the all-important factor in the treatment of disease.

That antiphlogistine possesses particular merit, as acknowledged by professional preferment, as the most sanitary, satisfactory and adaptable method of utilizing the therapeutic value of hot moist heat in the treatment of inflammatory diseases is convincingly indicated by its increasing demand.

The value of antiphlogistine applied thick and hot in inflammatory diseases of the throat, chest, joints and other deep-seated structures, is not a theoretical figment but clinical fact.

Heat relaxes the white fibrous tissues that constitute the chief elements of ligaments and tendons and in spasms and muscular contractions, an application of antiphlogistine will relieve the tension and pain and afford comfort to the patient.”

Street, Philadelphia, Pa., on Wednesday, March 20th, 1912. Two papers were presented for discussion. One by Dr. G. Harlen Wells, entitled "Rheumatic Fever," and one by Dr. Wm. M. Sylvis, entitled "Tumors of Breast." A very enjoyable time was had by those attending the meeting.

WALTER J. SNYDER, M. D., *Secy.*

THE HOMEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann Medical College, Philadelphia, Pa., on Thursday evening, March 14th, 1912. The scientific program of the evening consisted of the following papers:

"Diagnosis and Treatment of Gastric and Duodenal Ulcer," Dr. THOMAS BRADLEY.

Discussion—Medical Treatment, Dr. HARRY EBERHARD.

Discussion—Surgical Treatment, Dr. H. L. NORTHROP.

Report of Two Cases, Dr. MARY COOKE.

"The Homoeopathic Remedy in the Treatment of Neusea and Vomiting of Pregnancy, Dr. J. E. JAMES, Jr.

"Digitaline," Dr. O. H. PAXON.

WM. M. SYLVIS, M. D., *Secy.*

THE NORTH PENN HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the office of Dr. J. F. Crouthamel, Souderton, Pa., on Thursday, April 18, 1912. A paper on "Carbo veg." being read by Dr. Wm. G. Moyer, of Quakertown, Pa., which was enjoyed by all present.

H. O. WILLIAMS, M. D., *Secy.*

THE DELAWARE COUNTY HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting in the Y. M. C. A. building, Seventh and Edgmont Avenue, Chester, Pa., on Thursday afternoon at 3:30 P. M. Dr. Ralph Bernstein, of Hahnemann College, Philadelphia, Pa., gave a very interesting "Stereoscopic Skin Clinic, with Lantern Demonstration of the More Common Skin Diseases, Their Recognition and Treatment." Dinner was served at 5 P. M.

G. C. WEBSTER, M. D., *Secy.*

PERSONALS: The sum of \$200,000 has been raised towards the completion of an endowment fund of \$1,000,000 for the Hahnemann Hospital, according to an announcement made by CHARLES D. BARNEY, president of the board of trustees of the institution, at a meeting of the Hospital Association in the Bellevue-Stratford.

The State Board of Examiners inspected the methods of teaching at the Hahnemann Medical College and Hospital on Wednesday, Feb. 14th, at 2 P. M., and they were uniformly pleased and gratified with the modern methods of teaching, and the unexcelled facilities at the institution.

MR. and MRS. JOHN HOPKINS MARA announce the marriage of their daughter, MRS. MARY GERTRUDE WRIGHT, to DR. CLARENCE BARTLETT on Thursday, the Fourth of April, One Thousand, Nine Hundred and Twelve in the City of New York.

A dinner under the auspices of the Hahnemann Medical Club was given in honor of the fiftieth anniversary of DOCTOR CALEB L. MIDDLETON as a practitioner, on Wednesday evening, April 10th, 1912, at seven-thirty o'clock, at the Union League of Philadelphia.

MR. and MRS. SAMUEL EUGENE KUEN announce the marriage of their daughter MARY CLARK, to DR. CHARLES DANIEL FOX, Jr., Thursday, the fourteenth of March, Nineteen Hundred and Twelve, Cynwyd, Pennsylvania.

DOCTOR JOSEPH E. WRIGHT, who for over twenty-five years has been connected with the larger New York hospitals, has succeeded to the practice of the late JAMES S. HICKEY, M. D., of 1639 No. 11th Street, Philadelphia, Pa.

DOCTOR GILBERT J. PALEN announces the removal of his office to 2102 Chestnut Street, Philadelphia, Pa.

READING NOTICES

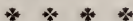
TREATMENT OF RHEUMATISM.—Rheumatic and gouty patients are greatly benefited by the administration of Ecthol in combination with salicylates. Its use prevents complications and lessens the liability to recurrences. The application of a mixture of equal parts of Ecthol and oil of wintergreen to the affected joints several times daily, materially relieves the pain and swelling and assists the internal treatment.



THE THERAPEUTICS OF RACHITIS.—Among remedial agents promising benefit in rachitis, codliver oil, as exhibited in Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is worthy of prominent mention. It not only has abundant value as a tissue nutrient, but its contained phosphorus makes it particularly potent in this condition. There is an urgent indication for this latter agent, which is admirably met by the administration of Cordial of the Extract of Cod Liver Oil Compound (Hagee),



THE VALUE OF AN EFFECTIVE ALTERATIVE IN NEURASTHENIA.—Nine-tenths of the cases of neurasthenia which present themselves are due to a blocking of the system with the products of malassimilation. It is not so much a tonic and simulant regime that these cases demand, although that is useful later on, as a course of treatment designed to wake up their lazy excretories. Bowels, kidneys, liver, sweat glands, all require stimulation and Iodia is *par excellence* the remedy to produce this result. This sort of treatment will produce a feeling of exhilaration and renewed vigor in the patient, more quickly than any regime based on strychnine or overfeeding.

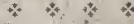


THE TREATMENT OF NERVOUS DISORDERS.—Valuable as are rest and dietetic regulation in the treatment of nervous disorders, it is generally recognized that effective tonics are always necessary. For instance, in chorea and the restorative stage of poliomyelitis, it is often surprising to note the remarkable impetus given to convalescence by the use of Gray's Glycerine Tonic Comp. Its administration promptly stimulates the appetite, aids digestion, and so improves the whole nutrition that recovery is substantially furthered and hastened. The same thing holds true in neurasthenia, and the benefit that almost always follows the use of this remedy is invariably as gratifying to the practitioner as it is to the patient.

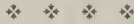


THE INSOMNIA OF ALCOHOLISM.—Of all the insomnias the most difficult to control is that of acute alcoholism. Not only is there wakefulness during the period of convalescence from the restless tossing to and fro, remorse and gloomy anticipations of the future. In these cases the more recently discovered hypnotics do not reach the bottom of the trouble. Bromidia has a profound influence on the entire nervous system and exercises its sedative effect thereon before the actual hypnotic result is prolonged. The ultimate result is curative, for the effect on the brain and cord does not immediately wear off. Furthermore, far from causing anorexia, as similar agents are prone to do, Bromidia actually increases the appetite, a very valuable help in these cases where it is important to build up the system as soon as possible. In all alcoholic cases,

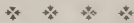
the use of Bromidia is greatly to be preferred to the hypodermic injection of morphine, with its inevitable result of locking up the secretions, and its frequently disastrous action on the stomach. If opium must be used, a dose of Papine will accomplish what is desired without any of the bad effects of morphine.



A DEPENDABLE ANODYNE.—The uses of Papine are almost unlimited. In the main they are, however, diarrheal affections such as gastro-enteritis, cholera morbus, and infantum dysentery; diseases of the nervous system attended with pain, such as neuralgia, neuritis, hysteria and locomotor ataxia; painful disorders of the utero-ovarian tract, as dysmenorrhea, uterine colic, ovarian neuralgia; and also other conditions attended with severe pain, such as biliary and renal colic, and the chest pains of pleurisy, pneumonia and tuberculosis. Papine has also been strongly recommended in the treatment of diabetes. This product has the great advantage that it can be used without locking up the secretions or inducing a habit, as is the unfortunate case with other opium preparations.

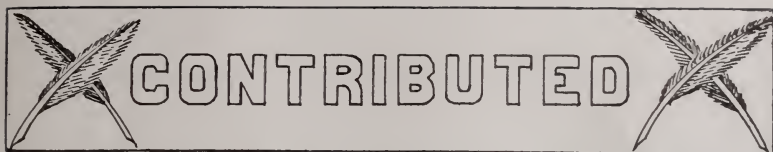


THE MANAGEMENT OF CONVALESCENCE.—The systematic use of Gray's Glycerine Tonic Comp. following pneumonia, acute bronchitis, La Grippe, typhoid fever, the exanthemata and other acute affections, gives such material aid to the restorative and recuperative processes of the body that the convalescent period is not only greatly shortened, but it is freed from practically all of its danger and uncertainty. Normal physiologic activity of all vital functions in harmony recovery from an acute disease is usually perfect and complete. Gray's Glycerine Tonic Comp. by reason therefore of its proven value as a restorative is probably more often used for promoting convalescence than any other remedy. Its certainty of action, the positive benefits produced, and its freedom from any unpleasant effects, no matter how weakened the patient may be, leave little reason for questioning the preference now so generally shown this dependable remedy. That it serves a purpose in convalescence so far reaching and important, and serves it so well, is all the justification needed for its invariable use just as soon as the fury of a pathologic storm has passed and the reconstructive or convalescent period begins.



CONVALESCENCE FROM THE EXANTHEMATA.—The first two or three months of the year are usually characterized, in the experience of the family physician, by the occurrence in his practice, of a crop of cases of the contagious diseases of children, especially scarlet fever, measles, German measles, etc. This is accounted for by the readiness with which contagion is spread in the schools, when ventilation of the school room is the least perfect and the closer housing of school children during school hours favors the distribution of communicable diseases. As the diseases in question are self-limited in nature, expectant and symptomatic treatment, together with precautions as to isolation, etc., is about all the physician is called upon to direct. It is well known, however, that in all but the mildest cases the adolescent subject of scarletina or measles is usually more or less debilitated or devitalized when convalescence is established. Special care should be taken to avoid the administration of any tonic or reconstituent which is likely to disturb the child's digestion or, by inducing constipation, to minimize the appetite or desire for food.

Pepto-Mangan (Gude) is the ideal reconstructive tonic for these young patients, because it is pleasant to the taste, easily tolerable by the stomach and readily assimilable by blood and tissue and promptly efficient in restoring appetite, strength, color and general well-being.



CORRESPONDENCE CONCERNING 1913 MEETING AMERICAN INSTITUTE OF HOMŒOPATHY.

Sterling, Colorado, May 8, 1912.

DR. J. W. MASTIN,
*Editor THE CRITIQUE,
Denver, Colorado.*

DEAR DR. MASTIN: , ,

Since the time is drawing near when the trustees of the American Institute of Homœopathy will take up the question of the selection of the place of next meeting, I have addressed them, through Dr. Horner, the secretary, as per the enclosed copy of letter of this date, which copy is submitted to you for THE CRITIQUE.

You will note that I have been careful in stating the Denver profession's side of this subject. There is no wish to try to bring the Institute to Denver against their desire. Nor is there the slightest notion of trying to force an unwarranted and unwanted expense upon them. Saratoga has no membership in the Institute. This shows that the Institute expects to take care of itself when it goes to Saratoga, as it has done more than once in the past. There is absolutely no need of putting the profession and its friends in your city to the trouble and inconvenience of raising a large entertainment fund. The sale of exhibitors' space in the room set aside for that purpose meets the necessary expense of the Institute in nearly every instance; in some the receipts exceeding the demands upon the local profession. But however this may be, I have been conservative, as will be seen, and have urged Denver for the good of the Institute and the cause in this, but seconding the expressed wish of the Colorado State Homœopathic Society. If others feel different, it should be their duty and pleasure to address the trustees in whatever vein they may desire. I am heart and soul for the meeting of 1913 in Denver, and believe it can be had. If each will do his part there can be little doubt of it.

Hoping this communication may meet your approval and that of the profession in general, I remain,

Yours very truly,

C. E. FISHER.

Sterling, Colorado, May 8, 1912.

DR. J. RICHEY HORNER,
*Secretary American Institute,
 Cleveland, Ohio.*

DEAR DR. HORNER:

I have your favor of the 6th and am glad your reports from the son are so satisfactory. If there is anything I may be able to do for you in connection with his presence in our state, command me. I trust his improvement may continue uninterruptedly.

Now a few words with you and the trustees about the next meeting place. Dr. Mann writes me Saratoga Springs and Denver are the only applicants. Narragansett Pier had it last year. Pittsburg has it this year. Both are Eastern points. If it be accepted that we are to go to Portland in 1915, it is very likely and proper that the meeting of 1914 will go East. If 1913 also goes East it will make four meetings in succession east of the territory known as "the Middle States." Is this wise? Is it for the best interests of the school and the Institute?

The Institute has not been west of Omaha since 1894, except to go to Pasadena. Thus we have had but two sessions in the West—Omaha and Pasadena—in twenty sessions. With the Kansas City meeting we have had three, and with the Chicago meeting the number has been four. Going a little farther, and taking in Denver as one of the twenty, thus charging up the West with five sessions, 1894 to 1913, inclusive, at best the West will have had but five meetings, or twenty per cent of the sessions. In no sense do I wish to bring up the sectional question in any but the very best spirit, for the good of the Institute and the cause, but it seems proper that we shall consider this matter of geographical distribution and interests.

Denver's invitation comes from the Colorado State Homœopathic Medical Society and is, therefore, official, and not an individual invitation. I do not know where the Saratoga invitation comes from, but the latest Institute membership list fails to record a single member in that city. Denver has twenty members in that same register. It also has a possible fifty or more to work upon. I hope the trustees may consider these facts.

It was I, it is true, who brought up at the state meeting the suggestion that the Institute be invited to Denver. I looked upon this as a right, and I considered it a pleasure.

But I am very glad to say the proposition received cordial welcome, and the vote to invite the Institute was unanimous. I pledged \$50 toward the entertainment fund, and Dr. Faust of Colorado Springs immediately did likewise. Neither of us lives in Denver, but we believe the meeting will be good for the entire state, and for the whole Rocky Mountain district.

I am frank to admit that Denver as a whole, I mean the profession, is not yet greatly warmed up to this proposition. But the earnest members of the Institute are, and want the Institute to come and help them. While the number is considerable more than when we met there in 1894, the interest is not as great, and our only institution, a city society, is feebly dragging along. The outlook is not encouraging, rather the opposite. If it is deemed by the trustees that it is a function of the Institute to lend aid and encouragement where these are needed, there seems to be a field in Denver and this section.

In the matter of entertainment, I trust it will not be expected that a great fund shall be raised for this purpose. Denver is one of the best convention cities of the country. It has a fine Auditorium and committee rooms sufficient for all needs, free to all bodies coming to its gates. It has ample hotel facilities of all classes, from the cheapest to the most expensive and luxurious; a great lot of high-class boarding houses, rooming houses and inexpensive restaurants without number, so that every purse may be met. It has a fine summer climate and many outside attractions in the mountains close by. Denver will do its share toward seeing that we are cordially received, and if Saratoga, with no members, can care for us, Denver, with nearly a hundred homœopathic physicians, can surely do as well.

Noting that I am inferentially criticised as the author of the "Denver Institute bocmlet," I hope this may not be allowed to affect the minds of the trustees adversely to Denver. There is absolutely nothing personal in the wish that the Institute shall come to Colorado again. It is our turn, we need the visit, homœopathy will be benefited throughout all the great Rocky Mountain district and contiguous territory, and the Institute will undoubtedly be conserving additional interests, besides its own gratification and pleasure.

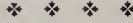
Please read this to the trustees, or cause it to be circulated among them, and assure them, one and all, that there is no other prompting motive in the urging of the acceptance

of Denver's invitation than the interests of the Institute and the profession and cause for which it stands.

With warm personal regards, I remain,

Yours very sincerely,

C. E. FISHER.



FROM PRESIDENT SWERDFEGER OF THE COLORADO HOMŒOPATHIC MEDICAL SOCIETY.

JUST A FEW LINES from the undersigned. As this is the last time to communicate with the profession before a great many of you go on your annual vacation and still others go to the meeting of the American Institute of Homœopathy, I should like to call your attention, first, to the invitation that has been extended to the American Institute to hold their 1913 meeting in Denver, and, second, to our state meeting to be held this fall. For the meeting of the American Institute we must put our shoulders to the wheel at this time and do all that we can to counteract the idea that we are not in hearty accord, according to one of our journals, with the invitation which was extended last fall. The committee appointed at that time has been doing good work; the secretary and myself, but particularly the secretary, have done considerable investigating and corresponding in regard to our meeting.

I trust that at our next state meeting we can have as good a meeting, but even a better attendance, that we have had in the years gone by.

For the above to be realized it means that each and every one will have to do their part. I should like to have as many new members as possible; also as many either new members or members who have not been in attendance or participators recently to take an active part, as well as the ones who have been required to do all the work.

At this time I have the promise of part of the bureau chairmen, and at a very early date now hope to have all the chairs completed.

As the secretary of the state society has written a great deal and given considerable of the data that has been gathered concerning the meeting here in 1913, it does not leave a great deal for me to add, but there is one thing that I should like to, and that is: It is my desire to have this year a meeting that will be noted for its complete harmony in every detail. We can not all have the same ideas, but when we have a common interest let each one of us try first to be

honest with ourselves and do the best we can, then trust the other fellow to do his best.

E. B. SWERDFEGER,
President Colorado Homœopathic Society.



FROM THE COLORADO STATE SOCIETY.

IN EXTENDING THE INVITATION WE DID to the American Institute of Homœopathy to make Denver the meeting place for 1913, the homœopathic profession of the state feel that we are offering the most logical and pleasurable place at which this meeting can be held.

In the first place, we need the assistance of the Institute to stir up and awaken new homœopathic life among ourselves. Geographically, we are somewhat isolated from our brothers of medical faith. It is difficult for more than a very few of the profession to take the time to attend the Institute sessions, when doing so means a trip to one or the other coasts every year. We are bound within our own small circle and within the same small environments until after nineteen years of doing without a session of the parent organization, a sluggishness in activity and interest has developed that needs a thorough awakening into a regeneration of the vitality that once put this part of the country into the live centers of homœopathy. This need is not entirely local. We ask, in the name of the profession, in our neighboring Western states, where there is many a struggling homœopathic physician in isolated locations, doing valiant pioneer work in behalf of the school. These are the men who need the support of the school, that they can show to their friends and patrons they do not represent a fad or freakish sect, but are members of a great and strong body of physicians, working in accord and under the law of medicine, which is the best and most successful when intelligently applied.

As to the advantages of Denver for the Institute meeting, those who had the pleasure of attending the 1893 meeting can, we congratulate ourselves, recall the city and the reception accorded them at that time with pleasure. They would scarcely recognize Denver as it stands today, reputed to be one of the most beautiful cities of the country. Its magnificent lighting system shows to the greatest advantage at night; the miles of finely kept streets and boulevards that are perhaps the cleanest of any city of its size in the country; its parks are a veritable paradise for autoists, with well-kept roads leading to many points of interest and beauty to those

who wish to make a short tour or take a day's outing. Our climate, though not guaranteed to be absolutely water proof, has an established reputation for dry, clean, cool days and evenings, and needs no further praise; all we can do is to ask you to come to us in 1913 and sample it for yourselves.

We have established a nation-wide name as a convention city, having very pleasantly and successfully entertained such great conventions as the last National Democratic, the G. A. R. and the Elks and others, where as high as a hundred thousand visitors have been accommodated in the city. During 1913 we will have with us the Knight Templar Conclave, the meeting of the Turnvereins and others, among which we sincerely hope to number the American Institute of Homœopathy.

For meetings and conventions we have halls of every size, from the seven hundred thousand-dollar Auditorium that will seat nearly 15,000 people, down to any size desired. Our hotels are of the best, always reasonable as to rates, and accommodating to their guests. The hotel district is compact, so there will be no disagreeable scattering of members all over the city, and we expect to have the different sessions held in the hotel that shall be selected as convention headquarters, of which several are admirably able to offer us proper accommodations. The local committee has investigated the hotel situation very thoroughly and will guarantee them to be of the best.

To those of the profession who will combine pleasure with the business of the session, we can only open to you the doors of the "Playground of America," as Colorado has been called. The ideal way to enjoy this is to come, spend a vacation here such as you have always planned, and camp among the mountains, where the scenic grandeur makes the trout you catch or the game that has fallen to your prowess the more worthy of that appetite the high, clear invigorating atmosphere has sharpened beyond all recognition. If camping out is a little too strenuous, hotels and cottages are to be found in the more populous summer resorts, where you can live life to its full. On the other hand, if you do not feel able to give so much of your time, the offering of established trips are numerous, from an hour or so on the trolley to the foothills, to an all-day trip, such as up Platte Canon, over the Switzerland trail, Georgetown loop and, by no means the least, a day's trip over the "Moffat" road will show you more beauty and grandeur than can be expected except by the most

hardened globe trotter. Even he, if he would be truthful, must acknowledge this trip about the best ever.

It might pay to investigate some of our numerous mineral hot springs, of which the state boasts of hundreds. Those best known are Glenwood Springs, Steamboat, Eldorado, Hot Sulphur, Idaho and Wagonwheel Gap, while Juniper Springs, in northwestern Colorado, makes a nice terminus of a trip to those who would like to see something of the little remaining of our Western frontier.

Come to Denver in 1913. We need you, you owe yourself the pleasure of the trip. Instead of going to Europe to spend the summer this year, come to Colorado; you will have as much pleasure and feel more rested when you again get into harness. If you cannot spend the summer, stay as long as you can; the more who come the more pleasure to us, and the longer you stay the better we will like it.

Again the Colorado Homœopathic Society extends a hearty invitation to the American Institute of Homœopathy to hold the 1913 meeting in Denver.

L. B. WHEELER,
Secy. Colorado Homœopathic Society.



CAUSES OF DEATH BY AGE PERIODS.

VITAL STATISTICS DRAWN FROM THE LATEST CENSUS BUREAU MORTALITY STATISTICS.

BULLETIN 109 ON MORTALITY STATISTICS for 1910, the latest on the subject, has been issued by Census Director Durand. It was prepared under the supervision of Dr. Cressy L. Wilbur, chief statistician for vital statistics. The figures relate to the Census Bureau's death registration area, which on July 1, 1910, had an estimated population of 53,843,896, or 58.3 per cent of the total for continental United States. Preliminary press summaries relative to the death rates for the registration states and cities, and concerning infant mortality, were given out some time ago.

The total number of deaths in 1910 from all causes at all ages, including unknown ages, was 805,412. Of these 154,373 were infants under 1 year of age, 33,080 were 1 year old, 14,727 were 2 years old, 8,808 were 3 years old, 6,331 were 4 years old, 217,319 were under 5 years, 17,943 were 5 to 9 years old, 235,262 were under 10 years old, 31,508 were 10 to 19 years old, 62,957 were 20 to 29 years

old, 68,957 were 30 to 39 years old, 72,935 were 40 to 49 years old, 81,540 were 50 to 59 years old, 96,651 were 60 to 69 years old, 96,000 were 70 to 79 years old, 51,401 were 80 to 89 years old, and 7,974 were 90 years and over.

The Important Causes of Death.

Among the deaths numbering 805,412, from all causes at all ages in 1910, tuberculosis (all forms) was the most important cause, being responsible for 10.7 per cent of the total; organic diseases of the heart followed, with 9.5 per cent; diarrhœa and enteritis, 7.8 per cent; pneumonia (lobar and undefined), 6.7 per cent; acute nephritis, Bright's disease, 6.6 per cent; accident (not including injuries at birth), 5.6 per cent; cancer and other malignant tumors (all forms), 5.1 per cent; cerebral hemorrhage, apoplexy, 4.9 per cent; broncho-pneumonia, 3.1 per cent; premature birth, 2.5 per cent; congenital debility, 1.9 per cent; old age, 1.7 per cent; typhoid fever, 1.6 per cent; bronchitis (acute and chronic), 1.6 per cent; diphtheria and croup, 1.4 per cent; diseases of the arteries, atheroma, aneurysm, etc., 1.4 per cent; suicide, 1.1 per cent; and 1.0 per cent each for influenza, diabetes, paralysis without specified cause, other diseases of the stomach (cancer excepted), the puerperal state and malformations.

Causes by Age Periods.

For infants under one and one and two years of age, diarrhœa and enteritis were the most important causes of death, the percentage being 29.0, 28.9 and 12.9, respectively. Diphtheria and croup caused the largest proportion of deaths of children three and four years of age, the percentage being 16.4 and 18.2, respectively. For the entire group of children under five years of age, the leading cause was diarrhœa and enteritis, 26.3, and for children from five to nine it was diphtheria and croup, 16.4. Diarrhœa and enteritis caused 24.5 per cent of all deaths among children under 10 years of age.

Tuberculosis Greatest From 10 to 50 Years of Age.

Tuberculosis caused by far the largest proportion of deaths at each 10-year age period from 10 to 50 years of age. At 10 to 19 years it formed 24.5 per cent of the total deaths; at 20 to 29 years, 35.0; at 30 to 39 years, 28.5; and at 40 to 49 years, 18.3. At 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, the percentages were 10.2, 5.1, 2.4, 0.9 and 0.4, respectively. It formed 1.6 per cent of all deaths among infants under one year of age, and steadily increased

to 5.3 at one year, 6.1 at two years, 6.9 at three years, 7.2 at four years, but forming only 2.8 for under five years, although going as high as 7.9 per cent in the age period from five to nine years, and 3.2 for under 10 years.

Heart Diseases Rule From 50 Years Upward.

Organic diseases of the heart constituted the most important cause of death at each age period between 50 and 90 years of age, and also at the period 90 years and over. Since "old age," to which the largest proportion (27.6 per cent) of deaths at this period is assigned, is to a large extent equivalent to the statement that the cause of death is unknown. The percentage of deaths from this cause at the age periods 50 to 59, 60 to 69, 70 to 79, 80 to 89, 90 and over, was 13.4, 18.2, 19.8, 17.0 and 11.2, respectively. It caused 0.6 per cent of all deaths among children under one year of age, 0.4 at one year, 0.7 at two years, 1.0 at three years, 1.6 at four years, 0.6 of all under five years, 4.0 of all from five to nine years, and 0.9 of all under ten years of age.

Bright's Disease and Cancer.

Acute nephritis, Bright's disease, caused from 3.4 to 6.3 per cent of the deaths at the 10-year age periods from 10 to 39 years of age, but it increased to 9.5 per cent at 40 to 49 years, advancing again to 11.7 per cent at 50 to 59 years, still increasing to 12.1 per cent at 60 to 69 years, then falling to 11.1 per cent at 70 to 79 years, decreasing again to 8.5 per cent at 80 to 89 years, and finally becoming 5.4 per cent at 90 years and over. It caused 0.8 per cent of the deaths at one year, 1.3 at two, 2.0 at three, 2.2 at four, 0.7 of all deaths of children under five years of age, 2.6 of all deaths at the five to nine-year age period, and 0.8 per cent of the deaths of all children under 10 years of age.

Cancer is not charged with any percentages in the age periods up to 19 years of age, but it formed 1.1 per cent at 20 to 29 years, 3.8 per cent at 30 to 39 years, 9.0 per cent at 40 to 49 years, 12.1 per cent at 50 to 59 years, 11.1 per cent at 60 to 69 years, 7.8 per cent at 70 to 79 years, 4.5 per cent at 80 to 89 years, and 2.2 per cent at 90 years and over.

Typhoid and Apoplexy.

Typhoid fever caused 8.0 per cent of the deaths at the age period 10 to 19 years, but decreased to 6.0 per cent at 20 to 29 years, to 3.2 per cent at 30 to 39 years, to 1.8 per cent at 40 to 49 years, to 1.1 per cent at 50 to 59 years, there being none for the remaining age periods. It formed 0.4 per cent

of all deaths at one year of age, 0.9 at two, 1.6 at three, 2.6 at four, and 3.8 per cent at the age period five to nine years of age.

Cerebral hemorrhage, or apoplexy, began its course with 0.7 per cent of all the deaths at the 20 to 29-year age period, then constantly increasing to 1.7 at 30 to 39 years, 4.0 at 40 to 49 years, 7.5 at 50 to 59 years, 10.7 at 60 to 69 years, 12.1 at 70 to 79 years, but falling to 10.8 at 80 to 89 years, and 7.5 at 90 years and over.

Old Age and Accidents.

Old age first showed its fatal effects, with 0.7 per cent of all deaths at the 60 to 69-year period, 4.0 at 70 to 79, 13.3 at 80 to 89, and 27.6 at 90 years and over.

Accident (not including injuries at birth) claimed 0.9 per cent of all deaths among infants under one year, 3.4 at one year, 7.3 at two years, 9.0 at three years, 10.3 at four years, 2.3 of all in the under five-year age period; 12.0 of all in the five to nine years, 3.1 of all deaths of children under 10 years, 13.1 at 10 to 19 years, 12.9 at 20 to 29 years, 10.5 at 30 to 39 years, 8.2 at 40 to 49 years, 5.3 at 50 to 59 years, 3.4 at 60 to 69 years, 2.9 at 70 to 79 years, 3.5 at 80 to 89 years, and 5.1 at 90 years and over.


Suicide, Homicide, Etc.

Suicide starts with 1.1 per cent of all deaths at the 10 to 19-year age period, increasing to 2.8 at 20 to 29 years, then decreasing to 2.6 at 30 to 39 years, 2.3 at 40 to 49 years, 1.8 at 50 to 59 years, stopping with 1.0 per cent of all deaths at the age period of 60 to 69 years.


Homicide begins with 1.7 per cent of all deaths at the age period of 20 to 29 years, 1.2 at 30 to 39 years, and 0.6 at 40 to 49 years.

Pneumonia (lobar and undefined) claims 5.5 per cent of all deaths of infants under one year of age, 10.1 at one year, 10.0 at two years, 8.1 at three years, 7.5 at four years, 6.6 of all deaths in the age period under five years, 6.3 at five to nine years, 6.6 of all under 10 years, 5.7 at 10 to 19 years, 5.6 at 20 to 29 years, 7.1 at 30 to 39 years, 7.8 at 40 to 49 years, 7.6 at 50 to 59 years, 7.1 at 60 to 69 years, 6.5 at 70 to 79 years, 5.7 at 80 to 89 years, and 5.1 at 90 years and over.

Appendicitis begins with 1.0 per cent of all deaths of children at four years of age, 3.2 of all at five to nine years, 4.7 at 10 to 19 years, 2.0 at 20 to 29 years, 1.4 at 30 to 39 years, and ends with 1.0 at 40 to 49 years.



SPECIAL ARTICLES



THE TECHNIQUE OF PRESCRIBING—No. 3.

IN A FORMER SERIES in this journal I emphasized the importance of removing obstacles to recovery. I now wish to mention one class of cases in particular which can never be cured unless this requisite is observed. I refer to those women who are full of psora and who have a morbid state of the menses. Even if you have selected the proper antipsoric remedy, if her menses have been premature or too profuse, or too long lasting, it is generally necessary to administer one minute dose of nux vomica at the end of the fourth day after the menses have set in; and this one dose must be repeated each month at the end of the fourth day of menstruation until this morbid state is overcome. According to Hahnemann, this may be done and the antipsoric remedy continued also; but the dose of antipsoric medicine must not be administered until four to six days after the nux vomica. Without the intermediate use of nux vomica in such cases, "nothing can be done in the cure of chronic diseases." So says the master; and I presume the experience of all real homœopaths confirms that statement. But, whether the nux is or is not required as an intercurrent, "the dose of antipsoric medicine must not be taken by females shortly before their menses are expected, nor during their flow." He means their active flow. It can, however, like the nux vomica, be taken at the close of the fourth day of menstruation; and owing to the state of the nerves, this is probably the most desirable time. Generally speaking, the best time for taking a dose of antipsoric medicine is not "an hour before bed time," as so commonly directed, but in the morning, an hour before breakfast; for "sleep delays the beginning of the action of the medicine." This was Hahnemann's opinion; and owing to his great powers of accurate observation, it is worth considering. During this hour, and for some time after taking the dose, the patient should avoid all disagreeable con-

versation and excitement, and also reading, writing and conversations and engagements involving deep meditation.

ILLUSTRATIVE CASE.

Married woman, age thirty-eight, mother of one boy, twelve years old. Had suffered with an eruption on hands, arms and body since she was sixteen years of age—twenty-two years. During that time she had taken all forms of treatment but the right one, and even thought she had given homœopathy a fair trial. Her husband said: "I have spent hundreds and hundreds of dollars trying to get my wife cured, and I had just as well have thrown the money in the fire, and better; for she has taken enough strong medicine to kill an ordinary woman. But I have some money left, and if you can cure her I am willing to pay for it, and pay well; but if you know you can not, I want you to be man enough to say so." How many thousands of husbands have had a similar experience?

Upon inquiry I learned that *every doctor* she had called used some kind of salve or ointment. The last one, who was dismissed the day before, and who was a "homœopath," prescribed an ointment and brown pills! I put her on sulphur 6m, now and then a dose, to clear up the case and develop the true image of her disorder. I told them I could cure her, but that it would require from one to three years; that they need not look for improvement for some time, and unless they were willing to stay with me at least a year, I did not care to accept the case. They answered that they did not care how long, if they only had the assurance of a cure. Many physicians make the mistake of promising results too soon, and they fail to hold the patient a sufficient time for curative results. If chronic cases of long standing get well in one, two or three years, they are getting well quickly. Under other methods they do not get well at all.

The patient was a very refined, medium-sized woman, with dark hair, brown eyes and clear, thin skin. She was very sad and despondent, and put in about one-half of her time crying. She was miserable, and made everybody miserable about her. She was sensitive to cool air and seldom went out of the house, unless urged. She had much headache in the back of the head, and was very nervous. Her scalp was so sensitive she could scarcely comb her hair, and falling of the hair was so marked that it would comb out in great bunches. Her menses were always too early and lasted too long—six or seven days; frequently recurring in three weeks

and sometimes in two. I cured this case with sepia 50-m, using nux vomica as an intercurrent, as herein explained. She was discharged in two and one-half years, a well and happy woman.

Now I ask the reader if this will not compare favorably with the average report of cures; and I ask the careful prescriber if he could possibly glean from this report the exact reasons for prescribing sepia, or catch the image with sufficient clearness to cure a similar case with that remedy? I wish our good prescribers would report more cures and tell us in each case *exactly why* they selected the curative remedy named. I feel sure there is nothing in the foregoing which any physician could use successfully in another case; but many, no doubt, would guess the remedy at once by seizing with both hands this: "Dark hair, brown eyes and clear, thin skin." But inasmuch as I could not find any medicine which has produced dark hair, brown eyes and thin, clear skin, I scratched that out of the record as *wholly worthless*. The doctor who prescribes sepia on this account, or phos. because the patient is tall and slender, or puls. because she is a blond, or bovista because she is an old maid, is sure to make more failures than cures. *The ability of a medicine to cure lies in its power to produce a similar sickness.*

WHY SEPIA CURED.

1. There was *great sadness and much weeping*, and she did not seem to have one happy hour.
2. There was *great indifference to her own family and to old friends*. *She had lost all interest in life.*
3. In spite of this tearfulness, she would have *fits of anger* when least expected.
4. She would sit in her room shivering all day when menstruating, but *did not crave the open air at any time.*
5. The eruption and intense itching were worse *in the warm room, during the hot months and by the heat of the stove.*
6. She was tormented with constipation and a *feeling of a weight or ball in the anus, which was not relieved by an evacuation.* She had complained of this for many years. ("Brown pills" and physic gave no relief.)
7. She had yellow spots on her face, especially marked *across the bridge of her nose, around the mouth and on the chin.*

8. She had chronic catarrh and would blow *yellowish-green mucus*, or *yellowish-green crusts*, sometimes with blood, from the nose. Often had bleeding of the nose.

How could an eruption remain to torment her after a morbid image like this had been removed? The internal flame which caused the eruption, which eruption was only a part of the image, was wholly extinguished. Then health returned. She now enjoys life; takes much interest in her home and her family; looks the picture of health, and is once more a beautiful woman and the queen of her home. Only the other day she said to me, "Life is worth living now."

My dear young doctor: The ability to make such cures fully compensates for all the hard labor and toil and expense in *learning how*, and gives to the prescriber an inward satisfaction and an assurance which only the real homœopath can ever enjoy. With a critical eye and ear he learns to focus the image out of the *odd, peculiar, unusual and distinguishing symptoms*, and then he finds the remedy which has the totality of *these*.

HOLLOWAY.





SELECTED

A SAMPLE OF HOMŒOPATHIC ENTHUSIASM.
—The abolishing of the Homœopathic Department of the Iowa State University, as noted in the *Iowa Homœopathic Journal*, should not dampen the ardor of the members of the homœopathic profession nor lessen our activities. The motive that actuated the authorities in this act should be considered. No doubt their action was instigated through the pressure brought to bear by the misrepresentation of the opponents of our school. These unrighteous and unjust attacks by the allopaths are not unexpected. These continued attacks have not accomplished what the old school desired, namely, to exterminate our colleges and associations. Though there are fewer homœopathic colleges, yet the number of students in attendance last year was more than the previous year, and from reports of this year there is an increase over the year before. These efforts have been futile, for our success has been phenomenal, not only in the United States, but over the civilized world. It is too true that we have been apathetic, but of late years we have been aroused. We should rejoice that there is an awakening all along the line. More enthusiasm for the success of homœopathy than has ever heretofore been manifest. Truly everywhere the day is breaking. It is a grand asset, for it has proved its superiority over any system of medicine in the most formidable of diseases. We must do our best to keep the sacred flame of homœopathy burning. The gospel of work must be our creed, for when we cease to work we lose faith, but when working our faith is renewed.

Our forbears left us a rich legacy, which they frequently, strenuously and conscientiously nursed and cared for. They were the pioneers who blazed the way for posterity, and, as heirs, have we done our duty in caring for their rich legacies?

Our opponents are using every conceivable means to injure and annihilate us, but in the end all their endeavors will prove a boomerang. Our cause is just and will triumph. Some of our colleges needed a good shaking up.

We very much regret that the college at Iowa City has been abolished, for it was a very splendid exponent of homœopathic truths.

H. F. BIGGAR, in *Journal A. I. H.*

BE NOT DECEIVED.

IN THE TWENTY-SEVENTH CHAPTER OF GENESIS we read of an old man who had two sons, the eldest, named Esau, a rough, hairy man, a man of the fields, the woods and the hills; the youngest, named Jacob, a slick, smooth schemer, a man of the home. According to the usage of the country, at the death of the father the estate went to the eldest son, but Jacob, by the help of a crafty and unprincipled mother, made up their minds to deceive the blind father, and thus by fraud get the blessing. Jacob was afraid, but his mother bade him go on and she would take all blame. She arrayed Jacob in Esau's choicest raiment, she covered his hands with the skins of the kids of goats, she handed him the savory food for his father, and started him on his way. As he entered his father's presence, he said: "I am Esau." The father bade him draw near that he might examine him, and, as he did so, said the voice is the voice of Jacob but the hands are the hands of Esau. He discerned him not, because his hands were hairy. And so, by fraud, Jacob obtained the blessing.

For over forty years the writer has seen many men of the Esau type in the ranks of the medical profession; they have all the time been seeking personal advancement, but all the time they profess to be working not for themselves but for the people; they reach out for place, power and money that does not belong to them. But they are finding out that the people do not want their interference, and, on this account and because of this opposition, the political doctors are seeking power from state and national governments to enforce their schemes. For years they have had compulsory vaccination, and what a source of wealth it has been to them. Now they are seeking to get a Medical Bureau in Washington, D. C., with branches all over this great land; through these bureaus they seek power to enter our homes and schools, there to remove adenoids and do the work of oculists and dentists, whether we and our family physicians are agreeable or not. As it looks now, they will soon want to vaccinate all against typhoid, etc. These scheming doctors will have the whole country at their mercy medically, and the business is being done so quietly that the people are unaware that their liberties are being stolen. As the old patriarch was deceived, so the people are being deceived. These doctors wax eloquent about the high death rate among children and adults and the great amount of sickness in the land.

You would think to hear them that their work was one of pure philanthropy. They would have us think that they seek the people's health, but it is power they seek, power to have all matters medical under their own domination, power to draw from our state and national treasuries money for themselves. A good business man said the other day, "We have just escaped clerical tyranny, and now they would bring us into medical bondage." A lady connected with our public schools waxed warm recently as she spoke of the good work being done by these physicians, but it took very little time to convince her that she had been misled.

Now, how may medical tyranny be prevented? By scattering light on these subjects. We lose our liberty for the lack of knowledge. If the old patriarch had retained his sight Jacob might have been covered from head to foot with kid skins, but he would never have deceived his father. So if the people are intelligent on these subjects they will never be enslaved.

Within a comparative short time there has been started in this country a League for Medical Freedom. Its object is to give to the people knowledge on these subjects and help guard their liberties. Already many thousands are enrolled as members of the league. They are doing good work. Let us help them.—*Eclectic Medical Journal*.



THE OWEN BILL.

April 13, 1912. Mr. Owen, from the Committee on Public Health and National Quarantine, submitted the following Report, to accompany S. No. 1: Your committee, having had under advisement Senate Bill 1, reports said bill favorably with an amendment, so that the bill will read as follows:

A BILL TO ESTABLISH AN INDEPENDENT PUBLIC HEALTH SERVICE, AND FOR OTHER PURPOSES.

BE IT ENACTED by the Senate and House of Representatives of the United States of America, in Congress assembled, that there be at the seat of government an independent establishment known as the United States Public Health Service (which may be called the Health Service), and a Director of Health, who shall be the head thereof. The Director of Health shall be appointed by the President, by and with the advice and consent of the Senate, at a salary

of six thousand dollars per annum and with tenure of office of six years, unless sooner removed for cause. And said director shall cause a seal to be made for said Health Service, of such device as the President approves, and judicial notice shall be taken of said seal.

Sec. 2.—That there shall be in the Health Service, as assistants to the Director of Health, three commissioners of health, two of whom shall be skilled sanitarians and one a skilled statistician, appointed by the President, by and with the advice and consent of the Senate, who shall serve at the pleasure of the President, upon the recommendation of the Director of Health. The head of the Public Health and Marine-Hospital Service, the head of the Bureau of Chemistry, charged with the investigation of the adulteration of foods, drugs and liquors under the Act approved June thirtieth, nineteen hundred and six, and the head of the Division of Vital Statistics shall comprise the three commissioners of health, above established, with the same salary for each as now fixed by law, respectively. The commissioners of health shall perform such duties as are required by law and such as shall be prescribed by the Director of Health not in conflict with the provisions of this Act. In the absence of the Director of Health, the commissioners, in the order above named, shall exercise the duties of the Director of Health as first, second or third Assistant Director of Health. There shall be also a chief clerk, a disbursing clerk, and such other employes as Congress may from time to time authorize. The Auditor for the State and Other Departments shall receive and examine all accounts of moneys paid in and moneys expended on account of the Health Service, and shall certify the balance arising thereon to the Division of Bookkeeping and Warrants of the Treasury Department, and forthwith send a copy of each such certificate to the Director of Health.

Sec. 3.—That it shall be the duty of the Health Service to collect and disseminate information relating to the public health and to enforce the observance of all regulations and laws of the United States relating to the public health; provided, that this Act shall not be construed as attempting to authorize the Health Service to exercise or attempt to exercise, without express invitation from the chief executive or other proper authority of the state, any function belonging exclusively to such state, or to enter any premises without the consent of the owner or occupant thereof; but the Di-

rector of Health, upon request of the chief executive or other proper authority of any state, territory, the District of Columbia, or any insular possession, may detail for limited periods an officer or officers, employe or employes, from the Health Service to assist the health authorities of such state, territory, district or insular possession in protecting the health of the people of such jurisdiction. And provided further, that the Health Service established by this Act shall have no power to regulate the practice of medicine or the practice of healing, or to interfere with the right of a citizen to employ the practitioner of his choice, and all appointments within the Health Service, including the head of the service, shall be made without discrimination in favor of or against any school of medicine or of healing.

Sec. 4.—That to the Health Service are hereby transferred the following bureaus, divisions and other branches of the government, and all that pertains to them, and they and each of them shall remain under the supervision and direction of the Director of Health until otherwise authorized by law, namely:

(a) From the Department of the Treasury is transferred the Public Health and Marine-Hospital Service.

(b) From the Department of Agriculture is transferred that part of the Bureau of Chemistry charged with the investigation of the adulteration of foods, drugs and liquors, and with the execution and enforcement of the Act of Congress entitled "An Act for preventing the manufacture, sale or transportation of adulterated or misbranded or poisonous or deleterious foods, drugs, medicines and liquors, and for regulating traffic therein, and for other purposes," approved June thirtieth, nineteen hundred and six.

(c) From the Department of Commerce and Labor is transferred the Division of Vital Statistics, Bureau of the Census.

And the President is hereby authorized to transfer to the Health Service at any time either the whole or any part, as to him may seem best, of any bureau, division or other branch of the government engaged in work pertaining to the public health, except the Medical Department of the Army and the Bureau of Medicine and Surgery of the Navy.

And each and every function, authority, power, duty and jurisdiction, of whatever character it may be, vested at the time of any transfer aforesaid in the head of the execu-

tive department from which such bureau, division or other branch of the government is transferred, shall, to the extent to which such function, authority, power, duty or jurisdiction pertains to such bureau, division or other branch of the government, immediately upon such transfer become vested and thereafter remain vested in the Director of Health.

All land, buildings, furniture, apparatus, equipment and property of whatsoever description, and all official records and papers, in the custody of any executive department from which any bureau, division or other branch of the government is transferred as aforesaid and pertaining to the business of such transferred bureau, division or other branch of the government, shall, at time of such transfer, or as soon thereafter as practicable, and in so far as such action can be taken without hindering the work of the executive department from which such transfer is made, be given over into the custody of the Health Service. And all unexpended balances of appropriations available at the time of such transfer for the use of any such transferred bureau, division or other branch of the government, or which may become available thereafter, shall be and remain available, in similar manner and to the same extent as if no transfer had been made.

Sec. 5.—That within the Health Service there shall be the following bureaus and divisions:

(a) Bureau of the Public Health and Marine-Hospital Service; (b) Bureau of Foods and Drugs; (c) Bureau of Vital Statistics; (d) Bureau of Child Conservation; (e) Division of Sanitary Engineering; (f) Division of Personnel and Accounts; (g) Division of Publications. And the Director of Health is hereby authorized to arrange and rearrange, from time to time, with the approval of the President, the functions, duties, personnel, papers, records and property, and the work, resources and equipment generally, coming into the jurisdiction and control of the Health Service by the operation of this Act, so as most efficiently and economically to organize and maintain the several bureaus and divisions herein named and offices thereof as to said director seems proper; but in arranging and rearranging the personnel, the rank, pay and allowances of the officers of the Public Health and Marine-Hospital Service and of other services commissioned at the time of the transfer of such service to the Health Service shall not, by reason of

anything in this Act contained, be diminished. And the Director of Health may call upon the heads of executive departments for information in their possession whenever such information is needed for the efficient and economical working for the Health Service.

Sec. 6.—That the President is hereby authorized to detail officers and employes from any of the several executive departments of the government for duty under the Director of Health when so requested by said director, and to detail officers and employes in the service of the Health Service to any of the executive departments upon request of the head of such department, provided such detail can be made without prejudice to the public service, to carry into effect the purpose and intent of this Act; but officers and employes so detailed shall receive no additional compensation, but shall be paid such actual and necessary additional expenses as they incur in the discharge of the duties.

Sec. 7.—That the Director of Health may, in his discretion and with the approval of the President, appoint an advisory board of not more than seven members, to confer with him upon his request, from time to time, as he deems necessary, concerning the work of the Health Service and the health of the people. The members of said board shall be selected because of their special knowledge of matters relating to the public health, and each shall hold office for a term of seven years or until his successor is appointed, except that the appointments first made, and appointments thereafter made to fill unexpired terms and terms of members who have held over beyond the periods of their original appointments, shall be made so that not more than one member shall retire during any one fiscal year. No member of any such advisory board shall receive any compensation for his services, but each shall be paid all actual expenses necessarily incurred in the discharge of his duties. And from and after the passage of this Act the advisory board for the Hygienic Laboratory, created by Section five of an Act entitled, "An Act to increase the efficiency and change the name of the United States Marine-Hospital Service," approved July first, nineteen hundred and two, be, and the same hereby is, abolished.

Sec. 8.—That from and after the passage of this Act annual and other conferences of state and territorial boards of health, quarantine authorities and state health officers, provided for by Section seven of an Act entitled "An Act

to increase the efficiency and change the name of the United States Marine-Hospital Service," approved July first, nineteen hundred and two, be, and the same are hereby, placed under the jurisdiction of the Public Health Service.

Sec. 9.—That, except as expressly provided in this Act, nothing herein contained shall be construed as limiting the existing quarantine laws or abrogating any function, right or duty imposed by law upon any existing bureau, division or other branch of the government; but such bureaus, divisions and other branches of the government as are by this Act or by authority thereof transferred to the Health Service shall continue, under direction of the Director of Health, to have such functions, duties and rights as they have at the time of such transfer; and in the case of such bureaus, divisions and other agencies of the government as are transferred in part only, the part not transferred shall continue to have and to exercise all such functions, duties and rights, except such as specifically relate to the part transferred to the Health Service, in the same manner and to the same extent as if no such transfer had been made.

Sec. 10.—That the Director of Health shall annually submit to Congress a report in writing showing the operations of the Health Service during the last preceding fiscal year, which report shall give an account of all moneys received and all moneys disbursed on account of such operations; provided, that there may be employed in the United States Public Health Service such help as may be provided from time to time by Congress. He shall make such other reports from time to time as may be required by the President, or by either House of Congress, and such as are in his judgment necessary or expedient.

Sec. 11.—That all acts and parts of acts contrary to the provisions of this Act or inconsistent therewith be, and the same are hereby, repealed.

Sec. 12.—That this Act shall take effect on and after July first, nineteen hundred and twelve.

Amend the title so as to read: "A bill to establish an independent Public Health Service, and for other purposes."

WHICH SYSTEM OF MEDICINE A STUDENT SHOULD SELECT.*

THE COUNCIL OF MEDICAL EDUCATION of the American Institute of Homœopathy desires to place before the prospective student of medicine a few of the more important reasons why he should choose the homœopathic system in preference to any other.

Statistics tell us that each year about five thousand young men and women decide upon medicine as a career.

Among this number are many, no doubt, who in the beginning are undecided with which school of medicine they wish to become identified, and there are also many more who would be grateful for reliable information that might aid them in making this most important decision. If what is here printed will help settle this question for anyone having in mind the study of medicine, its mission will have been fulfilled.

First. The unusual and exceptional opportunities afforded in homœopathic medicine should be carefully noted by prospective medical students. The demand for homœopathic physicians throughout the United States far exceeds the supply. Thousands of small cities, towns and villages are unable to secure the advantages offered by the homœopathic system of medicine. Demands for graduates of this school are constantly reaching the Council of Education and the authorities in charge of our colleges. These demands, coming from every state in the Union, prove that it is not merely a local condition. There are at the present time over two thousand locations where a qualified homœopathic physician could step in and make a better living right from the start than could be done in any other field of human endeavor, and this without the investment of prohibitory capital. While there is one allopathic physician to 640 people, there is only one homœopathic physician to 5,333 people. There is eight times as much room for a homœopathic physician as there is for an allopathic physician; the former has about eight times the best of it to start with over all competitors.

In communities where homœopathy has been long established and well represented, it is not unusual to find fifty per cent of the population patrons of homœopathy, and it is

* Authorized by the Council of Medical Education of the A. I. H., Publication No. 4.

a significant fact that it is the educated and moneyed classes that employ its practitioners.

There are many cities of 3,000 to 10,000 population without a homœopathic physician, and some of the larger cities are inadequately supplied. Compare this condition with that found in the allopathic school, where there are from three to a dozen physicians at every cross-roads station the country over, and it will not be a cause of wonderment that the American Medical Association is doing all in its power to discourage young men and women from taking up the study of medicine.

No such cry is heard from the homœopathic medical associations, for with them the demand is far greater than the supply. Every homœopathic college has each of its graduates located in a good paying practice or hospital position as soon as he receives his degree.

Owing to the great demand for homœopathic physicians in the field of general and special practice throughout the country, our hospitals, which require annually scores of young physicians for internes, house physicians and surgeons, are beginning to suffer, and many have been forced to accept graduates from other schools who are untrained in the tenets of the homœopathic system; nearly all of these become converts to the school and regret that they did not in the first place attend a homœopathic college.

There certainly is no professional nor other field open today, to bright young men and women, where they will be more welcomed, nor where the opportunities for service are greater, nor where the way is brighter for a competency in old age, than in the practice of homœopathic medicine.

Second. The importance of taking the medical course at a college avowedly teaching the homœopathic system is paramount. There are today twelve homœopathic colleges which are easily accessible, well distributed from Boston to San Francisco. These colleges are thoroughly equipped for giving a general medical education, they have all that the allopathic colleges offer in the way of training in anatomy, physiology, chemistry, pathology, histology, physical diagnosis, bacteriology and surgery. In addition to all this, they have what is absolutely unknown and untaught in the allopathic schools, that is, thorough courses in the science of homœopathic medicine and the way to use drugs accurately and scientifically for the alleviation of suffering humanity.

Each of these homœopathic colleges has, in connection with it, as a part of its teaching outfit, a well-equipped hospital, to which all students have access for the purpose of verifying in actual practice; the theoretical training for the homœopathic school has never feared, but rather courted, comparison with other methods. Some of the homœopathic colleges are connected with state or other universities, and some are heavily endowed, but all, without exception, are giving the most complete medical education obtainable in the world. By homœopathic medical education is implied the mental habit of thinking in homœopathic language, the *sine qua non* of successful practice. Another important point is that the smaller classes insure for the student a much closer personal contact with the professors and increase his chances, not only for individual preferment during the course, but for hospital and other appointments on graduation.

Third. With these opportunities for practice and the excellence of our teaching institutions, it may well be asked why there is such a dearth of homœopathic physicians in the country as to make this appeal necessary. The answer to this question is not difficult. There have been increased entrance requirements all along the line of medical education and medical courses have been lengthened both in the number of months and years. The American Medical Association has for some years discouraged the student from entering the medical field, owing to the over-crowding of the allopathic ranks, and this cry of discouragement has caused many to imagine that the homœopathic profession was also over-crowded. There have been other alluring fields for the young man, such as that of engineering, law, dentistry, pharmacy and chemistry, and for the past decade the schools of these professions have been crowding them even more than allopathic medicine has ever been crowded. But the tide is turning, as is well shown by the increased matriculation in the homœopathic colleges during the past two years. It is further shown by the fact that during the past twenty years there have been fewer deflections, proportionately, from the homœopathic profession than from any other. Once in the field, the opportunities are too great for abandonment.

Another reason why there is a dearth of homœopathic physicians is the growing popularity of the homœopathic system, shown by the ever-increasing number of patrons

who employ it. This has overworked our physicians and caused many of them to abandon their clientele for rest and recuperation, while many others have retired, early in life, satisfied with their possession of this world's goods, and are spending their years in the pursuit of ease and happiness. Death and retirement cause the only deflections from the homœopathic profession, and to fill these fields is the consummation devoutly desired.

Fourth. Homœopathy is a system of medicine that is more successful in practice than is any other system. In every instance where records have been kept and where comparisons have been made, the mortality rate is less under homœopathy than it is under allopathy. We present the following statistics, showing the death rate for a hundred years under the two systems. These have been carefully collated and we challenge their refutation.

AVERAGE FOR 100 YEARS.
PERCENTAGE OF MORTALITY.

	Allopathic.	Homoeopathic.	Saved by Homoeopathy.
Cholera	49.57	16.83	66.05
Yellow Fever	43.68	5.33	87.80
Pneumonia	31.22	5.34	82.90
Typhoid Fever	33.95	8.58	74.72
Diphtheria	50.3	11.2	77.73
Erysipelas	8.6	1.6	81.40
Small Pox	33.3	18.5	44.4
Measles	6.3	3.7	41.3
Hydrocephalus	90.	57.	36.6
Pleurisy	13.5	2.5	96.1
Dysentery	22.	3.	89.1
Peritonitis	20.5	4.5	78.3
Scarlet Fever	20.6	2.17	89.6
Croup	78.5	21.5	72.6
Diarrhœa	21.	9.	61.4

General Hospital Statistics—Allopathic mortality, 9 to 10 per cent; homœopathic mortality, 4 to 5 per cent.

Insanity; Percentage of Recoveries—Allopathy, 15.72; Homœopathy, 27.61.

If a more extended discussion of the merits of the two schools of medicine is desired—if, for instance, the theory of the action of drugs is wanted, or the methods of prescribing them by the two schools of medicine are to be compared,

or the history and philosophy of homœopathy is to be more thoroughly investigated, we would refer the reader to the "Essays on Homœopathy," copies of which may be had for the asking from any of our homœopathic colleges, a list of which is given in this leaflet, or from the secretary of the Council of Medical Education of the American Institute of Homœopathy, whose address is also given, and who will be pleased to furnish further light on homœopathy in any of its phases.

To recapitulate and to conclude: We maintain that students of medicine should select the homœopathic system for the following reasons:

It offers all that old school medicine can offer in the medical field, and more, since it adds thereto a knowledge of homœopathic medicine, materia-medica and therapeutics.

It is a scientific system; its practitioners are possessed of knowledge not to be obtained from any other system; its colleges and teaching facilities, laboratories, hospitals, libraries, journals—all institutions of the school—are surpassed by none in the great medical field.

It offers a profession that is not overcrowded, fields that are virgin, opportunities that are waiting fame and fortune to be won. COUNCIL OF MEDICAL EDUCATION.

W. A. DEWEY, *Secretary*, Ann Arbor, Mich.





EDITORIAL SECTION



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The Editor will be in no way responsible for the opinions expressed by individual contributors.

DR. HINDSDALE FOR PRESIDENT OF THE A. I. H. While there does not appear to be any particular struggle for the position of president of the American Institute of Homœopathy at the present time, there is no doubt but what a little more enthusiasm will be generated at the forthcoming meeting in Pittsburg, and many members may desire the honor later in the game. We have heard of many enthusiastic supporters of Doctor Hinsdale, of Ann Arbor, Mich., for this position, and desire to go on record as favoring the candidacy of this excellent gentleman and *homocopath* for the honor.



OWEN BILL. Elsewhere we are printing a full text of the at one time much discussed Owen Bill. Just at present, however, this pernicious piece of political piracy is peacefully slumbering, with good reasons for believing it will not rouse up until—next time. Even then it will look different than in its present garb. It is hardly probable any one would be so silly as to suppose it could escape recognition by its opponents, who will take good care it is properly disposed of.

Our readers should not be misled into believing this incident closed insofar as the American Medical Association is concerned; nor should they look upon this measure as being disposed of for good and all; defeat at the national capitol only means a more determined effort on the part of

the A. M. A., later on, to secure similar laws in the different states, and Colorado will come in for her share. Eternal vigilance is the high price to be paid for all forms of liberty, so keep your eye on the—political doctors.



REMARKABLE RECORD OF RECOVERY FROM EPIDEMIC DANGERS. One of the most remarkable records of miraculous management of a serious epidemic of scarlet fever may be credited to the recent "Citizen's" complete election victory in Denver. Prior to this event the papers were profuse in crediting the prevalence of this contagion to an apathy on the part of the health department; immediately the election over, there appears to be "nothing doing" along that line at all, that is, if one were to judge by anything the papers had to say upon the subject. The whole blame was placed upon the health department for its inactivity in health matters and energy in promoting political affairs. There is one thing certain, and that is, if the new administration succeeds in securing as courteous, considerate and capable head for its health department as Dr. Sharpley ever proved to be, it will have done much towards making good in the minds of all fair-minded people, both of the laity and profession.



ARUDE JOLT. Denver has witnessed, during a very recent period, the utter rout of the promoters of political medicine, in the case of "The People" vs. Bowmann, in which the state (through school officials and the child and animal commissioner) attempted punishment of the defendant for "cruelty" to his child. The cruelty consisted in his refusal to have the child's eyes treated for a defect which capable professional people declared did not exist. The case was dropped—insufficient cause for action and absolute lack of evidence being the cause for discontinuation of the persecution. Unfortunately for the school inspector, the trial did not terminate before that official had been pretty thoroughly grilled by the defendant's attorney. Of course there is nothing notably disparaging to a persistent person in being made the "goat" on an occasion of this sort, nor does it reflect upon one's intelligence that they are not familiar with technical terms, but then you know "the people" are likely to look upon a failure to be familiar with common terms to admit of further ignorance; and a school

board so lax in selecting so-called inspectors with powers of unusual scope, is quite likely to hear something drop later on when elections come due, in case one of their chosen few fail to pass muster in the minds of the masses.



GOOD ROADS CONGRESS. The purpose of the American Road Congress, which will consolidate the annual conventions of the American Association for Highway Improvement, the American Road Builders Association, the American Automobile Association, and the National Association of Road Material and Machinery Manufacturers, is to crystallize the movement for improved highways throughout the United States. The joint congress means the consolidation of the whole road movement, with all the factors, farmers, automobilists, engineers, manufacturers and public officials pulling together in the same direction. It means that there is to be a great single force behind the movement to bring the roads of the United States up to the maximum of efficiency.

Director Page, of the United States Office of Public Roads, who is a member of the executive committee in charge of the arrangements for the joint congress, has prepared figures showing that the improvement of the main highways of the country, constituting about 20 per cent of all public roads, would result in an annual saving of at least \$250,000,000 in the cost of hauling alone. An additional saving would be effected by minimizing the wear and tear on horses, wagons, carriages, automobiles and other vehicles; in the expeditious transportation of crops and the elimination of waste in the shipment of truck farm products. It is estimated that the amount saved annually in the cost of hauling alone would be sufficient to improve 50,000 miles of road at an average cost of \$5,000 per mile. In five years this would improve 250,000 miles of road, which would be sufficient to bring the total mileage of improved highways up to 20 per cent.

It will be shown to the country at the American Road Congress, which is to be held in the fall—the place and exact time to be fixed later—that the figures showing the economic loss to the nation from bad roads are extremely conservative. A system of good roads would benefit the farmer first of all, but every consumer, every taxpayer, and the government itself would be benefited inasmuch as improved highways would result in a more even distribution of population,

cheaper transportation of crops, which would lower the cost to the consumer and give the farmer quicker access to the city markets. The road movement is a fundamental reform and will come to a focus at the American Road Congress.



AMERICAN INSTITUTE FOR DENVER NEXT YEAR. There is little doubt regarding Denver's ability to secure the 1913 meeting of the American Institute of Homœopathy, provided the profession combine in promoting this town's desirability for the meeting, and still less cause for concern, should we succeed in securing the meeting, of our being amply able to give our guests a glorious time. We have the scenery, climate, conveniences and other things to be considered, in such abundance that it is not at all probable any other community would care to contest our superiority for the place.

The logical location for the 1913 meeting is *some* Western town, inasmuch as the meeting of 1915 (Panama Canal Year) has, by common consent, been consigned to the coast; the year preceding that, 1914, will see it housed in some Eastern city, so Denver seems about the only place to be considered for 1913.

The chairman of the Institute committee, appointed at the last meeting of the Colorado Homœopathic Society, met with quite a few of the profession of Denver, at the office of Dr. Swerdfeger, president of the State Society, Saturday evening, May 18th, and while the number present was not just what a meeting with more extensive notification would have been, those who attended and several who were communicated with by 'phone were unanimous in their desire that the invitation be augmented by additional urging on part of officers of the State Society.

The idea seems to prevail in the minds of some that our invitation concerning this matter was the outgrowth of a personal promoting proposition, but we hasten to assure all having such ideas that such is not the case, and, further, if the Institute should come here in 1913 the same open-hearted hospitality so peculiar to Denver will be as much in evidence as upon previous occasions.

Denver needs some propagandizing by a representative body of homœopaths, inasmuch as local talent has exhausted its entire stock of entertainment, so that something more stimulating than anything we have on tap is necessary to cause the profession hereabouts to sit up and take notice.

THE CRITIQUE joins a most cordial invitation to the board of trustees of the American Institute of Homœopathy that they select Denver as the meeting place of the American Institute of Homœopathy in the year 1913, as we feel certain of our ability to show all a good time and afford them unsurpassed opportunity for a right royal period of rest and recreation. The Institute would be willing, no doubt, to furnish everything else necessary in making the meeting one long to be remembered and remarked about.

We publish elsewhere several communications which will be of interest to our readers concerning this matter.



JOIN THE A. M. A. The following has come to our notice and will be read with interest by those of our readers who have been inveigled into joining the A. M. A. under no matter what pretense, as well as those of our school who have been on the verge of succumbing to the siren song of a united profession to get them—not into the A. M. A. so much as to get them away from a homœopathic or eclectic organization.

January 3, 1912.

To the Officers of the Adams County Medical Society:

I hereby make charge that Dr. W. W. Keith and Dr. Amy Robinson, members of the Adams County Medical Society, are each professing to practice sectarian medicine and are each maintaining and continuing to maintain membership in the Nebraska Eclectic Society or Medical Association, which is a sectarian society, and to hold membership therein by any member of the Adams County Medical Society is in direct violation of the promise and conditions made by the said W. W. Keith and Amy Robinson, when they were received as members of the Adams County Medical Society.

I ask that these charges be received, placed on file, and be acted upon, as provided for in Section 7 of the By-Laws of the society.

E. A. WEIR.

We learn that these charges were made to injure the doctor's standing with the State Society, the profession at large and the public in general. The local tool of the A. M. A. has diligently prosecuted on every occasion the eclectic profession, as is characteristic of all the servants of the great octopus.

The fact of the matter is—we know this to be true in the case of Dr. Robinson—that there never was any such condition imposed as to promising to practice non-sectarian medicine.

The doctor, in her reply, hit the proper sore place of the allopathic school when she said: "I would prefer to save the

life or health of a patient, when possible, by eclectic remedies than to confine myself to so-called non-sectarian treatment to the detriment of the patient."

This case well illustrates our contention, namely, that the allopathic school is using every endeavor to inveigle our physicians into their organizations, not because they want them, not because of any fraternal spirit, but because by so doing they weaken our own organizations, and, having done this, they promptly bring charges, or in some way ostracise them and kick them out. Nor are their methods above suspicion. We have received invitations to join where there was nothing said as to sectarian medicine, as was evidently the case in this instance, but the old blue law is on the statute books and can be conveniently resurrected at any time.

Our profession and our societies have been always tolerant, we have welcomed members of any society of any school of medicine, with the feeling that by coming with us they would see the benefits of our system of medicine, and many of them have done this and became strong friends and practitioners of homœopathy. However, we believe that those of our school who join the A. M. A. to be popular and in the swim, and for revenue only should be promptly dropped from our societies.—*Medical Century*.

THE CRITIQUE will continue to insist that all such as assume to carry water on both shoulders by joining old school and homœopathic organizations show such slight regard for either that they are neither ornamental nor useful to one nor other of the two. Colorado has several "horrible examples" of this class which do credit to neither of the organizations they so unbecomingly adorn, and we shall continue in our contention that so long as such people are permitted to display such pernicious depravity and "get by" unrebuked, that homœopathy will never advance in the estimation of the public any beyond its present position, which, to say the least, is not at all enviable.

Those of our aspiring colleagues who declare they were never "approached" regarding their relinquishment of sectarian sentiment, are scheduled for a shake down similar to the one coming to Drs. Keith and Robinson. THE CRITIQUE approves *Medical Century's* conclusion of its editorial and hopes all homœopaths who have hooked up with so-called "regular" societies will be promptly dropped from our societies, and we will add, also, "fired from all political positions" obtained under false pretenses.

CONFLICT OF AUTHORITY AND OPINION. The function of a state medical examining board is to protect the citizens of the state against misrepresentation and fraud in the practice of the healing art. Far from exercising this obligation, the various composite state boards are used to protect the professional interests of the cult that dominates these boards and to retain the advantage already gained by political preferment. The interests of the citizens of the state are constantly made secondary to the safeguarding of orthodox practice.

A case in point is that of a southern state, where the homœopaths and other "sectarians" have insisted upon their right to separate boards of examiners.

Some months ago Dr. J. N. McCormack called (in company with a state representative of the American Medical Association) upon Dr. S., president of the homœopathic board of examiners of that state, and submitted a proposition looking to the formation of a single, or composite, board.

He gave as his reason for urging the change that by a combination of interests the legitimate doctors could prevent quacks and fakers from practicing in that state. Dr. S. challenged Dr. McCormack to point out a single instance of a faker now practicing in that state who had been licensed by any of the "sectarian" boards, homœopathic, eclectic or osteopathic, and bluntly informed the astute representative of the American Medical Association that since, on the contrary, every faker in the state had received his license to practice from the board maintained by his (McCormack's) organization, that the homœopaths, at least, were not willing to share the responsibility of such conditions and refused to give further consideration to the plan of absorption advanced by the organizer of the American Medical Association.

It is clearly evident that fraud, quackery and rascality in the healing art cannot be obliterated except through the simple process of holding each system responsible for such practices when carried on under its particular banner, and this responsibility cannot possibly be placed until each system shall be given its own examining board and subsequently held strictly accountable to the state for every violation of the trust in question.

While it is the function of a state board of medical *examiners* to protect the people from fraudulent practices, it is, on the other hand, the distinct function of a state board of HEALTH to protect the community from contagious and infectious diseases, and for either of these boards to claim the right to trespass the activities of the other is bald impudence.

Certainly the best interests of the community are not conserved when its state board of health is dominated by bigots who contend that all other systems of healing than their own are fraudulent and untrustworthy, and who hold that the community should convey to them the power to pass upon the qualifications of practitioners of all alien methods of healing. And yet, in many of the states, the board of examiners is a component part of the health board, and no distinction is made between the conservation of communal health and the practice of the healing art, and it were just as plausible to assume that those officers of the state whose duty it is to protect the community at large against an invasion of crime or sin should also be given the power to pass upon the qualifications and credentials of preachers and sociologists who would practice their corrective measures upon such of the citizens as desired them.

It may be that Christian Science is a menace to the community, but the antagonistic allopath shall not decide that question for the community; it may be that osteopathy is a menace to the people, but the competing homœopath is not the one to pass final judgment here; it may be that homœopathy is a menace on general principles, but the jealous allopath who now, as ever, insists that it is "quackery," "fraud" and "charlatanism," must learn that impartial, individual citizens, and not he, shall pass upon the merits of this and every other method offered for the relief of their ailments.

Contrary to such dogmatism and injustice, let organized allopathy pass upon the proficiency of candidates for the practice of that method or system; likewise homœopathy upon homœopaths, eclecticism upon eclectics, osteopathy upon osteopaths, and Christian Science upon Christian Scientists. When this just and equitable policy shall have been adopted, each system will find that it has enough to do to look after its own integrity, that fraud and rascality may not be practiced in its name.—LEWIS PINKERTON CRUTCHER, M.D.,
315 Fourth Avenue, New York City.

MISCELLANEOUS

No meeting of the Denver Homœopathic Society last month, consequently no new officers elected.

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Don't forget to say a word for Denver when you talk American Institute location for the 1913 meeting.

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Dr. J. Richey Horner's son is a guest at Nordrach ranch near Colorado Springs. His home is in Cleveland, Ohio.

* * * *

A recent epidemic of scarlet fever in Denver was caused by too much politics, so some of the city papers say. Really too bad.

* * * *

Repeated requests for February and March numbers of *THE CRITIQUE* necessitates our saying that not a copy of these issues are on hand.

* * * *

Denver had one of the worst snow storms of the season on the 13th of last month. Anything personal in this reference to the 13th?

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From all appearances it is evident the *profession* of Colorado are intent upon securing the 1913 meeting of the American Institute of Homœopathy for Denver.

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It is rumored the Owen bill has been given a sleeping powder of unusual strength. Never mind, something else will be brought to the surface to take its place.

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Dr. William G. Gillispie has moved from Morrisonville, N. Y., to Schoharie, same state. He ordered his copy of *THE CRITIQUE* changed to the latter address, of course.

* * * *

The thirty-first annual announcement of the Hahnemann Medical College of the Pacific, 1912-13, has been received. That institution appears to be in a flourishing condition.

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We have received copy of "Municipal Ordinances, Rules and Regulations Pertaining to Public Hygiene." The noticeable uniformity of these same leads us to surmise the source.

* * * *

Miss Dietz, daughter of Dr. Dietz of Hazleton, Pa., was a professional visitor at the editorial office the fore part of last month. Was on her way home from a pleasant sojourn on the coast.

* * * *

We hope Dr. Dienst will "come across" with his paper presented at a recent meeting in Chicago, subject of which was "Therapeutics of Pneumonia." This is to warn him our readers expect it.

* * * *

When Dr. Harvey W. Wiley began treading on the toes of "Food Food" manufacturers, a board of experts was created to pass upon some of his decisions. In two and a half years this Board has decided that Dr. Wiley was wrong on his benzoate of soda question but right in condemning saccharin. It has cost the public a good deal to learn that there is a difference of opinion as to the harmfulness of the use of benzoate

of soda in foods, as may be judged from the following salary and expense accounts from March, 1908, to December 31, 1909; Dr. Ira Remsen, \$11,361 salary and \$4,040 expenses; Dr. Russell H. Chittenden, \$13,709 salary and \$5,769 expenses; Dr. Christian A. Herter, \$9,822 salary and \$3,518 expenses; Dr. John A. Long, \$15,685 salary and \$8,473 expenses; Dr. A. E. Taylor, \$9,730 salary and \$4,419 expenses. Since 1909 \$50,000 has been appropriated each year for salary and expenses.—*North American Journal of Homoeopathy.*

* * * *

A postcard bearing "greetings from Ireland," and signed by Dr. J. G. Locke, was our first intimation that the doctor had "crossed over" Hope he will enjoy the trip and we are sure there are a lot who will help us hope.

* * * *

Mrs. Dr. W. F. Burg was operated upon at St. Anthony's hospital the 15th of last month and THE CRITIQUE is pleased to say that at this writing, May 18th, is much improved. We hope to hear of her speedy recovery to complete health.

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We regret very much to learn of the continued illness of Dr. J. C. Holloway, associate editor of THE CRITIQUE. A letter of recent date indicates some improvement and it is sincerely hoped the same will continue and remain indefinitely.

* * * *

Dr. J. W. Harris and wife sailed for Europe the 20th of last month so the secular press announces. They shipped their touring car to a point in France from which place they will "motor" to their heart's content. THE CRITIQUE wishes them a joyous journey.

* * * *

Several communications appear in this issue; among the number are two from Dr. C. E. Fisher, Sterling, Colorado, *re* Denver as the meeting place of the American Institute of Homoeopathy in 1913. All voting affirmatively will signify it by saying "aye," and put up accordingly.

* * * *

Dr. George G. Starkey, Chicago, Ill., announces the removal of his office on May 1, 1912, to 1138 East Sixty-third street (near Lexington avenue). On account of special work during the summer, until further notice, the office hours will be only from 7 to 8:30 p. m. Mornings and on Sundays by appointment only. Telephone Midway 4307.

* * * *

According to an ordinance adopted by the Wichita, Kansas, city council, May 29th, 1911, it is considered a misdemeanor punishable by a fine of from \$5 to \$100 for any person, firm or corporation "to distribute samples of medicines, foods or other proprietary preparation by handing them to persons in the parks, streets or other thoroughfares."—Good.

* * * *

Persons who carry a wad of paper money should dust off the germ-carrying greenbacks each morning, thinks the state board of health.

A resolution was presented at a meeting of the board last night calling attention to the fact that bills passing from pocket to pocket carry disease germs and should be subject to fumigation.

It is believed, however, that if they are carefully dusted each morning it will lessen the danger considerably.—*Daily Paper.*

* * * *

We are indebted to Dr. W. A. Dewey for several much appreciated copies of reprints of his article "Some Diphtheria Statistics." We would suggest that the profession in general secure a sufficient number of such as will supply their patrons with this information. When one stops to consider that the best statistics of anti-toxin have never equalled the

worst mortality rate of homœopathic treatment, it is high time the general public be placed in possession of such indubitable information.



The fifty-eighth annual session of the Homœopathic Medical Society of the state of Ohio was held at the hotel Algonquin, Dayton, Tuesday and Wednesday, May 14th and 15th. Aside from the fact the program bore a bright red cover, other indications lead to the prediction that it was a session of unusual interest and importance and that those fortunate enough to be present were amply repaid for time and trouble taken. The program was complete in every detail and called for opinions from capable men, and there are a lot of just such in Ohio.



FROM THE PUBLICITY DEPARTMENT, AMERICAN ROAD CONGRESS.

President Taft has consented to serve as the honorary president of the American Road Congress, which is to be the combination of the big conventions of the American Association for Highway Improvement, the American Automobile Association, the National Association of Road Material and Machinery Manufacturers and all their affiliated organizations. The congress is to be held next fall, either in September or October, the exact time and place not yet having been determined.

The President has agreed to act as honorary president because the congress is designed to crystallize the road movement in the United States. All the associations which are to participate in the congress have previously been holding individual conventions. All have been working whole-heartedly, but in different ways, for the improvement of the roads of the United States. The congress will bring all factions together. It will line up the farmers with the automobilists; the state road authorities with the Federal authorities; the manufacturers with the engineers; the scientists with the laymen.

Every interest working for a better system of public roads in the United States will be represented at the American Road Congress, which is expected to be one of the biggest conventions, outside those of a political nature, ever held in this country. With the American Association for Highway Improvement alone, nearly one hundred state, county and Automobile Association, hundreds of automobile organizations are affiliated. All these will be represented at the Congress. The Automobile Association will arrange for automobile tours to the convention city and will play an important part in the convention. Certain days of the week will be set aside for the special program of the A. A. A. and the automobilists who will be present will be thoroughly informed as to the various types of road best adapted to their uses.

The United States Office of Public Roads has arranged to present a complete exhibit of all its electric models, showing road machinery at work, and models showing the various types of road. There will be stereopticon views and lectures by experts. President Taft, as honorary president of the congress, will make an address. The other speakers will include some of the leading government officials, diplomats, engineers and railroad automobile men. The convention will last a week and there will be a program for the entertainment of the distinguished guests.

The great economic principle at the basis of the educational work of the American Road Congress is that money invested in the public roads makes annual returns almost as great as the money originally expended. The officials of the congress have prepared figures showing that the improvement of the main highways of the country, constituting about 20 per cent of all public roads, will result in an annual saving of at least \$250,000,000 in the cost of hauling alone. It is estimated that

“the basic value of a remedy is the result which it produces.



Laboratory demonstrations may prove the purity, or the component parts of a product but by therapeutic application and clinical observation, must its true value as a remedy be determined.

Upon the basis of clinical manifestation of dependable uniformity, the value of antiphlogistine has been established and most generously acknowledged by its extensive employment.

In inflammatory and congestive conditions, antiphlogistine has proven of particular service and as a seasonable suggestion, its application thick and hot, well protected by suitable covering, to sprains, strained or stiffened tendons so prevalent during vacation time, will afford the patient relief from pain and an early use of the part.”

the amount saved annually in hauling alone would be sufficient to improve 50,000 miles of road at an average cost of \$5,000 per mile. In five years this would improve 250,000 miles of road, which would be sufficient to bring the total mileage of improved highways up to the required 20 per cent. The increase in land values is another important factor that will be dwelt upon at the congress.



AMERICAN MEDICAL EDITORS' ASSOCIATION.

The following papers will be presented on June 1st and 3rd at the meeting of the above society at Marlborough-Blenheim Hotel, Atlantic City, N. J.:

"The Advisability of Newspapers and Magazines Having Medical Editors on Their Staffs," by Edgar A. Vander Veer, M. D., Albany, N. Y.

"False Values in the Practice of Medicine," by H. Edwin Lewis, M. D., New York.

"Science in Personal Journalism," by T. D. Crothers, M. D., Hartford.

"Eugenics in the Medical Magazines," by C. H. Hughes, M. D., St. Louis.

"The Province of the Editor in Medical Journalism," by W. B. Snow, M. D., New York.

"Commercialism," by C. F. Taylor, M. D., Philadelphia.

"Research Work in Life Insurance Medicine," by Invitation, Fred' L. Hoffman, Newark. (Statistician Prudential Ins. Co.)

"Shifting Medical Conditions Confronting Medical Journalism," by invitation, E. A. Ayres, M. D., (Prof. Emeritus Obstetrics, New York Polyclinic.)

"Medical Journalism from a Dis-Interested Standpoint," by Albert E. Sterns, M. D., Indianapolis.

"What Doctors Read and Write," by Edwin Reissman, M. D., New York.

"Independent Medical Journalism and the Task of the Independent Editor of Today," by W. J. Robinson, M. D., New York.

"Defferential Diagnosis Between the 'Write-up' and an Honest Article on a New Remedy," by invitation, H. S. Baketel, M. D., New York.

"The Medical Editor of a Daily Newspaper, His Duties and His Educational Opportunities," by A. S. Burdick, M. D., Chicago.

"Medical Expert Testimony," by R. B. H. Gradwohl, M. D., St. Louis.

"Book Reviews," by Arnold Snow, M. D., New York.

"State Board Examination Questions and Answers in Medical Journals," by Hills Cole, M. D., New York.

"Subscription Getting," by G. Strobach, M. D., Cincinnati.

"Laboratory Experiments Versus Clinical Experience as a Method in Determining the Therapeutic Value of a Remedy," by John W. Wainwright, M. D., New York.

"Anonymous vs. Personal Journalism," by Charles A. Wingerter, M. D., Wheeling, W. Va.

"Subject to be Announced," by W. A. Young, M. D., Toronto, Can.

"How the Medical Press Can Cooperate with the Manufacturers for the Proper Introduction of New Materia Medica Science and Brands of the Same to Commerce," by invitation, F. E. Stewart, Ph. G., M. D., (Prof. of Materia Medica, School of Pharmacy, Medico-Chirurgical College, Philadelphia.)

CHICAGO LETTER.

Dr. A. L. BLACKWOOD is on the sick list.

Dr. C. E. SAYRE has moved his residence to 3903 Ellis Ave., Chicago.

Dr. CARL DIENST opened a down town office in the Mallers Building, May 1st.

Drs. JOHN B. MATHESON and W. H. DIFFENBAUGH, Hahn, '12, expect to locate in Chicago.

Dr. G. G. STARKEY moved his office May 1st from 420 W. 63d Street to 1138 E. 63d Street, Chicago.

Dr. MINNIE RIDGWAY BISHOP has returned to Chicago after spending several weeks' vacation in Bermuda.

Dr. A. H. GRIMMER moved his office to the new Mallers Building, corner of Madison Street and Wabash Avenue, May 1st.

Dr. E. H. PRATT's semi-annual clinic, held in Hering Medical College, in April, was attended by many out of town physicians.

Dr. A. O. ELLISON, Hering, '11, will locate in Chicago after he completes his internship in the Chicago Homœopathic Hospital.

Dr. C. E. SAYRE and Dr. E. T. WHITE have offices in the Chicago Savings Bank Building, 7 W. Madison Street, since May 1st.

Dr. LEON LEWIS, Hahn, '10, was a recent Chicago visitor. Dr. LEWIS has been an interne in the Buffalo Homœopathic Hospital, Buffalo, N. Y.

The four post-graduate students from England who have spent the winter at Hering College have returned home and are enthusiastic for Homœopathy.

THE REGULAR HOMOEOPATHIC MEDICAL SOCIETY held its April meeting in Hering College. Papers were presented by Dr. E. A. TAYLOR and Dr. E. H. PRATT.

Dr. A. W. McDONOUGH, Hahn, '10, What Cheer, Iowa, is pleased to report the arrival of a new baby girl in his home. Dr. McDONOUGH recently moved to What Cheer from Harper, Iowa.

THE HERING MEDICAL COLLEGE, Chicago, will be glad to send its catalogue to all who desire it. If you want one please send request to the Asst. Registrar, Dr. W. W. SHERWOOD, care Hering College, corner Wood and York Streets, Chicago.

THE ENGLEWOOD HOMOEOPATHIC MEDICAL SOCIETY has elected the following officers for the coming year:

President, Dr. D. M. McMULLEN.

Vice President, Dr. L. F. INGERSOLL.

Secretary and Treasurer, Dr. BEERS.

The April meeting of the CHICAGO HOMOEOPATHIC MEDICAL SOCIETY was held as a banquet at the Sherman House. The following new officers were elected:

President, Dr. GUY CUSHING.

Vice President, Dr. BELLE GURNEY.

Secretary, Dr. THEODORE BACHMEISTER.

The program was furnished by Drs. FRED WOOD and E. J. GEORGE.

THE ILLINOIS HOMOEOPATHIC MEDICAL ASSOCIATION held its annual session May 14th, 15th and 16th at the Sherman House, Chicago. The meeting this year was unusually good, there being a much better Homœopathic spirit than in many years past.

THE HERING MEDICAL COLLEGE, Chicago, is already planning for next year's work and will offer an unusually good course to its students.

Doctor, please be on the lookout for students and send them to Hering where they are taught Homœopathy in all departments.

Dr. T. G. ROBERTS has discontinued his down-town office and will hereafter see all patients at his residence, 814 East 42d Street.



PENNSYLVANIA STATE NOTES FOR JUNE 1912.

INSTITUTE MEMBERSHIP: Your last chance to join the Institute, Doctor. The membership list to be handed in for the state of Pennsylvania is about completed. You still have an opportunity if you have delayed sending in your application blank, by doing so at once. Pennsylvania must make a formidable showing at the Institute meeting on the 16th of this month, and the committee is more than anxious to present your name with those about to be presented. Misplaced your application blank? More for the asking. Write at once, and there will still be time. If you are already a member of the Institute, it is your paramount duty to see that you secure your neighbor as a new member for the Institute. The strength of an organization is measured by its members. Pennsylvania's organization as a state society is unquestionably the foremost among the Homœopathic state medical societies in the union, and it should be Pennsylvania's aim to see that she is more than ably represented on the membership role. Do it now, and know that you have been loyal to the Homœopathic cause, which is nothing more or less than what is expected of you. Forward application blank with check for \$5.00 to the undersigned, which includes everything for the first year, reminding you of the Institute Journal, which comes to you monthly.

RALPH BERNSTEIN, CHAIRMAN,
37 So. 19th Street, Philadelphia, Pa.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, on Thursday evening, April 11th, 1912, at 9 o'clock. The scientific program of the evening consisted of the following:

"Drug Pathogenesis and Homœopathy".....	Dr. Wm. A. SEIBERT
Discussion	Dr. A. KORNDORFER
Discussion	Dr. O. S. HAINES
Discussion	Dr. E. L. NESBIT

The meeting was a very interesting one, and was well attended.

WM. M. SYLVIS, M. D., *Secy*

THE GERMANTOWN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the Majestic, Broad and Girard Avenue, on Monday the 15th of April, 1912, at 9 o'clock in the evening. Dr. THEODORE J. GRAMM told of "The Thermo-Cautery Treatment of Inoperable Carcinoma Cervicis Uteri and Its Results," which proved very interesting, and was enjoyed by all present.

LANDRETH W. THOMPSON, M. D., *Secy*.


THE HOMŒOPATHIC MEDICAL SOCIETY OF THE 23RD WARD held its regular monthly meeting on Wednesday, April 17th, 1912, at the office of Dr. WM. ERWIN, 4844 Cedar Avenue. A very interesting paper was read on "Retro-uterine Displacement." The meeting was well attended and enjoyed by all present.

J. D. BOILEAU, M. D., *Secy*.


PERSONALS: Dr. W. NELSON HAMMOND announces the removal of his office to 313 Weightman Building, 1524 Chestnut Street, Philadelphia, Pa.

Dr. DANDOLO MATTOLI announces the removal of his office to 52. Via Montebello, Florence, Italy.

Dr. F. W. KOONS announces the removal of his office to Cor. Shiloh and Sycamore Streets, Pittsburg, Pa.



SPECIAL ARTICLES



THERAPEUTICS OF PNEUMONIA.

By GEO. E. DIENST, M. D.

THIS DREADED DISEASE loses much of its virulency when properly treated. The death rate has been enormous. The very thought of pneumonia is startling; the results of pneumonia in so many instances, after recovering, has been one continued series of ailments. Under true homœopathic treatment many deaths might be avoided and the lingering results very much modified. Before taking up the study of the remedies in this disease, let me say that the principal remedies in the early stages are *aconite*, *gelsemium*, *phosphorus* and *veratrum viridic.* The principal remedy in the first stages of the majority of cases is *aconite*. If the stage of *aconite* has past before the case is seen very frequently, *bryonia* is the remedy that may be needed. If hepatization should already exist before the physician is called in, *aconite* and *bryonia* may still be of great use, but the principal remedy is *sulphur*. If the patient is in danger of suffocation by extreme hyperæmia of the lungs, you will need *aconite* or *squilla*.

For great dyspnœa in the first stage, you will think of *antimonium tartaricum*.

For violent congestion of the brain, your first thoughts will be of *atropine*, *belladonna*, *glonoine* and *lach nantes*.

For severe stitching pleuritic pains, *arnica*, *bryonia* and *kali carbonica* call for consideration. Marked cerebral symptoms call for *belladonna*, *bryonia* and *hyoscyamus*.

For copious mucus in the first stages of the disease you will think of *squilla*.

For brain symptoms resulting from resorbption of pus, your attention will be directed to *rhus tox*, *lachesis* or *sulphur*.

For neglected or long-drawn-out cases many remedies may be indicated, but you will not forget to study carefully *kali carbonica* and *sulphur*.

For very copious, purulent expectoration you will turn your attention to *arsenic*, *lycopodium* and *phosphorus*.

For threatened paralysis of the lungs your attention will be drawn to *gelsemium*, *phosphorus* and *antimonium tartaricum*.

For threatened gangrene, you will direct your attention to *arsenic* and *carbo vegetabilis*.

Let us now turn our attention to a study of some of the most important remedies in the treatment of this very prevalent and very often fatal disease.

Our first remedy is *aconite*, and your key to the use of this remedy will be *pulmonary hyperaemia*. The concomitant symptoms found in this remedy are chills of more or less severity, followed by intense fever, hot, dry skin; accelerated, labored, infrequent respiration, with restlessness; palpitation; fear of death; hard, painful, dry cough; soreness and heat in the chest; and during the second stage there is burning, shooting or tearing pains in the chest, with painfulness to external pressure; oppression and acceleration of respiration; sense of weariness and exhaustion in the chest. The sputa is thin, frothy and tinged with blood. Percussive sounds may be clear, but crepitating rales are distinctly audible.

Ammonium carbonicum—This remedy is little used and really less known by many physicians. Your key to the remedy will be *broncho pneumonia* of the aged. The concomitant symptoms are great debility, with symptoms pointing to the formation of a heart clot; there is much rattling of large bubbles in the chest; the sputa is thin, foamy, adynamic; incessant cough and copious expectoration, excited as if from down or feathery substances in the larynx, and is usually worse about 3 to 4 a. m., and is followed by great exhaustion, particularly when complicated with coryza or influenza.

Antimonium tartaricum—This is a wonderful remedy. Your indications for this remedy will be in *pneumonia biliosa*, with hepatic congestion; pleuro pneumonia; broncho pneumonia; pneumonia of drunkards; dyspnea, with desire to cough; and, if the chest is full of mucus, there is an inability to bring it up. The concomitants are such that the thoughtful physician cannot very well mistake. It is indicated in pleuro-pneumonia when parts of the lungs are hepatized and fine rales are heard over the hepatized part; with this we find great oppression of breathing towards morning, often so severe that the patient must sit up to breathe. In broncho pneumonia it is particularly useful in the second stage when resolution has set in, but fails, and oppression and prostration prevail. At first we find the sharp stitching pains of *bryonia*, but these pains have ceased and now mucous rales are more distinctive over the chest, with an extreme want of breath, hollow cough, with heat and moist hands, which tremble on extending them, and sweat on forehead. There is vertigo, with dimness of vision and pressing headache; the eyes are congested, staring, half open, or one closed; the face is red and flushed, or it

may be cool, pale and sallow; the nostrils are dark, sooty, dilated; the mouth is open and parched; the tongue is dry and brown; there is great thirst, with tendency to diarrhœa or the existence of diarrhœa. In pneumonia of drunkards, with bilious complications, we often have jaundice, meteorism, nausea and vomiting; typhoid complications; oedema of the lungs; impending paralysis of the lungs or of the heart. A marvelously effective remedy in pneumonia of infants and of old or cachetic people.

Arsenicum—The marked indications for *arsenicum* are extreme prostration, clammy perspiration, raging thirst, drinking but little and often. This, however, is not an unerring guide, and unless we have the concomitants, some other remedy may also be indicated. When, with this, however, we have shortness of breath on the slightest exertion; dry, dark tongue and lips, with tendency to diarrhœa; singing and buzzing noise in the ears; tendency to colliquation; threatening gangrene of the lungs, with ichorous expectoration, which is fetid and often of a dingy green color. It is especially useful in sudden œdema of the lungs, with passive hyperemia, caused predominantly by defects of the right side of the heart. It is to be thought of in pneumonia of old people, in pneumonia from repurcussed eruptions, in asthmatic persons, hypostatic pneumonia, pneumonia notha in old people, with danger of paralysis of the lungs, and all conditions worse after midnight, particularly around 2 a. m.

Arsenite of Antimony—This remedy is little used by the common practitioner of today, and yet it supplies the need in pneumonia which cannot be taken by any other remedy. It is especially useful in pleuro-pneumonia, especially when affecting the left side *with recent or old exudations*, and chiefly in desperate cases which threaten asphyxia.

Belladonna—Two things point predominantly to *belladonna* in pneumonia. The first is in cerebral complications, and, secondly, where the complication has assumed a typhoid nature from the start.

Now, in addition to this, if you have this trouble in young persons of full habit; temperature high; skin intensely hot to touch; face pale; eyes congested; great nervousness and restlessness; insomnia; delirium or threatening convulsions; tickling, dry cough—worse at night; pressing pain in the chest, with shortness of breath affecting the heart; pulse accelerated, often full, hard and tense, aggravated by lying on the left side; and, to this, you have picking at the bed clothes, mottled redness of the face, pulse small and soft in typhoidal compli-

cations, intense and constant delirium, you have a good picture of *belladonna*.

Bromium—This remedy, having an affinity for the right side, is thought of when pneumonia affects the lower lobe of the right lung, or in lobar-pneumonia. Now, with this, to make our picture complete, we have a sensation as if the patient could not get enough air into the chest; there is a feeling of exhaustion and weakness in the chest, with a sensation of constriction which impedes respiration, with dry tickling cough; hepatization of the lower lobe of the lungs; nose bleed. Emphysema following pneumonia; cannot lie down at night; fears he will suffocate; cold feeling in the chest, with loose cough night and day, but no expectoration. *Suffocation* is the marked indication.

Bryonia—This remedy is the sheet anchor in the practice of many physicians, and when indicated, no other remedy can take its place. The key to this remedy is *pains ameliorated when lying on the affected side*. This is quite different from *belladonna*, where the pains are *aggravated* by lying on the affected side. Pleuro-pneumonia; dry, croupous pneumonia, when hepatization or stage of exudation has set in; pulmonary oppression, with feeling of anxiety; heavy pressure just over the sternum; bruised feeling and shooting pains in the chest, aggravated by motion. The cough is hard and painful, but the expectoration is viscid, tenacious and very frequently of a brick dust color. The breathing is abdominal; the tongue foul; constipation, gastric catarrh and a thirst for large quantities of water at lengthened intervals.

Cannabis Sativa—This is a remedy you must think of in infantile pneumonia, especially in the late or the third stage; that is, the stage of absorption, where the deposit is limited to the lower portion of the lungs, with greenish expectoration, delirium during fever and green bilious vomiting. In infants, where this stimulates meningitis with high fever and delirium, the lung lesion often limited or confined to the apex of the lung. In connection with this, the cough is frequent, dry and teasing; furthermore, it is especially thought of when this trouble is complicated with diseases of the heart and of the larger blood vessels.

Capsicum—This remedy is little thought of in pneumonia, and yet there are two things, together with their concomitants, which lead us to think of this remedy in pneumonia, and, indeed, it does a work which no other remedy can do when it is indicated.

First, it is indicated in that form of pleuro-pneumonia where we have a dirty brown, but not a rusty, sputa.

Secondly, in that form where, when coughing, the air from the lungs causes a strange offensive taste in the mouth. One of the characteristics of this remedy is *very fetid air rises from the lungs when coughing*. In connection with this symptom and condition we have cough aggravated when lying down, relieved by drinks of cold water, and yet the cough is excited by drinking coffee. It is so severe and persistent that it prevents sleep at night. In severe cases we have a general cyanosis, with burning, biting heat objectively apparent, with burning heat in the air passages. During cough, there is splitting pain in the head; drawing or stinging pains in the sides of the chest; stitches in the back and bladder; pressing, ulcerating pain in the neck and ear, and cough aggravated from any draft, warm or cold; after warm drinks, and from depressing emotion or exposure.

Carbo animalis—This remedy is indicated in the last stages of pneumonia and suppuration of the right lung, aggravated by lying on the right side. With this we have a suffocating, hoarse cough, producing shaking of the brain, as if the brain were loose in the head. Like *bromine*, there is a cold feeling in the chest, expectoration of green purulent and horribly offensive sputa coming from the right lung, and a *sensation of smothering as soon as he closes his eyes*.

Carbo vegetabilis—Like most other carbons, this remedy has a marked sphere of action. The leading indication for this remedy is impending paralysis of the lungs. The peculiar features of this remedy in pulmonary disturbances are spasmodic cough, with deep, rough voice or loss of voice—aphonia; decided burning in the chest; profuse, yellow expectoration, especially in the aged patient, with a great deal of rattling in the chest; dyspnoea, aggravated on turning over in bed and on dropping off to sleep; great prostration; dry tongue, with little or no thirst; foul, decayed diarrhoeaic stools; the breath is foul and the patient craves fresh air; there is a decided foulness of all secretions; pneumonia, complicated with affections of the right heart, or in emphysematous patients with old bronchial catarrh; in old chronic coughs, where the patient seems to suffocate when lying down to sleep at night. This remedy, though it may not cure, often brings marked relief and prolonged life.

Cheledonium—In thinking of this remedy in pneumonia, also think of hepatic complications or symptoms. One of the marked features of *cheledonium* is *violent stitching pains*

in the right lung, going to the lower edge of the right shoulder blade. It is one of the leading remedies in infantile pneumonia and capillary bronchitis, where hepatic symptoms prevail. It is not to be forgotten in that form of pneumonia known as pneumonia biliosa. The symptoms are: great oppression of the chest; fan-like expansion of alæ nasi, similar to that found in *lycopodium*; one foot hot, one foot cold; quiet delirium, mostly at night, followed by lethargy, which continues during the day. Grayish, yellow, sunken, sallow features; heat in the face, with dark red cheeks; sudden restlessness of limbs, the feet moving voluntarily; severe chills, followed by heat and sorrowful, anxious mood; irregular palpitation of the heart, with dry, yellow stools; hollow, short, exhaustive, racking cough, with forcible ejection of small lumps of mucus, or we may have an inability to raise or dislodge the mucus; straining cough, aggravated in the morning with expectoration from deep down in the lungs.

We tarry here long enough to say that it is impossible, in the brevity of this paper, to give all of the remedies so necessary in the various conditions found in pneumonia, and therefore we beg to be pardoned by giving only such as are most frequently indicated and have the widest range of usefulness.

Aurora, Illinois, June 25th, 1912.

TO BE CONCLUDED.



THE DELAWARE COUNTY HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the office of Doctor J. F. Van Keuren, 312 E. Broad Street, Chester, Pa., on Thursday, May 16th, 1912, at 3:30 P. M. Doctor J. W. Frank, Radiologist to the Hahnemann Hospital, Philadelphia, presented a paper on "The Uses of the High Frequency Current with Demonstration," which was enjoyed by all present. The election of officers for the ensuing year then took place, after which refreshments were served.

GEORGE C. WEBSTER, M. D., *Sec'y.*

THE GERMANTOWN HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the Majestic, Broad and Girard Avenue, on Monday, the 20th of May, 1912, at 9 o'clock in the evening. Doctor Bradley told of Cancer of the Stomach, which was very interesting, and was enjoyed by all present. The Censors reported the following names: Dr. Hugh M. Shannon, Hahnemann 1907, Dr. Deacon Steinmetz, Hahnemann 1905.

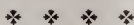
LANDRETH W. THOMPSON, M. D., *Sec'y.*

THE CLINICO-PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Saturday evening, May 18, 1912, at 8:30 o'clock. A paper on "The Necessity of the General Practitioner" was read by Doctor Joseph C. Guernsey, and one on the "Report of Results of Injection of Salvarsan" in fifty-two cases was read by Doctor J. M. Kenworthy. A number of interesting clinical cases were presented. The meeting was well attended and enjoyed by all present.

BENJ. K. FLETCHER, M. D., *Sec'y.*

ASSOCIATE EDITOR'S CORNER

JMUST APOLOGIZE to our readers for the brevity of recent articles, though this is one of the graces in a public writer. I have not been able to write much, and am not now able to continue the series, but will give a few jottings, with the promise to renew the series, "The Technique of Prescribing," later on. A series calls for more time and thought and meditation, but jottings just slide off of the surface of the gray matter. My case is now in the capable hands of Dr. G. E. Dienst, of Aurora, Ill., and Dr. J. T. Kent, of Chicago. Knowing their skill and the power of homœopathy, I take courage.



ACCORDING TO A PAPER read in the recent state society of Illinois, said to be homœopathic, by a physician professing to be a homœopath, God made a lamentable blunder in creating man with tonsils. These organs are such germ catchers when diseased, and spread disease to such an alarming extent, that they must be extirpated root and branch. And that portion of the profession fully "up to date" are now exhorted with some show of zeal and enthusiasm to not wait for disease, but cut them out; for they are perfectly useless, whether diseased or not. A better reason, not given in the paper, however, is that such "homœopaths" *cannot cure them*. The highest aspiration some homœopaths seem to have is to learn how to whistle an allopathic tune.

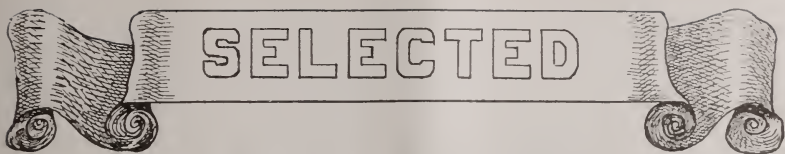


AMONGREL is one who met with disappointment in learning homœopathy, and goes about in his professional capacity disappointing others. He is a *mixed breed*; he tries to both pace and trot, and cannot do either. He is an *allopathic-homœopath*; but he is so inferior to regular allopaths that allopathic patrons do not want him; and his words and deeds are so stamped with mongrelism that he cannot fool the homœopathic public at all. He is a misfit all around. He ought to resign before the vote is taken, and set up a shop with a sign like this: *All sorts of work done here that belongs to no one trade in particular.*

THE REAL HOMŒOPATH is one who believes in the homœopathic philosophy; who believes in homœopathic *principles*; who perceives the power of dynamic medicines; who administers the single remedy and the minimum dose; who honestly tries to conform to the teaching of the Organon in his daily practice, and who will never sacrifice his high calling as a homœopathician in order to gain allopathic recognition. He familiarizes himself with the doctrines as taught by the founder, and is never ready to repudiate them until he has imitated him with *exactness*. He grows in proficiency and eminence in the ratio that he understands and follows the Organon and Chronic Diseases. He commands general respect by his consistency, patronage by his art and skill, and the largest fees by his unparalleled success.



YOU HAVE LEARNED ENOUGH about the testing of drugs to know that the human system is very sensitive to the action of medicines. Thousands of doctors who employ crude drugs are prescribing today for conditions produced by the medicines they gave yesterday or last week, and they do not know it; and their patients do not know it. The organs and functions that are healthy, they *make sick* by their crude drugs and "heroic" doses. If the patient is suffering pain, they administer an opiate. This throws the bowels, which are now normal, into a state of disorder. They then administer a physic for the bowels, and thus disturb the stomach. They then prescribe for an irritated stomach, and the crude irritating medicines only make a bad stomach worse. If some crude medicines will *eat the silver off of spoons, turn spoons green* and actually *eat holes in clothing* when vomited, what would you imagine they would do to the human stomach? If our allopathic brethren could learn to prescribe without using poisonous medicines, the people would be better off, and homœopaths would have less to do; for there are more people suffering from crude drugs than from natural diseases. The doctor goes back and prescribes for the drug-disease which *he himself* has produced; and he often tells the patient that "blood poison" has set in, when the truth is *drug poison* has set in. The people are becoming cautious as to pure foods, and this is well; but they should learn to exercise equal prudence as to medicines. An allopathic prescription compounded in a patent medicine house has just as much virtue and no more danger than an allopathic prescription calling for the same medicines and compounded in your home drug store.



THE FAITH WITHIN US.*

BY GRACE STEVENS, M. D., NORTHAMPTON, MASS.

THE TOPIC on which our chairman has asked me to write takes me back to the very foundation of things for us as homœopathic physicians. Webster defines faith as "the inward acceptance of a personality as real and trustworthy, of an idea as true and obligatory, or of a thing as beneficial."

Adopting the second part of the definition as best fitted to our use of the word here, let us for a few minutes consider our faith in homœopathy as "the acceptance of an idea as true and obligatory."

The last word in the definition points clearly to the relation which exists between a real faith and the act of the individual who holds that faith—the one is the main-spring of the other. And since faith is so important a factor in our daily lives, it behooves us to see how it can best be acquired.

Like greatness—it seems to me—faith may be acquired in one of three ways: one may be born with it, one may achieve it, or one may have it thrust upon him. The first way is by far the easiest—that is, it requires the least exertion on the part of him who possesses the faith. Taking things for granted without stopping to reason them out is very simple and quite comfortable, so long as nothing comes up to make one think; but unless inborn faith is re-enforced by careful study, we are apt to have some uncomfortable hours when brought to face with problems and doubts.

Faith thrust upon one does not necessarily mean after the manner of Mohammed and his followers. One may be forced to acknowledge the truth without suffering bodily violence, and those converted half against their wills sometimes become the staunchest believers; but the man whose faith is strongest is he who, like Hahnemann, achieves it, works and studies and experiments for himself, until he knows whereof he speaks, and can give reasons for the confidence he feels. This faith may be severely tried, but it will stand the test. It is an intelligent, not a blind faith, for it is founded on our own experience and on that of others whom we can trust.

* Read before the Western Massachusetts Homœopathic Medical Society, December, 1911.

Faith may be acquired in this way by anyone who is willing to work for it. "He that willeth shall know of the doctrine" applies to things physical as well as to things spiritual. But we must *will* to know and will to work for the knowledge. Hahnemann himself says in his introduction to the Organon: "The application of homœopathic principles appears easy, but it is in reality most difficult and irksome; it demands most careful thought and the utmost patience, but these find their reward in speedy and permanent recovery of the patient."

In leading up to the statement of the principles of homœopathy, Hahnemann gives certain requirements of a physician (Organon, paragraphs 3 and 4): "The physician should distinctly understand the following conditions: What is curable in diseases in general, and in each individual case in particular; that is, he should possess a perfect knowledge of medicinal powers. He should be governed by distinct reasons in order to insure recovery, but adapting what is curative in medicines to what he has recognized as undoubtedly morbid in the patient; that is to say, he should adapt it so that the case is met by a remedy well matched with regard to its kind of action, its necessary preparation and quantity, and the proper time of its repetition. Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly and to the purpose as a true master of the art of healing."

Paragraph 4. "He is at the same time a preserver of health when he knows the causes that disturb health, that produce and maintain disease, and when he knows how to remove them from healthy persons."

This Hahnemann follows with the proof that what is curable in disease—that which demands a curative agent—is the totality of symptoms displayed by the patient. In paragraphs 6 and 7 he says: "The physician observes deviations from the previous healthy condition of the patient, felt by him and recognized upon him by his attendants and observed upon him by the physician.

"All of these observable signs together represent the disease in its full extent; that is, they constitute together the true and only conceivable form of the disease."

Paragraph 7. "In a disease presenting no manifest exciting or maintaining cause for removal, nothing is to be discovered but symptoms. These alone (with due regard to the possible existence of some miasm and to accessory circumstances) must constitute the medium through which the disease demands and points out the curative agent. Hence, the totality

of these symptoms, this outwardly reflected image of the inner nature of the disease, i. e., of the suffering vital force, must be the chief or only means of the disease to make known the remedy necessary for its cure, the only means of determining the selection of the appropriate remedial agent. In short, the totality of the symptoms must be regarded by the physician as the principal and only condition to be recognized and removed by his art in each case of disease, that it may be cured and converted into health."

The second requirement—the knowledge of the curative in drugs—Hahnemann explains as follows, beginning with paragraph 19: "Now, since diseases are definable only as aberrations from the state of health, which declare themselves by symptoms, and since a cure also becomes possible only by changing this aberration of feeling back into the healthy state, we may readily understand how impossible it would be to cure disease by medicines unless these possessed the power of altering the state of health dependent on feelings and functions of the organism. In fact, the curative power of medicines must rest *alone* on their power of altering the unsound condition of the body."

Paragraph 21. "Consequently these morbid disturbances called forth by drugs in the healthy body must be accepted as the only possible revelation of their inherent curative power. Through them only we are able to discover what capacity of producing disease, and hence, also, what capacity of curing disease is possessed by each individual drug."

As to the relation of remedy and disease, Hahnemann says, paragraph 22: "Thus it follows on the one hand that drugs become curative remedies capable of obliterating disease only through their power of creating certain disturbances and symptoms: that is, by producing a certain artificial diseased condition they cancel and exterminate the symptoms already present, i. e., the natural diseased condition which it is intended to cure. It follows, however, on the other hand, that a remedy must be found for the totality of symptoms of the disease to be cured, which remedy is inclined to produce either similar or contrary symptoms according to the dictates of experience, which must prove either similar or contrary drug symptoms to be most serviceable with regard to ease, certainty and permanence in cancelling or converting into health the symptoms of disease."

The treatment of symptoms by contraries, Hahnemann declares to be most unsatisfactory—he had had plenty of experience to prove that—and concludes (paragraphs 70-75):

"The only really salutary treatment is that of the homœopathic method according to which the totality of symptoms of a natural disease is combatted by a medicine in commensurate dose, capable of creating in the healthy body symptoms most similar to those of the natural disease."

"So much having been proved, there remain," says Hahnemann, "three problems to be solved:

"I. How does the physician gain the knowledge of disease necessary for the purpose of cure?

"II. How does he gain his knowledge of the morbid power of drugs as the implements designed for the cure of natural disease?

"III. How does he apply these artificial, morbid potencies (drugs) most effectively in the cure of diseases?"

I. The first question-Hahnemann answers by giving directions for a most thorough examination of a patient, the record of the case to be in writing and to include what the patient says, what his attendants relate, and what the physician observes by means of sight, hearing and touch. The various symptoms told by the patient must be rendered as exact as possible by careful questioning on the part of the physician. He must try to find out what symptoms are related, and how they are influenced by time, temperature, position or any other circumstance. Any peculiarities of the patient in time of health must also be inquired for, as these may help to decide for or against a remedy.

Question II, "How does the physician gain his knowledge of the morbid power of drugs?" is answered by a careful explanation of the proper method of testing drugs on healthy people. Paragraphs 107 and 108.

107. "If, for the purpose of investigation, drugs are given only to sick persons, and even if these drugs are administered singly and in simple form, little or nothing of a definite kind will be seen of their pure effects, because the changes of health which these drugs may actually be expected to produce would be mingled with the symptoms of the natural disease, so as to become obscured and rarely to be distinctly visible.

108. "Hence, there is no other way of obtaining reliable knowledge of the peculiar power by virtue of which drugs affect and alter human health, i. e., there is no other safe or more natural method of accomplishing this object than to administer each drug separately, and in moderate quantity to healthy persons, by way of experiment, in order to discover what changes, symptoms and signs of its effect; that is, what

elements of disease each is able to produce, and inclined to excite by itself in the condition of the body and mind."

For the tests made, each medicinal substance must be employed alone, and no other medicinal substance must be taken on the same day. Hahnemann's first experiments were made with crude drugs, but later he found that attenuated doses produced a greater variety of symptoms, and that certain substances which had been considered inert became markedly medicinal after potentization.

Ordinarily the drug was to be taken once a day in slightly increasing doses until no new symptoms appeared.

That Hahnemann was content with no partial or superficially conducted proving is shown in paragraph 135.

"The totality of all the elements of disease which a drug is capable of producing is brought near perfection only by manifold experiments, instituted by a select variety of individuals of both sexes. We should not consider the proving of a drug as complete, with regard to the morbid conditions it is capable of exciting by means of its peculiar powers of changing the state of health, until all provers, after repeated trials, cease to perceive new symptoms from the drug; and until they begin to observe upon themselves most symptoms like those already experienced by others."

The exhaustive proving of belladonna, conducted a few years ago by the O. O. and L. Society, under the supervision of Dr. Bellows, served to confirm the work done by Hahnemann and his associates so many years ago. That a remedy should not be given without sufficient cause, or just to please the patient, Hahnemann teaches, in paragraph 150: "Whenever a patient complains of only a few insignificant symptoms of very recent origin, the physician is not to regard them as a disease requiring serious medicinal aid. A slight change of diet and habits of living generally suffices to remove so slight an indisposition." This should be a lesson to some physicians whose only thought is of the indicated remedy, and who bring discredit on our school by carelessness or ignorance of hygiene.

In the following paragraph Hahnemann gives a suggestion that is often most helpful:

Paragraph 151. "But if the symptoms complained of are very severe, though few in number, the physician will, on further inquiry, generally discover several collateral symptoms of less severity, which serve to complete the picture of the disease."

A case illustrating this point came up in my practice not long ago. The patient, a woman, suddenly developed a very deep, hoarse voice and a painful laryngeal cough. One or two seemingly well indicated remedies were given without benefit, and it was necessary to make a more thorough search for symptoms. Finally the patient confessed to a ravenous appetite for sweets, something for which she did not ordinarily care, and after consulting the repertory, I gave her *china*, which promptly restored her natural voice.

In this case the collateral symptom "of less severity" proved to be one of the peculiar or characteristic symptoms of which Hahnemann speaks, in paragraph 153 in, in continuing directions for the choice of the remedy:

Paragraph 153. "This search for a homœopathic, specific remedy consists in the comparison of the totality of the symptoms of the natural disease with the lists of symptoms of our tested drugs, among which a morbid potency is to be found, corresponding in similitude with the disease to be cured.

"In making this comparison the more prominent, uncommon and peculiar (or characteristic) features of the case are especially and almost exclusively considered and noted; for these in particular should bear the closest similitude to the symptoms of the desired medicine, if that is to accomplish the cure. The more general and indefinite symptoms, such as loss of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of their vagueness, and also because generalities of their kind are common to every disease and to almost every drug."

Too many of us are apt to fail in carrying out the third requirement—the satisfactory choice of the remedy—because we have failed in the first step—the taking of the case.

If we have mastered the symptoms of the case, subjective and objective, and have especially noted those which are peculiar or characteristic, the choice of the remedy will be much easier, especially if we are skilled in the use of the repertory.

It is all too easy to fall into the mistake of making a hasty first prescription without taking time to study for the right remedy. If we could but realize the fact, it is much quicker to spend time studying for a first prescription than to give two or three remedies in succession, and finally have to begin all over again, because none of the medicines were a fit. We have then the added disadvantage of finding the case confused by the former remedies, and the patient most *impatient*, because he has not been relieved.

The advantage of using attenuated doses of medicine in making provings has already been spoken of, but Hahnemann gave a farther reason for potentized drugs in the treatment of disease:

Paragraphs 157-59. "Although a homœopathically selected remedy, by virtue of its fitness and minuteness of dose, quietly cancels or extinguishes an analogous disease, without manifesting any of its unhomœopathic symptoms; that is to say, without exciting additional perceptible sensations, it will nevertheless, as a rule (or in the course of a few hours), produce a slight aggravation resembling the original disease so closely that the patient actually considers it as such. Aggravations caused by larger doses may last for several hours, but in reality these are only drug effects somewhat superior in intensity and very similar to the original disease.

"This slight homœopathic aggravation during the first hour is quite in order, and in case of an acute disease, generally serves as an excellent indication that it will yield to the first dose.

"The drug-disease must naturally be somewhat more intense in order to overcome and extinguish the natural diseases, as it is only by superior intensity that one natural disease can extinguish another of similar nature. The smaller the dose of the homœopathic remedy, so much the smaller and shorter is the apparent aggravation of the disease during the first hours."

Too frequent repetition of even an attenuated drug is apt to produce an aggravation, the action being cumulative. Each dose of medicine should be allowed to act uninterruptedly, as long as it will, the time of repetition varying with the intensity of the symptoms to be overcome.

In chronic cases, single highly attenuated doses may act for days or even weeks, while in acute attacks the remedy has usually to be repeated much oftener, every few hours or even minutes.

When a real improvement begins, it is generally much safer to lengthen the time between doses, lest the new dose interfere with the good action of the one before.

These, then, are the articles of our faith as homœopaths:

I. That for which we prescribe is the totality of the symptoms revealed by the patient.

II. The remedy we prescribe is a single drug, which (a) has been tested on healthy human beings, and (b) has

produced symptoms corresponding to those of the patient under treatment.

III. The dose prescribed should be sufficiently attenuated not to produce a serious aggravation of symptoms.

This creed of ours demands no apology; rather, we should glory in it as containing the principles of really scientific medicine.

In paragraph 273 Hahnemann says: "It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well-known medicine at a time for a disease, or to give a mixture composed of several different medicines. Perfectly simple, unmixed and—single remedies afford the physician all the advantages he could possibly desire—even in taking it for granted that all simple medicines were completely proved with regard to their pure and peculiar action upon the healthy human body, the physician would abstain from mixing and compounding the drugs, aware that it is impossible to foresee the variety of effects that two or more medicines contained in a mixture might have, or how one might modify and counteract the effect of the other, when introduced into the human body."

The use of untested drugs and of mixtures is being deplored, even by some of the old school.

In the journal of the A. M. A. for October 7 there was published a paper read at the meeting in Los Angeles by Dr. Fussell of Philadelphia, setting forth the dangers of prescribing proprietary medicines. He says: "With few exceptions, the preparations sent about as samples are mixtures. Now, every intelligent physician knows that if our use of drugs is to be of the least value, each prescription used must apply to the case in hand."

Another man, in discussing the paper, said: "A therapeutic diagnosis should be made with as great care as a pathologic diagnosis."

Hahnemann was many years ahead of his time in his careful examination of the patient and his prescribing for the individual, not the disease. It behooves us as his followers to see that we do not bring discredit on our school by falling away from his teaching and thus falling behind some, at least, of the old school.

Let me conclude with Hahnemann's own words, taken from his introduction to the *Organon*:

“Homœopathy is a simple act of healing, unvarying in its principles and in its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable, so that the purity of principles also determines the purity of their application, and they are not disobeyed without sacrificing the honest name of homœopathy. These principles preclude every departure to the deplorable routine of the old school, of which homœopathy is the counterpart and is distinguished from it as day is from night.”—*The New England Medical Gazette*.



SIGNO VINCES?" SAYS THE MEDICAL APOLOGIST.

SOME OF THE PROPONENTS of a National Board of “Health” state the case thus:

“A farmer has a sick hog. He sends to the Department of Agriculture, and the Government at once sends him an expert—a hog doctor—to attend to the hog.

“A poor woman has a sick child. She appeals to the Government, but the Government has no department which will, or can, do anything for her suffering baby.

“Shameful! We need a Department of Medicine (or call it ‘Health’) to protect our babies as we protect our hogs.”

Now this is an alluring argument. I admit its appeal, and I should dearly love to believe in it, for the protection of childhood is a tender point in all rightly constituted minds, and if a “paternal government” really were *paternal*—or, better still, *maternal*—there might be something in the argument.

But, as a matter of fact, a government is not a god, beneficent and omniscient, as some people seem to think. It is man-administered, and is no better than you and I make it, by constant attention to the making.

Once we let go of it and leave it to some public official to make it for us; we are pretty certain to suffer, and we always let go of it when it becomes *departmental* government.

It is so easy to shirk every question, every personal and public responsibility, and say, “O, let your Uncle Samuel take care of it!” One would think that Uncle Samuel really existed as a kindly old gentleman, without passions or prejudices, without self-interests, or self-seeking associates—just a lovely, lonely relative longing to do us good.

This conception is all very well for poetic, artistic or oratorical purposes, but we are practical men and women, and we have had too many "uncles" anxious to "do us" good, and so we refuse to put ourselves or our children in hock to any uncle.

"But shall our hogs have protection and our children none?" piteously pleads the Medical Apologist.

It depends upon what you mean by "protection," but if you mean the governmental control of children with the same authority over them that Government has, or can have, over hogs (as your argument plainly indicates), I answer, "Protect our hogs, but spare our children."

You who are impressed by the Hog Argument, suppose you follow it to its logical conclusion.

If cholera breaks out among your hogs, the Government can step in and kill them. That's part of the hog protection game. Or, if the governmental killing of hogs with cholera be unusual, certainly the killing of other diseased animals is not. If your horse has glanders, if your cow has tuberculosis, the government knocks them on the head to protect other horses, other cattle. Well and good, perhaps, but does that strike you as a practical plan to apply to children? Would you like to have your children killed off by the Government official for their "protection," should they become diseased?

Don't say this is absurd. Of course it *is* absurd to a mind which *refuses* the Hog Argument, but if you *accept* the Hog Argument, it is the logical deduction, and just a little more absurd than your original Hog Argument, because carried further in order that you cannot escape seeing its absurdity.

Then when your little hogs—I beg pardon, I mean your children—become older, you may have expert advice from the Government as to how to breed them, how to marry them, how to cross them so as to get better children—or hogs—than have been produced thus far. Perhaps your children are white and your hogs are Poland Blacks, while your neighbor's children are black and his hogs are Chester Whites. Along comes a Government expert, perhaps, and advises you that you can obtain hogs and children better able to resist certain diseases if you cross your children and your hogs with your neighbors. What would you do to the expert? Hold on! You wouldn't do any such thing as you are saying you would. You have been crying audibly be-

cause the Government wouldn't advise you about children as it does about hogs, and now that it gives you advice about human offspring along the same lines it advises about hog offspring, you ought to accept it gratefully. Stand by the Hog Argument and accept its logical deduction!

Heaven forbid that I should resurrect the race question in this controversy, or add one finger weight to race prejudice. But, while I utterly abhor miscegenation, I am not prepared to say—is anyone prepared to say?—that a mixture of race bloods *might* not produce a physically superior, a better disease-resistant race. At least it is easily conceivable that some Government expert might eventually work out some such theory in his laboratory, and if children are to be considered as hogs, he would be thoroughly justified in improving the breed by exercising such departmental authority as he would possess.

The answer to the Hog Argumet is obvious. It consists of four words: *Children are not hogs.*—EDMUND VANCE COOKE, *Medical Freedom.*



THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Thursday evening, May 9th, 1912, at 9 o'clock. The scientific program of the evening consisted of the following:

"Abdominal Conditions of Importance Frequently Unobserved"....
 Dr. J. W. Hassler, New York
 "Industrial Scalping Accidents"..... Dr. H. L. Northrop
 "The Homœopathic Remedy in Aural Diseases".....Dr. G. J. Palen
 "A Few Chest Indications"Dr. Malachi W. Sloan

Nomination of officers for the ensuing year took place. The meeting was a very interesting one and was well attended.

WM. M. SYLVIS, M. D., *Sec'y.*

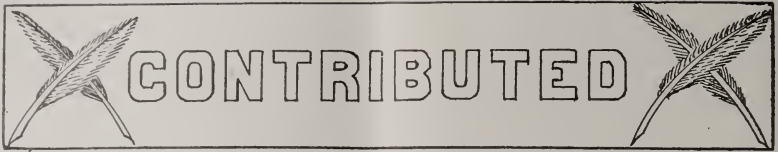
THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting at the office of the secretary, Doctor Walter J. Snyder, 5300 Spruce Street, on Wednesday evening, May 15th, 1912, at 9 P. M. A paper was read by Prof. J. E. James on "The Need of a Special Study of Obstetrics." Doctor Mercer of 1705 Arch Street added much interest to the meeting. WALTER J. SNYDER, M. D., *Sec'y.*

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE 23D WARD held its regular monthly meeting on Wednesday, May 15th, 1912, at the Hotel Phoenix, Willow Grove. A paper was read by Doctor A. C. Heritage on "Locomotion" and was well presented. There was a full attendance of members and the meeting was a very interesting one.

J. D. BOILEAU, *Sec'y.*

THE WOMEN'S HOMOEOPATHIC MEDICAL ASSOCIATION OF PITTSBURG, PA., held its regular monthly meeting at the office of Doctor Clara H. Williams, 822 Wood Street, Wilkensburg, Pa., on Thursday, June 6th, 1912, at 8 P. M. Reports were read of some very interesting cases, and plans for next year's work were arranged.

MARY E. COFFIN, M. D., *Sec'y.*



"LEST WE FORGET."*

C. E. FISHER, M. D., CHAIRMAN.

IN LIEU OF THE USUAL BUREAU ADDRESS this year it has been decided to offer a brief preliminary foreword, after which to plunge into the regular work of the session.

In reaching the conclusion to present a general symposium upon Homœopathy many considerations have been taken into account. "Lest We Forget," "Lest We Forget," is the chief among these. When the American Institute was created it was for the expressed purpose of furthering the principles of Samuel Hahnemann and of proclaiming and defending the faith. Subsequently, as there arose a desire to enlarge the scope of the Institute and pursue investigations in all departments of Medical and Surgical Science, various bureaux and auxiliary associations were created until today the American Institute fairly reflects all that is to be mirrored in the general medical field.

Upon the concrete wisdom of this expansion minds may differ. Homœopathy does not wish to, nor can it afford to, be considered a restricted therapeutic "Ism." It stands, in its principles and practices, for the very best that medicine has to offer. Strictly speaking, and without boast or pretension not supportable by an indisputable array of facts and figures, it is truly a science in its precept, an art in its application. Its scope is comprehensive, its guiding principle unerring when rightly interpreted and intelligently applied. Its enlargement, to cover the entire domain of medical science, in no wise abandons its essential law nor casts a shadow upon its guiding principle. Nevertheless, may it not be somewhat true that we have recently perhaps hardly given to that law and principle the attention their importance deserve? May it not be so that in the commendable desire to keep fully abreast of all the advances which have been made and are being made in medical science in recent years, we have in some measure overlooked the strength of our own tenet, and perhaps in some instances have come to too quickly and certainly rely upon measures less valuable than our own?

* Foreword.—Bureau of Homœopathy, Pittsburg, 1912.

"Lest We Forget," in part or in whole, the magnificent history, the beautiful philosophy, the unerring science and the practical applicability of the Homœopathy of Hahnemann and his coadjutors it has been decided to this year make the work of this bureau a sort of "Home-coming"—a return to the old fireside, with its splendid yule-log of truth, whose gentle yet effulgent glow sheds a bright ray of lustre upon the therapeutic side of medicine, the genial warmth of whose indisputable truth causes the bright red blood of a direct homœopathy to course through our medical arteries with increased and increasing virility, for the good of humanity and the justification of the cause we have espoused.

It cannot be but a source of great gratification to every conscientious believer in the mighty truth of the homœopathic law that all present-day trend in medicine is toward the homœopathic goal. First we were pitied for our credulity; next we were censured for our contrariness; after that we were endured because we became strong enough to defend ourselves. Now we are about to be embraced, in part, no doubt, because of Twentieth Century tolerance, in part also because benevolent assimilation seems to be the most practical means toward our annihilation. Could we be assimilated for the worth that lies in our precept, there is hardly one of us who would not welcome the marriage; but, what man or woman is there in all the homœopathic ranks who would fain become the unholy Juliet to a Romeo so shallow in his affection as to demand the abandoning of all the great truth that has heretofore sustained us in trial, carried us through the dark valley of the shadow of death so often, and brought us to a clear conviction that in *similia* there rests a broad principle of cure of which the entire medical world should readily take cognizance.

Did science depend upon that which is easily established and invariably irrefutably proven there would be but little other than empiricism in the granaries of its centuries. Philosophies must of necessity precede deductions which are required to mold their pronouncements into scientific actualities. Homœopathy is no exception. While out of certain defined and proven circumstances came the homœopathic law, it is a matter of history that it was Hahnemann's enunciations, calculated to serve for the splendid superstructure which science has since thereupon builded, which brought forth the disdain and scorn of a profession that would neither investigate nor believe. Philosophy means a love of wisdom, a loving

which will induce a search therefor. In common usage it means a knowledge of phenomena as explained by and resolved into, causes and reasons, powers and laws; science is knowledge based upon ascertained truth or facts. Thus Homœopathy has its foundation in both. In doctrine it is spoken in the philosophy of Hahnemann, its science is proven by his experiences and cure. Hahnemann proclaimed its philosophy, told what he meant by "Homœopathy," and unless we deny him a correct knowledge of philology and the ability of accurate expression, it is hardly for us to take from or alter the law which he proclaimed. Hahnemann also brought his beautiful philosophy under the horizon of the great searchlight of science, so repeatedly demonstrating the correctness of his doctrine that these have lived above a century and are coming into more general acceptance in the domain of science day by day.

"Lest We Forget," the beauty of its history, the brilliancy of its victories, and the possibilities of its future the bureau of Homœopathy for this session will devote itself to a symposium upon this subject alone, in the hope and confident belief that from such a programme there will be aroused within the hearts and minds of some at least of the membership of the Institute an increased devotion to its principles, a more determined zeal in its behalf, a more loyal adherence to the good and truth that in it lie.

With this much of prelude, to the work of the bureau, a few words upon its programme. This will be found in full in the official pronouncement of the Institute, as follows:

- "Hahnemann, a Great Medical Reformer," J. H. McCLELLAND, M. D.
 "The Philosophy of Hahnemann," WILLIAM BOERICKE, M. D.
 "Homœopathy, The Science," R. S. COPELAND, M. D.
 "Homœopathy and Its Corrolaries," H. H. BAXTER, M. D.
 "Dynamization in Relation to Homœopathy," J. P. RAND, M. D.
 "The Homœopathic Physician of Today," J. P. COBB, M. D.
 "The Homœopathy of Tomorrow" O. S. RUNNELS, M. D.
 "Obstacles to the Growth of Homœopathy," W. J. HAWKES, M. D.
 "Homœopathy in Relation to Surgery," C. E. WALTON, M. D.
 "Homœopathy Without Defilements," C. E. FISHER, M. D.

It is the hope and expectation that all of these addresses, with the possible exception of the last one, may be masterpieces of wisdom and erudition, each fitting in with the others to make a literary and scientific mosaic of real worth to the profession.

DR. J. H. McCLELLAND.

The initial address is by Dr. McClelland of this city; we all know him but to love him. If the Institute will pardon the speaker for a little or personal reference, a brief reminiscence may be of interest: The chairman of this bureau first met Dr. McClelland at a meeting of the Institute, the twenty-eighth session, held in the old Plymouth Church on Prospect avenue, in Cleveland, in 1873; this will be the fortieth session of our Institute acquaintance.*

He was then but a stripling, had hardly doffed his medical swaddling clothes, but was then, as now, an earnest believer in the genuine greatness of Samuel Hahnemann and an ardent subscriber to the Homeopathic Doctrine. One of the slightest members of the Institute in physique, he looked a child by the side of the President for that year, the late Dr. Small, of Chicago, whose three hundred and fifty pounds belied his name. But Dr. McClelland was no child in intellect or power or expression. Already he had made his impress upon the Institute, and was hailed as a man with a future. Gentle as a woman, mild tempered and discreet, soft-voiced and tender-hearted, he was yet possessed of convictions which made him strong and of a dynamic purpose which impregnated him with power. His belief was that of conscientiousness. His strength lay in a mental fortification of that belief from knowledge gained by deep study and close observation. Recognized by Institute leaders in that far-back day for what it was believed he would do for it in the future, he is beloved of us in this day for that which he has done for it in the past.

My next and most intimate knowledge of Dr. McClelland came out of the association which this Institute put upon us in making us joint officers of this body at its Washington meeting in 1892.**

Dr. McClelland held first place; the speaker was his first lieutenant; and it is not out of harmony with this occasion to add a word of acknowledgment for the many, very many, and thoughtful considerations extended by him during the

*Here was displayed picture of Dr. McClelland as he appeared in 1872.

**Here was flashed picture as Dr. McClelland looked in Denver, 1894.

two years we were thus immediately associated in Institute work. I believe I am correct in the statement that at no previous time in the history of this body had the commander-in-chief more generously and frequently recognized and bestowed courtesies upon a vice-president. It was the beginning, in a way, of a new era of joint usefulness for the weal of this body. Dr. McClelland presided over the Institute at Chicago at the time of the World's Congress in 1903, and at Denver at its semi-centennial session, in 1894, at which time, by your courtesy, I became his successor. All of us remember how well he filled the chair, what a scholarly address characterized his administration, and how measures were set on foot which made the Hahnemann Monument, a product of his heart and brain, a reality. Modestly, unassumingly and gracefully he bore the arduous duties of his high office with gratifying success, his presidency one of the best the Institute has ever had.

Leaving the distant past of the early seventies and passing thus hurriedly over the fiftieth year of the Institute, referring in passing to the fact that he was president of the World's International Homeopathic Congress at Atlantic City in 1906, and one of its governing council in London last summer, we come to the McClelland we know today.*

Of this man and brother it is not required that I shall say more than a word—he is yours, mine, ours, “yesterday, today and forever.” The good he has done will live long years after all that is mortal of our distinguished friend and colleague shall have passed away. He will entertain us today with an address on Hahnemann as a great medical reformer. Let us hope it may not be his last, but that in the years to come, as the autumn of life draws its rich mantle around him and us, it may be our great pleasure to hear again and again from his euridite mind those blessed things about our immortal founder and his therapeutics with which it is so abundantly stored. And when at last the time shall have come when he shall be called upon to lay down the burdens of his busy and useful life, when the great white mantle of the starlit winter shall succeed the rich brown of his present autumn, then may he find at least a modicum of comfort in the thought that he was greatly beloved of the profession whose interests were so dear to him, a profession at once honored and graced by his presence here in his home city, and by his participation in the program of this bureau at this time.

* Here his latest (1912) picture was shown.

EDITORIAL NOTE:—During the reading of the foregoing paper by Dr. C. E. FISHER, Chairman of the Bureau of Homœopathics at the Pittsburg meeting of the A. I. H., last month, stereopticon pictures of Dr. McCLELLAND as he appeared in 1872, as President of the Institute at the Denver meeting in 1894 as well as his latest (1912) picture were flashed upon a screen. This inspiring novelty was the forethought of Dr. FISHER, and must have more than surprised Dr. McClelland, who was wholly unaware of what was coming, as well as providing a decided pleasure to himself, his friends and members of the Institute present at the time.



HOMOEOPATHY WITHOUT DEFILEMENTS.*

BY C. E. FISHER, M. D.

THE ADVANCE ANNOUNCEMENT of the titles of the addresses of this Bureau resulted in both approving and disapproving journalistic comment. It is recalled that one of our periodicals suggested that the title of this particular paper implied that its tenor would probably be that Homœopathy should be chaste—like Cæsar's wife, altogether above suspicion, as it were.

The suggestion has been helpful. In fact, it is not altogether beyond belief that perhaps mental telepathy was somewhat responsible for it, since about that very time this very thought was uppermost in my mind.

Homœopathy should always be chaste, pure and undefiled. By this is meant that it should never be conglomerate, polypharmaceutical, haphazard, an incongruous admixture of the good or bad of itself with the good and more bad of other methods. Necessarily a paper of the nature of this must become more or less a preachment. Nevertheless, it is not believed that it is yet beyond the function of this Institute to philosophize, analyze and deduct. On the contrary, it is held just such procedures are required from time to time for the proper elucidation of the best that lies in homœopathy, the more particularly when philosophizings, deducings, analyses and conclusions rest upon the secure base of proved investigations and established practices.

To my mind homœopathy should always be chaste, free of error, exact. Science knows no haphazard, no ways that are confusing, confounding and compounded. The word is a synonym, in effect, for correctness. It is not to be conceived that science as it relates to astronomy guesses at anything. The size of each planetary body, their distance from the earth and from each other, the return of comets, some absent from the visual heaven for hundreds of years; in fact, all knowl-

*Read before Bureau of Homœopathics, A. I. H., Session 1912.

edge in relation to astronomy is the result of exactness, calculation, method, accuracy and painstaking.

As in science in relation to the study of the heavens and the earth must be correct and particular, so science everywhere and in every relationship must be precise, particular, proven. In medicine alone is the word used in hackneyed vernacular. Here it is usually a meaningless aggregation of alphabetical hieroglyphics, void of exact significance, a word bandied by every doctor as best may suit his medical views, often a cloak for the most unscientific thought and expression, a veritable breastwork for ignorance and indolence. That which many doctors believe must be, of necessity—their necessity—scientific, whether they believe that which has been demonstrated to be truly scientific or not.

Within the not over extended period of my medical lifetime, forty years this month, there have been almost or quite as many different kinds of the "Science of Medicine" as my span is covered by decades. In the earlier years of our experience in practice many a member of this Institute whose hair has been silvered by time was criticised and censured because he did not or would not believe in the "Science of Medicine" of that day. Whereas, that self-same science is now stowed away in the cellar for the rubbish of the past, and our obstinacy then has become our defense today.

Necessarily, to be a science any proposition must be that of a fixed, never-changing, exact proportion. Nothing that is haphazard may truly be said to belong to the domain of science. This statement is too axiomatic to need elaboration, too manifestly true to require exposition. Granting that this is so, and who will essay to deny it, what excuse is there for any physician, of any school of medicine, being other than exact, careful in every prescription, painstaking in every case, correct in every interpretation he may attempt to put upon his rule for prescribing?

Human life is our quantity, health our plaything. Everyone of us knows that many times an apparently trivial ailment is but the forerunner of something that is desperate. Everyone of us who attempts to fathom the almost illimitable depths of the pedigree of disease ought to know that in particular instances even the most lightly prescribed agent may be the cause of a tremendous constitutional upheaval. Even the remedies classed as the simplest, as *calcarea carbonica*, for instance, *lycopodium* in attenuation, potentized *silicea* and many others, may, improperly given, be productive of arous-

ing or awakening latent elements in the human organism, dormant heredities, if you will, that may result either beneficially or disastrously, according to the justification of intelligent call for their truly scientific application. He who haphazards risks. Were the risk his own, perhaps the crime might be less, the responsibility nil. But when the body belongs to another, and is brought to the physician to be dealt with according to truly scientific principles and proven certainties, then it is questionable whether any of us does a full duty when he does not at least make honest and earnest effort to deal exactly correct with every case he accepts for observation and care. And fortunate it is that Hahnemann brought medicine out of the chaos and confusion of the dark ages and made it possible for those coming after him to deal with his patients with an exactitude theretofore unknown and undreamed. If we will, we may be exact. He who does not try is not true to his profession, true to his patients, nor true to himself. No human life should be dealt with carelessly.

Whatever may have been the practices of Hahnemann and his co-laborers during the developing stages of the homœopathic plan, the fact stands forth clearly in all the later works of his life that precision was the essence of his labor. It was the great pleasure of the author of this address to view an original letter from Hahnemann to one of his patients during attendance upon our last Quinquennial International Homœopathic Congress in London, in July of 1911, and throughout that missive there were given emphatic instructions to resort to no other remedies nor measures while taking his medicines. He added special instructions as to diet and hygiene, emphasizing the relations of these factors to the effect of his delicate attenuations upon the human system. He had gotten away from alternation of drugs, from all phases of polypharmacy, from all makeshifts in the way of blisters, plasters, purgatives and poisoning potions of every name and nature. A straight and undefiled homœopathy had proven itself all-sufficient. His needs were tremendous. Patients visited him from all parts of Europe and many foreign lands. His reception parlors were always crowded, appointments had to be made in particular instances days ahead. He was never "too busy" to give particular, exact, correct attention to every case, and history records that his success was marvelous.

Disease then was exactly what disease is today, only more so, to be slightly paradoxical, since no such widespread knowledge and practice of sanitation and hygiene as exist

today came to the aid of the physician. The superstitions, traditions and ignorances of the ages gone had left their impress upon the people ten-fold more strongly than now. By no means did he have a clear and select field in which to exemplify the power of potency and precision. We have far the better of him in these respects, yet who of us today, more than a century after him, is half as careful as he? What a power for good for ourselves and humanity we would be did we but emulate Hahnemann in this one matter of scientific precision and painstaking accuracy!

To Hahnemann blisters, plasters, purgatives, emetics and adjuvants of all kinds had become a hindrance to the best results of homœopathy. He recognized defeating enemies in opiates and bromides and severely condemned their use. Were he with us today it is quite certain he would hardly tolerate our ready resort to the hypodermic in the face of the distress signal of pain, nor can it be conceived that the various forms of so-styled blood medications of which the syringe is the expression would meet with his approval. As in every age and time, so in ours, every man who makes a discovery or promulgates a new idea, advances a new theory or develops a new treatment of any kind, cries in loud voice that he has found it, and that disease is now to be annihilated. It was ever thus, from Hippocrates to the hypodermic, but out of it all there is but one principle, one method, one practice that has withstood the test of the last century, that the method, principle and practice of Hahnemann, even though in practice the principle has been subjected to many unnecessary and blighting defilements.

Taking into account the able expositions which have characterized the work of this bureau this session, it is not required that the closing review shall go extensively into an elaboration of the defenses of our system, nor that in it shall be specialized the details of either an indictment of defilement nor a substantiation of the existence of auxiliary pollutions. It is enough to refer to the fact that defilements exist and should be avoided. Each practitioner may feel that he is called upon to work out his own salvation in practice, and that he ought to stand ready to accept all and everything that the "Science of Medicine" stands ready to offer. Were there in deed and in truth such a science, and had such a science proven the value of that which it perennially presents as the very latest of its deductions, this might be true; but in the light of history, taking into account its remarkable somer-

saults and frequent, if not always, beautiful kaleidoscopic arrangements of the units that compose its framework and superstructure, it surely is not justified that anyone who earnestly and conscientiously studies and practices homœopathy shall retard, pollute and destroy its exactness and precision by all the conglomerates of the cow-pens, the horse-stalls and the guinea-pig burrow pits of the alleged scientist whose laboratory theories are so seldom able to withstand the test of the bedside.

Paradoxical as the expression may seem, homœopathy is now not without its own defilements. That is to say, at various times in its history homœopathy has suffered at the hands of some who feel within themselves, conscientiously and zealously, to be its friends, with the result that it has experienced many a pollution and defilement by measures and agents at once repellant to human refinement and physical purity. It is but a short stride from a horse's neck to his heel. Neither the diphtheria-saturated blood from his jugular nor the product of his diseased fetlock appeals to me as necessary to the treatment of the human family, neither as the best product of science nor related to correct homœopathy. Vaccine therapy and the antitoxin doctrines seem akin to the homœopathic maxim in precept, since both are along the line of likes. Yet neither is *similia* as expounded by Hahnemann, nor is it believed either in an improvement upon his law nor capable of such satisfactory application and such demonstrable proof. If *similia* be a law, exact, provable, accurate, it is scientific. If scientific, it deserves universal adoption, and by whosoever adopted it deserves fair consideration and serious respect. It knew no limitations with its founder, other than those imposed upon it by chemistry and mechanics; it needs none at our hands, if genuinely believed in, intelligently studied and conscientiously practiced. Its pollutions are but an abomination, its defilements are but defeating. Its truth has been proved over a hundred years of time, and is none the less for the trial. For it, alone, all by itself, for its own intrinsic worth, for its inherent capabilities, for its power for the weal of the human family, without the woes begotten of its numerous defilements under the guise of science, the plea is made that a speedy return to the old-time homœopathy be undertaken.

In this lies the future success of our profession. In it lies our best propaganda. In it rests security to life and health, and in it lies the best possible exemplification of the claim that medical therapeutics is in deed and in truth a science.



EDITORIAL SECTION



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The Editor will be in no way responsible for the opinions expressed by individual contributors.

NEW HEAD OF DENVER'S HEALTH DEPARTMENT. The selection of health commissioner for the city and county of Denver gave the newly elected mayor more moments of actual concern than did any other position within his power. Finally, after much thought and, we trust, prayerful consideration, Dr. J. M. Perkins was selected for the place, and Dr. Rose Kidd Beere placed in charge of the county hospital, with title of assistant health commissioner. Both appointees are ardent advocates of the American Medical Association, but as there is no such thing as politics in this organization, Mayor Arnold's declaration that "politics would be entirely eliminated from this branch of the city government" is no doubt verified. THE CRITIQUE awaits "appointments" on the county staff with no little degree of curiosity, if not any particular concern.



AS OTHERS SEE US. The governor of Colorado has aroused the ire of the Medical Board by appointing an osteopath to fill a vacancy, and a woman osteopath, at that. It is altogether likely that the osteopathic interests of the profession of the state will be looked after properly by the new member of the board. Of course, there is opposition to her, and there would be to the "homœopathic" board member if he had nerve enough to represent homœopathy, but he is a member of the "county association" and performs his regular duty as a member of the "regular" profession, so, of course, he is permitted to represent homœopathy without let or hindrance. Why does not the profession of Colorado insist on a separate

board, and say t'ell with alleo-homœo representation?—*Medical Century*.

Thus we find others viewing us with not overly admiring eyes. Colorado homœopaths are deserving of a *medical examining* board composed of *homocopath*s. Most of the notoriety attached to the foregoing "news item" was associated with the "homœopathic" member of the board, and if he should succeed in securing success in this scheme, whatever unfortunate results eventuate in the future would be credited to homœopaths, inasmuch as *their man* was instrumental in bringing about the combination. The fact of the matter DR. STRICKLER is no more "our man" than a regular, inasmuch as he has joined the "County" society, and therefore must have obligated himself not to practice "sectarian" medicine, which, on being translated, means *homocopathy*.



THE CRITIQUE'S CANDIDATE CHOSEN. At the election of officers for the ensuing year of the American Institute of Homœopathy the following high-class element of the homœopathic profession were selected. It will be noticed particularly that THE CRITIQUE'S candidate for president was chosen. Of course this publication lays no particular claim to entire credit for this much desired result, but it is always pleasant to be on the winning side of any question. Under DR. HINSDALE'S wise leadership the cause of homœopathy should make marvelous forward strides during the coming year. The following is a complete list of the important officers chosen at Pittsburg the 19th of last month:

President, W. B. HINSDALE, M. D., Ann Arbor, Mich.

First Vice-President, HENRY R. STOUT, M. D., Jacksonville, Fla.

Second Vice-President, MARY HANKS, M. D., Chicago, Ill.

Treasurer, T. FRANKLIN SMITH, M. D., New York.

Secretary, J. RICHEY HORNER, M. D., Cleveland, Ohio.

Registrar, W. O. FORBES, M. D., Hot Springs, Ark.

Trustees, DOCTORS McCLELLAND, CARMICHAEL and NORTON.

The Pittsburg meeting was unusually well attended: the interest manifested indicated increased enthusiasm, and there was general pleasure expressed that Denver had been chosen as the next meeting place.

WHY SEPARATE ORGANIZATIONS? In a recent speech at the La Salle Hotel, Chicago, Dr. William A. Evans, former health commissioner of Chicago, made the following, so far, undenied declaration:

"The American Medical Association is an association of American medical men. There are those who allude to us as composed of allopaths, whatever that may be. There are more homœopaths in the A. M. A. than there are in the Homœopathic Association (meaning evidently the American Institute of Homœopathy. Ed.) There are more homœopaths in the Illinois State Medical Society than there are in the Illinois Homœopathic Association; more eclectics in the Illinois Medical Society than there are in the Illinois Eclectic Medical Society."—*Medical Century*.

While these assertions may be slightly distended or fall some short of actual fact, there still remains a certainty that Dr. Evans knew whereof he spoke. The conditions may not exist just at the present time, but from all indications it is hardly possible a very great space of period will supervene ere this statement will be found absolutely in harmony with the truth. What we need is more "pep" in our propagandism; something besides text book papers in our societies; a little something besides "transactions" in our national journal; separate examining boards for homœopaths; *homœopaths* in public positions who are unafraid of their faith or who are honest enough to resign such positions when stung by the old-school bug. Dismissal of all from homœopathic organizations who join the A. M. A. or any of its auxiliary branches. "Oh, my!" you exclaim, "if we do that it will not be long that there will be such thing as homœopathic organizations!" Well, what difference does that make? If all statements are true, indications point to the fact of our going to the devil as fast as we can, anyhow, so why not retain our personal esteem to the end, even though the arrival at our ultimate destination be a trifle more sudden than we at first anticipated? Again we ask, "Why separate organizations?"



A AMERICAN INSTITUTE OF HOMŒOPATHY —DENVER—1913." THE CRITIQUE has repeatedly placed this slogan at the top of its cover page. A special telegraphic communication from DR. C. E. FISHER, dated June 19th, advises editor of this publication "American Institute of Homœopathy will meet in Denver next year, by unanimous vote of trustees." While considerable comment concerning the origination of Denver's desire for this meeting has been expressed, we believe the rank and file

of the profession are in accord upon one subject, and that is, now we are assured of the 1913 meeting, nothing short of a miracle will bring about a state of affairs that will work against its being the "best ever," as the common expression puts it. Denver has the hotel accommodations; it is easy of access; has more resorts contributing to the pleasure and profit of strangers than any other place in the country; has amusements galore, and a climate in June that will cause many of those who attend to almost leave their happy homes when they think of Denver, so we may confidently look forward to the invasion by at least two thousand people from all parts of the country next June, all of whom will be boosters for Denver for many years to come. The most important feature of this meeting is the stimulation it will impart to the cause of homœopathy in the Rocky Mountain region. We believe the profession at large will devote much of their time during the coming year to making the 1913 meeting one of the most important in the history of this, the oldest medical association in the world.



KILL JOYS AND KISSING.

Milwaukee, Wis., June 18.—The Milwaukee Physicians' Association will prepare a bill for the next legislature, intended to stop the practice of kissing and stamping the habit as a blot on civilization and a menace to health and decency.

The action was decided on at a meeting last night at which a dozen or more papers were read on the subject. A substitute for the practice offered was that of rubbing noses or foreheads, this being held more decent by the physicians.—*Daily Paper*.

If the foregoing "flapdoodle," as Huckleberry Finn would designate all such doubtful utterances of irresponsible individuals bent upon beating their way through the world regardless of others, is a sample of some of the sensible suggestions emanating from Milwaukee scientists, it were a wise dispensation of Providence that beer, instead of brains, was given a preference in providing a medium through which that city should acquire more or less fame. One hears so much about the dangers of kissing that were we inclined to retrospection, it is altogether likely the thoughts of what "might have been" would give us such an uncontrollable case of insomnia as to incapacitate us hereafter for any sort of physical or intellectual effort. Having arrived, however, at that age where osculation does not take up much of our unoccupied time, all we have to say is, "It may have been dangerous, but it was worth the risk."

MISCELLANEOUS

What has become of the Denver Homœopathic Society?

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Dr. A. W. Atkinson was elected President of the New Jersey Homœopathic Society, at a meeting held in Atlantic City, May 9th.

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Dr. W. A. Hunphrey of Toledo was elected President of the Ohio Homœopathic Society at a recent meeting held in his home town.

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Can any one tell us just what has become of the osteopathic-allopathic-go-as-you-please state board of *medical* examiners? Yes? No?

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Dr. Dandolo Mattoli, M. D., 1 via Dei Fossi, Florence, until May 1st, when permanent address will be 52, via Montebello, Florence, Telephone 23-99.

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Michigan homœopaths held their 1912 meeting at Detroit the 21st and 22d of May and elected Dr. E. C. Kinsman, of Saginaw, President for the ensuing year.

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Dr. J. B. Brown attended the meeting of the American Institute at Pittsburg last month. Before returning to Denver he intends visiting relatives and friends in the East.

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Medical Century suggests the name of Dr. H. R. Arndt for Field Secretary of the A. I. H., as well as editor of the *Institute Journal*. THE CRITIQUE seconds the suggestion.

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If what Dr. Evans says regarding there being more homœopaths among the membership of the A. M. A., than in the American Institute, what's the use of maintaining separate organizations?

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Latest reports from Dr. Holloway place him still among the unemployed, we very much regret to say. This also accounts for scarcity of Holloway matter in this issue, a fact we further regret.

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Soon time for the Colorado Homœopathic Society. Have you chosen the topic for your paper? Have you consented to the acceptance of a place on the program or assumed charge of a bureau? No? Yes?

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Dr. S. B. Leslie was elected to the Legislative Committee at a recent meeting of the Oklahoma Institute of Homœopathy. Dr. Leslie is a graduate of the Denver Homœopathic College and is making a fine record in Oklahoma.

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Over fifty unions in Denver have endorsed the National League for Medical Freedom. Almost enough to offset that homœopathic organization in Boston that Dr. T. DEWITT WILCOX was so particular in sending us for publication.

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The Coroner of the City and County of Denver is being questioned concerning his appointment of deputy. The secretary of the state board of health has threatened excommunication of several undertakers, pro-

vided their names can be procured, for attempting to tamper with the aforesaid coroner. If there is anything on earth, in the air or in the water this same secretary considers immune from his authority, will you, Oh Lord! kindly inform us?

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Dig up that peculiar case you treated some time in your life, especially if you treated it *homœopathically*, and send an account of it to editor of THE CRITIQUE. Give us something original and not of the textbook topic sort.

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Dr. S. S. Smythe is president and Dr. J. Wylie Anderson vice president and manager of the Kubanka Ranch and Dairy Co., (incorporated). This is a going concern and will, some day, supply Denver with a choice article of butter and other dairy and farm products.

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Dr. E. P. Greene, Arvada, was a caller at this office the 18th of last month. He was accompanied by his two interesting children. Dr. Greene is one of the homœopathists who is not afraid of his *sectarianism* and has "Homœopathician" printed on his cards. How many others in Denver have the courage to do so?

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Mr. Stanley M. Walker, son of Dr. J. M. Walker, of this city, was married to Miss Emma Thayer Ohl, at St. Thomas' church, Tuesday, June 11th, 1912. Rev. J. W. Ohl, father of the bride, performed the ceremony. The happy couple will make their future home in Grant's Pass, Oregon, at which place Mr. Walker is engaged in business.

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Dr. W. H. Van den Burg announces that Dr. D. B. Hill is now associated with him in the practice of medicine. Dr. Van den Burg's hours, 10 a. m. to 12 m., except Sundays and holidays, and by appointment. Dr. Hill's hours, 5 p. m. to 6:30 p. m. Sunday, 9 a. m. to 10 a. m. Dr. Hill will be in the office during the entire summer, and keep both sets of office hours. Telephone 1185 Bryant.

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Dr. A. C. Stewart and wife left Denver the fore part of June for an extended trip overland, via their auto; the trip will terminate somewhere in Vermont, after which Dr. Stewart will locate in San Diego, Cal., for the practice of his profession. Dr. Stewart will be missed by the profession of Colorado and the California contingent may well feel pleased by this addition to their already large number of capable men.

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In speaking of the recent revolt in the state board of medical examiners regarding the appointment of a non-medical member, someone said to the editor of CRITIQUE: "Your man" seems to be about the only one favoring such a move. That is just what THE CRITIQUE contends against being compelled to assume responsibilities for which we are in no way to blame.

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UNION ENDORSEMENT OF N. L. M. F.

WHEREAS, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States providing for the establishment of a department of the Government to be known as the Department of Public Health, the head of which department will be a cabinet officer; and,

WHEREAS, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose—and would compel us to submit to the dictation of a Government Doctor; and,

WHEREAS, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights—the right of every man to select the practitioner of his choice, in the hour of sickness; and,

WHEREAS, The National League for Medical Freedom will seek, through publicity and education, to unmask and oppose any legislation which endeavors to put into power any one system of healing, and use the Government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing; now, therefore, be it hereby

RESOLVED, That we, the members of Soda Water Bottlers' Union No. 390, of Denver, Colo., do announce ourselves as opposed to the establishment by the Government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom, in the efforts to prevent the establishment of such a department.

Soda Water Bottlers' Union No. 380,
MALCOMB BRYN, *President.*
ERNST KEMMLER, *Secretary.*

International Association Steam, Hot Water, Power and Pipe Fitters' Union No. 73.

TIMOTHY P. LOGAN, *President,*
MURRY WOLZ, *Secretary.*

Building Laborers and Hod Carriers No. 1,
AL. HARMON, *President,*
LEWIS M. GOOD, *Secretary.*

Marble Workers' Union No. 76.
C. N. CHRYSLER, *President,*
H. A. ROHL, *Secretary.*

Stone Masons' No. 12,
ALBERT SCHNEIDER, *Vice-President,*
WILLIAM BOWEY, *Secretary.*

Building Laborers' Protective Union No. 1,
D. C. HERNDON, *President,*
H. C. MACKLEIR, *Secretary.*

Hoisting and Portable Engineers' Local Union No. 323,
PETER G. MILLER, *President,*
JAMES T. DUNHILL, *Secretary.*

Beer Bottlers' Local Union No. 58,
JOE CAHKS, *President,*
ERNEST KEMMLER, *Secretary.*

Plasterers' Union No. 32.
J. J. SMITH, *President,*
J. P. BUTLER, *Secretary.*

Main Line Lodge No. 146, B. R. C.,
R. C. WILLS, *President.*
J. S. DEHAAS, *Secretary.*

Amalgamated Carpenters' Union No. 778.
G. SHEPHARD, *President,*
H. POOLE, *Secretary.*

Denver Webb Pressmen's Local Union No. 22,
W. F. DOYLE, *President,*
GEO. C. PEEPO, *Secretary.*

Brick Layers' Local Union No. 1.
B. G. OWENS, *President.*
W. H. McCORD, *Secretary.*

“while it is said that ‘religion follows the flag’ it is also a fact that therapeutic results invariably follow the application of certain accepted remedies.

The primal thought following diagnosis is treatment, and in the selection of a remedy consideration is given to those possessing reliability of therapeutic action and should it be a case presenting inflammatory or congestive involvements, whether deep or superficial, antiphlogistine would, from extensive clinical evidence, seem indicated.



In the treatment of bee stings, insect bites, dermatitis from exposure to the sun rays, sprains, etc., so prevalent at this season, antiphlogistine applied thick and hot will afford unmeasurable relief.

The convenience of application of this dressing is a factor. It is supplied in aseptic containers carefully sealed and the contents are fully protected.”

Homeopathic Card Series

for the

Education of the People

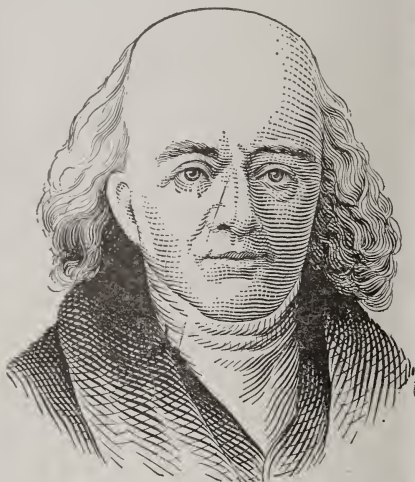
Appearing Monthly

BY

J. C. HOLLOWAY, M. D.

Over People's Trust and Savings Bank

Galesburg, Illinois



SAMUEL HAHNEMANN

The Founder of Homeopathy
and the Greatest Physician
the World Has Ever Known

"Though I shall be no longer here below, a future generation of mankind will do justice to this gift of a gracious God, and will thankfully avail themselves of the blessed means He has provided for the alleviation of their bodily and mental sufferings."—Hahnemann.

MAKING THE APPLICATION.

The application of medicines to diseases, known as therapeutics, may be slipshod and empirical, or scientific and governed by law. Owing to the individuality of patients, no conception of an individual sickness can be formulated *beforehand*, and a fixed method of treatment laid down according to arbitrary diagnostic names. The attempt to thus imitate generalizing allopaths by some of the pretended followers of Hahnemann, caused the founder of homœopathy, even in his day, to characterize them as "mongrels." Could he witness the pretense toward homœopathy by many today, he would exclaim, "Mongrelism gone to seed!"

No medicine can ever become the specific for any disease *per se*; but any given medicine is the specific for any individual sickness, when expressed by a group of symptoms—a symptom image—*similar* to that which the medicine itself is capable of producing in the healthy human organism. Hence, in each individual case of sickness the question which confronts the real homœopath is, What medicine, when tested in healthy human subjects, produced a group of symptoms most *similar* to this one? Such a medicine will prove to be the specific *for that particular case*; but it does not follow that it will be the indicated remedy for the next patient, though the diagnostic name be unquestionably the same, because there is no such thing as a specific for any disease for all patients, and in the very nature of things never can be. The public need not expect allopathic forces to discover a specific for tuberculosis. That is one event which will never come to pass. Better wait until they find a specific for chills, pneumonia, typhoid fever, rheumatism, syphilis, diphtheria and other ordinary diseases, before expecting them to perform a

feat like that. Specifics are necessarily *individual*, never general. Each medicine is the specific for its own image, that is, for the symptom image *similar* to that which the medicine itself is capable of producing in healthy men and women. Just as often as this, its own image, is found in an individual case of sickness, it is a specific, and *only* then.

Homœopathy is the only system in the world which *individualizes* and treats each patient independent of all others. We choose for each individual patient, though all have the same disease, the medicine which has produced in healthy human subjects the peculiar, individualizing symptoms found in each patient.

This is *law*; and this is common sense. Select for each patient the medicine suited to his individual needs. The homœopath can do this, because his medicines have been carefully tested and he knows the distinguishing features of each. No guessing, experimenting on the *sick*, nor giving Aunt Sallie this medicine because, in the *same disease*, Aunt Mary took it and failed to die!

Nature has furnished many instances in which one natural disease was cured by another natural disease which was *similar* and stronger; but neither nature nor art has given us even one example of any disease having been cured by a *dissimilar*. A medicine which produces the *opposite*, a sick condition *contrary* to that of the patient, *never did cure a single person, and never will*. This is why homœopathy cures so many patients, both in acute and chronic diseases, after all else has utterly failed: *her therapeutic, law is consonant with nature*; and because only homœopaths have the means of knowing the peculiar, distinguishing, characteristic symptoms which each medicine is capable of developing in the human economy.

When our allopathic friends find a specific for diphtheria, just because it is diphtheria, *ignoring the individual symptoms of each patient*, no two of whom are sick precisely alike; or for tuberculosis, just because it is tuberculosis, *ignoring the individual characteristics of each patient*; or for typhoid fever, just because it is typhoid fever, *ignoring and treating with contempt the individual, distinguishing symptoms found in each patient*, then the farmers of this country will no longer groan under the great financial loss of their valuable hogs as a result of cholera; for it is just as easy and as feasible to excogitate a specific for cholera in hogs, just because it is cholera, as it is to find any medicine or compound of medicines which will prove to be a specific for any disease in all patients afflicted with that malady—like anti-toxin for diphtheria, just because it is diphtheria—(or at least a mild case of tonsillitis). Let the reader learn this lesson: *NO DISEASE IS PRECISELY THE SAME IN ALL PATIENTS*; and this is the reason why there *never has been and never can be* a specific for any so-called disease, as such. Any layman ought to understand this. But possibly there always will be men and women who will fall right in with such palpable frauds as a specific for a given disease *in all patients*, just as the masses used to submit to blood-letting as the specific for fever, and just as some in each generation will buy a gold brick, regardless of all warning and plain teaching. Reader, let this card teach you this: The real homœopath is the only physician in the universe who can and does *individualize*, treating each individual patient according to the *individual symptoms*. Next topic, "Illustrative cases." (Card No. 4—The Galesburg Evening Mail, October 14, 1911.)



THE CARL V. VISHER MEDICAL SOCIETY OF PHILADELPHIA held its annual banquet at the Hotel Majestic, Broad Street Girard Avenue, on Tuesday evening, June 4th, 1912, at 9 o'clock. The banquet was well attended and a very enjoyable time was had by those present, many noted guests attended same. Doctor G. J. Palen acting as foastmaster.

PENNSYLVANIA STATE NOTES FOR JULY, 1912.

THE STATE MEDICAL SOCIETY—Now that the meeting of "The American Institute of Homœopathy" has come to a successful close, naturally, all loyal Pennsylvania Homœopaths will turn their attention and energies towards making the next meeting of "The State Medical Society" the best ever, which takes place at the Delaware Water Gap, "The Kittatinny" being the official headquarters.

There is no better way for the Pennsylvania loyalists to show their enthusiasm for the cause than by assisting in producing new members for "The State Medical Society." Last year's unexceptional record of 135 new members for the state society had previously been unequalled.

The president, Doctor G. J. Palen, is striving hard for a successful meeting, and every indication goes to point that this year will be a banner one for Pennsylvania Homœopaths.

You can show no better loyalty to the cause of Homœopathy, your State Society, and your president, than by assisting in the production of new members for "The Delaware Water Gap" meeting.

Doctor Palen is particularly anxious that our state society should not go backwards in the production of new and active members. Let us strive in this direction, for the strength of any organization is measured by the numbers upon its membership list. Pennsylvania with its 700 members has never been equalled by any other state in the Union. Will you not assist in keeping up this enviable standard?

Forward membership blanks properly endorsed, with check for \$5.00, which includes everything for the first year, reminding you of the "Hahnemannian Monthly," which is now the official journal of "The State Medical Society." Then, for further information and additional membership blanks, address the undersigned.

RALPH BERNSTEIN, *Chairman, 37 South 9th St., Philadelphia.*

THE HAHNEMANN MEDICAL COLLEGE held its commencement exercises and its alumni reunion on Thursday, June 6th, 1912. Thirty-five students were graduated and the event brought together hundreds of old Hahnemann students who are now practicing physicians in all parts of the United States. The commencement exercises were held in the Academy of Music, at 11:30 o'clock, and was followed in the evening by the Alumni banquet at the Bellevue-Stratford, at which the new graduates became real alumni of Hahnemann.

Clinton Rogers Woodruff presided at the commencement exercises next morning. The degrees were conferred by Charles D. Barnay, president of the Board of Trustees, and Doctor Wm. E. Van Lennep, dean of the college, announced the list of prize winners. Rev. J. Thompson Cole, of Elkins Park, offered the invocation, and there was an organ recital by Ellis Clark Hamman.

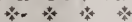
Doctor Louis Plummer Posey acted as toastmaster at the Alumni banquet, which was held at the Bellevue-Stratford at 6:30 in the evening, and at which Rev. Dr. David M. Steele was the principal speaker.

Doctor Wm. H. Keim delivered an address as president of the Alumni association, and Doctor Gilbert J. Palen as president of the State Society of Alumni. Others who delivered addresses were Doctor D. P. Maddox of Chester, a member of the Bureau of Medical Education and Licensure, and William J. Books, valedictorian of the class of 1912.

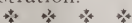
The officers of the Alumni Association under whose direction the celebration was planned, were Doctor Wm. Keim of this city, president; Robert Piper of Tyrone, Pa., first vice president; Doctor John R. Fleming of Atlantic City, second vice president; Doctor Richard Larer, third vice president; Doctor Edwin L. Nesbit of Bryn Mawr, corresponding secretary; Doctor Wm. C. Hunsicker, provisional secretary, and Doctor Wm. W. Van Baun, treasurer.

READING NOTICES

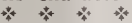
OBSTETRICAL CHARTS IN COLORS—Ten full plates 12x9, illustrating and briefly describing the following obstetrical positions: 1. Diameters of foetal head, pelvic brim and planes of pelvis. 2. Head presentations. 3. Mechanism in vertex presentations. 4. Mechanism in left occipito-anterior presentation. 5. Face presentations. 6. Mechanism in face presentations. 7. Right mento-posterior position. 8. Breech presentations. 9. Mechanism in Breech presentations. 10. Transverse positions. These plates will be sent in book form to any address on receipt of 25 cts. postpaid. BATTLE & CO., St. Louis, Missouri.



SYPHILITIC CACHEXIA.—In the cachexia of syphilis, practically during the late months of the disease, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has proven of much value, and is employed for this purpose in a routine manner by many physicians. Its therapeutic power as a reconstructive in syphilitic cachexia rests upon its well known property of improving bodily nutrition. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is a blood-maker of high order, a feature that makes it of particular value in syphilitic debility. Its employment will be of much aid to the usually resorted to therapy of syphilis and gratifying results will be noted from its administration.



RECONSTRUCTION FOLLOWING TYPHOID FEVER—In some instances, the convalescence of typhoid fever presents a debility closely akin to a tuberculous predisposition, which indicates the need for more potent reconstructives than the stomachics and tonics usually employed for this purpose. This need is well met by Cord. Ext. Morrhuæ Comp. (Hagee). Usually in these cases the blood stream is thin, the processes of metabolism are interfered with and the vital powers remain far below par. The tissues are easily susceptible to graver infections, such as tuberculosis. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) will prove its worth as an up-builder in this class of cases, charging the blood current with nutritious elements, and finally overcoming the debilitated state. Its palatability gives it added utility, a feature worthy of consideration in choosing remedial agents of this character.



MOUTH DISINFECTION—There never was a time when so much thought was devoted to the prevention of disease as now. Modern science has shown that true prophylaxis starts with the individual. It is, accordingly, the age of personal hygiene, not the least important detail of which is mouth disinfection.

Among the latest and most effective measures that have been placed at the service of discriminating people for the proper care of the teeth and mouth. REDOX ALKALINE DENTAL CREAM unquestionably stands first. Evolved from the daily experience of one of the country's leading dentists, it embodies every quality essential to cleansing, whitening and preserving the teeth. It is effectively antiseptic, delightfully refreshing and sufficiently alkaline to counteract that most dangerous of mouth conditions, acid fermentation. It is a remedy, par excellence, for relaxed or diseased conditions of the mouth—Pyorrhœa, Rigg's Disease.

Those who once use REDOX and note its delicious cleansing effect on the teeth and mouth, will never care to use anything else. It solves once and for all the personal problem of how to secure clean teeth, aseptic mouth conditions and a sweet, wholesome breath.

For sale at all druggists. Samples on request. Prepared by THE PURDUE FREDERICK CO., 298 Broadway, New York, N. Y.

PREPARE THE BABIES FOR HOT WEATHER.—During the month of June it is not a bad plan for the physician to take mental "stock" of the babies under his care, especially such as are bottle-fed, with the general idea of recommending such treatment as will tone up and vitalize those whose nutrition may be below par, so that they may enter the trying summer months in the best possible condition to ward off or withstand the depressing influences of extreme heat or the prostrating effects of the diarrheal disorders of the heated term.

Careful attention to feeding is, of course, a *sine qua non* and the details of the infant's nourishment should be carefully investigated and regulated. But this is not all. Many bottle-fed babies are below standard from a hematologic standpoint. The marasmic anemic baby deserves special attention in the way of building up and restoring a circulating fluid which is deficient in red cells and hemoglobin. In the entire *Materia Medica* there can be found no direct hemic quite as suitable for infants and young children as Pepto-Mangan (Gude). In addition to its distinctly pleasant taste, this hemic tonic is entirely devoid of irritant properties and never disturbs the digestion of the most feeble infant. Being free from astringent action, it does not induce constipation. A few weeks' treatment with appropriate doses of Pepto-Mangan very frequently establishes sufficient resisting power to enable the baby to pass through the hot summer without serious trouble, gastro-intestinal or otherwise.



SELECTION OF A TONIC.—The greater care and thought being devoted to the use of remedies in disease is heartily to be commended and there can be no question but that the vastly superior therapeutic results that medical men are uniformly obtaining today are the direct outcome of the broader grasp of drug action. Take for instance, the successful application of tonic medication. No physician at the present day would think of administering any potent restorative or reconstructive remedy without paying due consideration to the following essential details:

First: The avoidance of any remedy which from its nature or ingredients would tend to unduly stimulate or excite the higher nerve centers.

Second: The avoidance—except when specifically indicated—of any remedies which suddenly and markedly raise the blood pressure.

Third: The avoidance of reconstructive measures except in rare instances, which do not have a well defined permanence of action, or which must be constantly increased in quantity, or continued indefinitely in order to secure their beneficial effects.

Fourth: The avoidance of remedies containing drugs which are apt to produce dangerous or toxic effects as a result of some possible idiosyncrasy on the part of the patient.

Careful investigation on the part of the careful practitioner will enable him to see that of all the tonic remedies at his command, Gray's Glycerine Tonic Comp. is one of the few that can be freely employed with certainty that all of the foregoing requirements have been met.

As a matter of fact, clinical experience has clearly demonstrated that one of the strongest features of Gray's Glycerine Tonic Comp. is its practical freedom from any contraindication of age, sex, season or personal idiosyncrasy. It is a thoroughly reliable tonic that accomplishes its effects solely through stimulating the physiologic functions of the body. As a consequence its whole action is to restore a nearer normal balance between physical waste and repair; in other words, the proper nutrition of the whole body. Under its use every function is promoted and helped to do its normal amount of work, with all that this means in the maintenance of physical health and vigor.

ASSOCIATE EDITOR'S CORNER

CHARACTERISTICS - NO. 4

CHARACTERISTICS become very important in the anamnesis of a case. The average homœopathic prescriber sits down and begins to pick out "key notes;" and these very often are not characteristics and hence are not guiding. If he has not been trained in the homœopathic philosophy, he is very apt to place special importance on some common symptom simply because the patient complains much of that. For instance, the foot is inflamed and swollen and very sensitive to touch. Who would expect it to be otherwise? That, then, is a common symptom and of but little value when it comes to prescribing. Owing to bad training, or no training, too many physicians prescribe for a diseased stomach, liver, or for piles, or for a leucorrhœa. Only yesterday I prescribed for a lady who had been under a regular long time and who had suffered from a chronic leucorrhœa. He had stopped (suppressed) the leucorrhœal flow and the poor woman said, "Ever since the leucorrhœa stopped I have felt worse than ever." No homœopath does that kind of work. The loyal Hahnemannian does not fail to get the characteristic symptoms which represent the *patient*, his *individuality*, his *personal sickness*. In case of leucorrhœa, you do not want the flow to stop until the patient is cured; and then it will stop as a natural sequence.

WHAT ARE CHARACTERISTIC SYMPTOMS?

"In this search for a homœopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known medicines, in order to find among these an artificial morbid agent corresponding by similarity to the disease to be cured, the MORE STRIKING, SINGULAR, UNCOMMON AND PECULIAR (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is more particularly *these* that very similar ones in the list of symptoms of the selected medicine must correspond to, in order to constitute it the most suitable for effecting the cure."—Organon, Par. 153.

According to Hahnemann, then, the characteristic symptoms in each individual case of sickness are those which are STRIKING, SINGULAR, UNCOMMON AND PECULIAR. Until the physician learns to recognize these and to find the medicine which has similar characteristics, he will never succeed in prescribing homœopathically. STRIKING: The patient is literally burning up with fever. He is very restless, tossing all over the bed and says he knows he is going to die. The skin is dry and hot. The case may have been diagnosed "heart trouble;" but the fact that he cannot lie in one position a minute and is sure he is going to die are *striking* symptoms. They are pronounced and stand out and above all others. These will guide you to aconite and a cure. SINGULAR: A singular symptom is something remarkable or curious. Some time ago I had a case in which the man complained greatly of a severe, sharp pain under the left scapula *only while eating*. Now that was not only curious, but very remarkable. After much searching I finally found that symptom under merc. v.; and behold! that medicine had his other symptoms also. It cured promptly. UNCOMMON: The patient has a very high fever without any thirst whatever. His piles which are large are *better by pressure*; better riding in a saddle or in a buggy. These are *uncommon* symptoms. The common thing is to find thirst with fever and sensitiveness with large hæmorrhoids. The fever without thirst will make you think of pulsatilla and other remedies which have fever without thirst; and the large pile tumors, better by pressure, will remind you of kali. carb. PECULIAR: She says she feels something alive in her stomach or in her arm. That is *peculiar* and very guiding. It reminds you at once of crocus. Now when you find symptoms that are *striking, singular, uncommon and peculiar*, you will find that the remedy which has these also has the common symptoms in the case. So all we need to search for are the symptoms which are striking, singular, uncommon and peculiar—the *characteristics* of the case. These are the great *desideratum* in making a careful and safe prescription.

Again: "It will, no doubt, sometimes happen that this medicine, selected in strict observance of the homœopathic law, furnishes the similar artificial disease suited for the annihilation of the malady present; and this is much more likely to happen when these few morbid symptoms are very STRIKING, DECIDED, UNCOMMON AND PECULIARLY DISTINCTIVE (characteristic)."—Organon, Par. 178. The former paragraph (153) explains the characteristic symptoms

of the natural disease, while this one (178) as clearly defines the characteristic symptoms in the artificial disease or pathogenesis of the drug. With the skill of a master note those symptoms in the patient to be cured which are *striking, singular, uncommon* and *peculiar*; then, by the aid of the repertory and materia mēdica, find the medicine which has *similar* symptoms and which has these symptoms as very *striking, decided, uncommon* and *peculiarly distinctive*—distinctive from all other medicines. In no other way can one be a homœopathician, and in no other way can he make homœopathic cures—by first intention. Under this wise instruction homœopathic prescribing becomes a mathematical science; one can count on cures with mathematical certainty; without it all is blundering and guess work.

It is, then, the totality of *characteristic symptoms* which we must have in each individual case; and in gathering these together and committing them to record, the physician must have some intuitive genius, tact and strong powers of observation. When this part of the work is completed—properly completed, the task of curing the patient is more than half done. But this will not be completed at the first sitting as a rule. Sometimes three months or more are required in chronic cases.

WHY CHARACTERISTIC SYMPTOMS ARE SO ESSENTIAL.

In each individual case of sickness are three grades of symptoms: *general, common* and *particular*. A particular symptom refers to some particular organ, such as the liver or the stomach. Common symptoms, such as thirst with fever, pain with inflammation, or insomnia after exciting experiences, are worthless as a basis for a prescription. General symptoms represent the patient himself. His likes and aversions; his dreams and his mental state when awake. Whatever is predicated of the patient himself belongs to the generals. The patient says he feels a burning or an aching. It matters not whether the burning or aching is in the head or the rectum, it is a general. It is predicated of the patient. He says, "I feel." "I am sleepy immediately after the noon meal." "I always grow worse when exposed to the least cold." "I can not endure a warm room." She breaks down and cries like her heart would be torn asunder, yet she can not tell why and her family can not tell why. This is a general because it portrays the individuality of the patient and is always an important symptom. Such symptoms can not be ignored if we are going to cure. So the symptoms which un-

fold the patient's disposition; which reveal his individuality; which represent the patient himself and not a part of him, are the symptoms we must have in order to cure. Too many physicians forget the patient when they prescribe. We must quiz and quiz until we draw out those symptoms that are peculiar, striking and distinguishing. If they are not there, develop the case until you find them; for you can not cure without these. A so-called homœopathic physician came to me a few years ago with a long list of symptoms and said he wanted me to help him cure his man. He had plenty of symptoms, but no case. *He did not have a characteristic in the whole list.* This was probably due to the defective manner in which he took the case; to the faulty manner in which he asked the questions; to his utter failure in making the patient tell things without suggestion. Hahnemann himself could not have prescribed successfully for that man, guided by that list of symptoms. *I verily believe some doctors would run right past characteristic symptoms and never see them.* They do not recognize those things that represent the patient; and this is the cause of more failures in prescribing than all other mistakes put together.

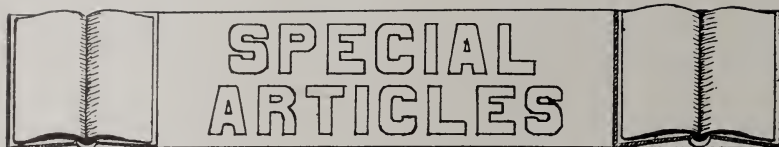
"But," says the objector, "Hahnemann teaches that we must note down the totality of the symptoms in each individual case of sickness, and that means *all the symptoms*, subjective and objective; and now you are instructing us to gather up the *characteristics*." Very aptly put. I remember a New York professor who made this argument a few years ago. It is true the master sometimes says, "The totality of the symptoms;" but we must interpret an author by the general import of his work. If you will open the Organon and turn to paragraph 258, you will there read the following: "He must bear in mind the truth, that of medicinal agents that one alone invariably deserves the preference in every case of disease which corresponds most accurately by similarity TO THE TOTALITY OF THE CHARACTERISTIC SYMPTOMS, and that no paltry prejudice should interfere with this serious choice." This, then, is authoritative; and it is the shortest cut to homœopathic cures that has ever been discovered. The homœopath can only employ his odd moments to better advantage than by filling his mind with an accurate knowledge *as to what characteristics are*. He must learn to recognize them and to jot them down from among the generals—the symptoms that pertain to the patient himself. He will never find them among the common symptoms. Nor will he find them among the particulars. He may know the

pathology of the diseased liver, or stomach, or lungs, or uterus, or ovaries to a nicety; but he must know more than this; he must know the symptoms which are *peculiar to the patient*, not those which are common to his disease. Patients complain more of the particulars; but behind these is the ego, the patient himself. We must find those symptoms which characterize that particular sickness—the individual case.

It often happens that in the pathogenesis of a drug which has been selected as the most appropriate, a given particular is not found; has never been brought out in the proving. Still, if that medicine corresponds by similarity to the totality of the characteristics, those characteristics will go out, and that particular will fall in line and go out too. On the other hand, if you prescribe for the particular you may palliate it for a time, but you *miss the patient*. You must have that which *characterizes the patient*; and those symptoms which characterize the patient must characterize the remedy selected. Then you make a cure with mathematical certainty if the remedy is properly administered. This is the only way to individualize and select for each patient the specific for that particular case; and there is no other way to cure. Let every homœopathic student apply himself along these lines and share the glory and power of pure homœopathy.

HOLLOWAY.





SPECIAL ARTICLES

THERAPEUTICS OF PNEUMONIA. (Continued)

DIGITALIS. The great characteristic of *digitalis* is found in pneumonia senilis, when the heart's action is beginning to fail. The symptoms are, respiration irregular and performed by frequent deep sighs; respiratory murmur feeble; cough is worse about midnight or towards morning, it is worse talking, drinking anything cold, bending the body forward; passive congestion of the lungs depending on a weakened, dilated heart; cough with profuse, loose, purulent sputa or sputa of the chest sometimes mingled with a little dark blood; passive hyperaemia of the brain which feels fatigued and weak.

Elaps. This remedy is not of broad range but it has a condition rarely found but of inestimable value when the conditions are present. The key-note is *sputa of black blood*. This remedy has an affinity for the right lung and severe pain in the morning which prevents the patient from rising; there is a feeling of coldness in the chest after drinking; there is a cough with intense pain in the chest and a sensation as if the right apex would be torn out and as if the heart were being tightly squeezed.

Ferrum metallicum. Though frequently indicated in senile pneumonia, it is one of the remedies we think of in *epidemic pneumonia* where the pneumonia is characterized by a gradually increasing dyspnoea with no sensation of pressure under the sternum. The face is pale; the roof of the mouth is dry, skin neither burning nor cold; pulse is hard and full; the fibres are lax and the expectoration is bloody.

Ferrum phos. This is the remedy to be remembered in *pneumonia of adults as long as no exudation has taken place*. It is to be thought of in the first stages of infantile pneumonia, especially when caused by checked perspiration on a hot summer's day; the pulse is full and soft; very little thirst; the body is hot; nose bleed is nearly always present; profuse expectoration of almost pure blood or of frothy, thick mucous. Do not forget this remedy in the secondary congestion following pneumonia when one side becomes inflamed suddenly the other side also becomes inflamed.

Iodine. This is one of nature's greatest remedies in what is known as *pneumonia crouposa*, beginning of *plastic exudation*. What are the characteristic features of the pneumonia calling for *iodine* and what are the peculiar features of pneumonia crouposa which call for *iodine*? Notice, there is a tendency to bronchitis and pulmonary congestion and hemorrhage; the fever will not abate nor does it seem possible to quench the thirst; there is cough with great dyspnoea as if the chest could not expand and a sensation of weakness in the chest with anxiety and oppression and burning, stabbing pains, the sputa is blood streaked. It is also valuable in the third stage, severe suppuration sets in with marked febrile symptoms, particularly in tuberculous patients, those who re-act slowly to medicine and when the difficulty is better in the open air than in a warm room.

Ipecac. This is our great remedy in pneumonia of infants where the breathing is spasmodic and wheezing as from spasms of the lungs, the respiration is rapid and difficult, severe dyspnoea due to clogging of the larger bronchi by inflammatory exudation, there is rattling of large bubbles, fine rattling noises in the chest without sopor and not infrequently do we find convulsions.

Kali carbonicum. There are many cases of pneumonia which cannot recover without this remedy. It is indicated in nearly all forms of pneumonia when the symptoms agree; there is intense dyspnoea; there is a great deal of mucous in the chest but it is raised with difficulty; in children the respiration is wheezing, whistling, oppressed so that the child can neither sleep nor drink; cyanotic symptoms with puffiness over either eye lid; unable to breathe deeply; the pains are very stitching whether the patient moves or does not move, but aggravated by moving; these pains are chiefly in the walls of the chest especially in the lower third of the right lung going through the chest to the back yet they may go all over the chest. In the latter stages of pneumonia with copious exudation in the lungs and great rattling of mucous during cough; the expectoration shows little globules of pus and all the conditions find their greatest period of severity at about 3:00 o'clock in the morning and last from two to three hours. It is one of the first remedies to be thought of in hepatization of the right lung with inability to breathe deeply or to lie on the right side. In children we often find sweat on the upper lip during sleep. It is one of the most effective remedies in abscesses of the lungs with expectoration of pus and blood. Again, it is one of the remedies to be thought

of in prolonged cases of pneumonia, in badly treated cases of pneumonia, and in pneumonias which have not properly recovered.

For the sake of brevity we must omit some very useful remedies and we now turn our attention to *lycopodium*.

Lycopodium. This is one of the remarkable remedies in *mal-treated* or *neglected* pneumonia which are passing or have passed into a typhoid stage, particularly if there is impending suppuration of the lungs with adynamia and night sweats; extensive hepatization with diaphragmatic breathing and fan-like motions of the nostrils and great dyspnoea. This remedy has an affinity for the right side and yet it is not counterindicated in the left side. There is scanty, gray sputa; cough loose, full and deep sounding as if the entire lung were softened, the patient raising a whole mouthful of mucus at a time, of a light rust color but not thick, more stringy and easily separated; and to make the totality more complete, we have circumscribed redness of the face, coldness of one foot, usually the right while the other foot is warm.

Mercurius. This is a remarkable remedy in *epidemic pneumonia* especially of the *bronchial type*, in *infantile pneumonia* where in all conditions the patient cannot lie on his right side. Now, then, with this we have blood streaked expectoration and sharp pains shooting through the lower portion of the right lung to the back; icteroid symptoms; slimy stools attended with great tenesmus before, during and after stool. Asthenic pneumonia with feeling of weight in the lungs, aggravated by walking or ascending which produces a short cough and expectoration of bloody saliva. In that form of pneumonia it is characterized by a deep irritation of the nervous system; the nose, the larynx and trachea become suddenly dry; dyspnoea sets in with spasmodic cough, worse at night; yellow, green, blood-streaked expectoration; skin is burning hot at times and covered with copious sweat; the tongue yellow, soon becomes dry; the senses are dull; violent headache; soporous condition with a light delirium and, with all of this, the patient complains of little or no pain.

Phosphorus. How the dominant school can pretend to treat pneumonia without the knowledge of potentized *phosphorus* is a mystery to me. This is not the only thing that that school lacks which seems a mystery to me. Here is one of the greatest remedies in the materia medica for the various forms of pneumonia, particularly *typhoid-pneumonia* and *pleuro-pneumonia*. What are the symptoms? Dryness of the air passages, excoriated feeling in the upper chest, great

weight on the chest or a sensation of tightness across the chest, the chest feels sore and bruised; hepatization of the lower half of the right lung, especially in the latter part of the period of deposit and the early part of that of absorption, with wing-like motion of the alae nasi; aggravation from lying on the left side; dullness of sound on percussion, bronchial respiration, frequently attended with a crepitation and rattling. In the typhoid type there is not a generous inflammation but rather an accumulation of blood in the veins and extravasation of blood in the tissues of the organ; the patient is weak with feeble pulse; sighs occasionally; is unable to use his lungs; not from pain, but merely from weakness and hyperaemic stagnation; the pulse is thready; the sweat is cold. In pleuro-pneumonia, with extensive implication of the pleura, in hepatization with mucus or bloody sputa; coughing increases the difficulty of breathing; and during the third stage, if it is permitted to reach the third stage, there is purulent infiltration of the parenchyma, with mental depression, rapid prostration; cold, clammy sweat; small, feeble, frequent pulse; dim eyes; sunken features; dry lips and tongue; short labored breathing; oppression and anxiety; tedious cough and expectoration; involving diarrhoea; threatened paralysis of the lungs, and particularly indicated in tubercular people—those tall, slender, weak-chested persons. *Phosphorus* is our great tonic to the heart and to the lungs.

Rhus toxicodendron. Here is another of nature's great provisions in the time of man's most dire distress. We think of *rhus tox* in *typhoidal-pneumonia*, particularly if intensified by *resorption of pus*, and when there is a tearing cough and restlessness, and rest aggravates the pains and dyspnoea. The tongue is red at the tip; there is loss of strength; sopor; hardness of hearing; unconscious defecation and urination; dryness and heat of the skin, with a dry, sooty tongue. The dyspnoea is worse from distention of the pit of the stomach; the sputa is bloody or of the color of brick dust, or there may be green, cold mucus, with a putrid smell.

Sanguinaria. This remedy is particularly indicated in the second and third stages of pneumonia, and the leading indication is a tendency to failure of the heart's action before the extent of hepatization can really account for it; the cough is dry at first, excited by tickling and crawling in the trachea and upper portion of the chest; there is tough and rusty sputa during red hepatization, with purulent and offensive sputa in the third stage; hectic fever, diarrhoea, night sweats, prostration; there is a distressing amount of dyspnoea; the hands

and feet are burning hot or icy cold; the patient lies upon his back, with head elevated; the pulse is weak and irregular; the patient feels faint; covered with sweat, and suffers from nausea; the fever is worse from 2 to 4 p. m., and during this time the cheeks are highly flushed.

Spongia. This remedy is especially useful in *broncho* and *croupous-pneumonia* where there is an inability to lie down. There is wheezing, anxious breathing, burning and soreness in the chest, and during the stage of resolution there is profuse secretion and expectoration; the cough is relieved by eating or drinking.

Sulphur. Think of the many graves which might be empty had the attending physician known the power and virtue of *sulphur* in pulmonary diseases. It is said that *sulphur* is indicated in pneumonia of infants and old people. It may be indicated at any age. It is indicated in neglected or occult pneumonia, especially when occurring in psoric patients and where they terminate in tuberculosis pulmonum or in phthisis pituitosa. It may be indicated in typhoid-pneumonia when we find short and rapid breathing which amounts to a mere heaving of the chest; cough and expectoration nearly impossible, and where the patient responds sluggishly, comprehends slowly and is worse about midnight. It is also indicated in pneumonia which assumes a typhoid character with slow solidifications of the lungs where there may still be much rattling of phlegm in the chest. Frequent, weak, faint spells and flushes of heat; the patient feels suffocated; he wants the doors and windows open and complains of a constant heat on the top of his head. You will think of *sulphur* in pneumonia when passing through its first stages normally and then remain stationary, where there is a deficiency of reaction. *Sulphur* accomplishes the absorption of the infiltration and prevents suppuration, particularly where there are any typhoid symptoms and in symptoms to phthisis pituitosa. When *sulphur* is indicated the bronchial respiration and hepatization are heard most plainly in the back.

Veratrum vir. The great key to this remedy is *marked arterial excitement*. The pulse is hard, strong, quick, full, incompressible; there is engorgement of the lungs; the sputa shows large masses of blood, with faint feeling in the stomach; nausea; slow and intermittent pulse; constant burning distress in the cardiac region; heart's beat is loud, strong and at the same time; respiration is slow and labored; there is great cerebral congestion; red streak through the center of the tongue; sinking faint feeling in the pit of the stomach or

attempting to sit up with nausea; cold sweat; orthopnœa; threatened paralysis from over exertion of the heart.

This closes the leading remedies in the treatment of pneumonia; indeed, they cover the majority of cases found in general practice. The delusive hope that some day some one will discover a serum which will be a specific in the treatment of pneumonia should be exploded as soon as possible. With the armamentarium we possess, it is worse than folly to turn up something which has thus far proved a practical failure. He who waits for something to turn up is losing valuable time and encouraging the business of the undertaker. It is our unquestionable duty to make use of that which we have and which has proven itself valuable beyond a question of doubt. By using that which has proven itself so valuable we not only save lives and cure diseases, but we enrich our therapeutic coffers.

G. E. DIENST, *Aurora, Ill.*



STATE MEDICAL SOCIETY. Are you a member of your "State Medical Society?" if not, why not? Can you give anyone a good reason why you should not endorse your "State Medical Society" with your membership? Do you realize that you are not considered to be in good standing in your profession unless you do endorse your State Medical Society? Perhaps you are not aware of the fact that on two occasions recently, two Homeopathic physicians made application for state government positions, neither one of whom received the respective appointments which they desired because of the fact that one was not considered to be in good standing in his profession, because he was not a member of his State Medical Society, and the other one, although a member of his State Society, had not paid his dues for several years back, and therefore, was likewise considered "not in good standing."

Moral, join your State Medical Society, and "pay your dues." You may never want to seek a state government position, or a position in your municipality, but you must always know that you do not have the unqualified endorsement of your fellow practitioners, or government officials if you are not a member of your State Medical Society.

The young men of the profession should see to it at once that they make application for membership, and become in good standing as early in their careers as is possible.

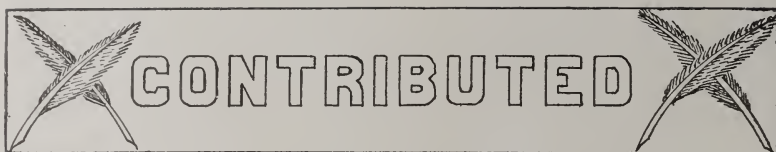
If you are already a member of your State Medical Society, then you have done part of your duty at least. If you have seen to it that new members are joining the State Society through your own efforts, then you are doing your whole duty.

This year's meeting at the "Kittatinny" at the Delaware Water Gap in September is to be a gala occasion. Doctor Gilbert J. Palen, our State Society president, is spending every effort to make this year's meeting the best in the history of our "State Society."

On Tuesday evening there will be a smoker which will eclipse anything ever previously attempted. You should be on hand Tuesday evening for this occasion, because there will be special features, which you had better enjoy and participate in, rather than have to submit being told about after the smoker shall have been a thing of the past.

RALPH BERNSTEIN, *Chairman.*

37 South 19th Street, Philadelphia.



AN EBULITION FROM OUR URIAH.

TO THE CRITIQUE: If you will be so kind and obliging, I am going to ask you to give place to the editorial in the current issue of the *Medical Century*, anent the selection of Denver as the place of meeting of the American Institute for 1913, which you have sent me, and which is as follows:

"We regard the selection of Denver, Colorado, as the place of the next Institute meeting as unfortunate and unwise. If we are to accept the invitation of Portland, Oregon, for 1915, why should the great mass of Institute regulars be required to cross the plains at a great expense in 1913. No one can go to Denver and return from either Boston, New York, Philadelphia, Washington and adjacent territory for less than \$100,000 spent in carfare, Pullmans and meals. This added to hotel accommodations and the extra time required will make the trip a too expensive one for any living east of Chicago. At least 90 per cent. of the Institute membership is east of the Missouri river, and to go to Colorado, which, we believe, had no representatives at either the Detroit, Narragansett Pier or Pittsburg meetings, just because in a moment of enthusiasm the Colorado Homœopathic Society voted an invitation, seems unwise. If the Trustees have the interest of the Institute well in hand they will follow a precedent already established and inquire carefully into the advisability of Denver as a meeting place, and, if a better place can be found, where the attendance will be larger and a better meeting result, promptly change to that place. We would suggest Saratoga Springs, Niagara Falls, Milwaukee or Indianapolis, all easily reached and near the centers of homœopathic population."
—*Medical Century*.

In the language of the day, "Now, wouldn't this frost you?" Poor deluded trustees! Denver's invitation was before them from last September. Its candidacy for the meeting had been heralded with rather unusual publicity through the *Institute Journal*, THE CRITIQUE, and other journals, adversely through the *Medical Century* alone. Saratoga Springs, one of the points now named by the wiser-than-the-fifteen-Trustees editor of the disappointed journal referred to, was before that board for the meeting, and was doubtless fully considered. It has no member of the Institute, and is in an isolated homœopathic section. Yet the lugubrious *Century* would take the Institute to its intensely crowded population—he would, he would—if he could! What consistency is there in this suggestion?

Indianapolis, Niagara Falls and Milwaukee all knew of the meeting of 1913, and none asked for it. Each city had able representatives at the Pittsburg meeting, yet none even hinted that his city wanted the next session. Isn't the suggestion of the *Medical Century*, to the practical effect that one of those cities be raped by the Trustees, somewhat of a reflection upon the members in attendance therefrom?

And then the expense! One hundred dollars per member (not \$100.000 per member, as the *Century* puts it) is too much for those poor Easterners to pay for the trip out to Denver, when many of them rode from New England and other Eastern points to Pittsburg in their own automobiles! But is it any more for an Easterner to pay to come West to the Institute than it is for a Westerner to go East to a meeting in that section? And is it not because such a preponderance of the meetings are held in the East that so few Westerners attend? We are entitled to a meeting out here once in a while, and since Denver has not had a session of the National body for eighteen years, and especially since the kicker of today was the promoter of that day, it seems like a pure case of "Dewey biliousness" that the present protest is offered. And it seems especially to be in very bad form for *Medical Century* to raise any question whatsoever about the Institute's finances, or those of its members, when we take into account the wicked and altogether unjustifiable raid upon the Institute treasury which that journal was guilty of making in not very remote years.

The Medical Century's whines are becoming chronic. To it no good thing can come out of our Nazareth. It may be unfortunate for Denver and the West that it was the writer who proposed to Denver and Colorado that 1913 would be a good time for the Institute to visit the metropolis of the Rockies, since the meetings of 1911 and 1912 were in the East, and that for 1914 would necessarily be held there. But the Trustees did not allow the Dewey spleen at the "Itinerant Promoter" to deter it from doing the great West the justice of giving it the meeting, nor do I believe now that body will do Denver and the Rocky Mountain district the greater injustice of deflecting the meeting from this territory. Certain it is that the great body of the regular attendants upon the Institute were delighted that Denver was selected, and certain it is that that same great body, as well as all truly Western members, will be sorely disappointed, and much more than that, should such silly cavil as this *Medical Century* Uriah's

twaddle, take from them that to which they are justly entitled, and which the Trustees have in their wisdom assigned.

Now let the *Medical Century* man be good, and set about getting up one of those especially superb special trains which he (did not) run to the Pasadena meeting, and as he whirls across the beautiful prairies and through the splendid fields of the great West to the most beautiful city of the United States, against the grandest setting of glorious mountains which the world possesses, he will feel that life is still worth living, even if the writer did fairly successfully exercise a wee bit of his numerous activities toward the securing of the meeting of 1913 for "The Magic City of the Plains." Of course, it does not matter that Colorado was represented at Detroit, Narragansett Pier and Pittsburg, as was known to the *Century* when it said to the contrary. A little pervarication is permissible in a holy cause, and that particular journal has come to consider especially justifiable any little slam he can find opportunity to make at,

Yours in thorough good nature,

C. E. FISHER,

Sterling, IN COLORADO, July 15, 1912.

TAKE NOTICE! Denver will give the Institute a magnificent time. Its auto boulevards are superb. Its mountain scenery is unexcelled and unexcellable. Its trout fishing is one of its special vacation attractions, calculated to work the bile out of even a nutty Vermonter's system. Its hotels are among the best in the United States. Its hospitality is generous and unbounded. Those mountains! Six states at a glance from one of them. Automobile climbs that are glorious! And that pool at Glenwood! Come out and try it, *Century* man; it will purify even you. F.



ANTI-TRUST DOCTORS NEEDED.

DR. McQUESTION VS. DR. REED. CLUB WOMEN FOR MEDICAL LIBERTY.

TO THE EDITOR: Dr. N. A. McQuestion, editor and publisher of Mansfield, O., has announced himself an independent candidate for the Ohio Legislature on a platform of universal medical liberty and in opposition to "the doctors' trust." The country sees yearly thousands of allopathic doctors aspiring to seats in State Legislatures that they may, if possible, advance tyrannical medical legislation.

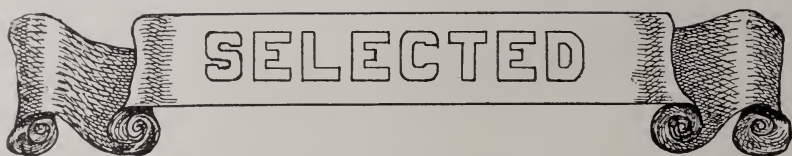
It is now time that high-toned doctors of the Dr. McQuestion type aspired to legislative seats also. It is to be hoped that the good people of Richland county will elect Dr. McQuestion and start a precedent for the whole nation.

It is also high time that all the opponents of the "National Health Party," as the supporters of the Owen bill are coming to call themselves, took all-round political action. Dr. Charles A. L. Reed, of Cincinnati, has recently been lecturing at Hamilton, Ohio, Lansing, Mich., and York, Pa., in a most desperate strain. He calls upon all his friends to give their votes to those who are sure to favor the Owen bill, and to meet in their counties and pass "ringing resolutions" in favor of it. I have for years called upon all liberty-loving citizens to vote for no doctor for public office who is not a known opponent of medical tyranny. Dr. Reed can be told that there are now 300,000 people enrolled as opponents of the Owen bill.

Under the heading, "Mrs. Ward Attacks Owen Health Bill," the Chicago *Inter-Ocean* of June 7th gave the decision which that lady had come to. The Illinois club women were somewhat divided on the subject, but now their uncertainties will be settled by Mrs. Lydia Avery Cornley Ward, the wealthy society and club woman of Chicago, who has spoken before the First District Federation of Women's Clubs of Chicago. The 700,000 club women of the country can now join the 300,000 members of the National League for Medical Freedom and make an even million to do battle with the cohorts of Dr. Reed.

It is time now that Mrs. Ward and the 700,000 club women be also shown the precedent that has fortified men like Dr. Reed to advocate medical tyranny under specious pleas. In brief, the doctors have taken their cue from the public school system. They say: If state education and state-paid teachers are good for the minds of children, then state medicine and state-paid doctors are good for the bodies of children and parents alike, hence, we want a department through which this good may be attained. Now, my dear club women, do you not see your error in what you have called your "strong work" for compulsory education? One kind of tyranny leads to another. Henceforth be like Poultney Bigelow and call for liberty in every line of human action.

FRANCIS BUCK LIVESEY,
West Friendship, Maryland.



PRESIDENTIAL ADDRESS BY DR. KENT.*

(EDITORIAL NOTE: *The following is a portion, at least, of the Presidential Address delivered before the meeting of Homoeopaths at their recent meeting held in Chicago, by DR. JAMES TYLER KENT. We copy the entire article from THE HOMOEOPATHICIAN and it is barely possible this is the document in its entirety. If this be a fact we wish to congratulate Dr. Kent and the society he so ably represents upon the practical peculiarity of this particularly practical Presidential pronouncement. Here is a document that tells us something concerning homoeopathy and why we should do certain things. We hope to have more of the same kind later on.*)

THE RELATION OF GOUT TO THE VOLUNTARY SYSTEM.

When four to six years old she hated her sisters and her mother.

When fourteen, she began menstruating and fainted with the violent cramping uterine pains at each period. When thirty, she had gouty finger joints.

When she was a child we could not call the mental state gout, nor at puberty could we think of gout, but was she not then afflicted with the beginning of what was later a gouty condition? When she was a child Fluoric acid would most likely have cured her. When she suffered at puberty she needed *Lap. albus*. When she became gouty she was cured of her lifelong sufferings with *Silica fluorica calc.* In many similar cases I have noticed that gouty conditions begin and continue along the course above described. Must we stretch our imagination, then, to say that the same remedy would have cured her if she had had it in infancy?

Why not let such cases lead us to things first, instead of things last:—the diagnostic symptoms or ultimates? Is it not possible to perceive that we have not fully taken the symptoms of any adult case, if we have neglected the symptoms from childhood to the present? Drugs may have obscured the recent symptoms, but if the mother can describe the mental state of the child we have a good beginning, and can sometimes see what remedy was needed before the drug doctor or the near-homoeopath obscured the case.

To cure the results of disease—the ultimates—we must be guided by the symptoms that represent causes and first periods of developing sick constitutions. The man who waits for pathology to guide him to a remedy for a constitutional sickness is most unwise. We sometimes see the remedy shining through the pathology, but generally only the smallest hints are visible. These hints may strengthen the indications, but it is better to strengthen the indications with the early symptoms. If we are to arrest gouty formations we must look for early mental symptoms, as the gouty concretions give small clue to the remedy.

* Delivered before meeting of Homoeopaths held in Chicago, July, 1912.

WHY IS CANCER INCURABLE?

In other words: What must be discovered, to lead to the cure of cancer? When a case has been cured, why was it possible when other cases, and most cases, have resulted in failure?

It is true that in some cases there are hold-over symptoms enough to lead to the remedy, *but in most cases there is nothing discoverable but the malignant growth and its associated features of hardness, stinging pains, ulceration, enlarged glands and the tendency to involve the surrounding parts in its own development.* A neophyte could say that such a growth is malignant, without the aid of a microscope. Then, in most cases, the paucity of symptoms is the present state of the situation. If the child's mental symptoms could be fully ascertained, and the symptoms from childhood to adult age, something might be done. Cancer generally comes on in after life, when childhood actions have been forgotten. The patient does not know her own childhood mental state, the parents may be dead, sisters and brothers may describe the antics of the child.

Many of our patients come to us with a history of old-school drug-ging from childhood; every childhood morbid condition has been suppressed; eruptions have been suppressed, symptoms have been changed by crude drugs; no clear-cut representation of the constitution has been permitted to evolve. We do not know whether the child was obstinate, hateful, ungovernable, hysterical, violent, slow in school work, or the opposite; we can learn only the commonest features of puberty, which is a most important time to investigate in all women. If the symptoms that have appeared from birth to the present date are undiscoverable, it is no wonder that cancer is incurable.

To cure any condition *we must base the prescription on the totality of the signs and symptoms and not on the pathology.* The cancer is the ultimate. The symptoms from the first are the outward image of the patient. If they have been suppressed or changed by drugs that are not homœopathic, there is nothing left for the homœopath to do, and the surgeon can do no better. Palliation and prolonging life are not curing.

"All curable diseases make themselves known to the intelligent physician in signs and symptoms." (Hahnemann.) Pathological conditions as also the patient, are incurable when there are no signs and symptoms, and so long as there are no signs and symptoms these remain incurable. *In proportion as the pathology progresses the signs and symptoms decrease.* This is marked in cancer, in tuberculosis, in diabetes, in Bright's disease, and in all of the organic conditions of the body. In some instances, the remedy that was once indicated by mental and physical symptoms will cure even in moderately advanced pathological conditions; again, such a remedy will soon reveal that the patient has been sick too long and the pathology has progressed too far, and the reaction is so feeble that he sinks rapidly and the remedy must be antidoted.

I remember a patient who had long suffered from tuberculosis of the lungs; cavities were present; several hemorrhages had occurred; the mental and physical symptoms had called for Phosphorus from the early history, and even at the time he came this remedy fitted the symptoms. PHOSPHORUS was given in high potency, as I had not then learned better, and there followed a high fever, involuntary diarrhœa, and sinking. It was apparent that this patient would soon die, but ARSENICUM antidoted the over-action of Phosphorus and the patient lived several months. The patient must have the reactive ability when the similar remedy is administered, or become worse after such a remedy than before.

Therefore, *it is a homœopathic remedy when the patient can react from it, otherwise it is only a similar agent and not a remedy.* When a similar remedy is not a homœopathic remedy is quite a new problem to many good thinkers. It is never such when the patient lacks that reaction which is always depended in and so promptly noticed in all curable

cases. Some patients have lost this reaction when there is no visible or discoverable organic disease. This is what comes to the aged who die of senile debility and it may be said, as a fact, that the deceased had no disease.

We often see, in the last days of the aged, a quick response after the remedy, but it holds only a few hours and he sinks to his final rest. Quite similar is this lack of reaction in some feeble, young, and middle-aged people. Whether it comes from constitutional debility or pathological conditions, the lack of vital reaction is the same.

When we think of the curability of cancer or tuberculosis, this is the question to be considered. We can judge the measure of his reaction by watching the symptoms after the administration of the remedy. No two patients react the same. It is generally safe to conclude that so long as signs and symptoms are present good vital reaction continues, but after the signs and symptoms have departed, and pathology has taken their place, it is impossible to predict what the quality of his reaction may be, until the patient has been tested by the similar agent. When this is known, it will be easy to understand why old symptoms return, in chronic cases, after the administration of the similar remedy. Patients having only feeble reaction are only palliated, while those of strong reaction go through all their past symptoms in the reverse order of their appearance.

In patients with cancer or tuberculosis, we may be quite certain of their ultimate recovery, if old symptoms return after administration of the remedy. These patients seldom have the vital reaction strong enough to develop former symptoms, hence they are incurable.

To be able to perceive the remedy from the signs and symptoms in the present or history is one item of cure, but another and quite different item is the vital reaction of the patient. To find a remedy that will restore his lost vital reaction is thus far impossible. Even the surgeon's knife has been a failure.

TUBERCULOSIS.

A three-year old boy was brought to my office to be treated for adenoids. There was a history of several deaths from tuberculosis on the father's side. After long and earnest questioning, the mother continued to conceal the boy's mental state. She seemed ashamed to reveal his mental symptoms. It came to my mind to test his condition with Tuberculinum bovinum, as he had such a history of disorder, and I had many times seen this remedy cure adenoids that followed such a history. I then forcibly put a powder of the remedy on the child's tongue, after a struggle. He refused to put out the tongue or open the mouth. The mother attempted to persuade him to open his mouth; then the time came for the boy to exhibit himself.

He was violently angry, eyes became glassy, appeared as if he would have a convulsion, attempted to spill the pellets out, turned upon his mother and said, "I will kill you, when I get you home I will kill you." He frothed at the mouth. Then the mother was persuaded to relate the child's disposition and mental symptoms. She said that they were unable to govern him or persuade him to do anything he did not want to do. He would fly into a fit of rage and threaten to kill his father or mother, and would froth at the mouth whenever they attempted to force him to obey a command.

While the child was in my office the mother forced him to open his mouth, and the dose of Tuberc., 10-m, was put on the tongue. Four weeks later another dose of the 10-m was given, and later the 50-m was given. Within a month the child began to change and become a perfectly gentle and orderly child. The adenoids had entirely gone in three months. The child is a most promising boy, now ten years old. No other remedy was required.

After observing a large number of consumptives from the beginning

to the ending, I am unable to say that the corresponding mental relation is fixed and positive.

The mind is always out of balance in children who are constitutionally affected from inheritance. Sometimes the will is most disturbed and sometimes the understanding.

When the lungs, kidneys and intestines are the seat of the localized disease, the understanding is predominantly disturbed. When the liver is the seat of the localized disease, the will symptoms are most prominent in early history.

All cases present early mental symptoms, and there is always a train of symptoms, mental and nervous, until the development of tubercle is well established; then the mental symptoms disappear, and in most cases there has been an absence of mental symptoms for a period before the beginning of the deposits. This leads to the opinion that there is in nearly all cases a predisposition to tuberculosis, and it is this predisposition that is inherited. If this is absent, protection is quite positive.

The predisposition is marked in many cases from birth to the onset of the localized disease or ultimates. We should not wait for the onset of the pathology, but all cases should be prevented by study and tests. If parents were aware of the possibility of testing and absolute prevention they would aid toward the final closing out of the "white plague."

NOSODES.

The nosode tendency is becoming altogether too extravagant. I have known Medorrhinum to be given and fail where Thuja would have cured promptly, because the symptoms were predominantly Thuja and not Medorrhinum. I have known Psorinum to be given because the case was supposed to be due to psora, where Sulphur was well indicated. It is a great error to prescribe for the miasm instead of the totality of the symptoms.

If the symptoms are very scanty and the remedy is doubtful and the patient has a history of gonorrhoea, his symptoms having come on since, it is a hopeful experiment to give Medorrhinum. In similar manner, if there is a history of syphilis with a paucity of symptoms, it is a good experiment to give Syphilinum. Most certainly we must rise above miasmatic prescribing, yet the miasm should be held in view and the remedies should be held in view, and the remedies that fit the symptoms should also be deep enough to cure the corresponding miasm.—*The Homoeopaths.*



HOMŒOPATHY AND THE ADVANCE OF MODERN MEDICINE.*

BY SCOTT C. RUNNELS, M. D., INDIANAPOLIS.

IN THIS ERA OF CHANGE, of the ever new, when the morning paper announces that Prof. Brown of Smith University has just discovered a new cure for pneumonia, by which the death rate is reduced fifteen per cent; and the avid public having hardly digested this startling news is greeted with the claim that Dr. Jones has advanced a treatment for rheumatism by which ninety-six per cent are cured, or that Prof. Blank has annihilated the social plague, and so forth and so forth, it is only the nimble of

* Read at the Indiana Institute of Homeopathy, May 21, 1912.

mind who can even keep the main body of the advancing army of the Protectors of the Health in sight, to say nothing of its outriders. While it must be admitted that much of this widely heralded and recently conquered territory is found to be still insurgent, yet even the most skeptical are certain that at the present time great advances have been made in the fight against disease and that the individual's chances of health are today greater than ever before.

To this restless mind of "Modern Medicine" the homœopath is a back number. Because he has been practicing medicine along the same lines for a much longer period of time than any other system, or lack of system of practice, the plea is that "science" has advanced and left him hopelessly stranded. Is this contention just? Is the follower of Hahnemann being left on the bank while the river of knowledge flows past, because he does not evidence the turbulence and activity through which much of this later wisdom has come?

In order to decide this question let us look over the recently acquired territory. Medical advance has been made in four lines: 1st, Sanitation; 2nd, Immunization; 3rd, Therapeutics; and 4th, Chemotherapy.

First: Sanitation is not in any sense "medicine" and has only a secondary relation to the healing art. It is merely the application of common sense amplified, and as such every worker for health, physician of whatever sect, or layman, uses every safeguard in his power, both for the protection of the individual and of the community. The work of sanitation is of untold importance; the conquest of Cuba and the digging of the Panama Canal were the conquest of the test tube rather than of the battle ship or the steam shovel, and the reduction of the death rate all over the civilized world is almost entirely to its credit. Prevention is better than cure, but because we are able to prevent a disease we should not claim that we can cure it; the two are absolutely different. Sanitation is entirely without the ranks of sectarian medicine; Hahnemann was one of its pioneers, and his followers hold many of its highest offices today, while there are eminent sanitarians who are not doctors at all.

Second. Immunization, which is entirely the development of the last twenty-five years, the child of the laboratory and the pride of its parents, is the real advance which medicine has made. A number of diseases which for all time had held undisputed sway over the human race are being subjugated. The entire field of bacteriological infections bids fair to surrender, and more recently the trypanosomes, and

we hope the plasmidia, are coming to be classed as processes against which we hope to have efficient specific agents. The millenium has by no means arrived, but the doctor can at last point with justifiable pride to several diseases and say this and this and this I can cure, within limits.

While the inception and development of this advance has been in no way the work of the homœopath, yet this new method is but a different application of the old homœopathic law, the more confirmatory because discovered independently. Immunization work is of two kinds, the active and the passive. The active, in which the effect is produced by the action of small, regulated doses of the identical disease toxin, or one as nearly identical as can be approximated, on the animal to be protected, causing him to produce a reaction to the poison, is merely a more exact adaptation of similia. The discussion as to whether it is idiopathy or homœopathy is more or less beside the point, to my mind, for even though a culture be used which has been taken directly from the infected person, the therapeutic toxin is not identical with the pathogenetic. The treatment to which it is subjected, growth upon an artificial media, means used to kill, the preservative, all have their effect upon the germ, changing it more or less according to the technic. As an instance of this we know that in many of the chronic infections, where a more delicate immunity is necessary, the ordinary preparation of vaccines by heat and phenol derivatives is often useless; while more accurate methods not only cause a discontinuance of the infection but will also remove pre-existing and often apparently unrelated symptoms. Just as one may find several remedies that seem indicated in a certain case; the indications which differentiate the proper remedy from those which would not produce cure are often very minute, but we have all had experience with the difference. Further we find that the germ is constantly changing in the infected person and that in order to obtain results we must use as similar a toxin as possible, i. e., one that has been taken recently so as not to allow the germ still resident in the person time to alter its front. We must change our ideas about immunization work. It is not a universal specific for any disease that, given the name, can be bought by the quart and dealt out indiscriminately to all persons afflicted, but instead is a delicate and an exact method as is the old law of Hahnemann, of which it is the latest version.

I find myself dropping more and more into the well tried homœopathic methods with my vaccines and as I do so I get

better and better results and see more and more similarity in the action. The oral route is used almost to the exclusion of the hypodermic, not only because of its greater safety and simplicity of technic, but also on account of the more exact immunization possible and the avoidance of the sudden swamping of the system with toxin inseparable from the shot gun method. In very acute cases, where vaccines by any of the customary methods are impossible, a small dose of the oral preparation is placed in a glass of water and a teaspoonful every hour or two brings a rapid response. The method of preparation of vaccines will also sound familiar to any homœopath. Instead of the tedious process of killing the germ by heat, a very delicate and unsatisfactory means, as too much heat destroys the toxin and too little does not kill the germ, and instead of the questionable use of some derivative of carbolic acid as a preservative, the oral vaccine after it has been emulsified and standardized is simply diluted with alcohol and each dose placed in a separate container, when it is ready for use in a few hours. The method is simple. Anybody with enough bacteriological skill to grow a culture can use it, but the regulation of the dose requires as much experience as the running of an automobile, for great damage may be done, especially in acute cases, by too heavy a dose. There is no exact means of determining the proper dose for a given case, and each person responds best only to the right touch; clinical experience, the "feel" of the case is the only determinant I know, and to one without homœopathic experience the clinical regulation of vaccine dosage is a trackless jungle.

Passive immunization, the antitoxin, has never had an analogue in medical history, but the protection which is stolen from one animal for the benefit of another is produced by the same method and answers to the same law as all other curative processes.

Third. The advance in therapeutics in recent years has been great. The synthetic chemist is constantly turning out a mass of new "drugs," some of which we hope will prove to be of value. The homœopath may be remiss in not paying more attention to these discoveries, but I am inclined to think that it is wiser to wait until their value has been determined and then to scientifically "prove" the useful ones, especially as there are already efficient agents covering much of the same ground.

Among the better prescribers of the other schools the dosage is becoming smaller and smaller, even infinitesimal,

and the number of drugs in a prescription is growing less and less. This is certainly not unhomeopathic.

Many of the so-called "new" drugs are old friends to some of us. I was amused a few years ago when Yohimbin was placed upon the market; after reading the first announcement of it with the account of how it had just been discovered in Africa, etc., I turned to my old copy of Boericke and read a more complete account of its action than the journal just read contained.

While I had known of the widespread imitation of other schools I was astonished recently to find how much homeopathic practice had crept into Hare, Wood and Cushney; bichloride of mercury 1-10 grain in a glass of water, one teaspoonful every hour for diarrhoea; ipecac in vomiting; glonoine in headache; gelsemium in grippe; aconite and bryonia in infinitesimal doses; etc., etc.

It is interesting to note in the *Deutsche medizinische Wochenschrift* for January 4, 1912, the Schilling advocates the use of tartar emetic in the preparation of the antigen in immunization against the trypanosomes. Aside from the mere mordant action of the drug he claims that "specific assistance is rendered." From what I know of sleeping sickness I should say that tartar emetic was a good homeopathic prescription.

Fourth. Last year Prof. Ehrlich set the world by the ears in promulgating a new system of cure. Chemical compounds are to be constructed that have a high specificity, being exceedingly toxic for one organism and much less so for others. Experience is as yet too limited to pass any adequate judgment, but while the one compound as yet produced has homeopathic justification, arsenic being a time honored remedy for certain types of syphilis, it cannot be said that Ehrlich's theory can be in any wise be justified by the homeopathic law.

In conclusion it may seem to many who have had experience with the law of drug action that it is unnecessary to bolster it up or attempt to vindicate it. Very true. Homeopathy can stand for itself, and will. But it is certainly refreshing to one who is much in the minority to find that the majority, who claim to be vastly superior, are in almost every line of their advance following in our footsteps.

Truth is eternal. She may change the cut of her skirt, or the color of her hair, or her name even, but to one who has known her intimately she is always the same.—*New England Medical Gazette*.

A KNOWLEDGE OF HOMŒOPATHIC MATERIA MEDICA
NECESSARY TO THE INTELLIGENT PRACTICE
OF MEDICINE.*

BY ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

WHEN ONE HAS TO DO with an art the end of which is the saving of human life, any neglect to make oneself thoroughly master of it is a crime."—*Hahnemann.*

What is "the intelligent practice of medicine?"

The answer to this question depends largely upon the age in which one lives, and also the given point of view of that particular age. In pre-Hahnemannian days intelligent prescribing included the Theriaca Andromachi and toxic doses of drugs generally, to say nothing of such mechanical means as copious bleeding, the moxa, etc., etc.

Jumping over the intervening century we find rational therapeutics interpreted very differently. An entirely new view of etiology prevails, and from the massive doses of dangerous drugs little or no medication is practiced.

Such is the attitude of the dominant school of surgical-medicine today, but not that of the practical school of homœopathy, and because of so large a class of physicians assuming this negative attitude towards drugs it is quite in point to inquire into the rational grounds for such a position.

It is a fact that many disease conditions disappear spontaneously and that the average surgical case will recover without medication, but it is also true that there is a class of conditions including both clearly defined medical cases and what may be termed surgical sequelæ, which always tend to dissolution. In this field, therefore, it is necessary to call upon all the resources within the scope of materia medica which may offer any promise of restorative aid; and at this point the physician is confronted by the necessity for decision as to the means which offer reasonable hope for palliation or cure of the patient.

One of the most difficult questions which confronts the medical profession is the establishment of the line between cases which are definitely curable, and those which are definitely incurable. So many factors are involved in this problem that we are compelled to recognize the fact that the border land between the two classes of conditions furnishes the physician with material for his greatest successes as well as his greatest failures. Here we find cases amenable to mod-

* Read before the American Institute of Homœopathy, Pittsburg, Pa.

ern methods of treatment which would have died under the methods of thirty years ago, and here we find cases that without doubt could be cured did we know a little more of etiology, of pathology, and finally of therapeusis.

Because of this last discouraging situation, the great majority of the medical profession come to the conclusion that as they do not know enough to cure with the means at command it is useless to endeavor to know more of these means, and forthwith "throw physic to the dogs," adopting the "expectant method," applying allopathic measures or antipathic measures from time to time as exigencies arise, without even knowing anything technically about these methods and even less suspecting the possibility of rescue from a difficult situation by a knowledge of homœopathy. No wonder surgery dominates medicine; surgery with its remarkable advances and equally remarkable cures. In this masterful ignorance of materia medica not only do physicians blindly draw assistance from antipathy and from allopathy, but in equally blissful ignorance do they lay homœopathy under contribution. This applies to physicians of all schools, but especially is it exemplified in the older school and in the homœopathic school; the difference in most instances being that the former does not know he is practicing homœopathy and the latter often does.

If the practice of the average physician of each school could be followed closely, it would be found that cures follow the application of all kinds of methods. This means, either, that the normal recuperative power of the average organism will in some instances restore the patient to health regardless of the treatment used, or that it may be possible to bring about cures through more methods or principles than one. In other words, it is reasonable to believe that cures sometimes result from the use of antipathic measures, from allopathic measures, and from homœopathic measures, respectively. It would, therefore, seem to be fallacious to assume that there is no method but the homœopathic that will cure, or that all cures result but from homœopathy, and that all other methods than the homœopathic method are harmful.

This may sound like heresy, but I believe it to be fact. However, because cures may result from other methods than the homœopathic, does not mean that in its legitimate field more cures will not result from homœopathy than from any or all other methods. For this reason it would seem to logically follow that the best results in the practice of medicine may be secured by the men who not only believe in but who

practically apply homœopathy; and further, superlatively good results may be expected in the practice of him who not only applies homœopathy, but who applies it intelligently. For such results it is not enough that the physician follow blindly the dictum of a textbook, however certain it may be that the author has drawn his views from homœopathic sources; but it is necessary that the prescriber understand, besides the etiology of the condition, the physiology of the organism or part of the organism involved, and the pathology existing, but that he understand both the method and the individual agent indicated under that particular method.

It is such thorough knowledge that gives the physician the ability to practice medicine intelligently, but it is just such thorough knowledge that is *not* possessed by the average medical practitioner. He may be a thorough anatomist, a good physiologist, a well-trained pathologist, a skilful surgeon, an expert mechano- and electro-therapeutist, but with all these attainments he may be a poor prescriber of drugs.

This applies to the members of all schools of medicine, but less to practitioners of homœopathy than to any other. The reason for this is not a matter of chance, but because of a central fact upon which rests the best therapeutic results of the practitioner of homœopathy; and that central fact is the knowledge of a definite principle upon which drugs act.

The dominant school of today not only ignores law or principle as a foundation for drug prescribing, but many go further and in some instances even deny that disease is beneficially influenced by drugs, or that drugs may be used effectively to aid in restoring health to the patient in post-surgical states. Herein, therefore, do we find the weak point in the equipment of the old school practitioner. But, it may be objected, the scientific physician as a matter of fact does recognize the curative power of toxins, anti-toxins and sera of various kinds, and surely these agents may be regarded as drugs—or the equivalent of drugs—and he even goes further and offers explanations for the *modus operandi* of these substances.

All of this is true, but it is equally true that it renders the position of the therapeutic nihilist who accepts such facts and theories, all the more illogical when he refuses to use or to investigate the alleged uses of so many drugs from which the homœopathic practitioner daily derives positive curative results. The treatment of a case of persistent recurrent hæmorrhage from the nose, following enucleation of an eye by an eminent old school practitioner, to which my attention was

recently called, is simply typical of much of the after treatment of the modern surgeon. The advice was: Do nothing, it will gradually cease.

We of the homœopathic faith, through observation and experience, are convinced that typhoid fever may be much mollified by the use of drugs; we also have cause to have faith in the homœopathically indicated drug in pneumonia, and even rheumatic fever has, in our experience, been much modified in intensity and shortened in duration by drugs with which we are all familiar. Because of ignorance of pathogenetic drug effects, and possibly the lack of patience to make careful investigation into the really scientific therapeutic indications for drugs, we find a large section of the dominant school accepting the conclusion that "typhoid fever is not a disease to be treated by medicines," that "pneumonia is a self-limited disease, and runs its course uninfluenced in any way by medicine," and that of rheumatic fever, "medicines have little or no control over the duration or course of the disease, which, like other self-limited affections practically takes its own time to disappear."

How is it possible that such statements are seriously made by grown men, whose opportunities for observation and experience have been all that could be desired, and whose minds are supposed to be unbiased by unscientific prejudices, how is it possible that such statements are not only seriously made but as seriously accepted by men of intelligence, when it is only needed to put to the test in a fair manner the claims made by thousands of believers in the law of similars, that disease may not only be modified but in many instances actually cured by drugs.

The obstacle to the acceptance of such therapeutic facts seems to be due to prejudice partly hereditary and partly acquired. In the minds of some the word "homœopathy" seems to so irredeemably damn that to which it is applied, that in this corner of the field of science all investigation is suspended. If homœopathy as homœopathy could be driven from the face of the earth, and the law of similars presented by some modern savant of laboratory fame under a new name, then there might be some hope that the dominant school would accept drugs at a true therapeutic valuation. The recognition of virtue in infinitesimal amounts of the various sera now daily used is a step in the right direction, and in time we may expect to find the proscribed drug covered by this aegis of "substitution."

In the writings of some of our orthodox teachers we find

evidences of a tendency to assimilate what they consider the practical part of homœopathy, but, of course, without crediting homœopathy with the material assimilated. This assimilating process is shown to be altogether crude and with all basic principle carefully eliminated. For example, belladonna and also calcium sulphide are recommended in abscess; terebinth and cantharis in albuminuria; arnica, belladonna and baptisia in typhoid fever; aconite and pulsatilla in amenorrhœa; ignatia in hysterical aphonia; aconite and tartar emetic in bronchitis; cimicifuga in chorea; belladonna, pulsatilla and euphrasia in conjunctivitis; cantharis in cystitis; aconite, bryonia, phosphorus, tartar emetic and veratrum viride in pneumonia; podophyllum, arsenicum album, chamomilla and veratrum album in diarrhœa; aconite, belladonna and rhus tox. in erysipelas; pulsatilla in leucorrhœa; aconite and bryonia in pleuritis; aconite and cimicifuga in lumbago; aconite and pulsatilla in measles; phytolacca in mastitis; ipecacuanha in nausea; drosera in pertussis, etc., etc., etc.

Practice of this kind may be regarded by some as liberal, but the absence of principle by which it is characterized debars it from scientific standing, and does not place its advocates high in the scale of intelligent practitioners of medicine.

It is this hit or miss habit of prescribing that has laid the foundation for therapeutic unbelief, and which is accountable for the two great classes of unscientific therapists in the older school; the one class that would obliterate and the other that would assimilate. Both these classes are more or less therapeutic agnostics, and the spirit of existence of both is unworthy of minds of "scientific mold." One prescribes in a haphazard way and the other hesitates to prescribe at all because of the unsatisfactory state of knowledge of materia medica of the school concerned.

From our view point, therefore, it would seem that there are no rational grounds for such therapeutic agnosticism. Furthermore, from the overwhelming number of facts existing which show the positive curative power of drugs when used homœopathically, it would seem that ignoring the wisdom of becoming familiar with the homœopathic materia medica is irrational and inconsistent with the professions of men who are supposed to belong to the world of science.

Not only do many of the prominent men in the medical profession refuse to consider the demonstrable facts of homœopathy, but they would gladly see homœopathy and all that pertains to it in any and every phase forced out of existence. There are various ways for doing various things, and

it is not impossible to evolve a situation in relation to homœopathy wherein there would no longer exist a class of people known as homœopaths. In the kind of evolution meant the knowledge of *materia medica* which is necessary to the highest type of medical practitioner, would be possessed by all physicians. To accomplish this end it would be necessary to introduce instruction in practical homœopathy into every medical college in which it is not now taught.

Nothing would be more certain to extirpate what is now known as the homœopathic school. In that day all medical practitioners would be versed in the art of homœopathy, all medical practitioners would be practitioners of homœopathy, and the distinction "homœopathist" would no longer be a distinction, for the whole medical profession would acknowledge the law of similars, and the homœopathic school as a branch of the medical profession would have become merged into the trunk of the tree, from it would be derived the life of the tree, and it would be the tree. There would be no more homœopathic profession but a great medical profession without fossilizing and narrowing creed, a broad brotherhood of men all versed in a knowledge of the law of similars, all qualified to practice medicine intelligently, and all bent upon healing the sick, *tuto, citu et jucunde*.—*The Hahnemannian Monthly*.



THE HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Thursday evening, June 13th, 1912, at 9 o'clock. The scientific program of the evening consisted of the following:

"Industrial Scalp Injuries".....Dr. H. L. Northrop
 "Belladonna in Aural Conditions"Dr. Gilbert J. Palen
 "Apis in Nose and Throat Conditions"Dr. Isaac Shallcross
 "Mezereum in Tic-Douloureux"Dr. J. L. Van Tine

The annual election of officers took place at this meeting. The meeting was well attended, and was a very interesting one.

WM. M. SYLVIS, M. D., *Sec'y*.

THE WEST PHILADELPHIA HOMŒOPATHIC HOSPITAL held its annual meeting of the corporation at 1234 No. 54th Street, on Friday evening, June 14th 1912 at 8 o'clock.. Many matters of importance were discussed and there was a full attendance of members.

JOHN S. WILSON, *Sec'y*.

THE WEST PHILADELPHIA HOMŒOPATHIC HOSPITAL held its final festivities on the hospital lawn, on Tuesday evening, June 18th, 1912. It being the last night of the fete, there was a large attendance present. The proceeds of the fete will be devoted towards improving the hospital.

THE WOMEN'S SOUTHERN HOMŒOPATHIC HOSPITAL OF PHILADELPHIA held the dedication of their new building, 739 South Broad Street, on Friday, June 28th, 1912, at 4 p. m. Addresses were made by Miss E. S. Lowry, Miss A. M. Miller, Doctor T. L. Chase and others.

MISS A. M. MILLER, *Sec'y*.



EDITORIAL SECTION



THE CRITIQUE is entered at Denver Postoffice as Second Class Matter.

JAMES WILLIAM MASTIN, M. D., EDITOR-MANAGER, 719 MACK BLOCK
J. C. HOLLOWAY, M. D., ASSOCIATE EDITOR, 151 EAST MAIN ST., GALESBURG, ILL.

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No attention whatever will be paid to contributions which do not bear the name and address of author.

Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

HOMOEOPATHY IN CANADA. According to the Canadian correspondent of the *Medical Record* the courts have made it obligatory upon the Medical Council of the Province of Alberta to admit upon the register of practicing physicians the name of any person who can produce a certificate from the registrar of the University of Alberta that he is qualified to practice homœopathy. The examination of such candidates is to be undertaken by the university and the approval of the "College of Physicians and Surgeons" shall not be requisite as to the subjects in which they shall be examined.—*North American Journal of Homœopathy*.

The foregoing should be sufficient in itself to cause every well-wisher of homœopathy in the United States great satisfaction; satisfaction that homœopathy is recognized a separate system of medical practice, if for no other reason. In this country efforts seem directed towards discrediting this method of healing by combining it with that of the old school, thus confusing the general public so thoroughly as to cause them no little concern regarding the standing of the homœopathic school. If the Canadian government is fair enough to concede our school the standing of a separate system, no doubt the University of Alberta is provided expert professors in homœopathic principles and that no one qualified to practice homœopathy need fear any discrimination

against them simply because of a failure to fraternize with the American Medical Association and its allied organizations.

What we need in Colorado, in every state of the Union in fact, is a separate examining board for homœopaths, by *homœopaths*; no "mixed" doings in the future.



DEWWEY IS "DOING IT NOW!" That song which but recently had such an unusual run, "Everybody's Doin' It Now" would, of necessity, be reduced to the singular number were we to connect it in any manner with the protests of Brother Dewey, of *Medical Century*, regarding the "unwise and unfortunate selection of Denver" as the next meeting place of the American Institute of Homœopathy. Inasmuch as this is Brother Dewey's decision regarding the matter, and, further, that he has so expressed himself regarding the choice of the board of trustees, about all we can see in the circumstance is that "Dewey is Doing it Now" and would most respectfully suggest that the title to this song be changed.

We have one whole year in which to secure Brother Dewey's approval and believe his usual good sense will wield a weighty influence in changing his opinion from the foregoing to one that will read "wise and extremely fortunate." For his particular benefit and that of many who may be influenced by his first ideas, we beg to call attention to the parting paragraph in the *New England Medical Gazette* of its most excellent report of the Pittsburg meeting:

"The 'Boston Bunch' which went to the Institute '*en masse*' had a delightful journey, a cool day, an elegant parlor-dining-observation car train, good service, and, best of all, good fellowship.

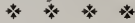
"The long-established custom of 'taking your wife with you to the Institute' grows none the less popular. May it continue to grow, for the social feature which the addition of the ladies creates is no small factor in a successful meeting.

"Get ready to go to Denver next June, get your wife and daughter ready, get your paper ready. Incidentally, put by a little money each day from now on until June, so as to have your ticket ready. Then be ready to go with the 'crowd' in a special car on a special train, and thus make the trip one of the interesting features of the meeting."

This shows such a spirit of good-fellowship and good sense that nearly every one will join us in a hearty "Amen!"

MISCELLANEOUS

Any one desiring a good location in Colorado should correspond with Dr. J. G. Clayton, Craig, this state. Communications forwarded to this office will receive prompt attention.



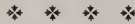
Dr. J. T. KENT was elected president of the Homœopaths at a recent meeting of that organization held in Chicago. They say Dr. Kent's paper on that occasion was a "hammer." Dr. G. E. DIENST was elected Censor of the same society at the same time



The time I've lost in wooing, in watching and pursuing the light that lies in women's eyes, has been my heart's undoing; though wisdom oft has sought me, I scorned the love she brought me; my only books were women's looks, and folly's all she taught me.—*Thos. Moore.*



Dr. S. S. Smythe received a card from Dr. F. A. Faust recently, dated at Meissen, Germany, in which he says: "This card was written in the house in which Hahnemann was born." Dr. Faust will have much to tell that will be of interest, when he returns home, and THE CRITIQUE hopes to interest him sufficiently that he give our readers the benefit of his observations while abroad.



Boericke & Tafel report that the comparatively dry spring has been very favorable to the restocking of their fresh plant tinctures. Lycopus Virginicus seems to be in special demand, and a large new supply has been gathered. Veratrum viride is getting scarce, but a fine lot has been secured this spring, and a year's supply is assured.



Dr. Charles A. Walton announces that he has removed his office from his residence, 6630 Monroe Ave., to Suite 31, 1230 East 63d St., corner Kimbark Ave., Chicago, Illinois. He desires also to announce that he will continue giving special attention to chronic diseases and that all calls, either night or day, will be answered promptly.



The Southern Homœopathic Medical Association will meet in Richmond, Va., Oct. 15, 16, 17, 1912. Dr. WELLFORD B. LORRAINE and his committee will have charge of the local arrangements and have arranged headquarters at the Jefferson Hotel. Special rates will be given to members and we ask each and every member to work with the determination of making this the best meeting ever held. Fraternally, LEE NORMAN, *Secretary.*

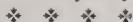


Dr. W. I. Hawkes was elected president of the California Homœopathic Society at the meeting held in Sacramento the 22d, 23d and 24th of May. Before permitting a ballot Dr. Hawkes asked the privilege of addressing the society and spoke of the criticisms concerning his connection with the League of Medical Freedom. He explained the fact of his name having at one time been placed on the letter heads of the league without his knowledge or consent, and as soon as discovered by him he ordered its removal and those who had seen the late stationery of the league would find it absent. He stated that he had at no time

used any official position he held with the State Society in connection with the league, nor would he do so. This sounds very much like Dr. Hawkes and inasmuch as the Medical Freedom people have taken undue liberties with Dr. Hawkes' name, as he says, without his knowledge or consent, we take great pleasure in printing the foregoing article. The National League for Medical Freedom is just as open to criticism as any other organization if it does not *play fair*.



One of the daily papers had the news item recently saying that Dr. Frazer, one of the newly-appointed city and county physicians, would "ride the ambulance" all samee police surgeons. Fortunately for the doctor she will confine her activities to less strenuous duties. If she does all the secular press give her credit with undertaking, she will have but little time to attend to her own business, as the program assigns her to much, in fact, a little of everybody's else.



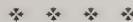
DR. DEWEY, of *Medical Century*, considers the selection of Denver as the next meeting place of the American Institute of Homœopathy an unwise and unfortunate choice. Says it will cost men at least \$100,000 to make the trip. While this is another unfortunate typographical error, if any of those Eastern doctors ever had that amount they would be foolish to go anywhere on a mission of this sort. Come, now, BROTHER DEWEY, get that grouch out of your system.



A woman resident physician is needed at once in the Woman's Southern Homœopathic Hospital, of Philadelphia. The experience is unusually good in maternity, surgical and medical departments. The hospital is just moving into a fine new building in a central location and offers many advantages to recent graduates in medicine. Application should be made to superintendent,

DR. LYDIA WEBSTER STOKES.

739 S. Broad St.



"The Gist of Some Institute Papers" is the way *North American Journal of Homocopathy* introduces its outline of the Institute meeting. This is a most excellent illustration of the idea that our "transactions" are too tedious as now produced in the *Journal of the American Institute*. What we need is a weekly publication, in newspaper form, that will cost about one dollar the year and let that be devoted to promoting the cause of *homocopathy*. Make it something besides a sop to someone who delights in seeing his long-winded paper in print, all of which was most likely stolen from some text book. Let us have something pertaining to homœopathy in our meetings or quit business.



Wesleyan University this week selected three men upon whom to confer the highest honorary degree. One was Gov. Simeon E. Baldwin, scholar, jurist, and statesman. Another was President Murlin of Boston University. The third was Dr. Amos J. Givens of Stamford. It is understood that the University regarded Dr. Givens as worthy of this high honor first of all because of his achievements for the benefit of humanity. He has written numerous treatises upon diseases of the nervous system, and the effects of overindulgence in alcohol and narcotics, and works pertaining to various forms of insanity. The University, however, is said to have been still more impressed by the successful work he has carried on for twenty-one years in his sanitarium in Stamford. That Dr. Givens has been able through this institution to restore thousands of people to health, that hundreds of the brightest and best men and women in the country have been cured of the most baffling of all diseases, those which affect the nervous system, and have been sent back

to useful labors with renewed health, must be regarded as a service to mankind. Every good physician is doing, every day, work whose value can be rightly estimated only when one considers the value of health and life. Dr. Givens has been doing that sort of work upon a larger scale, because he has made for himself large opportunities, and because he has devoted his life to one of the most difficult branches of his profession.—Stamford (Conn.) *Daily Advocate*, Editorial, June 25th.



OSTEOPATHIC LOYALTY.

At the conclusion of the state meeting of the Colorado Osteopathic Society the following members of that organization, and guests, left for Detroit, Mich., Saturday, July 27th. The National Osteopathic Association held its annual meeting in the latter city from July 29th to August 2nd. Those who accompanied the party were: Dr. G. W. Perrin, Dr. J. T. Bass, Dr. Elizabeth C. Bass, Dr. Jenette H. Bolles, Dr. C. C. Reed, all of Denver; Dr. U. S. G. Bowersox and family, Longmont, Colo.; Dr. D. L. Clark, Fort Collins; Dr. Sylvia Printy, Fort Morgan; Dr. A. C. Coulson, Colorado Springs; Dr. R. W. Wamsley, Pueblo; Dr. Wilke, Leadville. Besides the foregoing from Colorado there were representatives from Salt Lake, Los Angeles, Portland and other western points.



AMERICAN PROCTOLOGIC SOCIETY.

Fourteenth Annual Meeting, held at Atlantic City, N. J., June 3 and 4, 1912. The president, Dr. JOHN L. JELKS, of Memphis, Tenn., in the chair. Officers elected for the ensuing year:

President, LOUIS J. HIRSCHMAN, M. D., Detroit, Mich.

Vice President, ALOIS B. GRAHAM, M. D., Indianapolis, Ind.

Secretary-Treasurer, LEWIS H. ADLER, Jr., M. D., Philadelphia, Pa.

Executive Council: JOHN L. JELKS, M. D., Memphis, Tenn.; LOUIS J. HIRSCHMAN, M. D., Detroit, Mich.; J. RAWSON PENNINGTON, M. D., Chicago, Ill.; LEWIS H. ADLER, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1913 will be at Minneapolis, Minn. Exact date and headquarters to be announced later.



THE HOMŒOPATHICIANS.

At the meeting of the society of Homœopaths held in Chicago last July, the following officers were unanimously elected for the ensuing year:

President—JAMES TYLER KENT, Chicago, Illinois.

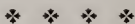
Vice President—ALONZO EUGENE AUSTIN, New York, N. Y.

Secretary—LEE NORMAN, Louisville, Ky.

Treasurer—S. B. HAMLIN, Pomeroy, Ohio.

Censors—(1913) F. E. GLADWIN, Philadelphia, Pa.; (1914) HENRY L. HOUGHTON, Boston, Mass.; (1915) G. E. DIENST, Aurora, Ill.

Chairmen of Bureaux for 1913, *Philosophy of Homœopathy*, G. G. STARKEY, Chicago, Illinois; *Materia Medica*, HARVEY FARRINGTON, Chicago, Illinois; *Repertory*, EUGENE A. MOULTON, Chicago, Illinois; *Clinical Medicine*, JULIA M. GREENE, Washington, D. C.



THE COLORADO HOMŒOPATHIC MEDICAL SOCIETY.

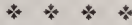
Now is the time for us to shake off the bands of lethargy and arouse ourselves to the full appreciation of the responsibilities that rest upon us from now until the meeting of the A. I. H. here next summer.

Let each see how much and how well he can do his part. There is enough for all to do, and both the present officers and those to be chosen this fall will, I am sure, appreciate from you a sign of your willingness to work, as well as any suggestions which will be for a greater success for the meeting this fall and also next summer. I hope there will be a hearty and cordial response to the various bureau chairmen when they solicit a paper from you. The officers are striving very hard to get all the members of the profession in the state interested, in order that there will not be just a few who will have all of the work to do. It is our earnest desire that we can have all titles to papers early enough so that the programs may be printed and a copy in your hand a short time before the time of the meeting, so that you may have an opportunity to familiarize yourself with the various topics to be presented and to be ready to aid in the discussion, for in that way will the best be brought out under each of the subjects.

If there is any place that you would like particularly to work, please notify the President and he will endeavor to see that you are accommodated.

Yours very truly,

E. B. SWERDFEGER, *Pres.*
L. B. WHEELER, *Sec.*



LEGAL DEFENSE FOR DOCTORS.

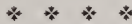
The saying of one of our philosophers, that "failure of success discourages litigation," is one of the chief reasons the Physicians Defense Company is able to prevent 75 per cent of all suits threatened against their contract holders.

Their uncompromising attitude and the recognized ability of their legal department have caused many a lawyer to drop a case against one of their contract holders.

Equipped as they are with information and data relating to malpractice, which is kept up to the minute by a comprehensive system of compiling, indexing and annotating, they can cite cases and points of law that are not available to the ordinary attorney or any other organization.

This is one of the reasons the Physicians Defense Co. is able to render a service so efficient and comprehensive that any need for other protection is eliminated.

Their protection is complete, their service satisfactory, and their record of successful defense of their patrons a striking endorsement of their plan of operation. Those of our readers who have not investigated their proposition will do well to write their home office at Fort Wayne, Indiana.



INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The thirty-third annual convention of the International Hahnemannian Association was held on June 24th, 25th, 26th, 1912, at Swampscott, Mass. A most admirable spirit of enthusiasm and harmony prevailed at all of the numerous sessions of the three days' meeting. Nine full sessions were held without any falling off either of interest or attendance. The Bureau of Homœopathic Philosophy had fifteen admirable papers under the chairmanship of Dr. M. W. Turner, of Brookline, Mass. Dr. Frank W. Patch of Framingham, Mass., was chairman of the Bureau of Materia Medica and presented thirteen papers by as many eminent homœopathic physicians. One extremely interesting feature of the Bureau was the demonstration of the Margaret Tyler Perfected Card Repertory, a wonderfully ingenious device for the finding of the remedy needed. The Bureau of Clinical Medicine, however, was the star bureau of the meeting. The chairman, Dr. Mary Florence Taft, had so skill-

fully managed her task that a magnificent list of forty papers were presented, some from England, Japan, Italy as well as the United States, justifying the word "International" in the title of the society. The Bureaus of Obstetrics and Surgery were also filled with excellent papers. No time was lost in non-essentials, the scientific matter engaging the entire attention of the audience. The place of the next meeting is Chicago. The officers for the years 1912-13 are as follows:

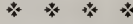
President, J. B. S. KING, M. D., Chicago, Ill.

Vice President, JULIA M. GREEN, Washington, D. C.

Treasurer, WM. R. POWELL, Philadelphia, Pa.

Secretary, FRANK W. PATCH, Framingham, Mass.

Corresponding Secretary, P. E. KRICHBAUM, Montclair, N. J.



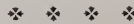
HONORARY DEGREE.

On account of his eminent distinction in his profession and his service to humanity in his successful treatment of diseases of the nervous system, Dr. Amos J. Givens received this week the highest honor that Wesleyan University can bestow, the degree of LL. D. Three other men received the degree—Gov. Simeon E. Baldwin and Rev. Lemuel H. Murkin, president of Boston University and J. E. Andrews, formerly member of Congress from Yonkers, N. Y., and a graduate of Wesleyan 50 years ago.

That Dr. Givens is deserving of the high honor paid him by Wesleyan is admitted by everyone. His literary work in itself, consisting chiefly of treatises on mental and nervous diseases has been of great value to the medical and scientific world. This work which is recognized as authoritative was done in the spare time, after Dr. Givens had personally attended to the affairs of his sanitarium. His work at the sanitarium has also been highly successful. The sanitarium is now 21 years of age and is known all over the world as one of the largest and best private sanitariums in the world. In itself the sanitarium is a small village, admirably laid out, with every convenience for patrons, amid charming surroundings ensuring privacy and quiet and yet within easy reach of Stamford's business center.

Although the records of the institution are a closed book to the public, it is known that many of the most brilliant men and women in America have gone there with shattered nerves and have left with renewed health and strength, ready for the grind of further work. In the list are physicians, clergymen, actors, writers, business men and politicians. Several thousand patients have been treated and the percentage of cures has been a large and encouraging one.

It is very probable that Wesleyan University, knowing of the work that Dr. Givens has been doing quietly and scientifically for the past 21 years thought that it deserved public as well as private recognition and although Wesleyan does not bestow honorary degrees without carefully considering the quality and worthiness of the men it proposes to honor, still thought that in the case of a man who had devoted his life to the uplift of humanity and already had achieved remarkable success, no mistake would be made in conferring the high honor upon a man as distinguished as our fellow townsman, Dr. AMOS J. GIVENS.—*Stamford (Conn.) Bulletin*, June 22, 1912.



AMERICAN HOSPITAL ASSOCIATION.

The fourteenth annual meeting of the American Hospital Association will be held in the Hotel Ponchartrain, Detroit, Mich., on Tuesday, Wednesday, Thursday and Friday, Sept. 24, 25, 26, 27, 1912. The following is the preliminary program:

President's Address, Dr. HENRY M. HURD, Secretary, Board of Trustees, Johns Hopkins Hospital, Baltimore, Md.

Report of Committee on Construction, Dr. C. R. HOLMES, Trustee, City Hospital, Cincinnati, O.

Report of Committee on Training of Nurses.

Report of Committee on Hospital Efficiency, Hospital Finances and Economics of Administration, Dr. THOS. HOWELL, Supt. New York Hospital, New York City.

Report on Out-Patient Work, Dr. WAYNE SMITH, Supt. City Hospital, St. Louis, Mo.

Report on Hospital Accounting, J. B. DRAPER, Esq., Supt. University Hospital, Ann Arbor, Mich.

Report on Medical Organization and Medical Education, Dr. R. O. BEARD, University of Minnesota, Minneapolis, Minn.

Report of Committee on Bureau of Hospital Information and Permanent Secretaryship, Dr. S. S. GOLDWATER, Supt. Mt. Sinai Hospital, New York City.

Report of Committee to Memorialize Congress to Place Hospital Instruments on the Free List, Rev. G. F. CLOVER, Supt. St. Luke's Hospital, New York City.

Report of Committee on Standard Nomenclature, Dr. FREDERICK A. WASHBURN, Supt. Massachusetts General Hospital, Boston.

Social Service in Massachusetts General Hospital, Miss IDA M. CANON, Head Worker Social Service Department, Massachusetts General Hospital, Boston.

"The Economic Features and Feeding of Hospital Employees and Patients," Dr. H. T. SUMMERSGILL, Supt. Post-Graduate Hospital, New York City.

Economy in the Operating Room, Mr. ASA BACON, Supt. Presbyterian Hospital, Chicago, Ill.

A Contribution to the Problem of Convalescence, Dr. FRED BRUSH, Supt. Burke Relief Foundation, New York City.

The Use of Salvagers (606) in Hospitals, Dr. R. R. ROSS, Supt. General Hospital, Buffalo, N. Y.

The Cost of Infectious Diseases, Prof. JAS. W. GLOVER, Michigan University, Ann Arbor, Mich.

The Relation of the General and Special Hospitals in the Care of the Insane, Dr. CHAS. K. CLARKE, Supt. General Hospital, Toronto, Canada.

Nursing Standards and the Supply of Pupil Nurses, Dr. FREDERICK A. WASHBURN, Administrator Massachusetts General Hospital, Boston.

The Grading of Nurses, Mrs. E. G. FOURNIER, Supt. Minnewaska Sanitarium, Gravenhurst, Ont., Canada.

Hospitals and Their Duty in Relation to the Prevention of Disease, Dr. CHAS. P. EMERSON, Medical Department, University of Indiana, Indianapolis, Ind.

Subject to be announced, RABBI FRANKLIN, Temple Beth El, Detroit, Mich.

Subject to be announced, Mr. J. R. CODDINGTON, Supt. Polyclinic Hospital, Philadelphia, Pa.

The Hospital Laundry, Dr. WINFORD H. SMITH, Supt. Johns Hopkins Hospital, Baltimore, Md.

Hospital Organization with Special Reference to that of the Detroit General, Dr. W. F. METCALF, Detroit, Mich.

The Question Drawer, Dr. ALICE SEABROOK, Supt. Woman's Hospital, Philadelphia, Pa.

Round Table Conference for Workers in Smaller Hospitals. Miss LOUISE BRENT, Supt. Hospital for Sick Children, Toronto, Canada and Miss AMY ARMOUR, Supt. New Rochelle Hospital, New Rochelle, N. Y.

Non-Commercial Exhibits of Hospital Appliances, Miss CHARLOTTE S. AIKENS of Detroit.

There will be a Trustees' Session, presided over by J. L. HUDSON, Esq., Chairman Board of Trustees, Harper Hospital, Detroit, Mich. Other interesting papers will be presented, the titles of which will appear in the permanent program. J. N. E. BROWN, M. B., *Secretary*, 90 Charles St., East, Toronto, Canada.



AMERICAN ASSOCIATION OF CLINICAL RESEARCH.

The fourth annual meeting of the American Association of Clinical Research will be held in New York City, at the Academy of Medicine, on November 9, 1912.

The sessions will be held from 9 a. m. to 1 p. m., from 3 p. m. to 6 p. m., and from 8 p. m. to 10 p. m. The evening session will be open to the public.

Notable contributions on the Negri Bodies, on certain Fluids for Tubercle Bacilla in the Urine, on Adjustment and Function, on Psychoanalysis and Traumbedeutung, on a Pandemic of Malignant Encapsulated Throat Coccus, on the Single Remedy on Indicanuria and Glycosuria, on Disease Conditions expressive of Correct Diagnosis, on Biochemic Problems, or The Two Most Far-Reaching Discoveries in Medicine, and others are to be given. Every member of the Association is cordially invited to contribute a paper. The title should be sent at once to the Permanent Secretary, so that the program may be completed.

As soon as completed the program will be mailed to you. Please make an effort not only to contribute a paper, but to be present at the coming meeting, to bring your friends, and to assist in the most important movement of medicine as represented in the aim of our Association, the systematic, scientific investigation and advancement of medicine by conclusive clinical and clinically-allied methods.

Please invite your friends to become members. Your support and that of your friends will be cordially appreciated.

Please publish this information in the earliest issue of your Journal.



UNION INDORSEMENT N. L. M. F.

WHEREAS, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States providing for the establishment of a department of the Government to be known as the department of Public Health, the head of which department will be a cabinet officer, and

WHEREAS, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose, and would compel us to submit to the dictation of a Government Doctor, and

WHEREAS, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights, the right of every man to select the practitioner of his choice in the hour of sickness, and

WHEREAS, The National League for Medical Freedom will seek through publicity and education to unmask and oppose any legislation which endeavors to put into power any one system of healing and use the Government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing, now, be it hereby

RESOLVED, That we, the members of Machinists' Apprentices' Local Union No. 16, of Denver, Colorado, do announce ourselves as opposed to the establishment by the Government of the United States of a department of Public Health and do further announce ourselves as in sym-

“in the employment of a poultice for the relief of pain and inflammation, it is most essential that a sterile and trustworthy product be applied.

“The skin affections have been added to the original disorder when bread-and-milk or linseed poultices have been used to relieve pain,” as pointed out by Prof. George Howard Hoxie, emphasizes the employment of antiphlogistine, not only as a superior hot moist dressing, but as the doctor says, “because this is both sterile and clean.”

That hot moist heat is, when properly applied, a most valuable factor in the treatment of inflammation, whether deep or superficial, is generally accepted and that antiphlogistine is the most adaptable and satisfactory method of realizing thermic value seems to be acknowledged by professional preferment”



pathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

- Machinists Apprentices' Local Union No. 16,*
 GEO. J. KELLOGG, *President,*
 HARRY RIDDIE, *Secretary.*
- Team Owners' No. 1,*
 D. J. CAMPBELL, *President.*
 CHAS. SUMMERVILLE, *Secretary.*
- Denver Branch, Granite Cutters' International Association of America,*
 C. E. LIESVELD, *President.*
 OTOP H. ELDING, *Secretary.*
- Electrical Workers' Local Union No. 315,*
 A. J. CHAREST, *President.*
 J. K. ELDERKIN, JR., *Secretary.*
- Lathers' Local Union No. 68,*
 G. C. KEYTINGER, *President.*
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- Laundry Workers' Local Union No. 22,*
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 E. O. KELLER, *President.*
 EDW. J. KURRE, *Secretary.*
- Electric Workers' Local Union No. 111,*
 J. A. PEARCE, *President.*
 A. B. ROY, *Secretary.*
- Elevator Constructors' Local Union No. 25,*
 D. E. HASE, *President.*
 D. W. WATSON, *Secretary.*



PENNSYLVANIA STATE NOTES FOR AUGUST, 1912.

HAHNEMANN MEDICAL COLLEGE. At the last meeting of the Alumni Association of Hahnemann of Philadelphia, Doctor D. P. Maddox, of '83," who is our representative of the new Bureau of Medical Education and Licensure, made some few remarks that were received with unusual satisfaction by the "old grads."

Doctor Maddox stated that one of the highest, if not the very highest, authority upon Pedigogy in this country had remarked to him that he considered Hahnemann of Philadelphia ahead of every other medical college in the state in its pedagogic methods; and when asked in what respect he considered Hahnemann ahead, replied: "from top to bottom, it uses its material better, and its methods of instruction are more practical."

This encomium, coming, entirely unsolicited, from one who had a special opportunity of making a critical comparison, is of the highest value, and but confirms the facts that were known to those who realized the marvelous transformation of "Old Hahnemann" by the new Dean.

HAHNEMANN ALUMNI REUNION. Hundreds of alumni of the Hahnemann Medical College arrived in this city from all sections of the coun-

try to attend the annual "Homecoming Week" of that institution, and the commencement exercises of the graduating class.

The reunion took place at the banquet of the Alumni Association at the Bellevue-Stratford, Wednesday Evening, June 5th. The graduation exercises were held at the Academy of Music, Thursday afternoon, at which the former students of the college were present. Clinton Rogers Woodruff delivered the commencement address.

In the afternoon a series of lectures, clinics in surgery, gynecology, the eye, ear and throat, and demonstrations were held at the college by some of the most prominent physicians in the country. The influx of graduates began Monday to the various laboratories.

The alumni began the social part of their reunion Wednesday evening with a smoker in the Fountain Room of the Continental Hotel. Addresses were made by several of the physicians present. Thursday at noon the classes of 1890 and 1892 held reunions at the Bellevue-Stratford.

Fifteen members of the former class were present, and Doctor Wm. E. Boericks of San Francisco, spoke. About a score of graduates of the class of 1892 were present at the dinner. Doctor W. W. VanBaum of this city had charge of the class of 1880, while Doctor H. A. Weaver acted as toastmaster for the class of 1892.

The principal event of the week was the annual banquet, at which Doctor Louis P. Posey acted as toastmaster. The principal address was made by Rev. Dr. David W. Steele. The other speakers included Dr. Wm. H. Keim, president of the alumni; Dr. Gilbert J. Palen, president of the State Society of Alumni; Dr. R. P. Maddox of Chester, and Wm. J. Books of Danville, Pa., valedictorian of the class of 1912.

The celebration was conducted under the direction of the following officers of the Alumni Association: Dr. Wm. E. Keim, of Philadelphia, president; Dr. Robt. Piper, of Tyrone, Pa., first vice president; Dr. John R. Fleming, of Atlantic City, second vice president; Dr. R. Larer, third vice president; Dr. Edwin L. Nesbit, Bryn Mawr, Pa., corresponding secretary, and Dr. W. W. Van Bean, treasurer.

At the commencement exercises in the Academy of Music, degrees were conferred upon thirty-five graduates by Charles D. Barney, president of the Board of Trustees of the institution. Doctor Wm. B. Van Lennep, dean of the college, announced the prize winners, and Rev. J. Thompson Cole pronounced the invocation. The officers of this year's class are: Carey Braden, president; Charles Biddle Hollis, secretary; Joseph Stegman, treasurer, and William J. Booke, valedictorian.

THE GERMANTOWN HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at "The Majestic," Broad and Girard Avenue, on Monday, June 17th 1912, at 9 o'clock in the evening. Doctor Clarence Bartlett entertained the meeting, his subject being, "Odds and Ends—Diagnostic and Therapeutics." The meeting proved a very interesting one, and there was a full attendance of members.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE 23RD WARD OF PHILADELPHIA held its regular monthly meeting on Wednesday, June 19th, 1912, at the office of Doctor Wm. C. Powell, Bryn Mawr, Pa. A paper on "Arterio-Scleroses" was read and which was enjoyed by all present. Many members were present and the meeting was enjoyed by all present.

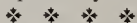
J. D. BOILEAU, M. D., *Sec'y.*

PERSONAL: Rev. and Mrs. Charles C. Walker announce the marriage of their daughter, Imogene, to Doctor LeRoy I. Walker, on Wednesday, June the 12th, 1912, Philadelphia.

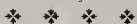
OBITUARY: In Philadelphia, Doctor Thomas D. Clegg died Wednesday morning, June 26th, 1912. His funeral took place Saturday afternoon, at 2 o'clock.

READING NOTICES

AFTER SCARLET FEVER AND MEASLES.—After the acute diseases of childhood there is no remedy that will do more to hasten convalescence than Gray's Glycerine Tonic Comp. Children are particularly responsive to the tonic effects of "Gray's" and it is always gratifying to see the prompt improvement in the appetite, digestion and general nutrition that follows its administration. The palatability and clean bitter taste of "Gray's" make it exceptionally acceptable to children.



OBSTETRICAL CHARTS IN COLORS—Ten full plates 12x9, illustrating and briefly describing the following obstetrical positions: 1. Diameters of foetal head, pelvic brim and planes of pelvis. 2. Head presentations. 3. Mechanism in vertex presentations. 4. Mechanism in left occipito-anterior presentation. 5. Face presentations. 6. Mechanism in face presentations. 7. Right mento-posterior position. 8. Breech presentations. 9. Mechanism in Breech presentations. 10. Transverse positions. These plates will be sent in book form to any address on receipt of 25 cts. postpaid. BATTLE & CO., St. Louis, Missouri.



THE CHLOROSIS OF YOUNG GIRLS.—To permit the blood stream of chlorotic girls to remain in an impoverished state, is to expose them to more than one peril. Such patients are usually high-school or seminary girls, struggling with duties that tax their every ounce of force. When the break comes, as it almost inevitably will, the physician has on his hands a girl whose recovery taxes much time and care. In most instances this could be avoided were the girl put on Cordial of the Extract of Cod Liver Oil Compound (Hagee). As a blood-maker and general tissue builder, it is of much value in chlorosis. Not only are the blood corpuscular elements increased in number, but also a noticeable improvement takes place in their quality. Cord Ext. Ol. Morrhuæ Comp. (Hagee) will prove its merit in these cases, and its systematic administration over a considerable period of time will save chlorotic girls much of the distress to which they otherwise would be subjected.



POULTICES SHOULD BE STERILE.—Prof. George Howard Hoxie, of the University of Kansas, in his most excellent book on "Symptomatic and Regional Therapeutics," states under the heading of localized inflammation that "the danger of infection should ever be in mind in applying a poultice, for the maceration incident to the poultice favors infection, even if in ordinary circumstances one might consider the area germ proof."

Again he refers under the chapter on Pain, to the dangers of using dirty poultices and that skin affections have been added to the ordinary disorder when bread-and-milk or linseed poultices have been used to relieve pain.

It is thus noted how important, then, it is in the employment of a poultice for the relief of pain and inflammation, that a sterile and trustworthy product be applied. Inasmuch as poultices are a means of producing Hyperemia by the use of heat and insofar as they do this better than by other means, it is interesting to observe that in the belief of Prof. Hoxie that "the clay poultices, known best in the form of Antiphlogistine, are the best to employ, as they are sterile and clean."

Antiphlogistine affords not only a safe but clean method of utilizing the advantages of hot moist heat in the treatment of pain or inflammatory conditions. It maintains heat in contact with the part for hours and its adaptability is only secondary to its therapeutic value.



SPECIAL ARTICLES

THE WORM AT THE ROOT.

A MAN PLANTED SOME FRUIT trees in a fertile soil. These trees grew thriftily for some years, when suddenly the leaves on a few favorite trees began to wither, change color and seemed ready to die. He sprayed these leaves, after having found a few insects on them, hoping to destroy the insects and save the leaves. He succeeded in destroying some of the insects and all of the leaves because there was not sap enough in the trees for the leaves to regain their lost vigor. He removed the leaves hoping new ones would appear in place of those removed. In this he was disappointed. Presently the limbs began to show signs of disease and death. Other leaves began to wither and change color. Other limbs began to look sickly and die. The good man removed leaf after leaf and limb after limb as they showed signs of distress and disease, until the trees were hopeless cripples; but this did not stay the ravages of disease and destruction. A friend passed by one beautiful morning and saw the good man of the orchard removing the sick leaves and limbs and after some serious conversation asked:

“Have you thought that there might be a worm at the root?”

“Oh, no; this is purely a local condition and the only hope is in the removal of the diseased limbs and leaves.”

“Is it not possible that you might be mistaken?”

“No, no! this is purely a local matter.”

Time passed and the poor trees died. Other trees were similarly affected and received the same treatment and all died. The friend called the attention of the good man of the orchard to the possible worm at the root; because of the great loss of trees and money, examinations were made. To the dismay of the owner of the trees, here was the worm which had carefully eaten the bark from the roots, cutting

off nutrition and causing sickness and death. For days the owner of the orchard, when he saw the destruction of his fine trees, the loss of time, labor and money, could think of nothing but *the worm at the root*.

Ah, me! The Worm at the Root.

How many lives are sacrificed every year by cutting away the diseased tissue, removing diseased parts and forgetting the worm at the root? Legislators are importuned, possibly heavily paid to enact laws forcing men who write "M. D." after their names to cut and cut, spray and boil, inject serum after serum to heal disease, but never say one word about the *worm at the root*. Indeed, we are almost forced to believe that back of the glittering appearance of the pseudo-philanthropy in making the practice of medicine a political asset, there is a most vicious, poisonous worm at the root that will, if not destroyed, kill the tree of personal volition and liberty.

The purgatives, emetics, cathartics, soporifics and a score of other processes of more or less frequency in practice, is but another form of spraying the leaves, removing the limbs and forgetting the worm at the root.

The Worm at the Root.

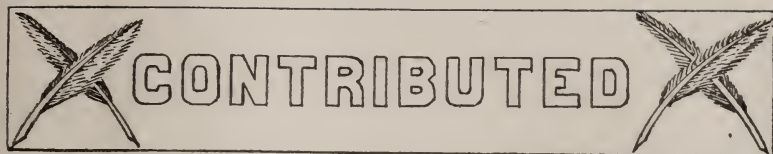
How it destroys the purity of society, saps the moral flavor of our churches, destroys the sense of honor and honesty in the body politic, menaces the future progress of our business relations with one another and, with the world at large, obliterates the very essence of virtue and destroys the sanctity of the home. Wither are we drifting? The very worms at the root are crying out:

"Don't look at us, we are perfectly harmless; look at the dying leaves,, the withered limbs, and give attention to the possible bug there. Destroy the leaves, cut off the limbs and please give us no thought whatever. We are innocent."

And during all of this time they keep gnawing at the roots and would, if they could, swallow the whole tree.

G. E. DIENST.

Aurora, Illinois, August 25, 1912.



THE TOBACCO-SKUNK ERA.

By J. W. HODGE, M. D.,

IN THE PAST there have been the "canonical age," the "golden age," the "iron age" and the "stone age." To-day we are in the throes of the tobacco-skunk age, the foulest smelling of all the ages.

In this tobacco-skunk era the nauseating stench of tobacco smoke is everywhere and at all times painfully in evidence, much to the annoyance, disgust and discomfort of abstainers from the use of the malodorous weed. The tobacco-skunk nuisance has become a veritable plague. In the public streets and thoroughfares, in the city parks, in public buildings, in convention halls, in theatres, in ballrooms, in churches, in restaurants, in waiting-rooms, in trolley cars, in doctors' offices, in parsonages and in private residences the disgusting stench of tobacco smoke is ever present to outrage the nostrils of every clean and refined person who ventures out of his own private apartments. Everywhere and at all times the land stinketh of tobacco smoke and a great plague is upon us.

In that ancient dream-book called the "Holy Bible" we read a story about multitudes of frogs which are alleged to have come up into the land of Egypt as one of the plagues sent upon the Egyptians by Moses. The frogs are alleged to have suddenly and simultaneously died in vast numbers and a horrible stench is said to have gone up in the land of Egypt to the great discomfort of all the people in that country. It is further alleged in the "inspired book" that the Egyptians were sorely plagued by the pestiferous gases of decomposition which went up from the decaying bodies of the dead frogs. Christian zealots who are endowed with such unbounded credulity that they can swallow this mythical Bible yarn as an actual historical event are wont to express their pity for the supposed sufferings of the Egyptians. But their emotions of pity for the imaginary sufferings of the Egyptians of past ages might well give place to feelings of sympathy for their own fellow-sufferers of the present day who are being sorely tormented and continually afflicted by the pestilential tobacco stench which is a *real* plague rivalling in

offensiveness the stench of decaying frogs of the material sort. The sickening stench of burning tobacco which is being insistently and everlastingly belched into the faces and nostrils of refined and sensitive ladies from the malodorous mouths of anthropoid hogs who choose to call themselves men, is simply outrageous and well nigh unbearable. The porcine sentiments of the average smoker are clearly evidenced in the habitual and utter disregard which he evinces for the convenience and comfort of everybody but himself. His atrocious motto is: "Tobacco has come to stay and those who do not like it can go elsewhere." The following extract I quote from the writings of King James I. as being descriptive of the tobacco smoke nuisance as observed in his kingdom: "A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and the black, stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless."

Doctors of physic who are, as a rule, abject slaves of the tobacco habit are among the chiefest offenders in this respect. When medical men are called down and justly reprimanded by ladies on account of their disgusting indulgence in the use of the demoralizing weed they stupidly essay to justify their evil practice on the flimsy pretext that smoking is a prophylactic against infectious maladies and is resorted to by them for the purpose of warding off infection. Some of these same doctors who indulge in cocktails and highballs resort to the same spurious plea in defense of liquor drinking. I here present an extract from the pen of Dr. Norman Kerr touching on this phase of the tobacco question. Dr. Kerr says: "Though the writer has not used tobacco in any form for many years, and is strenuously opposed to its ordinary use, he would not think of going through a yellow fever ward without a lighted pipe, cigar or cigarette in his mouth." Bearing in mind the significant fact that tobacco smoke is known to exert a powerfully depressant and perturbing influence upon the nervous system, is it not far more reasonable to believe that smoking *predisposes to*, rather than *protects from* infection? Speak up, doctors! Prophylaxis against infection *via* the tobacco route is a rank medical delusion. It is a rank specimen of a doctor's pipe-dream. Such stupid notions and such absurd and irrational performances on the part of modern medical men are quite as reprehensible as were the antics of "medicine men" of ancient times, who were wont to resort to the device of ringing bells and beating tom-toms in their frantic efforts to drive off "disease demons" and stay the

ravages of pestilential maladies. Future generations will, no doubt, look back to the twentieth century with feelings of pity and amazement at the folly of the modern tobacco-sweepled doctors who attempt to escape infection *via* the pipe-dream route. They will laugh at such superstitious nonsense just as we of today laugh at the tom-toolery of the medicine man's performance with his bells and his tom-toms. The ignorant dupe of superstition who wears a scapular or other charm to protect himself from "demons" is no more ludicrous and illogical than is the doctor of medicine who resorts to a pipe, a cigar or a cigarette to protect himself from yellow fever infection. Such a doctor is on an exact par with the superstitious granny who wears a bag of asafœtida about her neck to ward off smallpox. The medical man who relies upon a "pipe-dream" to protect himself from infection belongs in the same class with the shallow-minded simpleton who carries a horse chestnut in his pocket for the purpose of keeping off rheumatism. It is really pathetic to witness the great number of deluded dupes of superstition who are diligently and patiently applying such nonsensical "preventives" and then sitting down in their own dirt and filth with the conviction that they have done all that can be done to prevent infection and to ward off disease. Dirt and unhygienic habits of life are the chief factors in the propagation of disease. Cleanliness combined with natural and wholesome living is the great prophylactic against infections of every sort. Just soap and water well rubbed in and wiped off are the real prophylactics against all filth diseases. These preventives are more efficacious than all the drugs in the *materia medica*.

For more than a quarter of a century I have been opposing the use of liquor and tobacco. In all my writings on the tobacco-using evil I have laid the responsibility for the great prevalence of this degrading custom at the doors of doctors, preachers, and pedagogues. Physicians profess to be special guardians of the people's health and helpful guides and counselors in all matters pertaining to hygiene and right living. Whenever a physician indulges in evil practices, such as the use of strong drink or tobacco, he grossly discredits his chosen profession and betrays the trust reposed in him by his deluded clients. People who have any regard for their health should refuse to accept the professional services of any medical man who is addicted to the use either of strong drink or tobacco. Such a doctor evinces his incompetency to take care of his own health and should therefore never be entrusted with the care of other persons' health.

Tobacco Addicted "Divines"

Christian priests and clergymen who arrogantly assume to be the agents of God and set themselves up as spiritual advisers and moral exemplars of their sheep-like "flocks," have no right to become addicted to a filthy, degrading and demoralizing practice like the use of tobacco. Every tobacco-using priest and preacher should be excommunicated from the church and expelled from the ministry as moral pariahs. At this point, let it be said to the credit of the Methodist church that her ministers are strictly forbidden to indulge in the filthy, demoralizing tobacco habit. Would to "heaven" that the Christian churches of all other denominations would emulate the wholesome and laudible example of the Methodists by purging the ministry from this filthy and demoralizing vice!

The deplorable spectacle of a "divinely consecrated" tobacco-skunk in a pulpit is a burlesque upon the Christian religion and a gross insult to its adherents. Why it is that sane civilized people of this enlightened age will tamely tolerate tobacco-steeped "divines" in their sanctuaries is past all understanding. Such rank exhibitions of glaring inconsistency on the part of these chosen "men of God" is a parody on Christianity, and a slur on its devotees. Christians who entertain any faith in the efficacy of prayer should pray without ceasing from the tobacco-skunk in the pulpit, "Good Lord, deliver us"!

Tobacco Using Pedagogues.

Parents of school children very carelessly entrust the early education of their innocent offspring to the teachers of our public and private schools with the full knowledge that many of the male teachers thereof are addicted to the filthy and degrading tobacco habit. Parents who desire their boys to fall victims to the demoralizing tobacco habit could not pursue a more certain course whereby to inculcate that evil habit, than by placing them under the tutorage of a tobacco-using schoolmaster. The tobacco using vice being very infectious, boys who see their teacher smoking are naturally inclined to pattern after their schoolmaster's evil example by taking on the tobacco habit themselves. For this reason alone, if for no other, no tobacco-using pedagogue should be tolerated on the teaching staff of any school. Tobacco-addicted pedagogues are a menace to the morals of their pupils and an abomination to the whole community in which they reside. They should be ousted from our schools as incompetents and

unworthies. Let all nicotinized pedagogues leave our schools and seek employment in tobacco stores, saloons and tobacco factories. A male teacher of children should be a clean, moral man, free from all evil practices and vicious habits. So long as parents will permit tobacco-steeped pedagogues to hold positions on the teaching staffs of our schools they must expect that their boys will become victims of the cigarette, the cigar and the lethean pipe as an inevitable consequence of their early education in schools presided over by tobacco-addicted pedagogues. If these same boys do not also become addicted to the use of alcoholic beverages as well it will be a wonder. Tobacco and strong drink are twin companions.

Medical Men Silent on the Evils of Tobacco. -

It is a deplorable fact that scarcely any attention is devoted at the present day to the discussion of the tobacco using evil in either medical publications or in text-books for the use of students of medicine. One might search in vain for an article against smoking or chewing in any text-book written by a modern medical man. The reason for this sphinx-like silence of doctors in reference to the evils of the tobacco habit is not far to seek, nor is it difficult to find. Most medical men are themselves slavishly addicted to the demoralizing tobacco habit and cannot, therefore, with any show of consistency or sincerity repudiate or condemn the idol of their own mouths. The tobacco habit being utterly devoid of a single redeeming feature to commend it, is wholly unjustifiable and utterly inexcusable. Doctors who are its abject victims, knowing this, have not the temerity to attempt a defence of the vicious practice, hence their fixed policy of keeping mum in reference to their guilty indulgences. No other course is open to the doctors who are victims of the demoralizing narcotic weed. Any medical man who candidly and openly denounces the tobacco habit and warns his clients against the use of the weed is a *rara avis*. The business of most medical men is to treat fellow-victims having "tobacco-hearts" rather than to warn the uninitiated of the evils of the loathsome practice which causes these maladies. Any student of medicine who has had the good fortune to escape the bondage of the tobacco habit is sure to have it fastened upon him when he gets into medical college. Cigarette smoking is a universally practiced vice in medical schools of every nation. During my six years of studentship in medical colleges I can recollect but three students and one professor who were free from this loathsome habit. What

wonder is it that medical schools annually turn loose hordes of bum doctors to prey upon the public? What else could be reasonably expected to come from institutions of learning in which the demoralizing tobacco habit is fostered and inculcated? Medical men to be true to their profession of solicitude for the public health are in duty bound to wholly abstain from the health-blighting tobacco using practice and to warn the public of its evil effects. It will not be seriously denied by any honest and intelligent physician that the appetite for tobacco is entirely sensual and animal; that it is associated with the lowest grade of human influences; that it cultivates and develops the animal nature at the expense of the intellectual and moral. Its whole tendency is to degrade the higher qualities of our being. Public sentiment has for ages very justly and appropriately associated tobacco with strong drink and profanity. Our best educators wisely seek to implant in the tender minds of the youth under their care a virtuous and an active hostility to this triple alliance of vice (tobacco, strong drink and profanity). That such a course is based upon sound philosophy no sane person will seriously deny.

Physicians Familiar with the Evil Effects of Tobacco.

Every physician who has been engaged in the practice of medicine must have been impressed with the evil effects of tobacco upon its devotees. The victims of chronic nicotine poisoning is a spectacle familiar to the practicing physician. No language can adequately or fully describe the real condition of the confirmed tobacco fiend, thin and haggard, pale and nervous, restless and sleepless, timid, apprehensive, irresolute and desponding.

A distinguished English surgeon (Dr. Lizars) writes: "I have invariably found that patients addicted to tobacco smoking were in spirit cowardly, and deficient in manly fortitude to undergo any surgical operation."

How is it possible for men with impaired digestion and unstrung nerves to evince fortitude or self-control? Look at the number of young men, whose lives have been showrecked on the voyage of life by the malady called "smoker's heart," and other evil effects of chronic nicotine poisoning. Every young man who becomes addicted to the use of tobacco is in danger of falling a victim to this grave malady.

Medical Men Blamable.

Medical men realizing, as they do, that they are very largely to blame for the prevalence of the health-destroying and demoralizing tobacco using habit, are loath to engage in

the discussion of a subject which would be sure to bring discredit upon themselves by directing attention to their own pernicious practice of indulging in a degrading and health-blighting drug habit.

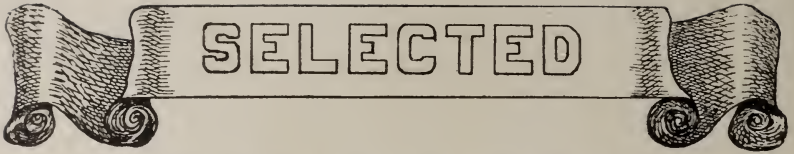
It was a doctor of physic who first introduced this wasteful and degrading practice into European countries after having himself adopted the use of the weed from the savages of America, whither he had been sent on a voyage of discovery by King Philip II. of Spain. What a blessing it would have been to the human race had this demoralizing practice been left with the savages of the forest, where it originated.

It is possible to imagine how this deadly narcotic poison when smoked by the red man in his "pipe of peace" may have soothed the savage breast and for a time postponed his acts of cruelty, but it is impossible to discover any utilitarian purpose to which this poisonous sedative could be put by a sane and civilized man.

It is to be hoped that the time is not far distant when doctors and "divines" will cease to dishonor their professions by abstaining from the use of habit-forming, demoralizing narcotic poisons, such as tobacco, alcohol, morphine and cocaine. Until this much needed reform shall have taken place in the medical and the theological professions the world will remain in the abject bondage of drug-addiction. Physician! heal thyself.

Niagara Falls, N. Y., Aug. 15, 1912.





PNEUMONIA AND ITS TREATMENT.

“PNEUMONIA baffles us very much as it did the doctors of two centuries ago.”—*Journal A. M. A.*, Jan. 27, 1912.

Allopathic Treatment of Pneumonia in 1887.

Thirty-two years ago the writer was graduated in medicine. At that time the treatment of pneumonia, as taught by Dr. Alonzo Clark, the eminent professor of the practice of medicine in the College of Physicians and Surgeons of New York, may be summarized as follows:

Bleeding was still used by many but it was rapidly losing ground.

Tartar emetic and the antimonial preparations were used.

Veratrum viride in 5 minim doses was at the height of its popularity.

Aconite was a close second to the former drug.

Quinine was universally used.

Digitalis was also extensively used.

Cold effusions to the chest and ice bags were being tried, but records show that four out of every six patients died from this treatment:

Alcoholics were largely used.

Opium and its derivatives universally used for pain and delirium.

Saline purgatives, wet and dry cups, blisters and poultices were still employed.

The ciled silk jacket had just had a *furore* but was going out of style.

Expectorants were very generally used.

The diet was milk and broths.

Allopathic Treatment of Pneumonia in 1904.

Passing over twenty-four years, we find an article in the *New York Medical Record* on the treatment of “Pneumonia” by one of New York’s most capable diagnosticians and practitioners, a man of vast experience in the disease, a

man of honest convictions, an observer. Let us summarize his conclusions:

Salicylates failed to be of service.

Aspirin equally ineffectual.

Creosotal, Creosal, Guaicol have been tried and abandoned.

Digitalis "seems to act well sometimes."

Ergot and its preparations "are being used," have tried them without encouraging results.

Iodides. Has seen no marked benefit from them.

Quinine. Confesses a weakness therefor, and says, "Seems sometimes to have a decided effect on the temperature."

Expectorants. Tried and found useless.

Whiskey, not desirable except in alcoholics.

Oxalate of Cerium, "may be tried."

Calomel and Soda, "may be given."

Wet cups used by some but do not appeal to him.

Morphine and Opium good for pain and restlessness.

Dover's Powder may be tried but will often fail.

Bromides, Paraldehyde, Hyoscine hydrochlorate, "often useful but at times fail of their purpose." All unsatisfactory.

Veronal at present popular but depresses the patient.

Tricol has danger of depression and collapse.

Chloral, does not use it on account of its action on the heart.

Elixir of chloralamide "has sometimes acted well."

For tympanites, Calomel and Soda.

For constipation, Jalap.

Salol, Resorcin, Beta-naphthol, Naphthalin, Carbolic acid, Camphor, has often used them but has seen no good results therefrom.

Muriate and Carbonate of ammonia not found to have any effect.

Expectorants "not used now."

Heroin "sometimes gives relief."

Terpin hydrate "may be tried."

Strychnia sulphate good to sustain heart.

Nitroglycerine "seems to act well."

Ether, subcutaneously, advocated by some, seen no effect therefrom.

Diet, milk and broths.

The advancement of twenty-four years is well seen. Quinine, Morphine and Digitalis have been retained in the new list and the others discarded. A host of new preparations have all been faithfully tried and found wanting, and there has nothing been found to combat the disease itself. Quinine is given to lower the temperature CAUSED by the pneumonic process, Morphine is given for the pain and restlessness CAUSED by the pulmonary involvement, Digitalis is given to whip on the heart LAGGED by the oppressed circulation, and that is all there is to it. Supposing the temperature to be lowered, the pain deadened, and the heart action energized, is there no longer a pneumonia? Or is it for the pneumonia itself that this writer says that this and that "may be tried?" Is not this a specimen of the so-called scientific advances in dominant medicine in twenty-four years?

From Osler's Practice, 1907.

Prognosis. Pneumonia is the most fatal of all acute diseases, killing more than diphtheria and outranking even consumption as a cause of death. Hospital statistics show that the mortality statistics range from 20 to 40 per cent.

Treatment. Pneumonia is a self-limited disease, which can neither be aborted nor cut short by any known means at our command.

The young practitioner should bear in mind that patients are more often damaged than helped by promiscuous drug-ging, which is still too prevalent.

Bleeding. We employ bleeding nowadays much more than we did a few years ago, but more often late in the disease than early. (Anders, Regius Professor of Medicine of Cambridge University, says exactly the opposite to this.)

Drugs. Certain drugs are credited with the power of reducing the intensity. *Veratrum viride*, 2 to 4 minims of the tincture, every two hours.

Tartar emetic, a remedy which had a great vogue—this is science!—some years ago, is now very rarely employed.

Antipneumococcic serum. Anders' recent analysis of the reported cases do not give a very favorable impression of the value of the sera at present in use.

To relieve the pain. Hypodermic injections of Morphine.

To combat the toxæmia. Until we have a specific—we must be content with measures which promote the elimination of the poison. Unfortunately we know very little of the channels by which they are got rid of.

Oxygen gas. It is doubtful whether the inhalation of oxygen in pneumonia is really beneficial. The work of Lorrain Smith suggests, indeed, that it may (under certain circumstances be positively harmful). He has shown experimentally that oxygen may be a serious irritant, actually producing inflammation of the lungs.

Thus doubt everywhere, even by the Regius Professor of Oxford.

Allopathic Treatment of Pneumonia in 1911.

Four years later a well-known work, entitled Musser's Treatment, was published in three volumes, the third of which is just out of the press (March, 1912). The article on the treatment of pneumonia was written by no less an authority than Dr. H. A. Hare, of Philadelphia, one of the eminent lights of dominant therapeutics. We summarize in like manner the following as the latest and most modern treatment of this disease:

Antipyretics, harmful.

Morphine and its congeners the only useful drugs.

Tartar emetic, useless.

Chloral of no use.

Stimulants of little use.

Digitalis, mostly useless, cannot be relied upon.

Iodides, warns against their use.

Nitroglycerine of little use.

Drugs in general useless.

Diet, milk and gruels.

Thus seven more years instead of advancement show a true therapeutic nihilism. Quinine and Digitalis are not at present considered safe or useful. *Morphine* is the only drug that has not been discarded in over thirty years. What have been the results? What do statistics show? Let us present some extended over a period, prior, and contemporary with this epoch of scientific medical progress as evidenced in the dominant school.

Some Allopathic Statistics in Pneumonia.

	Cases.	Deaths.	Mortality.
Dr. Bovillard, Paris	152	18	11.8
Dr. Louis, Paris	107	32	26.1
Dr. Grissolle's collection	304	43	14.1
Vienna Hospital	1,660	350	21.8

Dr. Routh's collection	388	66	17.
Drs. Balfour and Thompson	125	35	28.
Glasgow General Hospital	122	38	31.1
Parisian Hospitals	300	100	33.3
New York Hospital	87	32	38.
Dr. Dietl, Tartar emetic treatment	105	22	20.7
Prague Hospital	259	68	22.4
St. Louis City Hospital	23	12	52.
Dr. Leroux, France, collection	364	85	23.4
Drs. Taylor and Walsh	78	12	16.8
Dr. Peacock	48	3	6.8
Philadelphia General Hospital	991	533	53.
Boston City Hospital	949	341	35.5
Total	6,063	1,790	

Average mortality, 29.5 per cent.

In 1902 the mortality in Cook County Hospital in Chicago was 36 per cent. Anders, in his work on Practice of Medicine, gives the average mortality as 18 per cent. Klebs, in American Medicine, quotes it at 23.8 per cent. Hay, in the London *Lancet*, gives for the general average 33.3 per cent. Professor Edwards, of the Northwestern University, in his work on the Practice of Medicine, which bears the date of 1907, gives the mortality of pneumonia as follows: In private practice, from 10 to 33 per cent in hospital practice, from 33 to 50 per cent in asylum practice, 50 to 100 per cent. From these figures we may rightly assume that the death rate in pneumonia under old school treatment is not less than 25 to 35 per cent, probably 30 per cent in all cases would not be far from a correct estimate. The total deaths in the United States from pneumonia in the last thirty years have not diminished, the figures for 1880 being 63,053 and for 1910, 78,929. From this it would seem that the increase in the deaths from pneumonia has fairly kept pace with the increase in population. Some years have shown, owing to the epidemic features of the disease, a considerable increase over these figures. Thus in 1900 the total number of deaths from pneumonia were, in the United States, 105,971. In England the death rate in pneumonia in 1907 was double that of 1881. During the year 1910 the total death rate in what has been called the "Great White Plague" was only about 1 per cent under that of pneumonia.

Some Homœopathic Statistics in Pneumonia.

Let us now look at a brighter side of the picture and present some statistics of the homœopathic school in the treatment of this disease, covering the same period as those of the dominant school:

	Cases.	Deaths.	Mortality.
Bond Street, N. Y., Dispensary	204	5	2.5
Poughkeepsie Dispensary Cases	10	0	0.
Dr. Routh Collection	738	45	5.7
Gumpoldsdorfer Hospital, Vienna	1,415	48	3.4
Leopoldstadt Hospital, Vienna	149	9	6.
Linz Hospital, Austria	99	1	1.
St. Marguerite Hospital, Paris	41	3	7.2
London Homœopathic Hospital	63	3	4.7
Professor Henderson, Edinboro	11	* 0	0.
Dr. Bodman Bristol (1909-1910)	50	0	0.
Dr. Hood Collection (50 physicians, 1906).....	6,605	251	3.8
Total	9,385	365	

Average mortality, 3.9 per cent.

In the compilation of statistics we realize that there is some liability of errors, but we believe that the errors on both sides would be insignificant, and no one presentation would be more likely to have errors in it than another. While only some 6,000 cases have been collated from allopathic sources and some 9,000 from homœopathic, it would be very easy to collate double the number from former sources, but the quotations from eminent writers of the dominant school should put to rest any suspicions of unfairness. From the homœopathic standpoint we could permit the sceptic to double or treble our mortality rate in this disease and we would still be some 20 per cent in advance of the allopathic school in our treatment of pneumonia. Few, if any, homœopathic physicians have a mortality in pneumonia that exceeds 6 per cent; few, if any, physicians of the allopathic school have a mortality in pneumonia that is as low as 20 per cent, and the foregoing shows that absolutely no advancement has been made in the treatment of this disease in over thirty years, and if they claim any progress whatever, is it not rather due to the abandonment of measures like the cold pack and many others which according to their dicta rested upon a no more scientific basis than "may be tried?" Even the late fad, anti-pneumococci serum, has not materially bettered these statistics, the most favorable reports showing 15 to 20 per cent mortality.

Has Homœopathy Progressed in the Treatment of Pneumonia?

We believe this question may be answered in the affirmative. When Dr. Bodman, of Bristol, England, presents 50 consecutive cases without a death in 1909-1910 and Dr. Hood collects 6,605 cases with a mortality of but 3.8 per cent in 1906, it would seem to us that we have reached a truly minimum mortality in this grave disease. It is true that we are using the same remedies today as were used by the fathers of

Homœopathy fifty and seventy-five years ago. We have a law in Homœopathy that does not change. If the law was true one hundred years ago, it is true today. Aconite, Bryonia, Phosphorus, Tartar emetic, Iodine, Sanguinaria, Sulphur, Chelidonium, Kali carbonicum—in short, all our great homœopathic pneumonia remedies, rest today not upon the assertion that they “may be tried,” but upon the fact that they have been tried, applied according to the law and have not been found wanting. We do not say of them “no longer used,” “may be given,” “sometimes gives relief” or even “universally used.” We know their uses and, what is more important, we know to what cases each corresponds.

It is in just this line that great progress has been made in the homœopathic school in the treatment of pneumonia and all other diseases. Our conception of the totality of symptoms upon which to prescribe one or another of these drugs has been vastly broadened by the development of the action of our remedies. Ours is a therapeutic specialty and we have always welcomed advances in any field of medical progress that favors this specialty and can be utilized by it. We are justified in calling to our aid all that the sciences of bacteriology, pathology and chemistry can bring to enable us to apply our remedies more exactly and more homœopathically, but we are not justified in floundering about trying this serum and that vaccine to the neglect of the grand principles of our system. It may be that some of these procedures are truly homœopathic, but we can well afford to wait until they are so proved before adopting them, and not run the risk of having them dubbed the *furori* of the present day and relegated to the scrap heap of therapeutics rubbish, as has been done with so many of the “may be tried” pneumonia remedies.

If compulsory medicine is to be made the order of the day in the United States there are two diseases that should be compulsorily treated homœopathically—diphtheria and pneumonia. Are there any others? Well, yes; I guess so!—*Medical Century*.



WHAT HOMŒOPATHY IS AND WHAT IT IS NOT.

(EDITORIAL NOTE:—Among the many men of the homœopathic profession in the United States, few are doing more to advertise Homœopathy than one Gabriel Thornhill, M. D., of Paris, Texas. Dr. Thornhill has issued two little pamphlets, the title of one being, “What Homœopathy IS”; the other tells “What Homœopathy is NOT.” We copy both

herewith and would advise every homœopath in the United States to start a similar personal propaganda. Dr. Thornhill incloses these circulars in every letter he writes, thus doing, no doubt, a world of good for homœopathy in general. Besides the foregoing he also publishes the pamphlets in the Paris papers, which, incidentally, includes a mention of Dr. Thornhill, but advertises homœopathy still more.)

HOMŒOPATHY, WHAT IT IS.

HOMŒOPATHY REPRESENTS THE APPLICATION of a Natural Law (*similia similibus curentur*, similars may be cured by similars), to the treatment of disease. If a drug, in a non-fatal dose, is taken into the human system, it causes a temporary illness. Experience has shown that the same drug, in comparatively small doses, will cure a similar condition when found as a natural disease. This law was recognized by so old an authority as Hippocrates, but remained buried until somewhat more than a century ago under a lot of fanciful and useless speculations.

2.—Homœopathy is based upon the law of SIMILARITY, not of "sameness." When a person is poisoned by opium, a little more opium, no matter in what form, will not help him. But when a person, sick from some other cause, presents symptoms which are SIMILAR to those of opium-poisoning, it is very probable that opium will be of benefit.

3.—Homœopathy has for a century been at work on the task of finding out, for the purpose of curing the sick, just what is the action of the many drugs upon the human organism. Aware of the fact that drugs often do not act upon animals as they do on human beings, all the experiments have been made upon human beings, preferably strong, healthy and intelligent men and women, often physicians, and these effects have been carefully recorded, compared and analyzed ("provings"). In the case of very many of these drugs hundreds of such "provings" have been made in every civilized country in the world.

4.—Homœopathy, in making these provings, has been able to test and to demonstrate the soundness of the law of the similars in every civilized country and among all civilized nations. By prescribing in the sick-room the drug capable of causing similar effects upon provers (see 3), undeniable curative results have invariably followed in curative cases of illness.

5.—Homœopathy thus has the advantage of resting upon a tangible, demonstrable basis which is not affected by the

ever changing views concerning the causes and nature of diseases. It is a THERAPEUTIC CERTAINTY, and its lessons will be as reliable and full of meaning in a thousand years as they are today. Dr. S. Hahnemann, long before he had ever seen a case of Asiatic cholera, from a study of the symptoms of cholera and from his knowledge of the drugs capable of producing in the healthy human being symptoms which are SIMILAR to cholera, was able to point out the drugs which, in fact, when Asiatic cholera appeared in Europe, proved of startling efficiency.

6.—Homœopathy by its uniformly satisfactory results when intelligently employed, gives to its practitioners a confidence in the value of drugs homœopathically prescribed, and a directness of action in the sick-room, so far as the use of drugs is concerned, which is characteristic of the homœopathic physicians. The majority of physicians of other schools gradually grow less and less confident in the reliability of drugs: the homœopathic prescriber, though he understands and uses his remedies with ever increasing confidence and would not consent to practice without them. Is not this assurance a comfort to the sick?

7.—Homœopathy stands for liberality. The reliance it places upon the indicated remedy does not stand in the way of its utilizing every advance made in every department of medicine. In fact, since homœopathy refers only to the use of DRUGS in the treatment of the sick, and does not claim to be a UNIVERSAL LAW, it stands to reason that homœopathic physicians must keep abreast of every advance made in the general field of medicine, and surgery. Any other course would be suicidal.

8.—Homœopathy is the "therapeutics of the future." Much of its teaching, bitterly assailed in the past, has been tentatively accepted by all advanced practitioners of medicine, though rarely properly credited. Complicated and crude methods of prescribing drugs are no longer fashionable. Salivation has long been a thing of the past. Copious bleeding for every form of disease is no longer tolerated. Even the old-time monstrous doses of quinine have become the exception when a few years ago they were the rule. Homœopathy has been the great factor in bringing about all these changes. Not only this: recent laboratory work of the highest type has shown WHY the efficiency of matter is vastly increased by almost infinite subdivision (high attenuations of homœopathy) and the latest therapeutics of the dominant school can be justified only upon the homœopathic law. (v. Behring).

9.—Homœopathy is in DEMAND. Calls for homœopathic physicians come from private and public hospitals and from communities in every part of the country. Not over ten per cent of these demands are met, because they outstrip the sources of supply. Study homœopathy; rely upon it; it will not disappoint you!

WHAT HOMŒOPATHY IS NOT.

1.—Homœopathy is NOT a new thing. Hippocrates, Galen, Haller, Stork, and many other great teachers in medicine were familiar with the homœopathic law of cure. Samuel Hahnemann (German physician and scientist) first recognized its FULL value and made its application general.

2.—Homœopathy is NOT a fad like the succession of great discoveries constantly hailed as wonderful advances in scientific medicine, to drop out of sight and memory in a short time. Homœopathy has been daily tested for more than a century, and its hold upon the intelligent in every community is stronger today than ever before.

3.—Homœopathy is NOT a complicated proposition beyond the comprehension of intelligent lay people. It rests upon a simple, demonstrable law of nature; that drugs in small doses will cure in the sick symptoms which closely resemble those that are caused when the same drug is taken in larger doses by a person in normal health.

4.—Homœopathy is NOT guess-work or a fine-spun theory. Each one of the hundreds of drugs employed by homœopaths has been "proved" or TESTED upon the healthy human organism, showing what organs, functions or structures it affects. Mark that these experiments are not made upon cats, dogs, or guinea-pigs, but upon hundreds of earnest men and women who subjected themselves to pain and inconvenience for the purpose of helping the sick. Homœopaths experiment upon themselves, NOT upon their patients, to find out what drugs can do.

5.—Homœopathy does NOT seek to merely palliate or suppress pain. It goes to the root of the trouble, and for that very reason is likely to permanently overcome pain when opiates and other palliatives afford only temporary relief. But homœopathic physicians may and do use any agent to relieve pain when to do this is a matter of common-sense or when imperative.

6.—Homœopathy does NOT SUPPRESS symptoms or give temporary relief at the expense of future comfort and safety.

It aims by the remedy given to reach the cause of the disturbance and thus make the sick well.

7.—Homœopathy does NOT injure the human system. Its effect is gentle. Its methods do not make the patient first worse, nor do they exhaust his vitality so that recovery is retarded. It rather coaxes back health and allows the carefully husbanded vital energy to make convalescence a rapid and safe process. It does not make the sick sicker; it woos them back into well-being.

8.—Homœopathy does NOT claim to be a universal panacea, but in more than a century's trial in every part of the civilized world it has demonstrated its curative power in all disease-conditions known, at any time of life. It acts, as promptly in the vigorous man and woman as in childhood. It does not take the place of the surgeon's knife, but when skillfully used often does away with the necessity of operating. By its subtle constitutional effects its action reaches far and deep, and the surgeon, accoucheur or gynæcologist, who is familiar with the use of the homœopathically indicated remedy can achieve results far greater than those obtained without it.

9.—Homœopathy is NOT behind the times; the homœopath is educated just as other physicians are, meets the same requirements in college and passes the same examinations. He knows all that all other physicians do, and IN ADDITION must have a complete understanding of the principles of homœopathy, and a full knowledge of homœopathic materia medica and of homœopathic practice.



PLAYING WITH FIRE.

THE SYSTEM OF HEALING that gives its approval to medical legislation with the proviso that an exemption clause favorable to that particular system be inserted, is playing free and loose with ultimate destruction. Unfortunately, practically every one of the minority systems has been and is guilty of this palliative practice, and quite as true is it that every one that has thus far played with this fire has been scorched.

In California an exemption clause was added to the vaccination law, which provided that those who opposed this practice were to be exempted "except in case of known epidemic." Later it was found that one case of supposed small-pox constituted an epidemic, and, as usual, the exemption proved a farce. California found, furthermore, that when an

epidemic was needed by the compulsionists even a case of Rhus eruption could be made to suffice as a smallpox epidemic.

In New York, the medical practice act specifically exempts those would heal by prayer or other religious practices, yet the New York County Medical Society has had no difficulty in convicting those of its competitors who thought themselves protected by the exemption in question.

In practically every state, Homœopaths, Eclectics, Osteopaths and others are finding that the exemptions that apply to them, either particularly or collectively, are included in the bills merely for sedative effect while the legislation is pending, and that once the law has been placed upon the statute books, the real purpose of the medico-political element promptly comes to light. These "sectarians," for instance, receive a place on examining boards, but when the dominant system decides that a college maintained by one of its competitors is "no longer necessary to the medical welfare of the community," that institution is gently but firmly exterminated, and the outraged representative of the numerically weaker sect appeals in vain for justice. However, it is difficult to sympathize with the victim in such cases, for had he not compromised with alien and antagonistic powers at the outset he would not now find himself an outlaw.

Any system of healing or any medical measure that must justify itself either by compulsory laws, or by exemptions in the law, is not worthy of the consideration and patronage of an enlightened people, and, fortunately for the "sectarian" systems known and practiced in America today, every one of them places its claim to perpetuity upon the high plane of merit, and gives way to the specious political tactics of the majority system only as a *dernier ressort*.

Not one of these organizations would stamp with approval a bill intended to legalize any of the other conspicuous wrongs of the calendar (under the proviso that the criminalities resultant upon it would not involve *them* in the clutches of the law) and yet they elect to submit to a law in relation to the practice of healing that they know to be essentially wicked, even though it be made to appear innocuous in their particular case by an exemption clause.

Certainly, any medical legislation that claims justification through an exemption clause calls for quick and definite defeat, and The National League for Medical Freedom has no amendments or other compromise to offer in such cases.—
Medical Freedom.



EDITORIAL SECTION



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The Editor will be in no way responsible for the opinions expressed by individual contributors.

CONGRESSMAN-AT-LARGE FISHER. The foregoing sounds rather "classy," and while it may be somewhat premature as to positiveness, still more serious calamity might befall the people of Colorado than the foregoing were fate, good fortune or other favor to bring about the election of Dr. Fisher to this most important public position. The nomination was made by the "Progressive" party of this state, which has for its emblem the "Bull Moose" and Teddy Roosevelt.



UNAVOIDABLE DELAY. The unavoidable delay attending this issue of THE CRITIQUE, comes just at a time when we were congratulating ourselves that such a thing would be almost an impossibility. During the past month the presses, machines, employes and other features of our up-to-date printing plant, have been on the jump morning, noon and night, owing to the overzealousness of political aspirants in announcing their many qualifications for official preferment.

No one regrets this more than the mechanical department; as for the editor, he has always been a stickler for prompt issue on the first of the month, but in this particular case can see no easier way out of the dilemma than to look pleasant and pretend he likes it.

DEATH OF DR. J. C. HOLLOWAY. We were given a decided shock the 5th of the present month, when the following letter was handed us in our morning's mail. It is needless to say no message or other information concerning Dr. Holloway's passing had reached us previously. Dr. Holloway was a consistent homœopath and one of the few men in the country who practiced what he preached. His preachments in THE CRITIQUE concerning homœopathy were of a high order and occupied a distinct class by themselves. THE CRITIQUE, its editor, our patrons and homœopathy have lost a friend whose place it will be almost impossible to fill. The letter from Dr. Holloway's son tells the story:

Galesburg, Ill., Sept. 2, 1912.

DR. J. W. MASTIN, Denver, Colorado.

DEAR DOCTOR: Yours of the 27th addressed to my father has been received. It is with much sorrow that I am compelled to advise you that my father died in the Homœopathic Hospital at Chicago on Saturday, August 24th, at 6:45 p. m. I wired you to that effect the next morning from Chicago, but from your letter it appears you never got the message.

His death was wholly unexpected, for not later than 4:15 p. m. of the day he died he was examined by Dr. White, chief of the hospital staff, who apparently did not find anything alarming at that time, but the hospital people said that within an hour or so his lungs suddenly congested and his heart was not strong enough to force the blood through them, and he died.

He was buried at Bruceville, Indiana, on Wednesday, the 28th, at 10 a. m.

As you no doubt know, my father had worked up a splendid practice here, and numbered among his patrons the best families of the city and surrounding country, who had been educated up to wanting Pure Homœopathy and nothing else. Now, not only for the sake of his family, but for these patients, some Pure Homœopath, who is willing to pay what it is worth, should come in here and take my father's old office, office furnishings, library, etc. Can you put us in touch with such a doctor or advertise the opening in THE CRITIQUE? Anything that is done will have to be done at an early a date as possible, as we will have to make immediate arrangements about the office.

I am sure that account your friendship for my father and association with him you will not treat this request lightly, but will do all you can at once, and thanking you in advance, I remain,

Sincerely yours,

H. B. HOLLOWAY.

COLORADO HOMOEOPATHIC SOCIETY. President Swerdfefer has favored us with a partial program of the forthcoming meeting of the State Society, and while it goes no further than to designate the bureau chairmen and chairwomen, sufficient information is contained therein to assure the members a most successful session.

No better choice could be considered than the Brown Palace Hotel as a meeting place, and the forthcoming session of the American Institute will do well to investigate this establishment in choosing "headquarters" for the national meeting. The "Brown" is known all over the civilized world and the mere fact of its being chosen headquarters for the 1913 meeting would be sufficient guarantee of personal comfort and complete satisfaction on the part of all to take advantage of its hospitality; it is not necessary, however, that this hotel be the only one taken into consideration, inasmuch as Denver has many which will answer the requirements of different demands.

Be it understood, however, the *Brown* is headquarters for the Colorado Homœopathic meeting which convenes the 24th and 25th of the present month.



MICHIGAN STATE UNIVERSITY. The U. of M. is one of the largest state institutions in the United States. During the past year the daily census, during the scholastic term, showed an attendance of over fifty-five hundred students. From among this number nearly every state in the Union was represented, besides which nearly every foreign country furnished its quota.

In other words, the University of Michigan is a decided credit to the educational feature of this country's well-earned reputation for high educational standards.

One of the seven departments of the State University of Michigan is the Homœopathic Medical College and Hospital connected therewith, and the fact of this department having shown an increase in attendance, while the old school department of the same institution has had a decrease in attendance during the past year, is sufficient cause for felicitation on the part of homœopaths throughout the entire country.

It is only by better management, better results and better principles well presented, that it is possible such creditable showing could be made.

THE CRITIQUE congratulates the Homœopathic Medical College of the U of M.

GIVING THE A. M. A. ONE BETTER. In his caustic *Critic and Guide* Dr. W. J. Robinson goes Dr. McCormack, walking delegate for the American Medical Association, "one better" in his plan to taboo all medical journals which fail to feature their advertising pages so as to conform to the standards promulgated by the A. M. A. Dr. Robinson rubs it in thusly:

"I will go Dr. McCormack one better. Here is mine:

"I suggest that anybody *who edits, publishes, contributes to, subscribes for, or receives free or as an exchange, or has in his possession—either about his person or on his desk—a medical journal which carries the ad. of a single preparation not approved by the Council on Pharmacy and Chemistry, should be summarily expelled from the American Medical Association.* Should this not prove a sufficiently drastic deterrent, then the culprit should be deprived of his license to practice. A term of imprisonment might be considered later on.

"*But I would make all these punishments retroactive.* How is that?"

"Why so many resignations?" continues this critic.

"During the past year 299 members of the A. M. A. died, 500 have been dropped as non-eligible, 987 have been dropped for non-payment of dues, and 1,301 *have resigned.* The dead, the 'non-eligible' and the poor could not help themselves, but why such a large number of resignations? Is it possible that the A. M. A. is not giving its members their money's worth? Or are the continuous attacks and squabbles and the conviction among the rank and file that the association is run by a clique, beginning to have their effect? *Quien sabe?*"

No organization, slight matter the resourcefulness of its recuperative powers, is capable of withstanding destructive depletion among its active workers similar to the foregoing, for any great length of time. While the causes leading up to this alarming abstraction of membership are many, nothing contributes so notoriously as dissatisfaction growing out of glaring abuse of power, and "politics."

The American Institute of Homœopathy, instead of playing into the hand of the American Medical Association, should sidestep the latter's silly endeavor to solidify a society which already gives a very reliable imitation of an institution on its last legs, and instead of permitting its politicians prostituting the purposes of the original organization, prepare the way to success and harmony by promoting such advanced methods of organization as will guarantee its existence for all time.



ROLLER TOWEL BILL IS KILLED BY SUPERVISORS. Are old fogies who go on the theory that what was done when they were "lids" is good enough for the world now, going to blow up the anti-roller towel campaign which started at the statehouse and is being boosted along by the city board of health.

A bill to put the roller towel into the discard was ditched last night by the board of supervisors, who pronounced the idea that it was a disease-breeding institution "all bosh."

George Kindel started the trouble by asking, "When is a towel a roller towel?" When Health Commissioner Perkins tried to explain, Supervisor Mullens woke up and announced that he had signed a favorable report on the bill under a misapprehension. That tickled Kindel and a tomahawk duet followed.

"I have used a roller towel in my factory since 1878, and never had any deaths yet, except one man who was predisposed," said Kindel.

"Predisposed to what, death?" asked Supervisor Walker.

Supervisor Mullen wanted to know if all his mill workers would have to have a clean towel every time they washed their hands. He was told that was the intent of the law, and declared it to be "new-tangled rot." The bill was lost, only Walker and McGauran voting for it. A communication from Dr. Paul S. Hunter, secretary of the State Board of Health, was not even read.

The one really deplorable feature of the foregoing event was the failure to read that communication from Dr. Paul S. Hunter, secretary of the state board of health. Just imagine, if possible, any newspaper, especially the *Express*, depriving its readers of similar solace.

The roller towel trouble at the state house is a horrible example of something that "am which ain't," inasmuch as right under the hypersensitive nostrils of this same health board a flagrant defiance of authority *re* the aforesaid roller towel, has been reported.

They "do say" even the separate drinking cup law has been openly disregarded in no less sacred precincts; that its non-observance has been far more noticeable at the state house than in any other quarter of the city.

And, by the way, what has the state board, with all its supposed authority, "done about it?"

Speaking about separate drinking cups: standing on the corner of Lawrence and Sixteenth one evening, the writer observed a chocolate-colored citizen, with ultra-chocolate-colored hands stop at the beautiful bubbling fountain in that locality and perform at least a portion of his toilet, insofar as it refers to the bath. Of course the water runs right along and purifies matters, and yet it is safe to say that anyone witnessing this act would give that particular thirst-parching parlor a wide berth, no matter how 'toisty they might be.

Here, however, is regards to the board of supervisors for their sensible handling of the roller towel subject.

PLAYING WITH FIRE. Under the foregoing title we are printing elsewhere an article copied from a recent issue of *Medical Freedom*. To many of the medical profession this is similar to shaking a red rag in the immediate region of an enraged bull.

The article applies equally to members of the homœopathic profession, but more especially to those who have taken advantage of certain "exceptions" granted by certain so-called *medical* examining boards.

This article, however, is directed exclusively to certain osteopathic acceptors of the "easiest way" in Colorado, yet might be adapted to circumstances coincident to concessions made in other states to homœopaths, eclectics, chiropractors, Christian Scientists and others.

Sometime ago the Colorado board conceived the brilliant idea of examining all osteopaths in the state and granting them licenses to practice *medicine and surgery*, regardless of the fact that neither accomplishment accompanied the requirements of examination.

This worked beautifully until Governor Shafroth called the turn on the aforesaid *medical* board and appointed an osteopath on the state board of medical examiners who had not accepted the charity of the same (neither did she desire to do so), when, lo! and behold you, there was such a decline in temperature in the board's immediate vicinity whenever osteopathy was mentioned, as to cause alarm lest the crop (of doctors) should be frostbitten.

Since THE CRITIQUE called attention to this trifling deviation from *medical* examination tactics in Colorado, there has not been that (what is it the French call it?) *entente cordiale* existing between the board and prospective charity grabbers; under a former interpretation of the law examination of osteopaths was merely a perfunctory performance, while recent recruits from this school, especially the last three to look with longing eyes upon a beloved license, have discovered to their sorrow that leniency no longer lingers in the lap of the seducers of their more lucky and lively compatriots.

THE CRITIQUE shall continue to contend for a state board of medical examiners composed of members of the homœopathic school, whose duty it shall be to inquire as to the qualifications of graduates of homœopathic colleges, to practice homœopathy in Colorado; and we insist that a further temporizing is merely playing with fire and that, eventually, the homœopathic profession will be extinct if present methods are permitted to prevail.

PEANUT POLITICS. Taking for granted the secretary of the state board of health to be thoroughly familiar with the duties of said board when he says, in a letter to the board of capitol managers: "I respectfully call your attention to the fact that it is not within the power of the board of capitol managers to say what is dangerous to the public health and what is not. Such matters are vested in the state board of health, *for which very purpose said board was created,*" one naturally wonders just how this valient upholder of the faith will reconcile his conscience to the pernicious political work he is doing on the outside. That it is of a variety commonly classed as "peanut politics" no one can deny, and that it is at the instigation of the American Medical Association no one is at all inclined to doubt. The following letter is sufficient to show the direction in which straws are scurrying, and the large number of professional men, physicians, found upon the numerous legislative tickets this year, in Colorado and elsewhere, is additional evidence that this unusually active organization is making more than ordinary effort to carry its well laid plans to the extreme limit. Here is a sample of activity in behalf of the dear public that is worthy a better cause, but as the d. p. is accustomed to such stuff it may be well to merely call their attention to this special spasm of solicitude and allow them to do the rest at the polls. This is a pre-election program that should cause every one to be especially cautious concerning the candidates for congressional honors, especially those who "should place themselves upon record in the interest of progress and reform in regards to the matter of public health," as the Colorado state board of health sees such matters. The letter:

"COLORADO STATE BOARD OF HEALTH.

DENVER, COLO., Aug. 29, 1912.

MY DEAR SIR: As you are a candidate before the people for the office of congressman-at-large, I take this opportunity to ask your opinion and to state your attitude in regard to public health matters.

First—Are you in favor of a National Bureau of Health to be located at Washington, with power to act in health matters in the United States?

Second—Are you in favor of the State Board of Capitol Managers retaining the common roller towel in the capitol building in violation of the rules of the state board of health; and will you state whether you believe a roller towel is a danger to public health or not?

I am enclosing you a letter addressed to the Board of Capitol Managers dated July 25, 1912, which has never been

acted upon by that board and which explains fully the attitude of the medical profession in regard to the dangers of the use of such towels in public places. I especially wish to emphasize the fact that a state law was passed by the last legislature declaring roller towels in hotels a danger to public health and prohibiting the use of same, and I cannot understand by what process of reasoning any one can declare that a roller towel in a hotel is a danger, but one in the capitol building a blessing .

The state board of health is anxious to know of the candidates for office before the people, their attitude in regard to public health matters, so that we may be able to inform the medical profession in the State of Colorado of the attitude of each candidate, and we shall ask an expression of opinion from all candidates before the people.

In this state there are approximately 2,000 physicians, of these over 250 are health officers, acting in unison and under direction of the state board of health; and added to that number are at least 2,000 laymen who are actively interested in the protection of the public health.

These people want to know and are entitled to be informed as to the attitude of the candidates before the people in regard to public health matters.

The time has passed when the state of Colorado can be represented in Washington by men who are opposed to the onward march of reform in health matters. Twenty-five years ago it was a common thing to see members of Congress endorse in the public press over their own names patent medicines, quack concoctions and ignorant deceptions, whose chief object was to wring from the ignorant poor their hard-earned wages.

It is better that the people should know beforehand the attitude of its candidates on such matters of public health than to find after the election is over their representatives in Congress unmercifully flayed by a non-partisan press, whose purpose is to eradicate forever such men from public office who are guilty of betraying the people.

I hope that your reply will place you on record in the interest of progress and reform in regard to the matter of public health.

Hoping for an early reply, I am,

Yours very truly,

(Signed) PAULL S. HUNTER, M. D., *Sec'y.*"

Inclosed with the foregoing was a letter addressed to state board of capitol managers some time ago, said letter

being, up to the present writing, most studiously ignored. We have italicised the fourth paragraph of this classic in hopes some one will tell us all about the horrible pestilence which has broken out in the capitol building owing to a persistent use of the roller towel bogey. The letter to the board of capitol managers is as follows:

(Copy.)

"DENVER, COLO., July 25, 1912.

"THE BOARD OF CAPITOL MGRS.,

"State Capitol, Denver, Colo.

"GENTLEMEN: The State Board of Health passed a resolution declaring the roller towel a menace and dangerous to public health. A copy of this resolution was presented to your honorable board over two months ago, and no action has been taken on the matter.

"The public press has contained statements purported to be made by members of your board, to the effect that your board did not regard the roller towel as dangerous to public health.

"I respectfully call your attention to the fact that it is not within the power of the Board of Capitol Managers to say what is dangerous to public health and what is not. Such matters are vested in the State Board of Health, for which very purpose said board was created.

"A moral disease, infective and dangerous to public health, has for a long time spread havoc in the capitol building. No one can positively say how many innocent people have suffered from the carelessness of those afflicted. During the last General Assembly a condition of moral laxity existed in the capitol which caused the infection of almost every roller towel in the building.

"The board of health does not intend to sit with folded hands and allow this condition to go on.

"In view of this danger I submit to you the following fair and impartial proposition, that if roller towels are to be used in the capitol then the officers and employes of the building shall submit to a Wasserman test, and our bacteriologist will perform such a test at any time. To those who pass this test the board of health will issue a clean bill of health, and such only shall be allowed to use roller towels in their rooms. By this scientific means we can very easily learn who are infecting the towels with one disease at least.

"The question is not whether people have used roller towels for years without being infected, but to keep those very people who are not afraid of infection from infecting those who are liable to be infected.

"If you evade the removal of the roller towel through a technicality of the law, then the State Board of Health can, through the powers conferred on it by law, fumigate the building every day and cause all towels suspected of being infected to be sterilized until the dangers of this infectious and abominable disease shall have been wiped out.

"A state law, passed by the last legislature and signed by the Governor, declares roller towels in hotels a danger to public health and prohibits the use of same. Under what system of reasoning can you declare that a roller towel in a hotel is a danger but one in the state capitol a blessing?

"The local boards of health are ready and willing to help us abolish this nuisance over the state, but if in the capitol building and in our own office we violate the law, how can we insist on others enforcing the law?

"Ignorance of health matters lost General Grant more men in the Civil War than all the bullets of the Confederates, and the pension rolls will show that those disabled from preventable diseases far outnumbered those which were actually wounded in battle.

"To oppose the onward march of reform in regard to the protection of public health is to commit a greater folly than one who tried to chain the Hellespont and then whipped its rebellious waters with knotted cords.

"Because there is no section in the statute books declaring that the board of health shall have control over the sanitary conditions in the state capitol building, seems to be the main reason why you refuse to abolish the roller towels.

"But because such is the case, is the Board of Capitol Managers justified in the position of endangering public health by its Shylock claims 'I do not see it is nominated in the bond?'

"We have protested to you in vain, but there is a higher tribunal than the State Board of Capitol Managers, or the Attorney General, or the Statutes of Colorado, and that is the public conscience. If you fail to do your duty by the people, then we shall appeal to the people who placed you in power.

"In the interests of public health, for the protection of the people, and to keep unspotted the fair name of Colorado from the charge of retrograde activity, I again appeal to you to remove the roller towels from the capitol building, and when you have done so, the Board of Health will prosecute an active campaign to cause them to be removed from every public building in the state.

"Yours very truly,

"PAULL S. HUNTER, *Sec'y State Bd. of Health.*"

MISCELLANEOUS

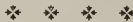
Remember, the A. I. H. meets in Denver, June, 1913.



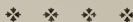
The Colorado Homœopathic Society meets in Denver 24th and 25th of this month.



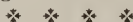
Dr. J. Wylie Anderson and wife spent several days at their Indian Creek summer home the later part of July and first of August.



REMOVAL—Dr. S. S. Smythe, after September 1st, will reside at the "Lancaster Hotel," 1765 Sherman avenue. Telephone Main 4520.



Congressman-at-Large Fisher (we hope) was a delegate to the Roosevelt convention in Chicago. Dr. C. E. is a great "Bull Mooser."



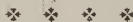
The thirty-eighth annual announcement of the Homœopathic College of the University of Michigan is on our desk. No "quitting" in that quarter of the country.



Dr. Elmer Le Roy Biggs has changed his location from Hot Springs, Ark., to Los Angeles, Cal. His former address was 424 Central avenue; the Los Angeles address is Title Insurance Block.



Denver doctors following obstetrical practice, are praying that a few John Jacob Astor III. cases will happen hereabouts. One thousand dollars per diem is not so dum bad for a baby case.



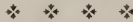
Dr. Dewey now declares Laké George a most delightful location for the next meeting of the American Institute of Homœopathy. We await the arrival of the executive committee with no apprehension whatever, inasmuch as "to see Denver" is sufficient.



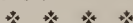
Dr. D. A. Foote, of Omaha, Neb., was an agreeable caller at THE CRITIQUE office the fore part of this month. He was on his way home from an extended trip to Yellow Stone Park and other rest resorts, and gave every evidence of both physical and professional well-being.



Under date of August 1st we have received the following communication: "The undersigned announce that they have entered into partnership under the firm name of BURNHAM & PALMER for the general practice of medicine, with offices at 418 Mack Building. N. G. BURNHAM, M. D., G. W. PALMER, M. D."

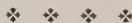


DR. LEWIS PINKERTON CRUTCHER has been chosen editor of *Medical Freedom*, which assures the readers of that publication something worth while. We'll bet four dollars he wrote that article, "Playing With Fire," and no one in the homœopathic profession is more familiar with this form of amusement than Crutcher.



In our last issue we tried to say that it would cost \$100 for care, Pullmans and meals, to Denver for those living in Boston, New York, Philadelphia, Washington and adjacent territory. Our printer, thinking he was making out a bill, added some ciphers, making it read \$100,000. One of our esteemed correspondents thinks that wine should

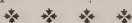
be included in this latter price, but he says he cannot go to Denver next year any way, and we do not recall when he has missed a meeting. Another excellent meeting place would be Lake George, easily accessible, beautiful, cool, and a fine new hotel to accommodate the entire Institute, and within twelve hours' ride of 80 per cent of the membership.—*Medical Century*.



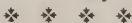
THE CRITIQUE would like to see the name of the Denver Homœopathic Hospital restored to that institution before the American Institute strikes the town. May be it will fail to materialize, however, as there seems to be some opposition to Denver from outside sources. Will local pride and enthusiasm be able to overcome that?



From reliable sources we are informed that one of the worst epidemics of infantile paralysis that has ever swept the country has been creating terrible havoc in Los Angeles, Cal. Notwithstanding this not one word has appeared in the Los Angeles papers. If such condition prevailed in Denver? We drop the curtain.



A Denver doctor has adopted a novel method in "dunning" delinquents for obstetrical work. A recent instance was where he wrote one in arrears for over a year, saying: "Your baby is now over a year old. Please remit amount of inclosed bill or return the baby." The request met with prompt compliance in the way of liquidation.



The twenty-first annual announcement and catalogue of the Hering Medical College and Hospital Chicago, has been received. The excellent frontispiece picture of the president, Dr. James Tyler Kent, is an inspiration of itself. Hering College is in an unusually prosperous condition and merits a large patronage from homœopaths throughout the country.



Fairfield & Anderson, attorneys-at-law, announce that they have formed a partnership under this style of firm for the general practice of the law, suite 306-8 International Trust Building, Denver, Colorado. Mr. Frederic D. Anderson of this firm is the son of Dr. J. Wylie Anderson, formerly business manager of THE CRITIQUE. Success is sure to follow this combination; at least such is the wish of THE CRITIQUE.



AMERICAN ASSOCIATION OF ORIFICIAL SURGECNS.

The American Association of Orifical Surgeons will hold the annual meeting in Chicago, Ill., on Wednesday and Thursday, the 25th and 26th of September. At the time of Dr. Pratt's clinics. Headquarters and meeting place at New Sherman Hotel.

V. H. HALLMAN, *Secretary*.

Hot Springs, Ark., Aug. 22, 1912.



SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION.

The twenty-ninth session of the Southern Homœopathic Medical Association will be held October 15, 16, 17, 1912, in the auditorium of the Hotel Jefferson, Richmond, Va.

The officers and bureau chairmen are making an earnest and determined effort to make this the most profitable meeting ever held.

Come to Richmond. Bring a paper with you, or report some interesting cases. DR. WELLFORD B. LORRAINE, chairman of the local arrangements, writes me, "We are busy now, but will be ready when you come."

LEE NORMAN, *Secretary*.

COLORADO HOMŒOPATHIC MEDICAL SOCIETY.

To the Members of the Colorado Homœopathic Profession—Announcement and Greeting:

On September 24th and 25th, 1912, we will hold our twenty-seventh annual meeting in one of the amply lighted and ventilated rooms of the Brown Palace Hotel.

By doing a great deal of writing, using of telephones and burning of gasoline, your president has been able to interest a great many of our profession who have not taken active part in any of our recent meetings.

From present indications this promises to be one of the best meetings in our history; if this proves true we hope the meeting of next year will be even better.

As we are to be honored next year by the meeting of the American Institute of Homœopathy, it behooves us to make a special effort to be present at this meeting and aid in the preliminary arrangements.

Your officers have endeavored to persuade President Hinsdale and Secretary Horner of the Institute to be present, but as yet are not certain as to whether the president can come or not; Secretary Horner has been obliged to send regrets owing to his inability to be with us. Both are anxious, however, concerning the success of the meeting and will do all in their power to promote the interests of Denver with regards the Institute meeting next year.

A banquet, similar to the one of last year, which was such an unqualified success, is contemplated for the night of September 24th. All those favoring such will do well to communicate with Dr. L. B. Wheeler, secretary, 1419 Stout street. At some time during the meeting the members present, their families, will be tendered a complimentary "Seeing Denver" ride. It is hoped that as many as possible will take advantage of this treat and make the event worth while.

Within a few days we will mail a complete program giving the titles of the various papers, so that you may all come prepared to discuss them to the best possible advantage.

The following are the bureau chairmen and chairwomen:

Bureau of Gynecology—GEO. W. PALMER, M. D., Denver, Colo.

Bureau of Pediatrics—LILLIAN I. POLLOCK, M. D., Denver, Colo.

Bureau of Obstetrics—F. A. FAUST, M. D., Colorado Springs, Colo.

Bureau of Materia Medica—J. C. IRVINE, M. D., Denver, Colo.

Bureau of Surgery—J. B. BROWN, M. D., Denver, Colo.

Bureau of Dermatology and Venereal Diseases—O. S. VINLAND, M. D., Denver, Colo.

Bureau of Theory and Practice—D. J. HORTON, M. D., Evans, Colo.

Bureau of Ophthalmology and Otology—R. C. BOWIE, M. D., Fort Morgan, Colo.

Bureau of Sanitary Science and Preventive Medicine—G. PHILLIPS, M. D., Denver, Colo.

Bureau of Pathology and Bacteriology—N. A. BOLLES, M. D., Denver, Colo.

Bureau of Electrotherapy—C. L. THUDICUM, M. D., Denver, Colo.

Bureau of Tuberculosis—GEO. C. LAMB, M. D., Canon City, Colo.

Trusting the above will be sufficiently interesting to cause you to be present, if you have not already so planned, I am,

Yours fraternally,

(Signed) E. B. SWERDFEGER, M. D., *President.*

UNION INDORSEMENT N. L. M. F.

WHEREAS, The American Medical Association is endeavoring to secure the enactment of a law by the Congress of the United States providing for the establishment of a department of the government to be known as the Department of Public Health, the head of which department will be a cabinet officer, and

WHEREAS, The establishment of such a department would ultimately deprive us of the freedom we now enjoy—to employ any system of healing we choose, and would compel us to submit to the dictation of a government doctor, and

WHEREAS, The National League for Medical Freedom has been organized for the purpose of protecting the people in one of their most sacred rights, the right of every man to select the practitioner of his choice in the hour of sickness, and

WHEREAS, The National League for Medical Freedom will seek through publicity and education to unmask and oppose any legislation which endeavors to put into power any one system of healing and use the government prestige, money and machinery to enforce its theories and opinions upon citizens who believe in other forms of healing; now be it hereby

Resolved, That we, the members of the Cement Workers' Local Union No. 54, of Denver, Colorado, do announce ourselves as opposed to the establishment by the government of the United States of a department of public health, and do further announce ourselves as in sympathy with the National League for Medical Freedom in its efforts to prevent the establishment of such a department.

Cement Workers' Local Union No. 54,

CHARLES COOK, *President,*

Z. E. DRYER, *Secretary.*

Steamfitters' Helpers Local Union No. 367,

ROBERT S. MURPHY, *President,*

CHAS. B. AUSTIN, *Secretary.*

Plumbers' and Gasfitters' Local Union No. 3,

J. C. BULGER, *President,*

FRANK A. BRYAN, *Secretary.*

*Universal Craftsmen Council of Engineers,
Local Union No. 38,*

EDWARD AUGUSTIN, *President,*

H. GOEDDERTZ, *Secretary.*

Cement Finishers' Local Union No. 159,

ED. EMMET, *President,*

WM. MUSENBACH, *Secretary.*

Boilermakers' Local Union No. 179,

E. KEMBLE, *President,*

H. SHAFFROTH, *Secretary.*

Denver Building Trades Council,

C. M. MOORE, *President,*

CHAS. B. AUSTIN, *Secretary.*

Upholsterers' Local Union No. 22,

LEPBOLD LEON, *President,*

WILLIAM EGGS, *Secretary.*

Stereotypers' and Electrotypers' Union No. 13,

H. MAGUIRE, *Vice-President,*

THOS. AUTER, *Secretary.*

*Brick, Tile and Terra Cotta Workers Local
Union,*

N. B. MILLER, *President,*

J. A. LUNSSSTROM, *Secretary.*

Photo-Engravers' Local Union No. 18,

H. E. KENNISON, *President,*

CHESTER J. BOETLEHER, *Sec'y.*

PENNSYLVANIA STATE NOTES FOR SEPTEMBER 1912

STATE MEDICAL SOCIETY.—But a few days remain for the meeting of the State Medical Society, and all is readiness for the occasion. An unusually good scientific program has been arranged which no doubt will more than appeal to you.

The entertainment program has not been neglected. On Tuesday evening there will be a smoker which will surpass any smoker ever previously held. There will be a special feature on this occasion to give you something long to remember, and there is a banquet scheduled for Wednesday evening, which in itself is to be a gala occasion. An automobile sociability run has as well been arranged for those who care to make the run from Philadelphia to the Water Gap, stopping at various points on the way, taking up the doctors who have entered for this occasion.

Entertainment for the ladies has as well been considered. An automobile run through the Water Gap, and everything else that will assist in making their stay pleasant is in charge of Mrs. W. A. Stewart, of Pittsburg.

The membership committee has been hard at work, and it is almost ready to present its report. If you have not already become a member of the State Medical Society, you still have an opportunity to do so. If you are a member, and have not already sent in the names of your neighboring physicians there is still time for that.

Remember, doctor, that the time has come when physicians are no longer considered to be in good standing unless they endorse their State Medical Society with their membership, not only among the members of the fraternity at large, but as well by government officials. Therefore, if you are not already considered in good standing it is your paramount duty to become so at once. This can be readily accomplished by filling out the application blank which you will find attached to this issue of the Hahnemannian Monthly. Send same with check for \$5.00 to the undersigned at 37 South Nineteenth Street, Philadelphia, remembering that this includes everything for the first year—your initiation, your dues and the Hahnemannian Monthly, the official journal of the State Medical Society, which comes to you monthly.

RALPH BERNSTEIN, *Chairman.*

THE STATE HOMŒOPATHIC INSANE ASYLUM, at Rittersville, held a reunion on Thursday, July 25th, and was attended by more than 200 physicians of the Homœopathic school of medicine. While they came from all parts of Pennsylvania; it was Schuylkill, Luzerne, Berks, Carbon, Northampton, Bucks, Montgomery and Philadelphia counties that were most largely represented.

The visitors, mostly members of the Eastern Homœopathic Association, were guests of the Lehigh Valley society. They were greeted by Doctor Henry L. Klopp, superintendent of the asylum, and Doctor Frank J. Slough, of Allentown, one of the members of the board of trustees.

From 9 to 11 o'clock an army of guides conducted the visitors through the institution. After a luncheon, at which the local physicians were the hosts, the assemblage was called to order in the auditorium of the asylum by Doctor John J. Tuller, of Philadelphia, one of the trustees. Doctor E. C. Kinney, of Easton, read a paper on "Some Medical Problems and How We Shall Meet Them."

Doctor Howell, of Reading, spoke on "Colds and Their Treatment." Doctor Bullard, of Wilkesbarre, delivered an address congratulating the Homœopaths on securing an asylum in which their ideas of curing mental diseases will prevail.

Doctor Francis Boyer, of Pottsville, spoke on "Yellow Journalism in Medicine and Surgery," and Doctor Haman, of Reading, on "Inflammatory Complications Following Injuries of the Skull."

THE WOMEN'S SOUTHERN HOMOEOPATHIC HOSPITAL, after being dedicated on June 28th, was officially opened on July 20th. The new building at Broad and Fitzwater streets now houses the institution which was formerly located at 724 Spruce street.

The building, which is modern in every detail, was begun last year. In order to raise the funds for the work, it was decided to issue \$40,000 worth of bonds, in sums of \$100 and \$500 each. The institution is now paid for, but \$10,000 more is still needed to pay for minor details. It is expected that this money will be realized by the many contributions which are flowing in daily.

The lot at Broad and Fitzwater streets is 120 by 130 feet. The building, which is four stories high, is equipped with the most modern conveniences, including a novel electric signal apparatus for nurses. Already a great number of the old patients have been transferred to the new building, and it is expected that within a few weeks all the inmates will be comfortably housed.

The Finance and Building Committee includes Mrs. E. S. Webster, Amelia M. Hess, M. D., Ellen W. Howell, M. D., Mrs. J. M. Warné, Miss B. H. Earhart and Lydia Webster Stokes, M. D. The officers of the hospital are: President, Mary Branson; vice presidents, Amelia I. Hess, Mrs. M. B. Young and Mrs. E. H. Johnson; recording secretary, Miss Anna M. Miller; corresponding secretary, Sara Dunn Wood; treasurer, Emma Speakman Webster; assistant treasurer, Lydia W. Stokes.

The Women's Southern Homoeopathic Hospital is the outgrowth of a dispensary opened on September 26, 1803, by Amelia M. Hess and Anna Miller in a small room at 708 Rodman street. After a few months the hospital was removed to 709 Lombard street, and from there to 321 South Seventh street. The last location of the institution before the erection of the new building was at 724 Spruce street.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD held its regular monthly meeting on Wednesday, July 17, 1912, at the office of Doctor D. B. Umstead. Some very interesting topics were discussed and the meeting was thoroughly enjoyed by all present.

J. D. BOILEAU, M. D., *Secretary*.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting on Thursday, June 27, 1912, at 3 p. m., at the office of Dr. Walter J. Snyder, 5300 Spruce street. The members then attended a ball game at the links of the Athletic Club of Philadelphia, at Manoa, on the West Chester pike. Dinner was then served to all members of the society, and proved to be a very pleasing feature of the day.

WALTER J. SNYDER, M. D., *Secretary*.

PERSONALS—MR. AND MRS. ARTHUR CRAWLEY announce the marriage of their daughter, Luetta Marie, to Walter H. Hatfield, M. D., on Tuesday, July second, nineteen hundred and twelve, 2112 Auburn avenue, Mt. Auburn.

MR. AND MRS. JOHN FOLLANSBEE announce the marriage of their sister, Euphemia Gifford Kerr, to Dr. Charles Sigmund Raue, on Saturday, July the twentieth, nineteen hundred and twelve, Pittsburg, Pennsylvania. At home after October 15th, 264 South Sixteenth street, Philadelphia, Pa.

READING NOTICES

THE POWER TO RECUPERATE resident in the tissues may be markedly augmented by Cord. Ext. Ol. Morrhuæ Compound (Hagee), and with many physicians it is a routine practice to employ it for this purpose.

The usefulness of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a reconstructive lies in the nutritious elements contained, which, when fed to impaired tissues, build up and strengthen them. Each fluid ounce of the Cordial represents the extract obtainable from one-third fluid ounce of cod liver oil (the fatty portion being eliminated), 6 grains calcium hypophosphite, 3 grains sodium hypophosphite with glycerin and aromatics. It is free from grease and the taste of fish.



OBSTETRICAL CHARTS IN COLORS.—Ten full plates 12x9 illustrating and briefly describing the following obstetrical positions:

1. Diameters of foetal head, pelvic brim and planes of pelvis.
2. Head presentations.
3. Mechanism in vertex presentations.
4. Mechanism in left occipito-anterior presentation.
5. Face presentations.
6. Mechanism in face presentations.
7. Right mento-posterior position.
8. Breech presentations.
9. Mechanism in breech presentations.
10. Transverse positions.

These plates will be sent in book form to any address on receipt of 25 cents postpaid. BATTLE & COMPANY, Saint Louis, Missouri.



THE CONTROL OF PAIN.—The work of the conscientious physician is many sided and diverse, but no part or detail of his manifold duties is ever more obligatory or imperative than the control of pain. In the presence of physical suffering any other consideration than its prompt and positive relief, with rare exception, becomes of secondary importance. But insistent and pronounced as the physician's duty always is to control and assuage the pains to which human flesh is subject, it should ever be his aim to accomplish this noble purpose in the best, as well as in the quickest possible way. Otherwise, with regard only for a patient's comfort, it is extremely liable that the agencies of relief will be attended by consequences serious in the extreme and not infrequently more harmful in effect than the original pain itself.

The foregoing has particular significance for the cautious physician, inasmuch as he has in Papine a pain-relieving measure that enables him to control pain promptly and effectively, with the least possible untoward action. Representing as it does all the anodyne properties of the most potent opiate, but with the usual objectionable features reduced to a minimum, Papine is undoubtedly the most efficient analgesic at the command of the profession. Compared with the useful opiate, Papine will be found much more free from those disagreeable effects ordinarily considered inseparable from preparations of opium, such as constipation, nausea, gastro-intestinal derangement, and tendencies toward habit formation. Thus it can be employed in a wide variety of conditions with confidence.

“there is no surgeon of any experience who is not convinced of the soundness of the principle which underlies Bier’s hyperemic treatment, and this being accepted there is every reason to discard the ice bag since the latter brings about a condition directly opposite to what we strive to accomplish in carrying out this principle in the treatment of inflammation involving the peritoneum.” Dr. A. M. Fautleroy, Surgeon, U. S. Navy, MEDICAL RECORD, August 3rd.

Dr. Fautleroy demonstrates that while the ice bag relieves pain by practically producing numbness as in a frost bitten toe or ear, it also decreases hyperemia, leucocytosis, and encourages stasis in the part to which it is applied.

That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, here seems to be most logically and conclusively proven.

That antiphlogistine affords the most convenient, sanitary and satisfactory method of utilizing heat as a therapeutic agent would also seem conclusive from its extensive employment by the medical profession.



not alone in its anodyne and sedative action, but equally in its avoidance of disagreeable or unpleasant by-effects. In brief, Papine is the ideal preparation of opium, presenting all the advantages of this well-nigh indispensable drug with its nauseating, constipating and habit-forming tendencies reduced to a minimum. Innumerable physicians use it to the exclusion of all other opiates since it enables them to secure all of the well known benefits of the most potent opium derivative—with gratifying freedom from the usual disadvantages.



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THE ICE BAG IN APPENDICITIS.—In a most interesting article by A. M. Fauntleroy, Surgeon of the United States Navy, Medical Record, August 3, 1912, the fact is brought out, basing the same upon a large number of cases of appendicitis operated, that the ice bag is positively harmful in this condition. In 50 per cent of the cases operated, where the ice bag was used, the condition seemed to indicate that there was a noticeable lack of effort on the part of nature to wall off, from the rest of the abdominal cavity, the appendix, which was frequently very much congested, gangrenous or perforated. He also observed that in the ice bag cases there was a surprisingly low white cell count when one took into consideration the condition found in the abdomen at the time of the operation. From 8,000 to 11,000 white cells was the rule in these ice bag cases when one would be justified in saying that the pathological condition warranted a constitutional reaction of from 20,000 to 30,000 leucocytes, or even higher.

On the other hand, in those cases in which the hot water bag or morphine had been used prior to operation (the ice bag not being used at all), the white count corresponded to what one would expect. Dr. Fauntleroy advances from his findings the logic that while the ice bag causes numbness, practically the same as in the condition of frost-bitten ear or toe, it also decreases hyperemia, leucocytosis and stasis in the part to which it is applied. That heat is the direct antithesis of cold in encouraging favorable physiological action in inflammatory processes, whether superficial or peritoneal, seems to be from his report most logically and conclusively proven.

In applying heat whether it be for peritoneal or inflammatory conditions of a more superficial character, the most rational method is to use that which is not only sanitary, but, for the comfort of the patient does not require frequent changes. In this respect, antiphlogistine, on account of its heat retentive properties, its cleanness, and its ease of application, should appeal to the professional mind. That antiphlogistine has proven of great therapeutic value as a thermic agent is best indicated by its extensive professional employment and its many advantages over the hot water bottle and other methods of application of heat is readily discernible.



DR. JAMES B. BROWN

PRESIDENT-ELECT COLORADO HOMŒOPATHIC SOCIETY:

THE CRITIQUE takes special pleasure in presenting the picture of Dr. James B. Brown, president-elect of the Colorado Homœopathic Society. Dr. Brown has attended the two last meetings of the American Institute, is recognized as a thorough advocate of homœopathy and will do much to make the forthcoming meeting of the Institute a success, as well as to increase interest in the State society.



STATE SOCIETY PAPERS

PRESIDENT'S ADDRESS OF THE COLORADO HOMŒOPATHIC MEDICAL SOCIETY.

HERPETUATION OF HOMŒOPATHY. The laws of our society specify that your president shall give an address at a definite time of each annual meeting. That time has now arrived, and if you will give me your attention I will direct you for a few moments to our needs. As our laws do not specify what shall be the nature of your president's address, it leaves a great leeway for topics.

As this is the annual meeting of a Homeopathic society it appears to me to be very appropriate to speak along the lines of perpetuation of homœopathy. I will first ask my question and then try to answer it.

How many of us are parasites homœopathically? By that I mean how many of us are calling ourselves homœopaths and practicing homœopathy, yet doing nothing to further the cause of homœopathy; also when anything new is discovered which savors of homœopathy, yet just because it varies a little from what Hahnemann taught us, do we discredit it?

Take, for example, in the electrical world, if everything was discovered when Benjamin Franklin made his first discovery, how poor indeed would we be today. But with our Edison and others new discoveries are being made which do not detract from, but rather add to, the honors of Franklin.

To my mind the same seems to be true in the realms of medicine. Hahnemann discovered a truth, but he did not discover all that pertained to that truth; the trouble lies with us not having sufficient knowledge ourselves nor being willing to accept any truths from other sources; also not trying to discover any new application of the truths that Hahnemann gave us. Again I ask how many of us are parasites?

Are there any present who do not believe in the law of gravitation? Yet how many are there here who believe that the law of gravitation is the whole law of the universe, but without that law all would be chaos?

If you will carefully follow the different papers as read you may see new applications of the old law of similia; some of them may administer medicine in infinitesimal quantities, others in larger amounts, and still others hypodermatically. If we knew all the efficacy of any drug in its different potencies you would not use one potency and I another in any given case. I wish it were in my power to bring the need of investigation so clearly before you today that each and every one of you would join hands and try to further the great truths that we possess. How many of us have had an opportunity and have availed ourselves of it of telling some member of a different school any of the good points in homoeopathy?

I have had a number of opportunities in the past year and have availed myself of them. That is one of the lesser ways. Another way is to investigate scientifically, and the best place to do that is in our own hospital. As there are now no facilities to make such careful and thorough investigation, the remedy is very apparent—when any improvement is made be very sure that such facilities of the most approved type are arranged for.

Still another way is to join the American Association of Medical Research, of which our own Dr. Krauss is the permanent secretary. If Hahnemann were alive today and had the instruments of precision to investigate with do you for a moment think he would sit idly by and say no more investigating for me, for I have discovered all there is to be known about medicine? Now, if we were to say any such thing, how long do you think he would hold his present high place as an investigator and scientist?

How many of us have done anything worthy of mention in the past year toward the advancement of Homoeopathy? I care not what line of investigation you choose to follow; all that I ask is for you and for me to be up and doing, or at the very least if we are not willing to do the work ourselves, let us certainly be wise enough and willing to recognize results from other sources and give the author due credit and praise.

Like the advancement in electricity, there has been nothing discovered which has detracted from Hahnemann's teachings, but all have added to his great truths. Have we as an organization, national or state, or as individuals, done anything worthy to merit the applause and extra confidences of the people; farther than that how many of us have derided

each new thought or discovery that has been made. I believe the people would be just as ready to give us our dues as they are to give any one else their dues.

Why can we not with our present organization, or if that is not thought feasible, with some other, either dependent or independent, take up some line of investigation and perfect it and give the results to the world? I believe that at no distant day Homoeopathy, as taught today, is going to be a thing of history if some decided steps to perpetuate it are not taken, and that very soon. I do not believe that *similia* will ever die, but will be known other than by the name of "Homoeopathy."

All things in this universe do one of two things—progress or retrogress. Have we in the past year, or in the past fifty ears, done anything Homoeopathically to merit being called progressive? If not, then we surely have retrogressed. Hahnemann became recognized as progressive because of his investigations, and we, too, may become recognized the same by using the same means. To show you some of the lines of investigation I will give you a partial list of the contributions for the next meeting of the American Association of Medical Research. "On the Negri Bodies;" "On Certain Fluids for Tubercle Baccilli in the Urine;" "On Adjustment and Function;" "A Pandemic of Malignant Encapsulated Throat Coccus;" "On the Single Remedy;" "On Diseased Conditions Expressive of Correct Diagnosis," and a great many others. Some of these topics most of us have never even heard of, much less know anything about. Why is it then that it often happens the case you think not so very sick dies, while the one you think beyond recovery gets well? If we had some means of measuring the power of the vital force of any given patient, we could much better determine whether that particular case would or would not recover.

Some work has been done towards this end, that of making a leucocytic count; still that is far from final. One good thing for us to investigate.

Another way to perpetuate Homoeopathy is to remove the umbrage that has been cast over us by our not making much of diagnosis.

To me it seems that if there is any physician qualified to make the most accurate diagnosis it should by right and training be the Homoeopath, for he is schooled in the art of ferreting out the minutia of symptoms; as disease causes these symptoms, it looks as though with this acuity of investi-

gation it is only a very little step farther to name the cause of these symptoms which we are called upon to treat.

While I do not agree with the author who recently wrote that unless you can diagnose your case you cannot successfully treat the same, yet I do contend that we should exert just as much care and skill in making our diagnosis as members of any other school, which is not saying very much when a recent report of a series of post mortems showed only about forty per cent were diagnosed correctly.

While you may be able to see why you can make a successful prescription without first making a diagnosis, yet can you expect the great majority of your patients to feel the same confidence in you if you do not tell them what is the trouble and probable duration of their condition, as they would could you give them a proper diagnosis and prognosis?

Anything that will cause the least wavering in the confidence of our patients will cause just that much less respect for Homoeopathy. By our definition, "A Homoeopathic physician is one who adds to his knowledge of medicine a special knowledge of Homoeopathic therapeutics and observes the law of *similia*. All that pertains to the great field of medical learning is his by tradition, by inheritance, and by right."

How many of us can say this, "all that pertains to the great field of medical learning is mine?" If that can not be said of each of us, then we are not fulfilling all that it takes to constitute a Homoeopathic physician.

I am afraid that we have been trying to believe that all it takes to constitute a Homoeopathic physician is to have a knowledge of homoeopathic therapeutics. As a chain is only as strong as its weakest link, so are we only as strong medically as our weakest point. If we look around we can find so many weak points that we will have to admit that we constitute a very weak chain medically. A successful chain repairer would begin and make the weak links strong; so if we wish to become strong we must strive to reinforce our weak spots.

I have tried briefly to point out some of our weakest spots, hoping that you will see a sufficient need to put forth renewed energies and not think because Hahnemann did so much for Homoeopathy that we can keep it growing unless we strive diligently, for you know that any plant on which a sufficient number of healthy parasites are feeding will, sooner or later, perish. Now, let you and me endeavor to emulate our illustrious founder—SAMUEL HAHNEMANN.

*RABIES, THE PASTEUR TREATMENT, REPORT OF A CASE.

BY DR. LEONARD E. BARTZ, NEW WINDSOR, COLO.

RABIES IS AN ACUTE INFECTIOUS DISEASE to which all mammalia, including man, are susceptible, and which is especially manifested upon the nervous system. Among the wild animals the disease is most often found in the wolf and coyote. These in turn are often primarily responsible for the spasmodic outbreak of epidemics of rabies in the western states, by transmitting the infection to the domestic dog, who, in turn, is most frequently responsible for the transmission of the disease to man; other domestic animals, among which the cat, pig, sheep, cow and horse are the more frequent, are at rare intervals responsible for the infection.

No specific infecting germ had ever been isolated, but in 1903 Negri discovered certain peculiar bodies constantly found in the large nerve cells of the central nervous system. Later investigators have confirmed his findings, and "Negri bodies" are now regarded as essential to rabies. Microscopic examination for Negri bodies may be made directly from the fresh tissue by the smear method; small portion of the substance of the cerebral cortex, in the region of the crucial sulcus; the cortex of the cerebellum, or the hippocampus major is used. The smear is dried in the air and may be stained for quick differentiation as recommended by Williams and Lowden. "To 10 c. c. of distilled water three drops of saturated alcoholic solution of fuchsin and 2 c. c of Lofler's solution of methylene-blue are added. The smear is fixed while moist in methyl alcohol for one minute. The stain is then poured on, warmed till it steams, poured off and the smear is rinsed in water and allowed to dry." Williams and Lowden regard the Negri bodies as protozoan parasites and give the following reasons for arriving at that conclusion:

"1.—They have a definite characteristic morphology.

"2.—This morphology is constantly cyclic, *i. e.*, certain forms always predominate in certain stages of the disease, and a definite series of forms indicating growth and multiplication can be demonstrated.

"3. The structure and staining qualities, as shown especially by the smear method of examination resemble that of certain known protozoa, notably those belonging to the sub-order Microsporidia.."

*Read before the Colorado Homœopathic Medical Society September 25, 1912.

The inoculation takes place, from the wound, through the nerve trunks to the central nervous system, where it sets up a perivascular infiltration in the cord, medulla and hippocampus of the lateral ventricle. The active agent of infection is found in the saliva of all rabid animals. It is often present from twenty-four to forty-eight hours before any other manifestations appear. It is possible to filter out the virus by forcing the saliva through a fine porcelain filter. The virus is found in its purest form in the substance of the spinal cord and brain. It is not infrequently found in the milk, mammary gland, lachrymal secretion and the adrenals. The virus remains potent for a long time in dead animals, from thirty to sixty days.

The period of incubation varies widely in different cases. It is shorter in early life and in wounds about the hands, face, head and other parts of the body rich in nerve supply. Wounds made through the clothing do not receive as much virus as those on the uncovered parts, and are therefore proportionately less dangerous. The usual period of incubation is from four to eight weeks, but it may be as early as eight days or as late as six months to a year or more. The wound through which infection takes place heals as readily as any other wound and as a rule is entirely well before any symptoms of rabies are apparent. In most cases the previously healed wound becomes irritated and inflamed upon the first manifestation of developing rabies. Such wounds should be looked upon with a considerable suspicion when inflicted by dogs or other domestic animals. Of persons bitten by rabid animals only a small proportion, 10 to 20 per cent, become inoculated.

Symptoms and Manifestations of the Disease.

(1)—*In the Dog* there are two distinct varieties of rabies in the dog, viz: dumb and violent. The first symptoms in the dumb variety appear from a few days to several weeks after infection. The animal's usual good nature and disposition changes to that of irritability and snappishness, although seeming to be dull and somnolent when left alone. Regular forms of food are invariably refused, but chews and eats coarse, gritty and indigestible substances such as dry grass, straw, sticks, earth and coal. During the first days water is taken freely, but in a short time the muscles of deglutition become paralyzed; swallowing becomes difficult and even impossible. The sight of water tends to increase the desire for it, and as the animal is unable to take it, it becomes excited,

nervous and restless whenever drink is offered. The salivary glands are thereby stimulated to abnormal action until the superfluous saliva flows over the sides of the mouth. This apparent dread of water is probably responsible for the common name of the disease, hydrophobia. In a few days the dog becomes weak, stiff and wobbly on its hind legs, finally becoming helpless from paralysis and dies in coma, without offering to bite its master or molesting other animals that come near it.

The violent or furious form may supervene the dumb variety at any stage before paralysis appears. Many times however, the first warning of trouble is discovered when the apparently healthy animal, plunges its fangs into its master or playmates; and with a yelp lunges from home, snapping and biting at real and imaginary objects, and scattering infection and destruction along its path. From the violent exercise and inability to swallow, a heavy, frothy saliva gathers about its mouth. This is the dog that is generally recognized as being "mad." Fortunately the creature soon becomes exhausted, comatose and dies.

(2)—*In Man*.—The early symptoms in man are general nervousness, irritability, wakefulness and depression of spirits; headache; an unexplainable uneasiness; slight fever with a rapid pulse, and as previously stated the original wound may again become red and painful; the surrounding tissue anaesthetic with perversion of sensation; the muscles about the throat become stiff; the voice hoarse and husky; swallowing difficult or impossible; intense excitability, hyperaesthesia, and reflex spasms of the larynx, pharynx and mouth supervene; while attempts at swallowing may precipitate intense pain and severe mental disturbance. The mental manifestations may range from illusions, delusions and hallucinations to the severest forms of mania. The acute spasmodic stage lasts but a day or two, and is succeeded by a paralytic stage in which the patient lays quiet, helpless and confused; and, finally dies in unconsciousness.

Treatment.

The treatment of rabies, in its final analysis resolves itself into two general classes, viz: preventative and palliative. From time immemorial there has been unsuccessful attempts at preventing the development of this dreaded disease among men. For many decades science could offer no tangible means of prevention or cure. Therefore the superhuman and unseen forces of nature were brought into active service.

The "Madstone" commonly considered to possess magical powers, derived from some distant star on its passage to earth, brought renown and distinction to its fortunate owner. In the light of science it stands without virtue, yet without question or doubt it has brought happiness and peace of mind to a large group of nervous and neurotical patients and by its influence of auto-suggestion restored tranquility in those who were morbidly afraid of hydrophobia, or those afflicted with pseudo-rabies or lyssophobia.

Care of the Dog.—As most of the cases of rabies in man are transmitted to him by the dog, it is well to look after that animal as a preventative of the disease itself. Formerly it was believed that this disease was only epidemic in the hot months of summer, in other words during "dog days." Recent experience, however, does not coincide with that belief. The extremely cold climates and seasons are equally as conducive to its development. A dog that is worth owning is worth and entitled to proper shelter and food. The half starved and half frozen cur is an easy victim to the disease and is a real menace to society as well as to the well cared for animal in the community. The authorities should put to death every unclaimed and uncared for dog as a safeguard against infection. All animals known to have been exposed to the infection should either be put to death or kept under strict quarantine during the period of incubation. It is however, a serious mistake to put to death the animal which was the cause of the exposure until after the disease is fully developed, because much valuable information and many times the only means of diagnosis is thereby lost. After death an expert pathological examination should be made in every suspected case of rabies.

The Wound.—The wound made by a rabid animal, or one that has been infected during the post mortem of a rabid animal, should be made to bleed freely and cauterized immediately with the caustic stick, carbolic or nitric acid; and then dressed in a moist, antiseptic dressing until sloughing is completed.

Medicinal.—The most formidable prophylactic treatment thus far known is the vaccine or Pasteur treatment. The treatment consists of a series of daily inoculations with a virus prepared from the spinal cords of rabbits, which have been previously inoculated. Pasteur found that the toxins of the spinal cords of rabbits, dead from rabies gradually lost their virulence if kept for some days under aseptic condition.

After about two weeks further inoculations no longer produced the disease. Thus animals were inoculated with cords that had partly lost their virulence and by graduated increase of strength of the virus, immunity was produced. The production of artificial immunity in man is now extensively and successfully used to prevent rabic infection. The vaccine is prepared by removing the cord of a rabbit dead from rabies, from an injection of virus of fixed strength, *i. e.*, a virus that will produce death in a fixed time, usually in seven days. A fixed portion of the dried cord emulsified in glycerine or some other bland preservative, constitutes a dose of rabies vaccine. The emulsion is either used immediately at the place of preparation, or transported in a hermetically sealed vial containing a single dose. When shipped a glass syringe partly filled with normal saline solution accompanies the package. The saline solution and the vaccine are to be thoroughly mixed at the time of inoculation. The first day's treatment is prepared from a cord that has been kept fourteen days; the second day's treatment from a new series is begun with a cord ten days old. Should the patient show evidences of development of the disease before starting the treatment, the series are commenced with cords more active and less attenuated, thus making the entire course more intensive. With care in the technic, the treatment is safe and reliable, no evil effect resulting from the inoculations in the event that the patient had not previously been infected.

Formerly, Pasteur's vaccine treatment could only be administered in institutions prepared to cultivate the virus, which often burdened the patient with long, inconvenient journeys and heavy expense. That expense and inconvenience is now unnecessary, because there are several manufacturers who are preparing the vaccine for rapid transportation. It is mailed out in vacuum or thermo bottles especially prepared for that purpose, wherein the virus remains fresh, potent, and at a low, even temperature. A single day's treatment is mailed out daily, which is readily administered by the family physician in the home of the patient at a nominal expenditure of time and money.

The Pasteur treatment should be commenced at the earliest moment possible after the bite, because the method is essentially one of producing immunity according to the law of *similars*, and involves a contention for supremacy between the action of the attenuated virus and the virulent virus introduced by the bite of a rabid animal. Lateness of diagnosis

however, does not necessarily contraindicate the remedy, as it is well known that it still possesses considerable protective and even curative power, although the percentage of favorable effect is much reduced from that when commenced before transmission of the infection to the central nervous system takes place. The virus is administered hypodermically, preferable in the abdominal walls, although other sites may be selected.

Palliative Treatment. Palliative treatment is only to be considered when the disease is found in its fully developed form and is no longer amenable to Pasteur's or other preventative treatments. The indicated remedies such as *belladonna*, *hyoscinum* and *stramonium*; will often relieve the nervous and mental symptoms as manifested by choreic twichings of the muscles, illusions, delusions and hallucinations. *Mercury* and *hepar* for the salivation and general throat conditions. Opiates may become necessary to relieve the patient's suffering when tetanic convulsions become prominent.

A Case.

The patient: Miss F. L. A., age 23; occupation: house-keeper for father; nationality: Irish-American. Was bitten at high noon, March 14, 1912, on the first phalanx of the first digit on the right hand, inflicting a lacerated wound about a quarter of an inch long. The accident occurred while playing with her pet dog. The event aroused the suspicions of the family as the dog was an unusually domestic pet and had never, previously, shown any disposition to quarrel or bite. On the following day the animal appeared quarrelsome and snappish among its companions, whereupon it was deemed advisable to confine the animal, and seek professional advice. The wound did not look at all angry, but as a precaution cauterized it with carbolic and nitric acid. In a few days the sloughing was completed and the wound healed. On the third day after the accident an examination of the animal the following history and manifestations were noted. The dog, a male shepherd, one year of age, in good physical condition. For several days past he did not seem to relish his food as usual though not entirely refused. Seemed to seek solitude rather than the company of the family as before. He had been noticed to have had fits of trembling, yet would seek the snow and shaded sides of the house to lay down. On the day of examination he was nervous, wobbly and stiff in the hind quarters. At the first approach he seemed glad to see his friends and ready for sport. On attempting to ap-

proach him with a lasso he immediately showed fight, and it was only after much difficulty that he was subdued and securely chained. The consequent exercise brought forth great quantities of stringy saliva. At rare intervals he manifested distinct periods of hallucinations, when he would rise up on his haunches, strike and snarl as if engaged in desperate conflict with imaginary foes. On the fourth day, March 17, 1912, the dog was caged and transported to Professor B. F. Kaupp, pathologist, at the Agricultural College, Ft. Collins, Colorado, for observation and diagnosis. The dog died the same night. Autopsy was held on the following morning, March 18, 1912. The following report, which I copy verbatim, was made by the pathologist:

Autopsy—Dog died night of 17, and was autopsied morning of 18. Straw, dried grass and hair found in the stomach.

Microscopic: Bacteria

Pathologic: Perivascular infiltration in medulla. Negri bodies found in hippocampus.

Cultures

Animal Inoculation

Chemical Analysis of urine showed serum albumin.

Blood Count

Remarks, Post mortem findings and microscopic examinations show Rabies

(Signed.)

B. F. KAUPP. *Pathologist.*

Since the pathological and bacterial findings at autopsy, coincided with the objective symptoms previously noted a diagnosis of acute active rabies in the dog was positive without any possibility of mistake. The prognosis therefore that the victim would probably develop rabies in due course of time was in the least justifiable.

The Patient. On March 21, 1912, or the seventh day after the bite, the following symptoms were recorded: *Objective*, the wound was again rapidly inflaming around the area of the original laceration, showing in the form of bright red streaks radiating from the cicatrix; there was some pain with slight swelling; temperature 99.8, pulse 109. Hand shakes and trembles on examination of wound; slight stridor in the voice; general nervousness. (The latter may have been due to the intense nervous strain through which the patient had gone, though she is of a sanguine temperament). *Subjective*, the patient feels as well as usual; some loss of appetite; the finger causes but little inconvenience outside of stiffness and awkwardness, especially noticeable when playing on a musical instrument.

General Treatment. Pasteur's treatment as prepared by H. K. Mulford Co. was commenced on the seventh day after

the bite and continued for a period of twenty-two days according to the following chronological record in the case:

Dose No. 1, immediately on arrival of vaccine, 3-21-12, 4 p. m.

Dose No. 2, four hours after first dose, 3-21-12 8 p. m.

Dose No. 3, four hours after second dose, 3-21-12, 12 p. m.

Dose No. 4, on second day of treatment, 3-22-12, 10:10 a. m.; temperature 98.6, pulse 80.

Dose No. 5, on second day of treatment, 3-22-12, 4 p. m.; slight redness at No. 4.

Dose No. 6, on third day of treatment; missed; broken syringe.

Dose No. 7, on third day of treatment, 3-23-12, 10 a. m.; No reaction from No. 5.

Dose No. 8, on fourth day of treatment, 3-23-12, 4 p. m.; no reaction from No. 7.

Dose No. 9, on fifth day of treatment, 3-24-12, 10 a. m.; no reaction from No. 8.

Dose No. 10, on sixth day of treatment. 3-25-12, 10 a. m.;-temperature 98, pulse 80.

Dose No. 11, on seventh day of treatment, 3-26-12, 11 a. m.; slight reaction No. 10.

Dose No. 12, on eighth day of treatment, 3-27-12, 10 a. m.; extensive reaction No. 11.

Dose No. 13, on ninth day of treatment, 3-28-12, missed, did not arrive.

Dose No. 14, tenth day of treatment, 3-29-12, 9 a. m.

Dose No. 15, eleventh day of treatment, 3-30-12, 9 a. m.; temperature 98, pulse 94.

Dose No. 16, twelfth day of treatment, 3-31-12, 9 a. m.; menstruating ten days early.

Dose No. 17, thirteenth day of treatment, 4-1-12, 1 p. m.

Dose No. 18, fourteenth day of treatment, 4-2-12, 9 p. m.

Dose No. 19, fifteenth day of treatment, 4-3-12, 1 p. m.; extensive reaction 18.

Dose No. 20, sixteenth day of treatment, 4-4-12, 1 p. m.; extensive reaction 18.

Dose No. 21, seventeenth day of treatment, 4-5-12, 11 p. m.; calorific bottle broken.

Dose No. 22, eighteenth day of treatment, 4-6-12, 3 p. m.; headache and malaise.

Dose No. 23, nineteenth day of treatment, 4-7-12, 10 p. m.

Dose No. 24, twentieth day of treatment, 4-8-12, 8 a. m.

Dose No. 25, twenty-first day of treatment, 4-9-12, 9 a. m.; temperature and pulse normal.

Dose No. 26, twenty-second day of treatment, 4-10-12, 9 a. m.; patient feeling well.

April 15, 1912, five days after last treatment, patient was feeling well, no further symptoms of rabies have appeared.

September 15, 1912, 158 days after the last treatment, patient states she never felt better in her life, there has been no symptoms of rabies since beginning treatment.

***SENECIO AUREUS.**

(LIFE-ROOT.)

C. W. ENOS, M. D.

HISTORY: This is an indigenous, perennial plant, growing on the banks of creeks and on low marshy grounds throughout the northern and western parts of the Union, flowering in May and June. The *root* and *herb* are the officinal parts, and it yields its properties to water and alcohol. The root grows just below the surface of the ground and runs horizontally; it is from half an inch to six or eight inches in length, and about two lines in diameter, reddish or purplish externally, and white-purplish internally, with an aromatic taste, and having scattered fibres. When dried and mixed with the herb, it is found of various lengths, from one-fourth of an inch to an inch or two; greenish-brown or yellowish-brown externally, with very fine longitudinal lines, a few fibres attached, short fracture, presenting under the microscope a shining, waxy surface, with a central, pale, purple substance, surrounded by a greenish-yellow one, with a light yellowish ring between the two. It is inodorous, and has a faintly bitter, herbaceous, peculiar, resinous taste, with a very slight degree of pungency.

Official Preparations.—Tincture; dilutions; tincture-triturations. *Senecio*: triturations.

Medical History.—This plant has always been a favorite domestic remedy in this country. It is popularly known by two names, which express fully the belief of the people in its alleged virtues, namely, female regulator, and false valerian.

Clinical Observations.—This medicine has long had an extensive reputation in domestic practice as diuretic, and used as such in cases of dropsy, suppression of urine, and irritable bladder. "As a diuretic it has been employed with advantage in calculous affections to subdue the irritation." (Scudder.) "It is said to be diuretic and specific in strangury." (King.) In those anasarcaous states which attend chlorosis, or attacks of women at the climacteric age, and seem to be caused remotely by some disorder of the generative organs, the *senecio gracilis* may prove a very efficient remedy; also in ovarian dropsy, or dropsy occurring after suppression of the menses. Dr. Small has used it with benefit in some affections of the kidneys and bladder; also in diabetes.

"To illustrate its action, the following cases reported by

*Colorado Homeopathic Society. session 1912.

Dr. A. E. Small, are presented for the consideration of the profession :

CASE 1.—A young woman applied for relief of dropsical symptoms, namely: Abdomen much enlarged, very tense, with an evident large amount of water in the peritoneal cavity; lower extremities very oedematous; urine quite scanty and high colored—not more than eight ounces a day; considerable pain in the lumbar region and in the ovaries. With the exception of constipation no other abnormal symptom was manifest. Upon examination with the speculum the cervix uteri was somewhat congested and there was present albuminous leucorrhoea, but uterine pain was not much complained of—only a sense of weight, which may have been due to the peritoneal effusion.

"*Apis mellifica*, 2d, was prescribed and taken for a week with no benefit, except to relieve the ovarian pain.

"*Apocynum cannabin.* 1-10th, was also taken for a week, but contrary to its usual effects, it did not seem to increase the amount of urine.

"*Senecio aureus* was then prescribed, ten drops of the 1-10th in water every four hours. In two days the urinary secretion was up to its normal amount, and the oedema, ascites and lumbar pain diminished rapidly. The peritoneal effusion did not altogether disappear, nor did *arsenicum* remove it completely.

CASE 2.—A woman about 30 years of age had the following symptoms, which had increased since their accession, six weeks before:

Face bloated, abdomen enlarged, feet oedematous; urine alternately profuse and watery, or dark colored and scanty; frequent desire to urinate day and night. No other abnormal symptoms of importance. In this case *senecio aureus* was prescribed at once, without trying other remedies. Ten drops every three hours (mother tincture) for two days; then three times a day for a week effected a cure.

This remedy has also been useful in my hands in the dysuria of women and children, when the symptom was evidently of a catarrhal origin. In dysuria, associated with uterine displacement, it is often useful. The presence of a mucous sediment in the urine, is an indication for its employment.

CASE 3.—Mrs. H——, aged about 30, of lymphatic temperament, had been suffering from chronic inflammation of the neck of the bladder for six years, from which she had received only temporary relief from treatment. At times she suffered greatly from tenesmus of the bladder and urging to urinate. She supposed herself to be afflicted with the gravel, as she sometimes passed *bloody urine*. *Senecio aureus* was prescribed, one drop of tincture, which she took at intervals of six hours for several days. She felt sensible relief from the difficulty after using the remedy two days. She continued its use for several days after, when she found herself entirely free from the suffering. She discontinued the medicine and was agreeably surprised at the non-return of the difficulty, as it had done before after temporary relief. She had no indications of return for several months, when some exposure occasioned its reappearance. The remedy was again resorted to and prompt relief was obtained. She has remained entirely well of the disease since—a period of eighteen months.

CASE 4.—A gentleman of nervo-sanguine temperament, aged about 50, had been subject to renal inflammation, affecting particularly the right kidney, causing intense pain and general febrile disturbance and great prostration. On one occasion his suffering was intense and the bladder seemed to be implicated. Every time he passed urine he experienced great pain, which caused him to cry out in agony; his bowels were con-

stipated; the urine was of a reddish color; very hot and acrid; he complained of dull headache, dryness of the mouth and throat, disposition to chilliness, fever and perspiration. Twenty (20) drops of the tincture were put in half a tumbler of water and a dessert spoonful was taken. A mitigation of suffering was the result. The dose was repeated every hour until pain entirely subsided.

More than a year has elapsed since, and he has no return of the malady. This gentleman having some acquaintances, whom he knew to be victims of a similar disease, was prompt to furnish them with this remedy, and in some instances with like curative results.

CASE 5.—A merchant, 45 years of age, nervous temperament, inclined to be bilious, was attacked severely with renal inflammation, attended by general feverishness, chilliness and pain in the lumbar region, and particularly in the left kidney. In this case there did not appear to be any very perceptible implication of the bladder; the quantity of urine passed was below the normal amount and very red, and on standing a while a brick dust sediment was precipitated. The arterial excitement was considerable; the skin hot and dry; motion very greatly aggravated the suffering of the patient and caused him to cry out with pain; bowels were constipated.

Aconite was first given, and repeated at intervals of an hour until the skin became moist and the arterial excitement was somewhat subdued. Pain still severe; urine hot and scanty. Gave *nux vom.* No relief; patient complained of soreness and pain in the lumbar region. Gave *arnica*, and moved the bowels with an enema of warm water. Partial relief followed for a time; pain returned; gave *senecio aureus*. No relief for some hours from pain; urination and every effort to urinate attended with pain; urine tinged with blood. Gave *cantharis*, 3*d* dilution—no change; gave *senecio* two hours after, in an increased dose, after which the pain gradually subsided and passed off entirely; the urinary secretion became increased to the usual quantity in health, and recovery soon followed.

CASE 6.—An attorney, aged 34, of a leuco-phlegmatic temperament, after a prostrating attack of fever, exhibited a marked cachexia and tendency to general dropsy; urine rather scanty, with a blackish sediment, which, on examination, proved to be broken down blood corpuscles. *Senecio* in drop doses of the tincture was given at first, and afterwards in a more attenuated form, with no satisfactory result. (*Terebinth* caused a disappearance of the sediment, and *erigeron* also, in another similar attack.)

In a letter from Dr. Gray, of New York, a confirmatory statement is made of the powers of the *senecio aureus*: "I have used it," says the Doctor, "in renal disturbances with satisfactory results."

For children, affected with irritation of the bladder, the second or third attenuation would in all probability effect a cure. Pain in the head most always accompanies, or immediately precedes, the symptoms of irritation of the bladder. It will cure nausea, attendant on renal derangement and renal colic. It will subdue the arterial excitement that occurs simultaneously with inflammation of the kidneys, and consequently dissipate many other painful sensations.

Generative Organs of Women.—It is upon these organs that the *senecio* is reputed to exert its peculiar and specific curative influence.

Clinical Observations.—I shall proceed to give the suggestions, clinical experience, etc., of the eclectic and allopathic schools, and then that of our own school, together with my own. From the testimony thus adduced, the reader can come to some conclusion as to the value of the remedy.

“It exerts an especial influence upon the female reproductive organs. In amenorrhœa, not connected with some structural lesion, it has proved very efficacious. In dysmenorrhœa, it has also proved valuable. It is serviceable in menorrhagia, administered both at the time of the discharge and during the interval.”—(King.)

“It appears to exert a specific influence upon the uterine organs, and may with propriety be termed a uterine tonic. We have employed it in many cases of *amenorrhœa*, both in retention and suppression, and almost invariably with the most gratifying results; indeed, so certain is it to restore the uterine secretion, when suppression does not depend upon organic disease, that we almost view it as a specific. Its action is peculiar; it seems to possess the power of restoring the secretion when suppressed; of promoting it when deficient; of alleviating pain in dysmenorrhœa, and of controlling or lessening the secretion when redundant; hence, one of its common names, ‘female regulator.’ We have long employed it to check free and too long continued lochial discharges, after other remedies have failed, and with the most gratifying results. It has proved a valuable remedy in *leucorrhœa*, and in displacements of the uterus, attended with dragging pains in the lower part of the abdomen and pelvic region, and with leucorrhœal discharges when combined with *trillium*.”—(Jones and Scudder’s *Mat. Med.*)

Dr. Paine coincides with the opinion held by eclectics concerning the affinity of *senecio* for the uterus and ovaries. (*New School Medicines*, p. 97.) “It is,” he says, “especially adapted to the defective uterine function, arising from a vitiated state of the system. In scrofulous and phthisical patients, I give the *senecin* in doses of from one-half to one grain, combined with one or two grains of *carburet of iron*, four or five times a day. There is, perhaps, no emunctory of the body that exerts a more powerful influence over scrofulous and consumptive patients, than the uterus.” In these dis-

eases, Paine considers the *senecio* useful, because it corrects irregularity of the menses, as to either time or quantity. "In cases of weak habit, when the catamenial period is protracted, and the blood appears to be poisoned or contaminated by the retention of zymotic catamenial poison," he gives *senecio* and *hypophosphite of iron* in combination. The quantity of iron he prescribes (two grains, five times a day), is, however, dangerous. Dr. Churchill, of Paris, who introduced the medicine, says it will bring on pulmonary hemorrhage in such doses. The best allopathic authorities advise against the use of *iron* in phthisis. Some homœopathic physicians have cured incipient phthisis with *ferr. hypophosphis*, 3d trituration. It should not be used any lower.



*SELECTING THE REMEDY.

BY DR. JAMES B. BROWN, DENVER, COLO.

THE PRACTICE OF MEDICINE is gradually undergoing a revolution. The massive doses and shot-gun prescriptions are relics of the dark ages. The laity are becoming more enlightened upon disease and its course upon the human system; better educated upon sanitary measures, dietetics and hygiene; have greater respect for fresh air and sunshine, consequently they need medical advice less frequently than of yore. We are learning that many, if not all, of our ills come from faulty methods of diet and hygiene.

There was a time when the average American citizen was more engrossed in raising blooded stock and agricultural products, or trying to amass a fortune, than in raising healthy boys and girls. Today we are beginning to see a reversal of these problems.

The awakening has come; the attention of our leading educators is drawn towards eugenics and sex hygiene; the health of our nation is being better cared for; we have learned the cause and how to control the ravages of the great white plague; the propagators of malaria, yellow fever, bubonic plague, typhoid and diphtheria. The discovery and study of bacteriology have revealed to us the cause of these diseases, consequently all know better how to treat them and, what is still better, how to prevent them as well.

Today the physician's duty lies not only in prescribing the

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remedy, but must always keep in mind the prophylaxis; this is just as essential, or more so, than the remedy.

Years ago, pus in wounds was considered necessary for their healing; today, we know it indicates sepsis and the remedy to be cleanliness. To rely solely upon the remedy in many cases is rendering services only in part. When a person, ill, appeals for relief, the physician must use his utmost skill if necessary, to make the diagnosis, thus deciding whether medical or surgical procedures are necessary; he must decide whether a correction of the diet or habit is necessary; whether the trouble is from want of exercise, demands rest, or from dissipation; whether occupational or climatic. He must satisfy himself fully as to the malignancy or infectiousness; if contagious or specific; functional or organic; medical or surgical.

After a careful survey of the organism and its symptoms, repeated examinations, if necessary, and the cause of the trouble learned, our duty then is to give relief when possible. This, we are all well aware, may be more difficult than making the diagnosis. One, however, is dependent upon the other and he who does not consider both is not worthy his hire.

A pain in the groin, extending down the thigh in a child, does not always denote rheumatism; severe gastric pain is not always caused from stomach disorders; a violent occipital headache may come from Bright's disease, eye-strain, typhoid prodromata, auto-hyperemia or spinal difficulties.

Difficulty in breathing may be asthmatic, pneumonic, pleuritic, rheumatic or cardiac; severe epigastric pains are from many causes, some demanding surgical measures, while others strictly medical. To treat these cases with an uncertainty as to the cause is as reprehensible as inexcusable.

But are we not guilty of these very things?

Why this medical chaos and disrespect that is thrust upon the medical profession today? Why are there so many faith cures, religious fanatics, physical culturists, food cranks, water faddists, vibratory mongrels and quacks thriving upon a credulous public?

Is it that we, as physicians, are unprepared to follow our profession, neglectful of our duties, or asleep at the switch?

Or, is it because the laity standardizes the physician, though human, to be faultless and second only to the lowly Nazarine in healing abilities?

It would be presumptuous perhaps should the writer try to answer these questions satisfactorily. Nevertheless these

are facts the profession have to contend with and if the fault lies with us we should work for a higher standard, thus removing any cause for merited criticism.

The discovery and perfection of the X-ray, sphygmography, cystoscope, high-power microscope, aniline dyes, etc., during the past few years, give us instruments of precision whereby the diagnosis of difficult cases is practically easy; whereas without these, it was more or less guess work.

The clinical symptoms must not be depended upon exclusively for diagnosis. Who will doubt that many cases today of nephroptosis, gastroptosis, ruptured appendix and tubal pregnancies are being treated medically instead of surgically, owing to too much stress being put upon the clinical symptoms, dry symptomatology and a lack of diagnostic technique?

Medicine and surgery should go hand in hand to master them, and requires much study, skill, conservatism and good judgment. Often cases are not seen until the chances of life are desperate, a decision as to whether it requires medical or surgical treatment must be immediate, and if brought to a successful issue the physician must be well grounded in surgical principles and procedures and the surgeon familiar with the action of drugs, dietetic and hygienic principles, otherwise we see useless drugging on the one hand and meddlesome surgery on the other.

The age of specialties is at hand and many unquestionably deserve the cognomen. Can we say as much of all?

The progressive spirit is in the air; we are demanding a higher standard of living; a greater efficiency in the arts and sciences, and medicine is no exception. The mistakes of the past must be our slogan for more efficient work. New and important discoveries are being made yearly; our duty is to separate the wheat from the chaff and make use of the best in the healing of the sick.

One of the greatest human feats in the world's history will be completed during 1913, and all made possible through recent medical discoveries.

Do we lay sufficient stress upon the import of our calling?

Nature is the greatest healer, but the administration of various remedies for certain conditions will aid her, many times quell the storm that would otherwise cast the morbid spirit from this Mundane Sphere.

*THE INDUCTION OF PREMATURE LABOR AND ITS INDICATIONS.

BY HERMAN GROSSBACK, M. D., COLORADO SPRINGS.

THE TERM "PREMATURE LABOR" is applied to the delivery of a fetus at any period from the time after it has become viable to within a few weeks before the normal termination of pregnancy. A seven months' fetus may be considered viable. There are instances in which the physician himself, for good cause, finds it necessary to bring about the premature discharge of the contents of the pregnant uterus. When the mother is in such physical condition that further continuance of gestation would be perilous to her life, it is generally conceded that interference with pregnancy is not only justifiable, but a solemn duty. Thus the indications (as taken from Jewett's Practice of Obstetrics) are:

1. Death of the fetus.
2. Advanced cardiac disease, progressive phthisis, acute nephritis, an impending eclampsia, and persistent and advancing jaundice.
3. Pernicious vomiting of pregnancy.
4. Pernicious anemia, acute melancholia and mania, and inflammatory affections of the brain apparently depending upon the pregnancy or increased by it.
5. Mechanical conditions of the mother whereby the birth of a viable child becomes an impossibility, such as a retroflexed and incarcerated uterus (all attempts to raise it above the superior strait having failed); an abnormally small vagina, or an obstructing tumor of the uterus. But in these cases of obstruction, the question of Caesarean section should always be taken into consideration.

Methods of Inducing Premature Labor.—One of the most satisfactory methods is that of Krause. It usually acts promptly and effectively and consists in introducing one or two flexible elastic bougies (English No. 10 or 12) between the wall of the uterus and the membranes. Strict asepsis is to be observed. The cervix is dilated gradually to one inch with a steel branched dilator, and then the bougies are pushed gently in through the cervix between the uterus and the membranes. If too much hemorrhage occurs, the bougies should be withdrawn and re-inserted in another direction. The cervix is then packed with gauze or one of the various bags may be introduced. Labor is usually completed in from 24 to 36

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hours, though it frequently occurs in less time. One of the best of these bags, it seems to me, is the new "Hirst" bag, which was described in the March, 1911, issue of *Surgery, Gynecology and Obstetrics*, and in October 15, 1911, issue of *The Therapeutic Gazette*. There are two kinds of these bags, one, a flattened hour-glass, for the effaced cervix; the other a spool-shaped for the uneffaced cervix; there are three sizes of each, and they look like the ball of a diablo set. The bag is inserted by rolling it upon itself, grasping it in a Champetier de Ribes forceps, well smeared with sterile glycerine, and passed up the cervical canal into position. The tube is then attached to the hose of a douche pail and the amount of hydrostatic pressure can thus be regulated to some extent by raising or lowering the pail. The tube of the bag may then be clamped with a hemostat and disconnected from the apparatus. This bag is so little irritating to the birth canal, that, in a way, it defeats one of its purposes, namely, to start or increase labor pains. Fortunately, however, we have in *pituitrin* a very promising ecboic agent, which may be used here to advantage if the bougies and bags fail to stimulate contractions.

The following cases will demonstrate a few of the indications for inducing premature labor, and a method of procedure:

(a) A primipara, with very marked maternal characteristics, whose mother gave the following history: Because of a slightly contracted pelvis, with diminished lateral measurements, and for some other undeterminable reason, two of her children were born dead because their shoulders became firmly locked in the pelvis and the child could not be extracted. The daughter, who also had a slightly narrowed pelvis, not unlike the mother's, was very anxious to have a living child. Labor was therefore successfully induced at the eighth month.

(b) Primipara, with extensive tuberculosis of one lung and laryngeal involvement, at the seventh month passed urine loaded with albumen and some casts. The face, hands and eyelids were considerably swollen, and there were all evidences of an threatened eclamptic seizure. The cervix was carefully dilated with branched steel dilator to 7 centimeters, and then two flexible bougies inserted and the vagina packed. Uterine contractions began, and after four hours the bougies were removed and the smallest Hirst bag inserted into the cervix. After one-half hour the next size bag was inserted, and remained in place six hours. Then the largest size was used and in two hours complete dilation occurred. Uterine

pains had practically ceased, and therefore an instrumental delivery was performed. Patient's blood pressure was 186 millimeters, therefore no *pituitrin* was used. Result: Child living and well, weighing $3\frac{1}{4}$ pounds; mother much improved, though still suffering from an active tuberculosis, which seems to have been neither aggravated nor improved to date.

(c) Patient age 42; never gave birth to a living child, death of the fetus always having occurred either in utero or at time of delivery. Wasserman reaction negative. She now was seven and a half months' pregnant, and thought this her last chance of having an offspring. Premature labor was induced at the eighth month with good result to both mother and child.



*ECTOPIC PREGNANCY.

By DR. CLINTON ENOS, SURGEON TO ST. ANTHONY'S HOSPITAL; GYNECOLOGIST TO THE CITY AND COUNTY HOSPITAL.

ECTOPIC PREGNANCY literally means a displaced or an abnormally situated pregnancy. This condition is also known as extra-uterine pregnancy. By this we mean that the impregnated ovum finds lodgment other than in the uterine cavity and commences its normal development. Sooner or later, however, its growth comes to grief and the resulting disturbance brings about a condition that jeopardizes the mother's life.

Prior to 1880, ectopic pregnancy was considered a rare affection. It is stated that in those days many physicians with large practices never saw a case. Since 1883, when Tait operated upon the first case, our knowledge of extra-uterine pregnancy has been on the increase until today it is rare to find a physician with even a moderate practice who has not encountered cases of this sort. Since our school days when the typical classical symptoms were given as sole guide for diagnosis, we have seen the gradually broadening knowledge of this condition developed until today we may readily detect a ruptured tube that would have baffled our fathers of a few years ago. However, we have not reached perfection. Only two years ago two of the most widely known professional men of our city—one a diagnostitian, the other a surgeon—diagnosed gall-stones in a greatly distressed woman and operated for the same, but they found a ruptured tubal pregnancy in-

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stead of gall-stones. Quite a few women of our city die each year of neglect of this condition. It behooves us to review this subject and arouse interest and study so that physicians may be on guard and not overlook this condition. This is especially important if we can rely on statistics, that surgical procedure in the early weeks will save about 95 per cent of these cases and non-surgical measures about 15 per cent. In advanced cases with the fetus living the operative mortality is about 30 per cent.

The best known symptoms of this condition, although unfortunately least often seen in practice, are as follows: The history of normal menstruation missed; more or less severe attacks of colicky pelvic or lower abdominal pains at various intervals; in tubo-uterine pregnancy before the close of the second month, in tubal pregnancy in the fourth month, in ovarian pregnancy later, there is a severe attack of pain with chills, collapse, fainting and perhaps vomiting, with the appearance of scanty menstrual flow with shreds or uterine casts; an examination reveals pregnant changes, as an enlarged uterus, softened cervix, livid mucous membrane of the genital tract, also a tender tumor at the side of the uterus, etc. Such a case is an ectopic pregnancy, and a few years ago was the only indication for such a condition. Of the five cases I have operated upon, none have had the complete clinical picture given above. The first one had had similar attacks for the past several years and the present trouble was called appendicitis. There was no missed menstruation before this attack. When I examined the patient some two weeks after the onset of this attack, I found an anemic patient with chills, fever, tympanitis and a mass in the pelvis. McBurney's point was not very tender, but there was intense pains under the right shoulder blade. The patient could not give an account of the order in which the symptoms had appeared. A pelvic abscess was diagnosed. During an examination under general anesthesia at the hospital at the time of the operation this diagnosis was ruled out, for there was a round movable mass to the right of the uterus. A tumor with a twisted pedicle was suspected. The operation found a ruptured right ovarian pregnancy of about six or seven weeks with the pelvis full of blood clots. Only old inflammatory results were present in the appendix. Another case with similar symptoms ruptured into the broad ligament and formed a hematoma. Another case may have had the classical symptoms but no accurate history could be had owing to the fact that the woman had been in the habit of inserting an instrument into

the uterus every month to keep from becoming pregnant and thereby had infected herself. At any rate the septic symptoms so far overshadowed everything that nothing else was suspected till the operation revealed a tubal pregnancy on one side and a pus tube on the other. The two other cases were tubal abortions, but there was no history of missed menstruation. Another case that I was closely associated with, but one I did not operate upon, occurred this summer. The patient complained at intervals for about a month of sharp pains in the lower right abdomen. These were attributed to the appendix, for the patient had had numerous attacks of appendicitis for several years. There was no delayed menses. At noon, one day, she was taken very severely with these pains. A chill came on that lasted one and one-half hours; the patient became pale, and fainted several times; the pulse remained at 72 for about four hours and then rose to 80; the temperature under the tongue remained at 98.6. The pains became intense, and there was frequent fainting. At the operation four and one-half hours after the onset, the pelvis and lower abdomen were full of blood from a ruptured tubal pregnancy situated in the right side about a half inch from the uterus. The appendix showed only old inflammatory conditions.

Of the five cases of mine there was no definite diagnosis of ectopic gestation, although in four of them a tentative diagnosis of such a condition was made, for the symptoms, as we understood them up till lately, did not fully warrant a positive diagnosis. I may say that in each of the four, the physical examination was that which called my attention to the possibility of this condition. All of these ruptures and abortions occurred early in the gestation, probably from the fifth to the seventh week. The later writers on this subject, state that rupture or abortion occurs early in many of these cases—many times before the patient has missed a single menstrual period. In fact, statistics show that the menses are regular in about one-half of these cases. The probability is great that the older physicians overlooked many of these patients. I can look back to my pre-surgical days and recall quite a few patients who, I am now sure, had had tubal pregnancies. There is, however, no sure way of knowing till one opens the abdomen. We cannot rely on those colicky pains that go with every ectopic pregnancy, for every woman has these more or less, but if they are associated with menstrual phenomena in any manner, or with early signs of pregnancy, we must think of the possibility of an ectopic. The sudden severe pain and collapse symptoms, together with the

physical examination lead us to our diagnosis. About the only possibility of making a diagnosis before rupture, is in a woman who has missed her menses and who has these sharp pains in the ovarian region, associated with early signs of pregnancy and a tumor on either side of the uterus.

There is another symptom that often goes with these cases, and that is intense pain under the right shoulder blade. Although you will not find it so stated in books, yet it has been observed by a goodly number of physicians to occur in many cases of a ruptured abdominal or pelvic organ. Hence so many of these cases of ectopic ruptures are diagnosed as gall-stones. I have never observed the symptom before the third day after a rupture. It was the most complained of symptom in the ruptured ovarian pregnancy case. There was no gall-stones or liver trouble. By way of parenthesis let me warn you against calling every pain in the lower right abdominal or pelvic region appendicitis. About four years ago, one of Denver's most prominent surgeons, after due deliberation, diagnosed and operated on a young married woman for appendicitis. The appendix appeared normal but the patient was sent home with a blare of trumpets at the end of a week, "cured." In a few days more the patient was suddenly stricken with collapse and lay at death's door. Another operation was undertaken and a ruptured ectopic was found. Nor should every abdomen be opened because there is trouble in the pelvis. There are certain kinds of cases of acute pelvic peritonitis with a mass in the pelvis that do better if not operated on at once.

As to treatment in these cases, I consider them purely surgical. It is true that, where the pregnancy is near the fimbriated end of the tube and the ovum is aborted, local measures, together with the internal remedy, will save the patient's life. The same is true if a tube ruptures into the broad ligament; for here, from mechanical reasons, the hemorrhage is limited. The great difficulty in these cases is to make a diagnosis as to the exact condition present. There is no way of knowing whether the ovum has aborted with a hemorrhage that may soon cease or has ruptured with a hemorrhage that will not cease till death comes, unless we wait and observe the course of events. The more I see of these cases that can be completely repaired by surgery in the early hours with little danger, drag on and on till surgery becomes the last resort, the more strongly I urge early active interference. By the tying off of a bleeding vessel you know your patient is safe; by waiting you do not know that your patient

is safe until the course of events lands her in the semi-invalid class or at death's door. When the hemorrhage has spontaneously ceased, the patient is not always out of danger for the placenta may have retained its attachment and still continue to nourish the fetus. If the fetus goes to term it must be removed by celiotomy with an enormous maternal mortality. If the fetus dies when very small it is usually absorbed, but after it has attained a certain size before death, it cannot be absorbed, but must undergo suppuration, mummification, lithopedion, or adipocere formation. Any of these terminal results is enough to demand an operation. The sensible thing to do is to do the right thing early and not wait till the last resort drives one to a surgical operation. Surgery performed on a dying patient is usually a reflection on the professional ability of some of our brothers of the art.

In conclusion, I will again give the results of my study of these cases.

In typical cases, of ruptured or aborted ectopic pregnancy, there are attacks of pelvic colicky pains, a history of missed menstrual periods, and early signs of pregnancy; there then occurs a severe attack of pain with a scanty and shreddy menstrual flow and symptoms of collapse.

In a majority of these cases there is no history of missed menses, but there are attacks of colicky pains and finally symptoms of collapse. The physical examination reveals early signs of pregnancy and a mass by the side of the uterus with free fluid or a hematoma in the pelvis.

If perchance a diagnosis is made before rupture, the most prominent and constant symptom is the colicky pains, together with the early signs of pregnancy and the physical findings in the pelvis.

The treatment of these cases is purely surgical and operative procedure, except in the rarest of cases, should be instituted as soon as the diagnosis is assured.

512-14 Wyoming Building, Denver, Colo.



ASSOCIATE EDITOR'S CORNER

ANNOUNCEMENT.

IT IS with a feeling of keen pleasure as well as a sense of incompetency that we accept the kind solicitations of Dr. Mastin to become Associate Editor of *THE CRITIQUE*. I am confident that many readers of *THE CRITIQUE* will be disappointed when comparing these columns with the masterly productions of my good friend, DR. HOLLOWAY. He was a master with the pen and a master in his practice, and having been associated with him on several occasions, we want to pay this tribute to his great care and unceasing study in the treatment of his people. It is regrettable that we have so few earnest and noble men in the profession as DR. HOLLOWAY. May he rest in peace!

This is a *Critique*. Through the kindness of the Editor-in-Chief some space will be given to criticism; especially on matters of theory and practice. This will be done in all charity, for we are aware that any ignoramus can find fault. But finding fault and a wholesome criticism are two very distinct and separate things.

Then again, we are in perfect sympathy with the motto, "Homœopathy Militant," and, though we have no chip on the shoulder, it is very refreshing to be belligerent when occasion demands, and, if we interpret the "signs of the times" accurately, a wholesome belligerency is now imperative. At all events, we stand for practical and scientific truth as applied to medicine, and if the exposition of error, or the revelation of a neglected truth in the healing of the sick burns deeply into the conscience of the careless or ignorant, we pray that it may so deeply burn as to leave an eternal impression upon the guilty and convert them to a sense of righteousness in dealing with the sick man.

Let there be no uncertainty in matters physical or mental, neither in things done or given to relieve physical or mental suffering. A sound body and a clear mind predispose to a righteous, sane, and upright life. A torpid liver, a disordered stomach or a mutilated pelvis rarely stimulates a prayer of faith or adds sunshine to a home. Let us ascend to the highest planes of physical and mental life, if not there

already, and draw the people with us. The only sure, safe and lasting method of ascension is on the wings of *similia similibus curantur*.

G. E. DIENST.



A STRANGE APPENDECTOMY.

IT IS THE STRANGE, the particular, the rare things in life that impress us most forcibly. During the recent past a lady, twenty-seven years old, single, muscular, a farmer's daughter, called at my office and asked for help in what she termed "severe distress all over the body." After receiving her symptoms I was anxious to know the cause of all this distress.

A former diagnosis of hypertrophy of the liver led me to make a careful physical examination, when I found the liver to be in its right place and proper size. The thoracic, gastric, abdominal and pelvic organs seemed to be normal except a huge longitudinal scar in the lower right abdomen. It was with considerable difficulty that she told me the story of all this illness. Briefly stated it is this:

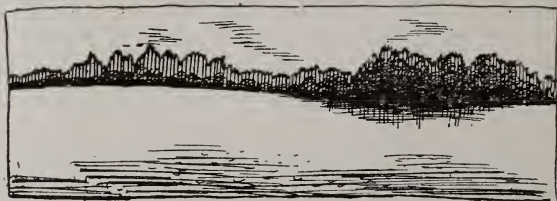
From childhood to her twentieth year she was as strong as a "horse." No work on the farm seemed to be too difficult for her. She was cheerful, athletic, vivacious, ate well, slept well, worked hard and had a good time. In her twentieth year she was taken ill with what was diagnosed as typhoid fever. Her temperature hovered around 101 and 102 for two weeks. The doctor told the family that he kept the fever from rising higher. Suddenly during the third week of her illness the doctor discovered (?) she had a severe attack of appendicitis. She had no pain, no rise of temperature and yet had appendicitis. The doctor told them this was one of the peculiar forms of appendicitis which, though painless, was very grave. He insisted upon an immediate operation, to which the family objected for various reasons. The doctor's eloquence came into marked display when he advanced his reasons for an operation. His first point was "though she has typhoid fever she has not been sufficiently reduced in strength to incur any great danger from the operation." Secondly, in reply to the argument of expense, he said "it would be more expensive to let the matter go and be under the doctor's care constantly than to have it all over at once." The third and most serious argument was his reference to what he termed an elongation of the appendix vermiformis. He said

(I am quoting the young lady), "The appendix is already nearly eight inches long; it is growing very fast; soon it will grow up the right side of the abdomen, cross over the stomach and ultimately coil around the heart like a serpent and choke you to death." With such a calamity before them they consented to the operation.

The doctor called an assistant, his assistant's housemaid and a practical nurse; proceeded to the house and operated. Since which time the young lady has been ill. I asked, "Did you see the appendix after it was removed?" "Oh, yes. I saw it; it was about six inches long and I have it in a bottle at home." "Will you bring it down to my office and let me see it?" "Certainly." Two weeks later she brought the "appendix" in a bottle. On examining it I found it to be the right ovary and tube which was amputated at its juncture with the uterus. The appendix is still in its original place and I have grave doubts of its ever coiling around the heart and choking the young lady to death.

Great is the diagnostic abilities of some doctors!

G. E. DIENST.





EDITORIAL SECTION



THE CRITIQUE is entered at Denver Postoffice as Second Class Matter.

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No attention whatever will be paid to contributions which do not bear the name and address of author.

Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

PRIDE AND THE INEVITABLE TUMBLE. In last issue of CRITIQUE we published a portion of the propagandistic property of the American Institute of Homœopathy without giving due credit therefor. Inasmuch as this thunder is copyrighted we, no doubt, laid ourselves liable to dire punishment and other things, so if an apology will correct the oversight it is hereby proffered to the fullest.

We had prided ourselves upon possessing the usual powers of observation, so in this case, as in all others, the proverbial pride preceded our tumble by only a few minutes. We shall still insist, however, that Dr. Tornhill is entitled to our encomium regarding his enthusiasm in distributing this piece of propagandistic literature, and would repeat the suggestion that others do likewise.



DR. GEORGE E. DIENST, ASSOCIATE EDITOR. We are more than pleased to announce the acceptance by Dr. George E. Dienst, Aurora, Ill., of the position of associate editor on THE CRITIQUE.

DR. DIENST will confine his department to the discussion of materia medica matters and the philosophy of medicine, particularly homœopathic medicine.

Our readers have had considerable experience with DR. DIENST as a writer upon homœopathic remedies, as applied from a purely homœopathic standpoint, and we feel that all will agree with us when we assert the superiority of his preachments along these lines.

We know of no subjects so much neglected by homœopathic publications, unless it be our esteemed contemporary, *The Homœopathian*, and trust DR. DIENST will take advantage of our inclination to assign as much space as he may see fit to use in discussing these topics.

While our loss in the death of Dr. Holloway was great and bitterly regretted, we feel our readers will be amply supplied with good homœopathic material by his successor.



OSTEOPATHS REJECT POSITION ON BOARD. The osteopaths of Colorado do not desire to have one of their branch of the medical profession a member of the State Board of Medical Examiners. Because there is no law on the statute books recognizing the osteopaths the appointment by Governor Shafroth of Dr. Jenette H. Bolles, an osteopath, as a member of the board has been declined. In the following letter received by Governor Shafroth a committee of osteopaths gives its reasons for the declination:

"Dear Sir—The last of June we asked you for further time to consider the question of the appointment of an osteopathic physician upon the State Board of Medical Examiners in order to get a reply from that board to certain questions submitted to it.

"The reply was both indefinite and unsatisfactory. It was submitted to our State Association at its semi-annual meeting. The members of our profession thank the governor for his recognition of osteopathy. Still we must remember the fact that there is no legislation for osteopathy in this state and that there is no assurance of future governors following the example of Governor Shafroth.

"At the mid-summer meeting of the Colorado Osteopathic Association the following resolution was adopted:

"Resolved, That we express to Governor Shafroth our hearty appreciation and thanks of the recognition of our profession in the appointment of Dr. Jenette H. Bolles as a member of the State Board of Medical Examiners.

"But that on careful consideration we deem it unwise for any osteopathic physician to accept such a position at this time."

"Again thanking you in the name of the profession.

"Most respectfully yours,

"G. W. PERRIN, D. O., President.

"J. A. STEWART, D. O., Secretary.

"JENETTE H. BOLLES, D. O."

Denver Republican, Sept. 16th.

We print the foregoing as an item of news upon which we would like very much to comment editorially, were it possible for us to procure suitable data. Taking the matter as it stands and in consideration of the statutes governing the appointment of the state board of medical examiners, which we publish elsewhere, it is really immaterial whether one has a real regard for the public's protection or not in order to qualify for a position on this particular board. The osteopaths certainly have the courage of their convictions and are not averse to announcing their position on points wherein

subterfuge and subserviency might be employed by individual members for personal gain.



MEDICAL CENTURY AND THE DENVER MEETING OF A. I. H. Some of our good Denver friends, notably Dr. L. B. Wheeler, secretary of the Colorado State Society, and Dr. J. W. Mastin, have imagined that the editor of the *Medical Century*, in the language of the genial proprietor of the *Critique*, has a "grouch" against Denver because we are opposed to that city as a meeting place for the Institute in 1913. We have no grouch whatever. While we did not believe the best interests of the Institute would be served by going so far from populous homœopathic centers, we shall abide by the decision of the trustees and believe they know quite as well as we do what the Institute should do. Furthermore, we do not believe that the said trustees will be befooled by the man without a job—they know him too well—nor that he will succeed in breaking into that honorable body, nor in landing the coveted edition and field secretaryship in Denver, any more than he did at Pittsburg. He landed one office, once in Denver, through the aid of his family, stenographer and other fraudulent voters, but this is not possible under the present voting system of the Institute.

We are assured Colorado wants the Institute, and we know the Institute will be right royally welcomed in Denver. Therefore, Vive Denver! Vive the Colorado Homœopathic Society! Vive *La Critique*! and Vive Mastin.—*Medical Century*.

Now, of course, all this *viveing* is very invigorating, but what concerned Denver homœopaths most was the attitude displayed by DR. DEWEY regarding the meeting in question. Just what the personal part of the first paragraph refers to we do not know, nor do we particularly care. What THE CRITIQUE hopes will happen is that every one will be thoroughly in accord with the selection of Denver for the meeting place of the 1913 session of the American Institute. Following a feeling of this sort it earnestly hopes there will be a large attendance, and we believe the Denver and Colorado profession will do the rest so thoroughly and satisfactorily that everyone will be glad they came.



T'EST A RIRE. Under the caption, "the *Critique's* Candidate Chosen," this exponent of "homœopathy militant" whose associate editor does not hesitate to differentiate between "a mongrel" and a "real homœopath," has this to say concerning the election of officers at Pittsburg:

"At the election of officers for the ensuing year of the American Institute of Homœopathy the following high-class elements of the homœopathic profession were selected. It will be noticed particularly that *The Critique's* candidate for president was chosen.

"Of course this publication lays no particular claim to entire credit for this much desired result, but it is always pleasant to be on the winning side of any question. Under Dr. Hinsdale's wise leadership the cause of homœopathy should make marvelous forward strides during the coming year."

And as if this was not grandiloquent enough, the *Critique* tells its readers relative to the next Institute meeting that Denver possesses "a climate in June that will cause many of those who attend to almost leave their happy homes when they think of Denver, so we may confidently look forward to the invasion by at least two thousand people from all parts of the country next June, all of whom will be boosters for Denver for many years to come."

In the language of the street, this is certainly "going some," but in order that the cup may be full to overflowing we are gravely informed that "we believe the profession at large will devote much of their time during the coming year to make the 1913 meeting one of the most important in the history of this, *the oldest medical association in the world.*"

MEDICAL CENTURY DOES NOT APPROVE OF DENVER.

Editor Dewey regards the selection of Denver "as the place of the next Institute meeting as unfortunate and unwise." According to the *Medical Century* no one from Boston, New York, Philadelphia or Washington can get to Denver and back for "less than \$100,000 spent in car fare, Pullmans and meals." and the trip will be "a too expensive one for any living east of Chicago." What an insult to the Easterners! Brother Dewey must think they are a lot of cheap skates. Why, there are thousands standing around for the chance of spending a hundred thousand apiece in getting to and from an Institute meeting. Leaving that aside, however, the *Medical Century* wants the Trustees to do over again the work they are supposed to have already gone through, viz., "inquire carefully into the advisability of Denver as a meeting place, and, if a better place can be found, where the attendance will be larger and a better meeting result, promptly change to that place."

Editor Mastin of the *Critique* and Dr. C. E. Fisher have the floor.—*N. A. J., a Homoeopath.*

The foregoing is from one of our ponderous publications supposedly issued in support of homoeopathy. Just whether it works at it all the time is a mooted question; one thing is sure, it has never shown any seriousness in the occupation.

We will admit to a *slight* exaggeration as to the number likely to take advantage of reduced rates and a glorious climate in June, but we would much prefer to "boost" than be a kill-joy altogether. Now that DR. DEWEY has shown a determination to permit matters to rest as decided by the Institute, it might not be a bad idea were some of our ponderosities to do likewise, dont'cher know.



GETTING THE RIGHT OF IT. In our June issue we made some strictures on the Board of Examiners of this (Colorado) state, and spoke of a homoeopathic physician, who was a member of the local allopathic society, as representing homoeopathy on the said board. We learn that there is no homoeopathic representation provided for in the Colorado law; that any physician whom the governor may please to appoint may be a member. He represents nothing in the way of special treatment, for the people of Colorado are "protected" by not having examinations in *Materia Medica* and Therapeutics. A man need not know how to treat and cure the sick to be acceptable to the Colorado board. Therefore, we apologize to this member of the board. He is not expected to represent homoeopathy, and it

is unjust to criticise him for joining any society he may please. It is his privilege.—*Medical Century*.

Herewith a communication from Attorney Frederick D. Anderson, covering the point in question. The letter is self-explanatory:

J. W. MASTIN, M. D., 718 Mack Block, Denver Colorado:

Dear Sir—In accordance with our telephone conversation of yesterday, I desire to submit the following:

The State Board of Medical Examiners is established by section 6058 of the Revised Statutes of 1908, which section provides *inter alia* as follows: "Said board shall be composed of nine practicing physicians of integrity and ability, who shall be residents of, and have been duly licensed to practice medicine in this state, and who shall have been graduated from medical schools of high educational requirements and standing, and have been engaged in the active practice of their profession within this state for a period of at least five years."

This section of the Revised Statutes is found in the Session Laws of 1905, page 344, section 1. No further provision as to qualifications of members of the board is to be found in the state statutes.

Section 6059, Revised Statutes, 1908, provides that the governor shall appoint biennially three members, who shall possess the qualifications specified in the section above quoted in part, each to serve for the term of six years, and he shall fill vacancies in the membership of the board as soon as practicable.

Your attention is called to the following portion of section 6060: "Said board shall biennially elect a president, a vice-president and a secretary-treasurer from their membership, and adopt a seal which shall be affixed to all licenses issued by them. They shall from time to time adopt such rules and regulations as they may deem necessary for the performance of their duties, and a schedule of minimum educational requirements, which shall be without prejudice, partiality or discrimination as to schools or systems of practice of medicine."

If I have not answered your question to your satisfaction, please let me hear from you.

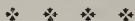
Very truly yours,

FREDERICK D. ANDERSON.

Now, it is just this clearly intelligent and complete explanation as to the matter that makes some of our comments in the past highly unfair to Dr. D. A. STRCKLER, and we apologize accordingly. It does not make the matter any better, however, for the homœopathic profession, and only shows that the representation we now have is due entirely to the courtesy of the dominant school (and the Governor) in permitting graduates from homœopathic institutions to pass solemn judgment upon the qualifications of those desiring to do business in this state. Taking into consideration everything contained in the foregoing communication, one can do little else than observe the inadequacy of the law governing medical practice in the state of Colorado, consequently we would continue to urge the appointment of a *Homœopathic State Board of Medical Examiners*, whose duty it shall be to determine the qualifications of graduates from Homœopathic institutions to practice their profession in this state.

MISCELLANEOUS

Dr. J. W. Harris and wife have returned from their trip abroad.



Naprapath is the latest to come under our observation. Just what it leads to we are unable to say.



Under Dr. Dienst's charge much in the way of homœopathic materia medica and principles of homœopathic medicine may be expected.



The Eclectic Medical Institute was chartered March 10, 1845. It is now the Eclectic Medical College and has graduated 4,024 doctors, who are practicing in every state in the Union.



The *Journal of the American Institute of Homeopathy* is simply mad over the Denver selection for the next meeting of the Institute, that is, if one were to judge by the amount of space devoted that subject in its September issue.



Speaking of Homœopaths who have joined the A. M. A. Whoever sees one of their names on a program of this organization or their names mentioned for political preferment? Personally we prefer being a small toad in a big puddle to the opposite.



Dr. Lewis Pinkerton Crutcher, New York-Kansas City, passed through Denver the 17th of last month *en route* to California. He was accompanied by Mrs. Crutcher and her mother, which fact guarantees the doctor's safe conductment across country, as well as good conduct.



Colorado barbers will soon be compelled to pass an examination before the State Board of Medical Examiners. In case an over-zealous member of this cult should cut your throat or merely disfigure you for life, he is expected to make good in the "first aid" act or forever after hold his peace.



The ever faithful Dr. F. A. Faust is not one of the fair weather members of the Colorado Homœopathic Society and was present at the opening session of the twenty-seventh annual meeting. Dr. Faust has visited the continent within the past year, and gave the members of the society a good talk on his "Observations of Obstetrics in Europe" as a general topic, and his inability to secure contributors to his bureau in the state society as a side subject. Look out, doctor, or you will be classed among the "kickers."

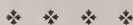


The Denver Chemical Manufacturing Co., manufacturers of Anti-phlogistine, are to be congratulated on securing the services of Mr. Harold B. Scott as manager of the company, to succeed J. C. Bradley, who is retiring from that position. Mr. Scott is a bright, energetic young man, a graduate of Yale University with the degree of A. B. Upon his graduation from college he entered the commercial world, where he has enjoyed a wide, varied and successful experience in developing one of the great industries of our country. He is peculiarly well fitted for the management of a proprietary house, and his connection with Anti-

phlogistine will doubtless lead the Denver Chemical Manufacturing Co. to spell success with larger letters than ever before.



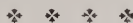
Dr. Carl D. Fisher has removed to suite 635, Mack Building. His former location was on the same floor of this building.



The Detroit Homœopathic College has been absorbed by the Cleveland institution during the past year; as a result of which this oldest Homœopathic college in the United States now has a large student body besides being a part of the Baldwin University, of Berea, Ohio.



Dr. J. Wylie Anderson, formerly business manager of THE CRITIQUE, boarded an east-bound train in Denver the 28th of last month and is now enjoying a hunt for huge game in Maine woods. He will trail a few panthers and such small animals and hopes to bag a bull moose. Dr. Anderson at the conclusion of this trip will possess the unique distinction of having hunted in nearly every locality from Maine to Alaska.



We have received No. 2 of volume xv., *Surgery, Gynecology and Obstetrics*, and while the subscription price is much greater than that of the ordinary medical publication the journal of itself is so extraordinary in its entirety as should make this a matter of slight hesitation in selecting it as an absolute necessity to those practicing along these lines. It is beautifully printed and illustrated in a practical manner, besides which the text is provided by specialists of Europe and America. The business office is 31 N. State street, Chicago, Illinois. The subscription price is \$5.00 in America and Canada.



Dr. C. E. Fisher, "Bull Moose" candidate for congressman-at-large in this state, was a visitor at this office the 21st of last month. He is stumping the state in support of his ticket and, while not overly optimistic as to the outcome of the campaign, is having lots of fun furnishing food for thought to those who listen to his political preachments. Stranger things have happened in Colorado than the election of Dr. C. E. Fisher, and many of such occurrences have proven disadvantageously to the state at large, something the election of Dr. Fisher would fail in doing. THE CRITIQUE looks for the Roosevelt followers to poll a large vote in this state, if not carry it.



COLORADO HOMŒOPATHIC SOCIETY.

The opening exercises of the twenty-seventh annual session of the Colorado Homœopathic Society were attended by weather conditions wholly without drawing features, consequently when President Swerdfeger called the meeting to order in private dining room No. 1 of the Brown Palace hotel at 11:30 a. m., on the 24th of last month, it was not at all surprising that a very limited number answered the roll call.

Following the formal opening of the session a brief business conference was held, after which the president's annual address was presented.

In this document President Swerdfeger sounded a warning to the homœopathic profession, in which he predicted the passing of homœopathy unless a more progressive and constructive policy were adopted. The paper appears elsewhere and our readers may judge of the philosophy of the contention for themselves.

But few of the bureaus were complete in representation, yet the papers presented were well received and on the whole showed considerable merit.

The attendance was smaller than on any previous occasion during several years, yet we think this may be accounted for by the bad weather and an apparent spurt in business which has been noticed by several during the past month.



Brown Palace Hotel, Meeting Place Colorado Homœopathic Society, 1912.

A banquet was held on the evening of September 24th, at which some twenty participated. It was pronounced a decided success and would have been more liberally patronized had more time been given in which to make arrangements for attendance on the part of many. The Brown Palace management is to be congratulated upon its close attention to detail in serving the spread as well as for the comfortable and convenient quarters contributed to this event. That our out-of-town friends may have some idea of the elegance of our meeting place we print herewith an accurate likeness of the hostelry in question.

Dr. C. E. FISHER was campaigning throughout the state, consequently did not lend his usual pep to the program.

Dr. E. C. REED, Pueblo, was a new member who took considerable interest in the event and stayed with the meeting until the very last. He made numerous friends during his brief visit in the city.

Ex-President, Dr. L. E. BARTZ, of Windsor, Colorado, showed his customary patriotism by attending the meeting and presenting a particularly interesting paper.

The election of officers was held the last day of the session and resulted as follows:

President—DR. JAMES BUTCHER BROWN, Denver, Colo.

First Vice-President—DR. F. A. FAUST, Colorado Springs, Colo.

Second Vice-President—DR. LILLIAN A. POLLOCK, Denver, Colo.

Secretary—DR. L. B. WHEELER, Denver, Colo.

Treasurer—DR. CARL D. FISHER, Denver, Colo.

THE CRITIQUE considers the election of Dr. JAMES BUTCHER BROWN to the presidency of the organization at this particular time a particularly pleasing bit of politics. Dr. Brown has attended the two last sessions of the American Institute, is a thorough homœopath and will be on the firing line in perfecting and promoting the arrangements for forthcoming session of the Institute in Denver.

The banquet called out a much larger attendance than did the society meetings and it was at this event the discussion of American Institute matters was the most general. It was well understood that the profession hereabouts would do all in its power to promote this event, and the general consensus of opinion conformed to the idea that arrangements should be perfected as soon as possible.

It is hoped the President of the American Institute will appoint the necessary local committee early, that we of this wild and woolly portion of the world may get busy.

The quarters provided by the Brown Palace management were

“that the ice bag is distinctly harmful in appendicitis and should never be used,” is the logical deduction of Dr. A. M. Fountleroy, Surgeon U. S. Navy, basing his opinion upon seventy cases operated.

Like morphine, ice not only obscures the true condition, but decreases Hyperemia, Leucocytosis and encourages stasis in the part to which it is applied. What seems evident in applying ice in inflammation of the appendix must hold true in inflammatory processes where elsewhere manifested.

That hot moist heat is the logical therapeutic agent in treating inflammation must be apparent, as it increases Hyperemia, Leucocytosis and reduces stasis in the part to which it is applied.

The convincing evidence of the convenience, serviceability and above all the reliability of antiphlogistine as a thermic agent in the treatment of inflammation is best appreciable by its application thick and hot to the affected part.



well suited to the meeting. Were easy of access, being on the second floor, and provided with all necessities required by a meeting of this kind.



PENNSYLVANIA STATE NOTES FOR OCTOBER, 1912.

THE HOMŒOPATHIC MEDICAL SOCIETY, of Chester, Delaware, and Montgomery counties, held its annual meeting in West Chester in October, and the physicians gave the members a good time. A banquet was a feature of the occasion, and an automobile ride was given them to all interesting places in that vicinity.

THE LEHIGH VALLEY HOMŒOPATHIC MEDICAL SOCIETY held its quarterly meeting at the Eagle hotel at Bethlehem September 5, 1912. The president, DOCTOR WALTER A. SEIBERT, of Easton, in the chair. DOCTOR RALPH BERNSTEIN, of Philadelphia, was the guest of the society and gave a Stereoscopic Skin clinic, being a lantern demonstration of the More Common Skin Diseases—Their Recognition and Treatment. The meeting was well attended and a hearty discussion entered into.

C. S. SWARTZ, M. D., *Secretary.*

THE NORTH PENN HOMŒOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the residence of Dr. S. C. Moyer, Lansdale, Pa., on August 22, 1912. The scientific program of the meeting consisted of the following:

"The Homœopathic Idea".....DR. WM. G. MOYER, Quakertown, Pa.
Discussion, "Tuberculosis"DR. D. M. LANDIS, Perkasié, Pa.

The meeting was an interesting one and was well attended.

H. O. WILLIAMS, M. D., *Secretary.*

THE WOMEN'S HOMEOPATHIC MEDICAL SOCIETY of Pittsburg, Pa, held its regular monthly meeting at the home of Dr. CLARA H. WILLIAMS, Rosedale Place, Verona Road, on Thursday, September 12, 1912, at 5 p. m. The annual corn roast was a special feature of the occasion and was enjoyed by all present.

MARY E. COFFIN, M. D., *Secretary.*

THE HOMŒOPATHIC MEDICAL SOCIETY of the Twenty-third ward of Philadelphia held its regular monthly meeting at the Hotel Phœnix, Willow Grove, Wednesday, August 8, 1912. A very interesting paper on the "Infection in Contagious Diseases" was read by DR. FRANK WATSON. There was a full attendance of members and the meeting was enjoyed by all present.

J. D. BOILEAU, M. D., *Secretary.*

THE OXFORD MEDICAL CLUB held its regular monthly meeting at Myer's, 1620 North Broad street on September 6, 1912, at 9 p. m. A very interesting paper on "Midwifery" was read. The meeting proved a very enjoyable one and was well attended.

C. W. SIMMONS, M. D., *Secretary.*

PERSONALS—DR. W. ALVAH STEWART, of Pittsburg, Pa., was appointed on the Pennsylvania State Board for Medical Education and Licensure in place of Dr. C. P. SEIP, of Pittsburg, Pa., deceased. DR. D. P. MAD-DUX, of Chester, Pa., was, as well, appointed to the board by the gov-ernor.

DR. J. M. KENWORTHY announces the removal of his office to 1825 Chestnut street, Philadelphia.

DR. MUHLY announces the removal of his office to 1508 South Broad street. Philadelphia.

TYPHOID VACCINE, STATISTICS WANTED.

TO THE EDITOR:

(Dear Sir—I will consider it a favor if you can find space to include in the next number of your journal the following letter that will be self-explanatory):

To the Readers of "The Critique":

About six years ago the writer began to use vaccines in the treatment of typhoid fever. Since that time he has thus treated more than one hundred cases and has obtained numerous articles upon the same subject written by physicians in various parts of the world. It seems possible, however, that some may have escaped notice. He also realizes that many of the profession may have treated some cases without reporting them. A paper upon the subject is now in the course of preparation. In this it is earnestly desired to incorporate reports from a large number of cases, good, bad and otherwise. He accordingly makes the following request to the readers of this journal:

Will anyone who has used vaccines in the treatment of typhoid fever, whether but one case or more, kindly communicate to him that fact, accompanied by name and address of the reporter. If the results have already been reported a note of the journal in which they appeared will be sufficient. If they have not been reported a short blank form will be sent to the physician to be filled out. Due credit will be given in the article to each person making a report. If any physician happens to know of any other confreres who have any such cases it will be appreciated if he sends their names, as they may not happen to read this note. It is hoped by this means a sufficient number of cases may be collected to somewhat definitely settle the now mooted question whether vaccines are or are not of benefit in typhoid therapy.

Reports of cases will be accepted at any time in the future, but preferably by November or December of the present year.

Kindly communicate with Dr. W. H. Watters, Director of the Department of Pathology and Bacteriology, Evans Institute for Clinical Research, Boston, Mass.



OLD, BUT OBVIOUS

Denver, Colo., Sept. F, 1912.

DEAR DOCTOR: Regarding the future prosecution of fake medical quacks and advertisers. The office of District Attorney is to be voted for at the primary election, Tuesday, September 10, 1912. Owing to the attitude in the past of some candidates for this important office, the question is: If these certain candidates were elected could and would they act as fair prosecutors in a case between your profession and these quacks and advertisers? As to the newspaper candidates for District Attorney: One of these gentlemen, as a member of the Seventeenth General Assembly, acted as floor leader, championing with vigor and zest certain masseur-medical laws, while the other candidate acted as attorney for these so-called professions. Attacks by both of these gentlemen were directed at what was termed "the medical trust."

You can readily understand that the newspapers want the advertising of the fakers and quacks, as it means thousands of dollars a year. Hence the position of these candidates is plain.

W. E. Foley, one of the candidates, as a member of the Seventeenth General Assembly, actively assisted your medical and legislative committee in all bills that were introduced in the interest and on behalf of the regular physicians and surgeons. Mr. Foley will enforce the law without fear or favor. We ask your consideration of the candidates and their attitude toward your profession. Vote, and have your friends vote,

for the candidate who has shown by his record that he is entitled to the support of all reputable doctors.

Yours very truly,

....

FOLEY CAMPAIGN COMMITTEE,

By J. T. MALEY, *Secretary.*



LECTURE BY DR. H. STRAUSS.

THE CRITIQUE, Denver, Colo.:

Dear Sir—"Professor Dr. H. Strauss of Berlin will lecture at the New York Post-Graduate Medical School and Hospital, Second avenue and Twentieth street, on October 12th, 14th and 15th, on the Diseases of the Stomach and Kidney. Professor Dr. Carl von Noorden, physician in chief to the City Hospital, Frankfort, Germany, will also deliver a series of lectures on the Pathology and Treatment of Diabetes, Radium Therapy and Arteriosclerosis at the same place on October 28th to October 31st, inclusive."

This announcement should be of interest to the profession, and we would be very glad if you could use it in your news column. Arrangements are being made with your advertising department to feature these lectures in the advertisements of the school.

Very truly yours,

ROBERT L. LOUGHRAN.



HAGEE'S CORDIAL.—In children convalescing from acute infectious diseases, whooping cough, bronchitis and similar affections, Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is always indicated; nor is it necessary to dwell upon the fact that in scrofulosis, rickets and other diseases of malnutrition there is nothing better than Cord. Ext. Ol. Morrhuæ Comp. (Hagee), and it has always been relied upon in tuberculosis. On account of its palatability patients will take it in quantities and long enough to secure results.



MOUTH DISINFECTION.—There never was a time when so much thought was devoted to the prevention of disease as now. Modern science has shown that true prophylaxis starts with the individual. It is, accordingly, the age of personal hygiene, not the least important detail of which is mouth disinfection.

Among the latest and most effective measures that have been placed at the service of discriminating people for the proper care of the teeth and mouth, REDOX ALKALINE DENTAL CREAM unquestionably stands first. Evolved from the daily experience of one of the country's leading dentists, it embodies every quality essential to cleansing, whitening and preserving the teeth. It is effectively antiseptic, delightfully refreshing and sufficiently alkaline to counteract that most dangerous of mouth conditions, acid fermentation. It is a remedy, par excellence, for relaxed or diseased conditions of the mouth—Pyorrhœa, Rigg's Disease.

Those who once use REDOX and note its delicious cleansing effect on the teeth and mouth will never care to use anything else. It solves once and for all the personal problem of how to secure clean teeth, aseptic mouth conditions and a sweet, wholesome breath.

For sale at all druggists. Samples on request. Prepared only by THE PURDUE-FREDERICK CO., 298 Broadway, New York, N. Y.

STATE SOCIETY PAPERS

*PSORINUM.

By. C. W. ENOS, M. D.

PSORINUM is closely allied to *sulphur*. The patient dreads to be washed. The skin over the body, especially the face, looks filthy, though it has been well washed. A dingy, dirty, foul look, as if covered with dirt. Skin rough and uneven, cracks easily, bleeding fissures; it becomes rough and scaly. He cannot wash it clean. The skin of the hands is rough, chaps easily, becomes thick and scaly, easily cracks; breaks out in little scaly eruptions; looks unwashed; he always appears to have dirty hands. Many of the complaints of the skin are worse from bathing and from the warmth of the bed. The skin itches when warm; itches when wearing woolens. Itching when warm in bed; he scratches until the part becomes raw, and then it becomes scabby. When healing takes place there is itching and then he has to scratch. Legs and arms raw and scabby from scratching. Violent itching from the warmth of the bed, even without any eruption. The skin is unhealthy, looks dirty, gray, dingy; studded with capillary blood vessels and enlarged veins. This is the state before the eruption appears. Scabs form from scratching and then comes the eruption. Papules, pimples, crusts, boils, vesicles, and eruptions ooze a watery moisture. When the eruption has gone on for some time the crusty formation and vesicles mingle; the skin becomes thickened and indurated, and new crops come out under the old crusts; rawness, itching, tingling, crawling, bleeding.

Eczema of the scalp and face; the crusts cover the whole scalp; the hair falls out; the oozing lifts up the crusts and exposes new vesicles; it looks raw like raw beef, and it tingles so that the child cannot keep its fingers off it; worse at night, worse from the warmth of the bed, worse from warm applications, anything that would keep the air away from it; ameliorated by cool air and worse from covering. This is the very opposite of the general *psorinum* state, which is aggravated from the open air. He wants to get away from the

*Read before Colorado Homeopathic Society, session 1912.

open air. The eruption goes on, spreads, and the true skin becomes elevated, thickened, indurated, with an increased vascularity and redness. The oozing is offensive like carrion or decomposed meat; nauseating, sickening odor from the oozing fluid.

Offensiveness runs through *psorinum* in such a characteristic way that it is worth while mentioning it here; foetid odors, stinking odors, foetid breath; discharges and oozings from the skin smelling like carrion; stool so offensive that the odor permeates the whole house, in diarrhoea, summer complaint, cholera infantum; perspiration foetid; leucorrhoea abominably offensive; eructations taste as if he had eaten hard boiled eggs and they had spoiled, and they smell so to others; stool, flatus, and eructations smell like spoiled eggs; offensive to sight and smell is the subject who needs this medicine.

The skin grows increasingly thick and bleeds, and the eruption spreads to other parts. Eruptions on the lips, on the genitals; very offensive; soreness and rawness about the anus; the vulva ulcerates and is very offensive; ulcers on the legs where the flesh is thin on the tibiae; on the backs of the hands; on the dorsum of the foot; behind the ears and upon the ears; over the scalp; over the cheek bones; on the wings of the nose and on the nose and eyelids. Greasy skin. The eruption is accompanied by redness of the mucous membranes of the nose, mouth, lips and eyes. Eyelids thickened and turned out, like ectropion; granulation and induration of mucous membranes, so that they become like gristle; redness and ulceration. Ulceration of the cornea; lachrymation; turning out of the lids with loss of the eye lashes. He looks frightful with his red eyes, eruption on the face, red skin oozing a thick yellow discharge. In the early stages the oozing is a whitish thin or whitish thick moisture. In old eruptions ulceration takes place beneath the crusts and there is a thick, yellow, purulent discharge. Yellow-green discharge from the eyes and nose. Horribly offensive discharge from the nose; gluey discharge from the nose; offensive like *merc.*, *sil.*, *calc-p.*, *hep.* Accumulation of foetid pus in the eyes.

Coryza with thick, yellow discharge. Always taking cold. In the coryza the nose dries up part of the time and runs part of the time; he must use the handkerchief continually; must blow the nose all the time. In the early stages of the coryza the nose is dry, yet he blows it all the time but

there is no discharge or relief. This state is so marked that some think of it as a continuous hay fever, which runs all the year and ripens up in the fall. It is closely related to hay fever; stuffing up of the nose in the fall; catarrhal state of the eyes and nose. Hay fever is one of the most difficult conditions to fit a remedy to. It belongs to a low constitution which must be built up before the hay fever will cease. It is an expression of psora which comes once a year, and the psoric miasm must be changed. In a few years most subjects can be changed but not in one season, so do not be disappointed. In catarrhal states, hay fever often dates back to low fever improperly treated.

The psorinum patient himself is one of debility. He wants to go home after a short walk. He is worse in the open air. He cannot breathe in the open air; cannot breathe while he is standing up; wants to go home and lie down so that he can breathe. Asthma or cardiac dyspnoea, when the patient wants to go home and lie down so that he can breathe. Usually this condition is relieved by sitting up and from the open air. Not so with *psorinum*, he wants a warm place and to lie down and to be let alone.

Psorinum is slowed down in all of its functions; a state of parietic weakness. He does not rally after a fever; his digestion is slow; the stool is normal yet it requires a great effort to expel it; the bladder is full of urine yet it passes slowly and he feels that some remains; he can never finish stool or urination; he has to go back several times. Although the stool is soft and perfectly normal it cannot be expelled at one sitting.

A *psoric* patient comes down with typhoid; the typhoid has been arrested or has run its course and now it is time for convalescence. The fever has subsided, but the patient has no appetite; he does not convalesce; he wants to lie down and does not desire to be moved; he is worse when sitting up, lies upon his back; he has troublesome breathing and lies with his arms abducted from his side, thrown across the bed; this relieves his breathing and allows the chest to operate properly; so tired and so weak; one dose of *psorinum* will cause a reaction, stop his sweat, increase his appetite, cause better breathing.

The mental symptoms present some strong features. Sadness, hopelessness; he sees no light breaking through the clouds above his head; all is dark about him. He thinks his

business is going to be a failure—that he is going to the poorhouse; that he has sinned away his day of grace. It is a fixed idea during the day and he dreams about it at night. Overwhelming sadness; dejection; he takes no joy in his family; feels that these things are not for him. His business is prosperous, yet he feels as if he were going to the poor house. No joy or realization of benefit. Extremely irritable, wants to be alone. Does not want to be washed. Full of anxiety, even to suicide. Despair of recovery if sick.

Though there is no eruption at night he is driven to despair by the continual itching. If he throws the covers off then he becomes chilly; if he covers up then there is itching. Sensitive to cold yet the skin is worse from heat. Tingling, itching, formication, crawling like ants running over the surface, as of insects in the skin.

Especially suited to broken down individuals, who have vertigo as soon as they go into the open air; become dizzy and want to go home and lie down; afraid they will lose their breath.

Old chronic periodic headaches with hunger, and often the hunger lasts during the whole headache; must get up at night to get something to eat. The headache is sometimes improved by eating. If he goes without a meal he has a headache. Violent rush of blood to the head, hot face, hair wet with the perspiration, hunger. Every one, two or three weeks a recurrent headache. Every time the air blows on his head it slacks up the catarrh and a headache comes on. Either coryza or headache from catching cold. Headache is violent, throbbing, pecking as of little hammers, red face, hot head—congestive; at times sweat. Hungry headache in such as have a dry cough in winter. Dry, teasing, racking cough with no expectoration. If the cough ceases he has a periodic headache. So complaints alternate. Headache goes and cough appears or eruption in winter alternating with headache.

Scalp cold; wears fur cap in summer; worse uncovering the head (*s'l.*), worse from getting the hair cut (*bell., glon., sep.*), *Hepar* is also worse from cold.

Salt rheum, psoriasis in winter. Dry, cold weather, cold wet weather; washing in cold water; dish washing, aggravate the salt rheum. "Hair dry, lusterless, tangles easily, glues together; must comb it continually."

Chronic offensive otorrhoea; thick, purulent, offensive.

yellow discharge from the ears; smells like stinking meat; continuous discharge; eruptions about and behind the ears. Discharge resulting from scarlet fever; abscess in middle ear; otitis media; rupture of drum; prolonged discharge from such an abscess; foetid discharge. "Otorrhoea with headache; thin, ichorous and horribly offensive like spoiled milk; very offensive, purulent; brown, offensive from left ear, for almost four years." Otorrhoea associated with watery, offensive diarrhoea. Scurfs in ears, and humid scurfs behind ears.

Teeth.—Rigg's disease; the teeth become loose; the gums settle away, spongy, bleed easily, humid, blue, the teeth fall out. Ulcers about the tongue and mouth; ulcers as found in infancy; apthae, thrush; ulcerated sore mouth, sore throat, chronic ulcers of throat. Chronic thickening and elongation of the uvula. Enlargement of tonsils, parotids and sub-maxillary glands; they become hard and tender to touch; swelling from taking cold. Glands of the neck sore.

Chronic abdominal affections with disturbances of stool. He will strain to pass a soft stool (*nux mos.*, *alumina*). Chronic diarrhoea; horribly offensive; frequent stool day and night (unlike sulphur, the remedy it most resembles). He must go several times to pass a normal stool.

Chronic vomiting; ulcer of the stomach; distension of stomach are commonly associated. Always sour belching, sour stomach. Vomiting of blood and bloody stools. This is not strange, because *psorinum* has a tendency to hemorrhages, especially from the uterus. All sorts of menstrual disorders, especially from the uterus. All sorts of menstrual disorders, especially a prolonged menstruation. When a woman has passed through an abortion and the placenta has come away, but every few days a little gush of fresh, bright red blood and clots, or going days and weeks with a little oozing of bright red blood; every time she gets up on her feet there is a new start of the flow; no tendency to permanent recovery. Two remedies that fit this state are *sulphur* and *psorinum*. A marked state of relaxation, sub-involution. The uterus does not go back to its normal size and there is a tendency to bleed; a state of inertia.

"Soft stool, passed with difficulty," do not forget this. Obstinate constipation. Haemorrhage from the rectum. Cholera infantum often in the early days the stool is horribly offensive, slimy undigested; there is vomiting and prolonged

weakness and the whole child has an offensive odor; child dirty; nose sunken in (*ant. t.*), sunken countenance. *Psorinum* causes reaction and cures, or brings the child into such a condition that a simple remedy completes the cure. It is not the sourness of *hepar*; in spite of washing, the child smells so sour; like sour milk; the diaper, urine, and faeces and perspiration are sour. This is a strong general feature of *hepar*. The stool smells like spoiled eggs, so also the eructations and flatus. The offensiveness of the stool is horrible, but not so permeating as *bapt.*, which is thick and clay-like, while the *psorinum* stool is watery, brown, gushing and may be bloody. Chronic diarrhoea, early morning, urgent. Hot flatus, burning the anus; smells of spoiled eggs, *arn.* and *staph.* Involuntary stool at night (*china* has a black, profuse, watery stool at night and after meals). "In *psorinum* we find the haste of *sulphur*, the flatulence of *olean*, and *aloe*, and difficulty of expelling a soft stool like *alumina*, *china* and *nux mosch.*

There is prostration in some *psorinum* cases; prostration of the genitals. It is not such an unusual thing in the female to have aversion to sexual intercourse, but man is not often subject to the complaints that cause aversion to coition. Yet we have in man as well as in woman actual aversion or a state of no enjoyment. He can perform the act and he has no difficulty in obtaining an erection, so it is not impotence, but there is no enjoyment. Impotence comes later. "Absence of erections; parts flabby, torpid." "Aversion to coition; impotence; want of emission during coitus." "Prostatic fluid discharged before urinating."

Old gleet, painless discharge; the "last drop;" relaxed and cold genitals; a drop of white or yellow pus after a well selected remedy (*sepiæ*, *sulphur*, *alumina*, *psorinum*). *Psorinum* is indicated above all others if there is an unusually offensive state of genitals. *Thuja*, if the odor is of a nauseating, sweet character; warts exposed by rolling back the foreskin; sweet odor in spite of washing.

But mark the modalities. Aggravation in the open air, aggravation when sitting up, aggravation when sitting at the writing table; wants to rest the chest and breathing apparatus by lying down. Asthmatic dyspnoea ameliorated by lying down, and worse the nearer the arms are brought to the body. Such symptoms are found in very few remedies and in none so marked as in *psorinum*.

Febrile state. Intermittents, bilious fever, fever from a cold. The patient is so hot that the hand under the covers feels as though in a steam bath and the sensation of heat causes one to draw it back. It is not the dry heat of *bella-donna*, yet it is as intense. It is a steam. He is covered with a boiling sweat in fevers. Head and body hot and hot air or steam beneath the covers. (Opium has this, but it is in a violent congestion to the head, an apoplectic condition.) In intermittents he is taken on the street with difficult breathing. He wants to go home; he is exhausted and weak; crawls up stairs on the hands and knees. The chill is not marked, but the heat is intense and the sweat copious. He is almost in a stupor, befogged, bewildered, cannot answer questions; face red, puffed mottled. "Sweat profuse, cold, clammy from least exertion." This is another form which comes on in the weak, broken-down state. After typhoids, he sweats if he turns in bed, after the least exertion, and the sweat is cold. Profuse night sweats. Night sweats of phthisis; when there is that tremendous heat under the covers, a copious hot sweat; mental state as if dazed.

Marasmus; shriveling of the skin; dirty skin; cannot wash it clean. Offensive discharge from the bowels; great emaciation; increased growth of hair on the face, a fuz (*natr. m., psor., sulph., calc.*); horribly offensive in spite of washing; ravenous appetite yet grows thin. Foetid odors would lead one to think of *psorinum*.

721-22 Muck Building, Denver, Colo.



*UTERINE CANCER.

By DR. CLINTON ENOS, GYNECOLOGIST TO CITY AND COUNTY HOSPITAL; SURGEON TO ST. ANTHONY'S HOSPITAL.

THE ONLY EXCUSE for a paper on this subject is the carelessness of the general practitioner. As a rule, he does not appreciate the danger of delay nor the advantage of an early radical operation. I can add nothing new, either in diagnosis or treatment. I can only join those who are clamoring for an earlier diagnosis. Only recently I saw a patient who had been treated for a year for ulceration of the womb by a rather intelligent physician. The disease had advanced to the extent of destroying the bladder and rectal

*Colorado Homeopathic Society. session 1912.

walls, and even then the doctor had some doubt whether or not it was cancer.

We know nothing of the nature of cancer. We do know, however, that in the beginning it is localized. If it could be cut out with as much surrounding tissue as possible and with the lymphatic glands that drain from that area, many of these patients would live for years with no return of the disease. This is not really a cure, but a removal of the disease. The great trouble we have to contend with is, we so often do not see these cases till the disease is far advanced. We do not know just when the cancer cell breaks through its basement membrane and invades new tissue, but when this does take place the chance of a thorough removal is greatly lessened.

The German statistics of cures are far in advance of ours. This is due to the fact that they get a chance to operate on their cases earlier than we do. In 54 per cent of their operations, the symptoms have existed less than three months; while in our best hospitals only 18 per cent come to operation in the first three months. In our country, only one out of four patients with uterine cancer are seen by the surgeon early enough for a radical operation. In other words, where there is a chance of saving one patient, three others have no chance at all. Of those who have a chance to be cured, only 10 to 30 per cent are alive after five years. The operative mortality in the hands of our best surgeons, from five to ten years ago, was something frightful—about 40 to 60 per cent. Lately the percentage has been cut down to something like 10 per cent. Of those who survive the operation some surgeons fix the cures at about 30 to 60 per cent.

You see, at the best, women with uterine cancer have a sorry time of it. Of one hundred such patients, in this country, only twenty-five are seen early enough to have a radical operation. Of these twenty-five, three or four die of the operation. Eight or ten of the remaining have a recurrence of the disease. Then there are left ten or twelve, under the most favorable circumstances and in the hands of the best operators, who are alive after five years, and the chances are that only two or three are absolutely cured. This is a very small showing out of the original one hundred. The chances are that, if every woman was operated on within the first three months after the appearance of the first symptom, about sixty to eighty-five would be alive after five years. With

such a fearful disease and such a frightful mortality as cancer, we, as physicians, must contend. Anything that will tend to reduce the mortality should be grasped at as a drowning swimmer grasps at a straw. *Up to date, only early extensive operation offers any hope.* Cancer research is carried on extensively in this country and abroad. We cannot wait till they find out the cause and cure of this dreaded malady, but as physicians it is our duty to give the best that is known to these almost hopeless women. It is absolutely certain that there is no hope for these uterine cancer cases unless there is a radical operation—the earlier the better. Do not waste time in local treatment in suspicious cases, but make sure of the diagnosis. If it proves to be cancer, and the case is operable, then tell your patient that a radical operation is her only chance to be rid of the disease.

*By the annexed table you can readily see the good results of an early operation and the bad results of a delayed operation.

Cancer of the uterus is, histologically, of two kinds (adopted after Montgomery): squamous-cell or epithelomia, and cylindric-cell or adenocarcinoma. The squamous-cell carcinoma is the most frequent form of the disease and begins in the vaginal portion of the cervix. It begins on either the anterior or posterior lip, or in an old laceration, as small papilla-like nodules which are hard at the base and more or less friable on the surface and which bleed on slightest touch. When these grow they form a cauliflower-like mass which can be easily wiped off down to the cartilagenous-like base. In the second stage these cells disintegrate of themselves and this usually gives us a hint of the first symptom; that is, irregular bleeding aggravated by touch or the marital relation. Examination discloses a partial or total disintegration of the cervix or an irregular, cauliflower, fungating mass which bleeds with the slightest touch and is easily broken down, causing the discharge of granular or brain-like tissue with a yellowish-white, hard base. The third stage is characterized by extensive or complete destruction of the cervix extending to the surrounding tissues. The broad ligaments, bladder ureters and rectum are more or less involved and bound to the uterus in a hard immovable mass. As ulceration extends, fistulous openings are often formed between the bladder and the vagina or the rectum and the vagina.

Adenocarcinoma of the cervix has its origin in cylin-

dric cells covering its mucous membrane. It may begin as a rounded nodule, and involve almost the entire cervix before disintegration follows, or it may develop in the form of tubercles, nodules or papillary growths within the lumen of the cervical canal, which fill up its cavity or extrude from the os. The cervix appears as a hard, firm, waxy mass. As the disease increases, these nodules undergo necrosis, leaving a sloughing, crater-like cavity in place of the canal. The ulceration rapidly penetrates the cervical wall and involves the paracervical connective tissue. The ureter is probably involved in this form of disease more often than the bladder.

Adenocarcinoma of the body of the uterus has its origin in the mucous membrane lining of the cavity and occurs late in life, and is more likely to develop in women who have not given birth to children. In the beginning it is like a polypus, grows to a cauliflower-like mass, and disintegrates, giving rise to increased hemorrhage and offensive discharge. The diagnosis is made sure by dilatation of the cervix and the introduction of the finger, which reveals the cavity filled with a soft, friable, grayish-yellow material, with a more or less hardened, infiltrated base.

The symptoms of cancer of the uterus, unfortunately, are not pathognomonic and may occur late. Hemorrhage is often the earliest and most important symptom. *It may be very slight or appear as profuse or irregular menses.* As the tissues disintegrate, there is a watery discharge of a stale, sweetish odor. Later, the discharge is mixed with blood, and may contain fragments of tissue and may become dark brown, or a black smeary mass. Pain is usually a late symptom and is usually due to the invasion of the paracervical tissue. It increases as the disease extends upward and outward. If a case acts or looks in the least like cancer, excise a piece of the ulcerating surface and submit it to a microscopic examination.

When the diagnosis is assured, a plan of treatment must be adopted. If the bladder or rectum is involved, no radical operation should be undertaken, as local recurrence takes place even after extensive resection of these organs. If the broad ligaments are involved more than three-fourths of an inch from the cervix and the uterus is adherent to the pelvic walls, no radical operation is the rule. If a pretty wide excision of the infiltrated tissues cannot be made, a radical operation is useless. There are many kinds of pallative treat-

ments. When simmered down, the good comes from removing the ulcerating tissue and producing a hard, fibrinous layer around the cancerous tissue, in an attempt to keep the cancer cells from breaking through. Of all local measures, the actual cautery by heat, is the best. It is the easiest regulated and the most effective. Anesthetise the patient and apply the cautery once in two or three weeks or more as the case requires. The patient is relieved of a large amount of toxemia and will feel better in every way. If medical literature is to be believed, some cures take place in these apparently hopeless cases.

When a radical operation can be performed, the method of Wertheim or some modification of it, should be used. There is some discussion whether the pelvic glands should be removed, but almost all of the big operators are agreed that good results of the radical operation come from a wide excision of the parametritic tissue, not from removal of glands. The operation should be performed through the abdomen. All tissue should be removed as close to the pelvic walls as possible. In the paracervical region the ureters should be bared. The dissection should extend down an inch or more on the vagina and it should be severed between right angle clamps placed on it from above. The technique of this operation is quite complicated but not insurmountable.

I have operated on nine cases of uterine cancer by the radical method. Where there was any doubt of the diagnosis a microscopical examination was made. During this time I have probably seen two dozen or more women with uterine cancer too far advanced for the radical operation. Of the nine, two are dead (one from exhaustion in six weeks; the other in eighteen months from return of the disease); two are alive after five years; one after four years; one after two years; two after one year (one of these has a return of the disease); and one after two months.

The operative mortality was a little over 10 per cent; 30 per cent are free of the disease after four years; of the remaining cases we have hope that another 30 per cent is cured. This is about the average for this country. It is not good enough. Of the thirty-five or forty cases I have examined there cannot be more than six cures and maybe not that many. If I had seen all of them in the first three months, there would have been twenty-five or thirty or more alive today instead of six.

When we see these cases early and do not advise the radical operation in the operable cases, we are negligent of our duty and cannot justify ourselves in the light that we now have. Ignorance may cover a multitude of sins, but it does not prolong the life of these cancer cases nor palliate their sufferings.

*Table of Cases Operated On.

<i>Date of Operation.</i>	<i>Age.</i>	<i>Duration of Symptoms.</i>	<i>Result.</i>
July 13, 1907.	42	Less than 3 mos.	Well.
Oct. 19, 1907.	47	Less than 3 mos.	Well.
Aug. 4, 1908.	40	Less than 3 mos.	Well.
Jan. 5, 1909.	60	Three years.	Died in six weeks.
Oct. 3, 1910.	51	Four years.	Died in 18 months.
Nov. 5, 1910.	44	Three to 6 mos.	Well.
May 9, 1911.	65	Four years.	Return of disease.
Nov. 10, 1911.	46	Less than 3 mos.	Well.
July 25, 1912.	30	One year.	Well.

512-14 *Wyoming Building, Denver, Colo.*



*IRITIS.

BY R. C. BOWIE, M. D., FORT MORGAN, COLO.

NOT ALL PRACTITIONERS ARE SPECIALISTS, but in the present day all general practitioners have considerable knowledge of the specialist's work. He, the general practitioner, has studied every part of the human body, and is able to diagnose, if he does not care to treat, a disease in the specialist's field.

One of the diseases which he occasionally meets and must diagnose early, if he would preserve to the patient a good eye, is iritis.

Perhaps he is treating a case of influenza where the eye irritation is great, smarting and burning with great lachrymation, and violent, repeated sneezing does not help matters any. The best applicable internal remedy is given and a soothing eye lotion used, but the local inflammation increases, the ciliary neuralgia and brow pains become almost intolerable and photophobia and lachrymation increase. Now is the time to study the case carefully and to determine the amount of involvement. Soon adhesions will produce a posterior synechia and the drainage system will be interfered with. Many complications follow; this is but one instance.

Iritis may occur in the course of rheumatism, syphilis

*Read before Colorado Homœopathic Society, session 1912.

or inflammation of other parts of the eye (conjunctiva, cornea).

It may follow some severe constitutional disease or local injury and occasionally occurs through sympathy with the other eye. But in any event the trouble must be diagnosed, adhesions prevented and the proper treatment instituted to subdue inflammation.

We proceed by deduction and exclusion.

1st. *Lachrymation*—generally present but not confined to iritis alone.

2nd. *Photophobia*—always present—not an exclusive symptom.

3rd. *Ciliary Neuralgia*—brow pains and headache in the acute form are always present and as a rule the more pain the greater the inflammation; may be absent in the chronic form.

4th. *Conjunctival redness*; not confined to iritis alone, but in rosy zone the parallel lines of dilated blood vessels running out from the cornea are very indicative.

5th. *The small or occluded pupil*, together with the sluggish or immovable iris; giving no response to light or very slow response according to the adhesions.

6th. *The muddy color of the iris itself*; this color may even extend into the anterior chamber.

These are the diagnostic symptoms. There is not much pain on pressure over the eye, although the ciliary neuralgia is so severe.

We now have a clear understanding of the case. Often one treats these cases in the home, and if so they should be confined to bed in an airy room. (It has been found that a patient does better in a light room if the light is excluded from the eye by an eye shade.)

Atropine, one to four per cent, is indicated, dilate and prevent adhesions. If adhesions are great, dilate with care or you may tear the iris. Use a one per cent, repeated often and gradually increase the strength until a full round pupil is formed. The dry throat indicates toleration point. If *atropine* is inimical use homatropine or dubosine. Should bulging of the eye ball and deep boring pains occur, there is danger of glaucoma. *Atropine* must be stopped at once and eserine used and even an iridectomy considered, especially if the attack be due to an old post synechia.

Other local measures are useful. The A. B. C. solution (aqua. borac., cocaine, grs. one half to one) is splendid, as it clears the conjunctiva and relieves pain.

The hot towel three to five minutes at a time twice daily stimulates absorption very much and should be used.

The internal treatment is very important. I once saw a patient in a large institution with iritis in both eyes. The specialist was treating many cases by the routine method. This case did not respond as per rule, and the specialist inquired if "atropine had been used as directed." It had. "Well, then, has he been given the divided doses of mild chloride and salts?" "Yes, sir." "Then repeat, and if conditions grow worse, we have done our best."

He who follows the routine on internal treatment has not done his best. There are remedies which, when given internally, have a peculiar affinity for the eye, just as atropine acts on the pupil to dilate, or eserine to contract, the circular fibres and close the pupil.

The most important of these are aconite, bell., apis mell., bryonia, and merc. cor. Others may be used, of course, but not so frequently.

1. *Aconite* in the early stage when the eye feels hot and dry and the pains are sharp. Especially in iritis due to injury, penetrating wounds from splinters, etc.

2. *Belladonna* a little later than aconite; throbbing pains, angry looking eye, sensitive to touch, etc.

3. *Apis mellifica*, one of the very best in chronic case, or when the eye is swollen about the lids; dryness, stinging pains.

4. *Bryonia*, deep seated pains, eyes feel worse when moving them. To absorb effusion.

5. *Merc. corr.*, one of the best remedies. Pains worse at night, tearing and boring. In one case which I had, the patient complained of the eyes feeling rough and the lids scraping so. I may also say that the patient got so much relief from the merc. corr. powders that she gave no credit to atropine.

To recapitulate: Iritis should be recognized early by the doctor in charge, not wait for the specialist to find adhesions. He should instil atropine or other mydriatic even if he does not intend to treat the case. And last, he should rely on the internal remedy.

*ANTERIOR POLIO-MYELITIS, OR ACUTE INFANTILE
PARALYSIS.

DR. LILLIAN I. POLLOCK.

IN PRESENTING FOR YOUR CONSIDERATION the subject Acute Infantile Paralysis, we claim no originality, nor even practical experience.

The recent epidemic in Los Angeles impels us to believe the subject worthy our careful consideration.

The most prominent authorities agree as to the sudden onset of this infectious disease, the obscurity of its etiology, the unfavorable prognosis as to permanent recovery, and the pitiful results despite the most careful treatment.

It is generally conceded that age, season, and infectious diseases, are the three most important etiological factors; eighty per cent of all cases occurring in children under three years of age, and between the months of June and September, though no age, or race, or season is exempt; males more frequently attacked than females.

In acute motor paralysis of the spinal cord, there are usually no premonitory symptoms; sensory symptoms are also generally absent, though there is sometimes slight fever, with vomiting, and occasionally convulsions. The period of invasion is from a few hours to three or four days. The child may retire at night apparently well, and paralysis intervene before morning. This may be of one, or a group of muscles; one or all of the limbs of the body may be successively involved, but it is said that paralysis of the lower limbs is three times as frequent as of any other part of the body, and that the eye, laryngeal, and respiratory muscles in infants, always escape. In the progress of the disease, tendon reflexes are diminished or absent, muscles become atrophied, development of the bones arrested, and contractures causing marked deformities result.

This disease was recognized and described by Henle as early as 1840; in 1841 eight or ten cases were reported in Louisiana. In 1881, 1885, 1888 and 1890 epidemics occurred in Europe.

The first important epidemic in America occurred in Vermont in 1894 with considerable mortality; children and small animals, such as chickens, sheep, pigs and calves, were attacked.

With increasing frequency we note epidemics as follows: In Norway and Sweden, 1905, 1,500 cases; New York City

*Read before Colorado Homoeopathic Society, session 1912.

and vicinity, 1907, 2,500 cases; Massachusetts, 1908, 136 cases; 1909, 923 cases.

In 1909 the disease was transmitted to monkeys by inoculation with material from the spinal cord of a child who had died of the disease.

In the recent epidemic in California, we are indebted to the Los Angeles Board of Health for the following tabulated statement:

"Record of cases and deaths, week ending June 15, 1912: 1 case, 1 death; June 22: 7 cases, 1 death; June 29: 11 cases, 2 deaths; July 6: 34 cases, 6 deaths; July 13, 25 cases, 5 deaths; July 20: 29 cases, 3 deaths; July 27: 41 cases, 8 deaths; August 3: 29 cases, 6 deaths; August 10: 27 cases, 9 deaths; August 17: 21 cases, 2 deaths. Total: 226 cases, 43 deaths. (Later.) To September 3, 241 cases and 47 deaths.

"Record by Ages—Under one year, 21 cases, 6 deaths; 1 to 2, 47 cases, 7 deaths; 2 to 3, 46 cases, 6 deaths; 3 to 4, 26 cases, 4 deaths; 4 to 5, 20 cases, 3 deaths; 5 to 10, 32 cases, 7 deaths; 10 to 15, 13 cases, 4 deaths; 15 to 20, 5 cases, 1 death; 20 to 25, 1 case; 25 to 30, 1 case; 30 to 35, 1 case; 35 to 40, 1 case; 40 to 45, 1 case; 45 to 50, 1 case; age not recorded, 9 cases.

"Record by Sex—Cases, male, 122; female, 99; not recorded, 4; deaths, male, 28; female, 15.

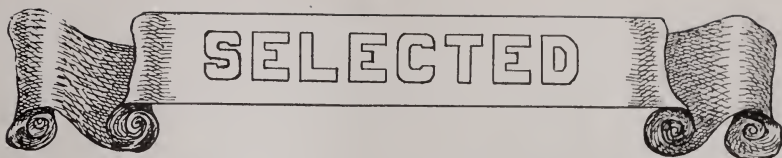
"Quarantine as in diphtheria, without guards, was instituted with the first case, but since August 6th strict isolation with guards day and night, as in small pox, has been maintained."

A municipal hospital was opened August 12th, and on August 17th four cases had been received. Patients are recommended for admission for protection of other members of the family or neighboring families when strict isolation is difficult.

Urotropin was the remedy used in treatment, and as preventative.

"Rule excluding children under 15 years of age from public gatherings was suspended, effective September 2, 1912."

In the treatment of this dread disease, numerous authorities recommend, in addition to the indicated treatment, massage, oil baths, application of heat, because of the abnormal temperature of the parts affected, gentle exercise, and last, but not least, electricity, as the approved methods of treatment, and these long continued; one authority states that he would not undertake a case of this kind unless assured that he could treat it for at least five years. This is a frank admission of the hopelessness of treatment as a cure for this most terrible affliction of infancy.



POLIOMYELITIS—INFANTILE PARALYSIS.

By W. J. HAWKES, M. D., LOS ANGELES.

EDITORIAL NOTE:—*The following paper by the President of the California Homoeopathic Society will be of much interest to homoeopaths throughout the land, if for no other reason than it shows how a conscientious member of this school of medicine has not only successfully but fearlessly followed the teachings of Similia in the treatment of this treacherous disease. During the past six months Los Angeles has passed through one of the most serious epidemics of poliomyelitis (infantile paralysis) that has inflicted any locality in the United States. THE CRITIQUE has been anxious to know with what success this disease has been treated HOMOEOPATHICALLY, and we are more than well pleased with results as recorded by DR. HAWKES. The article is well worth perusing and preserving; it was published in September issue of THE PACIFIC COAST JOURNAL OF HOMOEOPATHY and is reproduced herewith in full.*

IT IS SAFE TO SAY that nothing is positively and unquestionably known as to the cause of the disease nor whether or not it is contagious; nor, if contagious, how the contagion is transmitted. There are many opinions and expressions of belief on these questions, but nothing proven or convincing.

What little experience I have had with it and what I have read and heard, incline me to the belief that the disease is not contagious in the ordinary sense of the term, but is atmospheric, like la grippe; that it is endemic rather than epidemic.

It is known that cases of the disease have occurred simultaneously in various and widely separated sections of the city, where there was no evidence of contact with other cases. I have made as careful inquiry as circumstances would permit as to whether or not cases had occurred in other families where physicians were attending other patients while visiting cases of paralysis,—but have not learned of any such coincidences.

During my four weeks' attendance upon one typical case

and two atypical, or so-called abortive cases, I have been visiting in several families where there were children; but in no instance has a case of the disease developed in any of my families. This would go to prove that it is not carried by a third person.

In the family of the typical case I am treating is a boy two years younger than the patient. He was in continuous contact with her in a small bungalow during forty-eight hours of the most active stage of the attack, but he has thus far shown no sign of taking the disease. Two other children who were playing with her all of the day before she was taken sick have also shown no such signs; nor have any of the other children in the immediate neighborhood.

I know of several instances where physicians are giving drugs as prophylactics. Druggists are advertising preventive nostrums. How absurd is such a procedure when the cause of the affliction is confessedly absolutely unknown!

The only effective prophylactic is good health, and good health is best established and maintained by good hygienic management plus the medicinal remedy indicated by such symptoms of departure from health as the individual subject may present. Health of the individual is the best preventive, and is the best germicide.

In view of the acknowledged fact that the cause of the disease is unknown and, also, its mode of travel, the order or recommendation that the public parks and play-grounds be closed against the children seems to me unwise, to put it mildly. There are no sick children in the play-grounds, and playing in the open air is one of the best means of keeping up the standard of health and consequent natural resisting powers of the children.

Shutting them up in the house and frightening them are surely more likely to furnish predisposition rather than prevention. That the children are frightened I have had sufficient evidence, and it will not be denied that fear predisposes to disease.

I know of no disease which so clearly and forcibly establishes and upholds one of the most notable advantages of our system of practice as does infantile paralysis, viz.—that we need not wait for diagnosis nor precedent before beginning treatment. I know of no other disease that is ushered in with such variety of symptoms. No two cases are alike. But we are not in the least handicapped thereby. It matters not to us that we have not heretofore seen a case, no more

than it mattered to Hahnemann when he prescribed for his first case of cholera.

In each of the cases I have seen the remedy was peculiarly well indicated, and the improvement that followed its administration was prompt and unmistakable.

Of what use could I have been to my patient if I had to be governed in my treatment by precedent or the clinical history of poliomyelitis? By no other method than the application of the science of therapeutics as exemplified in Homœopathy could I have hopefully and conscientiously undertaken the cure or relief of those sick of a disease absolutely theretofore unknown to me.

Furthermore I believe that this lack of knowledge of the disease as such, instead of being a stumbling block as it is to those who depend upon precedent and clinical history and diagnosis, was a real aid to me in treatment; because it left me free from the prejudice of the name of the ailment and "group of remedies" therefor, and allowed me to follow without bias the only true practice of the science of therapeutics—that is, prescribing for each patient according to *that patient's* peculiar evidence of departure from good health.

Following is the history of the typical case I have treated:

Girl, age four and one-half years. Saw her first on the afternoon of July 22nd. An old school physician of the neighborhood had been called in, as the home was ten miles distant.

I found her with the lower limbs completely paralyzed. Temperature 102°, and pulse 165. She was disinclined to talk and was rather irritable. Although so feverish, she was weak and very restless, with much thirst. She wanted water very often, but took but a small quantity at a time. I was not then sure, nor am I yet, whether this peculiar thirst was because of inability to swallow from partial paralysis of muscles of deglutition, or because of an arsenicum condition of the patient's stomach and nervous system; but am strongly inclined to the latter explanation, because the other symptoms corresponded, and improvement promptly followed administration of that remedy. She was so much tanned by the sun, one could not know whether she was pale or flushed. She complained greatly of pain in occipital region and nape of neck. She could not turn her head unless the whole body was turned. There was a sort of nervous, jerky, apprehensive look in the eyes.

There was lack of appetite and a heavily coated tongue. She complained of pain in her legs, and that "her stomach hurt." I have found it wise to ask children to place the end of their finger on the spot when they tell me that they have "the stomach ache." This is a safe procedure with adults as well. They often have a very vague notion as to the location of the stomach! In the case of my little patient she placed her finger on the umbilicus, and repeatedly told me that was where the pain was. A two-inch circle covered the seat of pain. Pressure within the circle would cause cries and tears but would be unnoticed elsewhere on the abdomen.

I learned that she had been in her usual good health until the morning of the 20th, which was Saturday. The day before she had played unusually hard with a boy visitor in the hot sun and was very tired when she ate her supper and went to bed.

I prescribed arsenicum because of the weakness, restlessness, apprehensive look, and the peculiar thirst.

Next morning, the 23rd, the temperature was unchanged, but pulse reduced to 140. She was not so restless.

She complained so much of pain in back of head and neck, the head having a tendency toward being drawn backward, that I prescribed gelsemium, even though the arsenicum had unquestionably caused improvement.

Next morning, the 24th, the temperature was a fraction below 100° , and pulse 130, and the report was a much better night generally. Pain and stiffness of neck was much less, and her facial expression was practically normal. At the beginning of the illness pricking the skin or tickling soles of feet were unnoticed by the patient, although her mother remarked that when well she was very "ticklish" on soles. Natural sensitiveness had now returned, so that she complained when tickled or pricked.

I learned that urine had not passed during the past twenty-four hours. Nor was there any inclination to urinate, nor discomfort. I was in doubt as to whether the cause was suppression or retention; but, considering the paralysis elsewhere, I concluded the trouble was retention caused by paralysis of bladder, and used a catheter, and obtained a pint of urine, which showed no indications of anything unusual. To be sure there was a flaky, white sediment, which might be expected under the circumstances.

A similar condition seemed to obtain with the bowels,

which had not operated for three days, although the appetite had returned and was good. Three enemas were required before a free movement was obtained.

Did not change medicine.

On the morning of the 25th, temperature was normal and pulse 120. Patient had a restless night, crying and complaining bitterly of pains in her legs, especially the left. Her mother said she had been obliged to turn her over in bed every ten minutes during the night.

Prescribed *rhus tox* because of the pains in legs, great restlessness and nightly aggravation, and pain being worse from lying on it, and at night.

Found the patient very much improved next morning, she having had a good night, sleeping well, and suffering but little pain.

From that time until August 10th she has steadily improved, eats well, sleeps well, and can move upper part of body without help or pain, with absolutely no sign of ill health excepting the paralysis of legs, and pain in both legs under the knees and middle of thigh, and pain in left hip. All worse on motion or pressure, left leg worse than right.

By attracting her attention elsewhere, I can flex both legs completely, and extend right leg fully, and left one partially. Sensation has returned to soles of feet so as to be almost normal. She passes urine normally. Bowels also moving normally.

The remedies have been: first day, arsenic; second day, gelsemium; third day, *apis mel.* because of my erroneously supposing that because no urine passed in twenty-four hours there was suppression, when retention was the trouble, and *rhus tox*, which latter she is under the influence of at present.

Following each remedy, excepting *apis*, the symptoms guiding its selection were promptly bettered.

Apis failed because it was not indicated. It was prescribed on a supposed pathological condition based upon erroneous diagnosis; a not infrequent blunder!

There is some excuse for such mistakes when prescribing for children who cannot give us the subjective symptoms; and for "smart Alecks," who won't.

A word about quarantine. One morning when I called on this patient I found a man lying on the grass in front of the house. On inquiry I learned that he was placed there by the Health Authorities, and that he remained there from 7 a. m. until 7 p. m., when he was relieved by another who re-

mained from 7 p. m. until 7 a. m. Their duty was to prevent ingress or egress of any one. The father of the patient was banished and forbidden to return to his home. Being the breadwinner he chose banishment rather than idleness at home—he could not go and come!

Nor can the mother, who is there all alone with her helpless child, leave the house. She is not allowed to leave the house. But the doctor comes and goes at will, and visits other families and mingles with the community at large.

Whether or not the disease is contagious in the acute stage, it surely is not so after all evidences of illness, except paralysis of the legs, are absent. My patient is perfectly well—exceptionally well—in every other respect. How can paralyzed legs give off contagion? It seems to me perfectly absurd to so rigidly quarantine the home.

I was informed that each of the watchmen received \$3.00 per day. I also understood that there are about 200 cases of the disease in the city, and that every case has its double guard. This means that \$1,200 per day is being paid out of the people's money for that which is, judging from my case, unnecessary.

I believe in and realize the necessity and wisdom of the strictest quarantine against all contagious diseases; also I believe in the same against unknown diseases the contagiousness of which is unknown, but which are probably or possibly contagious. But I also believe in the exercise of reason and common sense in the application of quarantine. In the case I have described I am convinced that quarantine at the present time, and for a week past, is absolutely unnecessary, and is a hardship upon the family and an unwarranted waste of money.

The two cases which might be called "abortive" were brothers aged 2 and 4 respectively. They are cousins of the case described. They resided four miles from the other and they had not been together. They were taken suddenly and violently with temperatures of 104° and corresponding pulse. The suddenness and violence of the attacks were to me altogether new and inexplicable. The first taken ill June 20th, and was sick only two days; the second was taken ill on June 23rd, and was ill only three days. The symptoms of both were alike, and similar to those of the typical case. I was called immediately, and improvement following the administration of aconite and arsenicum in one case, and aconite and gelsemium in the other, was remarkable. Neither has shown

any symptoms of paralysis nor any other sequelæ. There was absolutely no known cause for these attacks.



A FATAL LESSON.

EDITORIAL NOTE:—*The following from the HOMŒOPATHIC WORLD, of London, England, merely goes to show how completely old school men have dominated the hotel business of foreign countries as well as America. The "house" physician in America has become a nuisance to the average traveler, and more especially so to that class having a decided preference for homœopathic treatment. How many hotels in Denver have a list even of homœopaths or would "refer" to one in case a call were made for such? Please do not all speak at once. It is high time the profession hereabouts made some inquiries as to their standing in this particular quarter.*

The International Directory.

WHILST LOOKING THROUGH various books to-day for a certain object, I came across a few lines which I ask you to consider.

"The International Homœopathic Directory. An Object lesson!" (page 340, "HOMŒOPATHIC WORLD," August, 1898).

"This volume has been prepared fully up to-date by leading Homœopathists in each country named, and should be in the hands of all Homœopathists, particularly those going abroad or sending patients abroad, for they may need medical attention, and should know to whom to go for proper care."

"The death from Typhoid in Italy last year of our lamented friend, Dr. Dunn, of Chicago, is a case in point, he having died under Allopathic care at Naples, not knowing that there was a Homœopathist in the city."

The above is a quotation from the Minneapolis *Homœopathic Magazine*, which is of vital interest.

Turning to the "Introduction" of the current issue of this International Directory, and also to page 108, you will see the necessity of knowing "who is who," and more particularly where "these" are to be found. On page 108, is found Naples—where Dr. Dunn actually died—and Professor

Cigliano, of Naples, writes thus: "Foreigners are warned that, often they consult Allopathic doctors presented to them (by the hotel staffs) as Homoeopaths."

Having traveled much on the Continent—where thousands of our colleagues and patrons go every year, I am sure of the *necessity* of this guide. Besides, the Directory encircles the world.

It is certain that this International Homoeopathic Directory will not be again got out by individuals, and having gone through the "rocket" of foreign correspondence, I know it will take all the spare day hours and hours stolen from midnight of anyone's time, to renew this work in years to come.

Therefore, I suggest that the profession consider the question of the value of this International Record and Directory in the light of an office desk necessity, and I also ask editors kindly to scan their complimentary copies (I think all editors have been sent a copy each), and see whether there are not grounds for an extended use of this work.

Last year I scanned a Paris colleague's directory, which he was showing me. It was fourteen years old—and I pointed out to him, the name after name, whose owners were dead! alas! and address after address—all wrong. Is this as it should be? In the states (U. S. A.) the Homoeopaths are always classed as book-buyers, that is wide-awake.

The limited number printed will in a year or so be out of stock, and then it will be too late to procure a copy—for the sales are proceeding through round about trade channels.

Consider how Dr. Dunn died!—not knowing of a Homoeopathic doctor in Naples. The Directory shows fifteen Homoeopathic doctors in Naples; three surgeons who are favorable to Homoeopaths—besides a list of Homoeopathic-Dentists, and Nurses. Also the names and addresses of five exclusive Homoeopathic Pharmacies. When a man is very ill he cannot himself decide, and ends by taking anyone suggested by the hotel staff—and—well—Dr. Dunn died.

Colleague, "it is up to you" to safeguard and safeguard your patients, because you cannot pretend to prescribe for typhoid or other acute diseases when your patient is "doing Europe," however well you may have prescribed and provided that weekly dose.

Yours sincerely,

E. PETRIE HOYLE, M. D. (U. S. A.)

London, Feb. 4, 1912.—*Homocopathic World*.



MATERIA MEDICA.

By J. HENRY ALLEN, M. D.

Digitalis.

DIGITALIS is a great disturber of the life force, especially of the vaso-motor centers. It is said to center its forces upon the pneumogastric nerves, which is the nerve brake or rim of the organism. The function of these centers and nerves of the pneumogastric may be disturbed from any cause whatever. Digitalis is a bit too slow on the motion of the heart, or to modify and regulate rather than cure. It is a bad brake, a poor regulator if used in the tincture or fluid extract, which is so much abused by the old school, but when used in the potency and applied according to the law of similia, it proves itself to be often a great friend to the physician and suffering one.

In crude or poisonous doses it produces distressing nausea and vomiting with great faintness and a sinking sensation at the stomach. The pulse is irregular, erratic and intermittent—often the intermission occurs at the third or fourth beat; sometimes it is the third and seventh beat of the heart. The intermission is well marked, a complete pause. There is a tremor or quiver in the sphygmographic line or reading peculiar to itself. It often slows the heart action down to sixty beats per minute, similar to tobacco. In Bright's disease it is often followed well by *strophantus* or *grindelia*.

The patient is often melancholic, growing peevish and constantly troubled with fear of death. His fear is increased by motion. The sensation is as if the heart would stop beating if he moved. Many times the patient suffers with loss of voice—cannot speak above a whisper—great weakness of the chest, and fainting sensation at the pit of the stomach as if he were dying. This may be accompanied with cold sweat on the forehead; the face pale and death-like, lips blue, respiration labored and difficult, sudden flashes of heat followed with great weakness at the climatics; worse least motion, yet they often fear the heart will cease beating if they do not move.

It becomes a great palliative in heart troubles and drop-

sical conditions that arise in the last stages of endocarditis or Bright's disease of the kidneys; especially is this so of the *digatalin* form of this remedy. Often you can watch the action of the heart growing rapidly worse in children, by the deep purplish or blue lips, or the veins showing dark through the skin. The urine may be suppressed or very scanty. An increase in the flow within forty-eight hours is a good omen, when administering this remedy especially, yet the same thing may be said of any remedy.

This remedy has many liver symptoms worthy of study. The liver is enlarged and sore. In catarrh of the bile ducts it may often be called for, especially if the heart symptoms characteristic of this remedy are present. Slow pulse, a dirty-yellow coated tongue, marked jaundice and urine very turbid (*myrica*).

The face often reflects the heart's action very clearly. It is blue, cyanotic, puffed or it is pale and death-like, with blue lips and blue circles about the eyes. The tongue is usually clean and dry, not infrequently of a bluish tint. The stool may be greyish in color, if not chalk-like. This may be present in both constipation or diarrhoea or in liver complaints. Urination slow and difficult even to urging, with a feeling of fullness in the region of the bladder. It may be profuse or very scanty; it may be clear or copious, thick, turbid, brown or yellowish, or even black.

In uraemic poisoning it may be often called for. The cough is deep, hollow and often spasmodic, due frequently to heart irritation—the blueness of the face or the cyanosis making their appearance during or after a severe coughing spell. The expectoration is often like boiled starch; cough worse when talking, walking, motion, eating or drinking. Taste of expectoration often sweetish.

It is frequently called for in sudden attacks of asthma in the night, when the patient has to be propped up in bed and is afraid to move; breathing labored, with slow intermittent pulse and cold sweat on the forehead, much pain and anguish about the heart.

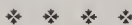
Skin Symptoms—Surface of the skin cold, yellowish or dark blue, cyanotic. Corrosive itching in the skin in jaundiced in post-scarlatinal dropsy and rheumatic heart troubles.

General Aggravations—Motion, lying down, warm room. Better in a recumbent position, quiet and rest, dice. Lips, tongue, eyelids and nails very blue, and it may be

ASSOCIATE EDITOR'S CORNER

RHEUMATIC PURPURA.

DR. S. D. SAUER, OGILVIE, MINN., in the *Medical Century* of September, writes of a new school—"Definite medication and its thoroughness." A careful reading of this brief paper fails on the lines and interspaces to reveal either definiteness or thoroughness. It may be that our conception of thoroughness and definiteness is vague. It may be that Dr. Sauer's conception is wholly different from the ordinary mortal. The cases cited in proof of thoroughness and definiteness are too vague and indefinite for serious thought. Among the several cases mentioned is: "Mr. L. W. had rheumatic purpura; gave him lachesis, 6-x, 3 tablets, 3 times a day. It done the work." It may have "done" the work, it may have undone the patient. Are we to infer that lachesis, 6-x, is the specific in all rheumatic purpura? What were the symptoms? Or was it given on the simple pathology present? What is rheumatic purpura, and how may one differentiate this from other purpura where lachesis may also be indicated? Other cases were as vague as this. Doctor, give us something more rational.



"The Usual Symptoms,"

THERE IS THE WEAKNESS. Recently an old school physician, long years in practice, consulted me about a severe case of septicaemia which he was treating. I asked, "What are the symptoms?" He replied, "The usual symptoms." When asked as to his treatment he answered, "There is only one thing to do in such cases—curette the sores and give a tonic of iron and quinine."

That seems scientific. It may appear rational, but is it? Are the "usual symptoms," the particular, the peculiar and the rare symptoms that characterize each patient? Not by any means. Nor is curettement and the administration of iron and quinine the method of treatment for each individual case. The whole procedure is so palpably unscientific and puerile that it scarcely merits even a moment's consideration. Yet, if such a case is reported to a society of physicians, and the report concluded with an undertaker's certificate of burial, there is much rejoicing at the accurate diagnosis of the case,

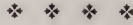
and its scientific treatment. Great is the treatment of science! Don't mistake the *usual* symptoms!

Some poor homoeopath, having seen a similar case, and on examination found the usual symptoms, and in addition found also that the patient was very restless, had a ceaseless desire to change from one room to another, from chair to bed and bed to chair; had a vehement thirst, but drank only a very small quantity of water at a time, and that very frequently; the tongue dry as parchment; face pale or ashen and sores threatening to become gangrenous; gave *arsenicum* and cured the patient he would be branded as unscientific. Some would cry, "he is not a diagnostician!" "He is unskilled in the use of antiseptics!" "He cannot discern the difference between a surgical case and a medical case, because he employed no surgical measures other than cleanliness!" Many other complimentary remarks would be hurled at his unscientific head with the fond hope that it might be crushed. But think a moment before deciding. You say, "Some one is a fool in this case." I agree with you. I would agree with you if you said this about many other similar cases—not hypothetical, but real.

Let us see who is wrong. Is it the man who saw the "usual symptoms" only, employed the *usual* treatment only because it is dubbed scientific, and let his patient die? Or is it the man who saw beneath the usual symptoms, the peculiar, the particular, the rare symptoms and conditions of the patient, selected and prescribed his remedy according to the unerring law of *similars* and saved his patient? What do you say? Away down deep in your honest hearts, who is right? If you were the patient with death staring you in the face under the fancied *nom de plume* of scientific treatment on the one hand, or life and health, your possible, your probable portion under the despised treatment according to the law of similars, on the other hand, which would you prefer? If you still are the victims and hold that some one treating such conditions is a fool, who is the guilty party?

Now, my brother, this is a very mild way of comparing some things which occur daily, and we step right out and ask which is the better. Very well! I agree with you. Are you doing the right thing in medicine? Are you practicing according to the only known law of healing? Don't know it? Shame on you. Go back to school and study until you know if it takes you ten years. If you don't know then, never again assume the responsibility of a human life until you

know how to care for that life and preserve it when it is sick.



"Senecio Aureus."

THIS IS THE SUBJECT of a paper read before the Colorado Homoeopathic Society, at its 1912 Session, by Dr. C. W. Enos. The preparation, medical history and some other phases of the remedy, as given by Dr. Enos, are very good, but we cannot refrain from asking questions on clinical reports. Imperfect reports lead to imperfect conclusions. Imperfection or error in recording a case for diagnosis or prescription, very naturally leads one to question the diagnosis and therapeutics.

It is with case No. 1, as reported, that prompts this brief homily. You will observe, in this case, that the doctor based his prescription of apis, 2-x, almost wholly on the pathology of his patient. He mentions but two symptoms, "considerable pain in the lumbar region and in the ovaries" and "a sense of weight in the pelvis, which may have been due to peritoneal effusion." Where is apis indicated in the meager array of pathology and symptoms as here given? Where are the modalities, the peculiar, the particular pains or aches, and the particular features of pathology that would lead any one, acquainted with the materia medica to think of apis? We have no quarrel with the doctor; we are asking for manly, accurate and reliable features in all cases reported to state or other societies. You will see, at a glance, the unnecessary mistake made in selecting the remedy chosen, on the basis given. It is really inexcusable and forces the patient to lose some very valuable time. In the meantime the doctor suffers from a sort of psychological prostration from seeing his error and not understanding its cause.

Failing to obtain a diuresis in one week,—a long time to wait for a forced physiological process,—the doctor gives "apocynum cannabinum, 1-10" for one week, but says nothing about the frequency of the dose, nor the age of the remedy used, but in a week's time gives it up as a bad job. Here are two weeks of precious time wasted in experimenting, for the good doctor gives no true and tried reasons why he gave apis or apocynum. Of what value is such a report? Did the society accept it without any question? Does not the doctor show a superficiality in reporting his case, so common in societies today? This will never do! Think a moment. There has been no change, whatever, in the symptoms and condi-

tions, which led the doctor to give apis. There were no changes from the conditions and symptoms which led him to give apocynum, nor is there any record of changes produced in one week by one remedy except "relief of ovarian pains" with apis.

Since this is true, permit me to ask, "What was the doctor prescribing for when he gave apis and apocynum? the patient or the pathology? If for the patient, why does he not record some predications of this patient's feelings? If for pathology, why not more definiteness in describing the pathology? The doctor gives senecio on the same basis he prescribed apis and apocynum, and after the use of the latter remedy for two days, in 10-drop doses of 1-10, "the urinary secretion was up to its normal amount, and the oedema, ascites and lumbar pains diminished rapidly." Was it really the effects of senecio, or could this slight and partial amelioration have been due to the apocynum given the week previous?

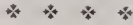
In concluding his report of the case the doctor introduces another element of therapeutics which compels us to knit our brow when he says, "the peritoneal effusion did not altogether disappear, nor did arsenicum remove it completely." Why did not the remedy if indicated, remove the peritoneal effusion? and why accuse faithful old arsenicum of impotency in this connection? Was arsenicum indicated, and if so, where are the indications? Is it not possible that arsenicum, seeing the confusion caused by the unfortunate selections of the previous remedies, simply become balky and refused to work?

Let us be merciful; I shall not say a word about cases 1, 2, 3, 4, 5 and 6, though my disposition inclines that way.

In conclusion the doctor did "proceed to give the suggestions, clinical experiences, etc., of the eclectic and allopathic schools and then that of our own school." Yes, the eclectic and allopathic schools are quoted, but what of our own school? Judging from the above, *which is our own school?* Did I see one word taken from a homoeopathic proving or clinical experience in the hands of a homoeopath? I hope my vision has not deceived me, but I have failed, utterly failed, to see anything of importance deduced from provings and experience in our own school. And all this in broad daylight and open session of a State Homoeopathic Society! Didn't this "get somebody's goat?"

Come, brethren! This is only a beginning. I hope I shall not be compelled to take you across my knee very often; but we cannot tolerate such reports in silence. The doctor is

not the only transgressor; he has but done what is so generally done in societies, and we are in the habit of saying "amen!" and forgetting it. Don't do it. Be exact; *be clear*. Give us something of value. Don't carry water on both shoulders and spill it all over the street. Heaven knows they are already too slippery.



The Totality of Symptoms.

THIS SUBJECT has been worn almost threadbare by pen and tongue, and yet is not understood by many. Some persist in prescribing for the name of the disease regardless of the manner, in which the disease expresses itself. Others persist in prescribing purely on a keynote system, and, though they may remove the particular symptom that led to the selection of a remedy, their patients are generally no better. Some are so unscientifically foolish as to prescribe three or more remedies at once, hoping faintly thereby that some good may result. Neither is rational; neither method is scientific; it is puerile; it lacks judgment; it is wanting in the most rudimentary elements of science.

Let us take, for example, the frequently seen condition of incomplete (unsatisfactory) urination. O, yes; give a diuretic. On what basis? Very well, what shall I give? Squilla, juniper or digitalis? Suppose these, all of them, are counter indicated; will you increase the dose or look for another remedy? If they are diuretics and you simply want to promote diuresis in this peculiar condition why look for another remedy? Would it not be more effective to give the three remedies at once? Three are stronger than one. Do you see where this process of reasoning would lead us? Practically into the grossest infidelity.

Now, there are twenty-nine remedies indicated in this affliction, and each one has its own sphere of action, and each one is well proven. Of the twenty-nine, five play a leading role in diseases of the bladder. These are *clem.*, *hep.*, *lach.*, *mag-m.*, and *sil.*

How will I find their totality? Remember first of all, that each individual suffering from incomplete or unsatisfactory urination has his own particular cause and symptoms, and remedies must be selected which cover causes and symptoms. *Clematis* is characterized by biting pain or tickling in the orifice of urethra *before* urinating. It has biting and burning in urethra, stirring and turning in orifice; drawing in spermatic cord; stitches extending from abdominal cavity

to chest with a general feeling of heat *during* urination. It has burning in urethra, tickling, itching and stinging in the orifice *after* urination. Here you have the symptoms before, during and after urination as proven by this remedy. If you are a careful painstaking prescriber, you will continue your searchings, and, under this remedy will possibly find: swelling, induration and pains in the inguinal glands; or, the flow of urine is interrupted, stops and starts, or involuntary dribbling of urine; or, perchance, itching eruptions which are moist during the increase of the moon and pale and dry during its decrease. Aha! a case of gonorrhœa! Yes, but all cases of gonorrhœa do not have such symptoms, and therefore, this is not a specific for all sycotic infections. You are not yet prepared to prescribe accurately, for you must also know what the patient predicates of himself. He will not say so always, but you will observe that he is morose and disinclined to meet anyone, even his friends; he is inclined to great debility, twitching of the muscles, aggravated by touch, and generally by motion; symptoms worse from 3 to 5 p. m. and at night; weakness after eating, worse in cold air, cold weather and from heat of bed. You have here your particulars and your generals which constitute a totality and gives you an unquestionable basis for the administration of a curative remedy.

Too difficult? No, no, nothing should be too difficult when dealing with life and health. But why not give hepar or some other remedy to this patient? Simply because they are not indicated, and when not indicated they are not curative, and if not curative why give them?

Study hepar for a moment and notice the difference. In individuals who need hepar, there are no special symptoms before urinating. During urination, however, the urine drops vertically and the patient must wait a long time before the urine flows. This points to a weakness of the bladder. There is an impediment, the patient must wait quite a few moments, then the urine flows slowly. Not only this, he seems unable to finish, for some urine remains in the bladder, or seems to remain there, and gives a sort of "never-get-done" feeling. This is not true in clematis. Then notice this peculiar sensation, "*as if something were creeping or running over the right shoulder during urination.*" With this there may be burning in the urethra during micturition; redness and inflammation of the meatus urinaris; the last drops of urine may be bloody or milky with a white sediment, or the urine

may be clear when passing, but on standing becomes thick and turbid with white sediment. This shows a local field of action altogether different from clematis. Psoric? Sycotic? Yes, it may be either; it may be syphilitic or the result of taking too much mercurius. The real base of the trouble is psoric on which there may be grafted one of the other miasms. But what of the patient? He is very sensitive to the *open* air if it is cold. He chills easily, and when *chilled* is also *nausicated*; he complains of weakness in the morning on waking, and this weakness is accompanied with palpitation; weakness in the morning while still in bed with uneasiness of the legs and stoppage of the nose; weakness in the morning with heaviness of the body; he is nervous, irritable, every physical or mental exertion causes a kind of internal tremor; he is sad, sensitive, easily frightened; overtaken with fright or fear on going to sleep; his memory is weak when he is peevish and grows stronger when he feels better. In brief, extreme sensitiveness to draughts of air; easy perspiration, profuse secretions and suppurative tendencies are the leading features of the man who needs hepar. These symptoms are not found, in the same degree in any of the twenty-nine remedies indicated in unsatisfactory urination, as are here found in hepar: then why give any other remedy but hepar? Thus we might write pages showing the difference in the use and operation of these various remedies in this one condition or disease, when we consider the totality of symptoms.

The meagre results often produced by the administration of a remedy is because the remedy does not fit the case; it may fit a symptom or may fit, apparently, a particular organ, but if it does not fit the entire organism it is not the remedy needed to cure.

Your coat may fit one arm or both arms, or it may fit across the shoulders and around the collar, but if it doesn't fit the entire body it was intended to clothe would you wear it? Suppose the collar did fit but one sleeve was too short, the other too long; heavy material on one side, light weight on the other and the colors out of harmony, would you wear it or pay your tailor for making it? Yet many prescriptions are just as fitting to the individual and his disorder as the most ill-fitting coat could be.

It was my purpose to analyze the five remedies mentioned, but you have not assimilated the two I have analyzed—I beg your pardon: I meant to say you have not the time in your busy practice to study these things carefully, and I will reserve further analysis for some future hour's study.

THE CRITIQUE regrets to announce the death of DR. WILLIAM F. BURG, which occurred at the Park Avenue Hospital, Denver, Thursday, October 10, 1912.

DR. BURG was a graduate of Hahnemann Medical College, Chicago, class of '81. Following his graduation he practiced in his home town, Burlington, Iowa, for ten years, coming to Denver in 1891. He has engaged in practice almost continuously since that time and has always ranked high in the profession. He was a consistent and conscientious homoeopath, upholding this principle in every day practice as well as advocating it in every way.

He was a prominent member of the Elks. He leaves a wife and two daughters to mourn his death, this feeling being shared by a host of friends who will miss him in many ways.



EDITORIAL SECTION



THE CRITIQUE is entered at Denver Postoffice as Second Class Matter.

JAMES WILLIAM MASTIN, M. D., EDITOR-MANAGER, 719 MACK BLOCK
GEORGE E. DIENST, M. D., ASSOCIATE EDITOR, 26 SOUTH RIVER ST., AURORA, ILL.

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No attention whatever will be paid to contributions which do not bear the name and address of author.

Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

MORE GOOD MATERIAL. With this issue we begin a series of articles from the pen of DR. J. HENRY ALLEN, of Chicago, on the "Therapeutics of Dermatology."

Articles of a similar character have appeared from the pen of DR. ALLEN in former issues of THE CRITIQUE, all of which, coming from such authority in such matters, were much appreciated. We feel much elated over DR. ALLEN'S resumption of this series and look forward with great pleasure to a complete service covering this all-important topic.



INSTITUTE PLANS UNDER WAY. An ante assembly arrangement meeting was held at the office of Dr. E. B. Swerdfeger, Saturday evening, October 26th, at which the following appointments for local committees were suggested to President Hinsdale:

Chairman Arrangements Committee—GRANT S. PECK.

Chairman Reception Committee—CARL D. FISHER.

Chairman Exhibits—R. D. P. MCGEE.

Chairman Entertainment—J. W. HARRIS.

Chairman Hotels—E. B. SWERDFEGER.

Chairman Finance—J. B. BROWN.

Chairman Visiting—F. A. FAUST, Colorado Springs.

These suggestions are in line with those made President Hinsdale before the State society session, with the excep-

tion of one, and the arrangements as planned above will no doubt insure a most successful meeting insofar as Denver is concerned. Lack of time and space prevents further comment.



RESOLUTIONS THAT DO NOT RESOLUTE. At a close corporation session of the Colorado Homoeopathic Association resolutions indorsing the present "mixed" or scrambled State Medical Examining Board were passed. So far we have been unable to secure a copy of this wonderful document, notwithstanding other "resolutions" were readily offered us and appear in this issue of THE CRITIQUE.

You have, no doubt, read of the Logan county delegation elected at the last primary election, which went to the Republican State Convention and *endorsed* Taft. The Bull Moose bunch repudiated this set of delegates, claiming they represented but five per cent of the voters of the county. As a consequence delegates denying the right of the ones named at the primary to dictate matters, were very much in evidence at the Progressive convention.

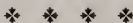
Now the resolution in question comes about as near expressing the sentiment of the homoeopaths of the state as did the result of the primary election in Logan county, so there is a bare possibility that more progressive members of the profession will protest this form of *endorsement* and place it in the ash can along with other rubbish.



THE HOMOEOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES held its 54th annual meeting in the board of directors' room in the Farmers and Mechanics Trust Company's Building on Tuesday, October 8, 1912, at one o'clock, West Chester, Pa. The scientific program consisted of the following: "Homoeopathy vs. Allopathy," I. VIRGINIA REEL, M. D., Coatesville and Philadelphia.

A paper was read by Dr. S. A. Mullin and was well presented. The annual election of officers then took place, after which dinner was served on the roof garden. There was a full attendance of members, and a delightful time was had by all present.

ISAAC CROWTHER, M. D., *Secretary*.




THE HOMOEOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD OF PHILADELPHIA held its regular monthly meeting at the office of Dr. J. B. Heritage, Langhorn, Pa., on Wednesday, September 20, 1912. A paper on "Physiology of Adrenal Glands" was read, and the meeting was enjoyed by all members present.

J. D. BOILEAU, M. D., *Secretary*.

“the value of cold as a therapeutic agent in inflammatory conditions is slowly but surely reversing from a fact into a very doubtful theory.

Dr. Cavana (American Journal of Surgery, Oct. 1912) demonstrates by careful analysis and logic that pathogenic microorganisms multiply most rapidly in temperature from below 98.6° to freezing and “that in a temperature of 100° Fahrenheit most of the laboratory cultures die, and that in a temperature of 103° all artificial germ propagation ceases.”

Taking a case of Pneumonia, Tonsilitis, Bronchitis, Dicitis, as even Appen-
roy sug- Dr. Fauntle-
in fact any gists,
flamma- i n -
ment, it ory involve-
justifiable would seem
the light of this reasoning that heat, best and logical in
applied in the form of antiphlogistine, facil- itates a cure by favoring leucocytosis and adding to nature's defense against suppuration.



There can be no doubt that much of the success of treating inflammations, whether deep or superficial, with antiphlogistine, which retains its thermic value for hours if applied thick and hot, has been due to this therapeutic function.”

MISCELLANEOUS

A brief note from Dr. W. M. Dake, formerly located in the Metropolitan Building, Denver, announces his removal to Hot Springs, Ark.

* * * *

The Colorado Homoeopathic Society, according to resolution, approves of the teaching of sex hygiene in the public schools. 'Nuf sed.

* * * *

Only a few more days and the Bull Moose will either be in captivity or making people sit up and take notice. Congressman-at-Large Fisher, we hope.

* * * *

"They say" that Dr. Rose Kidd Beere is giving the county such an exhibition of extravagance in conducting the hospital, that even the old-time grafters are jealous of her ability.

* * * *

Dr. J. Wylie Anderson returned from a successful hunting trip in the Maine woods and Canada the 22d of last month. He killed a bull moose of huge proportions and is correspondingly happy. He reports a royal good time and certainly looks the part.

* * * *

Sex hygiene has been having a hard time of it at school board meetings and in the Denver papers. The majority of females advocating this measure are evidently sexless; they are neither the mothers of children, nor do they appear to be particularly concerned about this feature of the fuss.

* * * *

Dr. Orr, who met with the misfortune of almost complete loss of library, instruments, book accounts and other office "fixtures" by a fire which occurred in Barnum the fore part of last month, has opened offices in the Empire building. He will also maintain offices at his residence in Barnum.

* * * *

There are several State society papers which have not been handed in to THE CRITIQUE. Several still remain to be published, but we hope to clear up our desk of this material with the publication of the December issue. Please send papers to editor of THE CRITIQUE, or to the secretary of the State society.

* * * *

Fire in Barnum, a suburb of Denver, on the 10th of last month, destroyed the office of Dr. W. S. Orr, homoeopathic physician in that locality. Bad roads made it impossible for the fire department to arrive at the fire until too late to do any good. The loss was \$6,000, including a drug stock occupying the same building.

* * * *

Editor of THE CRITIQUE has been appointed on the Press Committee, by President Hinsdale of the American Institute, to aid in promoting the forthcoming meeting of this organization. Dr. Burton Haseltine, president of the Illinois Homoeopathic Medical Association is the chairman of this bureau. The committee would be pleased to receive suggestions from most any quarter in order that the meeting be made a success.

* * * *

The American Surgical Association has appointed a committee consisting of Drs. William L. Estes, South Bethlehem, Pa.; Thomas W. Hunt-

ington, San Francisco, Cal.; John B. Walker, New York City; Edward Martin, Philadelphia, and John B. Roberts, Chairman, 313 S. Seventeenth Street, Philadelphia, to report on the operative and non-operative of closed and open fractures of the long bones and the value of radiography in the study of these injuries. Surgeons, who have published papers relating to this subject within the last ten years, will confer a favor by sending two reprints to the chairman of the committee. If no reprints are available, the titles and places of their publication are desired.

, JOHN B. ROBERTS, *Chairman*,
313 S. 17th Street, Philadelphia.



PENNSYLVANIA STATE NOTES FOR NOVEMBER, 1912

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA opened the session of 1912-1913 on Monday evening, September 23rd, at 8:30 o'clock, in lecture room No. 1, with a class of twenty-five freshmen. The Rev. Floyd W. Tomkins pronounced the invocation, and gave a few words of welcome from the trustees, after which Professor D. Bushrod James made a short address. Following the instructions from the dean the student body was entertained by the teaching staff. The entrance requirements of the school have been raised, and important additions have been made to the equipment and facilities. Fifteen thousand dollars have been spent for new laboratories and equipment, which will be available this fall, and ten thousand dollars was spent last year. The entire college building has been renovated with a new anatomical laboratory, new pathological and bacteriological and new laboratory of pharmacy and chemistry.

THE LADIES AUXILIARY OF THE HOMOPATHIC STATE MEDICAL SOCIETY was organized at a meeting during its annual session at the Kittingny Hotel, Delaware Water Gap, Pa., September 17, 18 and 19. The following election of officers took place: President, Mrs. W. Alvah Stewart, Pittsburg, Pa.; First Vice-President, Mrs. Gilbert J. Palen, Philadelphia, Pa.; Second Vice-President, Mrs. Wm. A. Seibert, Easton, Pa.; Third Vice-President, Mrs. Harold Cheney, Williamsport, Pa.; Corresponding Secretary, Mrs. Harry S. Nichols, Pittsburg, Pa.; Recording Secretary, Mrs. John E. James, Jr., Philadelphia, Pa.; Treasurer, Mrs. Harry S. Weaver, Philadelphia, Pa.; Directors, Mrs. Francis W. Boyer, Pottsville, Pa.; Mrs. John A. Fisher, Philadelphia, Pa.; Mrs. Richard C. Castleberry, Chester, Pa.; Mrs. G. J. Burlinghoff, Scranton, Pa.; Mrs. Stanley Rhinhardt, Pittsburg, Pa.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College Thursday evening, September 12th, at nine o'clock. Dr. H. L. Northrop delivered the presidential address. Dr. O. S. Haines read a very interesting paper on "Therapeutic Action of Apis Mellificia." The meeting was thoroughly enjoyed by a large attendance of members.

WM. SYLVIS, M. D., *Secretary*.

PERSONALS—DR. WM. RENDELL WILLIAMS announces the opening of offices at 1225 Chestnut street, Philadelphia. Diagnosis and internal medicine.

DR. EDWARD H. POND, 902 Keenan Building, Pittsburg, Pa., announces a change of office hours to 10 to 1. Others hours by appointment. Dermatology, physical therapeutics.

The Knights Templar held their field day exercises in Fairmount Park on Saturday, September 28, 1912. The following physicians were on the corps hospitalier: F. L. ABBOTT, M. D.; E. G. WHINNA, M. D.; L. E. MARTER, M. D.; A. C. HERITAGE, M. D.; C. S. PALMER, M. D., and J. H. CLOSSON, M. D.

RESOLUTIONS BY THE COLORADO HOMŒOPATHIC SOCIETY.

WHEREAS, During the past year it has been the province of an all-wise God to remove from earthly duties the beloved wife of DR. JAMES M. WALKER, be it

Resolved, That to this esteemed member of the homoeopathic profession the Colorado Homoeopathic Society extend the sincerest sympathy of its members. Be it further

Resolved, That these resolutions be spread upon the minutes of the society, a copy sent to Dr. J. M. Walker and that they be published in THE CRITIQUE.

(Signed)

J. W. MASTIN,
J. B. BROWN,
LILLIAN I. POLLOCK.

WHEREAS, During the past year it has been the province of an all-wise God to remove from earthly duties the beloved wife of DR. CHARLES NELSON HART, be it

Resolved, That to this esteemed member of the homoeopathic profession the Colorado Homoeopathic Society extend the sincerest sympathy of its members. Be it further

Resolved, That these resolutions be spread upon the minutes of the society, a copy sent to Dr. C. N. HART, and that they be published in THE CRITIQUE.

(Signed)

J. W. MASTIN,
J. B. BROWN,
LILLIAN I. POLLOCK.

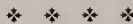
WHEREAS, In the providence of the Lord, since our last meeting, our co-worker, a faithful and efficient member of the Colorado State Homoeopathic Medical Society, WALTER JOEL KING, has been called from the field of his earthly labors to one of greater usefulness in the life eternal, be it

Resolved, That while we recognize in that which we call death, a stepping stone to higher life, we extend our tenderest sympathy to the family of the bereaved in the temporary separation which deprives them of the companionship of a loved one,

“Ever near us, though unseen,
The dear immortal spirits tread,
For all the boundless universe
Is life. There is no dead.”

Resolved, That these resolutions be made a part of the records of our society, a copy sent to the family of the deceased and a copy furnished THE CRITIQUE for publication.

LILLIAN POLLOCK,
J. W. MASTIN,
JAMES B. BROWN,
Committee.



In view of the fact that no condition is bettered by negligence, be it
Resolved, That we (The Colorado Homoeopathic Society) endorse the position of school boards in placing a course of Social Ethics in the public schools, said course to be voluntary with the parents of children to be taught; be it further

Resolved, We recommend that parents attend these or similar course of instruction.



MATERIA MEDICA.

By J. HENRY ALLEN, M. D.

Dulcamara

DULCAMARA is suitable to a calcaria type of patient who has engrafted upon his peculiar phlegmatic scrofulous constitution a sycotic taint. It may be hereditary or acquired.

Rheumatic or catarrhal diseases are peculiar to this remedy. These diseases come on, or are aggravated, in a cold, damp atmosphere. The patients are unable to meet those sudden changes from cold to heat or vice versa. A rain storm or a damp day stirs up the sycotic element. They have diarrhoea or dysentery coming on after hot days followed by cool nights, or diarrhoea or rheumatism from working in a damp place or from damp weather. Like *bryonia* they are impatient, easily angered and irritable; they are sometimes quarrelsome. The taste being also like *bryonia*, is bitter and the tongue dry. The saliva is not unlike the saliva of a *bryonia* patient, it being tenacious, soapy and frothy with increased pyalism. Not infrequently the jaws become stiff and lame when the patient becomes cold and chilled.

The diarrhoeas of this remedy are usually preceded by colicky pains, severe cutting or griping, followed by slimy or watery stools. The bowel troubles are usually autumnal, coming on after a hot day followed by a cool night. In a true case of autumnal dysentery the stools are yellowish, greenish, watery and are sometimes expelled with much force. The time period is autumn, and if it occurs in damp or rainy weather following a warm day, you have a strong case for *dulcamara*. Give the patient B. & T., 1-m., and see how quickly it will do the work.

Often the premonitory symptoms in children are nausea, griping colic, cutting and prolapsus of the rectum with burning and tenesmus in the anus.

Urinary Organs. A constant desire to urinate is felt deep in the abdomen. Bright's disease is brought on by cold, exposure to rain or dampness or working in water. Urine

suppressed from cold is followed by strangury with much fullness and distress in the region of the bladder, and with only a passage of a few drops. Urine with mucous and slimy sediment.

This remedy has catarrh of the bladder from getting wet or from taking cold in damp weather. Chills beginning in damp weather—the chill begins in the back, relieved by hot applications. Shaking chill with a feeling of coldness or with actual coldness. Heat, dry, burning all over the body. The skin burns as if sitting before a hot fire. Sweat quite profuse toward morning, which is offensive. *Desire for cold drinks*, and in this it resembles *bryonia* again.

The heart troubles of this remedy are either due to its Bright's disease, anasarca, or rheumatism. There is great cardiac excitement which is worse at night; feels at times as if the heart was beating outside of the chest. The pulse may be small, hard, tense, or soft and slow during the day. The pains are typically rheumatic, sharp like knife thrusts and usually in the region of the third or fifth rib.

Rheumatic pleuritis or pleuro-pneumonia with the same lancinating pains, calls for this remedy. The cough is worse in a recumbent position and in a warm room or on deep respiration. Usually the cough is dry, hoarse, rough and bark-like with expectoration of discolored sputa. It may be tough, greenish, blood-streaked or it may be chronic with a loose cough and tubercular sputa. Generally there are more or less stitching pains in the left chest.

The rheumatism usually comes on from getting wet in the fall and spring. The pains are characteristic of the remedy—*stitching, drawing, sharp and shooting*. Here it is similar to *rhus* and the pains are worse while at rest. This sycotic pain may often be found in the long bones as well as in the muscles. The cessation of the pains is followed by great weariness and lassitude. Pains better by moving, worse by rest.

Skin Symptoms.—*Dulcamara* is a good remedy in diseases due to suppressed eruptions or where we have a retrocession of the eruption from exposure to damp or cold air. Especially is this true in those phelgmatic, torpid, scrofulous individuals who are restless and irritable. They are affected with a deep syco-psoric taint, who cannot endure dampness, cold or sudden falling of the barometer. If you are a student of miasmatics you will readily see in a *dulcamara* patient.

first the tubercular element so often mentioned by Hering in his "Guiding Symptoms," then the sycotic may be seen in his sensitivity to dampness, wet weather and falling barometer, besides the psoric element which we know always combines to make the tubercular. We have in this medicine, one of the few remedies that meet that peculiar combination.

In fevers the skin is hot, dry, burning. Urticaria comes on in damp weather, or in autumn when the days are very warm followed by cool nights. Here again we see the tubercular element cropping out, as they cannot endure any chilling of the skin. Sensation as of fine needles pricking them all over the body. (Urticaria.) Burning itching as of insects crawling over them. Large whitish hives with dark red base. They are quite universal, no fever. Worse warmth; better in cool air; worse washing. Again there is tubercular eczema over the entire body; glands enlarged; urticaria alternating with bladder trouble; eruption of white wheals over the whole body, with dark red angry looking base of areolae with intense itching and burning. Worse rubbing or scratching. The hives often make their appearance between twelve midnight and morning, or when the patient becomes cold from uncovering.

Eczema.—Eczema with whitish or brownish crusts similar to *mezereum* which are frequently found all over the body, and vesicles that exude much moisture. Eruption over the whole body oozes a watery fluid (sycotic). Oozes and bleeds after scratching. Pemphigus over the whole body or bulla the size of a large pea filled with yellowish fluid. There are vesicles that exude and itch intensely on the face and lower extremities; these suppurate and are soon covered with thick crusts. Few remedies have those thick crusts. (*merc. iod., mezereum, kali iod., psor.*)

Herpes almost any form or color—facialias præputalis. Brown herpes with a red border; dry, scaly herpes accompanied by an offensive perspiration. Herpes followed by thick brown crusts. Herpes are either tubercular or sycotic, depending on the form. Impetiginous eczema in scrofulous children with thick crusts and with enlarged glands. Anasarca after suppressed eruptions, scarlet fever or rheumatism. Warts on the hands and back of fingers and face, the large, smooth, fleshy kind. Measles followed by a chronic cough in tubercular individuals; cough worse lying down and in a warm room; worse in open air; expectoration

tough and greenish. A red rash often appears on the skin before the menses. Urticaria before or during the menses, worse in damp weather.

Genital Organs.—Male. Herpes on the genitals (petrolium). Herpes progenitalis that bleed easily, brown in color, usually with red base, scaly and accompanied with much itching. The discharge, if any, is yellowish, forming thick crusts.

The diseases common to this remedy are adenitis, dandruff, eczema, herpes impetigo, pemphigus, warts, and the after effects of scarlet fever, suppressed eruptions, dropsical effections, catarrhal troubles and rheumatism. Dark haired people with delicate skin who are sensitive to cold especially dampness, require this remedy. It is complimentary to *baryta carb.*

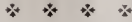


Dalicho Pruriens.

THIS REMEDY acts strongly upon the liver and gastrointestinal tract. The whites of the eyes and the face are very yellow. Jaundice developed early in the proving, with white clay-like stools. There was a strong taste of blood in the mouth of the provers. There is much colic and flatulence in the abdomen, with a bruised pain in the left umbilical region. Great itching accompanies the jaundice of this remedy. In this it is somewhat similar to *chelidonium*. It is also to be thought of in pregnancy, where the patient constantly complains of a large lump in the throat. Nervous affections of children is another consideration of this remedy, for like *cina*, these patients are constantly annoyed with worms, and convulsions due to worms. They have white stools, constipation, thread worms, chronic spasms with eyes fixed and wide open.

Skin Symptoms.—Violent itching of the skin all through pregnancy or jaundice, or constipation with clay-like stools (*lyc.*, *pod.*). The itching is greatly aggravated at night, preventing sleep—no eruption present upon the skin. It is due simply to the toxic effect of the bile culminating in the blood from an inactive or clogged liver. The pruritis is general over the whole body, even to the hands and face. This is unusual, but worse at night while in bed; worse from warmth, generally speaking. Bathing with cold water causes burning, but relieved by real warm bathing or from an alcohol or witch hazel bath.

It has cured herpes zoster when *rhus tox* had been administered in the different potencies. After a severe attack of general pruritis the skin is desquamated in fine scales as in scarlet fever.



Elaps Corallinus,

(THE CORAL VIPER.)

THIS BRAZILIAN SPECIMEN of the viper has many symptoms in common with lachesis. Mentally it has great depression of spirits and a desire to be alone. Great fear that something awful will happen, which is worse in the night. Is apprehensive of some fatal disease. There is vertigo or congestion of blood to the head when stooping, vomiting when she faints. There is a tendency to fall forward, in this remedy. Deep pain in the cerebellum, worse on the right side. The pain is so severe that it sometimes produces nausea and a sensation as if the brain was loose.

There are many eye symptoms; a few might be briefly mentioned. Strong aversion to light—letters run together when reading; sclera red streaked. She complains of a veil before the eyes; burning in the lids—lids very red; long white threads seem to be moving before the eyes; fiery points of light before the eyes when closed. The colors may appear red, violet or even black. Buzzing, whistling or cracking sounds in the ears. The teeth become loose and the gums fall away from them. The taste is often bitter, salty or of blood. Tongue black or deep red and swollen. Spasmodic constriction of the oesophagus; worse after eating. Burning in the larynx and tongue as from peppermint or mustard.

Stomach.—Complete loss of appetite with loathing of food, especially bread. When swallowing, food is returned through the nostrils. (*lach.*) Cancer of the stomach with vomiting of mucus and loathing of food. Unquenchable or burning thirst all the time. (*ars.*) Vomits a watery substance or green bile. Desires milk, salads or oranges; hungry but unable to eat. Craves sour things; has a drawing sensation in the cardiac region of the stomach.

Bowels.—Violent colic with urging to stool; much rumbling in the bowels; peristaltic action of the bowels reversed; intestines seem twisted like ropes. She is worse sitting and better walking about. Stools yellowish, watery or of indigested matter. Later on in the proving the stools became

black or bloody, even pure blood. Urine reddish or with red sediment in it.

Female Sexual Organs.—Great weight and heaviness in both the uterus and vagina. Violent itching in the vagina with albuminous leucorrhoea. Dark bloody discharge between the menstrual periods; hysteria all during the menses; violent palpitation of the heart.

Skin.—Red blotches here and there over the body; much scaling of the skin, especially of the finger tips (*cal. carb., sil.*) Petechia itching papular rash over the body; skin hot; vesicular eruptions on the feet; pustular eruptions on the hands, fingers, gums and inside of cheeks. Dreams of business all the time or of falling into pits, or of seeing dead people, like *lachesis*.

Ameliorated by cold, lying on right side or walking.

Aggravated afternoons, midnight, warm drinks and especially from coffee.



Eucalyptus Globulias.

THIS IS AN AUSTRALIAN GUM TREE, sometimes called fever tree. It produces a peculiar form of intoxication and vertigo which is accompanied with a fever. There is much congestion to the head with the appearance as if the individual was drunk. The fever is of the relapsing form and is stubborn and persistent. The eyes feel hot, burning and the lids feel heavy. There is also a marked coryza with a stuffed up feeling in the nose as if he was taking cold. (*Sycosis.*) Much phlegm in the throat and the expectoration of a thick white frothy mucus.

Stomach. Much salivation with a constant fullness in the forehead. A constant burning sensation is present in both the stomach and bowels. Faintness and goneness in the stomach accompanied with pulsations in the epigastric arteries. The digestion is slow, difficult and painful, with an uncomfortable pressure and fullness in the stomach.

Stool. Dysentery with a great heat in the rectum; tenesmus with a discharge of mucus and blood. The stool is usually thin, yellowish and watery, accompanied with sharp pains in the lower bowels.

Kidneys. Chronic nephritis; granular degeneration of the kidneys and Bright's disease in the second and last stages.

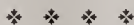
Urination. Burning with tenesmus. Fever is generally present. Urine has the smell of violets. Gonorrhoea with

spasmodic stricture of the uretha. Gonorrhoea in the second stage, discharge thin, yellowish, watery, acrid. It appears to be a good remedy in the mixed infection gonorrhoea and syphilitic, and may be freely classed with *thuja*, *nitric acid* and *cinnebaris*.

The leucorrhoea of this remedy is also sycotic, being acrid, fetid mucous excoriating the external genitals and producing small herpetic eruptions and ulcers about the meatus. The rheumatic pains are jerking, stitching; worse at night. Nodular swelling of the joints. There is a great desire to move, but it aggravates the suffering; great muscular weakness so that drawing up of the arms is painful. Fatty degeneration or hardening of the spleen is sometimes helped by this remedy.

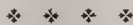
This remedy is capable of producing a low typhoid state like *baptisia*. It comes in, I should think, between *baptisia* and *gelsemium*. It is frequently indicated in gonorrhoea and stricture. Think of it also in the last stage of tuberculosis of the lungs, where the disease was stirred up by gonorrhoeal infection or by a suppression of the same in the beginning. See the mixed infection again in another form. Cough loose, generally with asthmatic or quick breathing; expectoration thick, frothy, mucous or heavy, yellowish green pus. Sometimes we have much palpitation of the heart after a severe coughing spell. These symptoms are often accompanied with hectic fever, copious, exhaustive, offensive night sweats.

Skin Symptoms. Eruptions are herpetic. A sycotic form of herpes. Fistulous ulcers in the tubercular or syphilitic patients with exhaustive night sweats; discharges fetid, ichorous; wounds and ulcers become putrid and foul smelling. These patients become very debilitated and anaemic with glandular enlargements and indurations.



Eugenia Jambos.

SKIN SYMPTOMS. Fissures between the toes. Skin recedes from the nails, forming pus; sticking, burning sensation in a small spot on the back which is worse by scratching.



Elaterium.

ELATERIUM is said to have been used by the ancients in the treatment of gout, rheumatism, sciatica and dropsy.

Mentally the patient is very low spirited, having a desire to wander about in the woods. He thinks disaster and ruin are just ahead of him. This is especially true in liver troubles. He suffers with a dull pain in the temple with heaviness of the head. The whites of the eyes are as yellow as saffron. There is a bitter taste in the mouth with a dirty-brown coating on the tongue. He suffers with severe bilious attacks, where he has constant nausea like *ipccac* and a desire to vomit. Vomits a greenish water, mixed with bile. It is said to have cured biliary calculi. The pains in the bowels in dysentery and diarrhoea are violent, colicky, cutting and griping with much flatulence. He awakes at midnight with cramps and severe pains in the stomach and bowels; pain intermittent. Stools a livid green or olive green, streaked with mucus and blood. Jaundice of the newly born. This remedy has done great work in Asiatic cholera, where the characteristic pains were present or the bilious watery stools. The diarrhoea came away in squirts from the rectum.

Rheumatism. Sharp pains in the lower extremities. Sharp pains in the fingers, in the thumbs, sharp pain in the right knee, instep and toes. Arthritic or gouty pains in the great toes. These symptoms, together with a heavy brown coating on the tongue, the bitter taste and perhaps the bilious vomiting, gives us the picture calling for this remedy in rheumatism. Pains often extend down the arms to the fingers or down the legs to the toes. Pains worse in damp weather. Dysentery and rheumatism due to damp weather or dampness in general. It is a good remedy for those working in water.

Time Aggravation. Twelve noon, 5 p. m.; and dampness. Its symptoms in the intermittent fever are quite definite and important for careful study.

Skin Symptoms. Arthritic nodules in the fingers and toes. Whole surface of the body saffron or a deep orange color. (Jaundice.) Urine stains linen orange color. (Necrotorium.) Great burning and itching where jaundice is present. (*bry.*, *chel.*, *lyc.*) Urticaria over the whole body following the suppression of chills by quinine or measles followed by dysentery. It may be called for in erysipelas in these gouty patients or in intermittent fever that is followed by ichorous.

Fluoric Acid.

MIND. Mentally the fluoric acid patient has a feeling of great indifference to his family. In this it resembles sepia some. He likes to converse with strangers, however, but this aversion to his own family borders on insanity sometimes. Great loss of memory is another feature in his case. Dates are hard for him to remember. He feels worse mentally toward evening as he becomes weary. In the morning he is much better after a night's sleep and rest. He complains of a sinking weakness in his stomach and a numbness in the head. Sometimes this numbness is in the hands at the same time. Fluoric acid has headaches with numbness of the head, heaviness and compression. Morning headaches relieved by urination. Dull pain in the occiput or on both sides of the occiput.

It is an antidote to silicia in bone affections and is complimentary to it. It is also to be compared with cal. fluor. in bone diseases. Fluoric acid symptoms are relieved by cold or cold air while silicia is aggravated by cold. It produces and cures fistules in bones, fistules at the roots of the teeth, rapid caries of the teeth and teeth that come late in children. Sil., cal. carb., cal. phos. The gums are very tender, the teeth feel rough and he complains of a foul taste about the roots of the teeth. The toothache is usually aggravated by cold water, yet in some cases it is relieved by it, until it becomes warm in the mouth.

Chronic nasal catarrh with ulceration of the septum; nose obstructed and a dull heavy pain in the forehead. Otorrhoea with copious pus-like discharge. Disease of the bones of the ear. Numb feeling in the bones of the face or about the ear.

Fluoric acid cures diseases of any miasmatic basis like arsenicum or other deep acting remedies. It has cured syphilis of the throat, soft palate, fauces, tongue and mouth. Constriction of the throat with difficult deglutition. The tonsils, uvula and soft palate are of a deep livid red color with much suffering on swallowing; nasal sound to the voice and much saliva from the mouth. Craves cold water and refreshing drinks and highly seasoned things to eat.

Chronic gastritis with heaviness and weight in the stomach. Stomach symptoms relieved by tightening the girdle or clothing. Much heat in the stomach before meals. Easily satisfied after eating. Eructations sour or stale. He has an aversion to coffee and wants fancy things to eat. Diarrhoea yellowish, copious and brownish.

Sexual Organs. In the male sexual desire greatly increased with strong erections at night. Gonorrhoea with drawing from the left testicle to the spermatic cord. Sensation of fullness in the cord.

Skin Symptoms. Probably no remedy has a more persistent itching than fluoric acid, except that of such remedies as psorinum, sulph, sepia and cal. carb. I have noticed that remedies that will cure a deep seated pruritis or itching, is a very deep acting remedy, itching being the basic symptom of psora doubtless accounts for it. The itching of fluoric acid is in spots here and there over the body. It is worse from warmth and better from cool air, or a cool place. Old scars become pinkish or reddish and itchy; later on small vesicles will form near the cicatrix. Small reddish desquamating spots or blotches appear over any part of the body like psorinum. Fluoric acid causes the nails to grow rapidly; in thuja to grow soft. In silicia they are thin as paper and do not grow at all. Fluoric acid has the frilled or scalloped edges as silicia has. Many remedies have rigid nails; sil., medorrh. and thuja. In cal. carb. they are often very clear and pinkish with many white spots on them; nat. mur. usually has brittle nails with hangnails. Sil., graph.

Fluoric acid vies with hepar sulph. in bone felons or periosteal abscesses. The relief from cold will often differentiate fluoric acid from other remedies. Better by cold applications.

It cures varicose veins as quickly as sulphur when the symptoms point to it. The veins are very blue, showing in spots; worse left leg or left side. Varicose veins in pregnant women compared with corallium rubrum. It has cured or produced naevi. It has cured pruritis ani where great relief was obtained by cold applications. It also produces pustular eruptions with the violent itching already mentioned. Dry, red, elevated, scaly-like blotches above the eyebrows. Hemp seed sized pimples which are very itchy, appear in different parts of the body, especially on the shoulders and back.

It is a remedy for consideration in the carmine colored polkadot mole, which is so frequently met with today after gonorrhoeal suppression. Squamous syphilis with rough scaly spots here and there on the body. Psoriasis with much scaling—spots intensely itchy, better by cool applications. Violent itching in old scars that scale off after being scratched or rubbed severely. The itching is always worse in the evening (sepia). It sometimes becomes a burning, prickling itching.

Bed sores with deep ulceration, better by cool applications (secale). There is no chill in febrile states, and in fevers there is an inclination to uncover and bath with cool water. The face is hot with desire to bathe in cold water. The sweat is clammy and sour smelling; left sided sweat.

Varicose. In dropsy the skin is sallow or greyish-white. Psoriasis or syphilis of the palms of the hands (phos.). Psoriasis gutta. Ulcers painful with copious discharges and relieved by cold bathing. The borders of the ulcers are red with small vesicles over the red borders. (Small papules or pustules about the borders of ulcers, hepar sulph.)

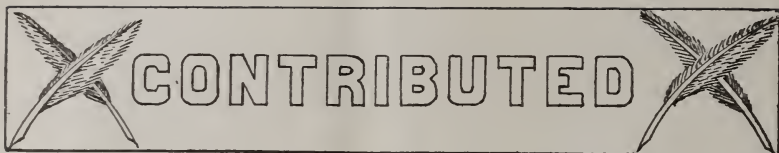
Fluoric acid is more frequently indicated in old people, or in the young who look prematurely old. Secondary syphilis in infants with a dried up weazened old-man look. Kali. iod., nit. acid, syphil.) Syphilitic or scrofulous affections of the borders of the nails; skin very sallow with an old look of the patient.

Fluoric acid follows silicia even as silicia follows pulsatilla. Pulsatilla may often be indicated in the acute stage of the disease and may need fluoric acid to complete it. Fig warts with hard, dry crusts like sepia. It is often indicated in syphilitic rupia where the crusts are dry, thick and hard. Eczema dry, scaly or pustular, with the itching peculiar to this remedy, and relief from cold applications. A sensation of hot vapor rising from the pores of the skin is sometimes present.

Aggravation: Warm covering, warm drinks, warm food, warm room, etc.

Better: Cool bathing, hunts cool places in bed similar to sulph. Worse from tea, wine and hot drinks. You will find the taint of psora, syphilis and sycosis in a fluoric acid patient. He is a hard patient to cure of anything.

Chicago, October 20th, 1912.



SEVENTEEN GOOD REASONS FOR ABSTAINING FROM THE USE OF TOBACCO.

By J. W. HODGE, M. D.

IN THE COURSE of a series of papers on the tobacco-habit which the writer has contributed to leading medical journals and magazines, the following seventeen valid reasons against the use of the narcotic drug have been presented to the reader, namely:

1.—Tobacco is a virulent narcotic poison which has no legitimate or rightful place in the human economy.

2.—The use of tobacco poisons the blood, impairs digestion, injures health and induces disease. It causes blindness, deafness, "tobacco-heart," "smokers' sore throat," "smokers' dyspepsia," and a train of other evil effects too numerous to mention.

3.—Tobacco diminishes the vigor of the intellect and otherwise injures its devotees mentally, morally and physically.

4.—It causes inefficiency in its victims, thereby leading to railway disasters, shipwrecks and other calamities.

5.—It robs the poor man's family of money needed for the purchase of food and clothing. Through the carelessness of smokers in the disposal of their burning cigar stubs, millions of dollars worth of property is annually destroyed by fire and many human lives sacrificed in the flames.

6.—The use of tobacco is adverse to personal neatness and cleanliness.

7.—It makes its devotees selfish and promotes disregard for the rights and comforts of others.

8.—It induces indolence and inactivity of body and mind, thereby causing the waste of much valuable time.

9.—Tobacco destroys will power and self-control by establishing the slavery of habit, thereby making abject slaves of men who were once free.

10.—It develops the *sensual* and *animal* nature at the expense of the *moral* and the *intellectual*, its whole tendency being to degrade the higher qualities of man's being.

11.—It entails physical, mental and moral degeneracy upon the offspring of its victims.

12.—It tends to the acquisition of the liquor-habit and to that of other drug addictions.

13.—It leads away from good company into bad company and evil associations, and throws its influence into the scale of evil in all the relations of life.

14.—It surrounds its devotees with a nauseating stench which renders them almost intolerable to clean persons.

15.—I have never heard a non-user of tobacco express regret that he had not acquired the tobacco-habit. On the contrary, I have heard thousands of its devotees give utterance to their bitter regrets that they had been so unfortunate as to have acquired the slavish tobacco-habit.

16.—The confirmed tobacco-habitue rarely, if ever, advises a young man to begin the use of the seductive weed. On the contrary, he earnestly warns him against it.

17.—There is no respect in which the tobacco-user is better off than the abstainer therefrom, while there are many important respects in which he is worse off.

The above stated unanswerable reasons against the use of tobacco should be all sufficient to convince any intelligent and reasonable man that it is his duty to wholly abstain from the use of the deleterious and demoralizing Indian weed. I am the sincere and loyal friend of my dog and he is mine. If he should acquire the tobacco habit I should disown him and part with his company. I have no fear, however, that my dog will ever become so degraded that he will descend to that filthy, unnatural and repulsive practice to which the jack-members of the human family are so slavishly addicted.

Ruskin justly says: "Tobacco is the worst natural curse of civilization." By "natural curse" Ruskin evidently means that tobacco being a product of the soil is a natural production. The following are some of the things smoking does for its devotees:

It picks his pockets, burns his clothes,
And makes a smoke-stack of his nose.

It stains his teeth, stinks mouth and breath,
Brings on disease, distress and death.

It fouls the air, offends the nose,
And soils and scents the ladies' clothes.

Vile Indian weed! no language can
Describe your awful harm to man.

Niagara Falls, N. Y., Oct. 25, 1912.



ASSOCIATE EDITOR'S CORNER

"Some Unimportant Drugs."

BEFORE ME LIES A PAMPHLET embodying a report from the "Council on Pharmacy and Chemistry of the American Medical Association" on "Some Unimportant Drugs." In this report ten drugs are mentioned as unimportant. Among the unimportant drugs mentioned are *cactus grandiflorus* and *condurango*. These two drugs or remedies attracted our attention rather more than the other remedies and it is about their "unimportance" we desire to say a word.

This study is written in all fairness and with no intention of being hypercritical, and yet we cannot refrain from saying, most frankly and sincerely, that it is possible for the aforesaid Council to not only make a mistake, but, through prejudice or ignorance, or both, to make inexcusable blunders. The report of the Council says: "The non-official materia medica is encumbered with a collection of remedies, chiefly vegetable, many of which could well be spared. Some of these possess feeble and insignificant virtues. Others are merely equivalents for better-known and more useful drugs, and often contain the same active principles as the drugs that they are intended to supplant. Others, again, have not been studied by trained observers, and their possible indications and limitations are not definitely known."

This is simply an opinion, not necessarily a fact. What the "non-official materia medica" to which reference is made, may be, we do not know, but infer that it implies the provings and reports of the homeopathic materia medica. If this be true the learned Council is in very great need of "taking their lessons over."

As to the therapeutic uses of some of these drugs being but ephemeral ebullitions of untrained observers remains to be seen. Some of the studies are given by the best trained observers the world has ever seen and they *are* not members of the learned Council. The report says: "The therapeutic value of this plant (*cactus grandiflorus*) has been variously estimated by different observers. Experimental evidence as to its action is scanty, and complete chemical examination has never been made." The report mentions the experiments of

O. H. Myers, R. A. Hatcher, E. Baint, J. Boy Teissier, L. E. Sayre, Gordon Sharp and others. The most of these experiments were made on the cold-blooded frog. Some on cats, dogs, rabbits and guinea pigs, all with practically negative results. This one positive effect is noticed: "When 70 or more pellets are given (to a dog) within two and a half hours the animal was dead." Hence experiments on animals prove practically nothing except death from toxic doses. There is no record of the sensations produced by this drug, for the learned experimenters preferred to make their experiments on the *dumb*, possibly because they either disliked or feared to know the sensations produced. It may be possible that they understood the language of the dumb, but could not express it in words we might understand, and wisely said nothing. The report on "clinical evidence" is a trifle more encouraging, for it says: "Clinical observations have been more abundant than exact, and a favorable action of the drugs in some organic diseases of the heart has been reported; other observations would limit its use to functional erythmia, insisting that it is not a substitute for digitalis or aconite, but that it occupies a place distinct from either of these remedies."

P. W. Williams recommends *cactus* for functional heart disease, but not for organic. Ellingwood claims *cactus* as a cardiac tonic. Baint and Boy-Teissier have nothing favorable to say. Gordon Sharp says: "*Cactus grandiflorus* cannot be included in our list of cardiac drugs." With these confusions the Council reaches certain conclusions substantially as follows:

1.—"Uncertainty as to the part of plant used in the drug.

2.—"Experimental and clinical evidence is merely the reflections of the exaggerated statements made by the advertisers of proprietary preparations."

3.—"Clinical evidence, when unsupported by animal experimentation, is of little or no value."

4.—"The drug deserves further laboratory and clinical investigation."

With these learned conclusions deduced from most exact scientific experimentations, *cactus* is condemned as unimportant. This condemnation rests, in great part, on the negative experiments on amphibious and carnivorous animal life. Had the drug caused contraction of muscles or other tissues, or had it caused any visible changes it would have been rated as of importance. Is this an exact manner of de-

termining the use of a remedy? If a frog devours a blue-bottle fly and enjoys it, should this species of fly form a part of man's diet. If the cat devours a mouse it has caught, shall I add mouse pie as a desert to my regular meals? If the dog returns to its vomit and—but enough, is this the rational manner of determining the importance of a remedy in the cure of disease in man?

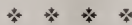
Let us now turn to the observations of some men whose notations of the action of this remedy on the human being can not be gainsayed, men whose keen insight into the action of drugs on the human economy and whose accurate deductions cannot be questioned by anyone.

Professor J. T. Kent of Chicago says: "Constrictions, contractions, congestions run through *cactus*." Can a frog, a cat, a rabbit or a guinea pig explain to anyone the sensation of constriction or contraction, which is sensibly present, keenly felt, but not seen? "Determination of blood to the head and coldness of extremities." "Disturbed by contraction of circular fibers everywhere. When this comes in places where it can be felt, and realized by the senses, it is felt as contraction and that gives us the key to *cactus*." "It has sensation of tightness and constriction about the head, about the chest, about the attachments of the diaphragm." "It is the nature of *cactus* to constrict, to cause constriction in places where it has never been felt and never been thought of. Constriction in the whole body. This is in keeping with the nature of *cactus*." Did the learned Council know this? "It has running through it another thing intermingled with these states, viz: rheumatism. It is a rheumatic and gouty remedy, a medicine very useful in old gouty constitutions; very useful in acute inflammatory rheumatism; and in this instance the rush of blood, or the congestion, is in the joints; the joints that happen to be affected."

Has a frog rheumatism? Is a rabbit gouty? Or could either one tell you the sensations they experienced when rheumatic or gouty? Again: "Feeling as if heart was compressed or squeezed by a hand. Cardiac rheumatism. Heart seemed to be held by an iron hand for many hours. Great pressure at heart, going around under left axilla to back." Can you determine these conditions and symptoms in the laboratory? Can you, by any process of chemistry, and that alone, determine these things? Unimportant! Suppose a member of the learned Council were called to the bedside of the sick and found a patient suffering from a sensation as if the heart were being squeezed by an iron hand, as if it were

being *held* by an iron hand, and the patient in direst agony with great difficulty in respiring. Suppose the learned doctor gave strichnia or digitalis or strophanthus, which were not indicated, and he believed *cactus* to be *unimportant*, and his patient, probably a dear mother who was so much needed in the home, died? Would he venture to say that "all was done that could possibly be done for the patient?" "Death was inevitable," when a dose or two of *cactus* might have saved her life and kept her hale and hearty in the bonds of her home where she was needed? Gentlemen, this is no joke. Similar things are occurring daily, because some remedies are called *unimportant* which are extremely *important*. Would you have a physician attend you whose experimentations in healing lay wholly in making toxic trials on frogs, cats, rabbits and guinea pigs? Does the public want men whose only knowledge of disease is derived from laboratory experimentations, or experimentations with the lowest of animals or the grossest of pathology? What, for instance, would the learned Council say, after a careful study of the provings on the living human being of *cactus grandiflorus* as given in Allen's Encyclopedia, or the symptoms produced as given in Hering's "Guiding Symptoms," or the masterly interpretation of these provings as given in Professor Kent's lectures? Unimportant! Again, gentlemen, remember that the learned Council may be wanting in some of the simplest but most important elements of medicine, that they are very far removed from infallibility and that there are observers in the world who might give them, one and all, some valuable points in medicine.

This paper is already occupying too much space. Our thoughts on *condurango* must be suspended for a season. Nevertheless, we desire to say most emphatically that the same line of reasoning as given under *cactus* would lead to the same conclusions when applied to *condurango*—a council sitting in judgment on something they do not or will not understand, and from false promises reach false conclusions and spread, with marked generosity, this *bandage* before the public.



The Treatment of Childhood Tuberculosis.

IN HYGIENE AND THE CHILD, for October, published by Henri Nestle, there are some very instructive thoughts concerning the care of tubercular children. So far as these instructions are rational and apply to those

most frequently exposed to the infection of tuberculosis we have nothing but commendation.

The subject of the few paragraphs that has attracted our attention applies to treatment, and, since treatment goes hand in hand with prophylaxis, no error should be made in the selection of remedies. For the sake, therefore, of the suffering child, rather than severe condemnation of methods pursued, the thoughts following force themselves to the surface.

The first statement, though not emphatic, is: "Such defects as adenoids and carious teeth should be removed." Why? If adenoids and carious teeth are the products of tubercular infection or of a tubercular diathesis, their removal does not affect the infection nor the diathesis in the least. It is but removing the product, permitting the cause to continue its ravages. Is it possible that those who say, write and practice those things without regard to the underlying cause are sincere and well informed as to what they say, write or do? Would it not be infinitely better for the child if strict attention were given to the cause of these products, that cause removed, disorder restored to order, and vitality given an opportunity to correct an error? The *child*—not its teeth, nor its adenoids—is *sick*. A healthy child does not produce adenoids or carious teeth, how then will the removal of adenoids and carious teeth cure the child? Do not those know, who are so persistent in public and private, on the removal of disease products, that when order is restored in a disordered human being, products of disease will disappear without the slightest injury to the child or adult? Who has not seen adenoids disappear as if by magic under the influence of the properly selected remedy, care and diet? Who has not seen carious teeth, the first teeth, disappear, and in their stead the second teeth be sound and healthy under the influence of the properly selected remedy? Gentlemen, one of the most pernicious, fallacious and inexcusable methods of procedure with regard to children, especially in our public schools, is the treatment, by removal of products without regard to causes. Then to think, in addition to this abomination, that men and women are paid out of public funds to "inspect" these school children and insist imperatively on doing that which should *never* be done.

Further on in the paragraphs to which these remarks refer there is this statement: "The syrup of the iodid of iron should be given." Again we ask. Why? Is the syrup of the iodid of iron a universal specific for tubercular children, and will this syrup remove the underlying cause? Does it

apply to every child regardless of heredity, environment, pathology and symptomology? Does it? Is it strictly scientific? It is accepted as truth. It is preached and practiced. The laity is urged to accept it—and all this in the name of science and for the good of the child. The Lord pity the poor child! Is it true that “men love darkness rather than light?” In this same paragraph from which the above is taken we read: “If the appetite fails (after iodid of iron) a change from inland to seashore or vice versa may be proposed, or, if this is not feasible, the tincture of nux vomica with the compound tincture of cardamon can be given before meals.” How fortunate that word “can;” of course this mixture *can* be given before meals. It *can* be given at any time, but why give it at all? Where is the reason? It looks like this—*increase the appetite of a tubercular child and you cure his tuberculosis*; if iodid of iron will not do it, change air and climate; if this cannot be done then give nux vomica decoction, and if this fails, this is the end, *except operative procedure*. Immediately following this noble and scientific advice the writer says: “Medication directed to the disease itself is useless and often harmful.” What fool does not know this.

But we ask, to what was the iodid of iron or nux vomica decoction directed? To the child or to the disease in the child? If to the child, on what basis are these several remedies prescribed? If an increase of appetite is the point to be obtained why not give the nux combination before saturating the child with an iodid? Do these remedies apply to the children in the poor tenement districts, to the children of our suburbs and rural districts alike? Should there be no individualization at all? What is to be done in the matter? Come, gentlemen, toe the mark and answer our questions. We are intensely in earnest, there can be no shirking, for we have a few things up our sleeve which are not as mild as the things we have shaken out. We had and are still having shiploads of nonsense, can we not have a pennyweight of sense now and then?

In the next paragraph we read: “Children in whom the disease seems to be arrested, as shown by absence of temperature and increase in weight, are especially suitable for the tuberculin test.” What becomes of the germs when the temperature is gone and the weight increases? Are these germs to be dismissed without any consideration whatever? We noticed the word “seems;” are you sure the disease is arrested when temperature ceases and weight increases? If

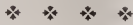
the disease is arrested and the germs are dismissed, and the child *seems* to be on the highway to health, why under heaven subject the poor child to the tuberculin test? Has the disease been arrested without the test? If so, what are you testing when the disease is gone? *Shooting at the place where the hare slept though the hare be forty miles away.* Did you ever hear of such profound reasoning as this? "From lightning and tempest; from plague, pestilence, and famine; from battle and murder; from sudden death" and such marvelous scientific fecundity, "good Lord, deliver us."



A Homeopathic Physician.

DR. C. H. BOGER, in the October *Medical Advance*, page 514, says: "A homeopathic physician is one who follows the law of *similia* according to his ability." This is not the first time the doctor has written this. Does he mean it, or is he trying to provoke someone to "talk out in meetin'?" First of all notice, "follows." He does not say "obey" nor "practice," but "follows." This means to *lag behind*, to go after. To pursue, to practice is not implied. At best it is but a passive state. It is possible the doctor means to convey by the word "follow" the idea of imitation, hence, "imitates the law of similars." Secondly, he imitates or follows "according to his ability." This passive condition in a man that should be active is according to his "ability." This does not affect the law very materially, but it does affect the interpretation and enforcement of the law. If a man's "ability" leads him to practice the alternation of inimical remedies in treating the sick, and he is laboring under the delusion that by doing so he is practicing homeopathy, then it necessarily follows that he is a true "dyed in the wool" homeopathic physician, for his "ability" leads him to do so—he follows where he is lead. If his ability leads him to give two or three varieties of compound tablets when treating the sick, thinking this method of practice is according to the law of *similars* he is, by virtue of his thinking and practice a genuine, unadulterated homeopathic physician. If perchance, his "ability" might lead him to give a single remedy, in a minimum dose, to a sensitive patient and thereby cause a brief aggravation of the symptoms, and then, through his "ability," spurred on to arise in its majesty, he immediately antidotes the remedy given and throws his patient into "confusion worse confounded," he is still a true and tried homeopathic physician, for his "ability" to understand and interpret

similia leads him to do these things. Bosh! Don't you see where this leads? Come, doctor, try it again, and if you fail we will persuade someone to help you.



"Selecting the Remedy."

THIS IS THE TITLE of a paper read by Dr. James B. Brown before the Colorado Homeopathic Society, session 1912. No sooner had I seen the title of this paper when I began reading it with eagerness, for if there is anything I desire to know accurately it is *Selecting the Remedy*. The remarks in the paper on the necessity of a careful, painstaking diagnosis is not questioned; some need emphasis.

The Society to which this paper was presented, being homeopathic, and the gentlemen presenting this paper being homeopathic, it is natural to suppose that the title would lead one to look for some essential points in selecting a homeopathic remedy. *No* other thought is probable under the circumstances. Feeling a tinge of deep disappointment after reading the paper, we read it a second time to ascertain if, perhaps, the essential point was misread. This second reading did nothing but intensify the disappointment, for there is *not one word* in the entire paper which can be construed as aiding one in selecting *the* remedy for anything. You will observe the definite article "the" in the title. *The Remedy!* The paper throws no definite light on the manner of even selecting "a" remedy, for the author emphasizes hygiene and prophylaxis rather than a remedy when one is sick. This ought not to be so. Why spend time on a subject when it requires two or three pages of print to AVOID saying one word about it? We older men overlook some of this nonsense, but imagine the impressions made on the mind of the younger doctor, eager for information on this most vital question, to find, when reading such a paper, that the author did not consider it of sufficient value to say a word about it. How does the doctor select his remedies—on the pathology, bacteriology or some other ology of the patient or his disease? Please tell us something about it.

Dr. Brown, however, has asked some important questions, which I shall quote and answer. He says: "Why this medical chaos and disrespect that is thrust upon the medical profession today? Why are there so many faith cures, religious fanatics, physical culturists, food cranks, water fadists, vibratory mongrels and quacks thriving upon a credulous public?" Why is this? Do you really want to know? It is because physicians *know so little* ABOUT SELECTING "THE" REMEDY.

SOAP THE OPPRESSOR

BY BURGES JOHNSON.



HE folks at my house half the time are
thinkin, about dirt;

It sort of gives 'em horrors, an' they act as
if it hurt.

The sight of just a little makes 'em daffy
as can be—

They're always washin' sumthin', an' half
the time it's me.

It ain't because I wet my feet that gives me
colds an' such;

'Tain't runnin' round that keeps me thin—
it's 'cause I'm washed so much.

It does no good to tell 'em—they're so stub-
burn—but I hope

That some day they'll discover what deceit-
ful stuff is soap.

I tell you, very often when my hands was
clean and white,

I've gone along to wash 'em, 'cause it did no
good to fight;

When I've stuck 'em in the basin it was
plain enough to see

The soap would make the water as dirty as
could be.

If folks would give me half a chance, with
soap that didn't cheat,

I guess they'd be surprised to find I'm nach-
urally neat.

I'd take on flesh and leave off havin' colds
an' such, I know—

An' no one could complain about the parts
of me that show.

—Good Housekeeper.



EDITORIAL SECTION



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Do not send us material for publication written on both sides of the paper. Write plainly, spell correctly, be particular about capitalization and punctuation.

The Editor will be in no way responsible for the opinions expressed by individual contributors.

LOOKING OUT FOR A NEAR MALE RELATIVE. *The Iowa Homeopathic Journal* of recent date, under the heading "Am I My Brother's Keeper," has a lengthy editorial calling attention to the necessity of concerted action on part of the medical profession in saving the dear public from itself and the numerous swindlers doing business unrestrictedly throughout the United States. Among the many medical properties and promotions to come under disapproval of the writer, none receives a ruder jolt than "Vanadium," and we quote the article verbatim:

This Vanadium literature is compiled and edited by F. M. Turner who signs himself Ph. C. M. D. and who according to the *A. M. A. Journal* is neither; but who is as rank a fraud as the Cunningham-Hamilton outfit and who has displayed even more cunning in his disreputable, vicious defrauding of the unwary who long to be relieved of their excess weight.

It so happens that not all "Vanadium" literature is fostered and fathered by Mr. Turner, Ph. C., M. D., or else our eyes deceive us. We have a circular letter from one of Denver's professedly progressive and prominent drug firms urging the medical profession to send their prescriptions "to our store, where they will receive the usual prompt and careful attention." Added to this is the assurance "if you are not familiar with the preparations (*vanadoil*, *phospho-vanadoil*, *vanadium solution*, 1—cc., ditto 2—cc., ditto 3—cc., *vanadoiseptol*, *vanadiform*), the company will send you samples and literature, upon request." Here is an opportunity for some of our strictly up-to-date doctors to take a post-graduate course at slight expense.

“**D**ENVER—A. I. H.—1913.” The foregoing heading has appeared as a topic for several articles in THE CRITIQUE during the past year and we well nigh made up our minds that this feature of next year’s gatherings in Denver had settled down to an absolute fact, when up bobbed a well-developed determination on part of many easterners to divert the aforesaid meeting from Denver to either Cleveland, Chicago or some other seaport town, which leads us to exclaim to the committee of arrangements, recently selected: “Get Busy!”

The following is copy of at least one letter which has gone forward and will receive the attention of the Trustees at their meeting the 7th of this month, and it is within the bounds of possible and ultimate decision that the selection of Denver be set aside. One thing is certain, and that is: effort and enthusiasm must be instilled into the campaign for Denver if the Pittsburg selection is permitted to remain the permanent meeting place.

The following letter may give some idea as to how others look upon Denver as a suitable site for the 1913 meeting of the American Institute of Homoeopathy. It is printed at this time that those chosen to champion the cause of Denver may govern themselves according to present existing conditions:

(Copy.)

THE OBSTETRICAL SOCIETY OF THE A. I. H.

October 23rd, 1912.

DR. W. B. HINSDALE,
Ann Arbor, Mich.

MY DEAR DR. HINSDALE:

In a talk with several of the Chicago men last evening I voiced a good many sentiments relative to the meeting of the Institute which they are desirous that I should convey to you.

In the first place I visited the Pacific Coast and the Northwest this late summer, having a very delightful visit with all my good friends in the profession located in that far and distant West. I found that they were as equally surprised as the most of us were that Denver had been selected for the next meeting place. I found, furthermore that they are fully expecting the meeting for 1915. Quietly I also found a political situation which, to my mind, must be averted, but that may rest for the present.

It is my opinion that the Institute could not have selected a more discordant, impossible and detrimental place of meeting. Denver itself is in anything but a prosperous condition. I am told that there are more empty houses and apartments in Denver than in any other city. The profession is not well organized. It is situated in a district which contains few members of the Institute and a still fewer number from that entire section attend the meetings of the Institute.

To jeopardize the Institute by using it for the purpose of building up a local situation is really very unwise, especially so in view of the present trend of medical thought.

There are a number of other reasons and especially if one is to resort to personalities as to why the Institute should not go to Denver.

Second: Chicago is probably the most logical place of meeting from a casual survey of the situation, but to offset this we have our local condition to contend with. Illinois is well organized.

We have as president of our State Society a man who has had better opportunities than any other man in the state for developing into the position which he now occupies. He is one of the most influential men in the state. He has done as much towards organizing our district societies as any other one man and has a more profound influence throughout the state than any other one member of our society.

To deprive our state the benefit of the climax which would accrue at a state meeting under his direction would to my mind be exceedingly unfortunate.

Hazeltine has worked hard. Has attended the various district societies and has a program pretty thoroughly developed for next May.

By the time the Institute can meet and decide this matter definitely, which is in December, it will be rather late for the State Society to forego the plans that will have been developed by that time, because should we hold our State Society meeting in May it would very materially detract from the National Society in June.

On the other hand the date situation might be intrigated by re-electing all our officers to officiate in 1913. But that is more or less presumptive and conjectural.

I could elaborate upon this subject to some further length, but I believe you will concede that as an intregal influence in organization and development the Institute is of no benefit to a local community. But as a stimulus attracting wide attention it fills a sphere that only a national organization can occupy.

We do not need the Institute this year. We really do not want it, and I believe the solution of the problem lies here.

Third: Cleveland—the home of the executive office, the center from which radiates everything A. I. H., and situated centrally to a large homoeopathic influence. The State of Ohio is not well organized and its plans for next year are probably not matured.

The Institute has not been in Cleveland for eleven years. It is twelve hours more accessible to the East than Chicago and the westerner is known to be a better traveler than the easterner.

The Institute can be taken to Cleveland, because Cleveland is the home of the executive officers and cause less antagonism from a few mortals in Denver than can if it be taken to any other city.

Chicago does not want to appear in the field as bidding against Denver, and the trustees can vote it to Cleveland, because Denver is an unwise choice and Cleveland a logical situation. I gave this matter a considerable thought while I was West and on my return home and I so wrote my opinion to several of the trustees. I am now again going to address a letter to each of the trustees on this matter, because I think it would be calamity to take the Institute to Denver. The attendance would not compare with what it was at Pittsburg, and if we are going to select a community from year to year which only involves a loss of attendance, it is only a question of time until the Institute will have surely run its course.

If you will convey my sentiments in this matter to Dr. Hinsdale and to Dr. Dewey it will save me personally addressing them and "time is money."

With my best wishes, my dear Dr. Hinsdale, I am,

Very sincerely yours,

(Signed) GILBERT FITZ-PATRICK.

MISCELLANEOUS

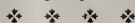
Medical Century places the attendance upon the State Society of Colorado at twenty. Liberal.



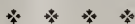
With this issue *THE CRITIQUE* closes the nineteenth year of publication. Say, but that's a long time to look forward.



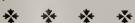
According to secular advices the roller towel law will be *rigidly enforced* on and after December 15, 1912. Quit yer kiddin'.



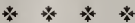
The Colorado Homoeopathic Society placed itself upon record as favoring the scrambled variety of medical examining boards.



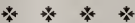
The permanent address of the editorial and business offices of *Hahnemannian Monthly* is 1807 Chestnut street, Philadelphia, Pa.



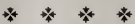
Now that the arrangements committee has been appointed to take charge of the Institute meetings, we trust it is pertinent to remark: "proceed!"



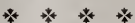
Dr. G. P. Robinson, old-time homoeopathic physician of Colorado Springs, was a caller the 27th of last month. He may locate in Denver. More the merrier.



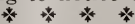
All persons indebted to *THE CRITIQUE*, on subscription, are cordially invited to "come across" with the coin. Barring the slang, this is certainly a sensible suggestion.



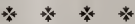
Drs. Burnham and Palmer have removed to Dr. Burnham's old location, corner of California and Fourteenth streets. They formerly held forth on the fourth floor of the Mack Building.



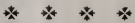
Dr. Lewis Pinkerton Crutcher's address is 238 Grand avenue, Glendale, California. He has severed all connection with the National League for Medical Freedom, according to notice contained in this issue.



"Homoeopathy Experimentally Demonstrated" is the title of a fourteen-page booklet that recently found its way to this office. M. Cahis, Barcelona, is the editor and seems to know pretty thoroughly what he is talking about.



Now that a "conference" has been held regarding the appointment of local talent for the forthcoming meeting of the American Institute and a still more public *urgment* (good word) of certain appointments, "What are you going to do about it?"

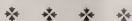


Now that election is over and politics have been relegated to the rear, *THE CRITIQUE* hopes to issue promptly 1st of every month. Too much business in the mechanical department of this publication, to make

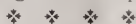
our issues any more prompt than they have been during the past ten months.



Wonder if anything will be done towards restoring the name "Denver Homoeopathic" to the hospital now recognized as the "Park Avenue?" Run along, little boy, and sell your papers: "nothin' doin'."



Dr. P. G. Rowe, Hering, was an agreeable caller at the editorial offices of THE CRITIQUE the 23d of last month. He contemplates pitching his tent, so to speak, in this vicinity, and we wish him all manner of good luck. He is a sure-enough homoeopath.



Dr. C. E. Fisher was *not* elected congressman-at-large by the Bull Moose bunch, but he made an awful good stagger toward the goal of his ambitions. He is chairman of the transportation committee for the forthcoming meeting of the American Institute in Denver, which means there will be "something doing" in that department.



DR. CRUTCHER SEVERS ALL CONNECTION WITH MEDICAL FREEDOM LEAGUE.

DR. J. W. MASTIN, *Editor The Critique, Denver, Colo.*

DEAR DR. MASTIN: For the information of those of my professional friends who may be interested, will you please publish in an early number of your journal the announcement that I have, *for good and sufficient reasons*, severed all connection with the National League for Medical Freedom, and oblige.

Fraternally yours,

LEWIS P. CRUTCHER, M. D.

238 Central Ave., Glendale, Cal.



PUBLIC CLINICS AT U. M. NEXT MONTH.

The Clinical Faculty of the Homoeopathic Medical College of the University of Michigan, Ann Arbor, will give a series of public clinics during the entire week of January 6, 1913, to which all members of the profession are invited. Doctors Stephen H. Knight and Rollin H. Stevens, both of Detroit, will cooperate with the faculty of the college in their respective specialties. The clinics will be mostly operative, in the various departments of surgery. There will, however, be at least one medical and one nervous disease clinic and, perhaps, a few special lectures.

A special announcement is being prepared, giving hours and names. The announcement will be sent upon application to the dean of the college.



THAT FUNNY NORTH AMERICAN JOURNAL.

The *Critique* seems to be disturbed because in quoting the *Medical Century's* objections to Denver as the meeting place for the Institute in 1913, and in having a little fun at the grandiloquence of its own announcement in *re* that meeting, we did not come out specifically and say where the *North American* stands. The omission is easily supplied. The *North American* never questioned the ability of the Board of Trustees to thoroughly weigh the pros and cons and decide where the next meeting had best be held. While their choice, Denver, is some distance away

from the center of homoeopathic population, that is not the only consideration, and the *North American* knows no reason why the officers of the Institute and the Colorado homoeopaths working together cannot bring about a meeting that will be pleasurable and profitable to those who attend and of lasting good to the cause of homoeopathy in the Rocky Mountain region.—*N. A. Journal of Homoeopathy.*



NIGGER-IN-THE-WOODPILE!

One clause of the Colorado law, as presented in the communication of Attorney Frederick D. Anderson to the editor of *THE CRITIQUE* and printed in the October issue of that periodical, is worthy of note, as it has much of the Nigger-in-the-Woodpile effect and the Colorado law is by no means the only one that has practically the same words in it. Indeed, it is found in many of the state laws and its origin is evident. The clause is: "They (the board) shall, from time to time adopt such rules and regulations as they may deem necessary for the performance of their duties," etc., etc. This is a decidedly elastic clause in the law. In one state where this clause appears the board adopted a rule that no candidate could come before it for examination unless he had two years of collegiate work as a pre-requisite to matriculation. Another state board adopted the rule that no college would be in good standing unless the equipment had among other things a sphygmomanometer of a certain instrument maker's make. Another adopted the rule that a college to be in good standing must have six full-time salaried teachers and it might go further if it likes and fix the amount of salaries!

We are heartily in sympathy with Editor Mastin's contention that every State in the Union should urge the appointment of a Homoeopathic State Board of Medical Examiners whose duty shall be to determine the qualifications of homoeopathic applicants.—*Medical Century.*



DENVER IN 1913

The meeting of the American Institute of Homoeopathy to be held in Denver in June, 1913, should be the Mecca for every member. Numerous excellent hotels, clubs, parks and places of amusement, unsurpassed mountain scenery, bright sunshine, and pure, cool, salubrious air make Denver an ideal convention city.

"Denver does things" is our slogan, and we want to assure the profession that so far as Denver is concerned nothing will be left undone to make the Institute meeting a grand success. Now is the time to make your plans for next summer's vacation. Get away from your daily grind. Come with the Institute, take part in the work, renew old acquaintances and make new ones, exchange ideas, promote sociability. Arrange to spend a few weeks in the Rockies, where renewed health and vigor are imbibed from the backbone of the continent.

Colorado is an ideal place for motor enthusiasts in summer. Thousands come every year. The roads are good, and every point of interest is reached by machine. Here you escape the intense heat of other climes, while a panorama of scenery rivaling that of Switzerland lies always before you, making motoring one continuous round of pleasure. Again, we bid you come with the Institute to Denver and join us in making the meeting the greatest success in history.—*J. B. Brown, M. D., President Colorado Homoeopathic Society, in Journal American Institute of Homoeopathy.*

STEDMAN'S MEDICAL DIRECTORY.

The medical profession is under lasting obligations to Thomas Lathrop Stedman, A. M., M. D., for the most recent product of his master mind in the form of Stedman's Medical Dictionary. It comprises words used in medicine, with their derivation and pronunciation, as well as all common and special terms, such as life insurance, electrical, botanical, veterinary, chemical, dental, etc.

It gives the chemical and therapeutic information as to mineral Springs of America, which of itself is sufficient to make it a book of inestimable value to the average medical man and places him in possession of scientific knowledge beyond that gained in railroad folders and from private information of a more or less unreliable nature; in fact it is a book every doctor should have upon his library shelves. Writers of papers for publication and public presentation would avoid many embarrassing situations by using this authority. Messrs. William Wood & Co., 51 Fifth Avenue, New York, are the publishers and this fact alone is sufficient without further comment to assure the profession a desirable product of the printer's art. It is beautifully bound, plainly indexed and the arrangement is such as to make the study of its pages a pleasure. The price is: Plain, \$4.50, net; \$5.00 indexed.



REPORT OF SOUTHERN HOMŒOPATHIC MEDICAL ASS'N

Nothing succeeds like success, and this is once more demonstrated in the case of the twenty-ninth session of the Southern Association meeting, which was held in Richmond, Va. It was one of the most enthusiastic and successful meetings ever held by the organization. New life was instilled, many new members were added and every one was impressed with the bright future of the association.

The opening exercises were held in the Jefferson Hotel auditorium on the evening of the first day. Dr. Royal S. Copeland of New York City delivered the formal address, "What is Homœopathy?" The attendance was large. The papers presented covered all the field of medicine and surgery.

Dr. Ralph Bernstein of Philadelphia gave a stereoscopic skin clinic and reflectoscopic lantern demonstration of the more common skin diseases of childhood, their recognition and treatment. The session was well attended and a hearty discussion entered into.

Dr. Bernard S. Arnulphy's paper, of Paris, France, "The Istonic Plasma of Professor Reni de Quinton in treatment of children," was read by Dr. Harry B. Baker of Richmond. This opened up a new line of thought. The subject was well presented and caused much favorable comment and discussion.

Dr. E. Stillman Bailey of Chicago, Ill., read a paper on "Radium as a Remedy in Carcinoma." The most intense interest was manifested. The doctor has for sometime been interested in this subject and gave some very excellent results. Dr. Bailey commanded the undivided attention of a large audience. The doctor is a patient research worker.

Dr. William R. King of Washington, D. C., read an interesting paper—"Imbalances of Extraneous Eye Muscles." He recounted numerous cases where extraordinary conditions have resulted from strain on the muscles of the eye. So it went on for three days, a large number of papers being presented and fully discussed.

The social features were an automobile ride to Abattoir Valentine Meat Juice Co. After inspection of the Abattoir, members of the association were driven to the Valentine Museum. After viewing the col-

lections in the museum, luncheon was served, October 17th the members and guests were taken for an automobile ride through Richmond, its suburbs and parks. Thursday evening the members and guests were entertained at banquet by the newly elected president, Dr. Wellford B. Lorraine. Dr. Geo. Bagby officiated as toastmaster. Dr. A. Leigh Monroe of Miami, Fla., gave us some reminiscences, which were heartily enjoyed.

The meeting was one long to be remembered, and too much cannot be said for the local committee on arrangements, of which Dr. Lorraine was chairman. The entertainment provided for their guests was more than could be expected. If they doubt our appreciation, let them invite us for a return "engagement."

LEE NORMAN, *Secretary.*



PENNSYLVANIA STATE NOTES FOR DECEMBER, 1912.

THE CONVENTION OF THE SOUTHERN HOMOEOPATHIC MEDICAL ASSOCIATION,* which was in session at the Hotel Jefferson, Richmond, Va., on October 14, 15 and 16, adjourned to meet next year at Atlanta, Ga. Doctor W. B. Lorraine, of Richmond, Va., was elected president of the association. Other officers chosen were: First vice-president, Dr. H. E. Koons, Danville, Va.; second vice-president, Dr. J. B. Griffin, St. Augustine, Fla.; secretary, Dr. Lee Norman, Louisville, Ky.; treasurer, Dr. W. A. Newman, Norfolk, Va. Dr. Norman was the only officer re-elected. The convention brought to Richmond about seventy-five physicians, representing ten Southern States. After the conclusion of the program all of the doctors visited points of interest about the city in automobiles. A luncheon in honor of the delegates was given in Valentine Museum. Doctor Ralph Bernstein being the Philadelphia guest, and who delivered a "Stereoscopic Skin Clinic and Reflectoscopic Lantern Demonstration of the More Common Skin Diseases of Childhood, Their Recognition and Treatment."

THE INTERSTATE FEDERATION OF HOMOEOPATHIC MEDICAL SOCIETIES OF NEW YORK AND PENNSYLVANIA held its ninth annual meeting at the Hotel Rathbun, Elmira, N. Y. There were about sixty-five physicians from various cities of the two states in attendance. Among the Philadelphia doctors present were Doctor Gilbert J. Palen, president of the Homoeopathic Society of the State of Pennsylvania and Professor of Otology at Hahnemann Medical College, and Doctor Ralph Bernstein, Clinical Instructor on Skin Diseases, Hahnemann Medical College. The opening session was held at 2 o'clock in the afternoon, when an interesting and instructive program was presented. At 7 o'clock dinner was served to the society members in the private dining room. The evening session opened in the hotel parlors at 7:30. The program of the afternoon and evening was carried out by Richard O. Gregory, M. D., Elmira, N. Y.; F. C. Robbins, M. D., Hornell, N. Y.; E. H. Hill, M. D., Pittston, Pa.; R. V. White, M. D., Scranton, Pa.; W. H. Proctor, M. D.; Corning, N. Y.; John M. Wilson, M. D., New York; S. C. Winters, M. D., Binghamton, N. Y.; Gilbert J. Palen, Philadelphia; A. W. Bailey, M. D., Atlantic City, N. J.; John M. Lee, M. D., Rochester, N. Y.; Ralph Bernstein, M. D., Philadelphia; J. L. Peck, M. D., Scranton, Pa.; W. M. Hilton, M. D., Waverly, Pa.; H. B. Ware, M. D., Scranton, Pa.; Frank T. Bascom, M. D., Rochester, N. Y.

THE HOMOEOPATHIC MEDICAL SOCIETY OF CHESTER, DELAWARE AND MONTGOMERY COUNTIES held its fifty-fourth annual meeting in the board of directors' room of the Farmers' and Mechanics' Trust Company Build-

ing, on October 8th, thirty-seven physicians being present. The president, Dr. John W. Pratt, of Coatesville, occupied the chair. After routine business had been disposed of, the annual election of officers for the year took place, resulting in choosing the following: President, Dr. J. W. Pratt, Coatesville, Pa.; vice-president, Dr. Morris Hughes, Kennett Square, Pa.; secretary and treasurer, Dr. Isaac Crowther, Chester, Pa.; censor, Dr. H. E. Williams, Coatesville, Pa. After the election Dr. S. A. Mullin read a paper on "The Advantages of Homoeopathic Treatment in Pneumonia with Statistics of Results." Following this the doctors adjourned to the roof garden, where a banquet was served. After enjoying the good things and viewing the beautiful October scenery they re-assembled in the board room, and Dr. Ida V. Reel, of Coatesville, read a paper on "Comparative Medicine." This paper caused much discussion. This completed the program, and after the announcement that the next bi-monthly meeting would be held in Philadelphia, in December, the session adjourned.

Among the members and visitors present were: Drs. Isaac Crowther, Richard Casselberry, J. R. T. Gray, Charles H. Hubbard, D. P. Maddux, C. W. Perkins, C. W. Perkins, Jr., Franklin Powell, George C. Webster, of Chester, Pa.; Morris Hughes and A. W. Gregg, of Kennett Square, Pa.; Ida V. Reel and J. W. Pratt, Coatesville, Pa.; Mary H. Smith and James Hallowell, of Parkesburg, Pa.; Howard Terry, of Phoenixville, Pa.; W. D. Kennedy, of Lansdowne, Pa.; C. S. Middleton, Ralph Bernstein and Warren C. Mercer, Philadelphia, Pa.; E. M. Howard, of Camden, N. J.; Ernest L. Clark and Trimble Pratt, of Media, Pa.; Levi P. Hoopes, S. A. Mullin, J. O. Dicks, S. L. Barber and Charles Palmer, of West Chester, Pa.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College on Thursday evening, October 10, 1912, at 9 p. m. The scientific program consisted of the following:

"Clinical Therapeutics," O. H. PAXSON, M. D.

"Pathology of Glaucoma," F. O. NAGLE, M. D.

"Belladonna in Diseases of the Eye," P. A. TYNDALL, M. D.

"Belladonna in Diseases of the Ear," J. V. CLAY, M. D.

"Belladonna in Diseases of the Nose and Throat," H. S. WEAVER, M. D.

There was a full attendance of members, and the meeting proved to be a very interesting one.

WM. M. SYLVIS, M. D., *Secretary*.

THE HOMOEOPATHIC MEDICAL SOCIETY OF WILKES BARRE, PA., held its regular monthly meeting on Saturday evening, September 28, 1912, at the Homoeopathic Hospital. Dr. S. A. Bullard gave an address on "Medicine and Surgery" as he observed it in Europe. Dr. D. S. Kistler gave a report on the State Society's annual meeting at Delaware Water Gap. The following officers were elected: President, Dr. E. C. Dreher; vice-president, Dr. Seth Kistler, of Nanticoke; secretary and treasurer, Dr. O. K. Grier. The following were present: Drs. Seth Kistler, Nanticoke; C. C. Thompson, Kingston; Theodore Johnson and E. H. Hill, Pittston; H. H. Hoffman, Ashley; J. A. Bullard, D. S. Kestler, R. Murdock, E. C. Dreher, F. A. Whitman, O. K. Grier and A. Fisher, Wilkes Barre, Pa.

THE HOMOEOPATHIC MEDICAL SOCIETY OF THE TWENTY-THIRD WARD OF PHILADELPHIA held its regular monthly meeting at the "Colonnade."

on Wednesday, October 16, 1912. A very interesting paper was read on "Fractures." Dr. H. P. Leopold added much interest to the meeting.

J. D. BOILEAU, M. D., *Secretary*.

THE CLINICO PATHOLOGIC SOCIETY OF PHILADELPHIA held its regular monthly meeting at Hahnemann College, Saturday evening, October 19, 1912, at 8:30 o'clock. There were some very interesting reports of clinical cases. The scientific program consisted of the following:

"Some Urinary Fallicies," JOHN G. WURTZ, M. D.

"A Case of Leukemia Treated with X-Ray," DRs. SAPPINGTON and FRANK.

"Discussion of Surgical Treatment of Enlarged Spleen," DRs. NOR-THROP and ROMAN.

B. K. FLETCHER, M. D., *Secretary*.

THE GERMANTOWN HOMOEOPATHIC MEDICAL SOCIETY held its regular monthly meeting at the "Majestic," Broad and Girard avenue, on Monday, October 21, 1912, at 9 p. m. A paper was presented by Dr. Francis L. Hughes, after which a hearty discussion took place. Much interest was shown at the meeting, there being a full attendance of members.

LANDRETH W. THOMPSON, M. D., *Secretary*.

THE PHILADELPHIA SOCIETY FOR CLINICAL RESEARCH held its regular monthly meeting at the office of Dr. F. C. Emery, Second Street Pike, Fox Chase, Pa. A very interesting paper was read by Dr. Emery, after which the election of officers took place. The meeting was well attended and enjoyed by all present.

WALTER J. SNYDER, M. D., *Secretary*.

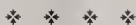
THE BOARD OF MANAGERS OF THE WOMEN'S SOUTHERN HOMOEOPATHIC HOSPITAL held its annual meeting on Donation Day, Thursday, November 14th. Addresses were made by Mrs. Rudolph Blankenburg and Hon. E. L. Tustin. Solos by Miss Janet W. Scott and Miss Helene Reinhardt. The meeting was well attended and was a great success.

PERSONALS: The Class of Nineteen-hundred-twelve of the J. Lewis Crozer Hospital Training School held its commencement exercises on Wednesday afternoon, October 13th, at 3:30, in the reception hall of J. Lewis Crozer Home for Incurables, Upland, Pa.



READING NOTICES

THE INFLUENCE OF THE CHEMIST ON MODERN THERAPEUTICS.—One of the advances of modern chemistry has been to show that cod liver oil possesses much more virtue than merely as a convenient means of administering fat to the patient. With a clearer understanding of its chemical construction has come a more just appreciation of the large therapeutic value of its essential qualities. Before modern chemistry had succeeded in isolating the active principles of cod liver oil, the patient whose stomach was unequal to the difficult task (a difficult task even to the normal organ) of digesting a greasy mass, was of necessity denied the advantages of this valuable agent. Unfortunately this was too often the case because the very patient who needed cod liver oil was possessed of a defective gastric organ. It was not until the pharmaceutical chemist made a practical use of his more theoretical colleague's investigations that a preparation of cod liver oil was secured which was free from fat and which was capable of being digested by the impaired stomach. The most popular of such cod liver oil preparations is easily Cord. Ext. Ol. Morrhuæ Comp. (Hagee) which contains in palatable form the active principles of the oil, and by means of which the patient may enjoy the therapeutic advantages of the whole oil and yet be spared the distress inevitable upon taking the whole oil. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has for many years been put to the severest tests, and no stronger argument in favor of its clinical value may be advanced than that those who have used it longest use it the most.—*Therapeutic Review.*

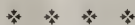


THE APPLICATION OF CHEMISTRY TO CLINICAL MEDICINE.

—It has long been thought that the therapeutic value of cod liver oil did not rest upon its abundance of fatty substances, for while the advantage to be secured from the employment of fats in emaciation and general debility was truly appreciated, yet it was believed that it was to other elements that cod liver oil owed its acknowledged worth.

With an increasing chemical knowledge of cod liver oil, it became an obvious fact that the essential principles of the oil could be separated from the whole product without the loss of therapeutic power in the process, or, in other words, that these isolated principles when applied clinically would produce the effects hitherto secured from the entire oil. It was this practical fact, together with the realization that in a vast number of cases any potential value possessed by the oil was more than neutralized by the distress occasioned when a defective gastric apparatus attempted to digest the entire greasy mass, that encouraged chemists to apply themselves to the task of extracting the essential principles and thus relieve the stomach of the burden. In short, chemical science has

enabled the patient to secure the every therapeutic virtue possessed by cod liver oil without being forced to digest a large amount of fats. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) has long been recognized as the highest type of cod liver oil preparations, for results show that although it lacks the fat which makes the crude oil so unpalatable, yet it still retains those principles upon which the therapeutic value of cod liver oil depends.



SELECTION OF A TONIC.—The greater care and thought being devoted to the use of remedies in disease is heartily to be commended and there can be no question but that the vastly superior therapeutic results that medical men are uniformly obtaining today are the direct outcome of the broader grasp of drug action. Take for instance, the successful application of tonic medication. No physician at the present day would think of administering any potent restorative or reconstructive remedy without paying due consideration to the following essential details:

First. The avoidance of any remedy which from its nature or ingredients would tend to unduly stimulate or excite the higher nerve centers.

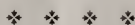
Second. The avoidance—except when specifically indicated—of any remedies which suddenly and markedly raise the blood pressure.

Third. The avoidance of reconstructive measures except in rare instances, which do not have a well defined permanence of action, or which must be constantly increased in quantity, or continued indefinitely, in order to secure their beneficial effects.

Fourth. The avoidance of remedies containing drugs which are apt to produce dangerous or toxic effects as a result of some possible idiosyncrasy on the part of the patient.

Careful investigation on the part of the careful practitioner will enable him to see that of all the tonic remedies at his command, Gray's Glycerine Tonic Comp. is one of the few that can be freely employed with certainty that all of the foregoing requirements have been met.

As a matter of fact, clinical experience has clearly demonstrated that one of the strongest features of Gray's Glycerine Tonic Comp. is its practical freedom from any contraindication of age, sex, season or personal idiosyncrasy. It is a thoroughly reliable tonic that accomplishes its effects solely through stimulating the physiologic functions of the body. As a consequence its whole action is to restore a nearer normal balance between physical waste and repair; in other words, the proper nutrition of the whole body. Under its use every function is promoted and helped to do its normal amount of work, with all that this means in the maintenance of physical health and vigor.



THE NEGLECTED THERAPY OF CONVALESCENCE—The physician of education and experience, who keeps in touch with the progress of medicine generally, is well informed as to the treatment of the most of the "thousand and one" ills that he is called upon to combat. The

“remember it should be moist and it should be hot” was the final dictum of a well known Neurologist in referring to the treatment of Neuritis.

Antiphlogistine has proven the most serviceable, satisfactory and convenient form of utilizing heat and moisture as a therapeutic agent and since heat must be continuous to be effective, the advantages of this well known product are forcibly apparent.

It holds its thermic value for hours without subjecting the patient to the annoyance and danger of exposure by frequent dressings.

Heat by encouraging Leucocytosis and Hyperemia, as well as reducing stasis in the part to which it is applied, indicates the employment of Antiphlogistine in inflammatory conditions:



Abscesses, Adenitis, Boils, Bronchitis, Bubos, Carbuncle, Cellulitis, Epididymitis, Inflammatory Rheumatic Joints, Intercostal Neuralgia, Lumbago, Lymphangitis, Mastitis, Myalgia, Orchitis, Ovaritis, Paronychia, Parotitis, Pharyngitis, Phlegmon, Pleuritis, Pneumonia, Prostatitis, Quinsy, Sprains, Synovitis, Tendo-synovitis, Tonsillitis and Uterine Inflammation.

Antiphlogistine should be applied thick and hot and well protected by suitable covering.

